

**The pathway from childhood sexual abuse to adult sexual offending: A
multi-method comparative investigation**

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Abstract

It is thought that men experiencing childhood sexual abuse are at an increased risk of becoming a child sex offender in adolescence or adulthood (Jespersen, Lalumière & Seto, 2009). While a large number of men experience childhood sexual abuse (approximately 10% of the male population, Radford, et al., 2011) only a minority go on to offend sexually (Salter et al., 2013).

The broad aim of this thesis was to provide evidence for or against the victim to offender pathway, while addressing these some key limitations of the literature. Five empirical chapters are presented, building on the findings of previous research. The thesis uses a range of methodologies including self report questionnaires, empirical tests and interviews to provide validity to the results reported. Finally, a 2x2 (offender x victim) design is used throughout the thesis to allow comparisons to be made across multiple groups.

The key findings of the thesis demonstrated that the four groups are separate groups; differing significantly on a variety of measures. Self report measures suggested that offender victims have almost baseline scores on cognitive distortions about sex with children and emotional congruence with children. However, their responses on more empirical measures suggested that this finding was not valid and may have been falsified by the offenders. Differences were also found between offender victims' and non-offender victims' narratives about their childhood, with offenders expressing more sexualized words and few positive words compared to non-offenders; they also reported having fewer people for support throughout their lives.

It is concluded that experiencing childhood sexual abuse does have an impact on later sexual offending, however it is not the sole reason people offend; other influencing factors must be involved. Additionally, self report measures may not be accurate reflections of people's opinions, with offender victims' self reports found to be highly inaccurate. It is recommended that practitioners consider an offender's victimization status when considering treatment needs for offenders as they may require treatment to address issues relating to their abusive experiences to enable them to fully engage with treatment programs to address their offending behaviors.

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Authors Declaration

I hereby certify that the work presented in this thesis is the result of my original work and has not been submitted in any form for the award of another degree at this or any other university. To the best of my knowledge this thesis contains no material previously published or written by another person unless otherwise credited.

Chapter 1: Childhood Sexual Abuse and Its Role in the Victim to Offender Pathway: A Review

1.1 Introduction

Childhood sexual abuse is currently, and has been for the past fifteen years, the most commonly researched type of childhood maltreatment (Feiring & Zielinski, 2011). This is likely to reflect both the seriousness of the potential impacts of sexual abuse, as well as the lack of understanding about both the perpetrators and victims of such crimes.

The long and short-term effects of being a victim of childhood sexual abuse have proved very difficult to investigate, with no definite impacts or a “sexual abuse disorder” being found (Fergusson & Mullen, 1999). Furthermore, it has been difficult to establish a consistent figure of the prevalence of child sexual abuse (Finkelhor, Shattuck, Turner & Hamby, 2014). There are a number of reasons why this may be, including methodological and ethical issues; these are discussed in more detail later in this paper. However, the current literature suggests that childhood sexual abuse is more common than the general public believes (Murphy & Smith, 1996) and that the impacts of such abuse are often reported to be negative (Kendall-Tackett, Williams and Finkelhor, 1993; Paolucci, Genius & Violate, 2001; Romano & De Luca, 2001).

Although knowledge of the impacts of sexual abuse is undoubtedly important to help aid recovery of the victim, knowledge of potential causal explanations of sexual offending could also provide vital information to prevent possible future offenders from committing sexual crimes. One explanation of sexual offending is the victim to offender cycle (Jespersen, Lalumière & Seto, 2009). Research has consistently demonstrated that prevalence rates of childhood sexual abuse are significantly higher in child sexual offenders than in the general population (Hanson & Slater, 1988; Jespersen et al., 2009; National Society for the Prevention of Cruelty to Children (NSPCC), 2011; Seto, 2008). This suggests that a potential consequence of being abused as a child is to go on and become an abuser.

The aim of this review is to outline and evaluate the literature into the impacts of child sexual abuse. Research that attempts to estimate the prevalence of sexual abuse is also discussed, in both the general population and in offending populations. Finally, research into the possible cycle of abuse is considered and future directions are suggested, including an argument that the process from victim to offender should be more appropriately termed a pathway rather than a cycle.

1.2 Defining Child Sexual Abuse

Currently there is no standardized definition of childhood sexual abuse (Haugaard, 2000). As such, researchers, practitioners and prosecutors have varied on what they consider to be sexual abuse (see Haugaard, 2000 for a review). Although some acts will be considered by the vast majority of professionals to be sexual abuse, such as genital fondling and sexual intercourse (e.g. Noll, Trickett & Putnam, 2003), other acts are more ambiguous. For example, non-contact behaviors, such as inappropriate posing for a photograph or being exposed to pornography (Negriff, Schneiderman, Smith, Schreyer & Trickett, 2014) or when it is unclear when contact becomes inappropriate e.g. a teacher touching the bottom of a child while helping them dress (van Dam, 2011).

When defining child sexual abuse there are two main factors to consider. Firstly, operationalizing what acts constitute sexual abuse. Researchers are often vague about the details of the abuse, e.g. age of onset, duration, details about the perpetrator and so on, making findings difficult to compare. A basic definition may be an adult involving a child in sexual acts against their will or through coercion. However, there are some fundamental gaps in this definition, including lack of clarity as to whether there needs to be physical contact between the offender and victim, and whether non-contact sexual experiences, such as exhibitionism or exposing a child to pornography, constitute sexual abuse.

A second issue concerns a child's ability to consent to performing a sexual act with someone, and furthermore, fully understanding the implications of such consent. The Sexual Offences Act (2003) states that anyone under the age of 16 in the UK is a child and therefore cannot consent to engaging in sexual activities with anyone, including a child of similar age. In cases where a child looks older

than they actually are, the perpetrator has to believe that the consenting child was 16 years of age or older. However, this definition too is limited as it demonstrates naivety into thinking that children under the age of 16 will not engage in any sexual activity before this age, as approximately 27% of men and 20% of women in a large UK study (over 11,000 participants) reported having full sexual intercourse before the age of 16 (Wellings et al., 2001). It is also limited as it suggests a shift in understanding of the implications of consenting to sexual activity and the related capacity to engage in such behaviors between the ages of 15 and 16. In spite of these flaws, practically it is useful to have a defined legal age of consent to allow for consistency in law making and enforcement as well as to protect vulnerable children and young adults from sexual exploitation.

Finally, is the consideration of peer on peer, or adolescence, sex offending. Finkelhor et al. (2014) found reported that of their adolescent sample that reported sexual abuse, almost half reported that their abuser was an adolescent. This has important implications for the definition of sexual abuse as it becomes harder to imply coercion or lack of capacity to consent to sexual activity when two young people are the same age, particularly in adolescence (see Barbaree & Marshall, 2008 for a discussion).

The Sexual Offences Act (2003) provides details of acts which, when performed against a child, would constitute sexual abuse. The Act refers to both contact and non-contact offences can be committed, including exposure, voyeurism, taking indecent images of children and exposing a child to pornography. There is also guidance about adolescent perpetrators and whether it is in the public interest to prosecute or involve other services e.g. Social Services (Home Office, 2004).

Although definitions in the literature vary, many researchers apply Finkelhor's definition of 'consented' childhood sexual abuse (Finkelhor, 1979). Finkelhor defines childhood sexual abuse as any sexual act which occurs without the child's consent, or where there is consent, sexual acts involving a child who is under the age of 12 where the perpetrator is five or more years older than the victim, or when a child is 12 or older and the perpetrator is 10 or more years their senior. Although this definition conflicts with the legal definition, it is argued

that it is unrealistic to suggest that all sexual encounters before the age of 16 are nonconsensual or that the person does not have the capacity to provide consent for their actions.

Although, Finkelhor's definition is commonly employed in sexual abuse research, it does have a number of drawbacks. Firstly, it is unlikely that many, if any, children under the age of 12 would be able to give fully informed consent, regardless of the perpetrators age. For example, it would be unrealistic to expect a child of 6 to have the cognitive faculties to understand the implications of sexual contact, even with a child of a similar age. Secondly, Finkelhor's definition assumes a shift in comprehension in children between the ages of 11 and 12, which is unlikely. Additionally, the definition assumes that all children above the age of 12 will have a better understanding of the implications of sexual abuse than those under the age of 12. However, it is recognized that children develop, both emotionally and physically, at different ages and such a definite cut off is unlikely to be suitable for all children. A further criticism is that the definition is limited in its application to peer abuse, as a child has to be at least five years older than the victim to be able to coerce the victim according to Finkelhor. Finally, it is not clear what sexual acts Finkelhor would classify as sexual abuse or if a certain number of experiences need to occur before it becomes abuse, or whether one occurrence would be enough.

For future research, it is proposed that a combination of the definitions used by both Finkelhor and the Sexual Offences Act would be most suitable and informative. When creating a definition of a construct as complicated as childhood sexual abuse the difficulties involved in creating a workable definition of sexual abuse for research purposes should be kept in mind. The definition needs to be sensitive enough to recruit participants of sexual abuse yet not too specific as to exclude survivors of abuse leaving only a limited sample size. Because of this, it is argued that Finkelhor's definition can only be applied to adult sex offenders who offend against children, not juvenile offenders, yet incorporate the non-contact offences identified in the Sexual Offences Act.

While the definition of childhood sexual abuse is not directly tested or measured in this thesis, for the purposes of the research presented throughout this

thesis a combination of definitions provided by Finkelhor (1979) and the Sexual Offences Act (2003) will be used. The following definition of sexual abuse will be applied to all studies in this thesis in the recruitment of participants: Any sexual act (as defined by the Sexual Offences Act, 2003) that is committed to a child under the age of 16 when the victim explicitly makes it clear that such acts are not wanted or when the act is committed under coercion, force or duress by a perpetrator of any age. Behaviors will also be considered to be sexual abuse if sexual acts are committed against a child under the age of 12 by a person five years older than the victim.

1.3 The Epidemiology of Child Sexual Abuse

Childhood sexual abuse is often surrounded by secrecy, deception and coercion (Rush, 1980), with many victims not disclosing the abuse until many years later, if at all (London, Bruck, Ceci & Shuman, 2005). Such reticence makes obtaining reliable figures of its prevalence difficult. However, over the past three decades there has been an increase in interest aimed at determining the number of sexual abuse survivors in the general population.

The first large scale study investigating the prevalence of childhood sexual abuse was conducted using a sample of US college students in the late 1970's (Finkelhor, 1979). Using the definition discussed previously, Finkelhor found that 19% of women and 9% of men reported sexual abuse during their childhood. Russell (1984) interviewed 930 US women and found that 16% reported at least one experience of contact incestuous abuse. She also found that 31% of her sample reported at least one experience of contact extra-familial abuse. However, when non-contact abusive experiences were included 54% of the women recalled an experience. These early studies provided evidence that sexual abuse was a significant issue that warranted further investigation, allowing future studies to build on these early findings.

In a later and highly influential study, Finkelhor, Hotaling, Lewis and Smith (1990) conducted a national study across the USA in which almost 1500 women and over 1100 men were interviewed about their sexual experiences in childhood. They found that in their sample, 27% of women and 16% of men reported a history of child sexual abuse. Finkelhor et al.'s findings provide

further evidence of the extent of the problem of sexual abuse in the US. However, there are some issues with the definitions employed. Participants were asked about experiences that they considered to be abuse, and were given some examples of what abuse might be. This could have caused legitimate survivors to not have disclosed their abuse as it was not in line with the examples given, or else created demand characteristics in which it was obvious what response the researchers wanted. It may also have led participants to feel pressured into saying that they had experienced something similar to the examples given, when in fact they had not.

Finkelhor (1994) later conducted a meta-analysis of 19 retrospective studies, assessing responses from almost 25,000 participants, of the prevalence of childhood sexual abuse conducted in the US or Canada. Finkelhor reports that rates of sexual abuse varied from 6 to 62% for women and 3 to 16% for men. He suggested the reason for the discrepancy in prevalence rates found were likely to be due to differences in the following: Firstly, the studies varied in the definition of sexual abuse that they employed. For example, some used “unwanted” sexual contact only (e.g. Bagley, 1991; Kercher & McShane, 1984) whereas others provided more detailed descriptions (e.g. Siegal, Sorenson, Golding, Burnam & Stein, 1987 described sexual contact as “...their touching your sexual parts, your touching their sexual parts, or sexual intercourse” p. 1146). Additionally some studies required an age difference between the victim and perpetrator (e.g. Bagley & Ramsey, 1986 (3 years); Elliott & Briere, 1992 (5 years)), whereas others did not (e.g. Moore, Nord & Peterson, 1989); Russell, 1983), and the studies varied on the age limit of the victim at the time of the abuse from non-specific definitions such as “as a child” p. 497 (Kercher & McShane, 1984) to precise ages, most commonly before age 18 (52% of studies reviewed) with 26% stating before age 16 and a further 10% before the age of 17. The selection of the sample varied between the studies, for example some studies (e.g. Finkelhor, 1984; Finkelhor et al., 1990) collected data on both men and women, some studies randomly dialed phone numbers (e.g. Finkelhor et al., 1990) whereas others targeted certain professionals (e.g. Elliott & Briere, 1992 – “professional women” p. 391) or geographical areas (Finkelhor et al., 1990, whole of the United States; Kercher & McShane, 1984, Texas). Furthermore, methodologies varied across

the studies, some studies using telephone interviews (e.g. Essock-Vitale & McGuire, 1985), face to face interviews (e.g. Bagley & Ramsey), self administered questionnaires (e.g. Elliott & Briere, 1992) or a combination of these methods (Finkelhor, 1984).

In spite of these limitations, Finkelhor concluded that 20% was a good estimate of the prevalence of childhood sexual abuse in women and between 5 and 15% in men, which Finkelhor states is based on the more methodologically robust studies reviewed. However, there are such large discrepancies in the rates of sexual abuse in women that it seems unwise to make predictions of prevalence. Additionally, “5 to 15% of men” is neither a good nor workable estimation when the study rates in the analysis varied from 3 to 16%.

More recently, again using a nationally representative sample of US parents and children, Finkelhor, Ormrod, Turner and Hamby (2005) found that 82 per 1000 children and adolescents aged 2 to 17 had experienced at least one sexually abusive episode in the previous twelve months, with 22 per 1000 having experienced rape or attempted rape. The methodology employed in this study went to great lengths to ensure that the sample was representative of the general population in terms of gender and ethnic background, as well as providing evidence for a wide age range of children. The researchers conducted telephone interviews using the Juvenile Victimization Questionnaire (Hamby & Finkelhor, 2004), which is a comprehensive instrument for measuring juvenile victimization. It is designed for use in young people and has legal definitions of many different sexually abusive crimes in a language that children can understand. Interviews were conducted with the child if they were 10 or over or with a parent if they were younger. However, a shortcoming of the research is that only one child was selected from each household to participate which may have led to under reporting of sexual abuse. Additionally, the selection of one child did not allow sufficient understanding of multiple victims in one household and whether perpetrators are likely to offend against multiple members of one family.

Research from countries outside of the USA has produced similar prevalence rates of sexual abuse. For example, using longitudinal data collected in New Zealand from over 900 participants over a 26-year time period van

Roode, Dickson, Herbison and Paul (2009) found that 30.3% of women and 9.1% of men reported some sexual abusive experience. Edgardh and Ormstad (2000) reported slightly lower prevalence rates in a Swedish sample with 7.1% of school girls and 2.3% of school boys, and 28% of female school drop outs and 4% of male drop outs also reporting experiencing sexual abuse (excluding exhibitionism). The lower prevalence rates in this study may be due to a strict definition of sexual abuse (“Sometimes children and young people are persuaded or forced into sexual activities by adults or by youngsters older than themselves. This is called sexual abuse of children and young people. Have you experienced any of the following against your will, with an adult or a young person at least five years your senior?” p. 312). The authors then provide 10 examples of what might constitute sexual abuse which may have influenced participants into thinking that their experiences are not what the researchers are looking for.

Studies conducted in the UK have produced similar inconsistencies in the number of people estimated to have experienced childhood sexual abuse. For example, an early study conducted by Nash and West (1985) found that 48% of women in their sample had experienced some form of sexual abuse, 75% of which included contact offences. However, a large scale MORI poll survey conducted by Baker and Duncan (1985) found that 12% of women and 8% of men reported being sexually abused during their childhood.

More recent results published by May-Chahal & Cawson (2005) on behalf of the NSPCC asked almost 3000 young adults aged 18 to 24 from across the UK to complete a computer-assisted interview about their experiences of maltreatment in childhood. No definitions were given to the participants who were asked for experiences they thought of as abuse, and were asked if they thought the experience was positive or negative. This methodological approach is useful as it allows the survivor to make decisions about their own abuse and prevents some of the criticisms already discussed surrounding providing participants with explicit definitions or examples of abuse. May-Chahal and Cawson found that 18% of the sample reported experiencing childhood sexual abuse. In a follow up study for the NSPCC Radford et al. (2011) conducted in over 6000 participants found that 0.5% of under 11 year olds (0.2% of boys, 0.8% of girls), 4.8% of adolescents (aged 11-17) (2.6% of boys and 7% of girls) and

11.3% of young people aged 18 to 24 had experienced contact sexual abuse during their childhood.

More recent research by Bebbington et al. (2011) examined whether rates of sexual abuse had changed over generations. Over 7,300 participants were selected randomly from households throughout England and were interviewed using computer assisted interviewing. Participants were asked about different levels of sexual abuse ranging from uncomfortable sexual talk to penetration with an adult before the age of 16. They report that rates of sexual abuse in women remain consistent in participants aged between 16 and 64 (between 10 and 15%) however the rates seem to drop off in people aged 65 and above. In males the rates of sexual abuse were consistent in men between the ages of 25 and 74 (between 4.5 and 7.6%), with lower rates being recorded in under 25s and over 75s. It is unclear why such drop offs may be seen but the authors speculate forgetting experiences, failure to conceptualize experiences as abuse and lower survival rates of abused individuals in the older groups rather than an true reduction. No explanation is provided for the lower incidence rates in men but Lamb and Edgar-Smith (1994) have previously hypothesized that men are known to disclose abuse later in life than women; this explanation could potential account for a lower report rate in men under 25.

Although there remain methodological issues with research investigating the prevalence of sexual abuse in childhood and the results vary considerably, the findings discussed reveal that sexual abuse remains a pervasive and serious issue. The results also demonstrate that sexual abuse has remained a substantive issue over the past thirty years. Bebbington et al.'s (2011) findings support the notion that sexual abuse has remained an issue throughout recent history having found similar rates of self-reported childhood sexual abuse across a full spectrum of age ranges from 16 to over 75.

1.4 Explanations for Gender Differences in Sexual Abuse

Research has consistently demonstrated that prevalence rates of sexual abuse are higher in girls than boys (e.g. Bebbington et al., 2011; May-Chahal & Cawson, 2005; Radford et al., 2011). There have been a number of researchers who suggest that the lower prevalence rates in men may be due to an under

reporting of sexual abuse in males (see Paine & Hansen, 2002 for a review), with research suggesting that male survivors may be more reluctant to disclose childhood sexual abuse than female survivors. For example, O’Leary and Barber (2008) found that only 26% of males disclosed their abuse around the time of the abuse compared to 63.6% of females, and that almost half of male participants (44.9%) waited more than 20 years to disclose their abuse, compared 25.4% of women (similar findings are reported by Easton, 2013). This is supported by Finkelhor et al.’s (1990) finding that 42% of men in the sample had never disclosed their abuse to anyone, compared to 33%.

A number of reasons have been suggested why men may be less inclined to disclose their abuse than women. Firstly, it has been suggested that men who are sexually abused feel shame at a loss of masculinity (Kia-Keating, Grossman, Sorsoli & Epstein, 2005), being perceived as a victim (Alaggia, 2005) and not been able to prevent the abuse or look after themselves (Bradford Specialist Sexual Violence and Abuse Advisory Group, 2011; Sorsoli, Kia-Keating & Grossman, 2008). Kia-Keating et al. (2005) investigated feelings of emasculation in a qualitative study of 16 male survivors of child sexual abuse. Many talked about feeling a pressure to “toughen up” (p. 177) both physically and emotionally, turning to violence and the abuse of animals and others as a means of demonstrating their masculinity. A number of the men spoke about struggling with the masculine concept of “sexual prowess” (p. 178) and difficulties with intimacy due to relating sex with negativity; many reported that they felt that desiring sex was important to the male identity and that not wanting sex or struggling to be intimate with a partner reinforced feelings of emasculation. Furthermore, Finkelhor (1984) suggests that boys engage in more independent and unsupervised activities than girls because of their perceived ability to look after themselves, and therefore may be less likely to report sexual abuse for fear of losing this freedom.

The stigma of homosexuality has been suggested as a second reason why men may not disclose their sexual abuse (Alaggia, 2005; Kia-Keating et al., 2005; Sorsoli et al., 2008). Alaggia (2005) reports that all 11 men in her sample were abused by men (in one case it was a man and a woman), and that fears around sexuality, or perceived sexuality were a common theme in why men failed to

disclose their abuse. Additionally, Alaggia and Millington (2008) report narratives from men who responded in a physiological manner (erection, ejaculation) and this led to misplaced ideas that they wanted, encouraged or enjoyed the abuse.

While qualitative studies (such as Alaggia, 2005; Alaggia & Millington, 2008; Kia-Keating et al., 2005; Sorsoli et al., 2008) provide an interesting insight into the reasons why men may be less likely to disclose their abuse unfortunately none of these studies provide details of how many of the participants described similar experiences or themes identified in the research. This makes it difficult to establish how prevailing the themes are in the sample. Additionally, Alaggia (2005) did not appear to analyze the data with a co-rater, Alaggia and Millington, Kia-Keating et al. (2005) and Sorsoli et al. (2008) all state that themes were discussed amongst the researchers but do not report an inter-rater reliability so it is unclear how consistent the ratings were between researchers. Some quantitative research investigating reasons why men do not disclose abuse is required to help understand the most common reasons cited for non-disclosure of abuse in men.

1.5 The Development of Inappropriate Sexual Behaviors Following Sexual Abuse

Two of the most robust findings of the consequences of childhood sexual abuse are having an inappropriate sexual knowledge for the child's age (Corwin, 1985) and displaying inappropriate sexualized behaviors (Friedrich et al., 2001; Kendall-Tackett et al., 1993). Kendall-Tackett et al. (1993) found that of the 16 studies in their meta-analysis which investigated differences in inappropriate sexual behaviors between sexual abuse victims and non-abused controls, 14 reported significantly higher inappropriate sexual behaviors in the abused children; the other two reported no significant differences between the two groups. Furthermore, six of the studies analyzed in Kendall-Tackett et al. (1993) utilized samples from clinical populations, with all of these studies reporting that the only clinical differences between survivors and non-abused controls were levels of post-traumatic stress disorder (PTSD) and inappropriate sexual behaviors, with the abused individuals displaying greater numbers of both.

Unfortunately definitions of inappropriate sexual behaviors used in the studies are not provided making it difficult to convey whether the studies are comparable.

Like the definition of childhood sexual abuse discussed earlier in this chapter, there is a lack of agreement amongst researchers and professionals alike as to what are appropriate and inappropriate sexual behaviors in children. Research by Vosmer, Hackett and Callanan (2009) into consensus amongst professionals as to what constituted normal or inappropriate behaviors in children found that while some behaviors were almost unanimously classified as inappropriate (e.g. inserting objects into the private parts of other children (100% rated this as inappropriate) or engaging in compulsive or excessive masturbation (92%)) less consensus was found for other behaviors (when a child gyrates on another child (58% rated inappropriate) and mutual masturbation with another child (55%). This lack of agreement makes it difficult to measure firstly if the behaviors are inappropriate for the age of the child and secondly a lack of a clear definition makes research into inappropriate sexual behaviors generally, as well as following childhood sexual abuse, difficult.

Further evidence of sexually abused children displaying inappropriate sexual behaviors is provided by a study conducted by Deblinger, McLeer, Atkins, Ralphe and Foa (1989) using a sample of 155 US inpatients aged 3-13 years. From assessing the patients' notes it was found that children with a history of sexual abuse were nearly 13 times more likely to display sexually abusive behaviors to peers than those who had not been abused, and were more than 45 times more likely to display sexually inappropriate behaviors. However, it is not clear what the authors define as sexually inappropriate and sexually abusive behaviors. Only two examples of sexually inappropriate behaviors are provided, public or compulsive masturbation and provocative behaviors, both of which are vague and not clearly defined. Additionally, patients were not observed performing the inappropriate behaviors, but whether the behavior was present or not was interpreted from the patients' medical records. Furthermore, the use of inpatient populations presents a range of additional issues as mental health issues often manifest as abnormal behaviors, resulting in difficulty in distinguishing behaviors or mental health issues caused, or exacerbated, by sexual abuse.

Friedrich et al. (2001) conducted a validation study of the Child Sexual Behavior Inventory (CSBI) (Friedrich, Grambsch, Broughton, Kuiper & Beilke, 1991), designed to measure the extent and frequency of sexually inappropriate behaviors in children. The study compared 620 known victims of sexual abuse with over 1100 children without a known or suspected history of sexual abuse or need for psychiatric intervention and 577 children, psychiatric outpatients, again with no known or suspected history of sexual abuse scores on the CSBI as rated by the child's parents. It was found that children who had been sexually abuse displayed the most problematic sexually inappropriate behaviors. Children who had experienced vaginal, anal or oral penetration, were abused by a family member or multiple abusers, and were abused frequently and over a prolonged duration displayed the greatest number or most severe sexually problematic behaviors. Friedrich et al. (2001) also reported that inappropriate sexual behaviors were also related to more general childhood behavior issues, though what these problems were is not discussed in any detail. While the study only used ratings on the CSBI by the child's mother or primary caregiver, ratings by the child's father was compared with that given by the mother for 24 children to test inter-rater reliability, high reliability was found, as was a high level of test-retest reliability (tested two weeks apart) and good internal consistency was found for the CSBI.

The results discussed here seem to suggest that a common consequence of experiencing childhood sexual abuse is displaying problematic and/or risky sexual behaviors both in childhood and adolescence. However, the research into the area is limited. Longitudinal research investigating whether problematic sexual behaviors in childhood develop into sexually risky behaviors in both adolescence and adulthood would be advantageous. It would also be beneficial to investigate whether sexually risky behaviors in adolescence develop into sexually abusive or coercive behaviors in adulthood, this would provide important information about the potential victim to offender pathway.

1.6 Children's Resilience to Sexual Abuse

Resilience is commonly defined as the ability to bounce back, or recover adaptively, following adversity (Reivich & Shatté, 2003). It would appear that

some children who experience sexual abuse do not appear to display any of the difficulties discussed thus far. For example, Fergusson and Mullen's (1999) meta-analysis found that prevalence of asymptomatic abused children between 21% and 49% and Ozbaran et al. (2009) found that all children in their sample were asymptomatic two years following the disclosure of their abuse. This research provides optimism that there may be coping mechanisms employed by these 'resilient' children.

Kendall-Tackett et al. (1993) provide a number of suggestions that may explain the lack of symptoms displayed by these so-called resilient children. Firstly, they argue that a lack of symptoms may be due to flawed assessment techniques that do not measure a wide enough symptom range or do not measure symptoms which the child is displaying adequately. Secondly, the child may be displaying so called "sleeper effects" (p. 197 Briere, 1992), whereby children experience a delay in the manifestation of symptoms until adolescence or even adulthood i.e. the symptoms are not evident at the time of assessment. Such "sleeper effects" may include sexual dysfunction and aggression although it is not clear which victims may be susceptible to such effects or why they might occur. Finally, Kendall-Tackett et al. (1993) argue there may be a group of children which are resilient and do not, and will never, display any serious maladjustment following the abuse that they have suffered. However the reasons for this remain unclear and require further empirical investigation.

1.7 Sexual Functioning and Sexually Risky Behaviors

As was seen from the research presented in the previous section into sexually risky behaviors in adolescent survivors of sexual abuse, similar patterns of risky sexual behaviors are reported in adults with a history of sexual abuse. As noted previously, one reason that survivors, particularly male survivors, do not disclose abuse is because of fear of ridicule about their sexuality (Gilgun & Reiser, 1990). However, Cunningham, Stiffman, Dore and Earls (1994) have shown that males who have been sexually abused were no more likely to engage in homosexual activity than men who had not been abused.

In their review of the literature Dhaliwal, Gauzas, Antonowicz & Ross (1996) identifies such issues as confusion about sexuality, sexual aggressiveness, sexual

adjustment problems, lower sexual self-esteem, avoidance of sexual activity, fear of negative emotions surrounding sex, premature ejaculation, erectile dysfunction, fetishism and sadism in male survivors. They claim that based on the literature available at the time that most male survivors of sexual abuse will suffer from some sexual issue at some point in their lives.

In a recent meta-analysis of risky sexual behavior in male adolescent survivors, Homma, Wang, Saewyc and Kishor (2012) compared 13 large scale studies resulting in a total of over 42,000 participants. As with previous meta-analyses discussed in this chapter, a variety of definitions of sexual abuse were used across the studies. Using robust statistical methods that compared percentage of variation across the studies, therefore controlling for sampling error and other sources of variability (such as differences in methodologies) between the studies, Homma et al. found that adolescents that had been sexually abused were more likely to have had multiple sexual partners, were more likely to engage in unprotected sex and have impregnated a partner than adolescents that had not been sexually abused.

Furthermore, there is an overrepresentation of childhood sexual abuse survivors in the sex trade. Badgley (1984) (as cited in Bagley, 1985) found that over 60% of female and 77% of male prostitutes in Canada had been sexually abused before the age of thirteen (similar findings are reported by Miner, Klotz Flitter and Robinson, 2006) and Mathews (1989) found that around 30% of men and women involved in prostitution reported an incestuous experience. Additionally, Senn, Carey, Vanable, Coury-Doniger and Urban (2007) found a stepwise effect of the severity of abuse on prostitution in that the more severe the abuse experiences was, the more likely that the survivor would trade sex for money or drugs, and this was true for both men and women.

Displaying sexually risky behaviors following childhood sexual abuse may have important implications for the victim to offender pathway as such behaviors may be an indication of an escalation of inappropriate sexual behaviors, developing into more abusive behaviors. This may be a key time to intervene to disrupt the victim to offender pathway; this is considered in more detail later in this chapter.

There are a number of methodological inconsistencies and flaws that could reasonably account for the inconsistencies of the research discussed in this section. For example, many studies rely on self report, which, as discussed previously, can be unreliable. However, unfortunately there is little researchers can do to overcome this criticism. Secondly, many studies utilize ‘high risk’ sample populations, e.g. sex workers, psychiatric inpatients and young mothers etc., who are already exhibiting examples of sexually risky behaviors, meaning that it is difficult to conclude that sexually risky behaviors are a result of sexual abuse alone. Thirdly, studies often fail to establish a meaningful control group, matching participants from similar backgrounds etc. Furthermore, there are few longitudinal studies making it difficult to judge if abnormal sexual functioning began in childhood and adolescence and has progressed into adulthood and will continue to progress, or whether the findings, especially those from high risk populations, are just a phase, or a result of extraneous variables (e.g. poor mental health). As previously discussed, no operationalized definition of the term “sexual abuse” is provided and therefore each study has a slightly different interpretation of what constitutes sexual abuse.

1.8 The Potential Impact of Childhood Sexual Abuse on Later Sexual Offending Behavior

It is a commonly held belief in the general population that those who have been abused are highly likely to go and abuse others themselves (Murphy & Smith, 1996) and many survivors of sexual abuse fear that they will become an abuser (Alaggia, 2005; Etherington, 1995). However, it is known that only a very small minority of all abused individuals will go on to commit sexual crimes themselves. Salter et al. (2003) found that only 12% (26 men) of a sample of sexually abused boys went on to commit sexual offences. Of this 26, 7 had police involvement, while the other 19 displayed abusive behaviors which were not reported to the police; it is not clear why police involvement did not occur. Similar figures have been reported by Craissati, McClurg and Brown. (2002) using a psychiatric inpatient population, with prevalence rates of 10% being reported.

A meta-analysis conducted by Paolucci et al. (2001) found that of the 37 studies used in their overall analysis, 8 considered the victim to offender pathway ($N=2513$). They report a weighted effect size suggesting a 57% increased risk of engaging in the victim to offender pathway than the general population. A particular strength of the research is that the authors calculated the Fail Safe N to assess probability rather than based on a 95% probability level. They argue that a 95% probability level would suggest that 15 null results on the victim to offender pathway would have to be found before it could be reasonably concluded that the result was due to bias due to the number of studies reporting a Type I error.

In a recent longitudinal study of almost 8,000 sexually abused boys, Hershkowitz (2014) found that 2% had a criminal record for a sexual offence by the age of 14. This suggests that sexually abusive behaviors occur early in adolescence and therefore can offer hope that interventions can be put in place.

Although it is known that only a small number of abused individuals go on to offend, there is an overrepresentation of sexually abused people in the child sex offender population than in the general population (Simons, 2006). The prevalence of sexual abuse in child sex offenders is consistently reported to be up to five times that seen in the general population. (Glasser et al, 2001; Veneziano, Veneziano & LeGrand, 2000). A recent regression analysis conducted by DeLisi, Kosloski and Trulson (2014) based on 2520 incarcerated juvenile offenders suggested that child sexual abuse increased the risk of later sexual offending by almost six fold (467%). However, being a victim of sexual abuse was also found to decrease the risk of other offences (homicide=83%, 68%=both serious person and property offences. Furthermore, Jespersen et al.'s (2009) meta-analysis found that out of 17 studies ($N=2798$) that compared sex offenders with non-sex offenders on abuse histories, all but one reported greater odds of experiencing childhood sexual abuse in sex offenders than non-sex offenders. Furthermore, they found a lower incidence rate of childhood sexual abuse in sex offenders who offend against adults to those who offend against children (based on the findings of 12 studies, $N=2296$); similar findings being reported in the meta-analysis conducted by Paolucci et al. (2001). These findings suggest that

being sexually abused significantly increases the risk of a survivor becoming a perpetrator, particularly of sexual crimes committed against children.

It has been found that the victim to offender pathway is most commonly seen in male offenders who were abused by men (Berkowitz, 1993; Glasser et al., 2001) and men whose sexual preference is for prepubescent boys (Knopp, 1984). This might suggest that learning has occurred and that men who have been abused by men learn that sex with young boys is normal or arousing. This suggestion requires further investigation especially when considered with the findings of an interview study by Lambie, Seymour, Lee and Adams (2002) which compared narratives of victims of sexual abuse that had gone on to offend with those that had not. They report that abused offenders were three times more likely to report their abuse as being pleasurable and twice as likely to report masturbating over their own abuse, therefore reinforcing the belief that it was pleasurable. The study employs a relatively large sample for a qualitative study (47 offender victims, 41 non-offender victims) and employs offending participants from a community population; this is important as it makes the groups more comparable to non-offenders than an incarcerated sample would be. Details of the abuse experienced, whether penetration took place, duration of abuse, relationship with the perpetrator, and the gender of the perpetrator were all collected and analyzed. No significant differences were found across the group for type of abuse experienced (16 different types of abuse were compared), duration, relationship to perpetrator or the gender of the perpetrator. However, the offender group was significantly more likely to have been abused by more than one person. A combination of semi-structured interviews and questionnaires were used. A thematic analysis was conducted on the qualitative data, and themes were cross examined by a second rater, blind to the aims of the study. Criticisms of the study include reliance on retrospective recall of both participants' own abuse and offences committed and that participants were not matched on demographic characteristics across the two groups; there were significant differences between them. The interviews were scored to make quantitative data, therefore losing much of the quality of the interviews. Despite this, it is recognized that it would be very arduous to match offenders with non-offenders as they are both very difficult populations to access and recruit. It is

therefore felt that while the results must be considered in the context of these limitations, the research remains an informative and novel piece of research which has furthered knowledge of possible indicators of later abuse and why some victims may offend when others do not.

There has also been some suggestion that those who go on to offend have experienced more severe abuse than non-offenders. For example, Briggs and Hawkins (1996) found that offenders were more likely to have been abused by multiple perpetrators and experience heterosexual sexual abuse; however they were no more likely to experience anal or oral penetration than non-offenders (similar findings are reported by Lambie et al., 2002). Additionally the more severe an offender's abuse was, the more sexually deviant an offender likely to be (Hilton & Mezey, 1996). However, when interpreting these findings it is important to bear in mind that many survivors of severe sexual abuse do not go on to offend (Friedrich et al., 2001). Therefore, on review of the evidence presented thus far in the chapter that while experiences of childhood sexual abuse are common in child sex offenders, only a small proportion go on to offend having experienced childhood sexual abuse. This suggests that sexual abuse is a risk factor for committing sexual offences in men at least, however it is more like to be a pathway to abuse and therefore the victim to offender cycle, as it is commonly referred to in the literature is inaccurate.

1.9 Factors which may Increase the Likelihood of a Sexual Abuse Victim Becoming a Child Sex Offender

A limited section of research has focused on offending victim's upbringing to attempt to identify possible identifying behaviors or triggers for later offending. As previously discussed, a common effect of sexual abuse is inappropriate sexual behaviors (Kendall-Tackett et al., 1993), which may escalate into offending behaviors. For example, Salter et al. (2003) found that the average age of first sexual victimization was 14, suggesting that adolescence may be an important time to identify possible victim-to-offenders (similar findings are reported by Hershkowitz, 2014). Child sex offenders have been found to come from severely troubled backgrounds (Seghorn, Boucher, & Prentky, 1987) and are more likely to have been removed from the family home to foster homes or

institutions (Hershkowitz, 2014). For example, Glasser et al. (2001) found that survivors who became offenders were significantly more likely to have a parent die during childhood than those who did not. Research has also found that those survivors who do go on to offend were more likely to report being physically abused as a child (Briggs & Hawkins, 1996; Hershkowitz, 2014; Jespersen et al., 2009), reported having fewer friends both in and out of school (Lambie et al., 2002) and were more likely to have left school early (Lambie et al., 2002; Briggs & Hawkins, 1996).

1.10 Is Becoming an Offender a Male Phenomenon?

As recently as 10 years ago it was a common assumption that women did not, or could not, sexually abuse children (Bradford Specialist Sexual Violence and Abuse Advisory Group, 2011). It is now known that the vast majority of perpetrators are male, with Finkelhor (1994) estimating that 95% of girls and 83% of boys who are abused in the US are abused by men. This is supported by the findings of Nash and West (1985) and Ben-Tovim et al. (1988) that only a fraction of their abused samples (1% and 2% respectively) had been abused by a woman. However, conflicting results reported by Ramsay-Klawnsnik (1990) found that boys were only abused by adult men 33% of the time and adolescent males 12% of the time and in the six studies reviewed by Finkelhor and Russell (1984), female perpetrators were involved in at least a quarter of offences.

As the number of female sexual abuse perpetrators is consistently small (Home Office, 2013), and as research consistently suggests that girls are victims of sexual abuse more often than boys (Radford et al., 2011) much of the literature and research into childhood sexual abuse has focused on female victims, often neglecting and obscuring issues related to male victims (Dhaliwal et al., 1996; Fergusson & Mullen, 1999). However, the growing body of research into child sexual abuse almost exclusively focuses on male offenders, and this includes research into the victim to offender pathway. It is known that most people who are convicted of sexual offences are male (Home Office, 2011) which may suggest that male victims are more likely to become offenders than female victims. In one of the few studies to compare men and women survivors on their later offending behaviors, Glasser et al. (2001) found that only 1 out of 41 women

survivors went on to become an abuser (2%) compared with 79 out of 135 (59%) men. However, while the number of women convicted of child sex offenders is significantly smaller than men, Matthews, Hunter and Vuz (1997) found that 75% of women child sex offenders report a history of child sexual abuse, which is even larger than the average of around 50% reported in male child sex offenders (Hanson & Slater, 1988).

While most people convicted of a sex offence are male (98%, Home Office, 2011) there are a growing number of female sexual offenders. However, there is still very little research on the impact of childhood sexual abuse on later offending behavior in female sex offenders. This needs to be addressed before any firm conclusion can be made about sexual abuse being a pathway to sexual offending. It would also be beneficial to have longitudinal research which investigates the proportion of abused children which go on to offend, such as Salter et al. (2003), but with a female comparison group. This is not an issue that is addressed in this thesis but as being a male survivor of sexual abuse may be a risk factor for later sexual offending, it was felt that a mention of the gender differences in sexual offending were required.

1.11 Protective Factors

As is now known, the majority of survivors of childhood sexual abuse do not go on to become perpetrators themselves; however the majority do display significant adjustment difficulties (Kendall et al., 1993; Fergusson & Mullen, 1999). While there is a growing literature on why people may turn to sexual offending following abuse, to which this thesis intends to contribute, there is relatively little research into what may prevent people from entering the victim to offender pathway. One factor that has been identified as a possible protective factor, reducing the chance of a victim of childhood sexual abuse becoming an offender of such abuse is the perception of having social support. For example, Lambie et al. (2002) found that victims who became offenders had no one to rely on for emotional support, both generally and in a crisis, whereas the “resilient” (p. 31) group were more likely to report that they could rely on at least one parent for emotional support and that the support that they received was demonstrated in various ways (e.g. verbal and physically). This has been identified as a key

feature of resilient individuals (Pinkerton & Dolan, 2007). These findings are supported by those reported by Gilgun (1990) who found that those who were less likely to offend had a close relationship with someone that they could confide in.

In addition to emotional support, Lambie et al. (2002) found differences in social contact with peers between their two groups. They report that although there were no differences for the number of friends the children had in childhood between the victim to offender group and the resilient group, the resilient group had far more contact with their friends and were more likely to have social contact with them outside school. Furthermore, the resilient group had more friends in adolescence than the victim to offender group and had more frequent contact with their friends. This finding mirrors consistent reports in the child sexual abuse literature that offenders are often socially isolated (Seto & Lalumière, 2010).

Wilcox, Richards and O'Keeffe (2004) consider the implications of personal resilience and its application to survivors of childhood sexual abuse. They argue that protective factors are imperative in understanding resiliency to sexual abuse. Such protective factors include personality traits such as self-esteem and sociability, cognitive skills as well as environmental factors such as positive reactions following disclosure and social support. Furthermore, they argue that for professionals to have the greatest success when working with survivors of childhood sexual abuse they must emphasize empowerment to the survivor as well as avoid labeling the survivor. However, unfortunately further research has not been conducted in these areas since the recommendations by Wilcox et al. (2004) were made.

Other factors that have been identified as being possibly protective against the victim to offender pathway include higher educational attainment (Gilgun, 1990; Lambie et al., 2002). This is likely to be due to higher cognitive functioning that are reported as an important protective factor by Wilcox et al. (2004). Elliott, as cited by Wilcox et al. (2004), suggests that engaging in an appropriate and functional intimate relationship and maintaining employment can also act as a protective factor in determining resilience from engaging in the

victim to offender cycle. This is support by the work of Tony Ward's and colleagues Good Lives Model (Barnao, Robertson & Ward, 2010; Ward, 2002; Willis & Ward, 2011) that is currently employed as a theory of prevention of sexual recidivism by the National Offender Management Service England and Wales. The Good Lives Model provides nine "goods" which, if an offender has in their life, are thought to provide something more positive in the life of the offender, which replaces the need or want to reoffend; a functional, stable relationship is one of these goods. Unfortunately, the model has not been empirically tested, and whilst it is used in both custody and community settings as a possible theory of reducing reoffending it must be employed with caution.

Kia-Keating et al. (2005) hypothesize that survivors who do not go on to offend may renegotiate the traditional masculine roles of displaying physical and emotional toughness and sexual prowess by not becoming a perpetrator (demonstrating alternatives to violence), disclosing abuse and engaging and maintain healthy intimate relationships. In their study they found that victim non-offenders found ways to meet their masculine needs without the need to overpower other people and animals.

Caution should be applied when considering these results. Firstly, studies into resilience from the victim to offender cycle are few in number and until more research is conducted which corroborate the results reported it cannot be assured that such positive results were not obtained by chance. Secondly, it is important to consider individual differences between survivors of sexual abuse, as what is a potential risk or protective factor for one individual may not be for another. With these considerations in mind, sweeping statements or conclusions about risk and protective factors should be avoided until more is known about the underlying cognitive processes involved.

1.12 Attachment and Sexual Offending

Attachment theory argues that a biologically based bond is formed between caregivers and a child in early infancy, which provides protection and ultimately survival of the infant (Bowlby, 1969). Bowlby (1988) argues that the child uses the attached caregiver as a "secure base" with which they can explore

their environment, while maintaining a close proximity; it is argued that this is a universal process (Bowlby, 1988) and is evident throughout the life cycle (Ainsworth, 1989). Bowlby (1973) argues that attachment is an internal working model and forms the basis of personality and the expectations of attachment both of themselves and others.

It is recognized that children who are sexually abused often come from dysfunctional family backgrounds (Finkelhor et al., 1990; Flemin, Mullen & Bammer, 1997; Fergusson, Horwood & Lynskey, 1997). This has led researchers to suggest that survivors of abuse may form insecure attachments with their caregivers. Attachment theory states that the role of the caregiver is to provide protection for the child (Bowlby, 1969). This protection is not provided when a child is abused. This has been shown to be a sign of a caregiver not showing the child love or attention, and may lead to the child internalizing a view that they are a bad person, not worthy of respect or love and that the world is an unsafe place (Roche, Runtz & Hunter, 1999).

Surprisingly, there is very little in the literature relating to victims of sexual abuse and attachment style. However, from the limited research available it has been found that survivors of childhood sexual abuse are more likely to have an insecure attachment style than those who have not experienced such abuse (Aspelmeier, Elliot & Smith, 2007). Roche et al. (1999) reported that survivors of interfamilial abuse most frequently display a fearful attachment style (fearful of intimacy and socially avoidant) whereas survivors of extrafamilial abuse most frequently displayed a dismissive attachment style (dismissing of intimacy, need to feel self-dependant). Non-abused controls were significantly more likely to display a secure attachment style than either of the abused groups. Levels of preoccupied attachment style (preoccupied with relationships) were very similar across the three groups, although the abused groups did display this style more frequently than the non-abused group. This is an important finding as it is known that insecure attachment styles are linked to poor psychopathology in both childhood and adulthood (Cicchetti, Rogosch, & Toth, 1998; Easterbrooks, Biesecker, & Lyons-Ruth, 2000) and may provide some explanation for the poor psychopathology often observed in survivors previously discussed.

Application of attachment theory to the effects of childhood sexual abuse is likely to be most appropriate and beneficial when considered in the view of interpersonal functioning, both in intimate and parental relationship (Alexander, 1992); however as of yet little research has been focused on this area. In spite of the fact that research into the application of Attachment Theory to the study of sexual abuse has been available for over two decades, currently the work remains in its infancy. Future research is required to fully enable understanding as to how sexual abuse may affect attachment style, and the implications that it has in future psychopathology and social relationships. Research should ideally focus on providing a better understanding of parent-child attachments in families where sexual abuse has taken place; both in intra and extra-familial sexual abuse cases. There is also a gap in the literature for the application of attachment theory to the victim-to-offender cycle.

1.13 Victim to Offender Cycle or Pathway?

Throughout the literature victims of childhood sexual abuse who go onto offender are said to complete the “Victim to Offender Cycle” (Jespersen, et al., 2009). However, this may not be an accurate description of the phenomenon. A cycle suggests something that has clear rules, for example when criterion A is achieved B follows, then C and so forth. As has been discussed at length in this overview of the literature in this area it is clear that there are a number of different risk factors identified in the development of sexually abusive behaviors. As previously discussed, there is no “victimization syndrome”, nor does there appear to be a single typology of person who becomes a child sex offender. It is likely that there are multiple influences that result in child sexual offending, with various opportunities for people to turn on and off this pathway to abuse. Therefore, throughout this thesis the terminology used to describe going from childhood sexual abuse to child sex offending will be referred to as the victim to offender pathway.

1.14 Issues with Current Research

1.14.1 Childhood sexual abuse literature

The key issues identified in the current literature are as follows:

- Lack of a clear or consistent definition of childhood sexual abuse
- Lack of consistent measures of childhood sexual abuse
- Later disclosure, particularly in males, may limit the number of potential research participants as they are not known to services designed to help victims. Therefore caution must be given when collecting data from samples as it may not be a true representative of the population – particularly if the sample is young as many survivors do not disclose their abuse to adulthood.
- Many studies use inpatient samples without consideration of the effects of severe mental illness and institutionalization on self-reports. It is known that rates of sexual abuse in inpatient populations are higher than in the general public (Finkelhor, 1994), this may be a reason why so much research is conducted in such establishments, but results from such populations are unlikely to be generalizable to the wider, more general, population due to the numbers of confounding variables.

The present research will attempt to address some of these issues. While the aim of this research is not to develop an operationalized definition of childhood sexual abuse, it will use one definition consistently; this definition will be “Any sexual act (as defined by the Sexual Offences Act, 2003) that is committed to a child under the age of 16 when the victim explicitly makes it clear that such acts are not wanted or when the act is committed under coercion, force or duress by a perpetrator of any age. Behaviors will also be considered to be sexual abuse if sexual acts are committed against a child under the age of 12 by a child 5 years older than the victim”. This will be measured consistently using Part C of the Sexually Victimized Children Questionnaire (Finkelhor, 1979).

With regards the recruitment of participants, samples will be drawn from populations in the general community, accessing previous mental health services will not be an exclusion criterion however current inpatients will not be considered suitable. Caution will be taken in applying the findings to all victims and this will be discussed alongside the implications of each individual study.

1.14.2 The sex offender as victims literature

The identified general limitations of the sex offender as victims are as follows:

- Very few studies compare offender victims with offender non-victims meaning that while there may be evidence to support a victim to offender pathway there is little consideration of the differences between these two groups
- While some research accounts for different victim types (adult, child) or offence type (contact, non-contact, internet) others do not
- As with the general victimization literature, much of the research conducted on offenders with a history of sexual abuse is conducted in inpatient populations. This again calls into question the generalizability of the results and makes them difficult to compare with results taken from community or prison samples.

The research in this thesis will aim to address all of these limitations by comparing four groups throughout the research: offender victims, offender non-victims, non-offender victims and non-offender non-victims in a 2 x 2 design. All offenders will have previous convictions of contact sex offences against a child under the age of 16 and will be recruited from community samples.

1.15 Future recommendations

Currently the literature investigating the impacts of childhood sexual abuse amounts to little more than a list of possible outcomes, with no known 'sexual abuse syndrome' of which all or most survivors of sexual abuse would fit the criteria for. While an inventory of possible symptoms is a good foundation, for researchers and practitioners alike this can be quite frustrating as it neither allows the prediction of the future impact of childhood sexual abuse nor gain a true understanding of it as a phenomenon. One of the difficulties that researchers face is that the impact of sexual abuse affects different people at different stages of their lives; furthermore others never experience any long term negative effects of the abuse. Reasons for these individual differences need to be better

understood before sweeping statements and conclusions can be made about the true impacts of childhood sexual abuse.

With regards to victims who go on to offend themselves, researchers should not be asking ‘what are the reasons why a victim becomes a perpetrator?’ per se, but instead attempt to identify factors that set an abused child on a developmental pathway to abuse and why they remain on this pathway until they become an abuser. Identification of protective factors that firstly prevent survivors of abuse from proceeding along a pathway towards abuse or else modifying their behavior so that the pathway is broken and the survivor does not become an abuser would be beneficial. For both of these to happen, more knowledge is required about the pathway itself that child sex offenders experience in making the transition from survivor to abuser.

The broad aims of this thesis are to identify key factors in victims of sexual abuse that may make them vulnerable to completing the pathway from victim to offender as well as protect them from the pathway. It is also aimed to establish if differences exist between offender victims and offender non-victims. If no differences between these groups can be identified it would suggest that the sexual offences are not a result of the abuse experienced. The research aims to use a combination of methods to assess the victim to offender pathway including both qualitative and quantitative methodologies. It is aimed that conclusions drawn from the research will be applicable to practice both with working with victims and sex offenders to overall reduce reoffending.

Chapter 2: The Social Correlates of Believing Adult and Child Rape Myths in a General Population Sample

2.1 Introduction

Rape myths are culturally held beliefs that detract blame away from the perpetrator of sexual crimes and places it onto the victim (Burt, 1980). They are often factually incorrect, trivialize sexual assaults (Lonsway & Fitzgerald, 1994) and are often used by sexual offenders as a method to justify or minimize their behavior (Maruna & Mann, 2006). Examples include beliefs that a victim was asking for the assault by the way they were dressed or behaving, that people secretly have a desire to be raped (Burt, 1980) and that children who do not report the abuse must enjoy it and want it to continue (Cromer & Goldsmith, 2010).

Rape myths, or cognitive distortions as they are more commonly referred to in the sex offender literature, are believed to be a good indicator of deviant sexual interest and risk of recidivism in sex offenders (Maruna & Mann, 2007; Thornton, 2002; Ward, Hudson, Johnson & Marshall, 1997). Ward and Siegert (2002) have suggested a theoretical model of the etiology of child sexual abuse. They suggest that antisocial attitudes and beliefs (including cognitive distortions in relation to entitlement to sex) in conjunction with sexual desire (such as viewing children as sexual beings or capable of intimate relationships) and the opportunity to offend, will result in a sexual offence being committed. There is, therefore, a theoretical argument that higher levels of cognitive distortions, as measured by belief in rape myths, may be suggestive of future sexual offending.

There is evidence that rape myths are, to some degree, culturally accepted. For example, adult rape myths are frequently found in the media (Franiuk, Seefeldt & Vandello, 2008) and are more likely to be accepted if the victim was known to the offender (Frese, Moya & Megías, 2004), under the influence of alcohol (McMahon & Farmer, 2011) or dressed provocatively (Hinck & Thomas, 1999). Furthermore, there is evidence that women accept rape myths in order to distance themselves from the thought that they are vulnerable to being a victim (Bohner et al., 2009).

Research investigating beliefs supportive of childhood sexual abuse in the general population is limited, with most focused on such attitudes in child sex offenders. However in one study, 17% of people questioned responded “Agree” or “Strongly Agree” to the statement “Sexual contact with an adult can contribute favorably to a child’s subsequent psychosexual development” and 24% answered “Agree” or “Strongly Agree” to the statement “Older children, who have a better understanding of sexual matters, have a responsibility to actively resist sexual advances made by adults (Cromer, 2006), suggesting that some level of sexually abusive attitudes can be found in non-offending populations.

Rape myths have been investigated extensively in people convicted of sexual offences (see Gannon & Polaschek, 2006 for a review). Changing these beliefs are thought to be the most effective method of reducing reoffending in sex offenders (Hanson et al., 2002) and is one of the areas assessed when evaluating the effectiveness of sex offender treatment programs (Thornton, 2002). Sex offenders have been found to consistently outscore non-offenders on measures of rape supportive attitudes (Marshall, Hamilton & Fernandez, 2001; Wood & Riggs, 2009), with child sex offenders found to endorse more cognitive distortions relating to sex between adults and children (Blumenthal, Gudjonsson & Burns, 1999). Marshall, Anderson and Fernandez (1999) suggest that high levels of cognitive distortions in sex offenders may be too beneficial in allowing the perpetrator to distort their culpability for their crimes to themselves; however this fails to explain why they are commonly seen in the general public.

Marshall, Marshall and Kingston (2011) argue that cognitive distortions may in fact be healthy; furthermore Hanson and Morton-Bourgon (2005) suggest that when an offender attempts to excuse their offence, there is at least some acknowledgement that the behavior is wrong. In two large scale meta-analyses, Hanson and colleagues (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005) have failed to establish a link between cognitive distortions in child sex offenders and only a small effect on recidivism of rape support attitudes in rapists ($d=0.22$).

Insecure attachment is thought to contribute to the development of inappropriate schemas about the self, others and the world and may lead to

distorted views and opinions about intimate relationships (Ward, 2000). Attachment style has found to be significantly associated with cognitive distortions in sex offenders. Sex offenders with preoccupied or fearful attachment styles have been found to report more cognitive distortions about adult-child sex than those who had secure or dismissive attachment styles (Wood & Riggs, 2009). Marshall (1989) has argued that sex offenders struggle to form appropriate relationships due to a lack of in appropriate social skills. They therefore seek intimacy through less intimidating partners, i.e. children, and use cognitive distortions to justify this behavior.

The belief of rape myths has important implications for our society; it is known that very few people who experience sexual assaults formally report them to the police (less than 15% of victims, Home Office, 2013), and of those that do only a minority make it to trial (less than 19% of all police recorded rapes face court proceedings, Home Office, 2013). Believing rape myths has also been found to be negatively correlated with believing the victim (Cromer & Freyd, 2007; 2009), meaning if jurors hold views supportive of rape myths they may be less likely to convict perpetrators of serious sexual offences. This again emphasizes the importance of knowing the rate of rape myth belief in the general population and the consistent need to challenge these distorted beliefs.

Research suggests that sexually abusive attitudes are more likely to be held by men (Anderson, Copper & Okamura, 1997; McGee, O'Higgins, Garavan & Conroy, 2011; Suarez & Gadalla, 2010; Mahon, 2010), older people (Anderson et al., 1997; McGee et al., 2011), certain ethnicities (Suarez & Gadalla, 2010), people who hold beliefs about traditional gender roles, conservative political beliefs and negative attitudes towards homosexuality (Anderson et al., 1997).

Relatively little research has been conducted investigating social factors that are frequently explored in sex offenders, such as attachment and loneliness (see Rich, 2005, for a review), and their relationship with sexually abusive attitudes. Furthermore, there is very little research in a general population sample investigating rape myths relating to children; another gap which this paper aims to address. The present study aims to identify some of the key social correlates

between sexually abusive attitudes, both towards adults and children, and a variety of social factors.

Based on the literature described above it is hypothesized that in a sample of non-offenders men will score higher than women on rape myths, both against children and adults, as will insecurely attached participants compared to participants with a secure attachment type. Furthermore, it is hypothesized that loneliness will be positively correlated with level of rape myth acceptance and a negative correlation is predicted between social intimacy and rape myth acceptance. Based on the sex offender literature, it is predicted that those who score higher on measures which indicate an insecure attachment style will score higher on measures of loneliness, emotional congruence with children and a measure of sexually abusive behavior, as well as a lower score on social intimacy. Furthermore, it is hypothesized that people who score highly on rape myths will score higher on measures of loneliness and emotional congruence with children, lower on social intimacy and be more likely to admit to committing sexually abusive behaviors.

2.2 Method

2.2.1 Participants

An initial email was sent to all members of the University of York Psychology Electronic Experiment Booking System, which contains a list of people who have agreed to be informed about psychological research that they may be eligible to take part in. 155 participants (89 male and 64 female) were recruited through this system, aged 18-67 (mean=20.93, SD=5.51). Males and females did not differ significantly on age ($t(1, 151)=-.79, p=.434$). Participants gave their consent to complete the study (see Appendix A for an example Consent Form). No other demographic information was collected. Participants were paid £6 for their participation in the study.

2.2.2 *Materials*

A brief description of the questionnaires that were used in this study is provided below. Full item details of all questionnaires used can be found in Appendix B.

2.2.2.1 *Adapted Part C of the Sexually Victimized Children Questionnaire (Finkelhor, 1979)*

The Sexually Victimized children questionnaire is a detailed questionnaire that asks about a wide range of subjects to gain a good understanding about the participants' life. Not all questions were felt to be relevant and therefore the questionnaire was adapted to suit the requirements of the research. Only questions directly asking about sexual abuse were utilized, and some were shortened as it was felt that they were too in-depth for the requirements of the research.

2.2.2.2 *Experiences of Close Relationships (ECR) – Revised Questionnaire (Fraley, Waller, & Brennan, 2000)*

A 36 item questionnaire relating to the two factor model of adult attachment, each item is rated on a 7 point Likert scale ranging from 1=strongly disagree to 7=strongly agree. The questionnaire has two subscales: one relating to anxiety (18 items) and the other relating to avoidance (18 items). Items 1-18 relate to anxiety (items 9 and 11 are reverse keyed for analysis) and items 19-36 relate to avoidance (items 20, 22, 26, 27, 28, 29, 30, 31, 33, 34, 35, and 36 are reverse keyed). Scores are calculated by obtaining a mean of the scores for each individual subscale. The authors recommend randomizing the order of the questionnaire. Sibley, Fischer and Lui (2005) report that both subscales have a high level of reliability: Anxiety $\alpha=.93$ and avoidance $\alpha=.94$.

2.2.2.3 *Emotional Congruence with Children Subscale (ECC) (Beckett, 1987)*

A 13 item subscale taken from the 87 item questionnaire The Children and Sex Questionnaire which asks participants about variety of topics relating to participants' attitudes, thoughts and feelings with regards to sex and children. Participants are asked to rate their emotional connectedness to children on a 5

point Likert Scale from 0 (very true) to 3 (very untrue) with an additional “Don’t know” option. Scores are rated as follows: 4=very true, 3=somewhat true, 2=don’t know, 1=somewhat untrue, 0=very untrue. Items are summed to produce a final score with a higher score suggesting a higher level of emotional congruence with children. Beech, Fisher and Beckett (1998) report good psychometric properties for the subscale, namely test-retest reliability = .63. Chronbach’s alpha reliability coefficients not reported.

2.2.2.4 Miller Social Intimacy Scale (Miller & Lefcourt, 1982)

A 17 item measure assessing the level of intimacy the participant has with their close friends. The scale is broken down into two subscales: Frequency of intimacy and intensity of intimacy. The frequency subscale is made up of 6 items and scored on a 10 point Likert scale from 1 (very rarely) to 10 (almost always); item 2 is reverse keyed. The intensity subscale is made up of 11 items and scored on a 10 point Likert scale from 1 (not much) to 10 (a great deal); item 14 is reverse keyed. Reliability coefficients are provided from two different samples of undergraduate students – $\alpha=.91$ and $\alpha=.86$. Test-retest reliability is reported as $r=.84$ (one month) and $r=.96$ (2 months). Reliability coefficients for the individual subscales are not provided by the authors.

2.2.2.5 Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)

A 33 item questionnaire which aims to determine a participant’s level of social desirability. Responses are given on a “True” or “False” forced choice answer scale. The scale has eighteen socially desirable “True” answers and fifteen socially desirable “False” answers. Scores are calculated by the total number of responses that match the socially desirable answer. A higher score indicates a higher level of social desirability. The authors report good internal consistency of the scale, KR-20=.88 and a test-retest reliability $r=.89$.

2.2.2.6 UCLA Loneliness Scale (Version 3) (Russell, 1996)

A 20 item scale designed to measure participants’ feelings of loneliness. The item has 9 positively worded items and 11 negatively worded items. Positively worded items are reversed scored (items 1, 5, 6, 9, 10, 15, 16, 19 and

20). Responses are given on a 4 point Likert scale ranging from 1 (Never) to 4 (Always) and the scores from each item are then summed together. A higher score indicates a higher level of loneliness. The authors rate very good internal consistency $\alpha=.89$ (teachers and elderly) $\alpha=.94$ (nurses), students $\alpha=.92$. Test-retest reliability after 12 months was found to be very good $r=.73$ (only elderly participants tested).

2.2.2.7 Liebowitz Social Anxiety Scale (Liebowitz 1987)

A 24 item scale which aims to measure the extent of a participant's social anxiety. The items are divided into two subscales, one that investigates social anxiety in social interactions (11 items) and one that investigates social anxiety in performance situations (13 items). Participants have to give 2 responses to each item about how they would feel in various hypothetical situation, both responses are given on a 4 point Likert Scale. The first response relates to how much fear a person would feel in that situation (0=None, 3=Severe), the second response relates to how often they would avoid the situation if they could (0=Never, 3=Usually). Scores are then summed to give a total. The scale can then be broken down into six scores: Interaction fear, interaction avoidance, performance fear, performance avoidance, total fear and total avoidance. For the purposes of the present study only the total scores will be used. Total scores can then be categorized to give a level of social anxiety: 0-54 no social phobia, 55-65 moderate social phobia, 65-80 marked social phobia, 80-95 severe social phobia, >95 very severe social phobia. Heimberg et al. (1999) report good internal consistency for the total scale $\alpha=.96$.

2.2.2.8 Molest and Rape Scales (Bumby, 1996)

The Molest and Rape scales are two separate subscales: The Rape scale is a 36 item subscale investigating adult rape supportive beliefs whereas the Molest scale is a 33 item subscale investigating child rape supportive beliefs. The scale was designed to assess cognitive distortions in sex offenders. Both scales are responded to on a 4 point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Bumby (1996) reports a very high level of reliability for both

scales: Molest scale $\alpha=.97$, test re-test reliability (2 week interval) =.84; Rape scale $\alpha=.96$, test re-test reliability (2 week interval) = .86.

2.2.2.9 *Sexual Experiences Survey (Koss & Oros, 1982)*

A 13 item forced choice “Yes” or “No” scale which aims to identify sexually abusive behaviors. This questionnaire was completed by male participants only. Koss and Gidycz (1985) report good levels of internal consistency: women $\alpha=.74$ and men $\alpha=.89$.

2.2.3 *Procedure*

Ethical clearance for the study was given by the Department of Psychology, University of York, UK (a copy of the authorization can be found in Appendix C). An initial email was sent to all members of the University of York Psychology Electronic Experiment Booking System. The study was conducted online with interested participants were provided with a link to the study. All participants were given a full description of the study and gave their consent to take part (consent forms and instruction can be found in Appendices A and D respectively). Participants were given a week from starting the study to complete it and could come and go from the study as they pleased. The questionnaires were presented in a random order to reduce order effects, participants were asked to complete all questions as honestly as possible. Following completion, all questionnaires used were scored according to the published instructions.

2.3 **Results**

Incomplete data was removed from the study ($N=21$). The total completion rate was very high (88%). All data was screen for outliers measured as 3 standard deviations above or below the mean; no data points were found to fit this criterion and therefore all data was used in subsequent analyses.

Normality tests were conducted on the responses to each of the scales used. Kolmogorov-Smirnoff tests indicated that ECR-Avoidance, ECC, Loneliness, Social Anxiety, Rape and Molest scales were all not normally distributed (all $p<.05$). Inspection of the normality plots suggested no great

violation in normality, this along with that the Kolmogorov-Smirnoff test is known to be unreliable in large sample size (Pallant, 2007) it was decided that parametric tests would be suitable with the data set.

Reliability tests were conducted using Chronbach's alpha for each of the questionnaires used; these can be found in Table 2.1. All measures were found to be highly reliable ($>.82$). As the Sexual Experiences Survey was used to screen for abusive behaviors a reliability analysis was not conducted on this scale.

2.3.1 Correlations

Scatterplots were used to check for violations of the assumptions of linearity and homoscedasticity. All relationships appeared to be linear and there were no obvious violations of homoscedasticity. Table 2.2 presents the correlation coefficients and their corresponding significance levels of each of the scale measures used in this study.

2.3.2 Group Comparisons

Independent samples *t*-test were conducted to compare men and women on acceptance of both adult and child rape myths, emotional congruence with children, attachment style, social intimacy, social anxiety and loneliness. As each test was independent from other tests it was decided that the family-wise error would not be a contributing factor. Levene's test indicated that the assumption of homogeneity of variance was met for all scales (all $p>.05$). Significant differences were found on Rape scales for adults ($t(1,151)=2.32$, $p<0.05$) and children ($t(1,151)=3.6$, $p<0.001$), with men scoring higher on both scales (adult: $M=58.38$, $SD=11.83$ vs. $M=53.61$, $SD=13.57$; children: $M=51.31$, $SD=13.69$ vs. $M=44.22$, $SD=9.87$ respectively) as well as on social anxiety ($t(1,151)=-2.2$, $p<0.05$), with women scoring higher than men ($M=37.08$, $SD=17.75$ vs. $M=30.91$, $SD=16.59$). No other significant differences were found.

Table 2.1

Reliability analyses for all measures used

Measure	Reliability
ECR-R Anxious	$\alpha=.921$
ECR-R Avoidant	$\alpha=.951$
Emotional Congruence with Children	$\alpha=.896$
Miller Social Intimacy Scale	$\alpha=.829$
Marlowe-Crowne Social Desirability Scale	$\alpha=.701$
ULCA Loneliness Scale	$\alpha=.931$
Liebowitz Social Anxiety Scale	$\alpha=.932$
Bumby Rape Scale	$\alpha=.922$
Bumby Molest Scale	$\alpha=.931$

Note: ECR=Experiences of Close Relationships

Gender specific correlations were then conducted to see if there were differences in relational scores of the scales. Differences are reported if one gender's correlation is significant and the other is not, or if both are significant but the correlational direction is different. These were then tested using Fisher's Exact test to determine significance. Due to the number of tests used, a Bonferroni correction was applied to reduce the likelihood of a Type I error occurring; this resulted in the more conservative p level of 0.008 being applied. No significant differences between the genders were found. Differences between the genders for ECR-Anxiety and ECC were found to have a $p < .01$ (male=-.047, female=-.301), however due to the corrected acceptance this was ruled as not significant. No other differences approached the required significance level.

Comparisons were also made looking at whether men admitted to having committed sexually abusive behaviors from scores on the Sexual Experiences Survey. No significant differences were found.

Table 2.2

Pearson's correlation coefficient and relevant significance level for all measures used.

	1. ECR- Anxiety	2. ECR- Avoidant	3. ECC	4. Social Intimacy	5. Loneliness	6. Social Desirability	7. Social Anxiety	8. Rape Scales	9. Molest Scale
1	-	.432***	-.165*	-.020	.138	-.100	.505***	-.154	-.014
2		-	-.229**	-.063	.055	-.070	.348***	-.214**	-.058
3			-	-.085	-.059	-.021	-.088	.233**	.244**
4				-	-.238**	.119	.002	-.155	-.052
5					-	-.134	.141	.006	.120
6						-	-.100	.004	-.054
7							-	-.088	-.073
8								-	.639***

*Note: *= $p < .05$, **= $p < .01$, ***= $p < .001$*

ECC=Experiences of Close Relationships, ECC=Emotional Congruence with Children

2.4 Discussion

Correlations revealed a number of significant relationships between the scales, of which the key findings are discussed here. Negative correlations were found between both ECR sub-scales and ECC. Previous research has found that child sex offenders are more likely to have an anxious attachment styles, however the present findings suggests that ECC, which is known to be higher in child sex offenders than the general population (Glasser et al, 2001; Veneziano, Veneziano & LeGrand, 2000) and therefore would be expected to be positively correlated with measures indicative of anxious attachment styles, in the general population the opposite was found; thus rejecting the experimental hypothesis.

Social intimacy and Loneliness were found to be positively correlated, as hypothesized. ECR-Anxiety and Avoidance were both positively correlated with Social Anxiety. Theoretically these relationships make sense; that someone who has an anxious attachment style would feel a large amount of anxiety in social situations and therefore avoid them, and that someone who lacks social intimacy would feel lonely. However, it appears that people who are socially anxious do not feel lonely in their social isolation. This may have implications for sex offenders who are believed who to be at an increased risk of reoffending when socially isolated, but if they do in fact exhibit an anxious attachment style (see Rich, 2005), they may not want social interaction and are likely to struggle in social situations. This needs to be explored further in future research.

The group comparisons found significantly higher scores on rape myths regarding both adults and children for men compared to women supporting the first hypothesis and the previous literature (Anderson et al., 1997; McGee et al; Mahon, 2010). From a theoretical viewpoint, the fact that men are more readily accepting of rape myths may help us understand why most sex offenders are men as holding such beliefs may make it easier to justify sexually abusive behaviors as they may strengthen the person's implicit theories (Ward, 2000).

However, the results indicate that men who admit to having committed sexually abusive behaviors on the Sexual Experiences Survey did not score differently on any measure when compared with men who did not report such

behaviors. This finding is in contradiction to the hypothesis which predicted men with abusive behaviors to score higher on measures of loneliness and lower on social intimacy. A significant correlation was found between both of the rape scales and emotional congruence with children, which is known to be high in sex offenders (see McPhail, Hermann & Nunes, 2013 for a recent review). However, the other predicted correlations between Rape scales and loneliness, social intimacy and sexually abusive behaviors were found to be non-significant. This is interesting as it is known that sex offenders have patterns of thoughts which allow them to justify and minimize their offending, but we also know that they are at a significant risk of offending when they are feeling socially isolated (Marshall, 1989). From a theoretical stance it would be interesting to consider if, for people who do score higher on rape myths, not feeling lonely or socially isolated is a protective factor from committing sexually abusive behaviors, or the idea that holding beliefs supportive of rape are not actually true indicators of likelihood of offending as Hanson and colleagues have suggested (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). This would need to be explored further in future research.

It would be interesting to compare sex offenders with people in the general population who score highly on rape myths to see if differences between the groups could be observed as this would potentially give us a better indication of the cognitions that lead to sexual offending and the potential protective factors from it. If people can hold Rape supportive beliefs, but it is other cognitions or behaviors that make offending more likely, this should be focused on more in treatment than challenging offence supportive beliefs. Based on the work of Tony Ward this may be very difficult, if not impossible to successfully change anyway. Therefore resources should be dedicated to changeable factors which may be more likely to reduce sexual offending, as challenging these beliefs may not be the most effective treatment method, unlike current beliefs (Hanson et al., 2002).

The present study is limited in the fact that all measures used were self report which can be manipulated by the participant. However some participants did admit to using force and/or coercion in order to obtain sex, as well as holding beliefs supportive of both adult and child rape. This suggests that participants

were comfortable admitting to socially unacceptable behaviors and attitudes; this may have come from the fact that the study was completed online and appeared more anonymous than if it was completed in the presence of a researcher. The findings are preliminary although this study is the first attempt, which the researcher is aware of, to investigate rape beliefs from a sexual offending viewpoint. This is important as we need to understand the level of such beliefs in general population, as well as cognitions in sex offenders, to provide a baseline for comparisons between these two groups if we are going to effectively target the etiology of sexual offending.

There is also a significant chance that the sample is biased and not representative of the general population. This is due to the fact that the majority of the participants recruited were university students, suggesting that the sample may have significantly higher cognitive abilities than the general population, there may also be a bias in terms of social class and social economic background in favor of more privileged backgrounds. Finally, although there was a wide range of ages, the majority of participants were below the age of 25. Attitudes may change with age and life experiences meaning that were this sample to be followed up in 10 years time they may not provide the same responses. Taking these biases into consideration, caution must be taken when interpreting the results.

The results do, however, provide additional support that rape supportive beliefs exist in the general population, though they do not have all of the correlating social factors that are frequently associated with sex offenders. Additionally, men who admitted to using sexually abusive behaviors were not more likely to have rape supportive beliefs than those who did not admit these behaviors, suggesting that these beliefs alone are not enough to result in sexual offending. This has important potential implications for the methods used in treating sex offenders. Furthermore, comparisons between sex offenders and non-offenders with rape supportive attitudes should be conducted to establish differences between the groups; this would allow for more targeted treatment programs.

Chapter 3: Identifying Relationships between Attachment Style, Social Isolation and Pro Sex Offending Attitudes: Implications for the Victim to Offender Pathway

3.1 Introduction

In Chapter 2 it was found that social anxiety was positively correlated with measures of anxious and avoidant attachments, as were social intimacy and loneliness. This may have implications for sex offenders who are believed to be at an increased risk of reoffending when socially isolated as discussed previously. It was also found in Chapter 2 that men are more accepting of sexually abusive attitudes than women, furthermore, men also scored significantly lower on social anxiety scores. It was therefore decided to extend these findings by running the experiment again in child sexual offenders and victims of childhood sexual abuse to identify differences in measures described above in both offenders and victims to hopefully improve our understanding of the victim to offender pathway.

In recent years there has been a renewed interest in the victim to offender cycle of childhood sexual abuse, with findings indicating that experiencing sexual abuse is a risk factor for later sexual offending (Dudeck et al., 2012; Jespersen, Lalumiere and Seto, 2009; Whitaker et al., 2008). There has been a suggestion that early sexualisation results in abnormal understanding about intimate relationships and love which manifests as inappropriate sexual behaviors and distorted beliefs about sex (Finklehor, 1984).

Research suggests that there are distinctions between victims who do and do not offend sexually in adulthood. For example, Lambie et al. (2002) found that offender victims were more likely to report that they found their own abuse pleasurable and to have been more socially isolated as a child. Jespersen et al.'s (2009) meta-analysis found that offender victims were more likely to have experienced physical abuse as well as sexual abuse when compared to non-offender victims. Furthermore, offender victims have been found to be significantly more likely to have had a parent die before they reached adolescence (Glasser et al., 2001) or have been placed into local authority care (Hummel, Thomke, Oldenburger, and Specht, 2000). According to Bowlby's attachment

theory (Bolwby 1969; 1973; 1979), these findings are all likely to have a negative impact on the person's attachment style which will then impact on the person's ability to form secure, stable intimate attachments in later life.

Thomas and Fremouw (2009) proposed a model of the victim to offender pathway which suggests that the personality characteristics of the victim and the offender plus the characteristics of the abuse and then any post-abuse factors interact to determine whether or not a person will go on to commit sexual offences. However, practical utility of this model is limited as the authors fail to fully explain what each of these factors are and which phases are the most important, furthermore the model is purely theoretical without any empirical data to support the model. The present study, along with subsequent chapters of this thesis, aim to contribute evidence towards post-abuse factors that Thomas and Fremouw (2009) describe as being related to the victim to offender pathway.

There is very little research that directly compares offender victims and non-offender victims, however, in one of the few studies conducted in the area, Swale and Kear-Colwell (2001) compared 25 male convicted child sex offenders (17 of which reported being sexually abused during childhood) with 22 male non-offending victims and 23 male non-offender non-victims (control group). They found that convicted child sex offenders scored significantly lower on a measure indicative of secure attachment style and significantly higher on a measure indicative of insecure attachment style when compared to non-offender victims and the control group; the non-offender victims and control group did not significantly differ on either of these measures. Unfortunately however, the authors did not compare offender victims and offender non-victims for differences between these groups. The authors do not clearly define what they consider to be sexual abuse and define frequency as "very often", "sometimes" and "never" (p. 37), and rate some participants' childhoods as "severely stressful" (p. 37) yet again the authors do not define what these amounts to these terms or whether it is left up to the participants' interpretation, as this would have impacts on whether the groups are comparable. Furthermore, no reliability scores are provided for the measures so it is unclear if they were reliable in the sample used.

Nunes, Herman, Malcom and Lavoie (2013) conducted a study into pedophilic interests between offender victims and non-offender victims. They found that offender victims had more pure pedophilic interests (sexual attraction to prepubescent children) and lower age of victims than offender non-victims. They also found that being subjected to sexual abuse during childhood led to an increased risk of sexual recidivism in high risk sex offenders, however this pattern was not observed in lower risk sexual offenders. The study compared results from self disclosed abuse by the offender and where there was documented evidence of abuse in the offenders' files; however the authors did not compare these two scores to see if there were differences. It is also unclear how many of the participants are assigned to the victim and non-victim groups as the *N* changes in each comparison. Additionally, while the self report measures employed are widely used in the literature (e.g. Static-99), reliability scores are not calculated for the sample and it is therefore unclear if the results are reliable. In spite of these limitations, the findings have important implications for the management of child sex offenders and imply that offender's own experiences of childhood sexual abuse may need to be considered in the planning of treatment pathways as victimization issues are frequently ignored by professionals and in treatment programs (Ward & Moreton, 2008).

In spite of the lack of research comparing attachment and intimacy as a potential precursor to the victim to offender pathway there is a considerable amount of research dedicated to attachment difficulties in child sex offenders. Child sex offenders are more likely to have a fearful (Ward et al, 1996) or anxious (Wood & Riggs, 2008) attachment style. It has been argued that sex offenders abuse children as a means of meeting their intimacy and sexual needs which they are unable to successfully meet with age appropriate partners due to their insecure attachment style (Marshall, 1993; Marshall & Marshall, 2010). Ward (2000) has suggested that insecure attachment styles may lead to maladaptive implicit theories about the self, others and the world. This in turn can develop into cognitive distortions about sex and relationships used by sex offenders to justify sexually abusive behaviors and / or minimize the harm caused by their offences. It has been demonstrated in Chapter 2 that in insecure attachment and social isolation alone are not related to sexually abusive attitudes

relating to children, and therefore other moderating factors must play a role in both the risk of sexual offending as well as the victim to offender pathway.

The present study aims to extend the limited research into the victim to offender pathway of childhood sexual abuse by identifying any differences in attachment style and social interaction deficits between four groups: victim offenders, victim non-offenders, non-victim offenders and non-victim non-offenders. It also aims to provide some of the personality characteristics described by Thomas and Fremouw (2009) to allow their model to be more applicable in practical settings. Finally it is hoped that the findings of the present study will build on the findings presented and discussed in Chapter 2 by identifying other moderating variables that increase sexually abusive attitudes and how these might differ between the aforementioned groups.

Based on the literature described thus far in this chapter, it is hypothesized that sex offenders score higher on measures indicative of insecure attachment style than non-offenders (regardless of victim status). Based on previous research it is also expected to see higher levels of social isolation and loneliness in offender than non-offenders. Differences are expected between the victim and non-victim groups, with interactions with the offender and non-offender groups, but due to the lack of research in this area directional hypotheses are not made.

3.2 Method

3.2.1 Participants

As it was suggested in Chapter 2 that men in that sample held more sexually abusive attitudes than the women sampled and the fact that the majority of child sex offenders are male, only male participants were recruited. 20 participants were recruited for each of the following groups: offender victim (mean age=38.55 years, SD=9.7 years), offender non-victim (mean age= 35.67 years, SD=11.3 years), non-offender victim (mean age=25.3 years, SD=14.47 years), non-offender non-victim (mean age=21.21, SD=4.04). Offenders were found to be significantly older than non-offenders ($F(1,75)=57.14, p<.001$), no significant differences were found between the victim groups ($F(1,75)=0.03, p=.865$).

All offenders were recruited through York and North Yorkshire Probation and were on license in the community. All had at least one conviction of a contact sexual offence against a child. All of the offenders in the sample had completed some level of offence focused work either in custody or whilst on license in the community. Non-offenders were recruited through online advertising at the University of York and the victim charities NAPAC and Survivors West Yorkshire. Non-offender non-victims were a random selection of 20 participants who completed the original study in Chapter 2.

3.2.2 Measures

The measures used were the same as described in Chapter 2 and are therefore not repeated here. The only exception to this is the Sexual Experiences Survey (Koss & Oros, 1982) as offender status is identified by criminal record and no significant differences were observed in Chapter 2 between people who had committed sexually abusive behaviors and those who had not (as indicated by the Sexual Experiences Survey) on the other measures.

3.2.3 Procedure

Ethical clearance for the study was given by both the Department of Psychology, University of York, UK and the National Offender Management Service, UK (a copy of both authorizations can be found in Appendix C). All offenders completed the study in paper format as a number of them had license conditions restricting their access to computers. Offenders were given the option to take the questionnaire away with them and return it either to their Probation Officer or in a stamped addressed envelope. All of the non-offenders completed the study online using the same procedure as is described in Chapter 2. The questionnaires, both in online and paper format, were presented in a random order to prevent order effects, participants were asked to complete all questions as honestly as possible. Following completion, all questionnaires used were scored according to the published instructions. Participants were paid £6 for their participation, or given the option to donate this money to a victim charity.

As this study was conducted using the same participants as Chapters 3 and 6, the order that participants completed these three studies was also

counterbalanced. Each study was completed on a separate occasion, each taking approximately one hour to complete. After each study a short debrief was given and the opportunity for the participants to ask questions were given. Participants were not provided details that the research project was investigating the victim to offender pathway until they had completed all the tasks; however, general questions about the methods used were answered honestly. Following completion of the final study a full debrief of the aims of the research project as a whole was provided to the participants.

3.3 Results

All recruited participants completed all of the questionnaires. All data points were screened for outliers which measured 3 standard deviations above or below the mean. No data points fitted this criterion and therefore were all included in the later analyses.

Normality tests were conducted on the scores for each of the individual scales. Kolmogorov-Smirnoff tests indicated that ECC, Rape and Molest scales were not normally distributed (all $p < .05$). While normality plots indicated some evidence of slight positive skew for the Molest scale, due to the robustness of the F statistic used in further analysis and the fact that the normality plots indicated reasonably normal data for both ECC and Rape scales it was decided not to conduct a transformation of the data.

Reliability analyses were conducted on all measures; these can be seen in Table 3.1. All measures were found to be highly reliable ($>.7$) and were therefore all scales were included in all later analyses.

As the measures used were found to be moderately correlated in Chapter 2, 2x2 between groups multivariate analysis of variance (MANOVA) was conducted to investigate differences in offender and victim status on the measures. Eight scales were used as the dependant variables: ECR-R Anxious, ECR-R Avoidant, ECC, Social Intimacy, Social Desirability, Loneliness, Social Anxiety, Rape and Molest scales. The two independent variables each had two levels; they were victim status (yes or no) and offender status (yes or no). Preliminary assumption testing was conducted to test for linearity, univariate and

multivariate outliers and multicollinearity, finding that all assumptions were met. However, it was found that tests for homogeneity of variance-covariance matrices was violated ($p < .001$). As group sizes are equal, Pillai's statistic is robust and the Box's M statistic can be unreliable (see Tabachnick & Fidell, 2007) it was decided to continue using the MANOVA test. Levene's test of Equality of Error Variances was found to be significant for the measures of ECR-R Anxious ($p < .001$), ECR-R Avoidance ($p < .001$), ECC ($p < .001$), Rape ($p < .001$) and Molest ($p < .05$). Therefore, as recommended by Tabachnick and Fidell (2007), a more conservative alpha level of .025 for determining the significance of the F statistic will be used for these measures.

The MANOVA revealed a significant main effect of victim status ($F(8, 69) = 5.43, p < .001$; Pillai's trace $V = .39$) as well as a significant main effect of offender status ($F(8, 69) = 25.3, p < .001$; Pillai's trace $V = .75$). A significant interaction between offender and victim status was also found ($F(8, 69) = 3.9, p = .001$); Pillai's trace $V = .31$).

The results for the dependent variables for the victim group, offender group and group interactions were then considered separately using a Bonferroni adjusted alpha level of .003. The victim groups were found to significantly differ on Social Intimacy ($F(1, 76) = 4.47, p = .003, \eta^2 = .06$), Loneliness ($F(1, 76) = 23.29, p < .001, \eta^2 = .24$) and Molest ($F(1, 76) = 11.1, p = .001, \eta^2 = .13$). All other measures were found to be non-significant ($p > .05$). When comparing the means it was found that victims scored lower on levels of Social Intimacy (105.45 vs. 115.1) and higher on Loneliness (58.13 vs. 47.35) than non-victims. Victims, on average, also scored lower on the Molest Scale (43.1 vs 49.26).

The offender groups were found to differ on measures of ECR-R Anxiety ($F(1, 76) = 14.51, p < .000, \eta^2 = .16$), ECR-R Avoidance ($F(1, 76) = 12.19, p = .001, \eta^2 = .14$), Social Desirability ($F(1, 76) = 23.46, p < .001, \eta^2 = .24$), Social Intimacy ($F(1, 76) = 48.12, p < .001, \eta^2 = .39$), Loneliness ($F(1, 76) = 82.06, p < .001, \eta^2 = .52$) and Molest ($F(1, 76) = 9.12, p = .003, \eta^2 = .11$). All other measures were found to be non-significant ($p > .05$).

Table 3.1

Reliability Analyses for all Measures Used

Measure	Reliability
ECR-R Anxious	$\alpha=.992$
ECR-R Avoidant	$\alpha=.955$
Emotional Congruence with Children	$\alpha=.885$
Miller Social Intimacy Scale	$\alpha=.868$
Marlowe-Crowne Social Desirability Scale	$\alpha=.761$
ULCA Loneliness Scale	$\alpha=.930$
Liebowitz Social Anxiety Scale	$\alpha=.958$
Bumby Rape Scale	$\alpha=.920$
Bumby Molest Scale	$\alpha=.912$

When comparing the means it was found that offenders scored higher on ECR-R Anxiety (76.53 vs. 63.18) and Avoidance (69.78 vs. 55.13) scales than non-offenders. They also scored higher on Social Desirability (20.6 vs. 15.23) and Loneliness (62.85 vs. 42.63). They did however score lower on measures of Social Intimacy (94.45 vs. 126.1) and Molest (43.4 vs. 49.23).

Significant interactions between the victim and offender groups were found on measures of Social Desirability ($F(1, 76) = 4.77, p<.05; \eta^2 = .06$), ECC ($F(1, 76) = 7.29, p=.003; \eta^2 = .09$), Social Intimacy ($F(1, 76) = 2.96, p<.05; \eta^2 = .06$), Loneliness ($F(1, 76) = 4.29, p<.05, ; \eta^2 = .05$) and Molest ($F(1, 76) = 7.2, p=.003; \eta^2 = .09$); see Figures 1.1-1.5. All other interactions were found to be non-significant ($p>.05$).

As it can be seen from Figure 3.1, offender victims scored higher on social desirability than offender non-victims, where non-offender victims score lower than non-offender non-victims. Victim offenders were found to score much lower on ECC than victim non-offenders, whereas victim non-offenders scored marginally lower than non-victim non-offenders (see Figure 1.2). Figure 1.3 shows that non-offenders score much higher on Social Intimacy than offenders,

but also that offender victims score much lower on this measure than offender non-victims; non offender victims and non-offender non-victims had very similar scores. Figure 1.4 shows that victims overall report more loneliness than non-victims, and that offenders report higher levels on this scale than non-offenders, however, offender victims reported the highest level of loneliness. Finally, Figure 1.5 illustrates that while offenders non-victims and all non-offenders scored very similarly on the MOLEST scale, victim offenders score significantly lower than all other groups, almost scoring the lowest possible score on this measure (33).

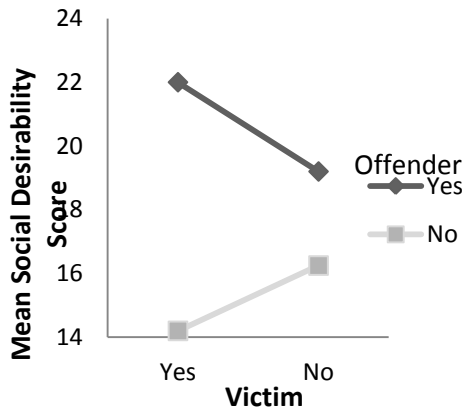


Figure 3.1.1: Mean Social Desirability Score

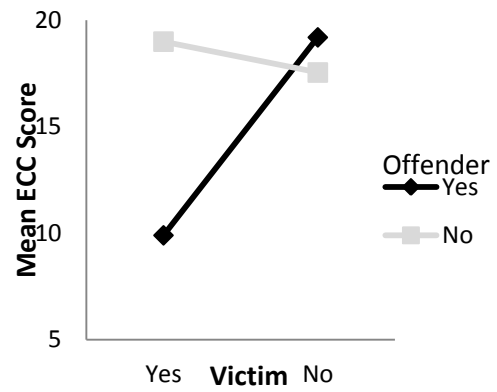


Figure 3.1.2: Mean ECC Score



Figure 3.1.3: Mean Social Intimacy Score

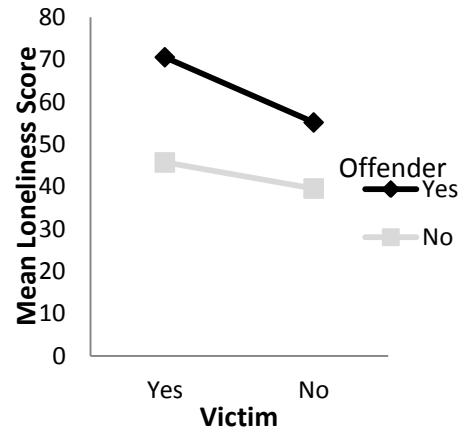


Figure 3.1.4: Mean Loneliness Score

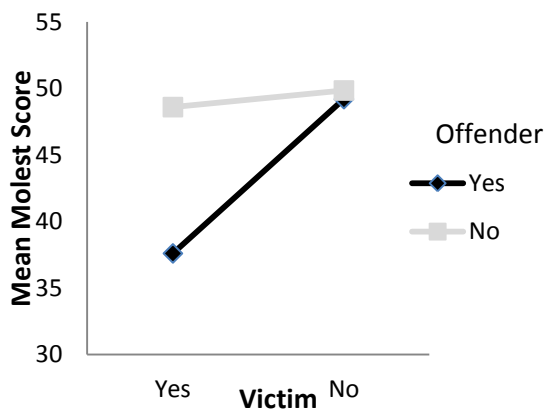


Figure 3.1.5: Mean Molest Scores

Figure 3.1.1-3.1.5. Line graphs demonstrating the nature of the significant interactions between the victim and offender groups of the measures described above.

3.4 Discussion

The results demonstrated that in the samples used, the measures were highly reliable. They also demonstrated that there are clear differences between the four groups of offender victim, offender non-victim, non-offender victim, non-offender non-victim. This is most clearly shown by the significant group interactions for measures of Social Desirability, ECC, Social Intimacy, Loneliness and the Molest scale. The results from these interactions clearly show offender victims and offender non-victims to be two separate groups of men, not one homogenous group. These findings were found to stand even when a very conservative alpha level was used, which again demonstrates the large difference between these groups and that the result is likely to be reliable. These findings support the hypothesis made that group differences would be observed and reflect previous findings that offender victims and offender non-victims are not a homogenous group and (e.g. Jespersen et al., 2009; Glasser et al., 2001; Nunes et al., 2013).

The hypothesis that child sex offenders would score higher than non-offenders on measures of ECC and loneliness, and lower on social intimacy was also supported. However, the finding that offender victims were the highest scoring group on the measure of loneliness, and the lowest scoring group on ECC and social intimacy are of particular importance. Previous evidence suggests that child sex offenders are most likely to reoffend when they are feeling socially isolated (Marshall, 1989). Based on these previous findings, the present results suggest that offender victims may be at a higher risk of reoffending than offender non-victims as they report greater levels of loneliness and lower levels of social intimacy than offender non-victims.

Furthermore, the finding that offender victims scored significantly lower than all other groups on the Molest scales, which aim to measure cognitive distortions of sex with children, is another interesting finding. All the child sex offenders in this sample had completed some level of offence focused work either in custody or whilst on license, so it is encouraging to see that offender non-victims' attitudes are roughly in line with the two non-offender groups. However, the offender victim group scored so low on this measure that they almost

averaged the minimum score of 33. This is contrary to the findings of Nunes et al. (2013) who found that experiencing childhood sexual abuse was related to higher pedophilic interests in child sex offenders. The findings of Nunes et al., coupled with the increased level of social desirability in this group, may suggest that this is not a true reflection of their beliefs and requires further exploration. It would be interesting to conduct some implicit tests of sexual attraction in this group to assess if their self report measures of cognitive distortions and sexual attraction to children is genuine in the offender victim group.

Significant interactions were not observed for the attachment style questionnaires, however, significant differences between the victim and offender groups were found. Child sex offenders reported higher scores on both of the ECR-R subscales than non-offenders and offender victims did score higher on both of these subscales than offender non-victims, however this did not reach significance. However, the findings that offender victims score lower on social intimacy and higher on loneliness than any other group suggests that they struggle interpersonally; this may be a result of their experiences of sexual abuse. No significant differences were found across the groups on the Rape scale.

Currently, child sex offenders continue to be viewed as a homogenous group regardless of their childhood experiences of sexual abuse, both in terms of treatment and management in the community. The findings from this investigation, albeit in small sample sizes, have important implications for the way child sex offenders are treated and managed. Current treatment programs do not address an offender's own experiences of sexual abuse, nor are treatment programs provided to address the damage caused to that person by sexual abuse. Ward and Moreton (2008) argue that an offender is unlikely to be in the best frame of mind to address their risk issues relating to sex offending whilst having unresolved issues relating to sexual trauma in their childhood. They also argue that it is unreasonable to expect an offender to feel empathy for their victim when they do not experience empathy towards their own victim status. Based on the present findings and the comments made by Ward and Moreton, it is recommended that consideration is given to working with sex offenders to address their victim issues as a prerequisite for sex offender treatment program.

Future research is required into why offender victims score so low on measures of cognitive distortions and ECC. It may be beneficial to conduct more implicit tests to avoid the issue of participants misrepresenting their true opinions in self report measures. It would also be beneficial to the literature to have quantities research conducted asking both child sex offender and non-offender victims about their experiences of sexual abuse and growing up to see if social isolation is a recurrent theme in offender victims' lives. Finally, research is required into the development of interpersonal skills in child sex offenders to assess whether increasing social skills decreases feelings of loneliness, and therefore reduces their risk of reoffending.

There are a number of significant strengths to the present study. Firstly, this is the first piece of research to clearly demonstrate differences between the four comparison groups on the measures used, measures which are frequently employed with sex offenders to assess known risk factors for sexual reoffending. Secondly, due to the potential increase in a Type I error, very conservative alpha levels were used in which many of the group differences still reach statistical significance; this demonstrates the magnitude of the differences between the groups.

In spite of the promising results there are limitations. Firstly, larger group sizes would have indicated a greater level of reliability, however the groups investigated are particularly challenging populations to access and conduct research on, particularly male victims (see Chapter 7 for a discussion on this issue), and as this is an exploratory piece of research, 20 participants per group was considered adequate. Secondly, most of the male victims were recruited through the University's research participation scheme. They are unlikely therefore to represent male victims as a whole population, as their cognitive abilities may be higher and they may have a greater level of resilience, compared with victims who do not make it to university. However, in spite of almost three years of national advertising and recruitment, there were only 20 male victims who were willing to participate in the research and therefore, even a potentially skewed sample has provided some indicators to group difference. Future research should ideally target a more representative sample however, as discussed in Chapter 7, the present researcher found it very difficult to get meaningful

numbers of non-offender victims. Comparisons, however, of non-offender victims were made against a sample taken from university students (non-offender non-victim) so although the victims may not be fully representative of all male victims, they are compared with peers of similar levels of cognitive abilities and so on.

A final limitation that must be considered is the significant age differences between the groups. As discussed in Chapter 2, attitudes are likely to change over time and due to the differences in age between the groups they may not be entirely comparable. This suggests that when interpreting the results caution must be applied as group differences may be a consequence of varying life stages in group samples rather than the influence of being a victim or a child sex offender. Future research could attempt to control this extraneous variable, but as previously discussed, in samples that are difficult to access, such as male survivors of childhood sexual abuse and child sex offenders this may not always be possible.

In conclusion, the results provide strong preliminary evidence that offender victims and offender non-victims two separate groups of child sex offender and that offenders' victimization experiences might not only have an impact on themselves as a person but also their risk of reoffending. Increased levels of loneliness, coupled with lower levels of social intimacy suggest that offender victims may pose a greater risk of reoffending than offender non-victims. Lower levels of social intimacy and higher levels of loneliness in offender victims suggest that this group struggles with interpersonal relationships more than any other group tested. This may impact on their ability to seek social support when required or form attachments with appropriate intimate partners, again suggesting that they are at a significant risk of reoffending. The potential implications of this piece are substantial in terms of the way that child sex offenders are managed in the community, as well as the assessment for and delivery of treatment programs. The ultimate aim of such changes would be a reduction of reoffending.

Chapter 4: Using empirical measures of deviant sexual interest as preliminary evidence for the victim to offender pathway

4.1 Introduction

In the previous chapter significant interactions were observed between offenders and victims on measures of the following: Social desirability, emotional congruence with children (ECC), social intimacy, loneliness and the Molest scale. It was concluded from the results that offender victims and offender non-victims were not a homogenous group of child sex offenders and that they may have different treatment needs to reduce their risk of sexual reoffending. Offender victims were found to have very low, almost baseline, scores on both ECC and Molest scales. From this it was suggested that implicit test were run to see if these scores accurately reflected offender victims' opinions about children and sex. To assess this, the present study was devised.

Child sex offenders are commonly reported to have a deviant sexual interest in children and use cognitive distortions to justify or minimize their offending behavior (see Akerman and Beech, 2012 for a review). Ward and colleagues (Ward, 2000; Ward, Hudson, Johnson & Marshall, 1997; Ward & Keenan, 1999) have suggested that deviant sexual thoughts are a product of underlying "implicit theories". Implicit theories are basic belief systems that allow us to understand our social environment and allow us to make predictions about the future. It is argued that sex offenders have implicit theories about victims' desires, beliefs and attitudes and it is these implicit theories which are distorted and lead to the deviant attitudes often expressed by sex offenders and their inappropriate sexual interests (Ward, 2000).

Explicit psychological measures have been useful in providing preliminary evidence of deviant sexual interests (Lanyon, 2001) and are still currently used as a method of seeing the effectiveness of treatment programs (Thornton, 2002). These are, however, known to be unreliable and can easily be manipulated to provide a score that is socially desirable and not a true reflection of the participant's thoughts or feelings (Gannon, Keown & Polaschek, 2007).

This was suspected to be the case in Chapter 3 where it was found that offender victims provided almost baseline scores of measures on ECC and cognitive distortions relating to sex with children. This finding is contrary to previous research findings such as Nunes et al. (2013) who reported that child sex offenders who had experienced childhood sexual abuse displayed higher pedophilic interests and their victims were, on average, younger than offender non-victims. As such, a number of implicit measures have been developed to test deviant implicit theories and sexual interests, which reduce the participant's ability to produce socially desirable results and are therefore more likely to reflect the true sexual interests of the participant (Banse, Seise, & Zerbes, 2001; Brown, Gray & Snowden, 2009).

Over the past decade there has been considerable amount of research conducted comparing sex offenders with non-offenders on a variety of implicit measures. The most common measures used in the research of deviant sexual interest are measures of penile tumescence, implicit association tasks (IATs) (Greenwald, McGhee & Schwartz, 1998; Gray, Brown, McCulloch, Smith & Snowden, 2005), Emotional Stroop Tasks (ESTs) (Smith & Waterman, 2004) and viewing time measures (Banse, Ss Schmidt & Clarbour, 2010). Research involving measures of penile tumescence involve showing participants sexual images of children and adults and measuring genital responses to the stimuli (e.g. Rempel & Serafini, 1995). However, this method has been widely criticized in a number of review articles (e.g. Kalmus & Beech, 2005; Marshall & Fernandez, 2000). Criticism of measures of penile tumescence has focused on the reliability of the methods as physical arousal (or lack of) is not necessarily indicative of psychological arousal, and that involuntary erection or impotence can be the result of other causes e.g. injury. Furthermore that devices used to measure changes in physical arousal may not be sensitive enough to detect erections in some men; it is also a very invasive methodology to use. Due to the limitations of penile tumescence measures, other methods mentioned (e.g. IATs, variations of the Stroop task) show more promise in research of implicit theories or cognitive distortions as they are far less invasive than measures of penile tumescence, are more reliable and less likely to be falsified (Banse et al., 2001; Gray et al., 2005; Mihailides, Devilly & Ward, 2004).

Banase et al. (2010) correlated responses on a questionnaire measure of deviant sexual interest with viewing times of images of adults and children as well as on an IAT comparing associations between children and sex with associations between adults and sex. The groups compared were child sex offenders ($N=38$), non-sex offenders ($N=37$) and non-offending control group ($N=38$). Viewing time measures were found to show high reliability (measured by Chronbach's alpha), and high convergent measured by correlations between all sexual interest measures (i.e. viewing time of different images (boys, girls, men, women) and IAT blocks) and criterion validity (as indicated by regression and ROC analyses). IATs accounted for criterion variance in multivariate analyses. The author concluded from their findings that using both indirect measures of sexual attraction alongside self report measures demonstrates good discriminative validity between the groups tested. The research is statistically thorough using a combination of analyses to ensure reliability and validity of the results and subsequent conclusions.

The empirical research looking at the victim to offender pathway can be described as limited at best. Most research attempting to investigate any link between being a victim of childhood sexual abuse and going on to commit child sex offences in adulthood have mainly focused on comparing various self report factors between victims who have and have not gone on to offend sexually. For example, Lambie, Seymour, Lee and Adams (2002) found that when compared to non-offending victims, child sex offender victims were more likely to report finding their abuse sexually pleasurable as well as masturbating and fantasizing about the abuse that they suffered in adulthood. However the study fails to account for the criticism that this may be a defense mechanism or cognitive distortion that allows them to offend themselves, e.g. "I enjoyed it so my victims will too". In addition to this, Lambie et al. (2002) found that child sex offender victims reported fewer friends in childhood than non-offending victims and less social support in childhood, which they conclude may be a significant risk factor in completing the victim to offender pathway of childhood sexual abuse.

There is no research that the author is aware of that compares victims and non-victims of childhood sexual abuse on implicit measures of sexual interest. Any research investigating the victim to offender pathway of childhood

sexual abuse is based almost entirely on self report measures and interviews, with very little emphasis given to implicit measures. The present study aims to address these gaps in the literature by comparing child sex offenders (both victims and non-victims of childhood sexual abuse) and non-offenders (again both victims and non-victims) on measures that are less transparent and deliberately controllable than self report measures. Measures of viewing times, IATs and variations of the Stroop task will be used to assess deviant sexual interest between offenders and victims. These measures have been chosen as they have previously been found to be good indicators of deviant sexual interest and more reliable than self report measures (Banse et al., 2010)

It is hypothesized that child sex offenders will spend longer viewing images of children than the non-offending participants, replicating the findings of Banse et al. (2010). Based on the findings of Grey et al. (2005) it is predicted that the sex offenders will have a smaller difference between the compatible and incompatible trials of an IAT pairing images of adults and children with sexually exciting and sexually unexciting words than non-offenders. Finally, previous research has suggested that child sex offenders have a preoccupation with sex (e.g. Smith & Waterman, 2004) therefore it is hypothesized that child sex offenders will take longer to complete a Stroop task using sexual words than non-offenders. As there is no empirical research looking at the differences between victims of sexual abuse and non-victims no hypotheses are made but these groups will be compared.

4.2 Method

The participant group and the visual stimuli used are the same across the three separate empirical tests described below and are therefore only described once. Ethical clearance was approved by the Department of Psychology, University of York, UK and the National Probation Service, UK (see Appendix C for ethical clearance).

4.2.1 Participants

The same participants were used in the present study as used in Chapter 3; therefore participants are not described again here.

4.2.2 Image stimuli

The image stimuli used in each of the measures used were taken for the Not Real People Picture set (Pacific Psychological Assessment Corporation, 2004). A total of 16 images used were, 8 images which were scored at Tanner level 1 (prepubescent) and at Tanner level 5 (adult). In each set there were four images of males and four images of females (total of 16 images). Images are of computer generated images of Caucasian individuals in swimwear; examples can be seen in Figure 4.1. Any additional stimuli used are described within each separate study section.



Figure 4.1. Examples of the image stimuli used in the studies in this Chapter. One image is taken from each of the image categories described in the materials section.

4.2.3 Generic procedure

The three tasks were completed in one session, one after each other with short breaks in between as required. The testing session took approximately one hour. The viewing time study was always the first study completed due to it been described as a “Familiarization” task. The IAT and Stroop tasks were counterbalanced to prevent order effects occurring. This study was counterbalanced with the studies described in Chapters 3 and 6. The participants were paid £6 for completing the study and were given a short debrief following the study.

4.2.4 Study 1: Viewing time

4.2.4.1 Method

4.2.4.1.1 Materials

The materials used were the 16 images described above.

4.2.4.1.2 Procedure

Ethical clearance for the study was given by both the Department of Psychology, University of York, UK and the National Offender Management Service, UK (a copy of both authorizations can be found in Appendix C). All participants were instructed that they would need to get familiar with a number of images (the full instruction sheet can be found in Appendix D). Images were displayed in a random order using E-Prime Software. The participant could look at each image for as long as they wanted. When the participant felt that they were familiar with the image they pressed the space bar to move on to the next image. The amount of time the participant spent viewing each image was recorded by E-Prime.

4.2.4.2 Results

Figure 4.2 shows the means calculated for the amount of time each participant spent looking at photos in each of the four image groups (men, women, boy, girl).

The means were compared using 2x2x4 mixed design ANOVA with victim (yes or no) and offender (yes or no) status as the between groups factors and image category (boy, girl, man woman) as the within group factors. The ANOVA revealed significant differences in the amount of time participants spent looking at the different categories of image. A significant difference was found between the offender and non-offender group on the images of men ($F(1,77)=22.39, p<.001$), boys ($F(1, 77)=113.55, p<.001$) and girls ($F(1, 77)=89.24, p<.001$), with offenders recording higher viewing times on all three categories than non offenders (means and SDs can be found in Table 4.1). No significant difference was found between offenders and non-offenders for the women category ($F(1, 77)=0.38, p=.541$). Significant differences were also found between victims and non-victims on the boys ($F(1, 77)=4.28, p<.05$) and

girls ($F(1, 77)=11.31, p=0.001$) categories, with victims viewing these images for longer than non-victims (means and SDs can be found in Table 4.2). No significant differences were found between victims and non-victims on the adult image categories (men: $F(1, 77)=0.56, p=.458$); women: $F(1, 77)=0.04, p=.836$).

Significant interactions were found between victim and offender groups on the images of boys ($F(1, 77)=7.3, p<.01$) (see Figure 4.3). Although non-offenders scored similarly in both of these categories in spite of victim status, offender victims recorded much higher viewing times than offender non-victims. No significant interactions were found for all other conditions.

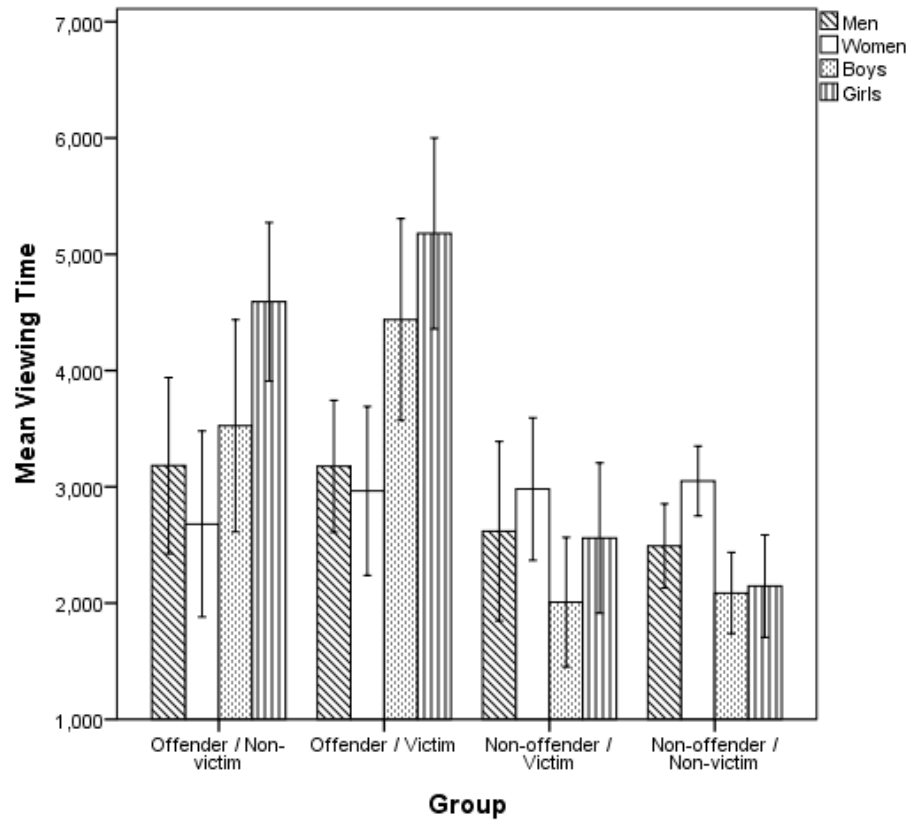


Figure 4.2: Mean viewing times (ms) across the four experimental groups for the four image categories used. Error bars represent 1 standard deviation.



Figure 4.3: Interaction between victim and offenders on mean viewing times (ms) for images of boys.

Table 4.1.

Means and standard deviations for viewing time (ms) conditions for offender vs. non-offender groups

Offender	<u>Men</u>		<u>Women</u>		<u>Boys</u>		<u>Girls</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Yes	3179.6	662.57	2822.5	762.29	3982.07	890.58	4885.02	751.16
No	2555.3	567.17	3015.49	456.86	2047.53	452.89	2352.37	543.4

Table 4.2.

Means and standard deviations for viewing time (ms) conditions for victim vs. non-victim groups

Victim	<u>Men</u>		<u>Women</u>		<u>Boys</u>		<u>Girls</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Yes	2900.56	765.21	2830.62	705.96	2766.64	734.73	3574.83	663.52
No	2834.1	464.54	3007.02	513.19	3262.68	608.74	3662.56	631.03

4.2.5 Study 2: IAT

4.2.5.1 Procedure

The standard procedure of IAT was used (see Greenwald, McGhee & Schwartz, 1998 for details) using seven blocks. Blocks were as follows:

1. Participants seeing images of either adults or children and having to categorize them as such.
2. A discrimination task of 16 words as either sexually exciting (e.g. orgasm, erotic) or sexually unexciting (e.g. bland, frigid).
3. Participants were presented with either one of the words described above or an image and had to decide whether the word was either sexually exciting or an adult, or sexually unexciting or a child.

4. Block four was the same as block three.
5. Same as blocks three and four but the key selection was reversed.
6. Participants were again presented with either a word or an image but this time had to decide whether the word was either sexually exciting or a child, or sexually unexciting or an adult.
7. Block seven was the same as block three.

Each block had two sets of eight trials, a fixation cross was presented for 500ms before each stimulus. Reaction times were recorded by E-Prime. The IAT and Stroop Tasks (described below) were counterbalanced to reduce order effects.

4.2.5.2 Results

IAT scores were converted to D scores as recommended by Greenwald, Nosek and Banaji (2003). Negative D scores denote that incompatible blocks produced quicker RT than compatible blocks, whereas a positive D score mean the opposite.

Group differences were found between offenders and non-offenders for RT ($F(1,77)=71.22, p<.001$) with non-offenders having a greater difference between the compatible and incompatible blocks than offenders (1.43 vs -1.1 respectively). No significant difference was found between the victim and non-victim group ($F(1,77)=2.13, p>.05$). However, a significant interaction was also found between the difference between compatible and incompatible blocks for the offender and non-offender groups ($F(1,7)=6.12, p<.05$). Examination of the difference scores revealed that while the victim status of the non-victims had little impact on the differences between their RT for the compatible and incompatible blocks (victim/non-offender=-2.05, non-victim/non-offender=-3.66), offender/victims had a greater difference between the two blocks than offender/non-victims (-1.75 vs -.05 respectively). The total D Score for each group are shown in Figure 4.4.

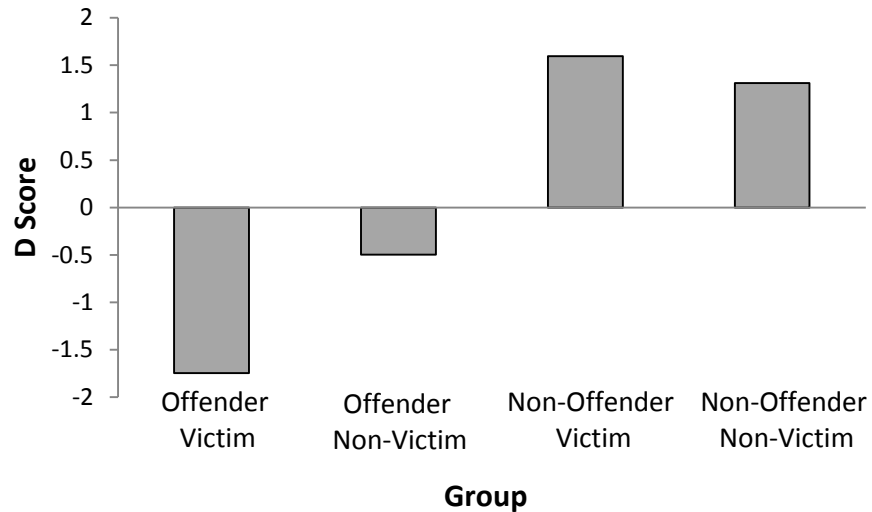


Figure 4.4: D-Scores calculated for the four groups for based on reaction times (ms).

4.2.6 Study 3: Stroop Tasks

4.2.6.1 Materials

Three different lists of eight words were used: Colors, emotions and sexual words (full word lists can be found in Appendix F). Each word was colored in one of eight colors (red, yellow, blue, green, orange, white, purple, brown). The words across the three tasks were matched as closely as possible for frequency and length. Word frequency was assessed using the MRC Psycholinguistic Database (Wilson, 1988).

The NRP images described previously and eight images of flowers were used in a pictorially modified Stroop task; each image was tinted with one of the eight colors described above. Example stimuli can be seen in Figure 4.5.



Figure 4 5: Example stimuli used in the pictorially modified Stroop task.

4.2.6.2 Procedure

Four different modifications of the Stroop task (Stroop, 1935) were used in this study, three word tasks and a pictorially modified Stroop task with three separate conditions. The word tasks were the original Stroop task that acted as a control (color names), an emotional Stroop (emotions), and a sexual Stroop (sexual words). The child and adult images were displayed in separate blocks to allow for comparisons between them and the control block.

The words/pictures were presented one after the other using E-Prime Software. A verbal command by the participant triggered the display of the next word. No time limit was set for responses. A fixation cross was presented for 500ms before the start of each new block. Each trial contained eight words/pictures, each word/picture colored in one of eight colors. Each trial contained two blocks, scores from which were averaged to give a mean. The task was to name the color of the ink/picture as quickly and accurately as possible. All trials were recorded on a Dictaphone to allow accuracy to be later measured by the experimenter. RT was recorded by E-Prime.

4.2.6.3 Results

RT scores from the word tasks were compared using a 2x2x3 mixed design MANOVA with victim status (yes or no), offender status (yes and no) and the Stroop task (traditional, emotional, sexual) as the fixed factors. Two separate MANOVAs were conducted, one for the word tasks and one for the pictorially

modified Stroop. The groups' mean RTs for each of the Stroop tasks can be seen in Figure 4.6.

The MANOVA comparing the word modified Stroop tasks compared offenders, victims and their responses on the traditional, emotional and sexual Stroop tasks. Using Pillai's trace significant differences were observed between the offender ($F(3, 74)=6.28, V=0.16, p=.001$) and victim groups ($F(3, 74), V=0.09, p<.05$). The analysis also revealed a significant interaction between the victim and offender groups ($F(3, 74)=3.02, V=0.09, p<0.05$). Step down analysis ANOVAs revealed significant differences between the two offender groups on the traditional Stroop ($F(1, 77)=11.65, p=.001$) and on the sexual Stroop ($F(1, 77)=4.87, p<.05$) with offenders scoring higher on both tasks (traditional Stroop: Offender = 5973.39ms, non-offender = 5334.14ms; Sexual Stroop: Offenders = 4761.48 and non-offenders = 4689.16). Significant differences were found between the victim groups on only the traditional task ($F(1, 77)=7.91, p<0.05$) with victims having higher RTs than non-victims (5906.54ms and 5351.6ms respectively). A significant interaction was found between the victim and offender groups on the sexual Stroop only ($F(1, 77)=5.21, p<0.05$). No significant differences were found between the groups for any of the pictorially modified Stroop tasks.

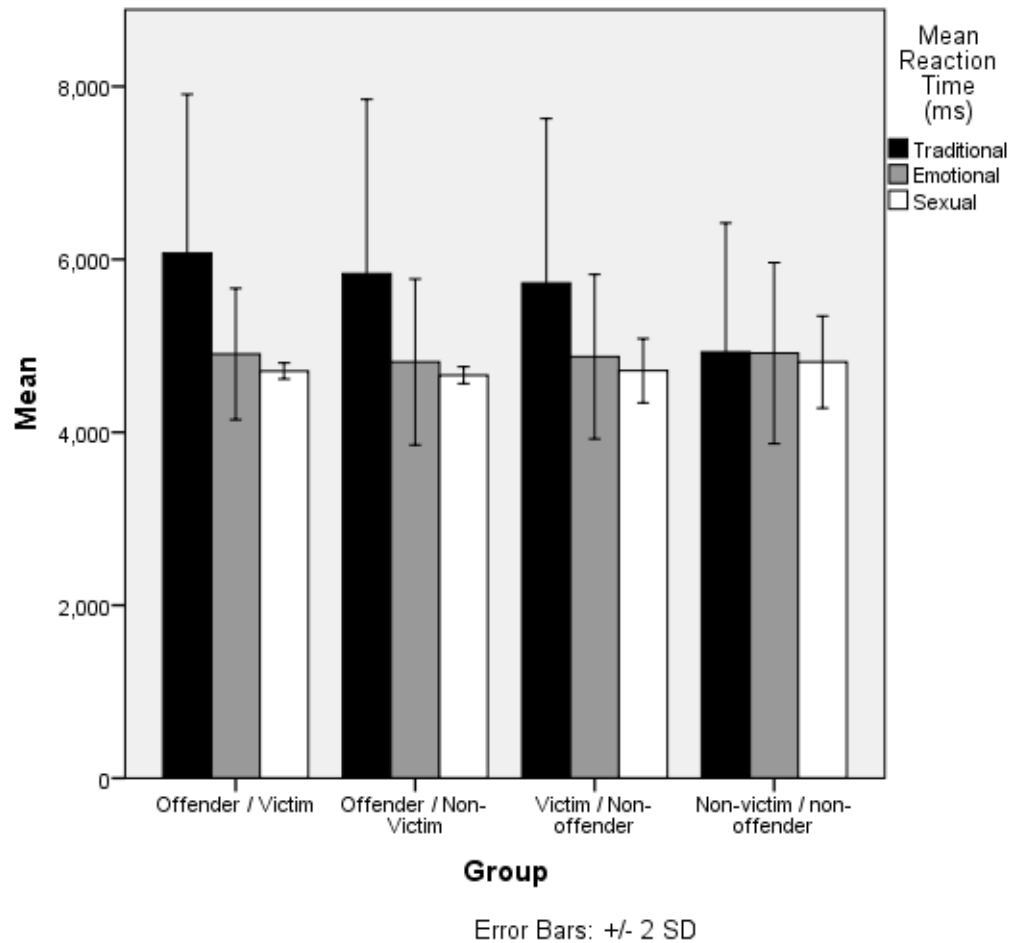


Figure 4.6: A bar graph showing mean reaction times (ms) for the modified Stroop tasks. Error bars represent $2 \pm$ SD.

4.3 Discussion

Significant differences were observed between the four groups tested (victim/offender, non-victim/offender, victim/non-offender, non-victim/non-offender) on a number of the empirical experiments. As was hypothesized in the viewing time experiment, convicted child sex offenders spent a longer time viewing images of children than non-offenders. Surprisingly, significant differences were also found between the two victim categories on the amount of time that they spent looking at images of children, with victims looking at the images for longer than non-victims. When examining the interactions, it was found that offender victims spent longer looking at images of children than all other groups. This was not a difference observed in non-offender victims. This is an important finding as it suggests that there may be a difference in sexual

interest in offenders who have experienced sexual abused compared to those who have not. This supports the findings of Banse et al. (2010) that offender victims are more likely to have a true pedophilic interest than offender non-victims. It is also interesting that the scores for both non-offender groups were comparable suggesting that the abuse alone does not result in pedophilic interests. However, sexual abuse must have some impact otherwise scores for both offender groups would have also been comparable. This finding indicates that there is a victim to offender pathway of childhood sexual abuse.

The significant interaction observed on the IAT for RT indicating that difference in RT between the compatible and incompatible trials for the offenders victims was much larger than that for non-victim offenders, again reinforces the idea that these two groups are not homogenous. It was hypothesized that the victim status of the non-offenders would also be different, however there was no interaction found between the groups to suggest that this is this case. This finding supports previous research that sex offenders implicitly associate children and sex (e.g. Gray et al., 2005), but also extends the literature demonstrating that this implicit association may be stronger in sex offenders who have experienced sexual abuse in childhood.

The finding that offenders scored higher on the sexual Stroop task supports the third experimental hypothesis, and supports previous literature that sex offenders have a preoccupation with sex (Smith & Waterman, 2004). No significant interactions were observed between the groups on this or any other Stroop task, suggesting that victimization does not have an impact on sexual preoccupation, however being a sex offender does.

The findings of the present study are contrary to the findings on the self report questionnaires discussed in Chapter 3, in which offender victims scored the lowest of all four groups on measures indicative of having sexual interest in children. It was discussed in Chapter 3 that there was the possibility that these offenders may have fabricated their responses to the questionnaires and the present findings provide more evidence of this. These findings demonstrate the importance of a multi-method approach in order to provide validity to results and conclusions. This has important implications for the way that we manage sex

offenders, particularly in the community. If this group are presenting as conforming to license requirements and provide low scores of psychometrics indicative of a sexual interest in children, they might be presumed to be at a lower risk of reoffending than other offenders who are score higher on such measures. However, the current research suggests that self reports may not be accurate in this group and other, more subtle and less easily manipulated measures may be required Research is required into why offender victims may have been deceitful on their questionnaires.

This study is the first to apply empirical methods used frequently in other areas of Psychology to the study of the victim to offender pathway. The experimental design allowed more control over the experiment meaning that causal relationships could be suggested and stronger conclusions drawn. Previous research (this thesis included) has relied on correlational analyses; consequently the validity of the effect of the relationship has not been able to be established.

The findings clearly demonstrate differences between both the offender groups as well as between the offender victim and non-offender victim groups. This has a number of important implications. Firstly, this study provides evidence that victimization may lead to purer pedophilic interests and that offender victim associate children with sex more than adults with sex. This suggests that they may require a more intensive treatment program than offender non-victims. Secondly, it demonstrates the influence of being subjected to sexual abuse as a child, impacts of sex offenders and this must be considered by professionals working with this group of people. For decades there has been the suggestion that victimization may lead to offending yet counseling and other services are not offered to these men, future research should focus the impact that addressing an offender's victimization issues has on their ability to engage in treatment and reduce their risk of reoffending. Finally, the results demonstrate that victimization alone does not lead to becoming a sexual offender; demonstrated by the findings that non-offender victims do not associate children with sex in the same manner that offender victims do. Research is required to establish other contributing factors that increase the risk of engaging in the victim to offender pathway and how it can be prevented.

In conclusion, it has been clearly demonstrated that offender victims and non-victims are not a homogenous group. The findings suggest that the victim to offender pathway is a legitimate effect of experiencing childhood sexual abuse. Offender victims may have a purer pedophilic interest than child sex offenders who have not experienced such abuse. This may indicate that they require a more intensive treatment program than offender non-victims. Furthermore, based on the findings of Chapter 3, offender victims may be more deceitful about their sexual preference and this has significant implications for the management of sex offenders, particularly in the community. Overall, it is clear that the groups are not homogenous, and should not be treated as such by professional, but rather tailored care programs made which are responsive to the persons offending and victimization needs.

Chapter 5: The relationship between empirical and self-report measures of deviant sexual interest: A comparison study

5.1 Introduction

There is now a growing body of evidence that there is a pathway from childhood sexual abuse to sexual offending against children in adult men (see Jespersen et al., 2010 for a review). Previous research has found significant differences between victims who do and do not go on to offend. For example, offenders have been found to be at a significantly increased risk of losing a parent in childhood (Glasser et al., 2001), experiencing greater levels of social isolation in childhood and adolescence (Briggs & Hawkins, 1996; Lambie et al., 2002), more likely to describe their abuse as pleasurable or in terms of a relationship (Lambie et al., 2002) and increased likelihood of experiencing other types of childhood abuse (such as neglect and physical abuse) (Briggs & Hawkins, 1996; Jespersen et al., 2009).

If it can be demonstrated conclusively that there are differences between offenders who have and have not been victimized, particularly in terms of risk factors for sexual recidivism, this has significant implications for the way that we should treat sex offenders. Ward and Moreton (2008) have suggested that it is important to consider an offender's own issues which result from their experiences of childhood sexual abuse, the impact that this might have on the person's offending behavior, and ability to engage successfully in treatment programs.

The results reported in Chapters 3 and 4 suggested that there may be differences in some of the risk factors associated with sexual reoffending between offenders who have and have not been victimized. These differences include higher levels of loneliness and lower levels of social intimacy. It was also found that victim offenders scored lower on emotional congruence with children (ECC) and cognitive distortions relating to sex with children. This is particularly interesting, as while loneliness and a lack of social intimacy are risk factors for sexual recidivism, lower ECC scores and fewer cognitive distortions supportive of sex with children are seen as protective factors and an indicator that treatment is working (Thornton, 2002). This discrepancy in apparent risk factors requires

further investigation; the present study aims to provide preliminary investigation into whether traditional risk factors for sexually recidivism are fully applicable to offender victims, or whether, this group of offenders may have different indicators of risk of harm or reoffending than offender non-victims. This chapter also aims to consider if this group of offenders are more likely to distort their true opinions of children and sex in self report measures.

In Chapter 4 it was demonstrated that offender victims looked significantly longer at images on children than offender non-victims and non-offenders (both victims and non-victims). Offender victims also looked at images of children significantly longer than they looked at images of adults. Viewing time has been previously shown to be an indicator of sexual interest (Banse et al., 2010). Additionally, using an Implicit Association Task (IAT) (Greenwald et al., 1998) comparing associations between images of adults and children with sexual and nonsexual words, the results in Chapter 4 demonstrated that offender victims had the greatest difference between compatible (adult images paired with sexual words) and incompatible (child images and nonsexual words) blocks when compared to offender non-victims, non-offender victims and non-offender non-victims. This suggests that offender victims have a greater association with children and sex and a lower association between adults and sex than any other group.

Due to the discrepancy in results between offender victim self reports on their cognitive distortions regarding children found in Chapter 3 and sex and the results reported in Chapter 4 on empirical measures known to provide good indicators of sexual interest, the present chapter brings the two pieces of research together to investigate if the inconsistencies are due to the unreliable nature of self report and whether offender victims are attempting to hide their true sexual attractions.

Based on the discrepancy between the findings of self report measures in Chapter 3 and empirical measures in Chapter 4 it is hypothesized that there will be a negative correlation between self report scores and scores on empirical measures; this is further supported by the finding that offender victim score high on a measure of social desirability in Chapter 3. It is also hypothesized that the

offender victim correlation coefficients will differ significantly from the other groups. It is predicted that while negative correlations are expected for offender victims, positive correlations are anticipated for the other groups. This is based on previous findings by Banse et al. (2010) who have found that increased scores on self report measures of cognitive distortions are related to an increase in viewing times of images and children and higher scores on IAT measures indicating greater association between sex and children in this group.

5.2 Method

5.2.1 Participants

The same participants were used in the present study as used in the both Chapters 3 and 4. Therefore participants are not described again here.

5.2.2 Materials

Materials used in the present study are described in Chapters 3 (self report measures) and 4 (implicit measures) and are therefore not described in this chapter. As no group interactions were found on the Stroop tasks described in Chapter 4, only the Viewing Time and IAT experiments are used in the present study.

5.2.3 Procedure

All participants conducted both the self report and empirical parts of the study. Procedural details of the two experiments can be found in Chapters 3 and 4 (respectively). Data was then collated and each participant's score on self report and empirical measures were amalgamated in one data file and statistical analyses ran on the data.

5.3 Results

Correlational analyses were used to identify if directional differences between the groups could be seen on the self report and implicit measures of sexual interest in children. Normality tests were conducted on the data provided by each group. Results indicated that many of the scores violated this assumption (see Table 5.1), therefore Spearman's Rho is used to analyze the relationships

between measures; the correlation coefficients and relevant significance levels can be seen Tables 5.2-5.5).

The correlation coefficients were then converted to z scores and compared to identify group differences using Fisher's statistic. Due to the number of comparisons made a Bonferroni correction was applied in order to reduce the likelihood of a Type I error occurring. Therefore, a more conservative p value of .004 was used to assess significance. Comparisons between offender victims and offender non-victims revealed significantly different correlation coefficients between the groups on ECC and viewing time for boys ($z=-4.70, p<.001$) and girls ($z=-4.16, p<.001$) as well as for Molest scale and viewing time for boys ($z=-3.54, p<.001$) All other correlations were not significantly different from each other.

Table 5.1

Kolmogorov-Smirnov statistics and significance levels for the various measures broken down across the four experimental groups.

	Offender victim	Offender non- victim	Non- offender victim	Non- offender non-victim
Boy VT	.105	.141	.267**	.184
Girl VT	.285***	.250**	.145	.112
Man VT	.106	.116	.173	.148
Woman VT	.122	.153	.224*	.166
ECR Anxiety	.094	.119	.235*	.103
ECR Avoidance	.137	.148	.181	.125
Social Intimacy	.118	.165	.312***	.155
ECC	.127	.247**	.169	.108
Molest	.178	.101	.169	.253**
Rape	.178	.124	.145	.126
Social Desirability	.148	.128	.135	.177
Loneliness	.111	.203*	.157	.181

*Note: *p<.05, **p<.01, ***p<.001*

Table 5.2

Spearman's Rho correlation coefficients for the offender victim group with relevant p-values

Viewing time condition	Self report measure		
	ECC	Social desirability	Molest
Boy	-.756**	.619**	-.495*
Girl	-.667**	.562**	-.449*
Man	.566**	-.481*	.501*
Woman	.597**	.714**	.522*

*Note: *p<.05, **p<.01, ***p<.001*

Table 5.3

Spearman's Rho correlation coefficients for the offender non-victim group with relevant p-values

Viewing Time Condition	Self Report Measure		
	ECC	Social desirability	Molest
Boy	.554***	-.296	.581**
Girl	.538*	-.129	.414
Man	.488	-.301	.230
Woman	.447*	-.076	.221

*Note: *p<.05, **p<.01, ***p<.001*

Table 5.4

Spearman's Rho correlation coefficients for the non-offender victim group with relevant p-values

Viewing Time Condition	Self Report Measure		
	ECC	Social desirability	Molest
Boy	.140	-.311	.126
Girl	-.296	.285	.019
Man	-.211	.384	.001
Woman	-.466*	.471*	-.157

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Table 5.5

Spearman's Rho correlation coefficients for the Non-offender Non-victim group with relevant p-values

Viewing Time Condition	Self Report Measure		
	ECC	Social desirability	Molest
Boy	.312	-.198	.254
Girl	-.012	-.114	.358
Man	-.102	.102	-.195
Woman	-.316	.310	-.467*

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

5.4 Discussion

The results revealed that, as hypothesized, offender-victims self report measures do not correspond with how they performed on empirical tasks of sexual interest. Previous findings in Chapter 3 suggested that offender victims scored very low on measures of ECC and cognitive distortions relating to sex with children (as measured by the Molest Scale). However, the present study found strong negative correlations between scores on both the ECC and Molest scales and how long the offender victims spent looking at images of children, regardless of gender. This suggests that while offender victims may present findings that allude to the indication that they have a reduced sexual interest in children, the lower the person scores on these measures the longer they tend to look at images of children. They were the only group who were found to have a negative correlation between these measures and viewing time.

It was also found that the D-Score calculated for the IAT for the offender victim group were positively correlated with viewing times for the images of children. This supports the experimental hypothesis as a high D-Score suggests that the participant associates children with sex more readily than they associate adults and sex; it would be expected that someone with this sort of attitude would spend longer looking at images of partially clothed children than images of partially clothed adults. The D-Score was also found to negatively correlate with ECC; this supports the previously discussed finding that offender victims may have deliberately recorded a socially desirable score on the ECC which is not corroborated by their score on the IAT. D-Scores and scores on the Molest scale also produced a positive correlation, although this did not reach the 95% significance level. A high D-Score was also found to be positively correlated with Social Desirability. This is again important as it suggests that the higher the D-Score the more likely a person is to provide a socially desirable answer, and may help to explain the offender victims' low ECC scores.

No previous research has been identified that has investigated the victim to offender pathway using both self report and empirical measures. However, previous research has suggested that there are differences between offenders who have and have not been abused (Banse et al., 2010) and victims who have and have not committed sexual offences (Jespersen et al, 2009). The present research corroborates these previous findings and has extended the literature by combining empirical and self report measures. The present study has demonstrated that offender victims' are more likely to provide socially desirable data which suggests that they are no longer sexually interested in children, and from the perspective of offender management, are perhaps at less of a risk of reoffending. However, it would appear that for this group in particular, self-report is not an accurate reflection of their true interest in children and sex. If practitioners base risk assessments largely on self-report there is a risk that they may be less cautious of this group as they score low on measures of cognitive distortions, yet the present research has demonstrated that the offender victims' sexual interest in children is still concerning. The findings of this report also support previous findings (see Chapters 4 and 5) that there are measurable differences between the four groups and that sex offenders with a childhood history of sexual

victimization should be considered as a separate group to offenders without such a history.

While it cannot be certain why the offender victims were dishonest on their self report measures of cognitive distortions it could be hypothesized that, having experienced sexual abuse themselves they are aware of the negativity that goes with it, and therefore feel a sense of shame in the crimes that they have committed. It maybe that, having experienced sexual abuse and then going on to offend they believe that they may be creating another future offender. They may also empathize with the victim as they themselves were once that victim and can relate to how they feel. This shame may have caused them to lie about their sexual interest in children as they do not want to be associated with the pain that sexual abuse causes. They could not, however, disguise their true feelings towards children on the empirical measures; this is, however, conjecture.

The current findings imply that practitioners require more than just self report measures to demonstrate risk. In reality a thorough risk assessment should include gaining an understanding of the person's attitudes and beliefs through more than self reports; however, self reports are still heavily relied on as evidence of progress made through treatment programs (Thornton, 2002). Furthermore, research is required to find a way to manage sex offenders who provide inaccurate self reports as these people may be in denial of their sexual interest or deliberately lie in order to reduce their risk level and therefore the level of restriction on them, when in fact they require a high level of supervision and support to enable them to manage their sexual urges, address their offending needs and ultimately reduce their risk of sexual recidivism.

The present study was conducted on a relatively small sample with only 20 participants in each group which may affect the reliability of the results. However, even amongst such a small sample significant results were found. This is encouraging and can hopefully provide a base on which to base future research. Furthermore, although the correlation coefficients calculated are strong, they are only indicative of a relationship between two variables and the statistics used cannot ascertain causality. A greater understanding is required about why the groups actually differ, what causes offender victims to develop a sexual interest

in children when offender non-victims do not appear to develop this deviant sexual interest. Longitudinal research which follows sexually abused children into adulthood would be very useful in identifying developmental stages and/or lifestyle factors that may be linked to later sexual offending.

In addition to longitudinal research, qualitative studies would be valuable to gain some understanding of the reasons why people go on to offend following childhood sexual abuse. There has been some recent literature published which has started to ask these questions. For example Garrett (2010a), Garrett (2010b) and Thomas et al. (2013) have all conducted qualitative research on the childhood experiences of sex offenders, many of whom disclose experiencing childhood sexual abuse. Mann and Collins (2007) conducted a piece of qualitative research investigating sex offenders' own beliefs about why they offend, the most commonly cited reasons for offending were sexual pleasure (43%), to alleviate negative emotional states (23%) and intimacy seeking (22%). Unfortunately, Mann and Collins do not seek to understand why the participants fail to make appropriate relationships to address their sexual needs, why they do not use other coping mechanism and why they lack intimacy. These questions have started to be addressed in other research, however there does not appear to be any qualitative research which directly asks about the victim to offender pathway and also asks non-offender victims their opinions on why some people go on to offend when other people do not.

This piece of research provides further evidence that offender victims are a separate subgroup of child sex offenders and should be treated as such. It has also been found that self report measures of cognitive distortions relating to sex with children may be particularly unreliable in this group of offenders, which has implications for the management of risk of reoffending for child sex offenders. In spite of having small group sizes the research provides positive preliminary results which extend our understanding of the victim to offender pathway.

Chapter 6: Analyzing the Content of Offender and Non-Offender Narratives of their own abuse experience

6.1 Introduction

The etiology of child sexual offending remains unknown and although research has suggested some potential indicators of what might be considered risk factors (Beech & Ward, 2004) for the onset of sexual offending confusion remains about why people commit sexual offences against children. One of the known risk factors is having experienced childhood sexual abuse (Jespersen et al., 2009) – the so called “victim to offender pathway”. It is known that a greater proportion of child sex offenders have experienced sexual abuse themselves than adult sex offenders, non-sexual offenders and in the general population.

Almost 20 years ago, Dhawan and Marshall (1996) suggested that we need a greater understanding of the developmental factors of sexual offending, part of which would include sexual offenders own experience of abuse. Unfortunately, of the vast amounts of research that have been dedicated to sexual offending over the past two decades, very little is known about sex offenders own abuse experiences and how this may have impacted on their later sexual offending, their likelihood of recidivism, or their desistance from offending.

Of the little research that is published into the potential victim to offender pathway (see Chapter 1 for a review), only a very small proportion has involved detailed analysis of offenders’ descriptions and beliefs about any abuse that they have experienced, or how they feel it has impacted on their later offending behavior. A recent study by Thomas et al. (2013) conducted a thematic analysis on the childhood experiences of 23 convicted child sex offenders. They identified four general themes: “There was no love”, “Love left”, “Love was conflated with sex” and “A pretty good childhood”. “There was no love” was characterized by descriptions of loneliness and longing as the participants did not feel that their parents were emotionally available to them. This was apparent in the narratives of six of the participants. “Love left” was described by three participants and was evidenced by awareness of being loved at one stage in the participants’ childhood followed by the experience of later abandonment by either

death or desertion. Thirdly, “Love was conflated with sex” was apparent in the narratives of six participants and involved what most would consider to be inappropriate relationships e.g. sexual encounters between a brother and a sister, but was described as welcomed or the norm. Participants in this theme often described sex as their only form of obtaining intimacy and love. Finally “A pretty good relationship” was described by eight of the participants who report a normal, healthy upbringing without abuse or neglect (one participant reported sexual abuse but describes it as a “‘bad spot’ in a good childhood”). Global themes of “Not fitting in at school” and “Longing for what was missed in childhood” was then reported by most whose interviews fitted into one of the first three themes.

Thomas et al. (2013) provide a good starting point for qualitative research in this area and has identified some useful themes; however there are some issues which limit its informative abilities. Firstly, the authors report that half of the sample disclosed childhood sexual abuse, but then do not make any reference to which themes the abused and non-abused participants were most prevalent in (if any). A comparison between these two groups would have been informative. Furthermore, in spite of reporting that interviews lasted between 60 and 90 minutes, very few quotes are provided from the actual narratives, making it difficult to get a true sense of the experiences that the participants disclosed. Finally, no reference is made into the inter-rater reliability of the thematic analysis.

Garrett (2010) also conducted a thematic analysis investigating the childhood experiences of male child sex offenders. She identified four key themes: “Failure to root” (described as reflections of home being a place of negativity, threat and uncertainty), “what you see is what you learn” (related to the participant’s perceived meaningfulness in the world), “life moments” (lack of significant childhood memories) and finally “stupid is as stupid does” (described as participants being described in negative language e.g. “stupid, ugly and worthless”). This is an interesting paper into the dysfunctional childhoods experienced by sex offenders. Unfortunately, however, the author fails to discuss

how many participants report narratives that fit with each of the themes and again there is no evidence that inter-rater reliability was calculated.

Further qualitative research into sex offenders' own explanations for their offending behaviors, has found similar reasons provided by offenders generally. Unfortunately there is no evidence comparing offender victims with offender non-victims. Common themes reported by child sex offenders are sexual gratification (Mann & Hollin, 2007; Phelan, 1995; Ward, Hudson & France, 1993), intimacy needs (Mann & Hollin, 2007; Ward et al., 1993) and emotional needs (McKay, Chapman & Long, 1996; Ward et al., 1993). These factors may be important when considering the risk from going from victim to offender.

While qualitative data are essential to provide a grounded understanding of sex offenders' experience of their childhood, being able to quantify these findings is likely to result in greater generalizability. As far as the author is aware, no quantitative analyses of qualitative data have been conducted, comparing offender and non-offender victims to identify differences between the two. This chapter aims to bridge this significant gap in the literature through a quantitative analysis of sex offenders' narratives about their experiences. Through this analysis the present chapter aims to investigate potential risk and protective factors that may aid the understanding as to why some people offend following childhood sexual abuse whereas others do not.

Based on the limited research available the following hypotheses are proposed: Firstly, there is evidence that sex offenders have a preoccupation with sex, and this preoccupation is a risk factor for reoffending (Smith & Waterman, 2004), therefore it is predicted that sex offender narratives will contain more sexual content than non-offenders. Secondly, it is predicted that throughout their lives offender victims will have fewer people on whom they can rely for social support than non-offenders. This is based on the research that sex offenders tend to be socially isolated (Lambie et al., 2002) and that positive social support potentially a protective factor in the victim to offender pathway (Lambie et al., 2002). It is also predicted that non-offenders will fear becoming an abuser as this has been found previously by Alaggia (2005). Differences in the content of the

narratives will also be examined as well as the amount of emotional words used by participants.

6.2 Method

6.2.1 Participants

39 male participants completed the study. All participants disclosed a history of contact childhood sexual abuse. 20 participants were convicted child sex offenders under the supervision of York and North Yorkshire Probation Trust. Offenders were aged between 24 and 58 (mean = 38.55 years, SD = 9.7 years). Offenders were recruited through their Offender Managers or through the Sex Offender Treatment Program.

19 non-offenders were recruited through advertisements at the survivor charities NAPAC and Survivors West Yorkshire or through the University of York research recruitment website. Non-offenders were aged between 18 and 32 (mean = 21.6 years, SD = 3.45 years). Offenders were found to be significantly older than non-offenders ($t(1, 24.22) = 7.31, p < .001$). A number of the participants in this study had completed the questionnaire and empirical studies described in Chapters 3 and 4 ($N=23$, 8 offender victims and 15 non-offender victims).

Both groups were found to be more likely to be abused by either a family member or someone well known to the victims' family ($p < .001$). Only 4 non-offenders and 3 offenders reported being abused by a stranger. Fisher's exact test revealed that the reported rates of anal rape were significantly higher in offenders than non-offenders ($p < .001$; 15 vs. 2).

No other demographic information was collected about the participants.

6.2.2 Materials

Participants were given an information sheet detailing the research and a consent form (see Appendix A). The testing materials comprised of a series of questions with free text boxes in which participants were encouraged to write as much detail as possible. The questions were drawn from research which suggests

that a lack of social support in childhood may be a risk factor for victims becoming sex offenders (Lambie et al., 2002; Seto & Lalumière, 2010), as well as the findings in both this thesis (see Chapter 3) and the wider literature that sex offenders are more socially isolated than non-offenders (Lambie et al., 2002). The questionnaire was available in both online and paper format. Full details of the questionnaire can be found in Appendix G.

6.2.3 Procedure

Participants were either given the link to the online questionnaire or provided a paper copy to complete in their own time. A self-addressed envelope was provided to participants who chose to complete the questionnaire in paper format. The questionnaire was entirely self-paced. All participants provided fully informed consent to take part and were asked to answer all questions honestly. Completed written responses were then transcribed.

The responses were analyzed using Linguistic Inquiry and Word Count (LIWC) software (Pennebaker, Booth & Francis, 2007). This is a piece of software that analyses qualitative data into various categories to allow it to be analyzed in a quantitative manner. Khan, Tobin, Massey and Anderson (2007) have found it to be a valid method for measuring verbal expressions of emotion.

As there are no comparisons of offenders and victims on emotional content of their narratives, categories of interest were selected on a theoretical basis. The categories of interest assessed were word count, positive and negative words, as well as words suggesting anger, anxiety, sadness or sexual words. This was to assess if offender and non-offender victims used different types of emotional charged words in their general language style. Sexual categories were selected to assess sexual preoccupation. Amount of words related to anger, anxiety and sadness were analyzed to assess differences between the groups on how they describe their recovery from abuse.

6.3 Results

The narratives for each participant was analyzed using the LWIC to create a proportion score for positive and negative words, as well as words suggesting

anger, anxiety, sadness or sexual words for each participant. Normality tests were then conducted on the data provided by the LWIC and all categories were found to be normally distributed. Levene's tests demonstrated that both groups had equal variances across all of the categories ($p > .05$).

No differences were found between the groups on the number of words written ($t(1, 37) = .83, p = .410$). When the content of the answers was analyzed, significant differences were observed between the groups on the proportion of positive words ($t(1, 37) = -3.00, p = .005$), sad words ($t(1, 37) = 3.80, p = .001$) and sexual words ($t(1, 37) = 3.26, p = .002$) used. Offenders were found to have used a lower proportion of positive words (2.55 vs. 3.5), but a higher proportion of both sad (1.29 vs. 0.56) and sexual (1.08 vs. 0.46) words.

The aim of this Chapter was not to conduct a qualitative analysis of the data, but to compare the language used. However, the author felt that it was important that the participants' opinions were heard. Therefore quotes have been extracted to support the quantitative findings and to provide an overview of the interviews.

Offenders spoke of confusion regarding their abuse e.g.

Offender 2: "I didn't have any social support, and it took me a very long time to recover, and I still struggle today sometimes. I did not know of any services that I could go to or whether my case was serious enough or not. I did not know if this was a normal thing to happen or not",

Offender 13: "I was confused about what happened, he told me he loved me, bought me presents and showed me how good sex could be, but then would watch me make love to his friends, they were always rough, sex with them hurt. I never understood why he made me do that"

Offender 16: "I did not tell anyone what was happening. The rest of my life was really good and I always had lots of people to talk to. I think I was always so happy I just ignored what was happening".

A number of offenders made reference to their abuse as a relationship e.g.

Offender 1: "He told me that he loved me and this was how grownups show love. I enjoyed the love we had, not the sex because that hurt, but the cuddles and some of the other things we did felt really good. My mum was an alcoholic and never showed us any affection...I remember feeling betrayed and really angry when I found out he was also shagging my sister. I felt cheated, like she'd stole him away from me."

Offender 7: "After been bullied for years I suddenly gained a bit of respect having a 20 yr old girlfriend. She'd pick me up from school we'd have sex in her car, she bought me and my mates beer and cigarettes, it was the first time in my life I'd felt cool."

Non-offenders also spoke more positively about the criminal justice system e.g.

Non-offender 3: "The fact my abuser was brought to trial and found guilty quickly meant I was never concerned about him returning. The police officer who explained the trial process and interviewed us was so kind and professional and made the process as easy as possible. She also kept us up to date via handwritten letters during the trial which was reassuring."

Comparisons were then made as to the number of people that participants said that they could rely on for support during their childhood, adolescence and in adulthood using a 2 x 3 mixed design ANOVA with offender status as the between subjects status (offender and non-offender) and age (childhood, adolescence and adulthood) as the within subjects. Mauchly's test indicated that the assumption of sphericity had not been violated for support ($\chi^2(2)=2.29$, $p=.318$) and therefore the F statistic was considered reliable.

A main effect of offender status was found ($F(1, 35)=130.85$, $p<.001$). The means indicated that over the three conditions non-offenders had a greater number of people that they could rely on for support at all three point in the lives (childhood=5.12, adolescence=4, adulthood=5.35 compared to 1.2, 0.9 and 1.05). There was no significant main effect of age ($F(2, 70)=1.93$, $p=.153$) nor was there a significant interaction between offender status and age ($F(2, 70)=1.02$, $p=.365$).

Offenders often spoke about not been believed when they disclosed the abuse that they had suffered e.g.

Offender 8: “A lot of the people I thought would have supported me i.e. my parents, close family friends didn't believe me and subsequently cut me out which added to stress at the time as I felt I was causing my parents to choose between me and their friends” – (the abuser in this case was a family friend)

Offenders also reported a feeling of failure by their parents to protect them from the abuse suffered e.g.

Offender 5: “After telling my mum about what my stepdad did to me I faced years of her saying ‘I don't understand why you don't like him.’ She never protected us.”

Offender 2: “My mother could have taken us away from him”.

Non-offenders on the other hand frequently spoke positively about the support they got from friends and family e.g.

Non-offender 6: “My younger sister has been a great support as she was also abused in the same incident and so more than anyone else can appreciate the way I feel about the situation”

Non-offender 13: “My mother listened to me with utmost patience”

Non-offender 19: “From my mother, father and child minder especially I felt very supported. They were some of the only people who truly believed me and were willing to talk to me about it. They didn't make it a big secret it was something I could talk about if needed”.

Both offenders and non-offenders spoke about been bullied at school, and both described having their abuse used in the bullying e.g.

Non-offender 1: “I turned to my friends and confided in them instead. Indeed, the 'gossip' spread like wildfire and I was bullied continually throughout my school years”.

Offender 12: "Having told my friends about the abuse to then have it used against me by countless bullies, I'm really not sure if true friendship exists".

Non-offenders spoke much more positively of friendships and relationships in adulthood e.g.

Non-offender 3: "One female friend was particularly helpful at helping me to allow people to hug me without flinching. She was patient and I am grateful for her help."

Non-offender 9: "I have learned over time that there are many people who truly care; friends, family and my boyfriend"

Non-offender 14: "Meeting my fiancé and then her mother changed my life. They loved me regardless of the painful life I had. I wish I would have met her sooner"

Non-offenders also spoke positively about intimacy e.g.

Non-offender 2: "Having a supportive and understanding girlfriend in adulthood has helped overcome not necessarily issues but 'hang ups' with intimacy"

Non-offender 18: "I am now happily married with three beautiful children. My wife is amazing, she took the time to show me what love and intimacy really are".

The positivity of relationships and friendships experienced by many non-offenders was unfortunately not a common feature in the offenders' comments, who spoke much more about loneliness and distrust of relationships e.g.

Offender 11: "No one really wants to be your friend...don't trust anyone they'll just stab you in the back"

Offender 13: "Everyone thinks I'm weird, why would they want to be friends with a freak who drinks and cuts up? Let alone want to be my girlfriend"

Offender 20: "Women cheat on you and just use all your money. Better to be alone then have to justify why you're drinking or facing finding out the slags screwing some guy from the pub behind your back".

Although not directly asked, nine non-offenders reported going to a counselor compared with only two offenders. When analyzed using the Fisher's exact test, this difference was significant ($p < .01$).

Of the non-offenders, almost all spoke of counseling in a positive manner and expressed beliefs that it facilitated their recovery and wellbeing. For example, when asked what advice they would give to other survivors, many advised seeking professional help through a counselor e.g.

Non-offender 4: "Go to a therapist. That's the easiest way out. It's tough and lots and lots of hard work and tears, but it pays off at the end"

Non-offender 8: "Go to counselling. As hard as it gets you have to go. You have to talk. Find a support group or that one person who you can tell anything too".

However, of the two offenders that spoke about seeing a counselor both spoke negatively of the experience. One person wrote

Offender 20: "The counsellor didn't help because she didn't think that the childhood sexual abuse mattered or was the cause of my problems"

while the other described their experiences with a counselor as

Offender 3: "My experience at Barnardos was difficult - given a male counsellor, I was confused by my trust issues men terrified me and I felt safer with women, my best friend was a girl. I also felt curious about the possibilities of entirely new sexual experiences that could occur only with women, since my experiences with men were tainted by a lack of choice. My counsellor immediately informed my parents and urged them to ban me from having sleepovers with my friend until I could satisfy his concerns about my intentions. This made me feel like an offender, despite having no intention to act on my confusions and I shut off completely. I lost trust in the system."

Again, although not directly asked, many participants, both offenders and non-offenders, make reference to using maladaptive coping mechanisms including alcohol

Offender 4: "I'd go out get leathered with older kids then when I got home and my dad came into my room it wasn't so bad. Sometimes I'd get that wasted I wouldn't remember that he'd raped me the night before"

and drugs

Offender 18: "My mum gave me some weed when I was about 9 or 10, it zoned me out stopped me been so aggressive. By the time I was 15 I was smoking smack, I don't remember much of my life around then, but that's not a bad thing".

Many talked about self harm and suicide

Non-offender 7: "I cut my wrists and pull my hair out all the time"

Non-offender 18: "Self harm did not help in the long term. But it made the bad thoughts go away"

Offender 14: "I took every pill I could find in the house, but then I came round in the hospital. When I was allowed home my dad beat the shit out of me then fucked me so hard I thought I was going to pass out from the pain. I wish I had".

Although both offenders and non-offenders talked about early consensual sexual experiences, Fisher's exact test showed it to be statistically more common in the transcripts of offenders ($p < .001$, 17 vs. 3) e.g.

Non-offender 16: "I began sexual relationships very young (13) and had them in quick succession...I found sexual experimentation to be more attractive than talking therapy"

Offender 1: "At 13, I rushed to find 'love' and began sexual relationships that I had no idea how to handle"

Offender 14: "Sex became a release, I'd come, have a joint and for a bit forget about how shit my life was".

One non-offender spoke about an early addiction to internet porn:

Non-offender 12: "Masturbation became a defense mechanism, it started looking at top shelf magazines but when my mum got the internet I quickly spent nearly all my time in my room looking for something new to get me hard. At one point I was wanking probably ten maybe fifteen times a day. I'd wag off school to watch porn and fantasise. Its only looking back on it now I can see how unhealthy it was".

but pornography in adolescence was mentioned by eight offenders e.g.

Offender 7: "I'd come home from school and just look at porn on the internet"

Offender 10: "I was finding it harder and hard to get off to regular porn, I remember at 16/17 looking at rape porn and getting excited about that. It was new I thought it was normal teenage behaviour".

Finally, participants were asked about their opinions of the victim to offender pathway. 11 of the 19 non-offenders said that they believed there was a pathway from victim to offender, compared with all of the offenders. Fisher's exact test found that this difference was significant ($p=.001$).

Both offenders and non-offenders report being abused by a victim of sexual abuse

Non-offender 2: "I was assaulted by a victim and I believe that he would not have done it unless he was trying to get his power back"

Offender 10: "I believe that my step dad (my abuser) or his mother were abused as children by her father, because she often said her son (my step dad) was very like her father which she said wasn't a good thing"

A number of offenders used their abuse as reasoning for their own offending e.g.

Offender 9: “My dad told me his dad did it to him and that he couldn’t help it when he did it to me. I guess it’s in my genes, I’m the same, I didn’t stand a chance really”

Offender 13: “I remember how good it felt when John kissed and touched me, I thought everyone liked it, I wouldn’t have done it if he told me stop”

Offender 19: “I’m really offended by this question, there is obviously a so called “victim-to-offender cycle” or I would have been normal wouldn’t I, I’d of had a wife and kids instead of “deviant sexual interests” as I keep been told”.

Six non-offenders report having been fearful of becoming an offender at some point with some being told by professionals that there was a chance that they would go on to become a sex offender e.g.

Non-offender 3: “I was quickly informed of the 'victim-to-offender-cycle', which made me feel like an offender before I had chance to understand what had happened to me. Guilt has plagued my life thereafter and my relationship with my younger sister has suffered in infinite ways. I had no idea what to expect and begged them to give me a synopsis of the bleak future I felt victims were sure to have - Barnardos informed me of the 'common outcomes' of childhood sexual abuse and I felt terrified rather than supported in facing these difficulties...I felt as though they treated me as a threat to be maintained and I felt constantly under surveillance”

Non-offender 5: “this idea frightens and upsets me, I would hate to think that I could ever end up like this”

Non-offender 11: “Having been told at 12-13 years of age that this cycle existed and that I would need to be 'careful', I felt treated as a perpetrator”

Non-offender 17: “When I changed my childrens diaper (sic) I felt shame in touching their areas to clean them... My abuse instilled parano”

6.4 Discussion

Results showed that there are both quantitative and qualitative differences in the narratives of offender and non-offender victims of childhood sexual abuse. Significant differences were observed in the proportion of positive words in the texts, with non-offenders having a higher proportion of positive words whereas offenders had higher proportions of sad and sexual words. The finding that offenders used more sexual words supports the first hypothesis as well as previous research suggesting that sex offenders are preoccupied with sex (Smith & Waterman, 2004).

While no difference was found between offenders and non-offenders of the lengths of narratives, offenders were found to use less positive words but more sad words than non-offenders. This indicates that when talking about their past and recovery from sexual abuse they recall it as a more negative and sad experience than non-offenders. These results support the findings of Thomas et al. (2013) and Garrett (2010) that offenders typically talk about their childhood in a negative manner. Offenders were also found to have fewer people that they felt they could rely on for social support in childhood, adolescence and adulthood than non-offenders. This finding supports the second experimental hypothesis and previous research such as Lambie et al. (2002) who have shown that offender victims have fewer friends in childhood than non-offender victims.

The findings that offenders use fewer positive words in their narratives than non-offenders and that they have fewer people to support them are likely to be related. Non-offenders speak very positively about the social support in their lives and the positive impact that it has had on their recovery from sexual abuse. Without this positive impact, offenders may not have adaptively recovered from the abuse. Constant feelings of rejection, hurt and social isolation throughout their lives are likely to have had an impact on their ability to engage in age appropriate relationships and so seek to address their intimacy needs with children, who are more accepting and less judgmental than adults, but also easier to control (Marshall & Marshall, 2010).

No differences were found between offenders and non-offenders on whether they were abused by a stranger or not. The vast majority of participants from both groups were abused by either a family member or someone known to the victim or the victim's family. Participants described a wide range of people who were the perpetrators of their abuse. Perpetrators included immediate family members, such as parents, siblings and grandparents, to family friends, youth club leaders and members of the clergy.

Finally, when asked about their views on the victim to offender pathway, over half of non-offenders said they believed in it as well as all of the offenders. Almost a third of the non-offenders said that they have previously or currently do fear becoming an abuser. This supports the final experimental hypothesis that victims fear becoming an abuser and supports the research of Alaggia (2005) who has reported similar findings.

Following the finding of Marshall (1989) that the risk of sexual reoffending in child sex offenders is higher when they are feeling lonely or socially isolated, and the findings in Chapters 2 and 3 that loneliness is associated with proxy measures of sexual interest in children, it is noteworthy that offenders report having fewer people that they could rely on for support than non-offenders. There is a theoretical implication that should child sex offenders have more social support throughout their childhood and adolescence they may be at a lower chance of developing sexually abusive behaviors. Many offenders reported that were not believed by their family when they disclosed that they had been abused, or they felt that their parents should have done more to protect them from the abuse. This suggests that other agencies may have a significant responsibility in the breaking of the victim to offender pathway. Social services and schools need to be more aware of the signs of sexual abuse, and it may require that schools teach children about what is acceptable and not acceptable touching; a number of participants suggested this as a way to improve the treatment of childhood sexual abuse. Finally, agencies working with victims of childhood sexual abuse should avoid telling their clients that there is a risk of them going on to offend themselves. Research suggests that while a high number of child sex offenders report a history of sexual abuse themselves, the relative risk of becoming a child

sex offender following abuse is very low (Craissati et al., 2002; Salter et al., 2003). Additionally there is no categorical evidence that the abuse itself is the single precursor to offending; it is likely to be complex interaction of factors, including the relationship with the perpetrator, the response of significant adults and the support offered, to name just a few. It may be appropriate to be aware of comments made by the client that they are having thoughts linked to sexually abusive behaviors, but what has been shown by the current findings is that both offenders and non-offenders engaged in promiscuous behavior in adolescence and one non-offender reported an addiction to internet pornography. These are not indicators of becoming an offender on their own. It seems counterproductive to someone's recovery from sexual abuse to inform them that they may go on to offend against children themselves.

The present research has a number of strengths; firstly, as far as the author is aware, this is the first piece of research that compares qualitative narratives of both offender and non-offender victims on their experiences on sexual abuse, their experiences of social support and growing up following abuse and their opinions on the victim to offender pathway. Secondly, the use of the LIWC enabled the comparison of the narratives on a quantitative and qualitative basis. This has allowed for the use of inferential statistics to quantify the differences between the narratives, using quotes from the texts as evidence to support the statistics. Thirdly, group sizes of 20 and 19 provide a good sample for qualitative analysis, and are larger group sizes than have been used in previous research into childhood experiences of childhood sexual abuse.

In spite of the strengths of this piece of research there are a number of limitations that need to be considered. Firstly, no formal quantitative analysis was conducted on the data and quotes were only used as a manner of supporting the quantitative results. The aim of this piece of research was to identify qualitative differences in quantitative data however the author felt that the messages given in the responses from participants were very important and warranted discussion. As no formal qualitative analysis was used to assess the data, a second rater was not used. While this may limit the reliability of the quotes identified, the main conclusions of this paper are not based on themes.

Should future researcher wish to identify specific themes in qualitative data they should consider using a robust qualitative analysis and using at least two independent raters to increase the reliability of the results.

A second methodological limitation is that the research would have benefitted from face to face, semi-structured interviews. However after 18 months of advertising, only one person came forward as a potential participant. At this point it was decided that the more anonymous option of an online questionnaire may result in more people willing to complete the study; which was shown to be the case. Secondly, there may be a selection bias present, particularly in the sample of non-offenders. As discussed above, male non-offending victims proved very difficult to access. A majority of the non-offenders were recruited from the university research advertisement webpage, indicating that they were either at university or a member of university staff. This may mean that cognitive ability is a protective factor and therefore may be viewed as a confounding variable. However, this is believed to be a worthwhile limitation due to the difficulties experienced in accessing a sample of this population.

The present research has found that social support throughout childhood following childhood sexual abuse may be a significant risk factor for the development of sexually abusive behaviors in late adolescence / adulthood. Social isolation is a risk factor for sexual recidivism and appears to be a significant risk factor in the pathway to sexual offending from victimization. This suggests that schools and social services, alongside families, have a responsibility to children who are socially isolated and / or being bullied in identifying the signs of sexual abuse and protecting these children. A longitudinal study following children through adolescence into adulthood to examine social isolation following sexual abuse would be beneficial to increase the understanding of why some men sexually offend following childhood sexual abuse. Due to the finding that some sex offenders discuss their abuse in terms of a relationship and that some participants disclose not knowing at the time if what they experienced was abuse, or where to go for help, indicates that better education is required in schools, as well as at home, to inform our children what is appropriate and inappropriate

touching, where they can get help from, and what is an age appropriate relationship. Research into the level of this type of education that is currently delivered in UK schools would be beneficial to see where gaps lie and how policies can be introduced to reduce systematic, long term sexual abuse, and inform children how to protect themselves.

In conclusion, there are key differences in the narratives of offender and non-offender victims, including the type of emotional language used, their interpretation of their abuse and their reported level of support throughout their lives. This has implications for professionals working with victims of childhood sexual abuse in the way that they work with these vulnerable children and adults, and an awareness of how having a lack of social support following sexual abuse may be a risk factor for later sexual offending behavior. This piece of research provides some really informative results and implications in an area of research that is under represented in the sexual abuse literature.

Chapter 7: Discussion

7.1 Overview

The original broad purpose of this thesis was to investigate if there were psychological differences between victims of childhood sexual abuse and child sex offenders. Using a 2 x 2 design, a variety of methods were used to assess, in a controlled manner, if there was empirical evidence to support the existence of a victim to offender pathway.

The research was conducted due to the distinct lack of literature investigating the victim to offender pathway in an empirically robust way. This is a significant gap as it is known that a larger proportion of child sex offenders report a history of sexual abuse when compared to the general population (Glasser et al, 2001; Veneziano, Veneziano & LeGrand, 2000); previous research has found that many people believe in the pathway (Alaggia, 2005; Etherington, 1995, also reported in the findings of Chapter 6); and, as found in Chapter 6, survivors are being told about the pathway and that they are at risk of becoming a child sex offender by professionals when there has previously been very little empirical research on which to base such claims.

Additionally, it has been strongly argued that child sex offenders who have experienced sexual abuse in childhood have the same rights to counseling as any other victim (Ward & Moreton, 2008) and that this may in fact improve their ability to fully engage with child sex offender treatment, therefore reducing their risk of reoffending (Ward & Moreton, 2008). Currently, this viewpoint is one of theoretical conjecture and has not been supported by empirical evidence. This thesis aimed to investigate whether or not victim status resulted in identifiable psychological differences and what differences these might make in terms of potential risks to becoming a child sex offender following childhood sexual abuse.

The potential practical implications of the findings would be significant firstly in the sentence planning and treatment of child sex offenders. Sexual abuse history is not considered currently when assessing if someone is suitable for sex offender treatment program; evidence to suggest that child sex

offender victims and non-victims were not a homogenous group could mean that victim status and the effects of sexual victimization is taken into account in sentence planning and assessment for treatment programs. There are also implications for the way that victims are treated. Should no evidence for a victim to offender pathway be found, this would need to be publicized to prevent professionals, as well as the general public, implying that victims are at risk of becoming child sex offenders in adulthood. If a link is identified, treatment of victims would need to incorporate interventions to mitigate the risk.

7.2 Key findings of the thesis

Chapter 2 aimed to identify key relationships between cognitive distortions about sex with both adults and children and social factors which are known to be linked to sexual offender. These factors were insecure attachment style, loneliness, social intimacy and emotional congruence with children (ECC). A measure of social desirability was also used. Comparisons were also made between men and women, and men that reported sexually abusive behaviors were compared to those who did not report such behaviors.

It was found that men scored higher on the measure of cognitive distortions for both adult and child rape myths. Significant correlations were found between ECC and both cognitive distortion scales. No other significant correlations were observed.

The finding that men in the general population score higher on measures of cognitive distortions than women may provide some explanation as to why sex offenders are more commonly men. If cognitive distortions are a common schema in men generally, this may make justifying sexual offending easier to the individual as they already hold some beliefs that sex with children is acceptable. Correlations were only found between the Rape and ECC scales and Molest and ECC scales in the general population. This suggests that loneliness, social intimacy and attachment style alone are not related to cognitive distortions and ECC, and therefore on their own cannot be considered a risk factor for sexual offending, there must be a further construct(s) involved.

Chapter 3 aimed to extend the findings of Chapter 2 by comparing scores on the aforementioned measures in victims of childhood sexual abuse and child sex offenders in a 2 x 2 design. Significant interactions were found between the groups on measures of social desirability, ECC, social intimacy, loneliness and the Molest scales. The findings suggested that child sex offenders scored higher than non-offenders on measures of social desirability and loneliness; they scored lower on social intimacy. Victims were found to score higher than non-victims on measures of loneliness only.

The main differences between the four groups were observed on measures of social desirability, ECC and on the Molest scales. Offender victims scored higher on social desirability than offender non-victims yet non-offender victims scored lower on this measure than non-offender non-victims. On both the ECC and Molest scales, offender victims scored far lower than the other 3 groups, whose scores were comparable. From these findings it was concluded that offender victims and offender non-victims were not a homogenous group and should not be treated as such. The low scores in offender victims on measures of ECC and Molest scales were incongruent with the literature and the hypotheses on the study. Taking into consideration the group's high scores on social desirability it was suggested that the offender victims' scores on ECC and Molest measures may not have been reliable. It was recommended that more implicit measures of sexual interest in children may be required in this group particularly.

Chapter 4 used empirical tasks to assess differences between the aforementioned groups in an attempt to negate the limitations of self-report measures as used in Chapter 2 and 3. Tests used were a viewing time task, an Implicit Association Task (IAT) and a number of Stroop Tasks (see Chapter 4 for full details). Results indicated that offenders spent more time looking at images of children than non-offenders, but also that offender victims spent longer looking at these images than offender non-victims. Offenders were also found to spend longer looking at images of men than non-offenders. From these findings it was concluded that offender victims do have a sexual interest in children, contrary to their self reports.

Results from the IAT found that offender victims had a greater D-score when compatible (difference in reaction time between blocks which paired images of adults with sexually exciting words and children pair with sexually unexciting words, compared with blocks which paired images of child with sexually exciting words and adults pair with sexually unexciting words). A high negative D-score, as was found in offender victims suggests that they associated children and sex more readily than any other group, supporting the suggestion that the group's self report measures may be an inaccurate reflection of their true thoughts and opinions.

To progress the findings of the thesis thus far, responses to the self-report measures used in Chapter 3 and scores on the empirical measures used in Chapter 4 were compared in Chapter 5 to assess if self-report responses could be considered reliable. Results indicated that self-report questionnaires provided by offender victims were more unreliable than any other group. While they reported the lowest levels of cognitive distortions with children and ECC of all four groups, they were found to spend the most time looking at images of children and have the greatest association between children and sex.

Finally in Chapter 6 offender victims were compared with non-offender victims in a quantitative analysis of qualitative data they provided to a questionnaire. It was found that offender victims used significantly more sad and sexual words than non-offender victims. Offender victims also reported that they had fewer people to rely on for social support throughout their lives and were more likely to believe that the victim to offender pathway existed than non-offender victims. A number of quotes were selected to highlight and support the quantitative findings of this chapter. It was concluded that a lack of social support throughout life may be a key reason why men who have been sexually abused go on to offend sexually.

7.3 Meaning of the results in the context of the victim to offender pathway

While it cannot be concluded from the results of the thesis that a proportion of men who experience childhood sexual abuse will go on to sexually offend against children, it can be concluded that there are marked differences between offender victims and offender non-victims as well as offender victims

and non-offender victims on a number of factors (as outlined above). Offender victims, while scoring lowest on psychometric measures associated with risk of sexual offending (e.g. ECC, cognitive distortions about sex with children), indicated the highest level of sexual interest in children on empirical tasks of all four groups. This has two important implications. The first relates to the reliability of psychometric assessment with child sex offenders who have been victims. Compared with child sex offender non-victims, where psychometric scores and viewing times were significantly positively correlated (at around 0.5 or above), in child sex offender victims these relationships were very strongly negatively correlated, above 0.4 and in one case above 0.7. It would appear that sex offender victims try hard to conceal their sexual interest. It was postulated in Chapter 5 that this may be a consequence of shame and this is an area that requires considerably more research.

The second implication relates to findings in Chapter 6, where clear differences between child sex offender victims and victim non-offenders were seen in terms of post-disclosure support. Although qualitative in nature, the data provide clear evidence that support, understanding and meaning making among victim non-offenders was functional and adaptive, while for offender victims, disclosure appeared to lead to further potentially damaging reactions from care givers. It would not be appropriate to conclude categorically that the nature of post-disclosure support can result in greater risk of offending, but the findings of this thesis would suggest strongly this should be investigated further in this context. These results suggests that while sexual abuse as a child may be a risk factor for later sexual offending, (as suggested by DeLisi, Kosloski and Trulson, 2014 and Jespersen et al., 2009 amongst others), it is highly probable that it is the interactions of the future experiences of that person that impede on later social functioning.

Theoretically the results accord with the literature; for example, Bowlby and Ainsworth (1989) suggests that the evolutionary basis of attachment is for a caregiver to provide protection to a child that is too physically small and not cognitively developed enough to protect itself. Experiencing childhood sexual abuse is an example of this system failing, regardless of whether the child was attached securely to the caregiver or not. Following this abusive episode, the

child now requires the love and support from its caregiver(s) to make sense of what has happened and to protect it from future experiences of abuse. Should the caregiver fail to provide support, (as found in the results described in Chapter 6) this would either indicate an insecure attachment style between child and caregiver (described by Ainsworth, 1989). Such lack of support would likely have a negative impact on any attachment to the caregiver. Should the individual not have other secure attachments on which they can rely on for support and protection, they are likely to develop an insecure adult attachment style (Waters, Merrick, Treboux, Crowell & Albersheim, 2003). This is supported by the finding in Chapter 6, that offender victims identify fewer people on who they can rely for social support in childhood than any other group.

The lack of secure attachments will then impact on the child's social abilities as the child is likely to believe that others cannot be relied on, going on to becoming more anxious in social situations and avoid them to alleviate this anxiety. This is supported by the findings in Chapter 3 that sex offenders scored higher, when compared to the other groups, on the Experiences of Close Relationships – Revised (Fraley et al., 2000) sub-scales which are indicative of anxious and avoidant attachment styles.

As the child becomes an adolescent he or she still struggle to make friends, as supported by the findings in Chapter 6, which may reinforce beliefs that people cannot be trusted and that social interactions should be avoided, as suggested by some of the narratives provided by some offender victims reported in Chapter 6. It is at this stage that Beech, Fisher and Ward's (2005) implicit theory of a Dangerous World is likely to develop. Due to their experiences of negative social interactions and avoidance of social situations the person is likely fail to learn appropriate social norms and boundaries about friendships and intimate relationships at the adolescent stage of development.

As the person develops into adulthood, they will continue struggle with making appropriate relationships and secure attachments to other adults. This is likely to lead to a high degree of social isolation, which is supported by the findings that sex offender victims scored higher than any other group on feelings of loneliness and lower on social intimacy. Previous research has suggested that

sex offenders use children to meet their emotional and sexual needs as children are less judgmental, less physically threatening and easier to manipulate due to their lower level of cognitive development (as previously suggested). The individual is also more likely to identify with children on an emotional level (as indicated by the ECC scale, Beckett, 1997) as they have never been able to develop their own emotionality with age appropriate peers due to their avoidance and anxiety around social situations. Although it was found in Chapter 3 that offender victims score very low on the ECC, findings from the empirical tests in Chapter 4 and the comparison of the empirical and self-report measures in Chapter 5 suggest that this may not be an accurate reflection of the participants' true feelings. As previously discussed, this may be due to feelings of shame experienced by putting someone through the trauma of which the offender themselves have direct experience.

Non-offender victims, on the other hand, report a higher level of social support during childhood, adolescence and adulthood (as found in Chapter 6). This support came from a variety of different sources including family members, friends, teachers, social workers, counselors. Theoretically this would indicate, even if the abuser was someone close to the victim with whom they were likely to have an attachment, that there were other people to provide support and protection throughout the person's life.

Although the non-offender victims experienced a great deal of negativity throughout their lives also, including self harm, being told that they may become an offender, not being believed by everyone and bullying, the extra social support that they had in comparison to the offender victims may have been a key reason why they managed to get through difficult times in their lives. Having friends and social support would also allow the person to develop appropriate social relationships and not have to rely on abusing others to meet their emotional and sexual needs.

Although not fully supported by the findings, there is sufficient evidence from this thesis to support this theory of the development of a victim to offender pathway. Future research (as discussed later in this chapter) is required to provide more evidence about the effects of childhood sexual abuse on the

pathway to offending and what can be learnt from non-offenders to act as either a treatment program, to prevent reoffending, or an intervention program, to prevent initial offending, in the future.

7.4 Implications of the results

The implications of this research have been discussed throughout the thesis and will be summarized here. The implications are threefold: Firstly, the way that professionals work with child sex offenders who have experienced child sexual abuse to address their risk should be reconsidered in the light of this research. It has been demonstrated throughout this thesis that offender victims and offender non-victims score differently on a variety of both self-report and empirical measures traditionally associated in the literature with sexual offending. It therefore seems unwise to assume that they are a homogenous group and require the same treatment. It is unclear whether providing support and counseling to address offender victims' issues regarding their own abuse will make them less of a risk to children or more able to engage with treatment program and utilized the skills learnt in treatment (as suggested by Ward & Moreton, 2008 in their argument about moral repair in sex offenders), as this was not directly tested in this thesis. However, what is clear is that this group of offenders may be more of a risk to children because of their lack of social skills and support, as well as the finding that they may be more likely to fabricate their results on psychometrics or provide socially desirable answers in treatment groups or to professionals. This may result in them being given less attention by professionals when in fact they may require closer management; it may be necessary to consider different treatment pathways for child sex offenders who disclose experiencing sexual abuse from those who do not.

The second implication is around the way in which professionals work with victims of sexual abuse. The prevalence rate of disclosure of childhood sexual abuse amongst the current participants was not established here. However, the impact of disclosure and the consequent responses of those disclosed to has emerged as important. Professionals working with victims of childhood sexual abuse would be advantaged by knowledge of the potential of that abuse to impact on later intimate and sexual behavior in the ways identified in this research. The

difficulty here is that it is not clear if the development of anxious/avoidant attachments styles resulted from the abuse itself, lack of disclosure, reactions of those disclosed to or other factors not investigated. What does seem clear though is that in Chapter 6 offender victims reported many more negative reactions from professionals than non-offender victims, who spoke highly of the services that they engaged with, although some implied that they had worked with less helpful professionals before working with someone with whom they had a positive and constructive experience in their recovery from sexual abuse. Professionals working with survivors of childhood sexual abuse may require more thorough management, supervision and scrutiny to ensure that standards are high and that service users are not negatively affected by their experiences with the service.

The final implication relates to how to interrupt the victim to offender pathway of childhood sexual abuse. While this was not directly tested in this thesis, there are a number of positive outcomes which would indicate that it is possible to intervene and support people through their lives in the hope of enabling them to meet their emotional and sexual needs in a manner that is appropriate and socially acceptable. This will involve a collaborative approach from professionals to ensure that all accusations of sexual abuse are taken seriously and dealt with appropriately. Intervention programs may also be required to assist young people with attachment difficulties develop health relationships and learn appropriate social boundaries which they can use in their future friendships and intimate relationships. Were such interventions found to be successful and were available to victims, the change to people's lives would be immeasurable due to the devastation caused by sexual abuse that could be avoided. Furthermore, the reduction in both child sex offenders and victims would lead to significant savings for the tax payer in terms of reduction of the number of police investigations, court cases and places required for sex offenders in penal establishments as well as on mental health services who are frequently involved in the care of victims of sexual abuse.

7.5 Critique of the present research

There are a number of strengths to this piece of research that increase the reliability and validity of the results and conclusions drawn from them.

Firstly, male sexual abuse in general is a very under represented research area in the literature. There has been some attempt to empirically test the victim to offender pathway, however these studies are generally low in number, tend to compare offender victims with offender non-victims to identify differences but then fail to follow up their findings to provide strong, practically applicable conclusions. This thesis presents a series of studies conducted on four groups of men (offender victims, offender non-victims, non-offender victims and non-offender non-victims) to identify differences between them to gain an insight as to why some men commit sexual offences following sexual abuse whereas others do not. Each study aimed to use information provided to develop findings and conclusions that would ultimately lead to some indication as to why the victim to offender pathway exists and how it can be halted. It is believed that the studies have gone some way to helping to explain this phenomenon and make a unique contribution to this developing field of research.

The studies used a variety of methods including self-report questionnaires, and empirical measures and qualitative and quantitative evaluation of narratives to assess factors related to sexual victimization and offending in the groups. The self-report questionnaires are all widely used in the literature and were found to be highly reliable in the samples used throughout this thesis. The Linguistic Inquiry and Word Count used to assess the qualitative data provided in Chapter 6 allowed a quantitative assessment of qualitative data. This has benefits over traditional qualitative methods as it is not reliant on subjective scoring by researchers which may result in bias. However, the use of quotations from participants to support the inferential statistics allowed the comments of the participants to be heard and not lost in a purely quantitative analysis. Finally the empirical measures used in Chapters 4 and 5 have been found previously to be a good indicator of sexual interest (Banse et al., 2010). The empirical tests provided a methodology that has not been used to assess the victim to offender pathway before. All three methodologies when considered together allowed for a thorough analysis of the data and conclusive inferences of what the data suggests to be made.

A further strength of the research is that the same participants were used in Chapters 3, 4, 5 and 6. A random subsection of the participants from

Chapter 2 completed the tasks discussed in the other Chapters. This allowed for the data from the different methods to be reliably compared as it came from the same person, reducing the error variance associated with individual differences.

While there are a number of positives associated with this research there are some limitations that must be considered. Firstly, no standardized definition of sexual abuse was used across the studies in this thesis. Currently there is no standardized definition of childhood sexual abuse in the literature (this issue is discussed in detail in Chapter 1). It was not an aim of this thesis to provide a standardized definition, however one might have been helpful to screen participants to be included / excluded from the research. In spite of this limitation, all of the victims in the studies, both offender and non-offender, had experienced contact sexual abuse by an adult at some point before the age of 16. This would likely fit any standardized definition of sexual abuse. Furthermore, participants' scores were screened for outliers and normality prior to data analysis meaning any scores significantly deviating from the mean would have been removed (no data points were, in reality, found to be outliers in any study conducted). Finally, participants' data were compared with their own scores in Chapter 5 limiting the effect that any discrepancies.

The group sizes were relatively small; while 20 participants in each group is considered to be reasonable to perform inferential statistics on (Field, 2009), it results in a loss of statistical power, particularly when comparing across multiple groups. However, the loss of power was controlled for by using conservative p values and more robust statistical methods.

While running the study with a limited amount of participants is not ideal, there were some considerable difficulties faced by the research in recruiting participants this research. This series of studies were conducted over a four year period. A significant amount of this time was dedicated to advertizing and attempting to recruit participants. Finding non-offender victims was particularly problematic. Despite being supported by, and my research promoted by, a number of male survivor charities throughout the UK, very few people came forward to participate. There is evidence that male survivors do not disclose their abuse until much later in life compared with women survivors (O'Leary and

Barber, 2008) and this may have contributed to the challenge of recruiting for male survivors in undergraduate populations.

This gender difference in disclosure was evidenced by the fact that the studies received a lot of interest from women survivors who said that they would be happy to participate, but as the majority of child sex offenders are men it was thought that data provided by male offender victims and female non-offender victims would not be comparable. Most of the people who were willing to participate were the founders or high up managers in the charities and while their support was appreciated, it was felt that they would not be truly representative of male victims more generally.

In an attempt to recruit participants the format of the studies was changed. All studies were available to be completed online and the qualitative data collected in Chapter 6 was changed from an interview study to a questionnaire study where participants were asked to write / type their answers in as much detail as possible. The anonymity of the online studies seemed to be effective and male non-offender victims started to volunteer for the studies. In spite of the change in format only 20 participants could be recruited across the 3 year period that participant recruitment took place. The difficulties faced in recruitment of male non-offender victims is likely to reflect difficulties faced by other researchers in the field, and may therefore be the reason why the literature on the victim to offender pathway, and in male survivors more generally, is so limited. It also provides an indication of the lack of support services and the stigmatization that still surrounds male sexual abuse (Alaggia, 2005; Kia-Keating et al., 2005), that men, for whatever reason do not discuss their abuse when women are evidently much more forthcoming.

7.6 Future research directions

This research, despite using a small sample size, represents a unique and considerable contribution to current knowledge. It is hoped that future research can be conducted to further to findings and support change regarding what works with both sex offenders and victims.

More research is required into attachment theory being applied to victims of childhood sexual abuse and the impact of insecure attachment style on a victim's ability to make friends and engage in appropriate and healthy intimate relationships. Given the challenges of recruiting participants to this research, a retrospective investigation of the relationship between anxious/avoidant attachment and experience of childhood sexual abuse would be beneficial. It would also be interesting to investigate if developing the social skills of sex offenders who are anxious and / or avoidant of social situations would reduce their social isolation and therefore risk of reoffending.

In addition to the above, developing and piloting a treatment intervention specific to the needs of child sex offenders who have been victims, both in terms of their own emotional recovery but also in the context of their offending is strongly recommended.

As discussed in Chapter 6, a follow up investigation on the qualitative data using a formal thematic analysis would enable confirmation of the quantitative findings using a qualitative analysis. Such analysis would provide an ability to discuss in further detail the themes between the offender and non-offender groups and may lead to further conclusion being drawn about victimization history and its implications for the victim to offender pathway of sexual abuse. As previously discussed, much of the quantitative analyses in the literature have relied on the interpretation of one researcher, reducing the reliability of any findings. It would therefore be advisable when conducted the follow up research suggested here to be rated by at least two separate researchers and their results compared.

Future researchers may wish to further the findings presented in this thesis by breaking down the child sex offender groups into further sub-categories, e.g. comparing pre-pubescent and adolescent offenders or intra compared to extra familial child sex offenders. It would be interesting to understand the implications (if any) of the victim to offender pathway in these groups of offenders.

Finally, as there are large differences in the scores of a variety of measures between offender victims and offender non-victims it would be

beneficial to establish a theory of why some men offend without prior experience of sexual abuse. This was not an aim of the present research but is a gap in the literature that requires further investigation.

7.7 Conclusions

There is evidence to suggest that childhood sexual victimization is a genuine underlining factor related to adult sexual offending. However, experiencing sexual abuse alone is unlikely to be the causal factor, with social isolation throughout life and a potential lack of social skills likely to be a key factor in who completes the victim to offender pathway and those who do not. A theoretical model of the development of a victim to an offender, incorporating the results of this thesis and previous research, is discussed in the “Meaning of the Results in the Context of the Victim to Offender Pathway” section in this chapter.

This thesis provides evidence from a number of different studies, using various methodologies, that offender victims and offender non-victims are not a homogenous group, nor are offender victims and non-offender victims and therefore these three groups must be considered separately in their treatment needs. While each individual study has its own limitations there are a significant number of positives to be taken from the research as a whole. These include providing evidence for the victim to offender pathway which appears to be used in practice and a commonly held belief in both victims (see Chapter 6) as well as the general public (Murphy & Smith, 1996). However, in spite of these findings which may appear to be concerning to victims of sexual abuse, there is a significant amount of research that can be conducted to help people who are at risk of becoming a child sex offender. Such interventions could be unparalleled in terms of the potential reduction of the number of child sex offenders and therefore the number of victims of sexual abuse, the implications that this has for the lives of future potential victims is immeasurable.

Future research should focus on the impact of tailored treatment pathways which take into consideration disclosure of childhood sexual abuse by child sex offenders. More understanding is required into the extent that insecure attachment has on social skills leading to social isolation, and the impact that this could have on the probability of someone completing the victim to offender

pathway. Finally, research is required into why sex offenders without experience of childhood sexual abuse become child sex offenders.

The original overall aim of this project was to identify if there was any evidence to support the theory of a victim to offender pathway of childhood sexual abuse. It is believed that this aim has been achieved. As this research is preliminary it is hoped that future research can build on the results reported in this thesis and eventually develop an intervention to prevent victims of sexual abuse completing the victim to offender pathway, but also using what we know and learn from men who do not complete the pathway to inform therapeutic intervention work with sex offenders. It is also hoped that practitioners consider the differences between the groups when implementing interventions with both offenders and victims.

Appendix A – Consent Form

Information Sheet and Consent Form

Department of Psychology, University of York

INFORMATION SHEET AND CONSENT FORM FOR ADULT PARTICIPANTS

Researcher: Sarah Barnes Email: s.barnes@psych.york.ac.uk Tel: 07414 483 484

Supervisor: Dr. Jo Clarke Email: j.clarke@psych.york.ac.uk

Description of Study:

Thank you for agreeing to take part in this research project. Please read the attached information sheet as that will explain what you are required to do in this study.

Please note that you are free to leave the experiment at anytime, without giving reason and if you decide to do this you data will be destroyed. If you have any questions please ask the experimenter now. If you agree to continue with the experiment please fill in the following form.

- I have been informed of the aims and procedures of the study that I am about to participate in
- I consent to the information that I provide being used for analytical purposes, which may result in possible publication of the results.
- I understand that I have the right to withdraw from the study at any time without giving a reason, and any data collected from myself up to that point will be destroyed if requested.
- I understand that this form will be kept separately from my data and all measures will be taken to ensure confidentiality of my data.
- I consent to take part in this study.
- I consent to my details being stored to be informed of future research that I may be interested in (your answer to this question will not affect your ability to participate in this study nor will it mean you are required to take part in future studies).

Name: _____

Signature: _____

Date: _____

Participant Number: _____

Appendix B – Self Report Questionnaires

Modified Part C – Sexually Victimized Children Questionnaire (Finkelhor, 1979).

Experiences in childhood

It is now generally realised that most people have sexual experiences as children and while they are still growing up. Some of these experiences are with friends and playmates, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten.

We would now like you to try to remember the sexual experiences you had while growing up. By "sexual" we mean a broad range of things, from playing "doctor" to sexual intercourse – in fact, anything that might have seemed sexual to you.

1. We would like to ask you to think about experiences that you had **before the age of 12 with another child**, including strangers, friends or family members like cousins, brothers or sisters.

Would you say that you have ever experienced anything like what has been described here?

Yes No (please go to question 4)

2. Thinking about your experiences *with another child*, who have you had any sexual experiences with (please select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Cousin (male) |
| <input type="checkbox"/> Cousin (female) | <input type="checkbox"/> Friend (male) |
| <input type="checkbox"/> Friend (female) | <input type="checkbox"/> Other (please specify) |
-

3. Still thinking about your experiences *with another child before you were 12 years old*, did you experience any of the following (please select all that apply)?

- The other person talking to you in a sexual manner
- You talking to the other person in a sexual manner
- Kissing
- The other person showing you their sex organs
- You showing the other person your sex organs
- The other person touching your sex organs
- You touching the other person's sex organs
- The other person giving you oral sex
- You giving the other person oral sex
- The other person digitally (finger) penetrating you
- You digitally penetrating the other person
- The other person penetrating you with an object
- You penetrating the other person with an object
- Sexual intercourse
- Other (please specify) -

Now we want to ask you to think of any sexual experiences that you had *before* the age of 12 *with an adult* (a person over 16) including strangers, friends, or family members like cousins, aunts, uncles, brothers, sisters, mother or father.

1. Would you say that you have ever experienced anything like what has been described here?

Yes No (please go to question 4)

2. Thinking about your experiences *before the age of 12 with an adult (aged over 16)*, who have you had any sexual experiences with (please select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Cousin (male) |
| <input type="checkbox"/> Cousin (female) | <input type="checkbox"/> Friend (male) |
| <input type="checkbox"/> Friend (female) | <input type="checkbox"/> Other (please specify) |
-

3. Still thinking about your experiences *before the age of 12 with an adult (aged over 16)*, did you experience any of the following (please select all that apply)?

- The other person talking to you in a sexual manner
- You talking to the other person in a sexual manner
- Kissing
- The other person showing you their sex organs
- You showing the other person your sex organs
- The other person touching your sex organs
- You touching the other person's sex organs
- The other person giving you oral sex
- You giving the other person oral sex
- The other person digitally (finger) penetrating you
- You digitally penetrating the other person

The other person penetrating you with an object

You penetrating the other person with an object

Sexual intercourse

Other (please specify) -

Thank you for your honesty. We would now like to ask you to think of any sexual experiences that you had from the age of 12 *until the age of 16* with anyone, that you did not consent to.

1. Would you say that you have ever experienced anything like what has been described here?

Yes No (please go to question 4)

2. Thinking about your experiences *before the age of 12 with an adult (aged over 16)*, who have you had any sexual experiences with (please select all that apply)?

Stranger

Brother

Sister

Cousin (male)

Cousin (female)

Friend (male)

Friend (female)

Other (please specify)

3. Still thinking about your experiences *before the age of 12 with an adult (aged over 16)*, did you experience any of the following (please select all that apply)?

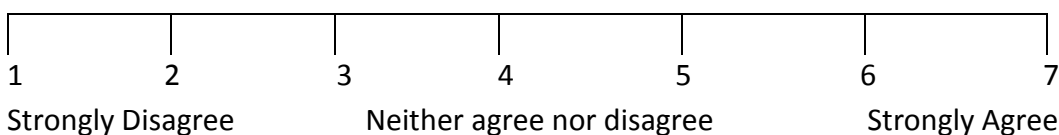
The other person talking to you in a sexual manner

- You talking to the other person in a sexual manner
- Kissing
- The other person showing you their sex organs
- You showing the other person your sex organs
- The other person touching your sex organs
- You touching the other person's sex organs
- The other person giving you oral sex
- You giving the other person oral sex
- The other person digitally (finger) penetrating you
- You digitally penetrating the other person
- The other person penetrating you with an object
- You penetrating the other person with an object
- Sexual intercourse
- Other (please specify) -

Experiences of Close Relationships – Revised Questionnaire (Fraley et al., 2000)

We would now like to ask you some questions about your experiences of close and intimate relationships.

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by selecting the number which best indicates how much you agree or disagree with the statement using the scale below, writing the number that corresponds with your choice in the box provided.

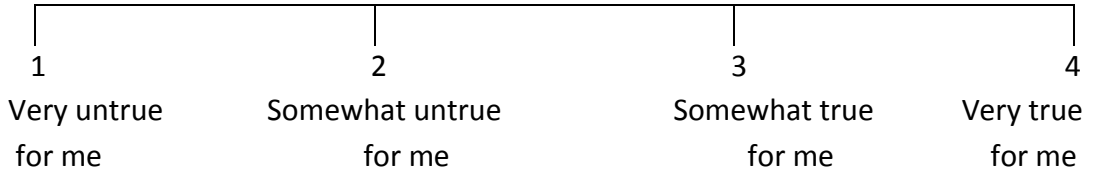


1. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.	
2. I tell my partner just about everything.	
3. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	
4. I often worry that my partner will not want to stay with me.	
5. I worry a lot about relationships.	
6. I worry that I won't measure up to other people.	
7. I find it relatively easy to get close to my partner.	
8. I get uncomfortable when a romantic partner wants to be very close.	
9. I find it easy to depend on romantic partners.	
10. I prefer not to be close to romantic partners.	
11. I rarely worry about my partner leaving me.	
12. I feel comfortable sharing my private thoughts and feelings with my partner.	
13. When my partner is out of sight, I worry that he or she might become interested in someone else.	
14. I feel comfortable depending on romantic partners.	
15. I'm afraid that I will lose my partner's love.	
16. I prefer not to show a partner how I feel deep down.	
17. I don't feel comfortable opening up to romantic partners.	
18. I find it difficult to allow myself to depend on romantic partners.	
19. I worry that romantic partners won't care about me as much as I care about them.	
20. It makes me mad that I don't get the affection and support that I need from my partner.	
21. It's easy for me to be affectionate with my partner.	
22. My romantic partner makes me doubt myself.	

23. Sometimes romantic partners change their feelings about me for no apparent reason.	
24. I do not often worry about being abandoned.	
25. I usually discuss my problems and concerns with my partner.	
26. I often wish that my partner's feelings for me were as strong as my feeling for him or her.	
27. I am nervous when partners get too close to me.	
28. I am comfortable being close to romantic partners.	
29. I often worry that my partner doesn't really love me.	
30. It's not difficult for me to get close to my partner.	
31. It helps to turn to my romantic partner in times of need.	
32. I find that my partner(s) don't want to get as close as I would like.	
33. My desire to be very close sometimes scares people away.	
34. I talk things over with my partner.	
35. My partner only seems to notice me when I'm angry.	
36. My partner really understands me and my needs.	

Emotional Congruence with Children (Beckett, 1987)

We would now like you to think about how well you feel that you relate to children. Please read the following items carefully and select the answer that closely represents how you or how you feel based on the scale below. If you don't know please put an "X" in the box.



I prefer to spend my time with children	
I have loved a child at first sight	
Thinking about children makes me feel good	
I know when children are interested in me	
Sometimes children look at me in a special way	
Children stop me from feeling lonely	
Children are special for me	
Children remind me of myself	
I feel more comfortable with children than with adults	
Sometimes I meet a child who I know has special feelings about me	
I am better than most people at understanding children	
I am better than most people at getting along with children	
When I feel low children cheer me up	
Some children prefer to be with me than their parents	
Children seem to seek me out	

Miller Social Intimacy Scale (Miller & Lefcourt, 1982)

We would now like you to think of the relationship that you have with your closest friend in response to the following statements. Please use the scale below and put the appropriate number in the box provided.

1	2	3	4	5
Not much		A little		A great deal

When you have leisure time how often do you spend it with him / her alone?	
How often do you keep very personal information to yourself and do not share it with him / her?	
How often do you show him / her affection?	
How often are you able to understand his / her feelings?	
How often do you feel close to him / her?	
How much time do you like to spend alone with him / her?	
How much do you feel like being encouraging and supportive to him / her when he / she is unhappy?	
How close do you feel to him / her most of the time?	
How important is it to you to listen to his / her very personal disclosures?	
How satisfying is your relationship with him / her?	
How affectionate do you feel towards him / her?	
How important is it to you that he / she understands your feelings?	
How much damage is caused by a typical disagreement in your relationship with him / her?	
How important is it to you that he / she be encouraging and supportive to you when you are unhappy?	
How important is it to you that he / she shows you affection?	
How important is your relationship with him / her in your life?	

Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the state is true or false as it pertains to you personally.

1. Before voting I thoroughly investigate the qualifications of all the candidate.
True False
2. I never hesitate to go out of my way to help someone in trouble.
True False
3. It is sometimes hard for me to go on with my work if I am not encouraged.
True False
4. I have never intensely disliked anyone.
True False
5. On occasion I have had doubt about my ability to succeed in life.
True False
6. I sometimes feel resentful when I don't get my way.
True False
7. I am always careful about my manner of dress.
True False
8. My table manners at home are as good as when I eat out in a restaurant.
True False
9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
True False
10. On a few occasions, I have given up doing something because I thought too little of my ability.
True False
11. I like to gossip at times.
True False
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
True False
13. No matter who I'm talking to, I'm always a good listener.
True False
14. I can remember "playing sick" to get out of something.
True False
15. There have been occasions when I took advantage of someone.
True False
16. I'm always willing to admit when I make a mistake.
True False

17. I always try to practice what I preach.
True False
18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
True False
19. I sometimes try to get even rather than forgive and forget.
True False
20. When I don't know something I don't mind admitting it.
True False
21. I am always courteous, even to people who are disagreeable.
True False
22. At times I have really insisted on having things my own way.
True False
23. There have been occasions when I felt like smashing things.
True False
24. I would never think of letting someone else be punished for my wrong doings
True False
25. I never resent being asked to do a favour.
True False
26. I have never been irked when people expressed ideas very different from my own.
True False
27. I never make a long trip without checking the safety of my car.
True False
28. There have been times when I was quite jealous of the good fortune of others.
True False
29. I have almost never felt the urge to tell someone off.
True False
30. I am sometimes irritated by people who ask favours of me.
True False
31. I have never felt that I was punished without cause.
True False
32. I sometimes think when people have a misfortune they only got what they deserved.
True False
33. I have never deliberately said something that hurt someone's feelings.
True False

ULCA Loneliness Scale: Version 3 (Russell, 1996)

Please indicate how often you feel the way described in each of the following statements using the scale provided.

1	2	3	4
Never	Rarely	Sometimes	Often

I feel in tune with the people around me	
I lack companionship	
There is no one I can turn to	
I do not feel lonely	
I feel part of a group of friends	
I have a lot in common with the people around me	
I am no longer close to anyone	
My interests and ideas are not shared by those around me	
I am an outgoing person	
There are people I feel close to	
I feel left out	
My social relationships are superficial	
No one knows me really well	
I feel isolated from others	
I can find companionship when I want it	
There are people who really understand me	
I am so unhappy being so withdrawn	
People are around me but not with me	
There are people I can talk to	
There are people I can turn to	

Liebowitz Social Anxiety Scale (Liebowitz, 1987)

We would now like to ask you to think about how you would feel and react in a number of anxiety provoking situations. Please rate how anxious you would feel in each of the following situations and how often you would try to avoid the situation. If you have been faced with these situations in the last 7 days, please rate your response on how you felt / reacted at the time. If you come across a situation that you ordinarily do not experience, we ask that you imagine “what if you were faced with that situation”, and then rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it. Please use the scales below and provide two answers – one for how fearful the situation makes you (fear) and one for how often you would avoid that situation (avoidance)

Fear



Avoidance



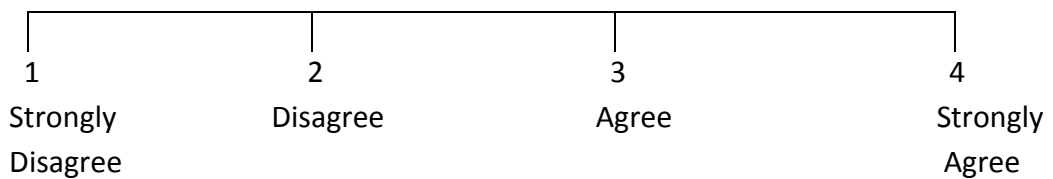
	Fear	Avoidance
1. Using a public telephone		
2. Participating in a small group activity		
3. Eating in public		
4. Drinking with others		
5. Talking to someone in authority		
6. Acting, performing or speaking in front of an audience		
7. Going to a party		
8. Working while being observed		
9. Writing while being observed		
10. Calling someone you don't know very well		
11. Talking face to face with someone you don't know very well		
12. Meeting strangers		
13. Urinating in a public bathroom		
14. Entering a room when others are already seated		
15. Being the centre of attention		
16. Speaking up in a meeting		

17. Taking a test of your ability, skill or knowledge		
18. Expressing disagreement or disapproval to someone you don't know very well		
19. Looking someone who you don't know very well straight in the eye		
20. Giving a prepared oral talk to a group		
21. Trying to make someone's acquaintance for the purpose of a romantic / sexual relationship		
22. Returning goods to a store for a refund		
23. Giving a party		
24. Resisting a high pressure sales person		

Molest and Rape Scales (Bumby, 1996)

Molest Scale

Below are some people's attitudes towards sex and relationships with children. Please rate how much you agree or disagree on the scale provided. Please be aware that there are no right or wrong answers and that all responses are anonymous. Please answer all questions honestly.



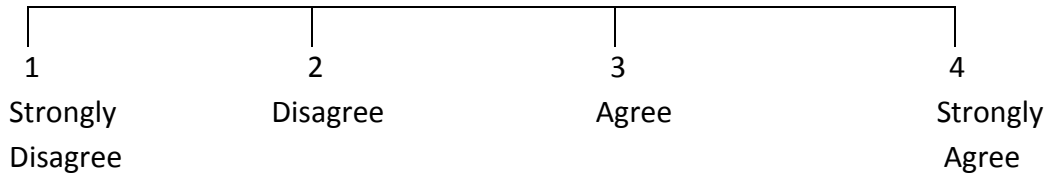
I believe that sex with children can make the child feel closer to adults	
Since some victims tell the offender that it feels good when the offender touches them, the child probably enjoys it and it probably won't affect the child as much	
Many children who are sexually assaulted do not experience any major problems because of the assaults	
Sometimes, touching a child sexually is a way to show love and affection	
Sometimes children don't say no to sexual activity because they are curious about sex and enjoy it	
When kids don't tell that they were involved in sexual activity with an adult it is probably because they liked it or weren't bothered by it	
Having sexual thoughts and fantasies about a child isn't all that bad because at least it is not really hurting the child	
If a person does not use force to have sexual activity with a child, it will not harm the child as much	
Some people are not "true" child molesters – they are just out of control and made a mistake	
Just fondling a child is not as bad as penetrating a child, and will probably not harm the child as much	
Some sexual relationships with children are a lot like adult sexual relationships	
Sexual activity with children can help the child learn about sex	
I think child molesters often get longer sentences than they really should	
Kids who get molested by more than one person are	

probably doing something to attract adults to them	
Society makes a much bigger deal out of sexual activity with children than it really is	
Sometimes child molesters suffer the most, lose the most, or are hurt the most as a result of a sexual assault on a child more than a child suffers, loses or is hurt	
It is better to have sex with one's child than to cheat on one's wife	
There is no real manipulation or threat used in a lot of sexual assaults on children	
Some kids like sex with adults because it makes them feel wanted and loved	
Some men sexually assault children because they really thought the children would enjoy how it felt	
Some children are willing and eager to have sexual activity with adults	
During sexual assaults on children, some men ask their victims if they liked what they were doing because they wanted to please the child and make them feel good	
Children who have been involved in sexual activity with an adult will eventually get over it and go on with their lives	
Some children can act very seductively	
Trying to stay away from children is probably enough to prevent a molester from molesting again	
A lot of times, sexual assaults on children are not planned...they just happen	
Many men sexually assaulted children because of stress, and molesting helped to relieve that stress	
A lot of times, kids make up stories about people molesting them because they want to get attention	
If a person tells himself that he will never molest again, then he probably won't	
If a child looks at an adult's genitals, the child is probably interested in sex	
Sometimes victims initiate sexual activity	
Some people turn to children for sex because they were deprived of sex from adult women	
Some young children are much more adult-like than other children	

Rape Scale

Below are some people's attitudes towards sex, please rate how much you agree or disagree with each statement on the scale provided. Please remember that there are no right or wrong answers and that all answers are anonymous.

There are no right or wrong answer to these questions and we ask that you are completely honest. You will not be asked anything further about anything that you may have disclosed in this section. Please find below some numbers which you may find useful if you have found these questions difficult or distressing.



Men who commit rape are probably responding to a lot of stress in their lives, and raping helps them to reduce this stress	
Women who get raped probably deserve it	
Women generally want sex no matter how they get it	
Since prostitutes sell their bodies for sexual purposes anyway, it is not as bad if someone forces them into sex	
If a woman does not resist strongly to sexual advances, she is probably willing to have sex	
Women often falsely accuse men of rape	
A lot of women who get raped had "bad reputations" in the first place	
If women did not sleep around so much, they would be less likely to get raped	
If a woman gets drunk at a party, it is really her own fault if someone takes advantage of her sexually	
When women wear tight clothes, short skirts and no bra or underwear, they are asking to have sex	
A lot of women claim they were raped just because they want attention	
Victims of rape are usually a little bit to blame for what happened	
If a man has had sex with a woman before, then he should be able to have sex with her any time that he wants	
Just fantasizing about forcing someone to have sex isn't all that bad since no one is really being hurt	
Women who go to bars a lot are mainly looking to have sex	
A lot of times, when women say "no" they are just playing hard to get, and really mean "yes"	
Part of a wife's duty is to satisfy her husband sexually whenever he wants it, whether or not she is in the mood	
Often a woman reports rape a long time after because she gets mad at the man she had sex with and is just trying to get him back	

As long as a man does not slap or punch a woman in the process, forcing her to have sex is not as bad	
When a woman gets raped more than once, she is probably doing something to cause it	
Women who get raped will eventually forget about it and get on with their lives	
On a date, when a man spends a lot of money on a woman, the woman ought to at least give the man something in return sexually.	
I believe that if a woman lets a man kiss her and touch her sexually, she should be willing to go all the way	
When women act like they are too good for men, most men probably think about raping the woman to put them in their place	
I believe that society and the courts are too tough on rapists	
Most women are sluts and get what they deserve	
Before the police investigate a woman's claim of rape, it is a good idea to find out what she was wearing, if she had been drinking and what kind of person she is	
Generally, rape is not planned – a lot of the time it just happens	
If a person tells himself that he will never rape again, then he probably won't	
A lot of men who rape do so because they are deprived of sex	
The reason a lot of women say "no" to sex is because they don't want to seem loose	
If a woman goes to the home of a man on the first date, she probably wants to have sex with him	
Many women have a secret desire to be forced into having sex	
Most of the men who rape have stronger sexual urges than other men	
I believe that any woman can prevent herself from being raped if she really wants to	
Most of the time, the only reason a man commits rape is because he was sexually assaulted as a child.	

Sexual Experiences Survey (Koss & Oros, 1982)

We would now like to ask you a few more questions about your sexual experiences in adulthood. Please be aware that the following questions are VERY personal, and we appreciate your honesty. Please be aware that any information that you provide in this section will not be passed on to anyone other than the research team (Sarah Barnes and Dr. Joanna Clarke) and will be held in the strictest confidence. Please answer “yes” or “no” for each question.

Have you ever had sexual intercourse with a man or a woman when you both wanted to?	
Have you ever had a man or woman misinterpret the level of sexual intimacy that you desired?	
Have you ever been in a situation where you became so sexually aroused that you felt that you could not stop yourself even though your partner didn't want to	
Have you ever had sexual intercourse with a man or a woman even though they didn't really want to because you threatened to end the relationship otherwise?	
Have you ever had sexual intercourse with a man or woman when they didn't really want to because they felt pressured by your continual arguments?	
Have you ever obtained sexual intercourse by saying things that you didn't really mean?	
Have you ever been in a situation where you used some degree of physical force (twisting your partner's arm, holding your partner down etc.) to try to make them engage in a sexual activity (not intercourse) when they didn't want to?	
Have you ever been in a situation where you tried to have sexual intercourse with a partner when they didn't want to by <u>threatening</u> to use physical force (twisting your partner's arm, holding your partner down etc.) if they didn't cooperate <u>but for various reasons sexual intercourse did not occur</u> ?	
Have you ever been in a situation where you <u>used</u> some degree of physical force (twisting your partner's arm, holding your partner down etc.) to try to get them to have sexual intercourse with you when they didn't want to, <u>but for various reasons sexual intercourse did not occur</u> ?	
Have you ever had sexual intercourse with a partner when they didn't want to because you <u>threatened</u> to use physical force (twisting your partner's arm, holding your partner down etc.) if they didn't cooperate?	
Have you ever had sexual intercourse with a partner when they didn't really want to because you <u>used</u> some degree of physical force (twisting your partner's arm, holding your partner down etc.)?	
Have you ever been in a situation where you obtained sexual acts	

with a partner such as anal or oral intercourse when they didn't want to by using threats or physical force (twisting your partner's arm, holding your partner down, etc.)?	
---	--

Who were the experiences which you have described here with?

- I have not described any experiences here
- Women only
- Men only
- Both men and women

Appendix C – Ethical Clearance

Email correspondence confirming ethical clearance from the National Offender Management Service

National Research [NOMS] National.Research@noms.gsi.gov.uk

10 Jan

Dear Sarah,

The Chief Executive of York and North Yorkshire Probation Trust has provided permission to carry out your research proposal.

Kind Regards,

Amin

From: Pete.Brown@north-yorkshire.probation.gsi.gov.uk

[mailto:Pete.Brown@north-yorkshire.probation.gsi.gov.uk]

Sent: 06 January 2014 10:12

To: National Research [NOMS]

Subject: Re: FW: For action: 2013-060 Research for consideration

I am aware of this piece of research and am happy for it to take place with the Trust.

Pete Brown

Chief Executive

York and North Yorkshire Probation Trust

Essex Lodge

16 South Parade

Northallerton

North Yorkshire

DL7 8SG

Tel: 01609 772271

Fax: 01609 772931

pete.brown@north-yorkshire.probation.gsi.gov.uk

Making communities safer by reducing re-offending

Email correspondence confirming ethical clearance from the University of York

Ethics Approval

Philip Quinlan philip.quinlan@york.ac.uk

08/07/2012

Dear Sarah

There clearly has been a mix up over your application and it is only now that I can deal with this. Marcel is indisposed and I am acting as his deputy.

As far as I can work out this was approved 22 March by Cynthia. I am puzzled as to why you have not received notification of this from the Committee.

Philip.

Philip Quinlan E-Mail: philip.quinlan@york.ac.uk

Department of Psychology FAX: (01904) 323181

The University of York Tel: (01904) 320000 Ext. 3135

Heslington Direct : (01904) 323135

York

YO10 5DD

U.K.

Appendix D – Instructions for Participants

Questionnaire Study

Attitudes and Experiences of Sex and Relationships

Researcher: Sarah Barnes (email: sjb521@york.ac.uk tel: 07936 840 180)

Supervisor: Dr. Joanna Clarke

Description of the study:

Thank you for agreeing to take part in the second part of this study. Please read the following carefully as it explains what you will be required to do during the study.

You will be asked to complete a number of questionnaires relating to your experiences and opinions of relationships and sex. Some questions are very personal in nature, for example, questions refer to attitudes towards sex with both adults and children. It is recognised that some people may find these questions somewhat disturbing and intrusive, but it is important for us to understand different people's attitudes to sex and relationships. Please be aware that all responses are anonymous and will be held in the strictest confidence.

We ask you to answer all questions honestly and to be aware that there are no right or wrong answers. All questions are multiple choice or short answer questions – you will not be asked to elaborate on any answers that you provide. If you feel that you would like to discuss any questions please contact the researcher using the above contact details; these will also be provided throughout the study. Where you receive no answer on the phone number above, please leave a message and your call will be returned as soon as possible. Emails, text messages and voice messages will be responded to as quickly as possible, with an attempt to respond to all emails within 48 hours. Additional numbers that you may find useful are provided at the bottom of this page and again throughout the questionnaire.

This is a self-paced study, so you are free to leave the questionnaire and come back to the study at any time. If you feel that you need a break, please take one. You are free to withdraw from the study at any time without giving a reason and your data will be destroyed. All answers are completely anonymous and no individual will be identifiable in either the analysis of the data or any subsequent publications that may come from the data.

Each part of the study should take 60 minutes to complete and you will be given £6.00 cash in return for your participation. If you have any questions about the study please do not hesitate to contact me at the above email address. This email address is also provided at the end of the study. Again I would like to thank you for taking the time to complete this study.

Useful telephone numbers:

Nightline: 01904 323 735 or 3735 from a University of York internal phone

Samaritans: 08457 90 90 90

Victim Support Line: 0845 30 30 900

Stop it now helpline: 0808 1000 900

Empirical Study

Department of Psychology, University of York

INFORMATION SHEET AND CONSENT FORM FOR ADULT PARTICIPANTS

Researcher: Sarah Barnes

Email: s.barnes@psych.york.ac.uk

Tel:

07565 136 838

(Supervisor: Dr. Joanna Clarke)

Description of Study:

Thank you for agreeing to take part in this study. Please read the following carefully as it explains what you will be required to do during the study.

You will be required to complete four tasks, each of which are detailed below.

- 1) You will be shown a series of images of either adults or children. These will be used throughout the study so please spend a bit of time getting familiar with them. You can spend as much time looking at image as you like and when you feel confident that you are familiar with the image, pressing the space bar will move you on to the next image.
- 2) You will be shown either an image or a word and you must categorize it as to whether it is an image of an adult or a child, or a sexually exciting or sexually unexciting word as quickly as possible. A cross will appear before each word / image to let you know that the task is starting.
- 3) You will be given a list of words and your task is to say the colour of the ink that they are written in as quickly as possible (otherwise known as the Stroop Task).
- 4) You will be shown a series of images which have been coloured your task is to say the colour of the image as quickly as possible (otherwise known as a Pictorially Modified Stroop Task).

This session should take approximately 30-45 minutes. You will be compensated for your time.

Please be aware that all information that you give during this study will be held in the strictest confidence with the data only being accessible by the primary research and her supervisor. You are free to leave the study at any time without giving a reason and any data collected up to that point will be destroyed. You will be asked if this can be kept to inform you of other studies that maybe of interest to you; you are under no obligation to consent to this however your email address will be required if you wish to be contacted in the future.

The researcher's contact details are provided above and are available on all pages that you are going to see should you require assistance at any point. Please feel free to contact me at any point and I will do my very best to answer the phone or return calls and emails as soon as possible.

If you agree to continue with the experiment please read and complete the form below. If you have any questions at any point during or following the study please do not hesitate to contact the researcher.

Interview Study

Helping the recovery following childhood sexual abuse

Research Information – PLEASE READ CAREFULLY

Thank you for agreeing to take part in this piece of important research. The aim of the study is to find out how social support, amongst other factors, affects survivors of childhood abuses' ability to cope and adapt from their experiences; both in a positive and negative sense. We hope to understand how you feel your own experiences of abuse have impacted on your life. We hope that the results from this study will enable us to put into place productive support structures to help other survivors cope and come to terms with their abuse. You will be given the opportunity to ask questions before each session and the researcher can be contacted at any point during or following the study.

You will be required to respond to questions relating to your relationships with other adults as well as with your children (if applicable). You will be asked about what you feel helped you cope with the abuse that you experienced and also what hindered your progression following your abuse. Finally you will be asked on your opinions about the so called "victim-to-offender cycle".

You will also be asked to complete a questionnaire describing elements of your abuse. Details of the actual experiences are not required, but questions include brief questions about who the abuser was, how long did the abuse last and your reactions to the abuse both as a child and now as an adult. All data will be completely anonymous.

All of the information that you provide will be held in the strictest confidence. This confidence will only be broken when there is a requirement to do so by law – this will be explained to you by the researcher. Your data will only be identifiable by a code number that you will be given. All information will be password encrypted and all paper documents will be kept in a securely locked cabinet. The information will only be accessible by authorised personnel and will be destroyed when it is no longer required. No individual will be identifiable from any publications of the results.

You will have the option to leave the study at any point without giving a reason and any data collected from you up to that point will be destroyed if requested. My office contact details will be provided at the end of the study on which you can reach me in office hours (Mon-Fri, 9-5) to ask any further questions that you may have. Where you receive no answer on the phone number, please leave a message and your call will be returned as soon as possible. Emails, text messages and voice messages will be responded to as quickly as possible, with an attempt to respond to all emails within 48 hours. Additional numbers that you may find useful are provided at the bottom of this page. Once again, thank you for your interest in this study.

Useful telephone numbers:

- Stop It Now Helpline: 0808 1000 900
- Samaritans: 08457 90 90 90
- Victim Support Line: 0845 30 30 900

Appendix E – Debrief Information

Questionnaire Study

Thank you

PLEASE READ THIS INFORMATION FULLY AND CAREFULLY. PLEASE REMOVE IT FROM YOUR QUESTIONNAIRE AND KEEP IT FOR FUTURE REFERENCE.

You have now reached the end of the survey. Please place your consent form in the envelope provided labelled “CONSENT FORM” and place this and put both parts of the study in the larger pre-paid envelope provided and put it in your local post box. Once this has been received by the researcher you will be contacted about receiving your compensation.

You may have found some of the questions in this study difficult to answer or that they evoked strong or unwanted memories, thoughts or feelings. If this is the case you are encouraged to contact one of organisations on the numbers below. I am available to answer any questions that you may have about the research and am a trained and experienced Victim Support volunteer as well as an employee for Greater Manchester Probation Trust and will be able to refer you to suitable agencies if necessary. Emotional support will not be provided directly by myself due to a perceived conflict of interests, but I am available as initial point of contact and to answer questions. Emails will be responded to as quickly as possible, but definitely within 48 hours. Where you receive no answer on the phone number above, please leave a message and your call will be returned as soon as possible.

If you are concerned about your answers to any of the questions, particularly to the questions about attitudes to sex, rape and sexual activity with children, or the thoughts and feelings these questions evoked you are strongly encouraged to ring the Stop It Now advice line on 0808 1000 900. This is a confidential service offering advice and support for people who are concerned about their sexual thoughts and feelings.

Thank you for completing this study. Please be aware that all responses are completely anonymous and will be held in the strictest confidence.

The aims of this study are to investigate differences in experiences and opinions of relationships between both men and women, as well as in survivors of childhood sexual abuse. The hope is to find meaningful relationships in the questionnaires that you have completed that can then be used to later inform interventions programmes run for people with bad experiences of sex and relationships.

If you have any questions relating to this study or the research project as a whole, please do not hesitate to contact me. I am happy to provide a more detailed explanation of the research.

Useful contact numbers:

Sarah Barnes (principle researcher): sib521@york.ac.uk, tel: 07936 840 180

Victim Supportline: 0845 30 30 900

Stop It Now helpline: 0808 1000 900

Samaritans: 08457 90 90 90

Interview Study

Thank You

Thank you for taking part in this study. Research into childhood sexual abuse is under represented and it can be difficult to get survivors to participate. However, we feel that this research is of vital importance and therefore greatly appreciated your participation.

The aims of this study were to establish what helps/hinders coping and progression following childhood sexual abuse in a hope of helping other survivors. We also hope to establish differences between survivors of childhood sexual abuse who have gone on to offend and those who have not. It is then hoped that we can use this information to provide productive and useful support and intervention programmes for survivors of childhood sexual abuse which help survivors develop helpful coping strategies and support networks.

You may have found some of the issues covered in the study difficult, or that they evoke upsetting memories. If this is the case please speak to the researcher now or contact her if you feel that you would like to talk (details provided below). I try to respond to emails as soon as possible and where it is not possible to answer a phone call, please leave a message and I will return your call as soon as possible. The details of a number of agencies are provided below which you may find useful.

Sarah Barnes

Email: sjb521@york.ac.uk

Telephone: 07936 840 180

Useful telephone numbers:

- Stop It Now Helpline: 0808 1000 900
- Samaritans: 08457 90 90 90
- Victim Support Line: 0845 30 30 900

Appendix F – Word Lists For Stroop Task

Traditional Stroop

Black

Red

Blue

Yellow

Green

Purple

Orange

White

Sexual Stroop

Orgasm

Lustful

Sexy

Erotic

Sensual

Aphrodisiac

Intimate

Seductive

Emotional Stroop

Happy

Upset

Scared

Joy

Angry

Excited

Anxious

Amused

Appendix G – Qualitative Questionnaire

Friendships and Social Support in Childhood

We would not like to ask you some questions about your friendship groups and social support during your childhood (up until the age of 13). Some answers require a written answer so please feel free to write as much as you like to aid our understanding – but do not feel pressured to fill the entire space. If you require more room please continue on some additional paper but ensure that you put the question number next to your response so that we know which question your answer relates to.

1. How many people did you have in your childhood that you felt that you could really depend on when you needed help?

2. Who was this / were these? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

3. During your childhood, how many people do you feel really cared about you?

4. Who was this / were these? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

5. Could you please explain how you think the level of social support that you had when you were a child affected your recovery from the abuse that you experienced (if at all) and can you please explain why you feel this way.

6. Do you think anything could have been done differently in your childhood (up until the age of 13) to aid your recovery from sexual abuse (if applicable)?

7. Do you believe that your experiences up until the age of 13 have impacted on the offences that you committed later in life? If so can you please explain how and why?

8. Is there anything else that you would like to add in regards to friendships and social support during your childhood?

Thank you for your responses to these questions. You will not be asked anything further about anything that you may have disclosed in this section. Please find below some numbers which you may find useful if you have found these questions difficult or distressing.

Sarah Barnes (principle researcher): sib521@york.ac.uk 07936 840 180

Victim Supportline: 0845 30 30 900

Samaritans: 08457 90 90 90

Stop It Now Helpline: 0808 1000 900

Friendships and Social Support in Adolescence / Early Adulthood

We would not like to ask you some questions about your friendship groups and social support during your childhood (from the ages 13-18). Some answers require a written answer so please feel free to write as much as you like to aid our understanding – but do not feel pressured to fill the entire space. If you require more room please continue on some additional paper but ensure that you put the question number next to your response so that we know which question your answer relates to.

9. How many people did you have in your childhood that you felt that you could really depend on when you needed help?

10. Who was this / were these? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

11. During your childhood, how many people do you feel really cared about you?

12. Who was this / were these? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

13. Could you please explain how you think the level of social support that you had when you were a teenager affected your recovery from the abuse that you experienced (if at all) and can you please explain why you feel this way.

14. Do you think anything could have been done differently in your adolescence to aid your recovery from sexual abuse (if applicable)?

15. Do you believe that your experiences in your adolescence have impacted on the offences that you committed later in life? If so can you please explain how and why?

16. Is there anything else that you would like to add in regards to friendships and social support during your adolescence?

Thank you for your responses to these questions. You will not be asked anything further about anything that you may have disclosed in this section. Please find below some numbers which you may find useful if you have found these questions difficult or

distressing.

Sarah Barnes (principle researcher): sjb521@york.ac.uk 07936 840 180

Victim Supportline: 0845 30 30 900

Samaritans: 08457 90 90 90

Stop It Now Helpline: 0808 1000 900

Friendships and Social Support in Adulthood

We would not like to ask you some questions about your friendship groups and social support during your adulthood (age 19+). Some answers require a written answer so please feel free to write as much as you like to aid our understanding – but do not feel pressured to fill the entire space. If you require more room please continue on some additional paper but ensure that you put the question number next to your response so that we know which question your answer relates to.

17. How many people do you have in your life that you felt that you could really depend on when you needed help?

18. Who is this? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

19. How many people do you feel really care about you?

20. Who is this? Please do not provide names but labels of the relationship e.g. “mother”, “friend” etc.

21. Could you please explain how you think the level of social support that you currently have has affected your recovery from the abuse that you experienced (if at all) and can you please explain why you feel this way.

22. Do you think anything could have been done differently in your adulthood to aid your recovery from sexual abuse (if applicable)?

23. Do you believe that your experiences up until the age of 13 have impacted on the offences that you committed later in life? If so can you please explain how and why?

24. Is there anything else that you would like to add in regards to friendships and social support during your adulthood?

Thank you for your responses to these questions. You will not be asked anything further about anything that you may have disclosed in this section. Please find below some numbers which you may find useful if you have found these questions difficult or distressing.

Sarah Barnes (principle researcher): sjb521@york.ac.uk 07936 840 180

Victim Supportline: 0845 30 30 900

Samaritans: 08457 90 90 90

Stop It Now Helpline: 0808 1000 900

This page is only for survivors of childhood sexual abuse. If you are not a survivor please continue to the next page.

What didn't help?

25. Please tell us about all of the things that you believe did not help you to received and / or cope with the abuse that you experienced?

26. Why do you think these things did not help? What impact did they have? Please provide as much detail as possible.

27. If you had to give some advice to a fellow survivor on recovery from childhood sexual abuse what would it be? Please give as many suggestions as you would like.

The So Called "Victim to Offender Cycle"

28. Do you believe that there is such a thing as the victim to offender cycle?

Yes

No

Maybe

29. Please explain your reasons for the answer that you gave in the previous question.

30. When did you first begin to realise that you might become a perpetrator of childhood sexual abuse?

31. Can you please explain your answer to the previous question.

32. Why do you think that some offenders blame their own experiences of sexual abuse for their own offending? Do you believe that this is a valid excuse?

33. Why do you think that some people go on to offend following childhood sexual abuse whilst others do not?

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