

**AN INVESTIGATIVE RESEARCH OF THE
MALE SEX OFFENDER**

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AN INVESTIGATIVE RESEARCH OF THE
MALE SEX OFFENDER

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Master of Science

by
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To the Graduate and Research Council

I'm submitting herewith a Research Paper written by Leonard Peter Lococo entitled "An Investigative Research of the Male Sex Offender." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a concentration in Agency Counseling.


Major Professor

Accepted for the Graduate and
Research Council:


Dean of the Graduate School

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CHAPTER 1

Purpose of Study

Society is gradually becoming more aware of child sexual abuse and its prevalence in local communities. Reports of child sexual abuse have increased significantly over the past few years. In 1986, the Tennessee Department of Human Services (1987) "received more than 8,000 reports of child sexual abuse, but the number of cases reported represents only a small fraction of actual incidents" (p. 1). The American Humane Association has estimated that in every U.S. city, as many as 4,000 cases of sexual abuse may occur each year (Fontana, 1982). Because of the varied forms of child sexual exploitation and differing definitions of what constitutes sexual abuse, the actual incidence of child abuse is clouded. Professional resistance to the fact that a child may have been molested has influenced the reported incidence of sexual abuse. It is possible that the actual incidence could be as much as ten times more than what is actually reported (Sgroi, 1975).

A great deal of energy has gone into improving the methods of prevention and treatment of sexually abused children. Despite the growing awareness of sexual abuse, there still exists gray areas in the provision of these services (Burgess, Groth, Holmstrom, & Sgroi, 1978). A critical component to combating the sexual molestation of children is to identify and treat the sex offender. At present there is no precise set of predictor variables available to signal the potential for repetition or the

degree of dangerousness of a molester. However, it is too early to assume that there will never be an accurate guideline for predictability (Cohen, Groth, Siegel, 1978).

The effects of sexual abuse may be devastating in many ways. The traumatic experience of abuse can produce psychological as well as physical scars. In given situations of sexual abuse, the physical contact that takes place can be life-threatening (Finkelhor, 1978). Sexually transmitted diseases--such as gonorrhea--are sometimes contracted. Bodily injury such as vaginal and rectum tears are sometimes indicated. Some young female victims may become pregnant (Burgess, Groth, Holmstrom, & Sgroi, 1978). Various psychological effects identified in child victims included guilt, depression, extreme avoidance reactions, learning difficulties, somatic difficulties, hysterical seizures, self-destructive behaviors, or even suicide. Sometimes several behaviors will be manifested in the child victim (Conte, 1986).

For a helping professional to recognize and treat the child molester, one must have a clear concept as to what child sexual abuse is, what classifies a sex offender, and what constitutes deviant behavior. Spelman (1986) has determined that child sexual abuse is:

Sexual contact between a child and adult or older child for the sexual gratification of the offender. It includes: physical contact, such as handling of the child's or the offender's genitals or breasts, oral sex, or attempted or actual penetration of the child's vagina

or rectum; and nonphysical contact, such as forcing a child to look at the offender's genitals, exposure of a child's genitals, talking to a child in a sexually explicit manner, peeping at a child in the bath or while he or she is undressing (voyeurism), or exploiting a child through pornography or prostitution. (p. 1)

For the purpose of this paper, the definition of child sexual abuse reported by Groth and Burgess will be used.

They state that:

Sexual deviation refers to any pattern of persistent or preferential sexual activity which is primarily directed toward the satisfaction of needs that are not basically or essentially sexual. It is a condition associated with anxiety and conflict in which subsidiary or subordinate components of the sexual impulse become predominant or primary in the psychological experience of sexual gratification. Sexual relations which are nonconsensual constitute sexual offenses. Such offenses are, by definition, interpersonal acts, and sexual acts with a person who is underage represent some attempt on the part of the offender to establish an interpersonal relationship, however tentative and inappropriate. (Groth and Burgess, 1977, p. 255)

Socio-sexual maturation plays a significant role in the classification of the sex offender. According to Groth, Hobson, and Gary (1982):

Child molesters can be separated into two specific categories based on their socio-sexual maturation. The

fixated child molesters' sexual attraction to children constitutes an arrestment of their socio-sexual maturation resulting from unresolved childhood issues which undermined their subsequent development and persists in their personality functioning. Such an offender exhibits a compulsive attraction to and sexual fixation on children. From the onset of adolescence, children have been the primary or exclusive focal point of his sexual interests, and any sexual contact with age mates that occurs is usually situational in nature, initiated by the other individual involved, and never replaces his preference for and chronic sexual involvement with children. (p. 13)

For another type of offender:

Sexual involvement with a child constitutes a temporary or permanent departure from a more characteristic attraction to age mates. Such a regressed offender did not previously exhibit any predominant sexual interest in significantly younger persons (during their formative years), but when the offender entered adulthood and experienced the attendant responsibilities and life demands as overwhelming and/or when the adult relationships became conflictual and emotionally unfulfilling, a sexual attraction to children emerged. Such cross-generational sexual activity is typically stimulated by some precipitating stress and may vary in response to the amount of stress the offender experiences in coping with adult life demands. (Groth,

Hobson, & Gary, 1982, p. 133-135).

Appendix A summarizes fixated and regressed typologies.

What prompts an adult to become sexually active with a child is multifaceted and complex in nature. David Finkelhor (1978) echoes the point that:

Incest is unquestionably the result of a complex and multidimensional situation. Factors as broad as community attitudes and family history play a role. The personality development of the family members and their interpersonal dynamics are critical. Even certain situational factors such as the husband's unemployment and the wife's absence should not be overlooked. (p. 48)

Groth (1984) notes that sexual assault is:

Interpersonal behavior, however distorted or inappropriate it may be. In such an act, an individual may give expression to certain needs or strivings within him that are some way social or interpersonal in nature. Sexual assaults may reflect a form of vengeance, or hatred, or fear, or desire. Such assaults may also represent the enactment of conflicts or feelings generated by some other past or present interpersonal relationship against some innocent victim. An examination of the subject's history and character can shed light on his habitual modes of relating, starting from his earliest experiences with parents and siblings to later relationships with school peers and work associates, with friends, with romantic and sexual

partners, and with his own wife and children. (p. 30)

For many years, professionals have attempted to formulate a concrete psychological profile of the sex offender. Much of the literature published indicates that there are considerable differences in ages, personalities, and demographic characteristics among sex offenders. A popular public misconception of the sex offender is that he is an uneducated "dirty old man." This could not be further from the truth. Sex offenders come from all socioeconomic, educational, and racial backgrounds.

Finkelhor's (1979) data suggest that 98% of incestuous abuse is perpetrated by males. The majority of victims are female. Martin's (1982) data regarding pedophilia indicate that most reported perpetrators are male who victimize pre-adolescent males. Martin does indicate that there are some female pedophiles. The literature does indicate that females do molest children. However, the statistical data are very clouded because many cases are not reported. Many adolescent boys do not perceive sexual interaction with an older girl/woman as molestation, but rather a part of becoming a man by social standards.

Numerous studies have focused on varied characteristics of the sex offender. Research utilizing testing instruments such as the Minnesota Multi-Phasic Inventory (MMPI) have failed to discriminate between sex offenders and other adults. At this point in time, there is no specific psychological profile that allows professionals to identify who is likely to abuse a child sexually (Conte, 1986).

Some research has focused on the specific sexual act (Revitch & Weiss, 1962). Cohen, Seghorn, and Calmas (1969) considered the offender's level of sociosexual adjustment and situational factors as contributors to the abusive act.

Physiological as well as psychological factors have been researched to help describe the development of this deviant behavior. Storr (1964) investigated the arrested psychosexual development of the offender; Kurland (1966) studied the physiological conditions of functional disturbance such as impotency; Cushing (1950) explored degenerative diseases such as alcoholism and senility as contributing factors to sexual abuse.

A report published by the Tennessee Department of Human Services (1987) states that:

Abusers usually appear to be quite ordinary, but are motivated by a need to have total control over a relationship, to compensate for a poor self-image, or to offset the effects of unsatisfactory personal or professional relationships. Adolescents as well as adults can be perpetrators. They are usually people that the child or family trusts and has frequent contact with. (p. 1)

Sexual molestation is often more the product of immaturity than malicious intent, and, in many respects, the male offender may otherwise be living a competent, law-abiding, and productive life. Findings indicate that the child molesters' abusive actions are interpersonally motivated. In many cases, the child molester has been

physically and/or psychologically abused, neglected, exploited, and/or abandoned during his formative years which has precluded the development of a sense of relatedness to others (Groth, Hobson, & Gary, 1982). Other studies have also identified psychological factors such as poor self-concept, depression, feelings of inadequacy from a physical as well as intellectual standpoint, and poor impulse-control as being contributory factors to the sexual abuse of children.

Identifying types of problems and targeting them in treatment is a critical part of correcting the deviant actions of the molester. However, the clinician needs to explore and uncover the interpersonal issues that the child molester harbors within. When the molester can eliminate his/her denial of the abuse and deal with the reality of the problem as well as his/her formative life problems, then the true healing will take place with productive treatment.

The purpose of this study is to further investigate and describe the characteristics of adult sex offenders in an effort to assist clinicians to develop treatment plans and additional methods of prevention.

CHAPTER 2

Method

Selection of Subjects

The subjects who participated in this investigation were male individuals involved in treatment at Harriett Cohn Mental Health Center located in Clarksville, Tennessee. Subjects participating in the sexual abuse program at this facility volunteered for the study. Male perpetrators treated at this center were referred to the facility by families or community professionals from Montgomery County and other outlying counties. The duration of time these individuals spent in treatment prior to participation in the study varied. Twenty-nine percent of the men had been in treatment from one week to six months; 25% had been in treatment for as long as 26-36 months. A total of 24 adult male perpetrators of sexual abuse were involved in group treatment. All 24 male perpetrators completed the two questionnaires.

Description of Subjects

All 24 adult male subjects participating in this research admitted to sexually molesting a child. Subjects in the treatment program at Harriett Cohn Mental Health Center have been judicially prosecuted and have received probated sentences to mandatory treatment while maintaining public status, or they are presently incarcerated and allowed to leave the prison system to attend treatment. Among the 24 subjects, 83% were Caucasian, 13% were Black, and 4% were Spanish. The youngest group member was 23 years of age; the

oldest was 57 years of age. The mean age of the subjects was 38 years. The marital status of the 24 subjects was separated into categories: 63% of the men were married at the time of the study; 21% were divorced; 8% were separated; and 8% were never married. The intellectual functioning of the male subjects varied in nature. The highest grade level completed by 29% of the subjects was 8th grade; 42% of the subjects had a 12th grade education; 25% had one to three years of college education. The remaining 16% of the subjects either had 4th or 7th grade educations or did not respond to the question.

The subjects' occupational background was diverse in nature. Seventy-seven percent of the subjects can be classified as blue-collar workers, such as military personnel, farmers, mechanics, and so forth. Twelve percent of the subjects can be classified as white-collar workers, for example business manager, computer analyst, and so forth. The remaining 17% of the subjects were unemployed.

Description of Investigating Instruments

The Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B) test is a 54-item questionnaire which measures three fundamental dimensions of interpersonal relationships: inclusion, control, and affection. Inclusion assesses the degree to which a person associates with others. Control measures the extent to which a person assumes responsibility, makes decisions, or dominates people. The Affection score reflects the degree to which a person becomes emotionally involved with others. The test assumes that

these three areas are fundamental in understanding and predicting interpersonal behavior (Ryan, 1977).

A Psychosexual Life Assessment was developed by the sexual abuse team at Harriett Cohn Mental Health Center, Clarksville, Tennessee, to obtain specific information related directly to the personal life history of the male sex offender. The instrument is composed of 45 questions. The main purpose of this self-report questionnaire was to aid in the development of group treatment and re-education process. However, a variety of questions were placed throughout the questionnaire with the specific intent of obtaining a more relevant understanding of each molester's social development and his interpretation of the abusive circumstance.

Procedure

Permission was granted by the director of the sexual abuse program to conduct the study (Appendix B). All subjects were informed that their participation in the investigation was voluntary and were asked to sign an informed consent statement (see Appendix C). A brief amount of time was spent discussing the purpose of the two instruments. Specific directions and adequate writing materials were provided to each subject. To minimize any anxiety, subjects were asked to not identify themselves by name on the answer sheet. They were informed that both answer sheets for the testing instruments were correlated numerically and that if they wanted the results of their tests, they needed to memorize the identified number on their answer sheets. Both instruments were administered to a total

sample of 24 subjects. Of 24 subjects, 5 were functionally illiterate and were orally administered the tests in a separate room. There was no designated time limit in completing the FIRO-B or the Psychosexual Life Assessment. All tests were collected by the examiner and secured.

The responses to both instruments were hand scored. All responses reported on the Psychosexual Life Assessment were converted to percentile rank. Utilizing the percentile rank for each question, it was then determined if the responses to that specific question agreed with the entire sample of male sex offenders.

Scores on the FIRO-B were computed in an algebraic manner that is in accordance with the scoring manual. Reliability is replaced with reproducibility as the appropriate measure of internal consistency for the FIRO-B. For reproducibility to be significant, 90 percent of all responses are predictable from knowledge of scale scores. The reproducibility of all FIRO-B scale scores is very high and consistent among all samples. Only limited validity data were available for the FIRO-B; however, Schutz (1978) noted that the validity of the test appeared to be satisfactory.

CHAPTER 3

Results

Responses from the Psychosexual Life Assessment and the Fundamental Interpersonal Relations Orientation-Behavior test were tallied and percentages were calculated for each question. The results for the Psychosexual Life Assessment are as follows:

Table 1
Psychosexual Life Assessment Results

Question	Answer	Percent
1. How long have you been in group treatment?	1 wk - 6 mos	29%
	7 mos - 12 mos	33%
	13 mos - 18 mos	4%
	19 mos - 24 mos	4%
	26 mos - 36 mos	25%
	no response	4%
2. How many times have you been married?	1	54%
	2	33%
	no response	8%
	never	4%
3. If you are separated or divorced, was it a direct result of the sexual abuse?	Yes	17%
	No	29%
	no response	54%
4. What is the last grade level you completed?	4th	8%
	7th	4%
	8th	17%
	12th	42%
	1-3 yrs college	25%
	no response	4%
5. Are you active in any social organizations?	Yes	21%
	No	75%
	no response	4%

Question	Answer	Percent
Answer questions 6-9 by circling most appropriate number.		
	1 2 3 4 5	
	very close	extremely distant
6. What type of relationship did you have with your father?	1	22%
	2	9%
	3	22%
	4	17%
	5	30%
7. What type of relationship did you have with your mother?	1	42%
	2	33%
	3	8%
	4	8%
	5	8%
8. What type of relationship did you have with your sister(s)?	1	12%
	2	29%
	3	35%
	4	0%
	5	12%
	no response	21%
9. What type of relationship did you have with your brother(s)?	1	24%
	2	28%
	3	20%
	4	8%
	5	12%
	no response	8%
10. How many members were in your family as a child?	1-4	25%
	5-10	75%
11. As a child, did you feel like you were a part of your family?	Yes	75%
	No	21%
	no response	4%
12. As a child, did you like yourself?	Yes	58%
	No	42%
13. Do you feel good about yourself now?	Yes	58%
	No	33%
	no response	8%
14. Did you have many friends as a child?	Yes	63%
	No	33%
	no response	4%

Question	Answer	Percent
15. Were you ever molested as a child?	Yes	58%
	No	38%
	no response	4%
16. If yes, who molested you?	Relative (non-parent)	29%
	Friend	71%
17. If you were molested as a child, how old were you?	0-5 yrs	29%
	6-10 yrs	36%
	11-15 yrs	21%
	no response	14%
18. Before the abuse took place were you having trouble with:		
a. Communicating with your wife?	Yes	75%
	No	13%
	no response	13%
b. Sexual relationship with your wife?	Yes	58%
	No	25%
	no response	17%
c. Financial matters?	Yes	36%
	No	48%
	no response	16%
d. Job related problems?	Yes	36%
	No	48%
	no response	4%
e. other?		17%
19. Is it easy for you to talk with other people?	Yes	75%
	No	21%
	no response	4%
20. As an adult, is it easy for you to show your emotions?	Yes	50%
	No	50%
21. Have you always been able to express your emotions?	Yes	17%
	No	79%
	no response	4%

Question	Answer	Percent
22. Do you feel that it was easier for you to show feelings to your victim rather than your wife or significant other before the abuse?	Yes No no response	63% 29% 8%
23. How many male friends do you have?	1-3 4-8 9-20	38% 38% 25%
24. How many female friends do you have?	1-3 4-8	38% 63%
25. Before the abuse took place, were you able to express to your wife or significant other, your personal likes/dislikes about sexual activities?	Yes No	46% 54%
26. How many children have you molested?	1 2	96% 4%
27. Who was it that you molested?	Natural Daughter Natural Son Step-daughter Step-son Other	38% 0% 29% 4% 29%
28. How old was your victim?	0-3 yrs. 4-7 yrs. 8-11 yrs. 12-15 yrs.	0% 16% 32% 52%
29. How old did you perceive the victim to be?	Actual Age Much older no response	33% 54% 13%
30. How long did you know the child you molested?	Since birth 5 mos 4-7yrs no response	71% 8% 17% 4%
31. Did you have a strong emotional relationship with the child?	Yes No	71% 29%

Question	Answer	Percent
32. Did you perceive your victim as a possession to do what you wanted with?	Yes No no response	29% 63% 8%
33. Were you sexually attracted to your victim?	Yes No	58% 42%
34. At any point in time, did you ever feel that the victim caused the abuse?	Yes No no response	17% 75% 8%
35. Was the sexual act with the child enjoyable?	Yes No no response	46% 50% 4%
36. Did the sexual act give you a feeling of control at any point in time?	Yes No	75% 25%
37. Did you feel that keeping the abuse a secret gave you control?	Yes No	42% 58%
38. Have you had nightmares/ dreams stop or change drastically when you began molesting your victim?	Yes No	29% 71%
39. Are you satisfied with the the size of your penis?	Yes No no response	83% 13% 4%
40. Were you under the influence of alcohol or any other drug at the time of the abuse?	Yes No	33% 67%
41. Do you drink alcohol when you are under stress?	Yes No no response	29% 67% 4%
42. Have you ever had a drinking problem?	Yes No	21% 79%
43. Did you attribute the abuse to a state of intoxication?	Yes No no response	13% 83% 4%

Question	Answer	Percent
44. After being in group treatment, do you feel you are more aware of your victim's feelings?	Yes	96%
	No	0%
	no response	4%
45. Do you feel that your participation in group treatment has enabled you to deal with your emotions?	Yes	83%
	No	0%
	no response	17%

Responses obtained by the subjects on the FIRO-B questionnaire (see Appendix D) were converted by grouping the subject responses into the various subcategories within the three dimensions of inclusion, control and affection. The total number of subjects in each of the subcategories represents the percentage breakdown of the total subject population. The results for the Fundamental Interpersonal Relations Orientation Behavior test are in Table 2.

Table 2
FIRO-B Test Results

Subscale	N	Percentile
Inclusion Scores		
Now you see him, now you don't	4	17.0%
Loner	14	58.0%
Social Flexibility	1	4.2%
Cautious Association	2	8.3%
Inhibited Individual	1	4.2%
Hidden Inhibitions	0	0%
People Gather	0	0%
The Conversationalist	0	0%
Now you see, now you don't	2	8.3%
Control Scores		
Rebel	11	46.0%
Matcher	3	12.5%
Checker	5	21.0%
Loyal Lieutenant	0	0%
Openly Dependent Person	3	12.5%
or Super-Tolerant Female	0	0%
Let's Take A Break	0	0%
Dependent-Independent Conflict	0	0%
Mission Impossible with	0	
Narcisstic Tendencies	0	0%
Mission Impossible	2	8%
Self-Confident		
Affection Scores		
Pessimist	16	67.0%
Warm Individual	1	4.0%
Careful Moderation	3	12.5%
Cautious Lover	1	4.0%
Cautious Lover Disguise	0	0%
Optimist	0	0%
Living Up To Expectations	0	12.5%
Image of Intimacy	3	0%
Image of Intimacy Tendency	0	0%

CHAPTER 4

Conclusions and Discussion

The purpose of the study has been to further define already existing characteristics of the adult sex offender. Through the utilization of the two assessment instruments, special attention was directed toward identifying specific characteristics and personality traits of the male sex offender and how those traits may be related to the potential molestation of children.

It should be recognized that despite the overt cooperativeness demonstrated by the subjects, there exists the potential for some subjects to respond in a passive-aggressive manner. In addition, responses may have been distorted based on the individual's level of deviant cognition related to sexually oriented questions. It is more likely that those individuals who have been in treatment longer will respond more openly and honestly.

The investigation was constructed using two separate assessment instruments. The results of the Psychosexual Life Assessment will be discussed first. Clinical observations by Groth, Hobson, & Gary (1982) suggest that there are no social or demographic characteristics which allow for a differentiation among child molesters from the general public. Specifically, they found no difference in race, religion, education, vocation, or socio-economic class. Findings obtained from the Psychosexual Life Assessment lend strong support to that of Groth, Hobson, & Gary's findings. It was found in this study that the racial, educational, age,

as well as other demographic background was as diverse as the literature has indicated.

Some literature suggests that many adults who have sex with children may have deficits in their social skills development. This deficiency turns that child molester away from peer relations and toward the child. Conte (1986) reported that 43% of the abusers demonstrated deficits in their social skills development. Some of the responses obtained from subjects questioned in the present study would seem to support social skill deficits among molesters as being one of many factors leading to sexual abuse. Questions 5, 6, 18, 21, 39, 40, 41, and 42 indicate that these individuals may be experiencing difficulties in the areas of social interactions, communication, self-concept, coping skills, or even a healthy role model development.

The literature indicates that in many cases, molesters are victims of sexual abuse, physical abuse, neglect, or exploited in some manner during their childhood which has influenced their relatedness to others (Groth, Hobson, & Gary, 1982). Question 15 supports this statement in that 58% of the men identified as abusers were also molested as children. Questions 12 and 15 appear to be correlated; in Question 12, 58% stated that they liked themselves as children, while in Question 15, 58% stated that they were molested as children. This could suggest that the 58% of those individuals who were molested as children never dealt with the trauma of being molested. Furthermore, it may not have been until adulthood that their arrested emotional

conflict surfaced. In addition, those abusers who were molested as children demonstrated a strong tendency to molest children basically in an age range similar to the time of their own abuse. These characteristics have been observed in most regressed offenders. Questions 15 and 28 illustrate the age comparison. The similar correlation in age victimization could also suggest an arrested developmental maturity for the adult molesters. Question 38 indicated that as adults 33% of the molesters are still having internalized emotional conflict related to their own molestation. The lack of emotional maturity has been a characteristic observed in group process with many of the offenders. Groth, Hobson, & Gary (1982) noted in their study that they found the sexual offense to be partially the product of immaturity rather than violent intent.

Daugherty (1984) makes the claim that the most common age for molestation to begin is around nine years old. Daugherty's claim is somewhat substantiated in this study in that 57% of the molesters were sexually molested between 6 and 15 years of age with the remaining 29% being molested before or at age five. The molesters indicated that 84% of their victims were between 8 and 15 years of age, while 16% were molested between 4 and 7 years of age. In one study, the abuse was initiated between 13 and 15 years of age (Maisch, 1972). Sgroi (1975) claims that abuse occurs as early as 3 or 4 years of age.

Questions 16 and 27 support the concept that most victims of sexual abuse know their molesters. Sanford (1980)

states that at least 75% of molesters are known to the child. Fantana (1982) claims that 80% of the children know their molester, while the Tennessee Department of Human Services (1987) reported that almost 90% of the molesters were known. Question 30 indicates that the molesters knew their victims for a significant period of time. Eight percent of the subjects indicated that the least amount of time that they knew their victim was 5 months.

Questions 18b and 25 support findings that abuse usually occurs after a breakdown in sexual relations between husband and wife (Henderson, 1972; Molnar & Cameron, 1975; & Finkelhor, 1978). Question 18b indicated that 58% were having sexual problems with their wives before the abuse took place. Question 25 indicated that 54% of the men could not express to their wives their personal likes or dislikes related to sexual desire.

An attempt to make a specific categorization of the 24 molesters will not be attempted during this study. However, several questions did present dynamic characteristics of fixated and regressed offenders. There was strong indication that for the most part a majority of the subjects fell into Groth's regressed category of abuser. The typological differences indicative of fixated and regressed offenders can be reviewed in Appendix A. Based upon many of the responses provided by the subjects, all eleven categories in the regressed section could be substantiated to some degree. For example, Question 18 was a strong indicator of stressful life circumstances, which category three points out.

Question 27 indicates at least 67% of the victims were female. Category seven suggests similar characteristics. Several responses indicated that the victim assumed a pseudoadult role for the molester; in Question 29, 54% of the subjects perceived the child as being older. Question 22 indicated that 63% of the subjects could express themselves more emotionally with their victims than their wives or significant others. These two questions alone relate strongly with category six in that a type of substitution was taking place. Thirty-three percent of the subjects were under the influence of alcohol or other substance usage at the time of the abusive circumstances; category nine is substantiated to a degree by this statistic. It should be noted that despite the fact that many of the responses identify well with the typology of the regressed offender, this is not to suggest that there are no fixated offenders within this population.

In most cases, the sexual abuse of children serves to meet non-sexual needs, although in some cases sexual needs are satisfied (Conte, 1986). Questions 33 and 35 support the fact that sexual needs are being met to some extent. Fifty-eight percent were sexually attracted to the child and 46% found the sexual act itself as being enjoyable. Among the 58% who responded to being sexually attracted to their victim, it is possible that a portion of the subjects could have fixated characteristics. The sexual attraction to a child may constitute a fixated offender if that offender identifies with and acts child-like himself (Sgroi, 1985).

Because denial and the tendency to rationalize is a common attribute of the sex offender, it is possible to assume that some offenders may be rationalizing their sexual attraction as a means of avoiding the reality of their real interpersonal problems which lead to the abuse.

Questions 32, 36, and 37 support the literature indicating that the sex offender has non-sexual needs such as the need to regain control, power, dominance, and importance (Groth & Burgess, 1977; Sgroi, 1975). Question 36 typically illustrates the need for control as a part of the personality of the offender. Seventy-five percent of the subjects felt that the sexual act provided a sense of control. Much of the sexual offender's control stems from the fact that he can manipulate the victim into keeping the abusive circumstances a secret. Question 37 indicated that 42% of the subjects felt that keeping the abuse a secret provided a sense of control.

Some additional observations that can be formulated in reviewing the results are that many of the subjects' cognitive perceptions may have been distorted when addressing issues of self-concept and communication. There is also some indication that denial may be a problem. For example, Questions 12, 13, and 15 suggest denial as a prevalent issue.

Several questions indicated that the subjects' perceptions of their ability to communicate with others is satisfactory. Questions 19 and 20 support this belief in that 75% of the subjects felt that it was easy to speak with other people, and at least 50% felt that they could show

their feelings as adults. However, in questions 18a, 21, 22, and 25, it is evident that many of the subjects expressed an inability to communicate or express themselves with their wives or significant others. These responses bring to question the fact that at least a portion of the subjects' perceptions of their ability to communicate their needs or desires are distorted. In addition, the fact that a significant portion of the subjects felt that they could communicate easier with their victims rather than their wives or significant others, supports that typology of the regressed offender wanting to either identify with the victim or substitute adult relationships with his victim. In many incestuous families, there is little constructive movement toward adult interactions (Sgroi, 1975).

The remaining portion of this chapter will now focus on concluding and discussing the Fundamental Interpersonal Relation Orientation-Behavior test.

In the process of interpreting the FIRO-B, attention will be directed only to the sub-category in which the highest percentage of offenders scored among the three major dimensions of Inclusion, Control, and Affection. In utilizing information obtained in the Psychosexual Life Assessment and clinical interpretations of the FIRO-B provided by Leo Ryan (1977), various deductions will be made regarding the psychological makeup of the sex offender. The information obtained in the FIRO-B results will serve also to provide insight that will aid in the treatment of the sex offender.

The Results chapter provides a percentage breakdown of all responses within the three major dimensions. In the Inclusions dimension, the sub-category of Loner received 58% of the total responses. In the Control dimension, the sub-category of Rebel received 46% of the total responses. Finally, in the Affection dimension, the subcategory of Pessimist received 67% of the total responses.

A comprehensive clinical interpretation of these three sub-categories can be reviewed in the clinical manual.

In Ryan's dimension of Inclusion, the subcategory of Loner received the highest percentile ranking. Individuals who fell into this category can be depicted as people who feel the most comfortable when they can move away from social interaction. People in this category may be able to associate with others, but are extremely selective with whom they associate. Many times these individuals will demonstrate an avoidance reaction. These individuals are also highly concerned with feeling rejected. They would rather reject others before they themselves are rejected.

The subcategory of Rebel in Ryan's dimension of Control received the highest percentile ranking. Individuals who fell into this category at times will avoid making decisions and accepting responsibility as a means of reducing their level of stress and interaction with others. They become uncomfortable when others make an attempt to control them.

These individuals strive to present themselves as adequate and self-sufficient. However, in actuality these individuals have a good deal of self doubt concerning their

ability to handle new life circumstances. If these individuals are pushed into new areas of responsibility their anxiety level increases prompting their learned avoidance behavior; such as temper tantrums, intellectualization, procrastination. At times the Rebel will revert to passive-aggressive methods or avoidance. If the Rebel is lacking in maturity, he may rebel more frequently.

In Ryan's dimension of affection, the subcategory of Pessimist obtained the highest percentile score. Individuals in this category tend to be very cautious about emotional involvement with others. These people can have emotional relationships, but, in doing so, it can be a painful experience. Relationships are very few because of their caution. A large portion of the offenders have indicated while in treatment that they have avoided social organizations throughout their lives as a means of minimizing social interaction. Their mistrust of adults and self-doubt prompted their avoidance reactions.

For these individuals to become involved with someone, they must develop a deep trust. Their lack of trust and need to be cautious stem from the fact that they have been deeply hurt in the past. Pessimists are generally most comfortable when others make no effort to become emotionally involved with them.

With regard to the Inclusion dimension, some interesting deductions can be formulated from the subcategory of the "Loner." Three of the prominent characteristics of these individuals are: first, they are most comfortable when

they or others can move away from social interaction; secondly, they are very selective of the type of people that they associate with; and, thirdly, they are very uncomfortable around most people. From the child molester's standpoint, these three characteristics can reflect the likelihood that their self-image is deficient. Many of the offenders in the treatment program have verbalized or demonstrated a very poor self-concept. The movement away from people could reflect an insecurity and mistrust in dealing with other adults. The feelings of insecurity and mistrust could have been developed in earlier relationships as children or unpleasant circumstances as young adults. An important aspect of this sub-category is the characteristic of fear of being rejected. During group process, many of the offenders have indicated that they have experienced some form of severe rejection as children. It can be assumed that the molester's movement away from adult relations and movement toward interpersonal relations with the child victim is a movement away from rejection and a movement toward acceptance. A large majority of the offenders have verbalized that they felt at ease with their victim and never felt rejected. Much in the same way that insecurity and mistrust was developed in the molester, feelings of rejection also could have been instilled. The tendency for these individuals to move away from others can suggest that there is probably a deficiency in their ability to communicate at an adult level. The inadequacy of communicational ability

may be the by-product of the molester's tendency to move away from social interaction as a child into adulthood. Question Number 5 on the questionnaire indicates and supports movement away from others in that 75% of the molesters are not active in any social organizations.

In the dimension of Control, the sub-category of "Rebel" received the highest percentage of responses. Therefore, several assumptions will be formulated based on this clinical interpretation. The three characteristics emphasized in this sub-category indicate that these individuals have the tendency to avoid making decisions and are more comfortable when others do not try to control them. These individuals also may doubt their ability to accept responsibility when dealing with new areas of their lives. There is also the need for these individuals to progress at their own pace in order to prevent an increase in their anxiety. Several of the offenders indicated while in therapy that they felt overwhelmed with the responsibility of being the family provider. Individuals with a low level of maturity will react with more anxiety or avoidance responses. Authority figures are seen as a threat to these individuals. It can be suggested that for those molesters who were molested as children, the need to regain control of some part of their lives is very prominent. Therefore, there is a strong need to control rather than be controlled by others as adults. It also can be suggested that those molesters who fell into the category of the regressed offender, may have perceived their wives or significant others as more of an authority figure who was in

more control than they themselves. This would account for their movement toward the child.

It is safe to say that some sexual offenses occur because the offender is under psychological stress. Therefore, it can be assumed that if the molesters were either pushed into new areas of responsibility too quickly or required to assume more responsibility than they could handle, their anxiety level would increase, potentially impairing their judgment. A majority of the offenders have expressed that their stress level was high on a frequent basis and when the abuse would take place, it was as if the entire situation was a dream, possibly indicating denial or impaired judgment. It has been noted that "Rebels" are doubtful of their ability to deal with responsibility. It can be suggested that the molesters have a poor self-concept. Self-concept is also a reflection of an individual's feelings of adequacy, which has been noted in the "Rebel" category.

In the dimension of Affection, the sub-category of "Pessimist" received the highest percentage of responses by the molesters. One of the most prominent characteristics of this category is the fact that these individuals view emotional involvement as dangerous. These individuals are extremely cautious about becoming involved with others. Their caution is a means of protecting themselves from being hurt. Poor self-concept is a common characteristic identified with a majority of the sex offenders. It is not uncommon for some of the offenders to express an inadequacy with body image, such as height, genital size or weight.

Trust is an important quality that must be established before venturing into any relationship. It can be suggested that one of the contributory factors that leads to the abuse of the child is that the molesters not only felt more in control, but they also aligned themselves emotionally with the child. The relationship with the child may have been perceived as being safer and less threatening than an adult relationship; therefore reducing the chances for rejection and being hurt. For those molesters who were molested as children, this sub-category would support the fact that as adults, these molesters may be fostering unresolved emotions which would make it difficult for them to trust or openly express their emotional desires. The painful or traumatic events in their childhood have carried over into adulthood. Questions 22 and 31 on the questionnaire support the fact that the molesters felt more comfortable in expressing their emotional needs as well as just having a stronger emotional attachment to the child, rather than another adult.

Recommendations

It is the opinion of the researcher that both the Psychosexual Life Assessment and the FIRO-B are useful instruments that can be utilized to help treatment development of the sex offender. The questionnaire provided demographic as well as background information that can be explored in more detail. One of the shortcomings of the Psychosexual Life Assessment is that it is lacking in the area of indepth psychosexual lifestyle history of the offender. Additional questions exploring issues of deviant

sexual acts, fantasies, previous sexual partners, should be addressed. The FIRO-B is a very good tool for identifying various characteristics that need to be addressed as potential treatment goals. It is strongly suggested that for a more comprehensive treatment plan, the interaction across all three dimensions be explored and examined for relationships between characteristics.

Some potential treatment goals that can be formulated based upon the information obtained from both instruments are as follows:

1. Improvement of socialization skills such as communication and interaction.
2. Development of stronger self-worth and acceptance of responsibility.
3. Resolution of post-traumatic stress issues developed through own molestation.
4. Re-education of human sexuality and development of appropriate sexual boundaries.
5. Development of enhanced coping skills and stress management.
6. Development of appropriate emotional expression at an adult level.
7. Develop age appropriate maturity.
8. Decrease any issues of denial.
9. Explore deviant thought processing; aggression, fantasy, etc.
10. Develop understanding of abuse dynamics; victims needs, damage.

11. Decrease need to control others and develop impulse-control.

12. Provide alcohol and drug treatment if needed prior to or during sex abuse treatment.

Research indicates that group treatment is the most beneficial in meeting the majority of the treatment goals identified. Family and marital, as well as individual treatment would be additional modalities of therapy which would provide a comprehensive treatment program. Despite many of the commonalities identified among adult sex offenders, it is extremely important to structure and develop individual treatment goals tailored to meet that offender's specific needs.

It is evident that the causes of child molestation are very complex and varied in nature. Therefore, the more comprehensive the investigation prior to treatment the more productive treatment can be. Professional cooperation throughout the community is needed to develop a comprehensive investigation of any abusive circumstance. It would be helpful for professionals in the medical, legal, therapeutic, and educational community to cultivate their expertise to enhance the development of sexual abuse programs. Educational programs are needed to educate society so that the misconceptions about the offender can be put to rest. A society that is educated about sexual abuse will be a society that will be more capable of dealing with sexual offenders in a more productive and less threatening manner.

A critical component to decreasing the sexual abuse of

children is to establish knowledgeable, community-based, family treatment programs and to standardize legal penalties for sexual assaults.

Because the FIRO-B is such an efficient measure of interpersonal relations, it is suggested for future research that the FIRO-B be administered to both the sexual offenders as well as a group of identified child sexual abuse victims to explore any correlations in data.

It is also suggested that a Psychosexual Life Assessment and FIRO-B be administered to a group of adult female victims, with those results being correlated with the results of adult male offenders. Both research suggestions would allow a clearer guide as to what areas of interpersonal relations need to be dealt with in treatment.

REFERENCES

- Burgess, A., Groth, N., Holstrom, L. & Sgrois, S. (1978). Sexual Assault of Children and Adolescents. Lexington Books.
- Cohen, M., Groth, N., & Siegel, R. (1978). The Clinical Prediction of "Dangerousness," "Crime," and "Delinquency." (January, 1978).
- Cohen, M. L., Seghorn, T., & Calmas, W. A.. (1969). Sociometric Study of the Sex Offender. Journal of Abnormal Psychology, (74).
- Conte, J. (1986). A Look at Child Sexual Abuse. National Committee for Prevention of Child Abuse.
- Cushing, J. G. H. (1950). Psychopathology of Sexual Delinquency. Journal of Clinical Psychopathology, April.
- Dougherty, L. B. (1984). Why Me? Racine, Wisconsin: Mother Courage Press.
- Finkelhor, David. (1978). Psychological, Cultural and Family Factors in Incest and Family Sexual Abuse. Journal of Marriage and Family Counseling, (4), p. 42-47.
- Finkelhor, David. (1979). Sexually Victimized Children. New York: The Free Press.
- Fontana, Vincent. (1982). Dealing with Sexual Child Abuse. National Committee for Prevention of Child Abuse.
- Groth, N. & Burgess, A. (1977). Motivational Intent in the Sexual Assault of Children. Criminal Justice and Behavior, Vol. 4, (3), p. 252-255.

- Groth, N., Hobson, W. & Gary, T. (1982). The Child Molester: Clinical Observations. Journal of Social Work and Child Abuse, 45 (1), p. 133, 135.
- Groth, Nicholas, & Hobson, William. (1983). "The Dynamics of Sexual Assault." Sexual Dynamics of Anti-Social Behavior, Chapter 8, p. 160-172. Springfield, IL: Charles C. Thomas Publisher.
- Henderson, David. (1972). "Incest, A Synthesis of Date." Psychiatric Association Journal, 17, pp. 299-313.
- Kurland, M. L. (1966). Pedophilia Erotica. Journal of Nervous and Mental Diseases, 13.
- Maisch, H. (1972). Incest. New York: Stein and Day.
- Martin, Lloyd and Haddad, J. (1982). We Have a Secret. Newport Beach, CA: Crown Summit Books.
- Molnar G., Cameron, P. (1975) Incest Syndromes: observations in a general hospital psychiatric unit. Canadian Psychiatric Association Journal, 20, 373-7.
- Revitch, E. & Weiss, R. G. (1962). The Pedophilic Offender. Diseases of the Nervous System, February.
- Ryan, L. R. (1977). Clinical Interpretation of the FIRO-B. Consulting Psychologist Press, Inc.
- Sandford, L. T. (1980). The Silent Child. New York: Anchor Press/Doubleday.
- Schultz, Will. (1978). FIRO Awareness Scales Manual. Consulting Psychologists Press, 1978.
- Sgroi, Suzanne. (1975). Sexual Molestation of Children: The Last Frontier. Children Today, 4, (3), 18-24, 44.
- Sgroi, Suzanne. (1985). Handbook of Clinical Intervention

of Child Sexual Abuse. Lexington/Massachusetts/Toronto:
Lexington Books.

Spelman, C. (1986). Talking about Child Sexual Abuse.

National Committee for Prevention of Child Abuse, P.1

Storr, A. (1964). Sexual Deviation. Baltimore MD: Penguin
1964.

Tennessee Department of Human Services. (1987). Facts About
Child Sexual Abuse.

APPENDIX A

Typology of Child Molesters

APPENDIX A

Typology of Child Molesters

Fixated Offender

1. Primary sexual orientation is to children.
2. Pedophilic interests begin at adolescence.
3. No precipitating stress/no subjective distress.
4. Persistent interest and compulsive behavior.
5. Premeditated, pre-planned offenses.
6. Identification: Offender identifies closely with the victim and equalizes his behavior to the level of the child and/or may adopt a pseudo-parental role to the victim.
7. Male victims are primary targets.
8. Little or no sexual contact initiated with agemates; offender is usually single or in a marriage of convenience.
9. Usually no history of alcohol or drug abuse.
10. Characterological immaturity; poor sociosexual peer relationships.
11. Offense = maladaptive resolution of life development (maturation) issues.

Regressed Offender

1. Primary sexual orientation is to agemate.
2. Pedophilic interests emerge in adulthood.
3. Precipitating stress usually evident.
4. Involvements may be more episodic and may wax and wane with stress.
5. Initial offense may be impulsive and not premeditated.

6. Substitution: Offender replaces conflictual adult relationship with involvement with a child; victim is a pseudoadult substitute and, in incest situations, the offender abandons his parental role.

7. Female victims are primary targets.

8. Sexual contact with a child coexists with sexual contact with agemates; offender is usually married or common-law.

9. Offense is often alcohol related.

10. More traditional lifestyle but under-developed peer relationships.

11. Offense = maladaptive attempt to cope with specific life stresses.

* (Groth, Hobsob, and Gary, 1982, p. 134).

APPENDIX B

Permission from Director

APPENDIX B

PERMISSION FROM DIRECTOR

Permission is granted to Leonard Lococo, graduate student at Austin Peay State University, to distribute questionnaires for an Investigative Research of male sex offenders. The study will be conducted on a volunteer basis among consenting adults who are in treatment at Harriett Cohn Mental Health Center. Every effort will be made to protect the confidentiality of the respondents, and subjects will be informed of their right to withdraw from the study at any time. All materials will be collected by the examiner and will be put in a safe place. Identical numbers will be assigned in the upper right corner of both testing instruments so that each subject can, at a later date, review the results. To assure confidentiality no names will be placed on the testing instruments unless the subject wishes to do so.

Chubert, Mark MS, LSC
Director of Adult Sex Abuse Program

APPENDIX C

Informed Consent Statement

APPENDIX C

INFORMED CONSENT STATEMENT

The purpose of this study is to collect information directly related to the male sex offender. Your responses are confidential. At no time will you be identified. The investigator will be the only one allowed access to your responses. There may be emotional discomfort when responding to various questions. The demographic information collected will be used for purposes of analyses. Your participation is completely voluntary, and you may terminate participation at any time. Your material will be destroyed. All results will be shared upon completion. Thank you for your cooperation.

I agree to participate in the present study under the supervision of Dr. Linda Rudolph, Professor of Psychology, at Austin Peay State University. I have been informed in writing about the possible emotional discomfort which may be involved. The investigator has agreed to answer any questions that I may have regarding the procedures. I understand that I may terminate participation at any time and that all material will be destroyed. Returning the completed forms indicates that I agree to participate in the study.

Name (Please Print)

Date

Signature

APPENDIX D

FIRO-B Questionnaire

APPENDIX D

 FIRO-B QUESTIONNAIRE
 1977 Edition
 Will Schultz, Ph.D.

For each statement below, decide which of the following answers best applies to you. Place the number of the answer in the box at the left of the statement. Please be as honest as you can.

1. never 2. rarely 3. occasionally 4. sometimes
 5. often 6. usually

- ____ 1. I try to be with people.
 ____ 2. I let other people decide what to do.
 ____ 3. I join social groups.
 ____ 4. I try to have close relationships with people.
 ____ 5. I tend to join social organizations when I have an opportunity.
 ____ 6. I let other people strongly influence my actions.
 ____ 7. I try to be included in informal social activities.
 ____ 8. I try to have close, personal relationships with people.
 ____ 9. I try to include other people in my plans.
 ____ 10. I let other people control my actions.
 ____ 11. I try to have people around me.
 ____ 12. I try to get close and personal with people.
 ____ 13. When people are doing things together I tend to join them.
 ____ 14. I am easily led by people.
 ____ 15. I try to avoid being alone.
 ____ 16. I try to participate in group activities.

For each of the next group of statements, choose one of the following answers:

1. nobody 2. one or two people 3. a few people
 4. some people 5. many people 6. most people

- _____ 17. I try to be friendly to people.
- _____ 18. I let other people decide what to do.
- _____ 19. My personal relations with people are cool and distant.
- _____ 20. I let other people take charge of things.
- _____ 21. I try to have close relationships with people.
- _____ 22. I let other people strongly influence my actions.
- _____ 23. I try to get close and personal with people.
- _____ 24. I let other people control my actions.
- _____ 25. I act cool and distant with people.
- _____ 26. I am easily led by people.
- _____ 27. I try to have close, personal relationships with people.

For each of the next group of statements, choose one of the following answers:

1. nobody 2. one or two people 3. a few people
4. some people 5. many people 6. most people

- _____ 28. I like people to invite me to things.
- _____ 29. I like people to act close and personal with me.
- _____ 30. I try to influence strongly other people's actions.
- _____ 31. I like people to invite me to join in their activities.
- _____ 32. I like people to act close toward me.
- _____ 33. I try to take charge of things when I am with people.
- _____ 34. I like people to include me in their activities.
- _____ 35. I like people to act cool and distant toward me.
- _____ 36. I try to have other people do things the way I want them done.
- _____ 37. I like people to ask me to participate in their discussions.
- _____ 38. I like people to act friendly toward me.

_____ 39. I like people to invite me to participate in their activities.

_____ 40. I like people to act distant toward me.

For each of the next group of statements, choose one of the following answers:

1. never 2. rarely 3. occasionally 4. sometimes
5. often 6. usually

_____ 41. I try to be the dominant person when I am with people.

_____ 42. I like people to invite me to things.

_____ 43. I like people to act close toward me.

_____ 44. I try to have other people do things I want done.

_____ 45. I like people to invite me to join their activities.

_____ 46. I like people to act cool and distant toward me.

_____ 47. I try to influence strongly other people's actions.

_____ 48. I like people to include me in their activities.

_____ 49. I like people to act close and personal with me.

_____ 50. I try to take charge of things when I'm with people.

_____ 51. I like people to invite me to participate in their activities.

_____ 52. I like people to act distant toward me.

_____ 53. I try to have other people do things the way I want them done.

_____ 54. I take charge of things when I'm with people.