

**Vrije Universiteit**

**Exploring Psychological Characteristics  
of Sexually Abusive Juveniles**

**Academisch proefschrift**

ter verkrijging van de graad van Doctor aan de Vrije Universiteit Amsterdam,  
op gezag van de rector magnificus  
prof.dr. L.M. Bouter,  
in het openbaar te verdedigen  
ten overstaan van de promotiecommissie  
van de Faculteit der Psychologie en Pedagogiek  
op donderdag 18 juni 2009 om 15.45 uur  
in de aula van de universiteit,  
De Boelelaan 1105

door  
Ronald Edwin van Outsem  
geboren te Amsterdam

Promotoren:

prof.dr. R.A.R. Bullens

prof.dr. Th. A.H. Doreleijers

Beoordelingscommissie:

Prof.dr. A.R. Beech

Prof.dr. S.J. Hackett

Prof.dr. P. van der Laan

Prof.dr. F. Lamers-Winkelman

Prof.dr. H. van Marle

Prof.dr. W. Slot



# Contents:

|  |     |
|--|-----|
| Acknowledgements.....  | 7   |
| I: General introduction .....  | 9   |
| II: The Adolescent Sexual Abuser Project (ASAP) Assessment Measures-<br>Dutch Revised Version .....  | 15  |
| III: The Measurement of Empathy in Youngsters: The relationship<br>between the scores on the cognitive and affective empathy scales<br>of the Adolescent Sexual Abuser Project Assessment Measures-<br>Dutch Revised Version (ASAP-D) and the Moral Orientation List (MOL) ..... | 35  |
| IV: A comparison of psychological characteristics between juvenile<br>sex offenders, juvenile perpetrators of non-sexual violent offences<br>and non-delinquent youngsters in the Netherlands.....   | 43  |
| V: Juvenile Completers and Non-completers of Sex Offender Treatment:<br>A study on the differences in various psychological characteristics and<br>on the completers' treatment outcome.....   | 55  |
| VI: A Controlled Comparative Study of Psychological Characteristics in<br>Different Categories of Juvenile Sex Offenders: Child abusers versus<br>peer abusers and exhibitionists .....  | 69  |
| VII: Sexually Abusive Behaviour in Juveniles: Deviant and non-deviant pathways.....  | 81  |
| VIII: General discussion.....  | 99  |
| IX: Summary (English).....   | 107 |
| X: Samenvatting (Nederlands).....  | 109 |
| XI: Appendices.....  | 111 |

|   |     |
|---|-----|
| Appendix A: ASAP-D form .....                 | 113 |
| Appendix B: ASAP-D users manual (Dutch) ..... | 133 |
| Appendix C: ASAP-D score form .....           | 151 |
| Curriculum vitae.....                         | 152 |

# Acknowledgements:

This research project has been made possible by a number of people and organizations. First of all I would like to thank Ruud Bullens and Theo Doreleijers of the VU University of Amsterdam for initiating this project, and for their inspirational guidance. Special thanks are given to Robert Vermeiren for his invaluable scientific input in this project. I would also like to thank Richard Beckett, Joan van Horn, Jan Hendriks, Peggy Cohen-Kettenis, Wim van den Brink and Esther Rutten for their highly valuable support concerning the gathering of literature, the design of the different parts of the study, the analyses conducted and the interpretation of the results. Material support for this project was given by FORA, De Waag/Dr. Henri Van der Hoeven Stichting, Jongerenhuis Harreveld, De Viersprong, De Beelen, De Tender and the Rutgers NISSO Groep. Aernout Tenhaeff, Forum Educatief and Esther Blankestijn receive my special thanks for transforming this thesis into a beautiful book.

Finally, I would like to give my very special and warm thanks to my wife, Joyce Rijsbergen, for her emotional support without which I would never have been able to finish this project successfully.





# I General introduction:

Juvenile sexual delinquency is a major public health problem. The extent of this problem is clearly illustrated by the attention this issue receives from law makers, journalists, mental health workers and a variety of academics. Of all sexual offences, a significant proportion is committed by young people. It has been estimated that about 20% of all rapes and other sexual offences in the United States are committed by minors (Becker & Hicks, 2003). Barbaree et al. (1993) stated that about half of all sexual offences against children are committed by juveniles. In the Netherlands, juveniles are also estimated to be responsible for about 20% of all sexual offences (Verheij, 2000). Ryan (1997) estimates that juvenile sex offenders are responsible for an average of seven sexual offences prior to their first arrest. Data from the Dutch Central Bureau of Statistics show that the number of minors (aged 12-18) who came into contact with the police as a result of sexual offences nearly tripled between 1990 and 2002 (CBS, 2003). This increase may be explained by the fact that nowadays victims are more likely to report sexual offences than in the past. Of course, it is also possible that the absolute number of juveniles who commit sexual offences has increased.

There is still no definitive answer to the question why some youngsters display sexually abusive behavior and others do not. In the past two decades there have been numerous efforts and to classify juvenile sex offenders and to explain this type of behavior in youngsters. These efforts were made despite of a scarcity of psychometric instruments that were designed especially for juvenile sex offenders. A well-known classification of sex offenders is the one by Knight and Prentky (1990, 1993). Based on empirical research, they formulated a typology for adult sex offenders which, according to the authors, could also be applied to juvenile sex offenders. However, recent empirical research does not support this claim (Van Wijk, 2005). Worling (2001) empirically established a four-group typology based on personality and functioning. His cluster analyses revealed the following groups: antisocial/impulsive, unusual/isolated, overcontrolled/reserved, and confident/aggressive. However, this typology can be criticized by indicating that these subgroups can be identified in most groups of problematic adolescents, and not only in sexually abusive youngsters. Therefore, this typology appears to explain general abusive behavior in youngsters rather than specifically sexually abusive behavior. Becker and Kaplan (1988) formulated the most

commonly used typology of juvenile sex offenders. They distinguish three types of juvenile sex offenders:

1. The dead-end pathway juvenile sex offenders,
2. The delinquent pathway juvenile sex offender, and
3. The deviant sexual pathway juvenile sex offender.

The first type of young offender consists of young people who have committed one or more acts of sexual abuse which may be considered as experimental mistakes during their first explorations of sexual behavior. Their abusive acts could be best attributed to misinformation about sexuality and to a lack of adequate sexual guidance and education. Recidivism levels are low for this type of juvenile offender. The second type refers to juveniles who show delinquent behavior in general. Sexual crimes are part of their antisocial and criminal lifestyle. These juveniles are characterized by high general treatment needs. The third type refers to those juveniles who suffer from a deviant psychosexual development (or paraphilia). Their sexually abusive acts are the result of their psychosexual deviance. These juveniles are generally considered to be at the highest risk to remain sex offenders in their adult life (Ryan and Lane, 1997).

The simplest method of categorizing juvenile sex offenders is by considering the nature of their typical or most serious sexual offence. Usually, three categories are used: child abusers, rapists (abusers of peers and/or adults), and hands-off sexual offenders (such as exhibitionists and voyeurs). Often, a distinction is also made between offenders acting alone or in groups, and between intrafamilial and extrafamilial offenders.

Although juvenile sexual offending is a relatively new subject in the field of scientific research, a large number of etiological theories have already been formulated and published. A clear overview of this abundance of theories is presented by Ryan and Lane (1997). The etiological theory on sexual offending by juveniles that is currently most widely used is the one formulated by Barbaree, Marshall and McCormick (1998). This theory emphasizes the role of experimental, social and environmental influences. Juveniles who commit sexual offences are here considered to be often raised in abusive families. Barbaree, Marshall and McCormick suggest that, as a consequence of abuse and/or neglect by their parents, these children are more likely to suffer from an attachment disorder. They would therefore be more inclined than other people to seek the attention of others in a negative manner. In order to satisfy their needs, they would often resort to aggressive, violent and manipulative behavior. Subsequently,

this may hamper their efforts to initiate social contacts and prosocial activities with peers as they grow older. They then lack the social skills needed to engage in adequate intimate relationships, resulting in low self-esteem. This syndrome of social disability, as it is called by Barbaree, Marshall and McCormick, often results in an antisocial and/or criminal lifestyle. Sexual offending is thus seen as one of the consequences of this lifestyle, usually as compensation for feelings of social incompetence.

Epidemiological studies have shown that the majority of youngsters show some type of antisocial behavior at some point in their adolescence (Junger-Tas, 1994). It is known that only about 5% of youngsters develop a persistent pattern of severe antisocial behavior (Farrington et al., 1986; Moffitt, 1993). Until recently, it was often assumed that juvenile sex offenders form part of this seriously and persistently antisocial group. However, recent empirical research makes it necessary to reconsider this assumption, as most juvenile sex offenders do not seem to fit the descriptions that are considered characteristic of (severely and persistently) antisocial youngsters (Ryan and Lane, 1997). As a matter of fact, juvenile sex offenders appear to be a very heterogeneous group and show a wide range of characteristics (Van Wijk, 2005). When compared to control groups of normal youngsters, for about 65% of juvenile sex offenders it is impossible to distinguish them from average youngsters in psychological characteristics and overall social and psychological functioning (Ryan and Lane, 1997). As a result of these findings, the question arises whether and to what extent our present conceptions about juvenile sex offenders are correct.

As stated earlier, there is still no definitive answer to the question why some youngsters display sexually abusive behavior and others do not. Therefore, it is necessary to explore the psychological characteristics of juvenile sex offenders further. Although there are many theories about juvenile sex offenders and their personalities, psychometric instruments designed especially for juvenile sex offenders are still surprisingly scarce. A logical first step in the thorough exploration of the personalities of juvenile sex offenders is to develop and implement such measures. Only then can insight be gained into the sexually abusive behavior in juveniles, especially concerning the role of (individual) psychological characteristics. This insight is crucial for the development of more effective treatment methods and for determining the ways in which the treatment outcome should be measured.

In 1999, the Juvenile Sex Offenders Research Group of the VU University of Amsterdam decided to launch a research project aimed at exploring relevant psychological characteristics of juvenile sex offenders. The key instrument for this project was the Adolescent Sexual Abuser Project Assessment Measures (ASAP), formerly known as the Adolescent Sex Offender Assessment Pack (ASOAP). This instrument was developed in the United Kingdom by Beckett, Brown and Gerhold (1997). It is a multidimensional personality questionnaire, designed especially for the assessment of juvenile sex offenders. The ASAP measures the specific psychological characteristics which are generally considered to be relevant for the development and continuation of sexually abusive behavior in young people. It is simple to use, and therefore suitable to administer to large groups of subjects.

This research project is described in six separate articles, each reporting on a different part of the project. The first article (Chapter II of this thesis) describes the development of the Dutch version of the ASAP, the ASAP-D, and evaluates its psychometric qualities. The second article (Chapter III) studies the convergent validity of the Empathy scale of the Moral Orientation List (MOL: Rutten and Stams, 2005), and of the two corresponding empathy scales of the ASAP-D. Empathy (more specifically lack of empathy) is often regarded as an important psychological characteristic in the etiology of sexually abusive behavior. However, the measurement of the theoretical construct of empathy is still at an early stage of development. Therefore specific attention has been given to the validation of the empathy scales of the ASAP-D. In the third article (Chapter IV), a comparison is presented between a group of juvenile sex offenders, a group of juvenile non-sexual violent offenders and a control group of normal youngsters. This section of the project aims at exploring the differences and similarities of the measured psychological characteristics between these three groups, using reliable and properly validated measures. The fourth article (Chapter V) discusses differences in psychological characteristics between those juvenile sex offenders who do and those who do not complete sex offender treatment. In addition, treatment results for treatment completers are presented, i.e. the differences in their ASAP-D scores before and after treatment. Since completion of treatment is generally associated with reduced reoffence rates in juvenile sex offenders (Ryan and Lane, 1997), it is important to determine which of the psychological characteristics measured by the ASAP-D are related to non-completion of treatment. Possible treatment interventions to reduce the probability of non-completion are also discussed. The fifth article (Chapter VI) compares the psychological characteristics, as measured

by the ASAP-D, between different categories of juvenile sex offenders: abusers of young children, abusers of peers and adults, and exhibitionists. All the groups in this study are also compared to a control group of normal youngsters. This section of the project aims at exploring the differences and similarities in psychological characteristics (as measured by the ASAP-D) between the groups studied, and at assessing the relationship between the differences that were found and the type of sexually abusive behavior that is displayed. In the sixth article (Chapter VII of this thesis), a theoretical framework is presented to explain the results of this project in the light of current empirical literature about sexually abusive behavior in juveniles. Clearly, this framework cannot claim to offer the ultimate explanation of sexually abusive behavior in juveniles. Rather, it offers an innovative perspective on this type of behavior that may inspire researchers and practitioners to further study the complex phenomenon of sexual offending by juveniles and so increase understanding. Finally, in Chapter VIII, the strengths and limitations of this research project are discussed, as well as the theoretical and clinical implications of its results.

## REFERENCES:

- Barbaree, H.E., Hudson, S.M., & Seto, M.C. (1993). Sexual Assault in Society: The role of the juvenile offender. In: Barbaree, H.E., Marshall, W.L., & Hudson, S.M. *The Juvenile Sex Offender*. New York, The Guilford Press, 1-24.
- Barbaree, H.E., Marshall, W.L., & McCormick, J. (1998). The Development of Deviant Sexual Behavior among Adolescents and Its Implications for Prevention and Treatment. *The Irish Journal of Psychology*, 1, 1-31.
- Becker, J.V., & Hicks, S.J. (2003). Juvenile Sex Offenders. Characteristics, interventions, and policy issues. *Annals of The New York Academy of Sciences*, 989, 397-410.
- Becker, J.V., & Kaplan, M.S. (1988). The assessment of juvenile sex offenders. In: Prinz, R.J. (ed.) *Advances in behavioral assessment in children and families*. Vol. 4, JAI, Greenwich, CT, 215-222.
- Beckett, R., Brown, A., & Gerhold, D. (1997). *The Adolescent Sex Offender Assessment Pack*. Oxford, Oxford U.P.
- Central Bureau of Statistics, CBS (2003). *Population Statistics*. CBS, The Hague.

- Farrington, D., Ohlin, L., & Wilson, J. (1986). *Understanding and Controlling Crime*. New York, Springer.
- Junger-Tas, J. (1994). *Delinquent Behavior among Young People in the Western World*. Amsterdam/New York, Kugler Publications.
- Knight, R.A., & Prentky, R.A. (1990). Classifying Sexual Offenders. The development and corroboration of taxonomic models. In: W.L. Marshall, D.R. Laws & H.E. Barbaree, *Handbook of Sexual Assault. Issues, theories, and treatment of the offender*. New York, Plenum, 23-52.
- Knight, R.A., & Prentky, R.A. (1993). Exploring Characteristics for Classifying Juvenile Sex Offenders. In: Barbaree, H.E., Marshall, W.L., & Hudson, S.M., *The Juvenile Sex Offender*. New York, The Guilford Press, 45-83.
- Moffitt, T.E. (1993). Adolescence-limited and life course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review*, 100, 4, 674-701.
- Rutten, E., & Stams, G.J.(2005). *De Morele Orientatie Lijst (MOL)*. University of Amsterdam, Dept. of Psychology.
- Ryan, G. (1997). Incidence and prevalence of sexual offences committed by juveniles. In: Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass.
- Van Wijk, A.Ph. (2005). *Juvenile Sex Offenders and Non-sex Offenders. A comparative study*. VU University Medical Centre, Amsterdam.
- Van Wijk, A.Ph., Bullens, R.A.R., & Van den Eshof, P. (Eds.) (2007). *Facetten van Zedencriminaliteit*. The Hague, Elsevier.
- Verheij, J. (2000). *Een onderzoek naar de gebruikersvriendelijkheid van de ASOAP*. VU University of Amsterdam, Dept. of Psychology.
- Vermeiren, R. (2002). *Delinquents Disordered? Psychopathology and neuropsychological deficits in delinquent adolescents*. University of Antwerp, Dept. of Medicine-Child and Youth Psychiatry.
- Worling, J.R. (2001). Personality-based Typology of Adolescent Male Sexual Offenders: differences in recidivism rates, victim-selection characteristics, and personal victimization histories. *Sexual Abuse, A Journal of Research and Treatment*, 3, 149-166.

# **II: The Adolescent Sexual Abuser Project (ASAP) Assessment Measures-Dutch Revised Version<sup>1</sup>**

## **ABSTRACT:**

In this chapter, the Adolescent Sexual Abuser Project (ASAP) Assessment Measures-Dutch Revised Version (ASAP-D) is presented. The ASAP-D is an assessment pack that measures several psychological characteristics which are generally considered relevant in the literature for the development and continuation of sexually abusive behavior in juveniles. After a description of the measures that comprise the instrument, its basic psychometric qualities are presented.

---

<sup>1</sup> The chapters II and IV combined have been published as one single article in the *Journal of Sexual Aggression*, Vol. 12, Issue 2, July 2006, pp. 127-142.

## **INTRODUCTION:**

For the past 20 years, there has been a considerable growth in public awareness of the role played by young people in the area of sexual abuse. In Great Britain, the United States and the Netherlands, it has been estimated that about 20% of all acts of sexual abuse are committed by minors (Becker and Hicks, 2003; Graham et al, 1998; Grubin, 1998; NTFJSO, 1993; Verheij, 2000; Van Outsem, 2002). There is some controversy about whether, and to what extent, these young offenders will continue their sexually abusive behavior into adulthood. Some studies suggest that only 10-15 % of adolescent sex offenders continue their abusive behavior into adulthood (ATSA, 1997; Coombes, 2003; Rasmussen, 1999; Ryan and Lane, 1997). At first glance, these percentages seem quite low. However, they represent a group of young people who will continue to reoffend, despite having been caught and punished. It is therefore of great importance that this specific group is identified as early as possible, and that treatment programs are offered which can lead to an optimal reduction in reoffence rates.

One of the approaches proposed for the identification of these high-risk young sex offenders and for the assessment of their specific treatment needs is the Adolescent Sexual Abuser Project (ASAP) assessment measures. The ASAP was developed in the United Kingdom by Beckett, Brown and Gerhold (1997). It measures those specific psychological factors that in the literature are generally considered to be relevant for the development and continuation of sexually abusive behavior (Ryan & Lane, 1997; Beech et al., 1998; Van Outsem, 2002).

In cooperation with the European Society for working with Sexually Abusive Youth (ESSAY), a Dutch version of the ASAP, the ASAP-D, has been developed for use in the Netherlands. In the validation process, some of the original questionnaires were adjusted, omitted or replaced by newly developed instruments.

## **DESCRIPTION OF THE ASAP-D**

The ASAP-D consists of nine separate psychometric instruments, all of which are multiple-choice questionnaires. Some of these questionnaires measure a single dimension of a particular psychological characteristic, others measure several dimen-



sions. Table 1 shows the characteristics studied and the instruments that were used for their measurement.

#### Significance of the scales:

- 1: *Social desirability* measures the degree to which the subject reports being honest, truthful, responsible, self-controlled and full of good intentions. High-scorers tend to exaggerate their good qualities and to deny their flaws; low-scorers tend to be self-critical.
- 2: *Self-esteem* measures the degree to which the subject perceives himself as a person he is not content with. High-scorers have an average to high degree of self-esteem, whereas low-scorers feel unhappy about the person they perceive themselves to be.
- 3: *Emotional loneliness* measures the degree to which the subject experiences feelings of loneliness. High-scorers perceive themselves as lonely, whereas low-scorers do not.
- 4a: *Empathy/perspective taking* measures the degree to which the subject reports being a person who, in social interaction, is inclined to take the needs and opinions of others into account. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.
- 4b: *Empathy/fantasy* measures the degree to which the subject reports being able to mentally reproduce other people's emotional experiences. High-scorers report a high degree of this characteristic; low-scorers report a low degree.
- 4c: *Empathy/emotional comprehension* measures the degree to which the subject reports his own inclination to consider other people's emotions in social interaction. High-scorers report a high degree of this characteristic; low-scorers report a low degree.
- 5: *Locus of control* measures the degree to which the subject perceives himself generally having influence and control over the events happening in his life. High-scorers report perceiving little control (external locus of control), whereas low-scorers report perceiving a high degree of control over what happens in their lives (internal locus of control).
- 6a: *Reactive aggression* measures the degree to which the subject reports frequently taking an aggressive attitude in unpleasant social interactions. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.

- 6b: *Character aggression* measures the degree to which the subject reports being an aggressive person by nature. The higher the score, the more the subject reports this characteristic to be present.
- 7: *Impulsivity* assesses the degree to which the subject experiences himself as being in control of his own actions. High-scorers report a low degree of self-control (high impulsivity), whereas low-scorers report a high degree of self-control (low impulsivity).
- 8a: *Quantity of cognitive distortions concerning children and sexuality* measures the relative quantity of cognitive distortions regarding children and sexuality, as compared to the general Dutch male population of the same age group. High-scorers disclose a relatively high number of these cognitive distortions, and low-scorers disclose a relatively low number.
- 8b: *Cognitive distortions/justifications* indicates the degree to which the subject admits to justifying sexual interactions between (young) children and postpubescent individuals.
- 8c: *Cognitive distortions/child sexual maturity* indicates the degree to which the subject admits to perceiving (young) children as functioning sexually like mature individuals, both in a physical and in a psychological sense.
- 8d: *Cognitive distortions/self-identification as a child* indicates the degree to which the subject perceives himself as psychologically similar to a young child. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.
- 8e: *Cognitive distortions/mutual special relationships with children* measures the degree to which the subject reports having intense mutual relationships with young children in ways that are not typical of his age group.
- 8f: *Cognitive distortions/ideation of attractiveness for children* indicates the intensity of the conviction of being both sexually and emotionally attractive to children.
- 9a: *Egodystonic hypersexuality* measures the degree to which the subject reports frequently experiencing unwanted and/or discomforting sexual emotions. High-scorers report a high level of discomfort regarding their sexual feelings. Average-scorers and low-scorers report that they experience no more of this discomfort than is typical for their age group.
- 9b: *Positive orientation towards sexuality* measures the degree to which the subject reports having a pleasurable interest in sexual activity. High-scorers report a high degree of this characteristic, and low-scorers may be in denial as to their sexual interests.

Table 1:

| <b>Psychological characteristic:</b> | <b>Instrument used:</b>  | <b>Measured dimensions of psychological characteristic:</b>   |
|--------------------------------------|--|---|
| 1: Social desirability               | Leiden Social Desirability Scale (LSDS) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)* | Unidimensional  |
| 2: Self-esteem                       | Self-esteem/Self Derogation Scale (Thornton, 1998).**  | Unidimensional  |
| 3: Emotional loneliness              | Emotional Loneliness Scale (Russell et al., 1980)**  | Unidimensional  |
| 4: Empathy                           | Interpersonal Reactivity Index (Davis, 1980)**   | a: perspective taking<br>b: fantasy<br>c: emotional comprehension   |
| 5: Locus of control                  | Locus of Control Scale (Nowicki & Strickland, 1976)**  | Unidimensional  |
| 6: Aggression                        | Leiden Aggression Questionnaire (LAQ) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)*   | a: reactive aggression<br>b: character aggression   |
| 7: Impulsivity                       | Eysenck Personality Questionnaire/Eysenck Impulsivity Scale (Eysenck & Eysenck, 1978)**      | Unidimensional  |
| 8: Cognitive distortions             | Children and Sex Scales (Beckett, 1987)**  | a: quantity of cognitive distortions concerning children and sexuality<br>b: justifications<br>c: child sexual maturity<br>d: self-identification as a child<br>e: mutual special relationships with children<br>f: ideation of attractiveness for children |
| 9: Experienced sexuality             | Leiden Sexuality Questionnaire (LSQ) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)*    | a: egodystonic hypersexuality<br>b: positive orientation towards sexuality  |

\* Newly developed instrument. \*\* Revised Dutch version by Van Outsem (2004).

The ASAP-D is suitable for male adolescents (aged 12-20) with an IQ of 80 or higher. Completing the ASAP-D takes about 45 minutes. All items are multiple-choice questions. In some cases, supervision of the subjects filling in the ASAP-D is recommended (e.g. if subjects have difficulty understanding certain words), but usually this is not required. At the beginning of each of the nine questionnaires, there is an instruction on how to complete it.

## METHOD

### **Samples:**

The Dutch translation of the original ASAP was administered to various samples totalling 799 male youngsters. The first sample was a representative sample of 500 non-delinquent youngsters aged 12-20 ( $M = 15.8$ ,  $s.d. = .8$ ). The representativity of the sample was attained with the help of the 2003 population statistics of the Dutch Central Bureau of Statistics (CBS, 2003). The youngsters were recruited at secondary schools in major cities and provincial towns throughout the Netherlands. Of these boys, 84 % were of Dutch origin and 16 % were of immigrant origin (Moroccan, Turkish, Dutch-Antillean and Surinamese). Most of them, 74 %, had a medium or low level of education. The remaining 26 % received a high level of education. In this study, a high level of education corresponds to VWO and HAVO, (pre-university education and senior general secondary education, respectively). A medium to low level of education consequently corresponds to the other type of education in the Dutch education system, VMBO (preparatory secondary vocational education).

The second sample consisted of 146 outpatient juvenile sex offenders. They had all committed one or more hands-on sexual offences. Of these juveniles, 96 had abused young children (under the age of 12) and 50 had abused peers and/or adults. This sample was aged 12-20 ( $M = 16.4$ ,  $s.d. = 2.3$ ) and were recruited at forensic outpatient institutions. The majority of these boys were of Dutch origin (87 %). The remaining 13 % were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 6 % had a high level of education. The majority of them, 94 %, had a medium to low level of education.

The third sample consisted of 153 juvenile non-sexual violent offenders, in other words, all subjects had committed only violent offences of a non-sexual nature. They

were aged 12-20 ( $M = 16.7$ ,  $s.d. = 1.8$ ). Of these boys, 75 (49 %) were being detained in various penitentiary institutions for juveniles. The other 78 (51 %) were outpatients of De Waag, a forensic psychiatric outpatient clinic. The outpatients were examined (T1) shortly before entering treatment. The majority of the boys in this sample were of Dutch origin (60 %). The remaining 40 % were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 6 % had a high level of education. The vast majority, 94 %, had a medium to low level of education.

### **Procedure:**

Using the data obtained from these samples, the Dutch translation of the original ASAP was tested on its reliability and the following types of validity:

*Face validity:* The translation of the original English questionnaires was first evaluated by a qualified English-Dutch translator. All items were then evaluated by a panel consisting of two qualified teachers of the Dutch language and three qualified psychotherapists. The panel evaluated the items on clarity, ambiguity, readability and layout. The items that the panel considered inadequate were excluded from the instrument.

*Construct validity:* This type of validity was tested using principal components analyses (with varimax rotation) to determine whether the ASAP-D scales measured underlying constructs that corresponded with the definitions of the constructs that were meant to be measured.

*Convergent validity:* In order to determine the degree of convergent validity of the ASAP-D scales, correlation studies were conducted with comparable Dutch scales that were available at the time this study was carried out. These scales were: the Social desirability and the Direct aggression scales of the Buss-Durkee Hostility Inventory-Dutch version (BDHI-D) (Lange et al., 1995), the Impulsivity scale of the Adolescent Temperament List (ATL) (Feij and Kuiper, 1984), and the Social inadequacy and Self-esteem scales of the Dutch Personality Questionnaire (Nederlandse Persoonlijkheids Vragenlijst, NPV) (Luteijn et al., 2000). The intercorrelations of the ASAP-D scales were also studied.

*Discriminant and criterion validity:* In order to assess the discriminant and criterion validity of the ASAP-D scales, the scores of ten different criterion groups were compared to those of a representative sample of 500 non-delinquent boys. All criterion groups consisted of juvenile forensic outpatients. They were selected by conducting standardized file research. Only the file information that was gathered before the administration of the ASAP-D was used, and only explicit information mentioned in the files was accepted. The following ten criterion groups were formed: (1) patients with an ADHD diagnosis; (2) patients undergoing intensive aggression control therapy; (3) patients with explicit information about currently having a low degree of self-esteem; (4) patients with explicit information about currently experiencing strong feelings of loneliness; (5) patients with explicit information about empathic deficiency; (6) patients with explicit information about a clear external locus of control; (7) patients with explicit information about having a high degree of impulsivity; (8) patients with explicit information about currently experiencing a high degree of sexual preoccupation; (9) patients with explicit information about currently having a high degree of sexual activity; and (10) patients with explicit information about frequently displaying verbal and/or physical aggressive behavior.

*Predictive validity:* In order to assess the predictive validity of the ASAP-D scales, correlation studies were conducted between the ASAP-D scores found in a subgroup (n = 30; 15 sex offenders and 15 non-sexual violent offenders) of the total sample of juvenile clients of De Waag, and their therapists' standardized ratings of each of the measured characteristics after at least three months of treatment. The ASAP-D was administered at the beginning of treatment (T1), i.e. at least three months before the ratings by the therapists. The therapists were required to fill in a rating form, rating '0' if they thought the characteristic was not present, '1' if they suspected the characteristic was present, and '2' if they judged the characteristic to be definitely present. Scores between 0 and 1, and between 1 and 2 were also permitted. The therapists were kept ignorant of their clients' ASAP-D scores until they had completed their ratings.

## RESULTS:

### **Validity:**

*Face validity:* The items that constitute the final version of the instrument, the ASAP-D, were all evaluated by a qualified panel as having a satisfactory degree of face validity.

*Construct validity:* Principal components analyses showed that in all the scales of the final version of the ASAP-D, the underlying constructs fitted well into the definitions of the constructs that were meant to be measured (Eigenvalue > 1). The scales of the original version of the ASAP were mostly omitted if they failed to meet the criterion of construct validity. In some scales, however, it was possible to attain sufficient construct validity by omitting poorly loading items (Hays, 1988).

*Convergent validity:* As shown in Tables 2a and 2b, the majority of the correlations indicate a satisfactory degree of convergent validity of the ASAP-D scales. According to the results of the principal components analyses that were conducted additionally, the concepts of 'self-esteem' that are measured by the ASAP-D and by the NPV differ considerably. The ASAP-D scale measures the degree to which the subject feels generally pleased with himself. The NPV scale measures the degree to which the subject reports good performance and functioning in a number of areas. In view of this, and of the correlations found with social desirability scales, it is supposed that, in contrast to the ASAP-D scale, the NPV scale is very susceptible to socially desirable responses. This may explain the poor correlations between both self-esteem scales, and between the NPV scale and the ASAP-D Emotional loneliness scale.

Table 2a: Correlations with scales of other instruments:

$N = 30$ , Pearson's  $r$ , significance  $p < .05$ .

|                                 | <b>BDHI-D*</b><br><b>Social<br/>desirability</b> | <b>BDHI-D*</b><br><b>Direct<br/>aggression</b> | <b>ATL**</b><br><b>Impulsivity</b> | <b>NPV***</b><br><b>Social in-<br/>adequacy</b> | <b>NPV***</b><br><b>Self<br/>Esteem</b> |
|---------------------------------|--|--|------------------------------------|---|---|
| <b>Social<br/>desirability</b>  | .865   | -.759  | -.733                              | -.022   | .618                                    |
| <b>Reactive<br/>aggression</b>  | -.409  | .855   | .379                               | .259  | -.481                                   |
| <b>Character<br/>aggression</b> | -.507  | .532   | .483                               | .000  | -.778                                   |
| <b>Impulsivity</b>              | -.407  | .263   | .728                               | .065  | -.591                                   |
| <b>Emotional<br/>loneliness</b> | .462   | .330   | -.520                              | .779  | -.043                                   |
| <b>Self-esteem</b>              | -.030  | -.545  | .283                               | -.614   | .020                                    |

\* *Buss-Durkee Hostility Inventory-Dutch.*

\*\* *Adolescent Temperament List.*

\*\*\* *Dutch Personality Inventory.*



Table 2b: Relevant intercorrelations of the ASAP-D scales:

*N* = 500, significance  $p < .05$ .

| <b>Intercorrelation:</b>  | <b>Pearson's r:</b> |
|---|---------------------|
| Self-esteem-Emotional loneliness:   | -.228               |
| Self-esteem-Impulsivity:  | -.321               |
| Self-esteem-Locus of control:   | -.227               |
| Empathy/perspective taking-Reactive aggression:                                     | -.264               |
| Empathy/perspective taking-Empathy/fantasy:   | .319                |
| Empathy/emotional comprehension-Empathy/perspective taking:                         | .470                |
| Locus of control-Impulsivity:   | .313                |
| Locus of control-Character aggression:  | .223                |
| Impulsivity-Character aggression:   | .414                |
| Impulsivity-Positive orientation towards sexuality:                                 | .488                |
| Reactive aggression-Character aggression:   | .320                |
| Egodystonic hypersexuality-Positive orientation towards sexuality:                  | .373                |
| Mutual special relationships with children-Ideation of attractiveness for children: | .546                |
| Mutual special relationships with children-Self-identification as a child:          | .526                |
| Justifications-Child sexual maturity:   | .633                |
| Justifications-Self-identification as a child:                                      | .414                |
| Justifications-Mutual special relationships with children:                          | .511                |
| Justifications-Ideation of attractiveness for children:                             | .358                |
| Child sexual maturity-Self-identification as a child:                               | .477                |
| Child sexual maturity-Mutual special relationships with children:                   | .493                |
| Child sexual maturity-Ideation of attractiveness for children:                      | .428                |
| Self-identification as a child-Ideation of attractiveness for children:             | .629                |

*Discriminant and criterion validity:* As shown in Table 3, the vast majority of results indicate a satisfactory degree of discriminant and criterion validity.

Table 3: Comparisons of criterion groups and control group:

| <b>Scale:</b>                   | <b>Group compared to control group:<br/>(Age 12-20; all criterion groups n = 30;<br/>control group n = 500)</b> | <b>T-test:</b>         | <b>Results as expected/<br/>Effect Size<br/>(Hedges' <math>\hat{g}</math>):</b> |
|---------------------------------|---|------------------------|---|
| Impulsivity                     | De Waag outpatients with ADHD diagnosis in file.  | t = 8.576<br>p = .000  | Yes.<br>$\hat{g} = 1.77$  |
| Character aggression            | De Waag outpatients with ADHD diagnosis in file.  | t = 4.691<br>p = .000  | Yes.<br>$\hat{g} = 1.23$  |
| Empathy perspective taking      | De Waag outpatients with ADHD diagnosis in file.  | t = -2.635<br>p = .009 | Yes.<br>$\hat{g} = 1.09$  |
| Reactive aggression             | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = 3.039<br>p = .004  | Yes.<br>$\hat{g} = 1.86$  |
| Character aggression            | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = 5.190<br>p = .000  | Yes.<br>$\hat{g} = 1.99$  |
| Impulsivity                     | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = 2.800<br>p = .007  | Yes.<br>$\hat{g} = 1.16$  |
| Empathy perspective taking      | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = -2.641<br>p = .011 | Yes.<br>$\hat{g} = .98$   |
| Empathy emotional comprehension | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = -1.844<br>p = .070 | No*<br>n.s.   |
| Locus of control                | De Waag outpatients undergoing intensive aggression regulation therapy.   | t = .048<br>n.s.       | No.<br>n.s.   |
| Self-esteem                     | De Waag outpatients with explicit file information of low self-esteem.  | t = -6.386<br>p = .000 | Yes.<br>$\hat{g} = 1.94$  |
| Emotional loneliness            | De Waag outpatients with explicit file information of strong feelings of loneliness.                            | t = 3.843<br>p = .000  | Yes.<br>$\hat{g} = 1.83$  |
| Empathy perspective taking      | De Waag outpatients with explicit file information of empathic deficiency                                       | t = -2.209<br>p = .028 | Yes.<br>$\hat{g} = .95$   |
| Empathy fantasy                 | De Waag outpatients with explicit file information of empathic deficiency.                                      | t = -2.198<br>p = .029 | Yes.<br>$\hat{g} = .91$   |
| Empathy emotional comprehension | De Waag outpatients with explicit file information of empathic deficiency.                                      | t = -4.436<br>p = .000 | Yes.<br>$\hat{g} = 1.33$  |

|                                   |   |                       |                          |
|-----------------------------------|---|-----------------------|--------------------------|
| Locus of control                  | De Waag outpatients with explicit file information of external locus of control.      | t = 1.782<br>p = .076 | No*<br>n.s.              |
| Impulsivity                       | De Waag outpatients with explicit file information of high degree of impulsivity.     | t = 6.980<br>p = .000 | Yes.<br>$\hat{g} = 1.97$ |
| Egodystonic hypersexuality        | De Waag outpatients with explicit file information of high sexual preoccupation.      | t = 5.291<br>p = .000 | Yes.<br>$\hat{g} = 1.91$ |
| Positive orientation towards sex. | De Waag outpatients with explicit file information of high degree of sexual activity. | t = 2.643<br>p = .010 | Yes.<br>$\hat{g} = 1.89$ |
| Character aggression              | De Waag outpatients with explicit file information of frequent aggressive behavior.   | t = 6.223<br>p = .000 | Yes.<br>$\hat{g} = 1.78$ |
| Reactive aggression               | De Waag outpatients with explicit file information of frequent aggressive behavior.   | t = 2.087<br>p = .049 | Yes.<br>$\hat{g} = 1.47$ |

*n.s.* = non significant.

\* Expected means difference present, though too small to reach statistical significance ( $p < .05$ ).

*Predictive validity:* The results of the predictive validity study are shown in Table 4.

Table 4: Correlations of ASAP-D scales with ratings by therapists, significance  $p < .05$ :

| <b>ASAP-D scale:</b>                                   | <b>Correlation with ratings by therapists (Pearson's r)</b> |
|--|---|
| Self-esteem  | -.887*  |
| Emotional loneliness                                   | .737  |
| Empathy perspective taking                             | .501  |
| Empathy fantasy  | .126  |
| Empathy emotional comprehension                        | .517  |
| Locus of control                                       | .662  |
| Impulsivity  | .713  |
| Cognitive distortions                                  | .358  |
| Justifications   | .669  |
| Ideation of child sexual maturity                      | .262  |
| Self-identification as a child                         | .127  |
| Ideation of mutual special relationships with children | .208  |
| Ideation of attractiveness for children                | .205  |
| Egodystonic hypersexuality                             | .619  |
| Positive orientation towards sexuality                 | .582  |
| Reactive aggression                                    | .712  |
| Character aggression                                   | .822  |

\* Clients were rated on **low** self-esteem.

These results show that some of the ASAP-D scales correlate highly with the therapists' ratings, whereas other scales show considerably less correlation. Obviously, it is much easier for therapists to rate the degree of presence of observable and registrable behavior than to assess the degree to which cognitions are present. This could, at least in part, explain most of the low correlations that were found. Moreover, for clients it is usually much easier to hide cognitions than disguise observable behavior.

**Reliability:**

*Internal consistency:* All of the ASAP-D scales had a sufficient degree of internal consistency in all the groups studied (N-range = 30-500). The Crohnbach's alpha values ranged between .70 and .93.

*Test-retest reliability:* The test-retest reliability of the ASAP-D scales was assessed by administering the instrument twice to a group of 28 secondary school students aged 14-17, with an interval of 14 days. The test-retest correlations of all scales ranged between .70 and .98.

*Influence of social desirability:* The effects of socially desirable responses on the scores on the scales of the ASAP-D was studied by establishing correlations between the scores on the Social desirability scale (LSDS) and those on the other scales (see Table 5).

Table 5:

Pearson's  $r$  correlations with social desirability (LSW). (n = 500, all significant  $p < .05$ ).

| Scale:   | r:    |
|--|-------|
| Self-esteem  | .259  |
| Emotional loneliness                                   | -.042 |
| Empathy perspective taking                             | .289  |
| Empathy fantasy  | -.056 |
| Empathy emotional comprehension                        | .261  |
| Locus of control                                       | -.056 |
| Reactive aggression                                    | -.485 |
| Character aggression                                   | -.287 |
| Impulsivity  | -.416 |
| Egodystonic hypersexuality                             | -.111 |
| Positive orientation towards sexuality                 | -.279 |
| Cognitive distortions                                  | -.077 |
| Justifications   | .156  |
| Ideation of child sexual maturity                      | .154  |
| Self-identification as a child                         | .104  |
| Ideation of mutual special relationships with children | .057  |
| Ideation of attractiveness for children                | -.009 |

Only the scales Reactive aggression and Impulsivity showed a high correlation with social desirability. As a result, the scores on these scales should be regarded as insufficiently reliable if social desirability scores are very high or very low. A smaller, but still significant correlation with social desirability is found in the scales Self-esteem, Empathy-perspective taking, Empathy-emotional comprehension, Character aggression, and Positive orientation towards sexuality. The scores on the other ASAP-D scales do not appear to be substantially affected by socially desirable responses.

*Influence of age, ethnicity and educational level:* The influence of age, ethnicity and educational level on the ASAP-D scores was assessed by comparing the mean scores (conducting t-tests) between the following groups selected from the control sample: boys aged 13-15 (n = 75) versus boys aged 16-18 (n = 75); boys of immigrant origin (n = 75) versus boys of Dutch origin (n = 75); boys of high educational level (n = 50, corresponding to VWO and HAVO) versus boys of medium and low educational level (n = 75, corresponding to VMBO). The conducted t-tests yielded no significant differences ( $p < .05$ ) between the mean scores of the groups compared. Therefore, it may be assumed that these factors do not have a substantial effect on the ASAP-D scores.

## DISCUSSION

The ASAP-D appears to be a viable instrument for the assessment of juvenile sex offenders, as it has been found to be sufficiently reliable and valid in the measurement of those psychological characteristics which are most relevant according to the literature. In clinical practice, it is necessary to combine the ASAP-D with other psychometric instruments and other assessment techniques, especially if psychopathology and/or a deviant home environment has been observed or suspected. A thorough investigation of the protective and risk factors in the subject's living environment could also prove to be a valuable supplement to the information gained by using the ASAP-D.

Further development of the ASAP-D is needed, especially in the areas of sexuality and of cognitive distortions. The current version of the ASAP-D only measures two dimensions of sexuality and only five of all possible relevant cognitive distortions. These two key areas should be explored more fully and in a much wider range of dimensions, in order to enhance our understanding of the dynamics behind a juvenile's sexually abusive behavior. Beckett (2005) found strong indications that the scores on the ASAP cognitive distortion scales tend to drop significantly when they are not administered anonymously. This means that only high scores on the ASAP-D cognitive distortion scales reliably reflect a (high degree of) presence of the cognitive distortions measured. Average and low scores on these scales should not to be considered reliable, and are thus not indicative of the degree to which the cognitive distortions measured are present. Further efforts should be devoted to overcome the shortcomings of the cognitive distortion scales. In addition, the effects on other ASAP-D scales of anony-

mous administration (versus administration in which identification of the respondents is required) should be investigated further.

As discussed earlier, the effects of socially desirable response tendencies form a considerable problem in some of the ASAP-D scales. Further development of these scales is needed in order to reduce their susceptibility for bias caused by social desirability.

At this stage, the ASAP-D should not be seen as a risk assessment instrument. It is still being discussed whether, and to what extent, any measured change in psychological characteristics could result in a reduction of the assessed risk of reoffending (Ryan & Lane, 1997; Van Outsem, 2002). Further research should shed more light upon the effects of changes in psychological characteristics on the type, frequency and severity of reoffence in those subjects who reoffend after treatment. Certain changes in psychological characteristics may result in less frequent and/or less severe reoffending.

## REFERENCES:

- ATSA (1997). *Position on the Effective Legal Management of Juvenile Sex Offenders*. Beaverton, Oregon.
- Beckett, R. (2005). Personal communication.
- Beckett, R. (1978). *Children and Sex Scales*. Oxford, Oxford Forensic Psychology Service.
- Beckett, R., Brown, S., & Gerhold, D. (1997). *The Adolescent Sex Offender Assessment Pack*. Oxford, Oxford Forensic Psychology Service.
- Becker, J.V. & Hicks, S.J. (2003). Juvenile sex offenders. Characteristics, interventions, and policy issues. *Annals of the New York Academy of Sciences*, 40, 397-410.
- Beech, A., Fisher, D., & Beckett, R. (1998). *STEP-3: An Evaluation of the Prison Sex Offender Treatment Programme*. Oxford, Oxford Regional Forensic Service.
- Central Bureau of Statistics/CBS (2003). *Population Statistics*. (Dutch: *Bevolkingsstatistieken*.) The Hague, CBS.
- Coombes, R. (2003). Adolescents Who Sexually Abuse. In: A. Matravers (ed.) *Sex Offenders in the Community: Managing and Reducing the Risks*. Cambridge Criminal Justice Series, Collumpton-Devon, Willan.



- Davis, M. (1980). A Multi-dimensional Approach to Individual Differences in Empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Eysenck, H., & Eysenck, S. (1978). *The Eysenck Personality Questionnaire*. London: EPO.
- Feij, J., & Kuiper, C. (1984). *The Adolescent Temperament List*. Dutch: *Adolescenten Temperament Lijst*. Lisse, Swets Test Publishers.
- Graham, F., Richardson, G., & Bhate, S. (1998). Development of a Service for Sexually Abusive Adolescents in the Northeast of England. In: W.L. Marshall, Y.M. Fernandez, S.M. Hudson, & T. Ward (eds.). *Sourcebook of Treatment Programmes for Sex Offenders*. New York, Plenum.
- Grubin, D. (1998). *Sex Offending Against Children: Understanding the Risk*. London, Home Office.
- Hays, W.L. (1988). *Statistics*. Fort Worth, Holt, Rinehart and Winston, Inc.
- Lange, A., Hoogendoorn, M., Wiederspahn, A. & De Beurs, E. (1995). *Buss-Durkee Hostility Inventory-Dutch version*. Lisse, Swets Test Services.
- Luteijn, F., Starren, J. & Van Dijk, H. (2000). *Dutch Personality Questionnaire*. Dutch: *Nederlandse Persoonlijkheds Vragenlijst*. Lisse, Swets Test Publishers.
- National Task Force on Juvenile Sexual Offending (1993). Revised Report. *Juvenile and Family Court Journal*, 44, No. 4.
- Nicols, H., & Molinder, I. (1984). *Multiphasic Sex Inventory Manual*. Available from Nicols and Molinder, 437 Bowes Drive, Tacoma, WA, 98466, USA.
- Nowicki, S., & Strickland, B. (1976). A Locus of Control Scale for Children. *Journal of Consulting and Clinical Psychology*, 40, 148-155.
- Rasmussen, L. (1999). Factors Related to Recidivism Among Juvenile Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11, 69-85.
- Russel, D., Peplau, L., & Cutrona, C. (1980). The Revised UCLA Loneliness Scale. Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
- Rutten, E., & Stams, G. (unpublished). *The Moral Orientation List (Dutch: De Morele Oriëntatie Lijst MOL)*. University of Amsterdam, Dept. of Psychology.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.
- Thornton, L.A. (1998). Self-esteem/Self Derogation Scale. Available from the author.

- Van Outsem, R. (2002). An Exploratory Investigation on Factors in Offender Treatment Named Effective by Treated Juvenile Sex Offenders. (Dutch: Een verkennend onderzoek naar de door jeugdige zedendelinquenten als werkzaam ervaren factoren in dadertherapie”.) *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 7/8.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005). *The Adolescent Sex Offender Assessment Pack-Dutch Revised Version (ASAP-D)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (in preparation). *The Effects of Anonymity on the Measurement of Cognitive Distortions*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Van Horn, J., Bullens, R., & Doreleijers, Th. (2004). *The Leiden Social Desirability Scale*. Dutch: *De Leidse Sociale Wenselijkheidsschaal (LSW)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2004). *The Leiden Aggression Questionnaire*. Dutch: *De Leidse Aggressie Vragenlijst*. Amsterdam, VU University, Dept. of Psychology.
- Van Outsem, R., Doreleijers, Th., Bullens, R., & Van Horn, J. (2004). *The Leiden Sexuality Questionnaire*. Dutch: *De Leidse SeksualiteitsVragenlijst (LSV)*. The Hague, De Waag/ABJ.
- Verheij, M. (2000). *An Exploratory Investigation on the Applicability of an Instrument for the Assessment of Juvenile Sex Offenders*. (Dutch: Een verkennend onderzoek naar de gebruikersvriendelijkheid van een meetinstrumentarium voor jeugdige zedendelinquenten.) VU University of Amsterdam, Dept. of Psychology.

# **III: The Measurement of Empathy in Youngsters: The relationship between the scores on the cognitive and affective empathy scales of the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D) and the Moral Orientation List (MOL):**

**Ron van Outsem and Esther Rutten.**

## **ABSTRACT:**

In this article, a correlation study is presented between two empathy subscales of the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version, which are assumed to be indicative of the subject's empathic abilities, and the Moral Orientation List. The results of this study show a satisfactory degree of convergent validity of these subscales.

## INTRODUCTION:

Lack of empathy is generally assumed to be an important factor in the development and continuation of different kinds of aggressive, abusive and delinquent behavior. The amelioration of empathic abilities is therefore commonly regarded as one of the most important ingredients of offender therapy, both for juvenile and adult offenders. In fact, most of the current forms of offender therapy include some form of empathy training (Marshall, Anderson and Fernandez, 1999; Van der Linden and Steketee, 1999; Ryan and Lane, 1997; Wolkerling, 1999; Van Outsem, 2001).

In order to assess whether these empathy enhancing treatment elements are indeed effective, it is necessary to make the theoretical construct of empathy measurable. This is not an easy task. From the literature it becomes apparent that the construct of empathy is far from uniformly defined. Moreover, it is usually operationalized in very general terms, if at all (Van Outsem, 2001). Empathy has been described in many different ways, for example as a shared emotional experience (Deutsch and Madle, 1975), the understanding of affect in another person (Moore, 1990), and a response to another person's affect or circumstance (Deutsch and Madle, 1975). There is disagreement as to whether an empathic person simply understands another person's emotions, or whether a vicarious emotional response is also necessary (Marshall, Anderson and Fernandez, 1999). There is also much debate on whether empathy is biologically determined or learned, and whether it is a state or a trait. In other words, empathy is a heterogeneous concept and there is no clear consensus in the literature about what empathy actually is, how it works, and how it should be measured. This problem can be solved by focusing on those operational components about which there is some consensus that they form an important aspect of the construct of empathy. These components are:

- *Perspective taking*: The ability to understand and to take into account other people's cognitive and emotional perspective on an issue in social interaction;
- *Observable convergent affective behavior*: The observable fact that subjects assume a posture or an emotional expression that is similar to that of the person they are interacting with. This behavior can be either verbal or non-verbal.

The authors therefore assume that the measurement of these two components will give a good indication of a subject's empathic abilities and of the changes in these abilities after a period of treatment.

The Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D; Van Outsem et al., 2005) contains two subscales which aim to measure the components of empathy that were mentioned above. Validity and reliability studies on these scales have yielded satisfactory results. Until recently, it was not possible to compare (intercorrelate) these scales with other instruments in the Dutch language that measure similar constructs simply because none existed. In 2005, the Moral Orientation List (MOL) (Rutten and Stams, 2005) became available for such a comparison.

## METHOD:

### **Instruments used:**

In this study, three scales of the ASAP-D were used (see Chapter II for an detailed description of the ASAP-D):

- *Social desirability*: This scale measures the degree to which the subject reports having socially desirable characteristics, i.e. being honest, truthful, responsible, self-controlled and having good intentions.
- *Empathy/perspective taking*: This scale measures the degree to which the subject reports being a person who, in social interaction, is inclined to make an effort to understand and to take into account the needs and opinions of others.
- *Empathy/fantasy*: This scale reflects the subject's self-reported ability to reproduce other people's (emotional) experiences in his own mind. When doing so, the subject gives physical expression to the emotions which are associated with those internally reproduced experiences.

The MOL is a questionnaire that has been developed to determine the moral orientation of adolescents. It is based on two theories: Kohlberg's theory on moral development and Hoffman's theory on moral socialization and empathy (Gibbs, 1992). The MOL integrates these two theories (Stams et al. 2005), and measures two dimensions of moral orientation:

- *Punishment orientation*: The degree to which the moral orientation of the subject is based on a fear of being punished.
- *Victim orientation*: The degree to which the moral orientation of the subject is based on empathy with the (possible) victim in the situation at hand.

The MOL contains 21 items in which certain situations are described. The subject is then required to answer a number of multiple-choice questions about these situations. These questions refer either to the fear of punishment or to the expected emotions of the victim.

Table 1: Measured constructs:

| <b>Construct:</b>                         | <b>n:</b> | <b>Items:</b> | <b>Alpha:</b> | <b>M:</b> | <b>S.D.:</b> |
|---|-----------|---------------|---------------|-----------|--------------|
| <i>ASAP-D-Social desirability:</i>        | 638       | 10            | .70           | 1.17      | .18          |
| <i>ASAP-D-Empathy/perspective taking:</i> | 652       | 4             | .68           | 2.42      | .79          |
| <i>ASAP-D-Empathy/fantasy:</i>            | 653       | 5             | .75           | 2.89      | .92          |
|   |           |               |               |           |              |
| <i>MOL-Punishment orientation:</i>        | 656       | 21            | .85           | 1.32      | .34          |
| <i>MOL-Victim orientation:</i>            | 656       | 21            | .91           | 3.20      | .45          |

n = 656.

### **Description of the group studied:**

A sample of 656 adolescents was recruited at various secondary schools in cities and towns throughout the Netherlands. Of this sample, 324 (49 %) were male and 332 (51 %) were female (note that the samples of the other studies in this research project are 100% male). The mean age was 15.0 years (s.d. = 1.5, range = 12-20). The vast majority of the subjects was of Dutch origin (592 = 91 %). The other 58 (9 %) were of immigrant origin (mostly Moroccan, Turkish, Surinamese and Dutch-Antillean). The majority of the subjects (490 = 75 %) had a level of education that is consistent with the lower half of the level spectrum of school types in the Dutch secondary education system; the remaining 166 (25 %) had a higher level of education.

### **Analyses:**

The correlations (Pierson's r) in the sample studied were calculated between the scores on the ASAP-D empathy scales and those on the MOL scales. The correlations between the scores on these scales separately and those on the Social desirability scale of the ASAP-D were also calculated in order to establish the relationship between the scores found and socially desirable response tendencies.

## RESULTS:

The correlations found between the scores on the ASAP-D scales and those on the MOL are presented in Table 2:

Table 2:

Correlations between the selected ASAP-D scales and the MOL:

|  | <b>ASAP-D<br/>Social desirability:</b> | <b>MOL Punishment<br/>orientation:</b> | <b>MOL Victim<br/>orientation:</b> |
|--|--|--|------------------------------------|
| <b>ASAP-D Social<br/>desirability:</b>         | -                                      | .03 ns                                 | .20***                             |
| <b>ASAP-D Empathy/<br/>perspective taking:</b> | .14***                                 | -.01 ns                                | .25***                             |
| <b>ASAP-D Empathy/<br/>fantasy:</b>            | -.13**                                 | -.11**                                 | .30***                             |

\*p < .05; \*\*p < .01; \*\*\*p < .001; ns = non-significant.  
n = 656.

Significant correlations were found between Social desirability and both the ASAP-D empathy scales. The Victim orientation scale of the MOL also correlated significantly with the ASAP-D Social desirability scale. This indicates that a socially desirable response tendency has a relatively small but significant effect on the scores on these scales. As was expected, both the ASAP-D empathy scales correlated significantly with the MOL Victim orientation scale. In addition, a significant negative correlation was found between the ASAP-D Fantasy scale and the MOL Punishment orientation scale. No significant correlation was found between the ASAP-D Perspective taking scale and the MOL Punishment orientation scale.

## DISCUSSION:

Both of the ASAP-D empathy scales show a relatively modest but statistically significant correlation with the Social desirability scale. A higher degree of social desirability will produce a slightly higher degree of self-reported perspective taking, as perspective taking is generally considered to be a socially desirable characteristic. The negative correlation between social desirability and fantasy was also to be expected, since the Fantasy scale contains many items in which the subject is asked to report empathic behavior that is not generally considered socially desirable, or which may be embarrassing to admit to. For example, in one of the items of the Fantasy scale the subject is asked to report whether he sometimes cries when watching a movie. Admitting to crying when watching a movie may be embarrassing, especially for male adolescents. Both of the ASAP-D empathy scales also correlate positively with the MOL Victim orientation scale, which is basically the MOL empathy scale. They did not correlate significantly with punishment orientation, since this scale measures a concept that is independent of the subject's empathic abilities. In other words, a person who acts out of fear of being punished may in general be both empathic and non-empathic.

The results found in this study suggest a satisfactory degree of convergent validity of the ASAP-D Perspective Taking and Fantasy scales, and are therefore consistent with the results of other validation studies on these scales (Van Outsem et al., 2005).

## REFERENCES:

- Beckett, R., Brown, A., & Gerhold D.(1997). *The Adolescent Sexual Abuser Project Assessment Measures*. Oxford, Oxford U. P.
- Beech, A., Fisher, D., & Beckett, R.(1998). *STEP 3: An Evaluation of the Prison Sex Offender Treatment Programme*. Oxford, Oxford Regional Forensic Service.
- Deutsch, F., & Madle, R.A. (1975). Empathy: Historic and current conceptualizations, measurement and cognitive theoretical perspective. *Human Development*, 18, 267-287.
- Gibbs, J. (1992). Toward an Integration of Kohlberg's and Hoffman's Theories of Morality. In: W.M. Kurtines & J.L. Gewirtz (Eds.). *Handbook of Moral Behavior and Development. Vol. 1: Theory*. Hillsdale NJ, Lawrence Erlbaum Associates.



- Gladstein, G.A. (1983). Understanding empathy: integrating counseling, developmental, and social psychology perspectives. *Journal of Counseling Therapy*, 30, 467-482.
- Marshall, W.L., Anderson, D., & Fernandez, Y. (1999). *Cognitive Behavioral Treatment of Sexual Offenders*. Chichester, John Wiley & Sons.
- Moore, B.S. (1990). The Origins and Development of Empathy. *Motivation and Emotion*, 14, 75-79.
- Rutten, E., & Stams, G. (2005). *The Moral Orientation List (MOL)*. University of Amsterdam, Department of Psychology.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco CA, Jossey-Bass.
- Stams, G., Rutten, E., Brugman, D., Hendriks, J., & Van den Wittenboer, G. *The Effects on Punishment- and Victim-based Moral Orientations on Prosocial, Externalizing, and Norm Trespassing Behavior in Adolescents and Juvenile Delinquents: Toward an Integrated Measure of Moral Affect and Moral Cognition*. Submitted for publication.
- Van der Linden, P., & Steketee, M. (1999). *Offender Treatment in the Netherlands: An inventory of treatment and prevention for perpetrators of sexual and domestic violence. Dutch: Daderhulpverlening in Nederland: Inventarisatie van hulpaanbod en preventie voor plegers van seksueel en huiselijk geweld*. Utrecht, TransAct.
- Van Outsem, R. (2001). Empathy for Beginners and for the Advanced: Empathy and empathy training. Dutch: Meevoelen voor beginners en gevorderden: Empathie en empathietraining. *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 5/6, 76-81.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005). *The Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D)*. VU University of Amsterdam, Department of Psychology.
- Wolkerling, U. (1999). *Ways out of the Labyrinth: Experiences with family oriented work in the area of sexual abuse*. German: *Wege aus dem Labyrinth: Erfahrungen mit familienorientierter Arbeit zu sexuellem Missbrauch*. Berlin, KIZ/EJF.



# **IV: A comparison of psychological characteristics between juvenile sex offenders, juvenile perpetrators of non-sexual violent offences and non-delinquent youngsters in the Netherlands<sup>1</sup>.**

## **ABSTRACT:**

In order to explore the psychological characteristics of juvenile sex offenders, the ASAP-D scores of three groups of male youngsters are compared: a group of juvenile sex offenders, a group of juvenile perpetrators of non-sexual violent offences and a representative sample of non-delinquent youngsters. Contrary to general expectation, these three groups do not differ significantly in most of the psychological characteristics measured. Clear differences are found in only a limited number of areas. In the final section of this chapter, the possible implications of these results are explored.

---

1 Chapters II and IV combined were published as one single article in the *Journal of Sexual Aggression*, Vol. 12, Issue 2, July 2006, pp. 127-142.

## INTRODUCTION:

In the literature on juvenile sexual delinquency, it is still an unresolved issue whether, and to what extent, the psychological characteristics of juvenile sex offenders differ from those of other types of juvenile delinquents and from normal youngsters. In their review of the literature on this subject, Van Wijk, Vermeiren, Loeber, 't Hart-Kerkhoffs, Doreleijers and Bullens (2006) indicated that there are few studies that compare juvenile sex offenders with other types of juvenile delinquents. Moreover, they stated that the existing studies are difficult to compare because of methodological issues. They also observed many inconsistencies in the results found in these studies. Some studies show clear differences between the psychological make-up of juvenile sex offenders and juvenile non-sexual violent offenders, whereas other studies do not. Also, even if differences between these groups are indeed reported in the degree to which a particular psychological characteristic is present, different studies sometimes report totally contradictory findings (Butler & Seto, 2002; Johnson-Reid & Way, 2001; Veneziano et al., 2004; Van Wijk, Van Horn et al., 2005; Van Wijk, Loeber et al., 2005). Comparative studies of juvenile sex offenders and non-delinquent youngsters are even scarcer (Van Wijk et al., 2006).

Insight into the specific psychological characteristics of juvenile sex offenders, especially those characteristics that can be influenced by treatment and/or other interventions, is extremely important for the development of effective treatment and prevention programs. With the help of the ASAP-D (see Chapter II), a comparative study has been conducted on the psychological characteristics between a group of juvenile sex offenders, a group of juvenile perpetrators of non-sexual violent offences, and a representative sample of non-delinquent youngsters.

## METHOD:

### **Instruments used:**

The ASAP-D was chosen as the main instrument of measurement in this study. A detailed description of the ASAP-D is given in Chapter II. In addition to the ASAP-D, the Sexual knowledge scale of the Multiphasic Sex Inventory (MSI) (Nicols and Molinder, 1984; Janssen, 2004) was administered in order to test and compare the degree of knowledge of sexuality and sexual behavior of the groups that were studied.

### **Description of the comparison groups:**

#### *Juvenile sex offenders:*

This group consisted of 140 boys aged 12-20 ( $M = 16.4$ ,  $s.d. = 2.1$ ), who had committed one or more sexual hands-on offences. They were recruited at forensic therapeutic outpatient institutes. Of these boys, 87 (62 %) had committed sexual offences against children younger than twelve years of age, and 53 (38 %) had committed offences against persons older than twelve (mostly peers). The majority of these boys were of Dutch origin (87 %); the remaining 13 % were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 6 % had a high level of education (corresponding to VWO and HAVO, pre-university education and senior general secondary education, respectively). The majority, 94 %, had a medium to low level of education (corresponding to VMBO, preparatory secondary vocational education).

#### *Juvenile perpetrators of non-sexual violent offences:*

This group consisted of 153 boys aged 12-20 ( $M = 16.7$ ,  $s.d. = 1.8$ ), who had committed violent offences of a non-sexual nature. Of these boys, 75 (= 49 %) were detained in several penitentiary institutions for juveniles; the other 78 (= 51 %) stayed in a forensic psychiatric outpatient clinic. The outpatients were examined shortly before they entered treatment. More than half of these boys were of Dutch origin (60 %). The remaining 40 % were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 6 % had a high level of education. The vast majority, 94 %, had a medium to low level of education.

#### *Non-delinquent juveniles:*

The control group consisted of a representative sample of 197 males aged 12-20 ( $M = 15.8$ ,  $sd = .8$ ), recruited to match the general Dutch population aged 12-20 in ethnicity and level of education. Of the Dutch general male population aged 14-18, 16 % are of immigrant origin and 74 % have a medium to low level of education (Central Bureau of Statistics/CBS, 2003). These boys were recruited at various secondary schools in cities and towns throughout the Netherlands.

### **Analyses:**

The groups were compared using one-way analysis of variance (ANOVA). Post hoc comparisons between groups were checked for multiple comparisons, using the Bonferroni method. Effect sizes were calculated with Hedges'  $d$  as the measure (Hedges, 1981).

## RESULTS:

The results of the comparisons mentioned above are shown in Table 1:

Table 1 ANOVA comparison of the juvenile sex offenders (n = 140), the juvenile perpetrators of non-sexual violent offences (n = 153), and the control group (n = 197):

| Scale                                      | Sex offenders  | Non-sexual violent offenders | Control        | F      | Significance |
|--|----------------|------------------------------|----------------|--------|--------------|
|  | M<br>Sd        | M<br>sd                      | M<br>sd        |        |              |
| Self esteem                                | 6.15<br>1.90   | 6.89<br>1.68                 | 7.13<br>1.37   | 12.305 | .000         |
| Emotional loneliness                       | 39.80<br>7.73  | 35.67<br>6.77                | 34.09<br>6.68  | 12.991 | .000         |
| Empathy-perspective taking                 | 12.73<br>4.39  | 12.57<br>4.42                | 12.64<br>4.57  | .160   | .855         |
| Empathy-fantasy                            | 12.95<br>5.09  | 12.79<br>5.22                | 12.82<br>5.15  | .163   | .851         |
| Empathy-emotional comprehension            | 15.37<br>4.44  | 15.30<br>4.58                | 15.43<br>4.53  | .165   | .846         |
| Locus of control                           | 14.51<br>4.55  | 14.39<br>4.61                | 14.40<br>4.68  | .226   | .798         |
| Impulsivity                                | 9.34<br>3.82   | 10.92<br>4.17                | 9.43<br>3.87   | 2.745  | .015         |
| Cognitive distortions (quantity)           | 17.27<br>10.52 | 18.13<br>10.88               | 18.18<br>10.23 | .309   | .677         |
| Justifications                             | 6.01<br>1.27   | 7.09<br>1.66                 | 7.31<br>1.97   | 5.610  | .003         |
| Child sexual maturity                      | 7.55<br>1.81   | 7.60<br>1.90                 | 7.58<br>1.88   | .018   | .983         |
| Self identification as a child             | 4.09<br>1.51   | 4.01<br>1.55                 | 5.21<br>1.77   | 7.387  | .001         |
| Mutual special relationships with children | 3.60<br>1.26   | 4.02<br>1.66                 | 4.56<br>1.63   | 4.993  | .007         |

|   |                            |                            |                            |             |             |
|---|----------------------------|----------------------------|----------------------------|-------------|-------------|
| Ideation of attractiveness for children | 3.49<br>1.31               | 3.31<br>1.29               | 4.45<br>1.33               | 2.511       | .022        |
| Social desirability                     | 30.01<br>7.39              | 29.96<br>7.28              | 29.40<br>7.22              | .164        | .849        |
| Reactive aggression                     | 19.23<br>3.95              | 21.48<br>5.60              | 18.81<br>5.67              | 12.544      | .000        |
| Character aggression                    | 6.55<br>2.09               | 6.60<br>2.00               | 6.49<br>2.06               | .032        | .969        |
| Egodystonic hypersexuality              |                            |                            | .91<br>1.39                |             |             |
| Positive orientation towards sexuality  | 3.58<br>2.60               | 4.74<br>2.59               | 3.51<br>2.29               | 2.128       | .041        |
| <i>MSI-Knowledge</i>                    | <i>8.10</i><br><i>2.01</i> | <i>8.12</i><br><i>2.12</i> | <i>8.15</i><br><i>2.08</i> | <i>.019</i> | <i>.981</i> |

### Juvenile sex offenders:

First of all, it is clear that juveniles with a lower degree of education were over-represented among the juvenile sex offenders ( $p < .0001$ ). While 74 % of the Dutch general male population aged 12-20 have a medium to low level of education (CBS, 2003), 94 % of the investigated group of juvenile sex offenders were educated at these levels.

No significant differences were found between the three groups with regard to their knowledge of sexuality; nor were significant differences found on the aggression scales between juvenile sex offenders and non-delinquent youngsters. The juvenile non-sexual violent offenders scored significantly higher on the Reactive aggression scale than the other two groups ( $F = 12.544$ ;  $p < .0001$ ; non-sexual violent offenders-sex offenders:  $\hat{\eta}^2 = .57$ ; non-sexual violent offenders-controls:  $\hat{\eta}^2 = .60$ ).

There were significant differences between the juvenile sex offenders and the non-delinquent youngsters in the scores on the Self-esteem ( $p < .0001$ ;  $\hat{\eta}^2 = .61$ ) and Emotional loneliness ( $p < .0001$ ;  $\hat{\eta}^2 = .80$ ) scales, and on four of the five specific cognitive distortion scales: Justifications ( $p = .003$ ;  $\hat{\eta}^2 = .76$ ), Self-identification as a child ( $p = .001$ ;  $\hat{\eta}^2 = .67$ ), Ideation of mutual special relationships with children ( $p = .007$ ;  $\hat{\eta}^2 = .65$ ) and Ideation of attractiveness for children ( $p = .022$ ;  $\hat{\eta}^2 = .72$ ). The juvenile sex offenders scored significantly lower on Self-esteem and higher on Emotional loneliness. They scored significantly lower on the four cognitive distortion scales mentioned above.

In comparison to the juvenile perpetrators of non-sexual violent offences, the juvenile sex offenders scored lower on Self-esteem ( $p = .008$ ;  $\hat{g} = .41$ ) and higher on Emotional loneliness ( $p = .002$ ;  $\hat{g} = .57$ ). The juvenile sex offenders scored significantly lower than the non-sexual violent offenders on Reactive aggression ( $p = .003$ ;  $\hat{g} = .57$ ) and Positive orientation towards sexuality ( $p = .041$ ;  $v = .45$ ). The juvenile sex offenders scored lower than the non-sexual violent offenders on Justifications ( $p = .012$ ;  $\hat{g} = .72$ ) and on Ideation of mutual special relationships with children ( $p = .012$ ;  $\hat{g} = .28$ ).

### **Juvenile perpetrators of non-sexual violent offences:**

Among the juvenile non-sexual violent offenders, there was also an over-representation ( $p < .0001$ ) of juveniles with a lower educational level (94 % versus 74 % of the general male population aged 12-20), as well as of juveniles of immigrant origin (40 % versus 16 %). The juvenile perpetrators of non-sexual violent offences scored significantly higher than the non-delinquent juveniles on Impulsivity ( $p = .015$ ;  $\hat{g} = .37$ ), Reactive aggression ( $p = .001$ ;  $\hat{g} = .60$ ), and on Positive orientation towards sexuality ( $p = .013$ ;  $\hat{g} = .51$ ). They scored significantly lower than the non-delinquent youths on Self-identification as a child ( $p < .0001$ ;  $\hat{g} = .71$ ) and on Ideation of mutual special relationships with children ( $p = .001$ ;  $\hat{g} = .33$ ). The scores of the non-sexual violent offenders on the Justifications scale did not differ significantly from those of the non-delinquent youths.

## **DISCUSSION:**

Firstly, no significant differences were found between the juvenile sex offenders, the juvenile perpetrators of non-sexual violent offences and the control group concerning their knowledge of sexuality. It follows from these results that (too) little knowledge of sexuality apparently does not play an important role in the development and/or continuation of sexually abusive behavior in juveniles. Moreover, no significant differences were found between juvenile sex offenders and non-delinquent youngsters on the aggression scales. The juvenile non-sexual violent offenders scored significantly higher on the Reactive aggression scale than the other two groups. This result does not yield support for the idea that sexually abusive behavior in juveniles would be in any substantial way inspired by aggressive feelings or tendencies.



The juvenile sex offenders only differed significantly from the non-delinquent youngsters in the scores on the Self-esteem and Emotional loneliness scales, and the scores on four of the five specific cognitive distortion scales. They scored significantly lower on Self-esteem and higher on Emotional loneliness. This implies that juvenile sex offenders generally felt less pleased with themselves and more lonely than their non-delinquent peers. Due to the cross-sectional design of this study (no causal relationships can be drawn from its results), it remains unclear whether these differences already existed before the juvenile sex offenders were caught and convicted. It seems plausible that individuals who are caught and convicted for a serious offence like sexual abuse develop at least some degree of insecurity about themselves and a sense of being isolated from family, friends and society. Surprisingly, the juvenile sex offenders scored significantly lower on the cognitive distortion scales than the non-delinquent group. In other words, they seemed to report less of the measured cognitive distortions than their non-delinquent peers. This may be explained by the fact that juvenile sex offenders render a higher degree of socially desirable responses to the specific questions about 'sex and children'. It should be noted that, in contrast to their non-delinquent counterparts, the juvenile sex offenders could not fill in their ASAP-D forms anonymously. Still, the scores on the Social desirability scale do not correlate substantially with the scores on any of the cognitive distortion scales in any of the groups studied, nor are there significant differences in socially desirable response between the three groups studied. Another possible explanation is that the juvenile sex offenders in this study, who had all been caught, convicted, punished and/or referred for treatment, had already become more conscious of the unacceptability, inadequacy and/or seriousness of their sexually abusive behavior. This enhanced consciousness may already have begun developing during the period of the abuse itself. While being in the active period of abusing, many of the young offenders may already have felt guilty about what they were doing. Despite this, they may also have felt unable to stop their abusive behavior.

The absence of significant differences on all other scales between juvenile sex offenders and non-delinquent youths does not support theories based on the idea that juvenile perpetrators of sexual offences generally suffer from mental illness or from marked developmental deviations.

In this study, little evidence has been found for the assumption that the psychological characteristics that are generally considered relevant in the literature for the development and perpetuation of sexually abusive behavior in juveniles indeed play a significant role in this process. The results of this study may be explained in at least three ways. First, sexually abusive behavior may be an unwanted and harmful, but natural variation of the human behavioral repertoire of the adolescent. Secondly, sexually abusive behavior may result from a very narrow and specific, still undiscovered aberration in the human psyche. Thirdly, both explanations may be right. Sexually abusive behavior would then be the product of psychosocial deviance in some, and of unsuccessful inhibition of natural impulses in others. In the case of psychosocial deviance, this may either be the direct cause of the abusive behavior, or the result of a key impairment in its usual inhibition. If the first ('natural') explanation is correct, it may be better to explain sexually abusive behavior in juveniles in a theoretical framework which focuses on context rather than on psychological constitution. This would also imply that more emphasis should be laid on preventive activities in society, since a wide variety of adolescents would be apt to display sexually abusive behavior. If the second ('deviant') explanation is correct, more fine-tuned and more detailed research on psychological characteristics is needed in order to discover the factors that are associated with the development and continuation of sexually abusive behavior. Early assessment and treatment of the characteristics found should, in that case, be emphasized. Finally, if the third explanation is correct, it would be imperative to differentiate between deviant and non-deviant pathways towards sexually abusive behavior. Different prevention and intervention strategies would then be needed for juvenile sex offenders who abuse as a consequence of psychosocial deviance, and for those whose abuse results from the unsuccessful inhibition of ethological, natural impulses. Studies on the criminal careers of juvenile sex offenders seem to support this hypothesis (Bullens, Van Wijk & Mali, 2006).

There is a clear difference in educational level between the juvenile sex offenders and the general Dutch population of male youngsters. Among the juvenile sex offenders, those with a medium to low educational level were over-represented. This finding may indicate that a lower intelligence, generally associated with a lower educational level, negatively influences the individual's ability to control and/or modify his behavior when he experiences abusive sexual impulses. It may also reflect a lower ability to learn the usual ways to suppress these impulses. On the other hand, a lower intelligence may also be associated with a lower ability to avoid being caught. Less intel-

ligent offenders may plan their offences less carefully and, as a consequence, are caught more frequently than more intelligent perpetrators.

The only clear differences in psychological characteristics found between the juvenile perpetrators of non-sexual violent offences and the other two groups is that they tend to be more aggressive in social interactions, are generally more impulsive and display less shyness -or more bravado - when discussing personal sexual issues. None of the other characteristics measured seem to differentiate this group from non-delinquent youngsters. These findings seem to give only little support to theories that suggest that violent behavior in adolescents is primarily, or exclusively, caused by mental illness or by significant developmental disorders because then significant differences would be expected in a wider spectrum of psychological characteristics. The present findings seem to advocate a higher appreciation of contextual factors in addition to factors of psychopathological and developmental deviance in the approach to violent behavior in juveniles. The over-representation of juveniles with a lower educational level and of immigrant origin in the juvenile non-sexual violent offender group lends further support to this idea.

However, no hard and definitive conclusions can be drawn from these results. In the interpretation of the results of this study, the possible limitations and biases of the self-report method used here should be taken into account. The results of self-report are always based on the subject's own experiences of himself, and on what he wants to disclose to others. As a result, the findings of this study may, at least to some extent, be influenced by factors such as social trends, common beliefs and taboos. Moreover, potential differences between certain sub-types of juvenile sex offenders on the one hand, and juvenile non-sexual violent offenders and non-delinquent youths on the other, may have remained undetected in this study. In the next two chapters, some differences in psychological characteristics between various sub-types of juvenile sex offenders will be explored.

## REFERENCES:

- ATSA (1997). *Position on the Effective Legal Management of Juvenile Sex Offenders*. Beaverton, Oregon.
- Beckett, R. (2005). Personal communication.
- Beckett, R. (1978). *Children and Sex Scales*. Oxford, Oxford Forensic Psychology Service.
- Beckett, R., Brown, S., & Gerhold, D. (1997). *The Adolescent Sex Offender Assessment Pack*. Oxford, Oxford Forensic Psychology Service.
- Beech, A., Fisher, D., & Beckett, R. (1998). *STEP-3: An Evaluation of the Prison Sex Offender Treatment Programme*. Oxford, Oxford Regional Forensic Service.
- Bullens, R. A. R. (1999). Is Juvenile Sexual Delinquency Really on the Increase? (Dutch: Nemen zedendelicten door jongeren inderdaad toe?) *Perspectief*, No. 5, 15.
- Bullens, R.A.R., Van Wijk, A.P., & Mali, B. (2006). Similarities and differences between the criminal careers of Dutch juvenile sex offenders and non-sex offenders. *Journal of Sexual Aggression*, 12, 2, 155-164.
- Butler, S.M., & Seto, M.C. (2002). Distinguishing two types of adolescent sex offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 1, 83-90.
- Central Bureau of Statistics/CBS (2003). *Population Statistics*. (Dutch: *Bevolkingsstatistieken*.) The Hague, CBS.
- Coombes, R. (2003). Adolescents Who Sexually Abuse. In: A. Matravers (ed.) *Sex Offenders in the Community: Managing and Reducing the Risks*. Cambridge Criminal Justice Series, Collumpton-Devon, Willan.
- Davis, M., (1980). A Multi-dimensional Approach to Individual Differences in Empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Eysenck, H., & Eysenck, S. (1978). *The Eysenck Personality Questionnaire*. London: EPQ.
- Feij, J., & Kuiper, C. (1984). *The Adolescent Temperament List*. Dutch: *Adolescenten Temperament Lijst*. Lisse, Swets Test Publishers.
- Graham, F., Richardson, G., & Bhate, S. (1998). Development of a Service for Sexually Abusive Adolescents in the Northeast of England. In: W.L. Marshall, Y.M. Fernandez, S.M. Hudson, & T. Ward (eds.). *Sourcebook of Treatment Programmes for Sex Offenders*. New York, Plenum.
- Grubin, D. (1998). *Sex Offending Against Children: Understanding the Risk*. London, Home Office.

- Hedges, L.V. (1981). Distribution theory for Glass's estimator of effect size and related estimators. *Journal of Educational Statistics*, 6, 2, 107-128.
- Janssen, M.A. (2004). *De Multiphasic Sex Inventory, Nederlandse versie*. Nijmegen University, Dept. of Psychology.
- Johnson-Reid, M., & Way, I. (2001). Adolescent sexual offenders: Incidence of childhood maltreatment, serious emotional disturbance, and prior offences. *American Journal of Orthopsychiatry*, 1, 120-130.
- Lange, A., Hoogendoorn, M., Wiederspahn, A. & De Beurs, E. (1995). *Buss-Durkee Hostility Inventory-Dutch version*. Lisse, Swets Test Services.
- Luteijn, F., Starren, J. & Van Dijk, H. (2000). *Dutch Personality Questionnaire. Dutch: Nederlandse Persoonlijkheids Vragenlijst*. Lisse, Swets Test Publishers.
- National Task Force on Juvenile Sexual Offending (1993). Revised Report. *Juvenile and Family Court Journal*, Vol. 44, No. 4.
- Nicols, H., & Molinder, I. (1984). *Multiphasic Sex Inventory Manual*. Available from Nicols and Molinder, 437 Bowes Drive, Tacoma, WA, 98466, USA.
- Nowicki, S., & Strickland, B. (1976). A Locus of Control Scale for Children. *Journal of Consulting and Clinical Psychology*, 40, 148-155.
- Rasmussen, L. (1999). Factors Related to Recidivism Among Juvenile Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11, 69-85.
- Russell, D., Peplau, L., & Cutrona, C. (1980). The Revised UCLA Loneliness Scale. Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
- Rutten, E., & Stams, G. (unpublished). *The Moral Orientation List (Dutch: De Morele Oriëntatie Lijst MOL)*. University of Amsterdam, Dept. of Psychology.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.
- Thornton, L.A. (1998). Self-esteem/Self Derogation Scale. Available from the author.
- Van Outsem, R. (2002). An Exploratory Investigation on Factors in Offender Treatment Named Effective by Treated Juvenile Sex Offenders. (Dutch: Een verkennend onderzoek naar de door jeugdige zedendelinquenten als werkzaam ervaren factoren in dadertherapie".) *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 7/8.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005). *The Adolescent Sex Offender Assessment Pack-Dutch Revised Version (ASAP-D)*. VU University of Amsterdam, Dept. of Psychology.

- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (in preparation). *The Effects of Anonymity on the Measurement of Cognitive Distortions*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Van Horn, J., Bullens, R., & Doreleijers, Th. (2004). *The Leiden Social Desirability Scale*. Dutch: *De Leidse Sociale Wenselijkheidsschaal (LSW)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2004). *The Leiden Aggression Questionnaire*. Dutch: *De Leidse Agressie Vragenlijst*. Amsterdam, VU University, Dept. of Psychology.
- Van Outsem, R., Doreleijers, Th., Bullens, R., & Van Horn, J. (2004). *The Leiden Sexuality Questionnaire*. Dutch: *De Leidse Seksualiteitsvragenlijst (LSV)*. The Hague, De Waag/ABJ.
- Van Wijk, A.P., Loeber, R., Vermeiren, R., Pardini, D., Doreleijers, T.A.H., & Bullens, R.A.R. (2005). Violent juvenile sex offenders compared with violent non-sex offenders: Explorative findings from the Pittsburgh Youth Study. *Sexual Abuse: A Journal of Research and Treatment*, 3, 333-352.
- Van Wijk, A.P., Van Horn, J.E., Bullens, R.A.R., Bijleveld, C., & Doreleijers, T.A.H. (2005). Juvenile sex offenders: A group on its own? *International Journal of Offender Therapy and Comparative Criminology*, 1, 25-36.
- Van Wijk, A., Vermeiren, R., Loeber, R., 't Hart-Kerkhoffs, L., Doreleijers, Th., & Bullens, R. (2006). Juvenile Sex Offenders Compared to Non-Sex Offenders: A review of the literature 1995-2005. *Trauma, Violence, & Abuse*, Vol. 7, No. 4, October, 227-243.
- Van Wijk, A., Vreugdenhil, C., & Bullens, R. (2004). Are Juvenile Sex Offenders Different from Juvenile Non-sexual Offenders? (Dutch: Zijn jeugdige zedendelinquenten anders dan niet-zedendelinquenten?) *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 5.
- Veneziano, C., Veneziano, L., LeGrand, S., & Richards, L. (2004). Neuropsychological executive functions of adolescent sex offenders and nonsex offenders. *Perceptual and Motor-Skills*, 2, 661-674.
- Verheij, M. (2000). *An Exploratory Investigation on the Applicability of an Instrument for the Assessment of Juvenile Sex Offenders*. (Dutch: *Een verkennend onderzoek naar de gebruikersvriendelijkheid van een meetinstrumentarium voor jeugdige zedendelinquenten*.) VU University of Amsterdam, Dept. of Psychology.

# **V: Juvenile Completers and Non-Completers of Sex Offender Treatment: A study on the differences in various psychological characteristics and on the completers' treatment outcome.**

## **ABSTRACT:**

The aim of this study is to explore which psychological characteristics play a role in the completion and non-completion of treatment by juvenile sex offenders. In addition, the study aims to determine which changes in the psychological characteristics that are measured can be observed in the completers once they have finished their sex offender treatment. To this end, psychological characteristics of juvenile sex offenders who completed their sex offender treatment are compared to the same characteristics of those who did not complete treatment. In the treatment completers, the differences are assessed between the characteristics measured before and after treatment. The psychological characteristics of the two groups studied are also compared with those of a control group of non-delinquent youngsters. These characteristics are measured with the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D). Possible implications for treatment are evaluated.

## INTRODUCTION:

A number of recent studies and literature reviews have linked completed sex offender treatment to reduced recidivism in both juveniles and adults (Abrachen and Nicholai-chuk, 2000; Borduin et al., 1990; Lane, 1997; Looman et al., 2000; McMurrin and McCulloch, 2007; McMurrin and Theodosi, 2007; Struder et al., 1996; Worling and Curwen, 2000; Worling and Långström, 2003). Some authors, however, noted that the recidivism rates of treatment non-completers were never part of the efficacy calculations (McConaghy, 1999; Miner, 1997; Quincey et al., 1993). This fact would have an inflationary effect on the recidivism rates of untreated offender groups, relative to those of the treated groups, as the latter are usually only assessed on the basis of the treatment results of the treatment completers. Moreover, untreated offender groups would have exaggerated recidivism rates, relative to those of the subgroups of untreated offenders who would have accepted and completed treatment, had they been offered the opportunity. After their meta-analysis of previous studies by others, Seager, Jellicoe and Dhaliwal (2004) concluded in their dropout controlled efficacy study (n = 177; age > 17 years) that "...participation in the sex offender program did not reduce recidivism rates for those who complied with treatment, but merely enabled motivated offenders to concretely demonstrate their commitment to not reoffend." This means that sex offender treatment in itself would have no effect on (sexual) recidivism. Seager et al. (2004) argue that treatment only separates the sex offenders who are already highly motivated not to reoffend from those who are less motivated or not motivated at all. Most of the highly motivated offenders will complete their treatment, whereas the less motivated will generally drop out. The reduced reoffence rates that are often observed in sex offender treatment completers should then be attributed to the offenders' motivation for change, and not to any effect of the treatment.

In order to evaluate Seager et al.'s contentious statement (2004), it should be determined whether or not sex offender treatment causes favorable changes in the treated sex offenders, which can be linked to a reduced chance of recidivism. If it is established that sex offender treatment can indeed cause such changes, it is of great importance to modify existing treatment programs in order to reduce attrition rates. After all, it is then correct to assume that reduced attrition leads to less sexual recidivism.



The study presented here was conducted as part of a research project aimed at exploring the psychological make-up of juvenile sex offenders. A variety of psychological characteristics was compared between groups of treatment completers, non-completers, and a control group of non-delinquent youngsters. This study had two goals. First, to establish whether or not sex offender treatment can be associated with favorable changes in psychological factors that, according to the literature, are linked with the development and continuation of sexually abusive behavior in juveniles. Secondly, to assess which psychological characteristics of juvenile sex offenders could be associated with treatment completion and non-completion. Insight into these factors could prove to be helpful in the modification of treatment programs aimed at reducing attrition. The psychological characteristics of the groups studied were compared to those of a control group of non-delinquent youngsters. In this way the characteristics measured in these groups can be evaluated as relative to those of normal youngsters. Moreover, it becomes possible to assess any outcome of treatment found in this study as relative to the personal functioning of normal youngsters. Finally, it not only becomes possible to determine the differences between the treatment completers and the non-completers, but also to identify their psychological characteristics as compared to average youngsters.

## **METHOD:**

### **Recruited sample:**

For this study, male youths aged 12-20 were recruited. Of these youths, 122 were juvenile sex offenders and 197 were non-delinquent. The juvenile sex offenders were recruited at De Waag, a forensic psychiatric outpatient clinic. All juvenile sex offenders had been following a cognitive behavioral treatment program and had been required to fill in the ASAP-D, which is standard procedure at De Waag, and an integral part of the treatment program. The ASAP-D was administered both at the beginning and at the end of treatment by qualified psychotherapists or social workers.

The non-delinquent boys were all recruited at secondary schools in cities and towns throughout the Netherlands. Although these boys were free to refuse to participate, the participation rate was 96%. The ASAP-D was administered to entire classes at a time under the supervision of both a school teacher and a trained researcher associated with this study. None of the 10 secondary schools that were asked to participate

in this study refused to do so. No participants in this study obtained any reward for their participation. All had obtained their parents' consent to participate in this study.

**Description of the comparison groups:**

The following groups were recruited:

The first group consisted of 60 male outpatient juvenile sex offenders who had completed their cognitive behavioral sex offender treatment program at De Waag. They were all aged 12-20 at the beginning of treatment ( $M = 16.4$ ,  $sd = 2.3$ ). Of these subjects, 48 (80 %) were of Dutch origin and 12 (20 %) were of immigrant origin (6 Moroccan, 2 Turkish, 2 Surinamese and 2 Dutch-Antillean). The majority, 54 (90 %), had a medium to low level of education (VMBO, preparatory secondary vocational education). Six subjects (10 %) had a high level of education (HAVO or VWO, senior general secondary education and pre-university education, respectively). Forty subjects (67 %) had committed one or more sexual hands-on offences against a child younger than twelve years of age, and at least five years younger than themselves. Twenty subjects (33 %) had committed such offences against peers and/or adults. Mean treatment length in this group was 1.6 years ( $sd = .6$ ).

The second group consisted of a sample of 53 outpatient juvenile sex offenders who had started, but not completed, sex offender treatment at De Waag for reasons other than relocation to another treatment facility or serious physical or mental illness. The most common reason for attrition was lack of motivation to participate in the treatment. These juveniles were all aged 12-20 at the beginning of their treatment ( $M = 16.9$ ,  $sd = 2.2$ ). Of these subjects, 87 % were of Dutch origin and 13 % were of immigrant origin. The majority, 95 %, had a medium or low level of education. Consequently, 5 % had a high level of education. Thirty two subjects (60 %) had committed one or more sexual hands-on offences against a child younger than twelve. Twenty one subjects (40 %) had committed such offences against peers and/or adults. The mean length of treatment in this group was 6 months ( $sd = 3.2$ ). It should be noted that most of the non-completers, 75 %, dropped out at a very early stage of the treatment program. These juveniles attended only five sessions or less. Since the first three or four sessions they attended were assessment sessions, it can be argued that these juveniles dropped out before the actual treatment program had begun. The relatively high mean treatment length in this group is caused by a small group of juveniles who attended their treatment sessions only for as long as they were compelled to do so by the Courts. In the Netherlands, this is usually a period of two years. Since the non-

completers at some point simply refused to show up for treatment sessions anymore, it was not possible to administer the ASAP-D to this group at the end of treatment.

A total of nine outpatient juvenile sex offenders were not included in this study. They had not completed treatment at De Waag as a result of relocation to other treatment facilities for purely practical reasons, such as moving house or serious physical illness. In these nine cases, it was not the decision of the offenders themselves to discontinue their treatment at De Waag.

The control group consisted of a representative sample of 197 males aged 12-20 ( $M = 15.8$ ,  $sd = .8$ ), recruited to match the general Dutch population aged 14-18 in ethnicity and level of education. Of the Dutch general male population aged 14-18, 16 % are of immigrant origin and 74 % have a medium to low level of education (Central Bureau of Statistics/CBS, 2003).

**Instrument used:**

The assessment instrument in this study is the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D). Chapter II gives a detailed description of the ASAP-D.

**Analyses:**

One-way ANOVAs were conducted for two different comparisons. First, a comparison was made of the completers, the non-completers, and the control group, and secondly of the ASAP-D scores of the completers before and after treatment, and the scores of the control group. Post hoc comparisons between groups were controlled for multiple comparisons with the Bonferroni method. Effect sizes were calculated, for which Hedges  $\hat{g}$  was used as the measure.

## RESULTS:

### The comparison of completers versus non-completers:

Statistically significant differences in the ASAP-D mean scores between the treatment completers and the non-completers at the beginning of treatment were found in the following scales: *Emotional loneliness* ( $p = .039$ ;  $\hat{g} = .68$ ), *Impulsivity* ( $p = .049$ ;  $\hat{g} = .49$ ), *Reactive aggression* ( $p = .010$ ;  $\hat{g} = .56$ ) and *Character aggression* ( $p < .0001$ ;  $\hat{g} = .98$ ). The completers showed a higher degree of emotional loneliness than the non-completers. The non-completers showed higher scores than the completers on Impulsivity and on Reactive and Character aggression.

Table 1 ANOVA comparison of the completers, the non-completers, and the control group:

| Scale                            | Completers    | Non-completers | Control        | F      | Significance |
|----------------------------------|---------------|----------------|----------------|--------|--------------|
|                                  | M<br>Sd       | M<br>sd        | M<br>sd        |        |              |
| Self esteem                      | 6.74<br>1.45  | 6.63<br>1.30   | 7.13<br>1.37   | 12.134 | .000         |
| Emotional loneliness             | 39.97<br>6.46 | 34.67<br>8.93  | 34.09<br>6.68  | 3.100  | .047         |
| Empathy-perspective taking       | 12.91<br>4.40 | 12.89<br>6.23  | 12.64<br>4.57  | .078   | .925         |
| Empathy-fantasy                  | 13.35<br>6.23 | 12.67<br>3.24  | 12.82<br>5.15  | .203   | .816         |
| Empathy-emotional comprehension  | 15.79<br>5.11 | 17.11<br>5.09  | 15.43<br>4.53  | .629   | .534         |
| Locus of control                 | 14.43<br>4.84 | 14.70<br>3.95  | 14.40<br>4.68  | .019   | .981         |
| Impulsivity                      | 9.48<br>3.85  | 11.40<br>3.86  | 9.43<br>3.87   | 14.660 | .000         |
| Cognitive distortions (quantity) | 18.36<br>9.13 | 19.52<br>10.76 | 18.18<br>10.23 | .390   | .677         |
| Justifications                   | 7.29<br>1.99  | 7.01<br>2.07   | 7.31<br>1.97   | .795   | .453         |

|  |               |               |               |        |      |
|--|---------------|---------------|---------------|--------|------|
| Child sexual maturity                      | 7.55<br>1.91  | 7.59<br>1.89  | 7.58<br>1.88  | .032   | .969 |
| Self identification as a child             | 5.31<br>1.67  | 5.29<br>1.71  | 5.21<br>1.77  | 1.466  | .233 |
| Mutual special relationships with children | 4.46<br>1.68  | 4.50<br>1.73  | 4.56<br>1.63  | .258   | .773 |
| Ideation of attractiveness for children    | 4.48<br>1.37  | 4.55<br>1.30  | 4.45<br>1.33  | .793   | .454 |
| Social desirability                        | 29.73<br>7.13 | 30.66<br>6.20 | 29.40<br>7.22 | .164   | .849 |
| Reactive aggression                        | 14.50<br>3.92 | 16.17<br>2.93 | 18.81<br>5.67 | 21.422 | .000 |
| Character aggression                       | 6.38<br>1.84  | 8.50<br>2.46  | 6.49<br>2.06  | 4.864  | .008 |
| Egodystonic hypersexuality                 | 1.00<br>1.78  | 1.25<br>1.75  | .91<br>1.39   | .226   | .798 |
| Positive orientation towards sexuality     | 3.39<br>2.63  | 2.75<br>2.71  | 3.51<br>2.29  | .391   | .677 |

The significant differences found between the completers of treatment at the start of their treatment and the non-delinquent control group were lower Self esteem ( $p < .0001$ ;  $\hat{g} = .28$ ), a higher degree of Emotional loneliness ( $p < .0001$ ;  $\hat{g} = .88$ ) and a lower degree of Reactive aggression ( $p < .0001$ ;  $\hat{g} = 1.01$ ). No other significant differences were found between these two groups on the remaining 15 psychological characteristics.

In comparison with the non-delinquent control group, the non-completers showed a lower degree of *Self esteem* ( $p < .0001$ ;  $\hat{g} = .37$ ). They also showed a lower degree of *Reactive aggression* ( $p < .0001$ ;  $\hat{g} = .64$ ), but a higher degree of *Character aggression* ( $p < .0001$ ;  $\hat{g} = .93$ ).

#### **The treatment outcome study:**

The comparison of the ASAP-D mean scores of the outpatient completers before and after treatment made clear that after treatment the completers showed significantly higher Self esteem ( $p = .001$ ;  $\hat{g} = .94$ ), less Emotional loneliness ( $p = .003$ ;  $\hat{g} = 1.36$ ), a more internal Locus of control ( $p = .002$ ;  $\hat{g} = 1.17$ ), less Impulsivity ( $p = .007$ ;  $\hat{g} = 1.06$ ) and less Character aggression ( $p = .019$ ;  $\hat{g} = .53$ ).

Table 2 ANOVA comparison of the ASAP-D scores of the completers before and after treatment, and of the control group:

| Scale                                      | Completers before treatment | Completers after treatment | Control        | F      | Significance |
|--|-----------------------------|----------------------------|----------------|--------|--------------|
|  | M/sd                        | M/sd                       | M/sd           |        |              |
| Self esteem                                | 6.74<br>1.45                | 7.75<br>.45                | 7.13<br>1.37   | 7.553  | .000         |
| Emotional loneliness                       | 39.97<br>6.46               | 31.08<br>6.52              | 34.09<br>6.68  | 9.065  | .000         |
| Empathy-perspective taking                 | 12.91<br>4.40               | 14.66<br>3.97              | 12.64<br>4.57  | .069   | .946         |
| Empathy-fantasy                            | 13.35<br>6.23               | 15.67<br>4.36              | 12.82<br>5.15  | .201   | .820         |
| Empathy-emotional comprehension            | 15.79<br>5.11               | 17.20<br>4.84              | 15.43<br>4.53  | .620   | .539         |
| Locus of control                           | 14.43<br>4.84               | 9.33<br>3.77               | 14.40<br>4.68  | 7.829  | .000         |
| Impulsivity                                | 9.48<br>3.85                | 5.91<br>2.74               | 9.43<br>3.87   | 8.005  | .000         |
| Cognitive distortions (quantity)           | 18.36<br>9.13               | 10.60<br>5.50              | 18.18<br>10.23 | .385   | .683         |
| Justifications                             | 7.29<br>1.99                | 6.49<br>1.93               | 7.31<br>1.97   | 3.112  | .045         |
| Child sexual maturity                      | 7.55<br>1.91                | 7.51<br>1.95               | 7.58<br>1.88   | .046   | .966         |
| Self identification as a child             | 5.31<br>1.67                | 5.29<br>1.59               | 5.21<br>1.77   | 1.399  | .239         |
| Mutual special relationships with children | 4.46<br>1.68                | 4.44<br>1.66               | 4.56<br>1.63   | .260   | .771         |
| Ideation of attractiveness for children    | 4.48<br>1.37                | 4.42<br>1.34               | 4.45<br>1.33   | .786   | .456         |
| Social desirability                        | 29.73<br>7.13               | 29.50<br>7.08              | 29.40<br>7.22  | .146   | .868         |
| Reactive aggression                        | 14.50<br>3.74               | 13.83<br>2.90              | 18.81<br>5.67  | 20.333 | .000         |

|  |              |              |              |        |      |
|--|--------------|--------------|--------------|--------|------|
| Character aggression                   | 6.38<br>1.84 | 5.51<br>1.37 | 6.49<br>2.06 | 15.866 | .000 |
| Egodystonic hypersexuality             | 1.00<br>1.78 | 1.58<br>.67  | .91<br>1.39  | 5.987  | .000 |
| Positive orientation towards sexuality | 3.39<br>2.63 | 2.01<br>2.52 | 3.51<br>2.29 | 6.001  | .000 |

From the comparison of the ASAP-D mean scores of the outpatient treatment completer group after treatment and the non-delinquent control group, it became clear that the juvenile completers of outpatient treatment reported a more internal Locus of control ( $p = .002$ ;  $\hat{g} = 1.13$ ), less Impulsivity ( $p = .005$ ;  $\hat{g} = .96$ ), less Reactive aggression ( $p < .0001$ ;  $\hat{g} = 1.19$ ), and Character aggression ( $p = .028$ ;  $\hat{g} = .51$ ). All other ASAP-D mean scores of the outpatient completer group showed no significant differences with those of the non-delinquent control group.

## DISCUSSION:

The results of this study show that juvenile sex offenders who fail to complete treatment are on average more aggressive and impulsive than those who do complete their treatment. The non-completers as a group also feel less lonely compared to the completers. In comparison with the non-delinquent controls, the non-completers appear to have lower self esteem, lower reactive aggression and higher character aggression. It is noteworthy that this group does not seem to differ from the non-delinquent controls in the areas of cognitive distortions, impulsivity, locus of control and sexuality. The results of this study do not necessarily present an image of the non-completers as overtly aggressive boys, but rather as young people who have problems in aggression management. They seem to experience more anger and aggression problems than their non-delinquent counterparts, but seem less able to recognize and to express these emotions. This psychological feature, together with the lower self esteem that was also found, is commonly associated with general non-completion behavior in young people (Sarason and Sarason, 1984; Monks and Knoers, 1983; Ten Brink, 1998; Koops and Slot, 1997). These boys usually have difficulty completing long-term tasks such as finishing school, doing sports and keeping a job.

In this study the treatment completers are presented as more emotionally lonely and less aggressive than both the non-completers and the non-delinquent control group. They have a significantly lower self esteem than the controls, but their self esteem is comparable to that of the non-completers. Compared with the non-completers, these boys show more psychological characteristics that are favorable for general compliance behavior, as well as those that are favorable for the ability to complete long-term tasks. It could be hypothesized that the higher degree of emotional loneliness in the completers may also be a factor that enhances the willingness to adhere to the therapist (and/or to the therapy group they may form part of), and therefore to the therapy itself.

From the differences in the treatment completers before and after treatment, it becomes clear that these offenders show substantial improvements in character aggression. This may be understood as indicative of the fact that treatment has helped these juveniles to manage their anger and aggression in a better way. Attrition rates may decrease if there is more emphasis on the aspect of anger and aggression management in treatment; after all, anger and aggression management problems seem to characterize the non-completers group. Although these problems may not play a major role in the development and continuation of sexually abusive behavior (Ryan and Lane, 1997; Worling and Långström, 2003; Van Outsem et al., 2006), it does seem to form an obstacle for juvenile sex offenders to profit optimally from treatment.

The results of the treatment outcome study suggest that the treatment completers show substantial improvements in the areas of Self esteem, Emotional loneliness, Locus of control, Impulsivity, and Character aggression. When the mean ASAP-D scores after treatment of the outpatient completers are compared to those of the control group, it is conspicuous that none of the mean scores of the completers appears statistically significant on the unfavorable side of the mean scores of the control group. This means that, after treatment, the outpatient completer group scores the same as the non-delinquents or even better on all of the measured psychological characteristics. Indeed, the completers have better mean scores after treatment than the controls on Locus of control, Impulsivity and both Reactive and Character aggression. Given that most contemporary forms of sex offender treatment follow the paradigm of 'no cure, but control', it may be concluded that treatment seems to enhance some of the clients' self-control abilities. For this reason, it also seems fair to conclude that, contrary to what is suggested by Seager et al. (2004), sex offender treatment in



juveniles does in fact provoke positive changes in some psychological characteristics that, according to the literature, are linked with sexually abusive behavior. In other words, completion of sex offender treatment, at least in juveniles, is more than just a demonstration of commitment not to reoffend.

## REFERENCES:

- ATSA (1997). *Position on the Effective Legal Management of Juvenile Sex Offenders*. Beaverton, Oregon.
- Beckett, R., Brown, S., & Gerhold, D. (1997). *The Adolescent Sex Offender Assessment Pack*. Oxford, Oxford Forensic Psychology Service.
- Beech, A., Fisher, D., & Beckett, R. (1998). *STEP-3: An Evaluation of the Prison Sex Offender Treatment Programme*. Oxford, Oxford Regional Forensic Service.
- Borduin, C., Henggeler, S., Blaske, D., & Stein, R. (1990). Multisystemic Treatment of Adolescent Sexual Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113.
- Central Bureau of Statistics/CBS. (2003). *Population Statistics*. (Dutch: *Bevolkingsstatistieken*). The Hague, CBS.
- Coombes, R. (2003). Adolescents Who Sexually Abuse. In: A. Matravers (ed.) *Sex Offenders in the Community: Managing and Reducing the Risks*. Cambridge Criminal Justice Series, Cullompton-Devon, Willan.
- Davis, M., (1990). A Multi-dimensional Approach to Individual Differences in Empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Eysenck, H., & Eysenck, S. (1978). *The Eysenck Personality Questionnaire*. London, EPQ.
- Graham, F., Richardson, G., & Bhate, S. (1998). Development of a Service for Sexually Abusive Adolescents in the Northeast of England. In: W.L. Marshall, Y.M. Fernandez, S.M. Hudson, & T. Ward (eds.). *Sourcebook of Treatment Programmes for Sex Offenders*. New York, Plenum.
- Grubin, D. (1998). *Sex Offending Against Children: Understanding the Risk*. London, Home Office.
- Koops, W., & Slot, W. (1998). *From Troublesome to Criminal* (Dutch: *Van lastig tot misdadig*). Houten/Diegem, Bohn Stafleu Van Loghum.

- Looman, J., Abrachen, J., & Nicholaichuk, T. (2000). Recidivism Among Treated Sexual Offenders and Matched Controls. *Journal of Interpersonal Violence*, 15, 279-290.
- McConaghy, N. (1999). Methodological Issues Concerning Evaluation of Treatment for Sexual Offenders: Randomization, treatment dropouts, untreated controls, and within-treatment studies. *Sexual Abuse: A Journal of Research and Treatment*, 11, 183-193.
- McMurrin, M., & McCulloch, A. (2007). Why don't offenders complete treatment? Prisoners' reasons for non-completion of a cognitive skills programme. *Psychology, Crime & Law*, 13, 4, 345-354.
- McMurrin, M., & Theodosi, E. (2007). Is treatment non-completion associated with increased reconviction over no treatment? *Psychology, Crime & Law*, 13, 4, 333-343.
- Miner, M. (2002). Factors Associated With Recidivism In Juveniles: An analysis of serious juvenile sex offenders. *Journal of Research in Crime and Delinquency*, Vol. 39, No. 4, November.
- Monks, F., & Knoers, A. (1983). *Developmental Psychology: An introduction. (Dutch: Ontwikkelingspsychologie: Inleiding tot de verschillende deelgebieden.)* Nijmegen, Dekker & Van de Vegt.
- National Task Force on Juvenile Sexual Offending (1993). Revised Report. *Juvenile and Family Court Journal*, Vol. 44, No. 4.
- Nicholaichuk, T., Gordon, A., Gu, D., & Wong, S. (2000). Outcome of an Institutional Sexual Offender Treatment Program: A comparison between treated and matched untreated offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12, 139-153.
- Nowicki, S., & Strickland, B. (1973). A Locus of Control Scale for Children. *Journal of Consulting and Clinical Psychology*, 40, 148-155.
- Rasmussen, L. (1999). Factors Related to Recidivism Among Juvenile Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11, 69-85.
- Russel, D., Peplau, L., & Cutrona, C. (1980). The Revised UCLA Loneliness Scale. Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.

- Quincey, V., Harris, G., Rice, M., & LaLumiere, M. (1993). Assessing Treatment Efficacy in Outcome Studies of Sex Offenders. *Journal of Interpersonal Violence*, 8, 512-523.
- Sarason, I., & Sarason, B. (1984). *Abnormal Psychology: The problem of maladaptive behavior*. Englewood Cliffs, New Jersey, Prentice-Hall.
- Seager, J., Jellicoe, D., & Dhaliwal, G. (2004). Refusers, Dropouts, and Completers: Measuring Sex Offender Treatment Efficacy. *International Journal of Offender Therapy and Comparative Criminology*, 48 (5), 600-612.
- Struder, L., Reddon, J., Roper, V., & Estrada, L. (1996). Phoenix: An In-hospital Treatment Program for Sex Offenders. *Journal of Offender Rehabilitation*, 23, 91-97.
- Van Outsem, R. (2002). An exploration of the factors in offender treatment that are considered as effective by juvenile sex offenders. Dutch: Een verkennend onderzoek naar de door jeugdige zedendelinquenten als werkzaam ervaren factoren in dadertherapie. *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 7/8.
- Van Outsem, R., Beckett, R., Bullens, R., Vermeiren, R., Van Horn, J., & Doreleijers, Th. (2006). The Adolescent Sexual Abuser Project (ASAP) Assessment Measures-Dutch Revised Version: A comparison of personality characteristics between juvenile sex offenders, juvenile perpetrators of non-sexual violent offences and non-delinquent youth in the Netherlands. *Journal of Sexual Aggression*, Vol. 12, No. 2 (July), pp. 127-141.
- Van Outsem, R., Bullens, R., Beckett, R., Van Horn, J., Doreleijers, Th. (2005). *A Comparative Study of Personality Characteristics in Juvenile Sex Offenders, Juvenile Perpetrators of Non-sexual Violent Offences and Non-delinquent Youth in The Netherlands*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R. & Beckett, R. (2005). *Cognitive Distortions Questionnaire*. The Hague, De Waag/ABJ.
- Van Outsem, R., Doreleijers, Th., Bullens, R., & Van Horn, J. (2005). *The Leiden Sexuality Questionnaire. Dutch: De Leidse SeksualiteitsVragenlijst (LSV)*. The Hague, De Waag/ABJ.
- Van Outsem, R., Van Horn, J., Bullens, R., & Doreleijers, Th. (2005). *The Leiden Social Desirability Scale. Dutch: De Leidse Sociale Wenselijkheidsschaal (LSW)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005). *The Leiden Aggression Questionnaire. Dutch: De Leidse Agressie Vragenlijst*. Amsterdam, VU University, Dept. of Psychology.

- Verheij, M. (2000). *An Exploratory Investigation on the Applicability of an Instrument for the Assessment of Juvenile Sex Offenders. (Dutch: Een verkennend onderzoek naar de gebruikersvriendelijkheid van een meetinstrumentarium voor jeugdige zedendelinquenten.)* VU University of Amsterdam, Dept. of Psychology.
- Worling, J., & Curwen, T. (2000). Adolescent Sexual Offender Recidivism: Success of Specialized Treatment and Implications for Risk Prediction. *Child Abuse and Neglect*, 24, 965-982.
- Worling, J., & Långström, N. (2003). Assessment of Criminal Recidivism Risk With Adolescents Who Have Offended Sexually: A Review. *Trauma, Violence and Abuse*, Vol. 4, No. 4, October.

# **VI: A Controlled Comparative Study of Psychological Characteristics in Different Categories of Juvenile Sex Offenders: Child abusers versus peer abusers and exhibitionists.**

## **ABSTRACT:**

The aim of this study is to gain further insight into the intrapersonal dynamics that are associated with the development and continuation of sexually abusive behavior in juveniles. To this end, certain psychological characteristics are compared between certain categories of juvenile sex offenders (child abusers, peer abusers, and exhibitionists) and a control group of non-delinquent youngsters. The chapter ends with a discussion of the interpretation of the differences and of the lack of differences that have been found.

## INTRODUCTION:

Young people commit about 20% of all reported sexual offences in Western countries such as the United States, Canada, the United Kingdom, Sweden and the Netherlands (ATSA, 1997; Miner, 2002; Rasmussen 1999; Ryan and Lane, 1997; Van Outsem, 2002; Worling and Långström, 2003). Until recently, the problem of sexual abuse committed by juveniles was understood, explained and explored using theoretical frameworks developed for adult sex offenders. Coombes (2003) calls for wariness when using theories developed to explain adult deviant sexual behavior to assess youngsters. Instead he advocates drawing upon research into the normal development of young people, thus appreciating adolescence in all its developmental complexities. His viewpoint is supported by many empirical studies conducted in the past fifteen years which indicate that juvenile sex offenders do indeed show many characteristics that are different from adult sex offenders (Awad and Saunders, 1991; Becker et al., 1993; Benoit and Kennedy, 1992; Bischof et al., 1995; Dolan et al., 1996; Hunter, et al., 2000; Miner, 2003; Murphy et al., 2001; Van Outsem et al., 2005a and b). Also, the predictors of sexual reoffending in young people differ considerably from those in adult sex offenders (Miner 2002; Rasmussen, 1999; Worling and Långström, 2003). This adds more credibility to the viewpoint that juvenile sex offenders are a different group with its own characteristics, rather than just a younger version of the adult sex offender group.

In order to gain further understanding of the dynamics of sexual abusive behavior in young people, it is necessary to explore these dynamics in comparison with those in the normal development of adolescents. To this end, a research project was carried out focusing on certain characteristics of sexually abusive youngsters as compared to those of normal youngsters and of non-sexually delinquent juveniles (see Chapter IV). This chapter describes the part of this project in which a number of psychological characteristics are compared in three different categories of juvenile sex offenders and a non-delinquent control group. The chosen categories of juvenile sex offenders are child abusers, peer abusers, and exhibitionists.

## METHOD:

### **Description of the comparison groups:**

The comparison groups were formed out of 136 juvenile sex offenders who had just entered outpatient sex offender treatment, and of 197 non-delinquent youngsters. The juvenile sex offenders were recruited at De Waag, a forensic psychiatric outpatient clinic with treatment facilities in several cities throughout the Netherlands. The non-delinquent control group was recruited at a number of secondary schools in several cities and towns throughout the Netherlands. The rate of participation was 96%. The participants received neither payment nor any other kind of reward in return for their participation. All participants in this study were between 12-20 years of age ( $M = 15.7$ ,  $s.d. = 2.5$ ). Juvenile sex offenders who fitted into more than one offence category or whose offence history was unclear were excluded from this study. The assignment of the juvenile sex offenders to their respective offence category was based on their patient files.

The group of *Perpetrators of child sexual abuse* consisted of 70 boys aged 12-20 ( $M = 16.1$ ,  $s.d. = 2.5$ ) who had committed one or more sexual hands-on offences against children younger than 12 years of age. The majority of these boys were of Dutch origin (90 %); 10 % were of immigrant origin (mostly Moroccan, Turkish, Dutch-Antillean and Surinamese). Only 10 % had a high level of education. The majority (90 %) had a medium to low level of education.

The group of *Perpetrators of peer sexual abuse* consisted of 46 boys aged 12-20 ( $M = 16.3$ ,  $s.d. = 2.1$ ) who had committed one or more sexual hands-on offences against persons of 12 years of age and older (peers and/or adults). The majority of these boys (72 %) were of Dutch origin; the other 28 % were of immigrant origin (mostly Moroccan, Turkish, Dutch-Antillean and Surinamese). Only 4 % had a high level of education. The vast majority (96 %) had a medium to low level of education.

*The group of Juvenile exhibitionists* consisted of 20 boys aged 12-20 ( $M = 17.2$ ,  $s.d. = 2.3$ ) who had committed one or more acts of exhibitionism. They had no history of committing sexual hands-on offences or any kind of offence other than exhibitionism. The vast majority of these boys, 19 out of 20, were of Dutch origin (95 %). Only one (5 %) was of immigrant origin (Moroccan). Three (15 %) had a high level of education; the majority (85 %) had a medium to low level of education.

The control group of *Non-delinquent youngsters* consisted of a representative sample of 197 boys, aged 12-20 ( $M = 15.8$ ,  $s.d. = .8$ ). In this group, just as in the Dutch general male population aged 14-18, 16 % were of immigrant origin and 74 % had a medium to low level of education (Central Bureau of Statistics/CBS, 2003).

### **Instruments used:**

The assessment instrument that was chosen for this study was the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D). See Chapter II for a detailed description of the ASAP-D.

In addition to the ASAP-D, the knowledge scale of the Multiphasic Sex Inventory (MSI) (Nicols and Molinder, 1984; Janssen, 2004) was administered in order to compare the degree of knowledge about sexuality in the groups studied.

### **Analyses:**

One-way ANOVA was conducted to compare the juvenile child abusers, the peer abusers, the exhibitionists, and the control group. Post hoc comparisons between groups were controlled for multiple comparisons, using the Bonferroni method. Effect sizes were calculated, for which Hedges'  $\hat{g}$  was used as the measure (Hedges,1981).

## **RESULTS:**

Table 1 shows that significant differences were found in the mean scores on the following scales: Self esteem, Emotional loneliness, Empathy-fantasy, Impulsivity, all of the specific cognitive distortion scales, Social desirability, both aggression scales, both sexuality scales, and the MSI-knowledge scale.



Table 1: ANOVA comparison: child abusers, peer abusers, exhibitionists, and control group:

| Scale                                      | Child Abusers | Peer Abusers  | Exhibitionists | Control Group  | F     | Significance |
|--|---------------|---------------|----------------|----------------|-------|--------------|
|  | M<br>Sd       | M<br>Sd       | M<br>sd        | M<br>Sd        |       |              |
| Self esteem                                | 6.47<br>1.69  | 6.33<br>1.40  | 6.54<br>1.27   | 7.13<br>1.37   | 5.537 | .000         |
| Emotional loneliness                       | 37.12<br>7.29 | 36.88<br>7.97 | 35.83<br>8.82  | 34.09<br>6.68  | 6.845 | .000         |
| Empathy-perspective taking                 | 12.14<br>4.49 | 12.12<br>4.76 | 14.15<br>6.00  | 12.64<br>4.57  | 1.482 | .194         |
| Empathy-fantasy                            | 14.27<br>5.20 | 11.50<br>5.52 | 10.92<br>5.44  | 12.82<br>5.15  | 5.453 | .000         |
| Empathy-emotional comprehension            | 15.39<br>4.22 | 15.19<br>4.88 | 17.15<br>5.55  | 15.43<br>4.53  | .920  | .468         |
| Locus of control                           | 14.15<br>4.91 | 15.42<br>3.28 | 13.00<br>2.86  | 14.40<br>4.68  | 1.830 | .105         |
| Impulsivity                                | 9.28<br>4.20  | 8.92<br>4.15  | 11.33<br>4.72  | 9.43<br>3.87   | 4.154 | .001         |
| Cognitive distortions (quantity)           | 17.10<br>8.71 | 19.00<br>9.00 | 19.92<br>10.35 | 18.18<br>10.23 | .926  | .464         |
| Justifications                             | 6.99<br>1.92  | 6.54<br>1.88  | 7.29<br>1.87   | 7.31<br>1.97   | 4.281 | .001         |
| Child sexual maturity                      | 6.51<br>1.69  | 6.09<br>1.55  | 7.47<br>1.82   | 7.58<br>1.88   | 2.527 | .028         |
| Self identification as a child             | 4.01<br>1.82  | 3.76<br>1.79  | 5.28<br>1.71   | 5.21<br>1.77   | 5.185 | .000         |
| Mutual special relationships with children | 3.86<br>1.69  | 3.55<br>1.70  | 4.62<br>1.59   | 4.56<br>1.63   | 2.819 | .016         |
| Ideation of attractiveness for children    | 4.01<br>1.34  | 3.68<br>1.41  | 4.49<br>1.29   | 4.45<br>1.33   | 3.272 | .006         |
| Social desirability                        | 30.42<br>5.96 | 33.77<br>8.96 | 29.92<br>7.37  | 29.40<br>7.22  | 2.408 | .036         |
| Reactive aggression                        | 14.08<br>3.34 | 14.95<br>3.62 | 14.60<br>3.78  | 18.81<br>5.67  | 5.888 | .000         |

|   |              |              |              |              |       |      |
|---|--------------|--------------|--------------|--------------|-------|------|
| Character aggression                      | 6.45<br>1.99 | 6.42<br>2.19 | 6.77<br>1.83 | 6.49<br>2.06 | 2.770 | .018 |
| Egodystonic<br>hypersexuality             | 1.16<br>1.52 | .61<br>1.64  | 2.69<br>3.09 | .91<br>1.39  | 3.126 | .009 |
| Positive orientation<br>towards sexuality | 2.76<br>2.33 | 2.61<br>2.73 | 4.38<br>2.47 | 3.51<br>2.29 | 5.281 | .000 |
| MSI-knowledge                             | 6.99<br>1.49 | 7.01<br>1.62 | 7.55<br>1.60 | 7.46<br>1.56 | 5.862 | .000 |

The only statistically significant difference in the comparison of Juvenile child abusers and Juvenile peer abusers was in the Empathy-fantasy scale ( $p = .011$ ;  $\hat{g} = .52$ ), where the juvenile child abusers scored higher.

The comparison between the Juvenile child abusers and the control group of Non-delinquent youths yielded the following results. The juvenile child abusers scored significantly lower on the Self esteem scale ( $p < .0001$ ;  $\hat{g} = .45$ ) and significantly higher on the Emotional loneliness scale ( $p < .0001$ ;  $\hat{g} = .44$ ). They scored significantly lower on the five specific cognitive distortion scales than the control group ( $p < .05$ ;  $\hat{g} < .50$ ), as well as on the aggression scales ( $p < .05$ ;  $\hat{g} < .50$ ). They scored higher on the Empathy-fantasy scale ( $p < .0001$ ;  $\hat{g} = .11$ ) than their control group peers. The comparison between Juvenile peer abusers and the control group yielded the following differences. The juvenile peer abusers gave significantly more socially desirable responses than the control group ( $p = .002$ ;  $\hat{g} = .58$ ). They scored lower on Reactive aggression ( $p < .0001$ ;  $\hat{g} = .90$ ), and on the five specific cognitive distortion scales ( $p < .05$ ;  $.50 < \hat{g} < .80$ ). The juvenile peer abusers also scored lower on Self esteem ( $p < .0001$ ;  $\hat{g} = .58$ ), but higher on Emotional loneliness ( $p < .0001$ ;  $\hat{g} = .40$ ) than the control group.

The Exhibitionists showed significantly higher scores on Impulsivity, Egodystonic hypersexuality and Positive orientation on sexuality than the control group, the child abusers and the peer abusers ( $p < .01$ ;  $\hat{g} > .80$ ). On these psychological characteristics, this group seemed to deviate from the other groups in this study. The ASAP-D scores of the juvenile exhibitionists apparently reflect a characteristically greater preoccupation with sexuality that is experienced as both, or alternately, pleasurable and disturbing. Moreover, members of this group tended to describe themselves as more impulsive than the subjects in the other groups. Just like the other juvenile sex offenders, the exhibitionists scored lower on the Reactive aggression scale than the control group ( $p < .0001$ ;  $\hat{g} = .95$ ).

## DISCUSSION:

Hardly any significant differences in the psychological characteristics emerged between the child abusers and the peer abusers. The only difference that reached statistical significance ( $p < .05$ ) showed the child abusers reporting a higher ability to react empathically in their fantasy than their peer abusing counterparts. The results of this study indicate that the child abusers and the peer abusers have a similar psychological make-up with regard to the measured characteristics. This seems consistent with several studies discussed in the literature review by Ryan and Lane (1997). In contrast, other studies show differences in the psychological make-up between juvenile child abusers and juvenile peer abusers. For instance, differences have been found in the degrees of neuroticism and of sociability, and in the level of intelligence between these two groups (Hendriks, 2006). Further research is clearly needed to resolve this issue.

In the comparison of the child abusers and the control group, the child abusers appeared to report an overall lower degree of cognitive distortions about children and sexuality. This may imply that the child abusers were indeed more conscious than the average young person that having sex with young children is wrong and harmful. This consciousness may have increased during the period of abuse, when the young perpetrators may actually have realized that they were displaying behavior they knew was very wrong. Moreover, the need to keep their abuse secret may have enhanced this consciousness even further. Still, in the case of multiple sex offences against children, this consciousness apparently was not a powerful enough barrier to prevent the continuation of this offensive behavior. This phenomenon may partly explain the significantly lower self esteem and significantly higher emotional loneliness found in the child abusers when compared to the control group. A higher degree of consciousness of the wrongfulness of their behavior may be associated with a higher degree of feelings of guilt, shame and abnormality. These emotions may decrease self esteem and enhance feelings of loneliness and isolation. In this cross-sectional study, it was not possible to assess whether, or to what degree, the lower self esteem and higher emotional loneliness, found in the child abusers as compared to the control group, was already present before the onset of the abusive behavior. In other words, it is not possible to determine whether these scores reflect a cause or an effect of the abusive behavior. However, the juvenile child abusers scored significantly higher on Empathy-fantasy and lower on Reactive aggression than the control group. It may be hypo-

thesized that at least some of the juvenile child abusers were less self-confident and lonelier than their average peer before the onset of the abusive behavior. This lack of self-confidence may indeed have contributed to the choice of easy sexual gratification by abusing a child rather than investing in the opportunity to engage in consensual sexual contact with a peer, as was suggested by Worling and Långström (2003).

The peer abusers also showed a significantly lower self esteem and a higher degree of loneliness than the control group. Like the child abusers, they may also have felt conscious of, and guilty about, their abusive behavior. Again, in this study it was not possible to determine whether the lower self esteem and the higher loneliness should be seen as a cause, as a mediating factor, or as an effect of the abusive behavior. The peer abusers reported fewer cognitive distortions about children and sexuality than the control group. This may, at least in part, be interpreted as a reassurance to themselves and to others that, although they have committed one or more sexual offences, they are *not* pedophiles. They also scored significantly lower on reactive aggression than the control group. This finding does not support theories linking sexual abuse of peers to a higher level of aggression in the perpetrators (see Ryan and Lane, 1997; Worling and Långström, 2003). The peer abusers, however, were the only group in this study to show a significantly higher mean score on social desirability. This finding could to some extent explain the lower mean Reactive aggression score as compared to that of the control group. This can be concluded from the relatively high correlation found between the Social desirability scale and the Reactive aggression scale in various groups studied (Van Outsem et al., 2005d, see also Chapter II). Finally, the peer abusers showed a statistically significant mean score on the MSI-Sexual knowledge scale. This may lead to the interpretation that the peer abusers –on average– were less informed (or more misinformed) about sexuality than the average youngster. The results of this study seem to indicate that inadequate sexual knowledge plays a role, at least in some cases, in the perpetration of sexual abuse of peers.

The juvenile exhibitionists seemed to come forward as a very distinct group in this study. They were by far the most preoccupied with sexuality and sexual activity, and they derived more pleasure from it as well as experienced more discomfort because of it. They also seemed to be more impulsive than the other juvenile sex offenders and the control group. However, this impulsivity did not seem to be of an aggressive type.

In conclusion, the results of this study seem to indicate, with the exception of juvenile exhibitionists, that there are more similarities than differences between juvenile sex offenders and normal youngsters concerning the characteristics that were measured in this study. Only a minority of the hands-on sexually abusive juveniles show clear anomalies in the psychological characteristics that are considered relevant in the literature for the development and continuation of sexually abusive behavior. These results seem to support Coombes' (2003) claim that it may be more fruitful to understand sexually abusive behavior in juveniles in the light of normal development rather than to mirror it against adult sexual deviancy. As mentioned earlier, the differences between the hands-on offender groups and the control group are just too small to offer a solid explanation for sexually abusive behavior in terms of psychosocial and/or psychosexual deviancy. Factors like aggression, impulsivity, locus of control, preoccupation with sexuality and cognitive distortions do not come forward in this study as factors that are clearly associated with this type of behavior. At most, they could be qualified as possible facilitators in individual cases. Self esteem and emotional loneliness may play a role, although the differences found could also be explained as a *consequence* of the perpetrated abuse. Further support for Coombes' vision is given by the finding that juvenile child abusers do not seem to share the cognitive distortions, which are typically present in adult child abusers, and which are measured by the ASAP-D. The juvenile child abusers should thus be approached as a different group, with different characteristics and different treatment needs than their adult counterparts.

The juvenile exhibitionists in this study, as well as in several other studies discussed in the reviews of the literature by Ryan and Lane (1997) and by Worling and Långström (2003), show a more deviant psychosexual development. This development seems to be characterized by a higher sexual preoccupation and a higher degree of impulsivity. This finding supports the idea that juvenile exhibitionists are to be regarded as a group separate from the other types of juvenile sex offender. Therefore, they may need a different treatment approach that is suitable for their specific treatment needs.

It should be noted that no substantial differences were found in the social desirability mean scores of the groups studied. This suggests that there were no substantial differences in openness or self-disclosure between the groups that could conceal actually extant differences in psychological characteristics.

It can be argued that the self-report method, which is applied in this study, may have too many limitations for an adequate differentiation between different categories of juvenile sex offenders and between juvenile sex offenders and non-delinquent youngsters, especially for the measurement of cognitive distortions. However, the results of self-report are always a function of the (subjective) self-experience and the degree of openness of the subject. Other research has found that filling in the cognitive distortion scales anonymously yields slightly higher, yet statistically significant, scores in comparison to filling them in non-anonymously (Van Outsem et al, in preparation). Although the established effects of anonymity seem to be relatively small on these scales, the results should always be interpreted with caution. In further research other designs will be needed to complete the picture of the juvenile sex offender.

## REFERENCES:

- ATSA (1997). *Position on the Effective Legal Management of Juvenile Sex Offenders*. Beaverton, Oregon.
- Awad, G., & Saunders, E. (1991). Male Adolescent Sexual Assaulters: Clinical Observations. *Journal of Interpersonal Violence*, 6, 446-460.
- Becker, J., Harris, C., & Sales, B. (1993). Juveniles Who Commit Sexual Offences: A Critical Review of Research. In: G. Hall, & R. Hirschman (Eds.). *Sexual Aggression: Issues in Aetiology and Assessment, Treatment and Policy*. Washington D.C., Taylor & Francis.
- Beckett, R., Brown, S., & Gerhold, D. (1997). *The Adolescent Sex Offender Assessment Pack*. Oxford, Oxford Forensic Psychology Service.
- Beech, A., Fisher, D., & Beckett, R. (1998). *STEP-3: An Evaluation of the Prison Sex Offender Treatment Programme*. Oxford, Oxford Regional Forensic Service.
- Benoit, J., & Kennedy, W. (1992). The Abuse History of Male Adolescent Sex Offenders. *Journal of Interpersonal Violence*, 7, 543-548.
- Bischof, G., Stith, S., & Whitney, M. (1995). Family Environments of Adolescent Sex Offenders and Other Juvenile Delinquents. *Adolescence*, 30, 157-170.
- Bullens, R., & Hendriks, J. (1998). *The Thornton Self Esteem Scale-Dutch ASAP Version*. Leiden, De Waag/ABJ.
- Central Bureau of Statistics, CBS (2003). *Population Statistics*. (Dutch: *Bevolkingsstatistieken*). The Hague, Centraal Bureau voor de Statistiek/CBS.

- Coombes, R. (2003). Adolescents Who Sexually Abuse. In: A. Matravers (Ed.). *Sex Offenders in the Community: Managing and Reducing the Risks*. Cambridge Criminal Justice Series, Cullompton-Devon, Willan.
- Davis, M. (1990). A Multi-dimensional Approach to Individual Differences in Empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Dolan, M., Holloway, J., Bailey, S., & Kroll, L. (1996). Psychosocial Characteristics of Juvenile Sexual Offenders Referred to an Adolescent Forensic Service in the UK. *Medical Science and Law*, 36, 434-452.
- Hedges, L.V. (1981). Distribution theory for Glass's estimator of effect size and related estimators. *Journal of Educational Statistics*, 6, 2, 107-128.
- Hendriks, J. (2006). *Jeugdige zedendelinquenten: Een studie naar subtypen en recidive*. Utrecht, Forum Educatief.
- Hunter, J., Hazelwood, R., & Slesinger, D. (2000). Juvenile-Perpetrated Sex Crimes: Patterns of Offending and Predictors of Violence. *Journal of Family Violence*, 15, 81-93.
- Janssen, M.A. (2004). *De Multiphasic Sex Inventory, Nederlandse versie*. University of Nijmegen, Dept. of Psychology.
- Miner, M. (2002). Factors Associated With Recidivism In Juveniles: An analysis of serious juvenile sex offenders. *Journal of Research in Crime and Delinquency*, Vol. 39, 4, November, 132-140.
- Murphy, W., DiLillo, D., Haynes, M., & Steere, E. (2001). An Exploration of Factors Related to Deviant Sexual Arousal among Juvenile Sex Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13, 91-103.
- Nicols, H. & Molinder, I. (1984). *Multiphasic Sex Inventory Manual*. Available from Nicols and Molinder, 437 Bowes Drive, Tacoma, WA, 98466, USA.
- Novicki, S. & Strickland, B. (1973). A Locus of Control Scale for Children. *Journal of Consulting and Clinical Psychology*, 40, 148-155.
- Rasmussen, L. (1999). Factors Related to Recidivism Among Juvenile Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11, 69-85.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.
- Van Outsem, R. (2002). An Exploration of the factors in offender treatment that are considered effective by juvenile sex offenders. (Dutch: Een verkennend onderzoek naar de door jeugdige zedendelinquenten als werkzaam ervaren factoren in dadertherapie). *PROCES: Tijdschrift voor Berechting en Reclassering*, No. 7/8.

- Van Outsem, R. & Beckett, R. (in preparation). *Cognitive Distortions Questionnaire*. The Hague, De Waag/ABJ.
- Van Outsem, R., Doreleijers, Th., Bullens, R., & Van Horn, J. (2005a). *The Leiden Sexuality Questionnaire*. Dutch: *De Leidse SeksualiteitsVragenlijst (LSV)*. The Hague, De Waag/ABJ.
- Van Outsem, R., Van Horn, J., Bullens, R., & Doreleijers, Th. (2005b). *The Leiden Social Desirability Scale*. Dutch: *De Leidse Sociale Wenselijkheidsschaal (LSW)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005c). *The Leiden Aggression Questionnaire*. Dutch: *De Leidse Agressie Vragenlijst*. Amsterdam, VU University, Dept. of Psychology.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (2005d). *The Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D)*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Beckett, R., Bullens, R., Van Horn, J., & Doreleijers, Th. (in preparation). *The Effects of Anonymity on the Cognitive Distortions Measures of the ASAP-D*. VU University of Amsterdam, Dept. of Psychology.
- Van Outsem, R., Bullens, R., Beckett, R., Van Horn, J., & Doreleijers, Th. (2005e). *A Comparative Study of Personality Characteristics in Juvenile Sex Offenders, Juvenile Perpetrators of Non-sexual Violent Offences and Non-delinquent Youth in the Netherlands*. VU University of Amsterdam, Dept. of Psychology.
- Worling, J., & Långström, N. (2003). Assessment of Criminal Recidivism Risk with Adolescents Who Have Offended Sexually: A Review. *Trauma, Violence and Abuse*, Vol. 4, No. 4, October.



# **VII: Sexually Abusive Behavior in Juveniles: Deviant and non-deviant pathways<sup>1</sup>.**

## **ABSTRACT:**

In this chapter a theoretical framework is presented in an attempt to find an answer to the question why some youngsters display sexually abusive behavior whereas others do not. Until recently, this question has mostly been approached in terms of the presence of psychiatric illness, deviant sexual interests and/or impaired psychosocial development. So far empirical research has not been able to demonstrate that this is an adequate approach. It is estimated that only about 40% of juvenile sex offenders show some kind of psychological or developmental deviance. The theoretical framework that is presented here approaches sexual abuse committed by juveniles in terms of normal developmental processes which take place in addition to deviant processes. It describes this behavior, and its presence or absence, as a result of the interaction of biological, psychological and situational factors.

---

1 A revised version of this chapter has been published in the *Journal of Sexual Aggression*, Vol. 13, Issue 2, July 2007, pp. 169-180.

## INTRODUCTION:

For decades, forensic scientists and practitioners have tried to answer the question why some youngsters display sexually abusive behavior and others do not. Until recently, to answer this question, empirical research has focused on the presence of psychiatric illness, deviant sexual interests and/or impaired psychosocial development. This seems a logical approach, since it is usually assumed that it takes at least some kind of mental illness or psychological aberration to commit such harmful acts. However, empirical research has not been able to confirm this assumption. Reviews of empirical studies conducted to date indicate that a surprisingly large proportion of juvenile sex offenders fall well within the range of normality, as far as their psychological and psychosocial constitution is concerned (Ryan and Lane, 1997; Vanhoeck, 2007; Van Outsem et al., 2006). A smaller proportion appear to show some kind of significant psychological or developmental deviance. Based on their extensive review of the empirical literature, Ryan and Lane (1997) estimate that about 60% of juvenile sex offenders are not in any way different from non-delinquent youngsters. As a consequence, only about 40% would show evidence of sexual, social and/or psychological deviance. This estimate seems to be supported by the results of the study by Van Outsem et al. (2006). It is true that there are more deviant juveniles in groups of juvenile sex offenders than in groups of non-delinquent youngsters. However, it is a common misconception that all juvenile sex offenders are more deviant than non-delinquent youngsters. Moreover, even where statistically significant differences in characteristics between groups of juvenile sex offenders and groups of non-delinquent youngsters are found, these differences are mostly too small to offer a solid explanation why the abusers abuse and the non-abusers do not (Ryan and Lane, 1997; Van Outsem, 2006).

Reoffence rates in juvenile sex offenders are relatively low, especially when compared to reoffence rates in adult sex offenders. Only 10-15% of juvenile sex offenders reoffend sexually after being caught (Worling and Långström, 2003). These reoffence rates suggest that in many juvenile sex offenders their sexually abusive behavior is of a transitory nature. It is therefore important to find an explanation for why a relatively large proportion of juvenile sex offenders commit their abusive acts without showing clearly observable differences from non-delinquent youngsters.

## THEORIES AND EMPIRICAL EVIDENCE:

Reviewing the literature, a large number of theories and theoretical frameworks can be found which try to describe and explain the etiology of sexually abusive behavior in both juveniles and adults. Gail Ryan (1997) categorizes these theories as follows:

### **Theories of etiology (Ryan, 1997):**

- *Psychosis theories:* Sexually abusive behavior results from some form of mental illness (e.g. schizophrenia, other psychotic conditions, borderline personality).
- *Physiological theories:* Sexually abusive behavior results from some form of physiological (neuro-endocrine) dysfunction.
- *Intrapsychological theories:* Sexually abusive behavior results from some form of inner conflict in the psyche of the individual.
- *Learning theories:* Sexually abusive behavior results from learning processes and conditioning.
- *Developmental theories:* Sexually abusive behavior results from some form of disturbance or retardation in the individual's psychosocial development.
- *Attachment theories:* Sexually abusive behavior results from disordered attachment.
- *Cognitive theories:* Sexually abusive behavior results from the presence of cognitive distortions and lack of information concerning sexuality and sexual behavior.
- *Addiction theories:* Sexually abusive behavior has a similar etiology to addictions other than substance addictions (e.g. compulsive gambling).
- *Family systems theories:* Sexually abusive behavior results from problematic relationships within the family environment.
- *Integrative theories:* Theoretical frameworks that try to combine as many of the above mentioned types of theories as possible.

The common denominator of all of these theories is that sexually abusive behavior is caused by some psychosocial anomaly. All of these anomalies have one or more operationalizations which allows them to be measured, or at least identified. Therefore it would be expected that the results of empirical studies revealed their existence in most of the cases. As stated above, the majority of juvenile sex offenders (about 60%) do not seem to show any measurable anomaly, while only about 5% have a history of mental illness and only about 30% show a history of repeated antisocial behavior (Ryan and Lane, 1997). Furthermore, evidence of sexual deviance, or paraphilia, (other than having perpetrated the abuse) is found in only 5% to 10% of juvenile sex

offenders (Ryan and Lane 1997). It is most of all the large proportion of apparently 'normal' juveniles that puzzles researchers and practitioners, as it seems to defy most current theories.

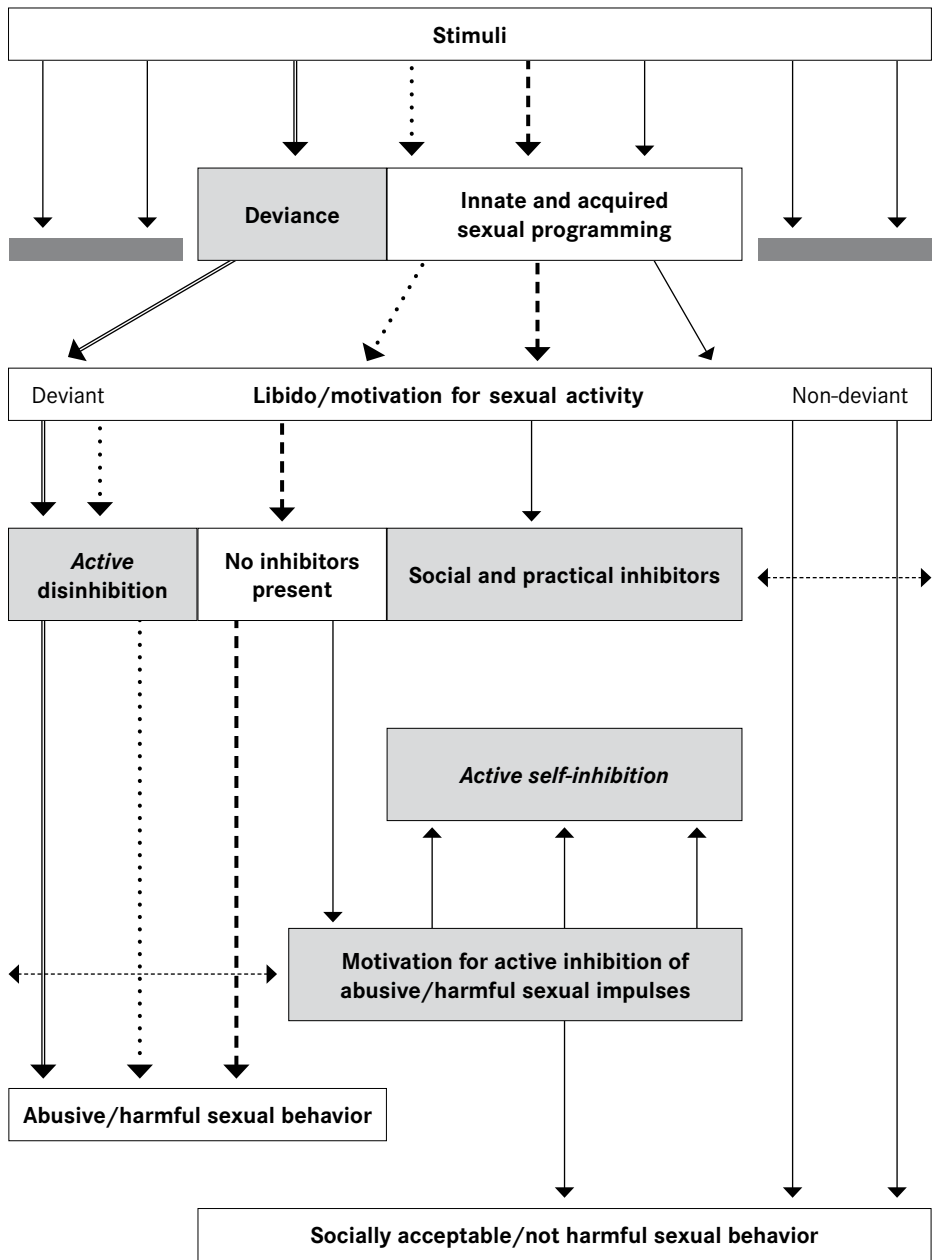
For some time, researchers have focused on the role of implicit attitudes in specific forms of behavior. Zajonc (1980) postulated almost three decades ago that the emotional components of stimuli are processed automatically and at an extremely high speed. This information processing would involve other neuronal systems than those used for the processing of explicit attitudes, which are cognitions that are consciously formed (evaluations, judgments and opinions). The mere presence of a specific object, i.e. set of stimuli, would then elicit an instant emotional and behavioral response (implicit attitude), which is independent of the subject's explicit attitude towards that object. Moreover, the instant response (or implicit attitude) elicited by a certain object may be constantly different from, or even contrary to, the subject's explicit attitude, and also from the implicit attitude towards objects belonging to the same category. Since then, this phenomenon has been empirically confirmed in many studies (Bargh, 1999, 2001; Blair, 2001; Chen and Bargh, 1999; De Houwer, 2001; Fazio et al., 1986; Fazio and Olson, 2003; Nosek et al., 2002; Wilson, 2002). One of the most important implications of the existence of implicit attitudes alongside explicit attitudes is that individuals react in an egodystonic manner to specific situations, i.e. to situations in which certain specific stimuli are present. These stimuli may cause an immediate emotional response that is experienced by the individual as 'atypical for the self'. These egodystonic emotions, and the accompanying feelings of estrangement, may result in atypical behavior in that specific situation. Here 'atypical behavior' means that the individual displays behavior that he would not choose to display in situations that are similar, but in which the specific stimuli are absent. Specific research on these kinds of 'hidden and automatic' attitudes and subsequent behavior is still scarce in the field of sexually abusive behavior in juveniles.

## A PROPOSED INTEGRATIVE MODEL OF SEXUALLY ABUSIVE BEHAVIOR IN JUVENILES:

It is common knowledge that sexual arousal is the main motivator for sexual behavior. It is generally assumed to be a psychophysiological reaction to specific stimuli which are identified by the human brain as having a sexual content (sexual cues). Most of the information with which sexual cues are identified, appears to be innately programmed in certain parts of the brain. Some information, however, seems to be acquired during the course of the individual's psychosexual development. During childhood, puberty and adolescence the definition of sexual cues is largely completed (Bancroft, 1989, 2003). Research has found that most basic sexual behavior is also innately programmed, since it is displayed by individuals who have never been exposed to situations in which they could have learned it (Seifert and Hoffnung, 1997; Wenar and Kerig, 2000). Still, some forms of sexual behavior are acquired during the course of life, from early infancy through adolescence (Bancroft, 2003). It is mostly during puberty and adolescence that sexual deviance is generally assumed to develop, both in terms of deviant sexual orientation (inappropriate definition and/or identification of sexual cues), and of deviant sexual behavior (Bancroft, 1989, 2003). Dutch research shows that some pubescents and young adolescents (between 11-14 years of age) are already sexually active in other ways than masturbation, i.e. involving others in their sexual activities. De Graaf et al. (2005) found in a representative sample of 1,015 Dutch young people aged 11-14 that 52% had already had experience with French kissing, 23% had already experienced mutual sexual fondling, 11% had already been involved in mutual masturbation, 8% had already had oral sex, and 7% had already had sexual intercourse. Clearly, sexual experimentation in this age group can already assume interpersonal forms of sexual behavior, although most of these youngsters have received only inadequate sexual education. It is also at this point that a discrepancy develops between many theories and empirical evidence about sexually abusive behavior in juveniles. As mentioned earlier, most of the empirical studies show that a large proportion of juvenile sex offenders do not significantly differ from non-offenders, at least not in the characteristics that were measured (Ryan and Lane, 1997; Van Outsem et al., 2006). Therefore it is proposed here that what we call deviant sexual behavior, i.e. harmful sexual behavior, is actually part of the natural human sexual behavioral repertoire. Whether or not this manifests itself in an individual should therefore be viewed as a function of the inhibitors the sexual impulse encounters before possible manifestation, rather than as the exclusive product of deviant development.

In the author's opinion, it is plausible that all possible varieties of sexual behavior can be composed in the imagination from innately programmed and acquired sexual behavior forms. Among these varieties, both harmful and harmless types exist. Basic rules and customs in human society impose inhibitions against unwanted or inappropriate sexual behavior. Successful integration of these rules and customs lead to active self-inhibition if an individual experiences the impulse to manifest harmful or inappropriate sexual behavior. Thus, inappropriate and harmful sexual behavior is suppressed and, ideally, eventually extinguished. The sexual impulses of the individual are funneled down (or directed) towards either appropriate sexual behavior or towards extinction. However, this funneling process may go wrong, either with or without sexual or psychosocial deviance. Deviant sexual inclinations (paraphilia) are expected to lead to motivations for deviant forms of sexual activity. Deviant social inclinations can lead to active sexual self-disinhibition, as in the case of abusers with an antisocial personality or of individuals designated as 'psychopaths'. These forms of deviance, as well as sexual misinformation and misshaping of sexual behavior by parents and/or educators, can lead them to wrongly interpret cues for sexual self-inhibition as cues for active disinhibition. On the other hand, perfectly normal youngsters from perfectly normal social environments may also end up displaying abusive sexual behavior (Ryan and Lane, 1997) if social and practical inhibitors are not (sufficiently) present in the individual's environment and if cues for sexual self-inhibition are not properly internalized. In the latter case, the individual has not yet learned to interpret cues of sexual self-inhibition properly. It is to be noted in this context that in most cultures it is unusual for parents, teachers and other child-raisers to openly and extensively discuss sexuality on a personal level with pubescents and adolescents. At this stage of life, when sexual motivation is at its peak (Bancroft, 2003), the individual's sexual impulses could overload and manifest themselves as sexually abusive behavior.

Illustration 1: Integrative model of sexually abusive behavior in juveniles:



### Definitions regarding Illustration 1:

- *Innate and acquired sexual programming*: Information stored in the brain which discriminates sexual from non-sexual cues among incoming stimuli. The identification of a cue as 'sexual' elicits a sexual arousal response.
- *(Sexual) Deviance*: Association of a stimulus that is commonly interpreted as non-sexual (e.g. children, violence, pain, paperclips) with a sexual arousal response. This usually results in a motivation for a form of sexual activity that is associated with that particular stimulus.
- *Libido/motivation for sexual activity*: Psychophysiological response to stimuli that are identified as sexual cues. It consists of sexual arousal and the motivation to undertake (specific forms of) sexual activity. This motivation is displayed as a continuum between two poles. These poles are the motivation to undertake deviant (harmful) forms of sexual behavior and the motivation to undertake non-deviant (harmless/socially accepted) forms of sexual behavior.
- *Active disinhibition*: Activities aimed at the removal of all possible inhibitions of abusive/harmful sexual behavior (e.g. acting in secret, getting intoxicated, convincing oneself that the planned actions are harmless and/or permissible under the circumstances, waiting for the suitable occasion to proceed with the abuse).
- *Social and practical inhibitors*: Inhibitors of sexual activity imposed by other people and/or by material circumstances. The concept of 'human conscience' is included among these inhibitors since it is defined as a set of internalized rules imposed by others in the course of upbringing.
- *Active self-inhibition*: Activities aimed at extinguishing one's own sexual arousal and motivation for sexual activity.

—————▶ = sexually deviant pathway to sexually abusive behavior.

.....▶ = antisocial pathway to sexually abusive behavior.

-----▶ = non-deviant pathway to sexually abusive behavior.

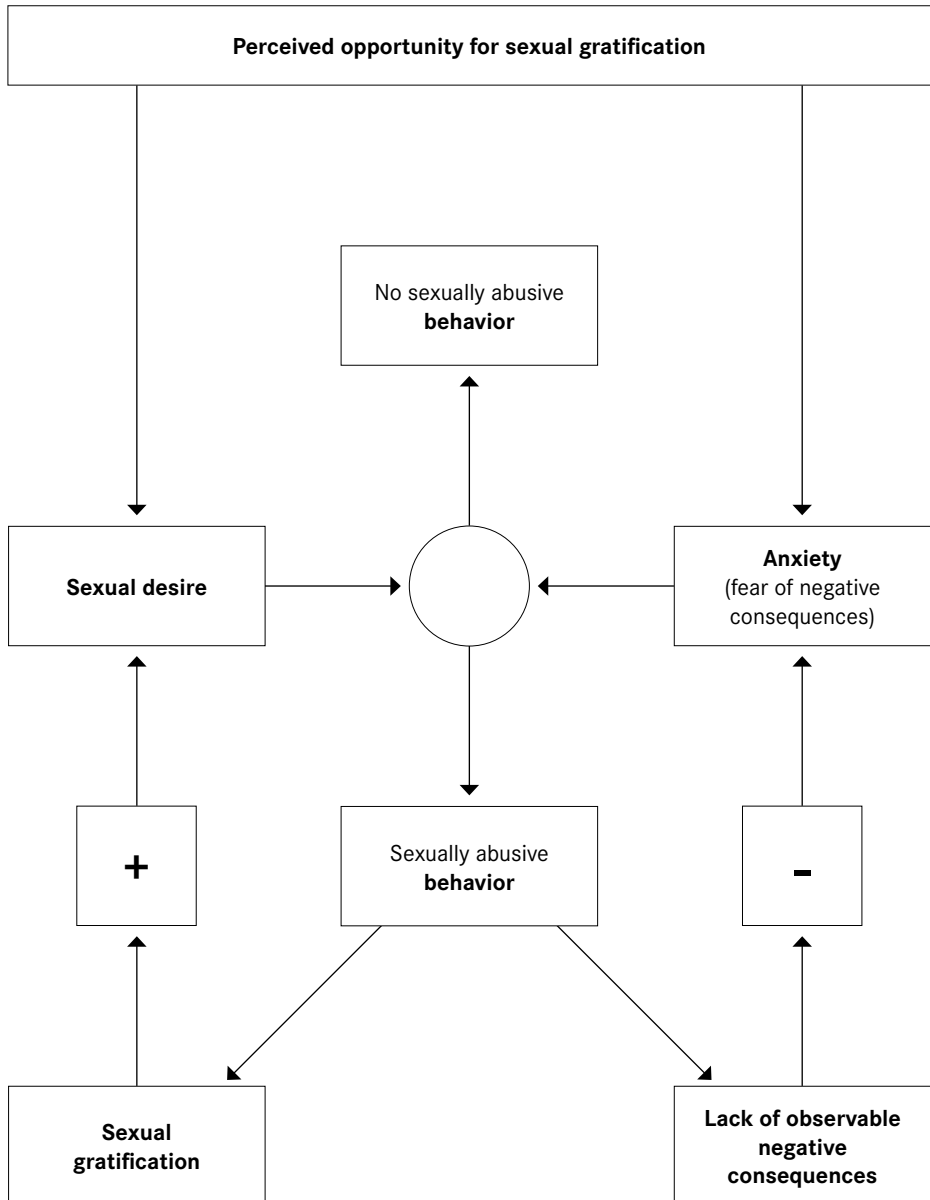
The horizontal dotted arrows next to the boxes 'Social and practical inhibitors' and 'Motivation for active inhibition of abusive/harmful sexual impulses' indicate that these boxes can stretch and shrink horizontally, thus blocking the pathways they cross or allowing impulses for passage if they shrink.



Illustration 1 shows a diagram of how sexual impulses, either with or without deviance, can lead to harmful forms of sexual behavior. The diagram should be looked at as a fountain from which streams of water (the sexual impulses) flow down. Following the arrows, different pathways can be distinguished towards abusive sexual behavior: the deviant and the non-deviant pathways. The deviant pathways lead either through the 'deviance' part (sexually deviant pathway) or through the 'normal' part (antisocial pathway) of the innate and acquired sexual programming, and through the 'active disinhibition' box to the abusive sexual behavior. In the sexually deviant pathway, deviant sexual programming directs the flow to the left of the diagram, towards the side where the abusive varieties of sexual behavior are found. If no inhibitors are present, or if the individual has learned to actively disinhibit himself, abusive sexual behavior will occur. Sexual deviant programming should thus not be seen as the exclusive cause of sexually abusive behavior, but rather as a possible bend in the stream between the stimulus and the sexual behavior. In the cases where there is no deviant sexual inclination present, but in which the individual has learned to actively disinhibit himself in order to attain instant gratification, i.e. in the antisocial pathway, sexually abusive behavior will also occur. The abusive behavior then serves as a 'second best' option if the primarily desired sexual objective is not experienced as available at short enough notice. Strong sexual motivation, which is typical of most pubescents and adolescents, combined with a structurally diminished ability to delay gratification of (sexual) impulses can thus drive these impulses to the left of the diagram.

The most common pathway towards sexually abusive behavior in juveniles is probably the non-deviant pathway. Here the flow runs through the normal part of the innate and acquired sexual programming to the libido. If the pathway to socially acceptable/non-harmful sexual behavior is blocked by social and/or practical inhibitors, the flow is directed to the left of the diagram. If no inhibitors are present between the libido and the abusive/harmful sexual behavior, sexually abusive behavior will occur. A simple process of conditioning can then lead to the continuation of the abusive behavior, especially if the negative consequences for the victim remain unobserved by the perpetrator and the negative consequences for the perpetrator himself remain absent for a prolonged period of time. Illustration 2 shows a diagram of this conditioning process in non-deviant individuals.

Illustration 2: The conditioning of sexually abusive behavior in the non-deviant pathway:



## DISCUSSION:

For many people it may be difficult to accept that sexually abusive behavior is an unsuccessfully inhibited part of the natural repertoire of human behavior. Sexual abuse seems just too appalling to be considered something that is near natural to human beings. Moreover, the fact that relatively simple processes in normal individuals could cause and sustain sexually abusive behavior makes this phenomenon all the more elusive and frightening. On the other hand, empirical evidence forces us to put into question our present viewpoints and explore new ones.

The model that is proposed here should still be developed further and refined. It should be noted that this model is still speculative and has not yet been tested by empirical research. However, at this point it offers a possible answer to the question why a large proportion of the juvenile sex offenders do not seem to show any kind of deviance, other than their sexual abuse. It also seems to go some way towards an answer to the question why factors such as those described by Worling and Långström (2003) seem to be associated with an increased risk of reoffending. These factors are: deviant sexual interests and cognitions, prior criminal sanctions for sexual assaults, past sexual offences against two or more victims, selection of a stranger victim, lack of intimate peer relationships/social isolation, incomplete offence-specific treatment, problematic parent-adolescent relationship, impulsivity and antisocial personal orientation.

An answer to the first question is proposed with the description of the non-deviant pathway and, in the case of multiple sexual abuse, the subsequent conditioning process in the presented model. The second question may also be answered in the context of the presented model and conditioning process: the choice of prepubescent victims reduces the probability of discovery of the abuse. In fact, the younger the prepubescent victim, the less likely he or she will disclose the abuse to others, and therefore, the higher the probability that there will be no negative consequences for the perpetrator for a longer period of time. Moreover, the younger the prepubescent victim, the less likely that the perpetrator can observe negative consequences of the abuse in the victim. After all, younger children are less able to understand, express and communicate the negative emotions associated with these incidents. Besides, prepubescent victims are easier for the perpetrator to control and manipulate. Therefore they provide a higher likelihood of sexual gratification for the perpetrator than

(resisting) peers or adults. The choice of non-familial or stranger victims also reduces the observability of the impact of the abuse, since there is no regular or close social contact between the perpetrator and the victim after the abuse has taken place. So, if the abusive sexual behavior has been conditioned and reinforced solidly, it is more likely that the perpetrator has committed more acts of abuse and/or had past convictions for the same or similar sexual offences.

The model describes deviant sexual interests as a stage in the sexually deviant pathway to sexually abusive behavior. It is to be expected that individuals with such interests adhere strongly to the gratification of their deviant desires, and will therefore generally resist or refuse offence specific treatment. The high incompleteness rate of treatment usually found in this group is demonstrative of this resistance and is thus indicative of a high risk of reoffending. Juvenile sex offenders following the antisocial pathway may also be expected to have difficulties adhering to the goals of offence specific treatment and will be reluctant to renounce their instant gratification strategies. They will therefore also show high treatment incompleteness rates and a higher risk of reoffending (see Chapter V).

Finally, the lack of intimate peer relationships or social isolation may impose severe social and practical inhibitions for the perpetrator in his course towards appropriate sexual behavior. Abusive sexual behavior could then arise as a viable, attainable alternative (the flow is directed towards the left of the diagram in Illustration 1). If there are no inhibitors present in this direction, sexually abusive behavior is likely to occur. It should be noted that socially isolated juveniles usually possess less social skills, obtain less social feedback (e.g. about sexual behavior) and are often less good at observing emotional cues of others. This makes it more likely that the abuser does not observe the negative consequences of the abuse in the victim, which reinforces the conditioning process. Feelings of social isolation are not uncommon among adolescents, and a period of social isolation can result from the normal changes and conflicts the adolescent encounters during the process of socialization (Wenar and Kerig, 2000).

As can be seen in the diagram, a particular offender does not necessarily follow only one pathway. Some offenders may well have deviant sexual interests as well as antisocial personality characteristics. An offender may have these deviances, but he could have started his abusive career as a non-deviant offender, developing his devi-

ant sexual and/or social characteristics after his first offence. When using this model as a guideline for the assessment of offenders, the fact that multiple pathways may exist in one particular individual should be taken into account.

This model has been constructed to describe the development and possible perpetuation of sexually abusive behavior in juveniles. Since only 10-15% of sexually abusive juveniles still display sexually abusive behavior when they progress into adulthood (ATSA, 1997; Rasmussen, 1999; Coombes, 2003; Worling and Långström, 2003), it can be hypothesized that adult sex offenders are a very different group from juvenile sex offenders. A different model would then be required to describe the abusive behavior of juveniles. However, it is also possible that in the transition from adolescence to adulthood the inhibitions and the abilities for self-inhibition change qualitatively as well as quantitatively. Thus, some pathways in the diagram will become narrower, whereas others will broaden. As the physical and psychological maturation of the individual takes place, the abilities for self-inhibition and self-regulation are expected to increase, as will, in general, the social and practical inhibitions. When the individual accepts his role as an adult, together with an adult's status, rights, achievements and responsibilities, he will usually have more to lose by displaying inappropriate sexual behavior. The non-deviant pathway will then become narrower and the behavior will extinguish, since the fear factor in the conditioning process will increase by the changed conditions in life. However, individuals with deviant sexual interests and with an antisocial personality are likely to gradually improve their active disinhibition skills in order to attain gratification. This widens the deviant pathways.

The results of these processes seem consistent with Moffitt's theory of antisocial behavior in juveniles (1993), in which a distinction is made between adolescence-limited and life course-persistent antisocial behavior. According to Heide and Solomon (2006), Olthof (2004a, 2004b) and Vermeiren (in preparation), neurobiological research has shown that adolescents think in a different way than adults. They conclude that adolescents are more impulsive and take less adequate decisions than adults because several (cortical) structures of their brains have not yet fully matured. Moreover, they argue that human cognitive and moral development is completed well after the end of adolescence. These maturation processes also enhance people's self-inhibition and self-regulation abilities. Therefore, the non-deviant pathway normally narrows as the individual neurologically matures into adulthood.

Finally, the 10-15% of juveniles whose abuse continues into adulthood will probably be joined by the individuals who start abusing in their adulthood. These individuals may already have had deviant sexual interests in adolescence, but without the active disinhibition skills. This may also explain the larger proportion of sexual deviance in adult abusers in comparison with juvenile abusers (Ryan and Lane, 1997).

## **IMPLICATIONS FOR ASSESSMENT AND TREATMENT:**

The presented model offers a number of guidelines for assessment and treatment. First of all, it is important to assess which pathways are followed by the juveniles who enter treatment. Different treatment strategies may be needed for juveniles who have followed the non-deviant pathway to sexual abuse than for those who have followed one of the deviant pathways. Adequate assessment instruments and protocols should be developed to distinguish the deviants from the non-deviants. It may be suggested that instruments which indicate the presence of implicit attitudes could be combined with measurement instruments of explicit attitudes, like personality questionnaires such as the ASAP (Beckett, Brown and Gerhold, 1997). Together, they may yield valuable information on the presence and severity of paraphilic and/or antisocial tendencies. Treatment could then be planned according to the results of this assessment.

The treatment of deviant sexual interests still proves an enormous challenge. To date no effective method has been found to 'erase' or 'reprogram' such interests. Until such a method is discovered, there is probably no other option than to resort to the basic treatment philosophy of 'no cure, but control'. Enhancing the motivation for self-inhibition and increasing the social and practical inhibitors are then, as in the antisocial pathway, the designated instruments to reduce the risk of reoffending or at least to delay reoffending (i.e. reduction of harm). Further research on biopsychological techniques is needed to achieve more progress in the modulation or eradication of deviant sexual interests and motivations. Undoubtedly, many ethical questions will first have to be answered before such techniques can be put into practice, for example whether it is acceptable to alter part of an individual's personality without his consent. This question is particularly poignant if a subject is reluctant to participate in such treatment voluntarily. On the other hand, the possible consequences of deviant sexual interests that remain untreated in a subject that is unwilling to change should be considered just as seriously.

For antisocial deviant perpetrators, treatment should be aimed at refocusing from harmful to harmless forms of sexual behavior that produce quick gratification. Harmless alternatives to abuse (that generate less problems for the offender himself) will diminish the motivation for active disinhibition. The imposition of social and practical inhibitors for sexual abuse should also receive ample attention. Thus the flow of sexual impulses will be tilted towards the right-hand side of the diagram. Most juveniles tend to mature out of antisocial behavior once they reach their twenties (Koops and Slot, 1998; Moffitt, 1993). However, some of them do not and consequently develop an antisocial personality disorder. Until an effective treatment for this disorder is found, these subjects will continue to present a risk of reoffending, both sexually and non-sexually.

For the non-deviant offenders, the 'no cure, but control' approach may be sufficient. However, in some cases it should be considered whether it is possible to refrain from submitting non-deviant juvenile sex offenders to offence specific treatment. Indeed, some juveniles may have learnt enough to stop their sexually abusive behavior simply by having been caught and sanctioned. Moreover, Bonta (2000) found slightly higher recidivism rates in treated than in untreated juvenile sex offenders who were characterized as 'low-risk', measured by standards based on the empirically supported reoffence predictors described by Worling and Långström (2003). This may mean that offence specific treatment in low-risk juvenile sex offenders could be counterproductive. The stigmatization as 'sex offender' may reduce self esteem, increase social isolation and may also impose other inhibitions for appropriate forms of sexual relationships. In some of these cases, reoffending may become a self-fulfilling prophecy.

Medium and high risk non-deviant offenders may be considered as offenders in which the process of conditioning of the abusive behavior has taken place and is further advanced. Active deconditioning of the behavior is then essential. This can be achieved by both increasing the anxiety and by diminishing the expected gratification associated with the perpetration of the abuse. In treatment practice this will mean the restructuring of the cognitions concerning the consequences for the victim and for the offender (thus increasing the anxiety for reoffending) and of the cognitions regarding the particular abusive sexual activity typical of the offender (thus reducing the expected gratification). Again, the designation of more gratifying sexual alternatives could prove fruitful in the process of deconditioning.

It is possible that multiple pathways exist in the same offender. In these cases a combined treatment of the elements mentioned above would be recommended. In general, the strengthening of certain psychological characteristics such as self esteem, social skills, empathy, impulse control, internal locus of control, openness and introspective abilities may enhance both the motivation and the ability for active self-inhibition of abusive impulses. Amelioration of these characteristics should not be absent among the young offender's goals for treatment. Finally, an adequate form of social control by a trusted person may also impose valuable social and practical inhibitions for sexually abusive behavior. Institutions providing treatment should be central in organizing social control in the juvenile offender's own living environment.

## REFERENCES:

- ATSA. (1997). *Position on the Effective Legal Management of Juvenile Sex Offenders*. Beaverton, Oregon.
- Bancroft, J. (1989). *Human Sexuality and Its Problems*. Edinburgh: Churchill Livingstone.
- Bancroft, J. (2003). *Sexual Development in Childhood*. Bloomington: Indiana University Press.
- Bargh, J.A. (1999). The Cognitive Monster: The case against the controllability of automatic stereotype effects. In: S. Chaiken and Y. Trope (Eds.). *Dual-process Theories in Social Psychology*. 361-382, New York, The Guilford Press.
- Bargh, J.A. (2001). The Psychology of the Mere. In: J.A. Bargh and D.K. Apsley (Eds.). *Unraveling the Complexities of Social Life*. 39-53, Washington, American Psychological Association.
- Beckett, R., Brown, S.A., & Gerhold, D. (1997). *The Adolescent Sexual Abuser Project Assessment Measures (ASAP)*. Oxford, Oxford Forensic Psychology Service.
- Blair, I. (2001). Implicit Stereotypes and Prejudice. In: G.B. Moskowitz (Ed.). *Cognitive Social Psychology: The Princeton Symposium on the Legacy and Future of Social Cognition*. 359-374, Princeton, N.J., Erlbaum.
- Bonta, J. (2000). Treating the Higher Risk Offender. *Research Summary*, Vol. 5, No. 5, September.
- Chen, M., & Bargh, J.A. (1999). Consequences of Automatic Evaluation: Immediate behavioral predispositions to approach or avoid the stimulus. *Personality and Social Psychology Bulletin*, 25, 215-224.



- Coombes, R. (2003). Adolescents Who Sexually Abuse. In: A. Matravers (Ed.). *Sex Offenders in the Community: Managing and Reducing the Risks*. Cambridge Criminal Justice Series, Cullompton-Devon, Willan.
- De Graaf, H., Meijer, S., Poelman, J., & Vanwesenbeeck, I. (2005). *Seks onder je 25e: Seksuele gezondheid van jongeren in Nederland anno 2005*. Utrecht/ Amsterdam: Rutgers Nisso Groep/Soa Aids Nederland.
- Heide, K.M., & Solomon, E.P. (2006). Biology, Childhood Trauma, and Murder: Rethinking justice. *International Journal of Law and Psychiatry*, 29, No. 3, 220-233.
- De Houwer, J. (2001). A Structural and Process Analysis of the Implicit Association Task. *Journal of Experimental and Social Psychology*, 37, 443-451.
- Fazio, R.H., Sanbonmatsu, D.M., Powell, M.C., & Kardes, F.R. (1986). On the Automatic Activation of Attitudes. *Journal of Personality and Social Psychology*, 50, 229-238.
- Fazio, R.H., & Olson, M.A. (2003). Implicit Measures in Social Cognition: Their meaning and use. *Annual Review of Psychology*, 54, 297-327.
- Koops, W., & Slot, W. (1998). *From Troublesome to Criminal: A developmental approach to juvenile delinquents. (Dutch: Van lastig tot misdadig. Een ontwikkelingsbenadering van lastige en misdadige kinderen en adolescenten: diagnostiek, behandeling en beleid)*. Houten/Diegem, Bohn Stafleu Van Loghum.
- Moffitt, T.E. (1993). Adolescence-limited and life course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review*, 100, 4, 674-701.
- Nosek, B.A., Banaji, M.R., & Greenwald, A.G. (2002). Harvesting Implicit Group Attitudes and Beliefs from a Demonstration Web Site. *Group Dynamics: Theory, Research and Practice*, 6, 101-115.
- Olthof, T. (2004a). Cognitive Development (Dutch: Cognitieve ontwikkeling). In: J. de Wit, W. Slot, & M. van Aken (Eds.). *The Psychology of Adolescence (Dutch: Psychologie van de adolescentie)*. HB Uitgevers, Baarn, The Netherlands.
- Olthof, T. (2004b). Emotional and Moral Development (Dutch: Emotionele en morele ontwikkeling). In: J. de Wit, W. Slot, & M. van Aken (Eds.). *The Psychology of Adolescence (Dutch: Psychologie van de adolescentie)*. HB Uitgevers, Baarn, The Netherlands.
- Ryan, G. (1997). Sexually Abusive Youth: Defining the Population. In: G. Ryan and S. Lane (Eds.). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.
- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Offending: Causes, Consequences, and Corrections*. San Francisco, Jossey-Bass Publishers.

- Rasmussen, L. (1999). Factors Related to Recidivism among Juvenile Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11, 69-85.
- Seifert, K.L., & Hoffnung, R.J. (1997). *Child and Adolescent Development*. Boston/ New York, Houghton Mifflin Company.
- Vanhoeck, K. (2007). *Seksueel misbruik en parafilie; een analyse volgens de DSM-IV-criteria*. In: Van Wijk, A.Ph., Bullens, R.A.R., & Van den Elshof, P. (Eds.). *Facetten van Zedencriminaliteit*. The Hague, Elsevier.
- Van Outsem, R.E., Beckett, R., Bullens, R.A.R., Van Horn, J.E., & Doreleijers, Th. (2005a). *A Controlled Comparative Study of Personality Characteristics in Different Categories of Juvenile Sex Offenders: Child abusers, peer abusers, exhibitionists, inpatients and outpatients*. VU University of Amsterdam, Dept. Of Psychology.
- Van Outsem, R.E., Doreleijers, Th., Beckett, R., Van Horn, J.E., & Bullens, R.A.R. (2005b). *A Comparative Study of Personality Characteristics in Juvenile Sex Offenders, Juvenile Perpetrators of Non-sexual Violent Offences and Non-delinquent Youth in The Netherlands*. VU University of Amsterdam, Dept. Of Psychology.
- Van Outsem, R.E., Beckett, R., Bullens, R.A.R., Vermeiren, R., Van Horn, J.E., & Doreleijers, Th. (2006). The Adolescent Sexual Abuser Project (ASAP) Assessment Measures-Dutch Revised Version: A comparison of personality characteristics between juvenile sex offenders, juvenile perpetrators of non-sexual violent offences and non-delinquent youth in the Netherlands. *Journal of Sexual Aggression*, Vol. 12, No. 2 (July), pp. 127-141.
- Vermeiren, R. (in preparation). *Forensic Youth Psychiatry: On the way to recognition*. Dutch: Forensische jeugdpsychiatrie: op weg naar (h)erkenning. University of Leiden, Dept. of Psychology.
- Wenar, C. and Kerig, P. (2000). *Developmental Psychopathology from Infancy through Adolescence*. Boston, Mc Graw Hill.
- Wilson, T.D. (2002). *Strangers to Ourselves: Discovering the Adaptive Unconscious*. London, The Belknap Press of Harvard University Press.
- Worling, J.R., & Långström, N. (2003). Assessment of Criminal Recidivism Risk with Adolescents Who Have Offended Sexually: A Review. *Trauma, Violence and Abuse*, Vol. 4, No. 4, October, 341-362.
- Zajonc, R.B. (1980). Feeling and Thinking: References need no inferences. *American Psychologist*, 35, 151-175.

# VIII: General Discussion.

## INTRODUCTION:

The main aim of this research project was to explore the psychological characteristics of juvenile sex offenders, in other words those characteristics that are generally considered in the literature to be the most relevant. This has been done by comparing measurements of these characteristics between groups of various types of juvenile sex offenders, and by comparing the measurements in these groups with those in a group of normal youngsters and those in a group of juvenile non-sexual violent offenders. The project's secondary aim was to assess the changes in these psychological characteristics after treatment had been completed, and to determine which psychological characteristics may play a role in the non-completion of treatment. To these ends, the Adolescent Sexual Abuser Project Assessment Measures (ASAP) has been translated into Dutch and developed into an instrument of satisfactory reliability and validity. The resulting Dutch version of the ASAP, the ASAP-D, was used as the main instrument of measurement in this study.

## STRENGTHS AND LIMITATIONS OF THIS STUDY:

One of the main strengths of this project is that the different groups that were studied could be compared with a relatively large control group of normal young people. Many previous studies have been criticized for lacking such a control group. Any exploration of the psychological constitution of juvenile sex offenders is severely hampered if a comparison with normal youngsters is not present. The juvenile sex offenders were also compared to a sample of non-sexual violent juveniles. This sharpens the view on the results found concerning the psychological characteristics of the sexually abusive juveniles. The sizes of the samples used in this project were fairly large in comparison to most similar studies conducted to date. This contributes to a substantial extent to the strength of the studies comprising this project. In addition, the samples were recruited in such a manner that selection was reduced as much as possible. Most juvenile sex offenders and non-sexual violent offenders were examined to find out whether or not they would accept treatment and whether or not they would complete treatment. Less than 2% of the subjects refused to complete the ASAP-D .

However, the limitations of this project should also be taken into account. First, the juvenile sex offenders who were recruited for this project are only those who had been caught. Many researchers assert that the large majority of sexual offences, including those committed by juveniles, are not reported to the police (e.g. Akers and Jensen, 2001; Bullens, 1999). The results of the studies in this project apply only to those juvenile sex offenders who were caught and who were referred to specific institutions, and not to those who were not caught. It is unknown if, or to what extent, the juvenile sex offenders who were studied are comparable to those who manage to continue their sexual abuse for a prolonged period. These juvenile sex offenders may very well have different psychological characteristics than the ones who participated in this study.

Another important limitation of this project is that the main instrument used, the ASAP-D, is a self-report instrument. The limitations of the self-report method are substantial. In short, what is measured in these studies is the psychological characteristics of the subjects as a function of self-perception/self-observation and of the extent to which the individual is prepared to disclose these perceptions/observations. In other words, what is measured by the ASAP-D is mostly explicit attitudes. Egodystonic self-observations that usually reflect implicit attitudes are measured to a much lesser extent. Explicit attitudes reflect what an individual is inclined to think, feel and do in general, whereas implicit attitudes more strongly determine how the individual will actually react in a specific situation. This means that an individual with very high empathy scores may well react in a totally non-empathic manner to a situation that usually triggers his sexually abusive behavior. Although the ASAP-D is a fairly adequate psychometric instrument, the conclusion is justified that it may be considerably less adequate as a true indicator of the subject's modulations of attitude and behavior in abuse-specific situations. This means that potentially important differences between groups, especially in the domain of implicit attitudes, may have remained undiscovered in this study.

Finally, another limitation of this research project is that the comparison groups of juvenile sex offenders were chosen a priori. Because of this, potentially important differences *within* these groups (i.e. between subgroups within these groups) may have remained undetected. Future comparative research in the field of juvenile sexual delinquency could yield valuable information when forming the comparison groups a posteriori using cluster analysis.

## THE ASAP-D:

The ASAP-D proved a useful diagnostic tool for working with most types of juvenile sex offenders. It is generally considered as helpful by therapists who use it to fine-tune their interventions to the individual treatment needs of each juvenile sexually abusive client. The ASAP-D should not be seen as a risk assessment instrument. However, it may be worthwhile to devote further study to the ASAP-D as a potentially useful supplement to existing risk assessment instruments. For example, if a client shows high scores on the ASAP-D scales Cognitive distortions, Impulsivity, Hypersexuality and Aggression, and low scores on Empathy and Self esteem, the probability of reoffending may be higher in this client than if these scores were more favorable. Still, the ASAP-D should not be used for such purposes at this point. So far there has been no empirical evidence that links reduced reoffence rates to any scores or score patterns on the ASAP-D.

The ASAP-D is not suitable for all juvenile sex offenders. The instrument was developed exclusively for male juvenile sex offenders. Many of the items, especially those about sexuality, are formulated in such a way that they can only properly be answered by boys. The ASAP-D is unsuitable for female juvenile sex offenders: a special version for females must first be developed.

In order to be able to properly understand questions in the ASAP-D, subject needs to have an IQ of at least 80 and sufficient knowledge of the Dutch language. The latter is sometimes a problem in subjects of immigrant origin. It should also be taken into account that some subjects who are determined to show themselves in a strong socially desirable perspective (especially those who are intelligent and well-informed about their situation) can manipulate (at least to some extent) the ASAP-D's scores without it being conspicuous by an elevated score on the Social Desirability scale. The Social Desirability scale is only intended for the measurement of general socially desirable response tendencies, and not for the assessment of deliberate manipulation of the measurement outcomes. Unfortunately, the ASAP-D is not (yet) equipped with a lie scale, and therefore it is advisable to use various sources of information before reaching any diagnostic conclusion, as with any self-report questionnaire.

## DISCUSSION OF THE OVERALL RESULTS OF THE STUDIES CONDUCTED WITH THE ASAP-D:

The results of the studies conducted in this project indicate that there are more similarities than differences between juvenile sex offenders and normal youngsters, as far as the psychological characteristics as measured by the ASAP-D are concerned. Indeed, a large proportion of juvenile sex offenders do not seem to differ from their non-delinquent peers in their ASAP-D scores. At most, what can be said is that among the juvenile sex offenders as a group there is a somewhat larger proportion of youngsters with higher treatment needs, i.e. unfavorable ASAP-D scores. Such scores are found especially in the field of self esteem and feelings of loneliness. Juvenile exhibitionists also seem to score higher on the scales that measure sexual preoccupation. The original British ASAP, and thus also the ASAP-D, was designed to measure the psychological characteristics that, in the literature, are generally considered as relevant for the development and continuation of sexually abusive behavior in juveniles. As a consequence, the results presented here can be considered to be rather unexpected. Possible explanations for this are that either the measures used are wrong, or that at least some of the general perceptions and conceptions about sexually abusive behavior in juveniles are wrong. Of course, both explanations may also be true. If the established psychometric qualities of the ASAP-D are taken into consideration, the first explanation seems unlikely. The instrument has shown to reflect differences in the characteristics measured between groups of juveniles where such differences were clearly present and corroborated by other sources. The second possibility may then be more plausible. During the past few years, many scientists and practitioners have pointed out that the current theories on sexually abusive behavior in juveniles are too much derived from theories on such behavior in adults (Ryan and Lane, 1997; Coombes, 2003). The psychological characteristics that are considered relevant in juvenile sex offenders are also mainly derived from theories on adult sex offenders. The results of current studies support the need for an approach to the sexually abusive behavior of juveniles that is different from that used for adults. In other words, they support the need for the general acknowledgement that the juvenile sex offenders are to be considered a fundamentally different group, and not as simply the juvenile versions of adult sex offenders. It may well be possible that the psychological characteristics that are relevant to sexually abusive behavior in juveniles are different from those in adults.

## THEORETICAL AND CLINICAL IMPLICATIONS:

In Chapter VII of this thesis, an alternative theoretical framework (or model) is presented in which sexually abusive behavior of juveniles is placed within the context of normal psychosocial and psychosexual development, and also within the context of deviant forms of development. In this model, it is assumed that sexually abusive, i.e. harmful, behavior is a natural human behavioral variety which may occur if the necessary social and practical inhibitors are not present. This happens especially during puberty and adolescence, when sexual impulses are at their strongest and are not yet adequately channeled. Thus, even perfectly normal youngsters may display serious sexually abusive behavior if the necessary internal and external inhibitors are absent. As mentioned before, this model can help to answer some of the questions that arise from the unexpected results of this and other studies. Although this model is still far from being the final step in understanding the sexually abusive behavior in juveniles and needs empirical testing, it seems at least fair to say that it can be used as a heuristic device to broaden our perspectives on this challenging subject. There may still be yet unidentified, psychological characteristics that are crucial in the etiology of sexually abusive behavior in juveniles.

Probably the main clinical implication of the results of the current set of studies is that, when working with sexually abusive juveniles, more attention should be paid to situational factors and states, rather than focusing exclusively on psychological characteristics. Recently, many scientists advocate such an approach (Miner et al., 2006). The treatment outcome results of this project show that, at least in the completers of treatment, the self-control abilities are usually enhanced by treatment. Nevertheless, it may be expected that these abilities could improve even more if the relevant situational factors are more clearly identified and dealt with. Specific self-control strategies could then be developed and used as an adequate response to specific risk situations. The recently developed Good Lives Model of working with juvenile sex offenders (Siegert et al., 2007; Lindsay et al., 2007) could be seen as an important progress in this direction.

In general, the direct involvement of meaningful people within the social environment of the juvenile sex offender may be regarded as extremely important for the adequate identification of, and coping with, the relevant situational factors. A system oriented ('systemic') treatment approach may be more effective in establishing the necessary

internal and external inhibitors of sexually abusive behavior than a treatment approach that aims exclusively at the individual. Parents and educators could then be trained by professionals to give their children adequate training in socially acceptable and harmless sexual behavior.

## EPILOGUE:

Some of the conclusions reached in this report may cause controversy and will probably encounter resistance and disbelief. Still, controversy can be fruitful: many new and valuable ideas have developed from conflict. It is important to remember that we share the same goal: to protect people from the threat of sexual abuse and to save those who abuse from the harm they inflict to others and thus to themselves. Hopefully, the results of this project will inspire both researchers and practitioners to broaden their perspectives on the problem of sexually abusive behavior in juveniles. Only with a broader perspective will it become possible to reduce this problem effectively.

## REFERENCES:

- Akers, R.L., & Jensen, G.F. (2001). Sexual Assault. In: Miethe, T.D., & McCorkle, R.C. (eds.) *Crime Profiles. The anatomy of dangerous persons, places, and situations*. Los Angeles, Roxbury Publishing Company.
- Bullens, R.A.R. (1999). Is the number of sexual offences committed by juveniles really increasing? Dutch: Nemen zedendelicten door jongeren inderdaad toe? *Perspectief*, 5, p. 15.
- Coombes, R. (2003). Treating the young sex offender. *ESSAY bulletin*, 2, 2-8.
- Lindsay, W., Ward, T., Morgan, T., & Wilson, I. (2007). Selfregulation of Sex Offending, Future Pathways and the Good Lives Model: Applications and Problems. *Journal of Sexual Aggression*, 13, pp. 37-50.
- Miner, M., Borduin, C., Prescott, D., Bovensman, H., Schepker, R., Du Bois, R., Schladale, J., Eher, R., Schmeck, K., Langfedt, T., Smit, A., & Pfäfflin, F. (2006). Standards of Care for Juvenile Sexual Offenders of the International Association for the Treatment of Sexual Offenders. *Sexual Offender Treatment, Vol. 1*, Issue 3, pp. 101-106.



- Ryan, G., & Lane, S. (1997). *Juvenile Sexual Delinquency: Causes, treatment, and corrections*. San Francisco, Jossey Bass.
- Siegert, R.J., Ward, T., Levack, W.M.M., & Mcpherson, K.M. (2007). A Good Lives Model of Clinical and Community Rehabilitation. *Disability & Rehabilitation*, 29, Issue 20 & 21, pp. 1604-1615.
- Van Outsem, R.E. (2003). Empathy for the beginners and the advanced: Empathy and empathy training. Dutch: Meevoelen voor beginners en gevorderden: Empathie en empathietraining. *PROCES*, 18, 75-86.



# IX: Summary

This thesis consists of eight chapters which describe a research project conducted at the VU University of Amsterdam on the psychological characteristics of juvenile sex offenders.

The first chapter presents a short general introduction to the subject of sexually abusive youngsters and their psychological characteristics.

In the second chapter, the Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D) is presented. This is an assessment instrument which measures the psychological characteristics that are generally considered relevant in the literature for the development and continuation of sexually abusive behavior in juveniles. The instrument is described and its basic psychometric qualities are presented. The ASAP-D comes forward as an instrument of satisfactory validity and reliability.

In the third chapter, a correlation study is presented between the Moral Orientation List and two ASAP-D empathy subscales which are generally regarded as indicative of the subject's empathic abilities. The results of this study support a satisfactory degree of validity of these ASAP-D subscales. The applicability of these subscales for the evaluation of offender treatment in juveniles is also discussed.

In the fourth chapter, the psychological characteristics as measured by the ASAP-D are compared between three groups of male juveniles: a group of juvenile sex offenders, a group of juvenile perpetrators of non-sexual violent offences and a representative sample of non-delinquent young people. Contrary to general expectation, these three groups did not differ significantly in most of the measured psychological characteristics. Clear differences were found in only a limited number of areas. The implications of these results are further discussed.

In the fifth chapter, the psychological characteristics measured by the ASAP-D are compared between juvenile sex offenders who completed their sex offender treatment and juvenile sex offenders who did not. The psychological characteristics of these two groups are also compared with those of a control group of non-delinquent youngsters. The differences found are indicative of a higher prevalence of anger

management problems in the non-completer group. The implications for treatment are discussed. In the treatment completers, the differences in the measured psychological characteristics before and after treatment are assessed. The results of this comparison indicate clear ameliorations in many of the measured characteristics, and thus of generally positive treatment results.

In the sixth chapter, the psychological characteristics as measured by the ASAP-D are compared between several categories of juvenile sex offenders and a control group of non-delinquent youngsters. Again, only few significant differences were found between the studied groups. Both the theoretical and the practical implications of these results are discussed.

In the seventh chapter, a theoretical framework is presented in an attempt to find an answer to the question why some juveniles display sexually abusive behavior and others do not. Until recently, this question had only been approached in terms of the presence of mental illness, deviant sexual interests and/or impaired psychosocial development. It is a common assumption that sexually abusive behavior in juveniles is associated with such illnesses or anomalies. So far, however, empirical research has generally failed to prove this assumption to be true. Only a relatively small proportion of juvenile sex offenders appear to show some kind of psychological or developmental deviance. The theoretical framework presented here approaches sexually abusive behavior in juveniles both in terms of normal developmental processes and in terms of psychosexual and psychosocial deviance. It describes this behavior, and its presence or absence, as a result of the interaction of biological, psychological and situational factors.

Finally, the eighth chapter offers a general discussion of the complete research project and its results. The strengths and limitations of the studies that were conducted are highlighted.

# X: Samenvatting

Dit proefschrift bestaat uit acht hoofdstukken die elk een beschrijving geven van een gedeelte van een onderzoeksproject op het gebied van de psychologische kenmerken van jeugdige zedendelinquenten. Dit onderzoeksproject is uitgevoerd bij de Vrije Universiteit van Amsterdam, in samenwerking met verschillende instellingen voor forensische psychiatrie in Nederland.

Het eerste hoofdstuk biedt de lezer een korte algemene inleiding betreffende jeugdige zedendelinquenten en hun psychologische kenmerken.

In het tweede hoofdstuk wordt het Adolescent Sexual Abuser Project Assessment Measures-Dutch Revised Version (ASAP-D) gepresenteerd. Het ASAP-D is een pakket van standaard vragenlijsten dat verschillende psychologische kenmerken meet. Deze psychologische kenmerken zijn geselecteerd vanwege het feit dat er in de literatuur consensus bestaat over hun relevantie met betrekking tot het ontstaan en voortduren van seksueel grensoverschrijdend gedrag bij jongeren. Na een uitvoerige beschrijving van het instrument worden de psychometrische kwaliteiten ervan weergegeven. Het ASAP-D komt naar voren als een instrument dat in voldoende mate betrouwbaar en valide kan worden genoemd.

In het derde hoofdstuk wordt een correlatiestudie beschreven van de schalen van het ASAP-D die de cognitieve en gedragsmatige componenten van empathie meten en de Morele Oriëntatie Lijst (MOL). De resultaten van deze studie ondersteunen de validiteit van de empathieschalen van het ASAP-D. In het artikel wordt ingegaan op de toepassingsmogelijkheden van deze schalen.

In het vierde hoofdstuk wordt een vergelijking gepresenteerd van de door de ASAP-D gemeten psychologische kenmerken van een groep van jeugdige zedendelinquenten met een groep van jeugdige geweldsdelinquenten (die *geen* zedendelicten hebben gepleegd) en een representatieve steekproef van de algemene populatie van jongeren. Het gaat hier in alle gevallen om *jongens*. In tegenstelling tot de algemene verwachting blijken de drie onderzochte groepen niet significant van elkaar te verschillen wat betreft het merendeel van de gemeten psychologische kenmerken. Significante verschillen tussen de drie groepen zijn slechts op een beperkt aantal gebieden gevonden. De implicaties van deze resultaten worden vervolgens besproken.

Het vijfde hoofdstuk is gewijd aan de beschrijving van een andere vergelijkingsstudie waarbij gebruik is gemaakt van het ASAP-D, namelijk een tussen jeugdige zedendelinquenten die hun behandeling *wel*, en die hun behandeling *niet* hebben voltooid. Ook

hierbij zijn de onderzochte groepen vergeleken met een niet-delinquente controle-groep, bestaande uit een representatieve steekproef van jongens tussen de 12 en de 18 jaar. De gevonden verschillen wijzen op een hogere prevalentie van impulsiviteit en van problemen met het omgaan met woede en agressie in de groep die de behandeling *niet* heeft voltooid, dit in vergelijking met de twee andere groepen. Aan de hand van deze resultaten worden aanbevelingen gedaan om de uitval van jeugdige zedendelinquenten in behandeling zoveel mogelijk te beperken.

In het tweede gedeelte van dit hoofdstuk wordt de vergelijking beschreven van de scores op het ASAP-D aan het begin en aan het einde van de behandeling van de jeugdige zedendelinquenten die hun behandeling *wel* hebben voltooid. De gevonden verschillen zijn in het algemeen indicatief voor een positief behandelresultaat.

In het zesde hoofdstuk wordt een vergelijkend onderzoek gepresenteerd over de door het ASAP-D gemeten psychologische kenmerken tussen verschillende categorieën van jeugdige zedendelinquenten en een controlegroep bestaande uit een representatieve steekproef uit de algemene mannelijke populatie van jeugdigen tussen de 12 en de 18 jaar. Wederom worden er tussen de onderzochte groepen weinig significante verschillen gevonden. De theoretische en praktische implicaties van deze resultaten worden vervolgens uitvoerig besproken.

In het zevende hoofdstuk wordt een theoretisch kader beschreven, waarin wordt gepoogd om een verklaring te geven waarom sommige jongeren wel en anderen niet overgaan tot het plegen van zedendelicten. Tot op heden is men er steeds van uitgegaan dat jeugdige zedendelinquenten tot hun delictgedrag komen door een verstoorde ontwikkeling en/of door psychopathologische verschijnselen. Empirisch onderzoek, waaronder het onderhavige, heeft deze aanname echter nooit voldoende kunnen ondersteunen. Steeds blijkt dat slechts een betrekkelijk klein deel van de onderzochte jeugdige zedendelinquenten aantoonbaar lijdt aan een of andere vorm van psychopathologie of een duidelijk afwijkende psychoseksuele en/of psychosociale ontwikkeling heeft doorgemaakt. Het hier beschreven theoretische kader benadert seksueel delictgedrag bij jeugdigen in termen van zowel *normale* ontwikkelingsprocessen, als van psychoseksuele en psychosociale deviatie. Het gaat uit van de interactie tussen biologische, psychologische en situationele factoren.

Het afsluitende hoofdstuk behelst een algemene discussie van het gehele onderzoeksproject. De zwakke en sterke punten van de uitgevoerde onderzoeken worden hierbij uitgebreid besproken.

# **XI: Appendices**





# Appendix A

## **ASAP-D**

ASAP: Beckett, Brown en Gerhold (1997)

Nederlandse bewerking: Van Outsem, Van Horn, Bullens en Doreleijers (2006)

Versie 01.02.06

## ALGEMENE GEGEVENS

|                          |   |
|--------------------------|---|
| Datum van invullen       |   |
| Cliëntnummer             |   |
| Instelling               |   |
| Vestiging                |   |
| Geslacht cliënt          | <input type="checkbox"/> Jongen <input type="checkbox"/> Meisje |
| Geboortedatum cliënt     |   |
| Geboorteland cliënt      |   |
| Geboorteland vader       |   |
| Geboorteland moeder      |   |
| Huidige opleiding cliënt |   |
| Hoogste opleiding vader  |   |
| Hoogste opleiding moeder |   |
| Omschrijving delict      |   |

## **INLEIDING:**

**De volgende vragenlijsten bestaan uit vragen of stellingen die je moet invullen zonder er al te lang over na te denken. Geef bij elke vraag of stelling het antwoord dat het beste bij jou past. Het gaat om jouw eigen mening. Er zijn dus geen goede of foute antwoorden.**

# 1. EW-VRAGENLIJST

Beantwoord de volgende 12 vragen door het antwoord aan te kruisen dat het beste bij jou past.

|   | Ja                       | Nee                      |
|---|--------------------------|--------------------------|
| 1. Zou je soms willen dat je iemand anders was?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ben je tevreden met jezelf als persoon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Zou jij bij een verkiezing jouw stem uitbrengen op iemand die je nauwelijks kent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Schaam je je vaak over jezelf?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Begrijp je jezelf?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Heb je een lage dunk/indruk van jezelf?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Als je de bioscoop in kan zonder te betalen en je bent er zeker van dat niemand je ziet, zou je dat dan waarschijnlijk ook doen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Denk je dat je iets moois van je leven kunt maken?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Vind je dat je je leven niet op orde hebt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Vind je het leuk om een aantal belangrijke mensen te kennen, omdat jij je daardoor belangrijk voelt?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ben je gelukkig met hoe je bent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Als jij je niet lekker voelt, voel jij je dan wel eens geërgerd?  | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. LSW-VRAGENLIJST

Geef aan in welke mate de volgende 11 uitspraken bij jou passen. Zet een kruisje in het vakje dat het meest op jou van toepassing is. Je hebt de volgende antwoordmogelijkheden:

- Past helemaal niet bij mij    -/-  
 Past eigenlijk niet zo bij mij    -  
 Ik weet het niet    +/-  
 Past redelijk bij mij    +  
 Past helemaal bij mij    +/+

|  | -/-                      | -                        | +/-                      | +                        | +/+                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ik heb wel eens op een oneerlijke manier geprofiteerd van iemand anders                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Soms probeer ik iemand 'terug te pakken', in plaats van te vergeven en te vergeten                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ik stel soms iets uit, terwijl ik weet dat ik dat vandaag had moeten doen                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ik heb wel eens geprofiteerd van iemand anders, om mijn eigen doel te kunnen bereiken               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Soms heb ik geen zin om iets te doen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ik heb wel eens gelachen om een schuine mop   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik heb wel eens gehoopt dat er iets ergs zou gebeuren met iemand die ik niet aardig vond            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Soms doe ik net alsof ik luister, terwijl ik dat niet doe   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ik heb me wel eens willen afzetten tegen autoriteits- personen, ook al wist ik dat ze gelijk hadden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Als ik me niet zo lekker voel, ben ik wel eens uit m'n humeur                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ik voel me soms geërgerd als ik mijn zin niet krijg  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 3 EE-VRAGENLIJST

Geef aan hoe vaak je je voelt zoals staat beschreven in de onderstaande 20 uitspraken. Bij elke uitspraak één vakje aankruisen.

|   | Nooit                    | Zelden                   | Soms                     | Vaak                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ik voel me op mijn gemak met mensen om me heen                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ik heb geen vrienden   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Er is niemand op wie ik kan terugvallen                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ik voel me eenzaam   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ik voel me deel van een groep vrienden                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ik doe en denk hetzelfde als de mensen om me heen                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik heb met niemand echt contact  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. De mensen om me heen hebben niet dezelfde interesses en idealen als ik | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ik ben een gezellig mens   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Er zijn mensen met wie ik me verbonden voel                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ik voel me buitengesloten   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Mijn sociale contacten zijn oppervlakkig                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Niemand kent me echt goed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ik voel me geïsoleerd van anderen                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Als ik gezelschap wil, weet ik dat te vinden                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Er zijn mensen die me echt begrijpen                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ik voel me ongelukkig, omdat ik zo teruggetrokken ben                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ik heb wel mensen om me heen, maar heb niet echt contact met hen      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Er zijn mensen met wie ik kan praten                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Er zijn mensen op wie ik kan terugvallen                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. AE-VRAGENLIJST 4

De volgende 28 uitspraken gaan over jouw gedachten en gevoelens in verschillende situaties. Geef aan in welke mate de volgende uitspraken bij jou passen. Zet een kruisje in het vakje dat het meest op jou van toepassing is. Je hebt de volgende antwoordmogelijkheden:

- Niet van toepassing op mij      -/-
- Een beetje van toepassing op mij      -
- Redelijk van toepassing op mij      +/-
- Van toepassing op mij      +
- Heel erg van toepassing op mij      +/+

|   | -/-                      | -                        | +/-                      | +                        | +/+                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ik fantaseer vrij vaak over dingen die me zouden kunnen overkomen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ik heb vaak medelijden met mensen die minder gelukkig zijn dan ik  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ik vind het soms moeilijk om iets vanuit het standpunt van een ander te bekijken                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Soms heb ik niet veel medelijden met mensen die problemen hebben   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ik kan me echt inleven in de gevoelens van personages uit een goed boek  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In noodsituaties ben ik zenuwachtig  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik word meestal niet emotioneel (bijvoorbeeld bang of huilerig) als ik naar een film of televisieserie kijk          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ik probeer bij een meningsverschil eerst ieders standpunt goed te bekijken voordat ik een beslissing neem            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Als ik zie dat personen gepest of 'gepakt' worden, heb ik een beetje het gevoel dat ik hen moet beschermen           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ik voel me soms machteloos als ik zeer emotioneel ben   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ik probeer mijn vrienden soms beter te begrijpen door me voor te stellen hoe dingen er vanuit hun standpunt uitzien | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Het gebeurt niet vaak dat ik me helemaal inleef in een boek of film   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Davis (1980)

|   | -/-                      | -                        | +/-                      | +                        | +/+                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Als ik zie dat iemand gewond raakt, blijf ik kalm   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Door de pech van anderen raak ik gewoonlijk niet erg van streek   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Als ik weet dat ik gelijk heb, luister ik niet meer naar anderomans argumenten  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nadat ik een personage in een film of op de televisie heb gezien, heb ik me wel eens net als die persoon gevoeld                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Als ik gespannen ben, maakt me dat bang   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Als ik zie dat mensen onrechtvaardig worden behandeld, heb ik soms niet veel medelijden met hen                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Ik ben meestal vrij goed in het omgaan met noodsituaties  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Ik word vaak erg geraakt door dingen die ik om me heen zie gebeuren   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Ik geloof dat er aan elk probleem twee kanten zitten en probeer aan allebei de kanten even veel aandacht te besteden            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Ik zou mezelf willen beschrijven als een tamelijk zachtaardig persoon   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Als ik naar een goede film kijk, kan ik me heel gemakkelijk verplaatsen in de hoofdpersoon                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ik ben geneigd mijn zelfbeheersing te verliezen in noodsituaties  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Als ik boos op iemand ben, probeer ik me meestal even in die persoon te verplaatsen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Als ik een interessant verhaal lees, stel ik me voor hoe het zou zijn als de gebeurtenissen in het verhaal mij zouden overkomen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Als ik zie dat iemand dringend hulp nodig heeft in een noodsituatie, raak ik in paniek  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Voordat ik iets heb aan te merken op iemand, stel ik me voor hoe het zou zijn als ik die persoon zou zijn                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## 5. LC – VRAGENLIJST

Beantwoord de onderstaande 40 vragen door een kruisje te zetten bij het antwoord dat het best past bij jouw gevoel. Er zijn geen goede of slechte antwoorden. Denk niet te lang na over één vraag en geef op elke vraag een antwoord.

|  | Ja                       | Nee                      |
|--|--------------------------|--------------------------|
| 1. Geloof je dat de meeste problemen vanzelf overgaan als je er gewoon geen aandacht aan schenkt?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Geloof je dat je kan voorkomen een verkoudheid op te lopen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Zijn sommige mensen gewoon voor het geluk geboren?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is het halen van goede cijfers op school meestal belangrijk voor jou?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Krijg jij vaak de schuld voor dingen die jij niet hebt gedaan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Geloof je dat als iemand maar hard genoeg leert, hij/zij dan voor elk vak kan slagen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heb je het gevoel dat het meestal geen zin heeft om je ergens voor in te spannen, omdat het in het leven toch nooit zo gaat als jij zou willen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Heb je het gevoel dat, als de dag 's ochtends goed begint, het een goede dag wordt, wat je ook doet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Heb je het gevoel dat ouders meestal luisteren naar wat hun kinderen te zeggen hebben?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Geloof je dat door dit te wensen, er ook goede dingen gebeuren?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Wanneer jij wordt gestraft, is daar dan gewoonlijk geen goede reden voor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Vind je het meestal moeilijk om een mening van een vriend of vrienden te veranderen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Denk je dat het aanmoedigen van een sportploeg meer helpt om te winnen dan geluk?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Heb je het gevoel dat het bijna onmogelijk is om de mening van jouw ouders over wat dan ook te veranderen?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Geloof je dat jouw ouders jou de meeste van jouw beslissingen zelf zouden moeten laten nemen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Heb je het gevoel dat, als je iets fout doet, er weinig is wat je kan doen om het weer goed te maken?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Geloof je dat de meeste mensen van jouw leeftijd simpelweg geboren sporters zijn?  | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Ja                       | Nee                      |
|--|--------------------------|--------------------------|
| 18. Zijn de meeste andere mensen van jouw leeftijd sterker dan jij?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Heb jij het gevoel dat een van de beste manieren om met de meeste problemen om te gaan is, om er gewoon niet aan te denken?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Heb jij het gevoel dat je veel keus hebt in het beslissen van wie jouw vrienden zijn?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Als je een 'klavertje vier' zou vinden, geloof je dan dat het jou geluk zou kunnen brengen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Heb je vaak het gevoel dat huiswerk maken invloed heeft op de cijfers die je haalt?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Heb je het gevoel dat, wanneer iemand van jouw leeftijd jou een klap wil geven, jij daar weinig aan kunt doen om dat te voorkomen?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Zou je meer geluk in het leven hebben, als je een gelukspopetje zou dragen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Denk je dat de vraag of mensen jou wel of niet mogen, afhangt van hoe jij jezelf gedraagt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Helpen jouw ouders je gewoonlijk als jij hen dat vraagt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Heb jij ervaren dat wanneer mensen gemeen tegen jou waren, dit gewoonlijk zonder enige reden gebeurde?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Heb jij meestal het gevoel dat jij, wat morgen zou kunnen gebeuren, kunt veranderen door wat je vandaag doet?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Denk je dat als er slechte dingen dreigen te gebeuren, ze toch wel gebeuren, wat je ook probeert om ze tegen te houden?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Denk jij dat mensen van jouw leeftijd hun zin kunnen krijgen, als ze het maar blijven proberen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Vind je het meestal nutteloos om te proberen thuis je eigen zin te krijgen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Heb je het gevoel dat, wanneer goede dingen gebeuren, dit door een flinke inspanning wordt bereikt?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Heb je het gevoel dat, als iemand van jouw leeftijd jouw vijand wil zijn, jij er weinig aan kan doen om dat te veranderen?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Heb je het gevoel dat je jouw vrienden makkelijk kunt laten doen wat jij wilt dat ze doen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Heb je gewoonlijk het gevoel dat je weinig te zeggen hebt over het eten dat je thuis krijgt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Heb je het gevoel dat, als iemand jou niet mag, jij daar weinig aan kan doen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Heb je gewoonlijk het gevoel dat het nutteloos is om op school je best te doen, omdat andere kinderen eenvoudigweg slimmer zijn dan jij? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Behoor jij tot die mensen, die van mening zijn dat dingen vooruit plannen een gunstiger resultaat oplevert?                              | <input type="checkbox"/> | <input type="checkbox"/> |

---

|  | <b>Ja</b>                | <b>Nee</b>               |
|--|--------------------------|--------------------------|
| 39. Heb jij meestal het gevoel dat je weinig te zeggen hebt over wat jouw familie besluit te doen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Denk jij dat het beter is om slim te zijn dan om geluk te hebben?                              | <input type="checkbox"/> | <input type="checkbox"/> |

---

## 6. LAG-VRAGENLIJST <sup>5</sup>

Kruis bij de volgende 14 uitspraken het vakje aan van het antwoord dat het meest van toepassing is op jou.

|   | nooit waar               | soms waar                | altijd waar              |
|---|--------------------------|--------------------------|--------------------------|
| 1. Sommige mensen zullen me een driftkop noemen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Als iemand tegen me schreeuwt, schreeuw ik terug                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ik heb wel eens grof moeten zijn tegen mensen die me lastig vielen                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Als ik iemand niet aardig vind, kan het me niet schelen als ik die persoon kwets       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Als iemand me dwars zit, reageer ik meteen en denk pas later                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Als iemand me boos maakt, denk ik er over na hoe ik dit die persoon betaald kan zetten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik ben van nature snel kwaad/aangebrand  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Als iemand me bedriegt, zal ik ervoor zorgen dat die persoon daar spijt van krijgt     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ik ben opvliegend van aard en kan heel snel 'ontvlammen'                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Er zijn mensen tegen wie je moet zeggen dat ze moeten opdonderen                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Als iemand mij slaat, sla ik terug  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Als ik iemand niet aardig vind, hoef ik ook niet aardig te doen tegen die persoon     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Als ik boos ben, schiet ik uit m'n slof voor ik het weet                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Sommige mensen verdienen een pak slaag  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>5</sup> Van Outsem, Van Horn, Bullens & Doreleijers (2004)

## 7. IM-VRAGENLIJST <sup>6</sup>

Beantwoord de volgende 22 vragen door 'JA' of 'NEE' aan te kruisen.

|   | Ja                       | Nee                      |
|---|--------------------------|--------------------------|
| 1. Verlang je naar iets opwindends?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Spaar je regelmatig geld?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Koop je vaak dingen in een opwelling?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hou je meer van rustige feestjes (waar mensen vooral met elkaar praten over interessante onderwerpen) dan van 'wilde' feestjes waar mensen zich helemaal laten gaan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Kom je vaak in de problemen omdat je dingen doet zonder erbij na te denken?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Zou je graag dronken of 'stoned' willen zijn?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ben je een impulsief persoon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Denk je meestal goed na voordat je iets doet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Doe je vaak dingen in een opwelling?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Houd je ervan om regels te overtreden die jij onredelijk vindt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ben je liever wat voorzichtig in onbekende situaties?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Zeg je meestal iets vóórdat je er goed over hebt nagedacht?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Raak je vaak bij dingen betrokken waar je later liever van af zou willen zijn?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Word je zó meegesleurd door nieuwe en opwindende ideeën, dat je nooit nadenkt over (mogelijke) problemen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Vind je het sneller saai dan andere mensen om steeds maar weer dezelfde dingen te doen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Ben je het ermee eens dat het leven minder leuk wordt als je alles van tevoren bedenkt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Heb je veel zelfbeheersing nodig om uit de problemen te blijven?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ben je het ermee eens dat bijna alles wat leuk is tegen de regels of 'niet netjes' is?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Ben je vaak verbaasd over de reacties van mensen op wat jij doet of zegt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Word je heel ong eduldig als ze je laten wachten?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Vind je een uitstapje meer geslaagd als het niet van tevoren afgesproken of geregeld is?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Word je erg onrustig als je een tijdje thuis moet blijven?  | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>6</sup> Eysenck en Eysenck (1978)

## 8. CV/EC-VRAGENLIJST <sup>7</sup>

De volgende 84 uitspraken gaan over je eigen ervaringen met kinderen die jonger zijn dan 12 jaar en over je gevoelens en gedachten over hen.

Beantwoord voordat je begint eerst de volgende vragen:

---

Hoe vaak praat je, of ga je om met kinderen die minstens vier jaar jonger zijn dan jijzelf?

- Dagelijks     
  Meer dan 3 keer per week     
  Wekelijks     
  Minder dan 1 keer per week     
  Minder dan 1 keer per maand

---

Hoeveel (stief-)broers heb je? Aantal .....

---

Hoeveel (stief-)zussen heb je? Aantal .....

---

Geef bij de volgende vragen aan in welke mate de volgende uitspraken bij jou passen. Zet een kruisje in het vakje dat het meest op jou van toepassing is. Je hebt de volgende antwoordmogelijkheden:

- Helemaal waar      1  
 Beetje waar      2  
 Beetje onwaar      3  
 Helemaal onwaar      4  
 Weet niet      5

|   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Kinderen voelen zich veilig bij mij                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Kinderen vinden het leuk om in mijn gezelschap te zijn       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ik word soms boos  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Kinderen spelen graag met mij                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ik ben jaloers op kinderen                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Sommige kinderen zorgen ervoor dat ik me heel prettig voel   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik krijg soms vreemde gevoelens als ik bij kinderen ben      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ik vind het moeilijk om niet te doen wat een kind mij vraagt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Kinderen houden ervan om over seks te praten                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

<sup>7</sup> Beckett (1995)

- Helemaal waar      1
- Beetje waar        2
- Beetje onwaar     3
- Helemaal onwaar  4
- Weet niet          5

|   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Ik denk soms aan dingen die zo erg zijn, dat ik er niet over kan praten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Kinderen hebben veel macht  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ik breng het liefst mijn tijd met kinderen door                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ik praat met kinderen over mijn problemen                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. De meeste mensen van mijn leeftijd begrijpen kinderen niet              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ik heb wel eens meteen (op het eerste gezicht) van een kind gehouden    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Denken aan kinderen geeft me een goed gevoel                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ik weet wanneer kinderen in mij geïnteresseerd zijn                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Kinderen zijn eerlijker dan volwassenen                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Kinderen weten veel over seks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Sommige kinderen weten meer over seks dan mensen van mijn leeftijd      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Kinderen krijgen in deze maatschappij niet genoeg verantwoordelijkheid  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Kinderen plagen mij   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Soms kijken kinderen op een speciale manier naar mij                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ik weet hoe ik met kinderen moet praten                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Mensen weten niet hoe kinderen zijn                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Ik houd van kinderen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Ik denk aan kinderen als ik alleen ben                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Als ik met kinderen ben, voel ik me niet langer eenzaam                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Ik kan kinderen goed aan het lachen maken                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Ik weet van sommige kinderen meer dan hun eigen ouders                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Ik heb soms zin om te vloeken   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Helemaal waar    1  
 Beetje waar        2  
 Beetje onwaar    3  
 Helemaal onwaar 4  
 Weet niet          5

|   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 32. Kinderen weten wat ze willen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Kinderen willen seksueel contact met mensen van mijn leeftijd   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Er is niets mis met seksueel contact tussen kinderen en mensen van mijn leeftijd                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Soms lach ik om een schuine mop   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Kinderen zijn te vertrouwen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Kinderen zijn bijzonder voor mij  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Kinderen vinden het gemakkelijk om bevriend met mij te raken  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Ik vertel altijd de waarheid  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Kinderen zijn niet zo onschuldig als de meeste mensen denken  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Als jongeren van mijn leeftijd seks hebben met kinderen, is het niet altijd de schuld van de oudste van de twee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Als kinderen dat willen, zouden ze seksuele relaties met jongeren van mijn leeftijd moeten kunnen hebben        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Seksueel contact tussen kinderen en jongeren van mijn leeftijd is niet altijd schadelijk                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Kinderen vertellen leugens over jongeren van mijn leeftijd  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Kinderen kunnen jongeren van mijn leeftijd chanteren  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Volwassenen zijn niet te vertrouwen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Veel mensen hebben seksuele belangstelling voor kinderen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Er wordt teveel gepraat over kinderen en seks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Kinderen flirten met mensen van mijn leeftijd   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Kinderen kunnen mensen verleiden  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Kinderen kunnen voor zichzelf zorgen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



- Helemaal waar     1
- Beetje waar        2
- Beetje onwaar     3
- Helemaal onwaar  4
- Weet niet            5

|   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 52. Ik roddel soms  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Sommige kinderen vinden mij aantrekkelijk   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Ik denk aan kinderen als ik alleen ben  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Als een kind naar me lacht, kan me dat weer vrolijk maken                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Ik weet wat kinderen leuk vinden  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Kinderen doen me aan mezelf denken  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Ik voel me meer op m'n gemak bij kinderen dan bij mensen van m'n eigen leeftijd         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Kinderen spreken met hun ogen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Soms ontmoet ik een kind van wie ik weet dat het speciale gevoelens voor mij heeft      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Kinderen vragen soms aan mensen van mijn leeftijd om seks                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Als ik een spelletje doe, win ik liever dan dat ik verlies                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Ik begrijp kinderen beter dan de meeste mensen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Ik kan beter met kinderen opschieten dan de meeste mensen                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Ik heb van een kind gehouden  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Kinderen kunnen mensen van mijn leeftijd op het slechte pad brengen                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Soms stel ik dingen uit tot morgen, die ik eigenlijk vandaag had moeten doen            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Seksueel contact tussen kinderen en jongeren van mijn leeftijd kan geen kwaad           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Er zijn mensen die ik niet mag  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Mensen beseffen niet hoeveel kinderen over seks weten                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Sommige kinderen kunnen jongeren van mijn leeftijd nog het een en ander leren over seks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Helemaal waar    1  
 Beetje waar        2  
 Beetje onwaar    3  
 Helemaal onwaar 4  
 Weet niet          5

|   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 72. Als kinderen dat willen, zouden ze seksueel contact met jongeren van mijn leeftijd moeten kunnen hebben | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Kinderen kunnen mij dingen tegen m'n zin laten doen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Als ik me rot voel, vrolijken kinderen mij weer op  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Zijn je tafelmanieren thuis slechter dan wanneer je bij andere mensen bent?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Sommige kinderen zijn liever bij mij dan bij hun ouders   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Kinderen zijn erg aantrekkelijk   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Meisjes zijn net vrouwen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Ik vind het gemakkelijk om met kinderen te praten   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Het lijkt wel of kinderen mij direct opzoeken   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Sommige kinderen geven me een 'grappig' gevoel van binnen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Kranten en televisie stimuleren mijn gevoelens voor kinderen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Ik kan met kinderen over mijn gevoelens praten  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Sommige van mijn beste vrienden waren kinderen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. LS-VRAGENLIJST <sup>8</sup>

Dit is een vragenlijst om een indruk te krijgen van wat jongens denken over, en weten van seks. Als je het met een stelling eens bent, zet een kruisje in het hokje 'waar'; als je het met een stelling niet eens bent, zet een kruisje in het hokje 'onwaar'.

|   | Waar                     | Onwaar                   |
|---|--------------------------|--------------------------|
| 1. Ik moet vechten tegen de drang om mij af te trekken  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Het lijkt wel alsof ik, bij alles wat ik doe en waar ik ook ben, de hele tijd aan seks denk. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ik raak gemakkelijk seksueel opgewonden  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ik maak me zorgen over seks  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ik flirt graag   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Van sommige van mijn seksuele gedachten heb ik last  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ik weet dat ik anders ben dan anderen, omdat ik zoveel aan seks denk                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ik ben geïnteresseerd in dingen die met seks te maken hebben.                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Het gebeurt mij vaak dat ik zit te fantaseren over seks.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Het geeft mij een prettig gevoel als ik mijn geslachtsdelen aanraak                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ik zou graag veel minder aan seks willen denken dan ik nu doe                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ik heb zóveel gefantaseerd over seks, dat ik me iedere dag aftrok of een nummertje maakte   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ik hou van seksspelletjes   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ik hou van seksverhalen   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ik moet voortdurend vechten tegen mijn seksuele neigingen                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Als kind was ik al nieuwsgierig naar seks   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Het lijkt wel alsof ik aan niets anders dan seks kan denken.                                | <input type="checkbox"/> | <input type="checkbox"/> |

Dit was de laatste vragenlijst. Bedankt voor het invullen!

<sup>8</sup> Van Outsem, Van Horn, Bullens & Doreleijers (2004)



## Appendix B

# **Interpretatiehandleiding ASAP-D voor behandelaars**

Ron van Outsem

Joan van Horn

Ruud Bullens

De Waag, 1 februari 2006.

## INLEIDING

In januari 2003 is het SeksualiteitsVragenlijst Pakket voor Adolescenten (SVPA) en het Agressie Vragenlijst Pakket voor Adolescenten (AVPA) als standaard diagnostisch pakket voor de poliklinische behandeling van jeugdige zeden- en geweldsdelinquenten binnen De Waag opgenomen. Het SVPA is de Nederlandse vertaling (Bullens & Hendriks, 1999) van het Adolescent Sex Offender Assessment Pack (ASOAP) (Beckett, Brown & Gerhold, 1997). De Agressie Vragenlijst Pakket voor Adolescenten (AVPA) is afgeleid van de SVPA en is bedoeld voor afname bij de jeugdige agressieve daders. In maart 2004 is de definitieve versie van beide instrumenten onder de naam ASAP-D (Adolescent Sexual Abuser Project assessment measures-Dutch revised version) gereed gekomen (Van Outsem, Van Horn, Bullens en Doreleijers, 2004).

Het ASAP is in 1997 door Richard Beckett ter hand gesteld aan deelnemers aan de halfjaarlijkse Harreveld-conferenties, die uit verschillende Europese landen afkomstig zijn. De Harreveld-groep is de voorloper van ESSAY: European Society for working with Sexually Abusive Youth. Op dit moment werken zo'n acht Europese landen met (vertalingen van) het ASAP. Het ligt in de bedoeling om zowel nationaal als internationaal wetenschappelijk onderzoek te verrichten naar het persoonlijkheids- en delictgerelateerde profiel van jeugdige zeden- en agressieplegers. Door standaardisering van meetinstrumenten is vergelijking tussen de programma's in de verschillende landen mogelijk. Bovendien maakt de introductie van het ASAP-D in De Waag het op termijn mogelijk om behandelprogramma's en programma-onderdelen te evalueren en meer zicht te krijgen op de effectiviteit ervan.

Met deze handleiding hopen wij behandelaars van jeugdige zeden- en geweldplegers meer zicht te geven op het persoonlijkheids- en delictgerelateerd profiel van cliënten, en tevens handvaten aan te reiken om een op maat gesneden behandeling te kunnen aanbieden. Benadrukt moet worden dat in Nederland onderzoek met het ASAP naar de persoonlijkheids- en delict-gerelateerde kenmerken van jeugdige zeden- en agressieplegers nog volop in beweging is. De inzet van behandelaars om het ASAP-D als diagnostisch instrument te gebruiken, is niet alleen belangrijk voor het doen van wetenschappelijk onderzoek, van even groot belang zijn de ervaringen van behandelaars aangaande de praktische meerwaarde van het ASAP-D voor behandeling. We zijn dan ook benieuwd naar jullie ervaringen met, en reacties op het gebruik van het ASAP-D en de handleiding.

Ron van Outsem,  
Joan van Horn,  
Ruud Bullens

# HERKOMST, BETEKENIS EN INTERPRETATIE VAN DE ASAP-D LIJSTEN

In het onderstaande hoofdstuk worden de vragenlijsten belicht waaruit het ASAP-D is samengesteld. Het ASAP bestaat uit 9 zelfrapportage vragenlijsten die samen 18 schalen bevatten.

## Persoonlijkheidskenmerken

1. Eigenwaarde vragenlijst (EW);
2. Sociale Wenselijkheid vragenlijst (LSW);
3. Emotionele Eenzaamheid vragenlijst (EE);
4. Algemene Empathie vragenlijst (AE);
5. Locus of Control vragenlijst (LC);
6. Woede en Agressie vragenlijst (LAG);
7. Impulsiviteit vragenlijst (IM).
8. Leidse Seksualiteits Vragenlijst (LSV);

## Delictgerelateerde persoonlijkheidskenmerken

9. Cognitieve Vervorming (CV/EC) vragenlijst;

Bovenstaande vragenlijsten worden in dit hoofdstuk beschreven. Ingegaan wordt op de herkomst en opbouw van de vragenlijsten. Aangegeven is uit welke items de schalen bestaan en welke items moeten worden gespiegeld. Deze informatie kan bruikbaar zijn voor de interpretatie van de scores op item-niveau (zie ook 'Praktische richtlijnen'). Tevens wordt bij elke lijst een normtabel gepresenteerd gebaseerd op 197 Nederlandse niet-delinquente jongens in de leeftijd van 14-19 jaar. Cliëntscores kunnen tegen deze normgroep worden afgezet en omgezet in een classificatie in 5 groepen van 'laag', 'beneden gemiddeld', 'gemiddeld', 'boven gemiddeld' of 'hoog'. De indeling in 5 groepen is gebaseerd op de onderstaande percentielscores.

|                    | <b>Als...</b>                        | <b>dan valt de cliëntscore in de categorie</b> |
|--------------------|--------------------------------------|--|
| -                  | cliënt score $\leq$ 15de percentiel  | Laag   |
| 15de percentiel <  | cliënt score $\leq$ 30ste percentiel | beneden gemiddeld                              |
| 30ste percentiel < | cliënt score $\leq$ 70ste percentiel | Gemiddeld                                      |
| 70ste percentiel < | cliënt score $\leq$ 85ste percentiel | boven gemiddeld                                |
| 85ste percentiel < | cliënt score -                       | Hoog   |

# PERSOONLIJKHEIDSKENMERKEN

## 1. Eigenwaarde (EW)

*Herkomst en opbouw van de vragenlijst*

De Eigenwaarde vragenlijst is een Nederlandse vertaling van de *Self Esteem/Self Derogation* (Thornton, niet gepubliceerd). De vragenlijst bestaat uit twaalf items waarvan 8 items de mate van eigenwaarde meten (items 1, 2, 4, 5, 6, 8, 9, 11). De overige vier items (items 3, 7, 10 en 12) vormen onderdeel van de *Special Hospitals Assessment of Personality and Socialisation* (SHAPS) leugenschaal. Deze items worden niet meegenomen in de bepaling van de mate van eigenwaarde.

De Eigenwaarde items worden gescoord met 'ja' (1) of 'nee' (0). De antwoorden op 4 items (items 1, 4, 6 en 9) moeten gespiegeld worden.

*Interpretatie van de scores*

Cliënten met een *hoge* score op EW hebben een gemiddelde tot (zeer) hoge mate van eigenwaarde. Ze zijn tevreden met wie ze zijn, hebben zicht op hun eigen persoon en zien de toekomst rooskleurig in. *Lage* scores duiden op een negatief zelfbeeld, onzekerheid, ontevredenheid met zichzelf en pessimisme over de toekomst.

| Als cliëntscore | dan is de <i>Eigenwaarde</i> vergeleken met normgroep |
|-----------------|---|
| ≤ 6.00          | Laag  |
| 6.01 – 7.00     | Beneden gemiddeld                                     |
| 7.01 – 8.00     | Gemiddeld tot hoog                                    |

## 2. Sociale wenselijkheid (LSW)

*Herkomst en opbouw van de vragenlijst*

De Leidse Sociale Wenselijkheid vragenlijst (LSW) is ontwikkeld door Van Outsem, Van Horn, Bullens en Doreleijers (2004). De vragenlijst bestaat uit 11 items.

De items worden gescoord op een 5-punts schaal variërend van 'past helemaal bij mij' (5) tot 'past helemaal niet bij mij' (1). De ruwe LSW-score wordt berekend door de som van de itemscores.

*Interpretatie van de scores*

Cliënten die hoog scoren op de LSW zijn geneigd om zich beter voor te doen dan



ze zijn. Ze presenteren zich alsof ze in interacties met anderen altijd even geduldig, begrijpend, aandachtig en rechtvaardig zijn waarbij ze voortdurend rekening houden met de ander. Dit betekent overigens ook dat zij waarschijnlijk de rest van het ASAP sociaal wenselijk hebben ingevuld. De overige schalen/lijsten moeten dan ook met de nodige voorzichtigheid worden uitgelegd.

| Als cliëntscore | dan is de <i>Sociale wenselijkheid</i> vergeleken met normgroep |
|-----------------|---|
| ≤ 23.00         | Laag  |
| 23.01 – 25.00   | Beneden gemiddeld   |
| 25.01 – 32.60   | Gemiddeld   |
| 32.61 – 37.00   | Boven gemiddeld   |
| ≥ 37.01         | Hoog  |

### 3. Emotionele Eenzaamheid (EE)

#### *Herkomst en opbouw van de vragenlijst*

De Emotionele Eenzaamheidsvragenlijst is een Nederlandse vertaling van de *Emotional Loneliness Scale* (ELS) (Russel, Peplau & Cutrona, 1980) en bestaat uit 20 items. Antwoordcategorieën variëren op een 4-puntsschaal van ‘nooit’ (1) tot ‘vaak’ (4). De antwoorden op 9 items (items 1, 5, 6, 9, 10, 15, 16, 19, 20) moeten worden gespiegeld.

#### *Interpretatie van de scores*

Cliënten met een *hoge* score op EE voelen zich sociaal geïsoleerd, hebben niet of nauwelijks een sociaal netwerk en hebben moeite met intimiteit en het vinden van aansluiting bij anderen. Een hoge score kan ook een gebrek aan sociale vaardigheden inhouden (dit is in de meeste gevallen zo), maar dit hoeft niet per se zo te zijn.

| Als cliëntscore | dan is de <i>Emotionele eenzaamheid</i> vergeleken met normgroep |
|-----------------|--|
| ≤ 27.00         | Laag   |
| 27.01 – 30.00   | Beneden gemiddeld  |
| 30.01 – 37.00   | Gemiddeld  |
| 37.01 – 40.00   | Boven gemiddeld  |
| ≥ 40.01         | Hoog   |

#### 4. Algemene Empathie (AE)

##### *Herkomst en opbouw van de vragenlijst*

De Algemene Empathie vragenlijst is een vertaling van de *Interpersonal Reactivity Inventory* (IRI, Davis, 1980). De vragenlijst bestaat uit 28 items die 3 dimensies van empathie meten:

- perspectief nemen (items 3, 8, 11, 15, 21, 25, 28) geeft de mate weer waarin een persoon in staat is om op een cognitief niveau zichzelf in de ander te kunnen verplaatsen;
- inlevingsvermogen (items 2, 9, 4, 14, 18, 20, 22) zegt iets over de mate van warmte, medeleven en zorg voor een ander;
- fantasie (items 1, 5, 7, 12, 16, 23, 26) refereert aan de mate waarin een persoon zich kan identificeren met fictieve personages;

Antwoordcategorieën variëren op een 5-puntsschaal van 'niet van toepassing op mij' (0) tot 'heel erg van toepassing op mij' (4). De antwoorden op 9 items (items 3, 4, 7, 12, 13, 14, 15, 18 en 19) moeten worden gespiegeld.

##### *Interpretatie van de scores*

Clënten die *hoog* scoren op de bovengenoemde 3 dimensies zijn in staat om gebeurtenissen te bekijken vanuit het standpunt van een ander en daar ook open voor te staan (*perspectief nemen*), zich emotioneel in te leven in anderen (*inlevingsvermogen*) en in fictieve personages (*fantasie*). Deze cliënten herkennen gemakkelijker de gevoelens van een ander en nemen deze gemakkelijker over.

| Als cliëntscore | Dan is de mate van <i>Perspectief</i> nemen vergeleken met normgroep |
|-----------------|--|
| ≤ 8.00          | Laag   |
| 8.01 – 10.00    | Beneden gemiddeld  |
| 10.01 – 15.00   | Gemiddeld  |
| 15.01 – 17.00   | Boven gemiddeld  |
| ≥ 17.01         | Hoog   |

| Als cliëntscore | Dan is de mate van <i>Fantasie</i> vergeleken met normgroep  |
|-----------------|--|
| ≤ 8.00          | Laag   |
| 8.01 – 10.00    | Beneden gemiddeld  |
| 10.01 – 15.00   | Gemiddeld  |
| 15.01 – 18.00   | Boven gemiddeld  |
| ≥ 18.01         | Hoog   |
| Als cliëntscore | Dan is het <i>Inlevingsvermogen</i> vergeleken met normgroep |
| ≤ 11.00         | Laag   |
| 11.01 – 14.00   | Beneden gemiddeld  |
| 14.01 – 17.00   | Gemiddeld  |
| 17.01 – 20.00   | Boven gemiddeld  |
| ≥ 20.01         | Hoog   |

## 5. Locus of Control (LC)

### *Herkomst en opbouw van de vragenlijst*

De *Locus of Control* vragenlijst is de Nederlandse bewerking van *Locus of Control scale* (Nowicki & Strickland, 1973). De vragenlijst bestaat uit 40 items die met 'ja' (1) of 'nee' (0) worden beantwoord. De antwoorden op 16 items (items 2, 4, 6, 9, 13, 15, 20, 22, 25, 26, 28, 30, 32, 34, 38 en 40) moeten worden gespiegeld.

### *Interpretatie van de scores*

Cliënten die een *hoge* LC-score hebben, ervaren een geringe controle op de manier waarop gebeurtenissen in hun leven plaatsvinden (*externe locus of control*). Het leven overkomt hen als het ware. Deze cliënten zullen doorgaans het nut van behandeling niet inzien omdat ze het gevoel hebben dat zij de dingen toch niet kunnen veranderen en daarom niet geneigd zijn om verantwoordelijkheid te nemen voor (de consequenties van) het eigen gedrag. Cliënten met een *lage* LC-score hebben daarentegen juist het gevoel gebeurtenissen te kunnen beïnvloeden (*interne locus of control*). Ze geloven in de maakbaarheid van het leven.

| Als cliëntscore | Dan is de <i>Locus of control</i> vergeleken met normgroep |
|-----------------|--|
| ≤ 10.00         | Zeer intern  |
| 10.01 – 12.00   | Boven gemiddeld intern                                     |
| 12.01 – 17.00   | Tussen intern en extern                                    |
| 17.01 – 19.00   | Boven gemiddeld extern                                     |
| ≥ 19.01         | Zeer extern  |

## 6. Woede en agressie (LAG):

### *Herkomst en opbouw van de vragenlijst*

De Woede en Agressie vragenlijst is de Leidse Agressie vragenlijst (LAG) (Van Ootsem, Van Horn, Bullens en Doreleijers, 2004). De LAG bestaat uit 14 items die de aard en mate van woede en agressie reacties in twee schalen meten.

De schaal Reactieve Agressie geeft de mate aan waarin de onderzochte geneigd is om met woede en agressie te reageren op andere mensen (items 2, 3, 4, 5, 6, 8, 10, 11, 12, 14).

De schaal Karakteragressie/Temperamentagressie geeft de mate aan waarin de onderzochte zichzelf beschrijft als iemand die opvliegend en snel boos/agressief is ('kort lontje') (items 1, 7, 9, 13). De antwoordcategorieën van de LAG variëren op een 3-puntsschaal van 'niet waar' (1) tot 'waar' (3).

### *Interpretatie van de scores*

Hoge scores op Reactieve Agressie duiden op het gewoonlijk veelvuldig met verbale en/of fysieke agressie reageren op andere mensen. Dit kan zowel een gebruikelijke omgangsvorm zijn in het milieu van de onderzochte als een uiting van een opvliegend/agressief karakter.

Hoge scores op Karakteragressie/Temperamentagressie duiden op een zelfbeleving van de onderzochte als zijnde een opvliegend, agressief persoon met een lage frustratietolerantie en een gebrekkige impulscontrole wat betreft agressie.

| <b>Als cliëntscore dan is de <i>Reactieve agressie</i> vergeleken met normgroep</b> |  |
|---|--|
|---|--|

|               |                   |
|---------------|-------------------|
| ≤ 14.00       | Laag              |
| 14.01 – 16.00 | Beneden gemiddeld |
| 16.01 – 21.00 | Gemiddeld         |
| 21.01 – 25.00 | Boven gemiddeld   |
| ≥ 25.01       | Hoog              |

| <b>Als cliëntscore dan is de <i>Karakteragressie/Temperamentagressie</i> vergeleken met normgroep</b> |  |
|---|--|
|---|--|

|             |                   |
|-------------|-------------------|
| ≤ 4.00      | Laag              |
| 4.01 – 5.00 | Beneden gemiddeld |
| 5.01 – 8.00 | Gemiddeld         |
| 8.01 – 9.00 | Boven gemiddeld   |
| ≥ 9.00      | Hoog              |

## **7. Impulsiviteit (IM)**

### *Herkomst en opbouw van de vragenlijst*

De Impulsiviteit vragenlijst (Eysenck & Eysenck, 1978) bestaat uit 22 vragen die impulsief gedrag meten. De antwoorden worden gescoord met een 'ja' (1) of een 'nee' (0). De antwoorden op items 2, 4, 8, en 11 moeten worden gespiegeld. De ruwe score wordt berekend door de antwoorden op de items te sommeren.

### *Interpretatie van de scores*

Cliënten met een *hoge* score zijn in sterke mate impulsief. Ze hebben de neiging om eerst te doen en dan pas te denken. Impulsieve mensen zeggen en handelen in een opwelling waardoor ze makkelijker in vervelende of ongemakkelijke situaties terecht kunnen komen.

| <b>Als cliëntscore dan is de mate van <i>Impulsiviteit</i> vergeleken met normgroep</b> |  |
|---|--|
|---|--|

|               |                   |
|---------------|-------------------|
| ≤ 5.00        | Laag              |
| 5.01 – 7.00   | Beneden gemiddeld |
| 7.01 – 11.00  | Gemiddeld         |
| 11.01 – 14.00 | Boven gemiddeld   |
| ≥ 14.01       | Hoog              |

## 8. Seksualiteit

### *Herkomst en opbouw van de vragenlijst*

De Leidse Seksualiteits Vragenlijst (LSV) is ontwikkeld door Van Outsem, Van Horn, Bullens en Doreleijers (2004). De LSV bestaat uit 17 items en meet 2 dimensies, te weten Hyperseksualiteit (items 1, 2, 4, 6, 7, 11, 12, 15, 17) en Positieve Gerichtheid op/Interesse in Seksualiteit (items 3, 5, 8, 9, 10, 13, 14, 16). De items worden met 'waar' (1) of 'onwaar' (0) beantwoord.

### *Interpretatie van de scores*

Hoge scores op *Hyperseksualiteit* duiden op de zelfrapportage van een overmatige preoccupatie met seksualiteit die als negatief wordt beleefd. De onderzochte ervaart last van zijn seksuele drang/verlangens. Gemiddelde en lage scores op *Hyperseksualiteit* duiden op het ontbreken van de zelfrapportage van dergelijke belevingen.

Hoge scores op *Positieve Gerichtheid op/Interesse in Seksualiteit* duiden op de zelfrapportage van een hoge mate van als prettig ervaren seksuele interesse en/of seksuele activiteit. Lage scores duiden op de ontkenning van de eigen seksuele interesse of op het ontbreken van seksuele interesse.

| <b>Als cliëntscore</b> | <b>dan is de mate van Hyperseksualiteit vergeleken met normgroep</b> |
|------------------------|--|
| ≤ 1.00                 | Laag tot Gemiddeld   |
| 1.01– 2.00             | Boven gemiddeld  |
| ≥ 2.01                 | Hoog   |

| <b>Als cliëntscore</b> | <b>dan is de Positieve Gerichtheid op/Interesse in Seksualiteit vergeleken met normgroep</b> |
|------------------------|--|
| ≤ 1.00                 | Laag   |
| 1.01 – 2.00            | Beneden gemiddeld  |
| 2.01 – 5.00            | Gemiddeld  |
| 5.01 – 6.00            | Boven gemiddeld  |
| ≥ 6.01                 | Hoog   |

# DELICTGERELATEERDE PERSOONLIJKHEIDSKENMERKEN

## 9. Cognitieve Vervorming (CV/EC)

### *Herkomst en opbouw van de vragenlijst*

De Cognitieve Vervorming vragenlijst is gebaseerd op de *Children and Sex Questionnaire* van Beckett (ongepubliceerd). De hoofddimensie Cognitieve Vervorming (CV) wordt gemeten met 15 items.

CV items: 19, 20, 33, 34, 40, 41, 42, 43, 49, 50, 61, 66, 68, 70, 71.

De items worden gescoord op een vijfpuntsschaal variërend van 'helemaal waar' (1) tot 'helemaal onwaar' (4), met een extra antwoordmogelijkheid 'weet niet' (5). De antwoorden op de CV-items worden omgescoord zodanig dat 'helemaal onwaar' = 0, 'beetje waar' = 1, 'weet niet' = 2, 'beetje onwaar' = 3 en 'helemaal waar' = 4. De ruwe score bestaat uit de som van de antwoorden op de items.

De CV/EC vragenlijst is door Van Outsem (2003) verder ontwikkeld. Hierdoor geeft deze vragenlijst ook aan in welke mate specifieke cognitieve vervormingen ten aanzien van seksualiteit met kinderen aanwezig is. De gemeten cognitieve vervormingen zijn:

- Rechtaardiging van het hebben van seksueel contact met kinderen (items 33, 34, 41, 42, 43, 49, 68)
- De ideatie dat kinderen op een volwassen manier seksueel bewust, actief en belust is (items 19, 20, 40, 70, 71)
- Zelfidentificatie als kind/"kind met de kinderen zijn" (items 12, 16, 50, 57, 74)
- De ideatie een wederkerige speciale band te hebben met kinderen (items 58, 61, 63, 64, 76)
- De ideatie seksueel en emotioneel aantrekkelijk te zijn voor kinderen (items 17, 37, 60, 80)

### *Interpretatie van de scores*

Cliënten met een *hoge* score op Cognitieve Vervorming hebben veel, ofwel *een groot aantal*, vervormde ideeën over de seksualiteit van en met kinderen. Ze zijn van mening dat kinderen seksueel ervaren zijn, geïnteresseerd zijn in, en bereid zijn tot seksueel contact (met personen die ouder zijn). Zij zijn van mening dat kinderen door seksueel contact (met personen die ouder zijn) niet beschadigd worden.

| <b>Als cliëntscore</b> | <b>Dan is de hoeveelheid van <i>Cognitieve vervormingen</i> vergeleken met normgroep</b> |
|------------------------|--|
| ≤ 8.10                 | Laag   |
| 8.11 – 12.00           | Beneden gemiddeld  |
| 12.01 – 23.00          | Gemiddeld  |
| 23.01 – 27.00          | Boven gemiddeld  |
| ≥ 27.01                | Hoog   |
| <b>Als cliëntscore</b> | <b>Dan is de mate van <i>Rechtvaardiging</i> vergeleken met normgroep</b>                |
| ≤ 1.00                 | Laag   |
| 1.01 – 4.00            | Beneden gemiddeld  |
| 4.01 – 10.00           | Gemiddeld  |
| 10.01 – 13.00          | Boven gemiddeld  |
| ≥ 13.01                | Hoog   |
| <b>Als cliëntscore</b> | <b>Dan is de mate van <i>CV Kind seksueel volwassen</i> vergeleken met normgroep</b>     |
| ≤ 3.00                 | Laag   |
| 3.01 – 5.00            | Beneden gemiddeld  |
| 5.01 – 10.00           | Gemiddeld  |
| 10.01 – 11.00          | Boven gemiddeld  |
| ≥ 11.01                | Hoog   |
| <b>Als cliëntscore</b> | <b>Dan is de mate van <i>Zelfidentificatie als kind</i> vergeleken met normgroep</b>     |
| ≤ 2.00                 | Laag   |
| 2.01 – 3.00            | Beneden gemiddeld  |
| 3.01 – 7.00            | Gemiddeld  |
| 7.01 – 10.00           | Boven gemiddeld  |
| ≥ 10.01                | Hoog   |



| <b>Als cliëntscore</b> | <b>Dan is de mate van <i>CV Wederkerige Speciale Band met Kinderen</i> vergeleken met normgroep</b>              |
|------------------------|--|
| ≤ 1.00                 | Laag   |
| 1.01 – 2.00            | Beneden gemiddeld  |
| 2.01 – 7.00            | Gemiddeld  |
| 7.01 – 9.00            | Boven gemiddeld  |
| ≥ 9.01                 | Hoog   |
| <b>Als cliëntscore</b> | <b>Dan is de mate <i>CV Seksueel en Emotioneel Aantrekkelijk zijn voor Kinderen</i> vergeleken met normgroep</b> |
| ≤ 1.70                 | Laag   |
| 1.71 – 3.00            | Beneden gemiddeld  |
| 3.01 – 6.00            | Gemiddeld  |
| 6.01 – 8.00            | Boven gemiddeld  |
| ≥ 8.01                 | Hoog   |

## PRAKTISCHE RICHTLIJNEN

In dit hoofdstuk worden enkele praktische richtlijnen gegeven voor het gebruik van het ASAP-D.

### **Vrouwelijke agressie- en/of zedenplegers**

Jeugdige vrouwelijke agressie- en/of zedenplegers komen in het cliëntenbestand van De Waag zeer weinig voor. Tot nu toe hebben slechts enkele vrouwelijke agressieve cliënten het ASAP-D ingevuld.

Er bestaat thans nog geen normbestand om de scores van de vrouwelijke cliënten mee te vergelijken. Er wordt naar gestreefd om zo snel mogelijk een jeugdige vrouwelijke niet-delinquente normgroep op te bouwen.

*NB: Zolang het ASAP-D nog niet voor vrouwen is genormeerd, kunnen de resultaten bij vrouwelijke cliënten niet geïnterpreteerd worden!*

### **Start afname ASAP-D**

Idealiter moet het ASAP-D in de eerste 2 bijeenkomsten door de cliënt worden ingevuld. Hoe eerder de resultaten bekend zijn, des te gericht(er) behandeling kan plaatsvinden en maatwerk kan worden geleverd. Er kunnen echter situaties zijn waarin het wenselijk is om ook zorg te dragen voor contactopbouw, bijvoorbeeld als cliënt niet gemotiveerd is voor behandeling of juist overloopt van gevoelens die hij/zij eerst kwijt moet. De behandelaar zal in zulke situaties een inschatting moeten maken of een gedeelte van de eerste bijeenkomst wordt besteed aan het invullen van de vragenlijst of dat hiermee in de tweede bijeenkomst wordt gestart. Belangrijk is in ieder geval om er naar te streven de lijst in de eerste vier of vijf cliëntcontacten te laten invullen.

### **Lijsten meegeven**

Het is uitdrukkelijk NIET de bedoeling dat cliënten het ASAP-D mee krijgen om deze thuis in te vullen. Dit is omdat dan elk zicht ontbreekt op wie de lijst daadwerkelijk heeft ingevuld en/of onder welke omstandigheden. Bovendien zijn cliëntgegevens vertrouwelijk en dient te worden voorkomen dat informatie over de cliënt bij derden terechtkomt om wat voor reden dan ook.

### **Zwakbegaafde cliënten**

Het invullen van het ASAP-D vergt nogal wat van de cognitieve vaardigheden van de cliënt.

NB: Voor het afnemen van het ASAP-D geldt voor de onderzochte een IQ-ondergrens van 80.

### **Gebruik ASAP-D-scoreformulier en interpretatie profielscore**

Na het inleveren van het ASAP-D ontvangt de behandelaar via de interne mail een overzicht van de ruwe scores van de betreffende cliënt. De handleiding is vooralsnog gebaseerd op gegevens van een normgroep bestaande uit 197 Nederlandse niet-delinquente jongens in de leeftijd van 14 – 19 jaar. Deze normgroep wordt verder uitgebreid.

Gebruik de normgegevens uit het eerste hoofdstuk om na te gaan in welke categorie ('laag', 'beneden gemiddeld', 'gemiddeld', 'boven gemiddeld' of 'hoog') de ruwe cliënt-scores vallen. Voor een compleet overzicht van het profiel, kunnen de scores op het scoreformulier worden aangekruist.

Handvatten voor behandeling kunnen worden ontleend aan de *lage* en *hoge* scores omdat deze scores afwijken van het gemiddelde van de normgroep "normale, niet-delinquente jongens". Daarnaast kunnen de *beneden gemiddelde* en *boven gemiddelde* scores belangrijk zijn om extra informatie te verkrijgen over mogelijke aandachtsgebieden.

De scores in de gemiddelde categorie komen overeen met het 'normale' gemiddelde. Men kan deze scores gebruiken om probleemgebieden van cliënten af te strepen, maar ook om een vollediger beeld te krijgen van de aard van het delictgedrag van de jeugdige.

### **Interpretatie van de scores op item-niveau**

Indien de ruwe schaalscores te weinig informatie opleveren, kunnen de scores op item-niveau bruikbaar zijn. De inhoud van de items geven wellicht aanknopingspunten om in cliëntgesprekken aan de orde te laten komen. Sommige lijsten zijn opgebouwd uit diverse subschalen. In de beschrijving per vragenlijst is aangegeven uit welke items de schalen bestaan. Let hierbij op dat bij voor een goede interpretatie sommige items gespiegeld moeten worden.

## QUICK REFERENCE

| <b>Persoonlijkheidsprofiel:</b>                            | <b>Hoge score betekent dat cliënt...</b>   |
|--|--|
| 1 Eigenwaarde – EW   | een gemiddeld tot hoge mate van eigenwaarde heeft.   |
| 2 Sociale wenselijkheid – LSW                              | in hoge mate sociaal wenselijke antwoorden geeft.  |
| 3 Emotionele Eenzaamheid – EE                              | zich doorgaans eenzaam voelt.  |
| 5 Locus of Control – LC                                    | een geringe controle ervaart op zijn/haar leven.   |
| 7 Impulsiviteit – IM                                       | in hoge mate impulsief is.   |
| <b>4 Algemene Empathie – AE:</b>                           | <b>Hoge score betekent dat cliënt...</b>   |
| Perspectief nemen  | in staat is zich te verplaatsen in het standpunt van een ander.  |
| Inlevingsvermogen  | zich emotioneel kan inleven in een ander.  |
| Fantasie   | zich kan inleven in fantasie figuren.  |
| <b>6 Agressie– LAG:</b>                                    | <b>Hoge score betekent dat cliënt...</b>   |
| Reactieve agressie   | vaak met fysieke en/of verbale agressie reageert op anderen.   |
| Karakter/<br>Temperamentagressie                           | zichzelf beschrijft als een opvliegend en agressief persoon (kort lontje).   |
| <b>9 Seksualiteit– LSV:</b>                                | <b>Hoge score betekent dat cliënt...</b>   |
| Hyperseksualiteit  | zeer sterk gepreoccupeerd is met seksualiteit en daar last van heeft.  |
| Positieve gerichtheid op/<br>interesse in seksualiteit     | aangeeft veel interesse in seksualiteit te hebben en dit prettig te vinden.  |
| <b>Delictgerelateerd profiel:</b>                          | <b>Hoge score betekent dat cliënt...</b>   |
| 8 Cognitieve Vervorming – CV                               | veel vervormde ideeën heeft over de seksuele kennis en ervaring van kinderen.  |
| CV Rechvaardiging seks.<br>contact met kinderen            | aangeeft te vinden dat het hebben van seksueel contact met kinderen onschadelijk is en eigenlijk toegestaan zou moeten zijn. |
| CV Kind is seksueel volwassen                              | aangeeft te denken dat kinderen seksueel bewust en belust zijn op dezelfde manier als volwassenen.                           |
| Zelfidentificatie als kind                                 | aangeeft zich “kind met de kinderen” te voelen.  |
| CV Wederkerige speciale band<br>met kinderen               | aangeeft te denken dat hij een bijzondere wederkerige emotionele band heeft met kinderen in het algemeen.                    |
| CV Seksueel/emotioneel<br>aantrekkelijk zijn voor kinderen | aangeeft te denken dat kinderen hem seksueel en emotioneel aantrekkelijk vinden.   |

## REFERENTIELIJST

- Beckett, R.C. & Brown, S.A. (1996). *Adolescent Sex Offender Assessment Pack*. Oxford: Oxford Forensic Psychology Service.
- Beckett, R.C., Beech, A.R., Fisher, D., & Fordham, A.S. (1994). *Community-based treatment for sex offenders: an evaluation of seven treatment programs*. London: Home Office.
- Beckett, R.C., & Fisher, D. (1994). *Assessing Victim Empathy: A new measure*. Paper presented at the 13th. Annual Conference of ATSA (the Association for the Treatment of Sexual Abusers). San Francisco, USA.
- Bullens, R.A.R. & Hendriks, J. (1999). *SexualiteitsVragenlijsten Pakket voor Adolescenten (SVPA)*. Leiden: Ambulant Bureau Jeugdwelzijnzorg.
- Davis, M.H. (1990). A Multi-dimensional Approach to Individual Differences in Empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Eysenck, H., & Eysenck, S. (1978). *The Eysenck Personality Questionnaire*. London: EPQ.
- Michelson, L., & Wood, R. (1982). Development and psychometric properties of the Children's Assertive Behavior Scale. *Journal of Behavioral Assessment*, 4, 3-14.
- Nichols, M.P., & Molinder, I. (1984). *Multiphasic Sex Inventory Manual*. Available from Nichols and Molinder, 437 Bowes Drive, Tacoma, WA, 98466, USA.
- Novaco, R. (1996). Anger as a risk factor for violence. In J. Monaghan & H. Steadman (Eds.). *Violence and mental disorder. Developments in risk assessment* (pp. 70-75). Chicago: UNICEF Chicago Press.
- Nowicki, S., & Strickland, B. (1973). A locus of control scale for children. *Journal of Consulting and Clinical Psychology*, 40, 148-155.
- Outsem, R.E. van (2003). *Nieuwe schalen van de Cognitieve Vervorming en Emotionele Congruentie vragenlijst van Beckett*. Vrije Universiteit Amsterdam.
- Outsem, R.E. van, Horn, J. van, Bullens, R.A.R. & Doreleijers, Th. (2004). *Leidse Aggressie vragenlijst (LAG)*. Vrije Universiteit Amsterdam.
- Outsem, R.E. van, Horn, J. van, Bullens, R.A.R. & Doreleijers, Th. (2004). *Leidse Seksualiteits Vragenlijst (LSV)*. Vrije Universiteit Amsterdam.
- Outsem, R.E. van, Horn, J. van, Bullens, R.A.R. & Doreleijers, Th. (2004). *Leidse Sociaal Wenselijkheidsvragenlijst (LSW)*. Vrije Universiteit Amsterdam.
- Outsem, R.E. van, Horn, J. van, Bullens, R.A.R. & Doreleijers, Th. (2004). *Nederlandse bewerking van het Adolescent Sexual Abuser Project Assessment Measures (ASAP)*. Vrije Universiteit Amsterdam.

- Russel, D., Peplau, L., & Cutrona, C. (1980). The revised UCLA Loneliness Scale. Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.

# Appendix C

## ASAP-D Scoreformulier: Clientscore vergeleken met normgroep

Cliëntnummer:

Afnamenummer: T1 / T2

Vestiging: A/U/DH

Normgroep gebaseerd op 500 Nederlandse niet-delinquente jongens in de leeftijd van 12 tot en met 19 jaar

|   | Laag        | Beneden M              | M                       | Boven M                 | Hoog                    |
|---|-------------|------------------------|-------------------------|-------------------------|-------------------------|
| <b>Persoonlijksprofiel:</b>                             |             | <b>15<sup>de</sup></b> | <b>30<sup>ste</sup></b> | <b>70<sup>ste</sup></b> | <b>85<sup>ste</sup></b> |
| Sociale wenselijkheid LSW                               | Min. -----  | 23.00 -----            | 25.00 -----             | 32.60 -----             | 37.00 ----- Max.        |
| Eigenwaarde   | Min. -----  | 6.00 -----             | 7.00 -----              | 8.00 -----              | 8.00 ----- Max.         |
| Emotionele Eenzaamheid                                  | Min. -----  | 27.00 -----            | 30.00 -----             | 37.00 -----             | 40.00 ----- Max.        |
| Locus of control  | Int. -----  | 10.00 -----            | 12.00 -----             | 17.00 -----             | 19.00 ----- Ext.        |
| Impulsiviteit   | Min. -----  | 5.00 -----             | 7.00 -----              | 11.00 -----             | 14.00 ----- Max.        |
| <b>Algemene Empathie:</b>                               |             |                        |                         |                         |                         |
| Perspectief nemen                                       | Min. -----  | 8.00 -----             | 10.00 -----             | 15.00 -----             | 17.00 ----- Max.        |
| Fantasie Min.-----                                      | Min. -----  | 8.00 -----             | 10.00 -----             | 15.00 -----             | 18.00 ----- Max.        |
| Inlevingsvermogen                                       | Min. -----  | 11.00 -----            | 14.00 -----             | 17.00 -----             | 20.00 ----- Max.        |
| <b>Agressie:</b>  |             |                        |                         |                         |                         |
| Reactieve agressie                                      | Min. -----  | 14.00 -----            | 16.00 -----             | 21.00 -----             | 25.00 ----- Max.        |
| Karakteragressie  | Min. -----  | 4.00 -----             | 5.00 -----              | 8.00 -----              | 9.00 ----- Max.         |
| <b>Seksualiteit:</b>                                    |             |                        |                         |                         |                         |
| Hyperseksualiteit                                       | Min. -----  | 0.00 -----             | 0.00 -----              | 1.00 -----              | 2.00 ----- Max.         |
| Pos. gerichtheid op seks.                               | Min. -----  | 1.00 -----             | 2.00 -----              | 5.00 -----              | 6.00 ----- Max.         |
| <b>Cognitieve vervormingen t.a.v. seks en kinderen:</b> |             |                        |                         |                         |                         |
| Hoeveelheid cog. verv.                                  | Min. -----  | 8.10 -----             | 12.00 -----             | 23.00 -----             | 27.00 ----- Max.        |
| CV Rechtvaar. seks met kind                             | Min. -----  | 1.00 -----             | 4.00 -----              | 10.00 -----             | 13.00 ----- Max.        |
| CV Kind seksueel volw.                                  | Min. -----  | 3.00 -----             | 5.00 -----              | 10.00 -----             | 11.00 ----- Max.        |
| Zelfidentificatie als kind                              | Min. -----  | 2.00 -----             | 3.00 -----              | 7.00 -----              | 10.00 ----- Max.        |
| CV Wed.spec.band m.kindn.                               | Min. -----  | 1.00 -----             | 2.00 -----              | 7.00 -----              | 9.00 ----- Max.         |
| CV Seks./emo.aantr.vr.kindn                             | Min. -----  | 1.70 -----             | 3.00 -----              | 6.00 -----              | 8.00 ----- Max.         |
|   | <i>Laag</i> | <i>Beneden M</i>       | <i>M</i>                | <i>Boven M</i>          | <i>Hoog</i>             |

OPMERKINGEN:

# Curriculum vitae

Ron van Outsem is op 2 februari 1963 geboren te Amsterdam. Na afronding van zijn middelbare school in 1984 heeft hij psychologie gestudeerd aan de Rijksuniversiteit te Leiden. In 1989 studeerde hij af op het onderwerp 'mannelijke slachtoffers van seksueel misbruik'. Hij heeft onder meer van 1991 tot 2000 als hulpverlener/ behandelaar gewerkt bij het Jongeren Advies Centrum (later Bureau Jeugdzorg) te Amsterdam, van 2000 tot 2002 als diagnost en psychotherapeut bij het Ambulant Bureau Jeugdwelzijnszorg/FORA te Leiden, en als wetenschappelijk medewerker bij het VU Medisch Centrum te Amsterdam (in 1990) en bij TransAct (thans Movisie) te Utrecht van 2000 tot 2002. Sinds 2002 is hij als klinisch psycholoog werkzaam bij De Waag/Van der Hoevenstichting, locatie Leiden.

Ron van Outsem heeft gepubliceerd over anorexia nervosa, seksueel misbruik bij jongens en mannen, huiselijk geweld, empathietraining en jeugdige zedendelinquenten.