THE RELATIONSHIP BETWEEN A HISTORY OF SEXUAL ABUSE, PERSONALITY PATHOLOGY, AND FEMALE SEXUAL ABUSE PERPETRATION

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ABSTRACT

THE RELATIONSHIP BETWEEN A HISTORY OF SEXUAL ABUSE, PERSONALITY PATHOLOGY, AND FEMALE SEXUAL ABUSE PERPETRATION

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Using an all female sample, the current study examined personality pathology as a mediator of the relationship between a history of child sexual abuse and the perpetration of sexual abuse as an adult. The sample consisted of 146 women from Marysville Correctional Facility, a minimum to maximum security prison (61 convicted of a sexual crime, and 85 women convicted of crimes not sexual in nature). The participants completed measures of the following: demographic characteristics, history of sexual abuse, perpetration of sexual abuse, maladaptive sexual feelings, antisocial and borderline personality disorder tendencies, and social desirability. A database of participants' reasons for conviction was also made available by prison administrators for use in the current study. Results indicated that personality disorder tendencies did not predict perpetration of sexual abuse. However, childhood sexual abuse was significantly related to a number of different objective and subjective indices of perpetration of sexual abuse. Consistent with past research, child sexual abuse was related to borderline personality disorder tendencies and secondary that the length of abuse was a
stronger predictor of perpetration than the experience of abuse alone. Thus, this study replicated previous research suggesting a link between child sexual abuse histories and perpetration, as well as a link between such histories and personality pathology. Clinically, these results signal the necessity for early intervention programs for children who are experiencing abuse to decrease the possibility that these sexual abuse victims will grow up to be sex offenders themselves.
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The reported number of children who are sexually abused each year is alarmingly high. One study estimated that 27% of American females and 16% of American males have reported being sexually abused in their childhood (Finkelhor, 1994). Another study in 1997 found that there were approximately 130,000 cases of substantiated child sexual abuse in the United States (Black, Heyman, & Smith-Slep, 2001). In an interview study conducted by Goldman and Padayachi (1997), 18.6% of males and 44.6% of females reported at least one unwanted sexual experience prior to age 17 ($N=427$). Further, Finkelhor (1994) found that in 20 studies between the years 1980 and 1997, the estimated rates of child sexual abuse ranged from 2% to 62% in women and 3 to 16% in men. Because of the substantial number of children who endure this experience each year, the effects of child sexual abuse are an issue of great interest.

There is some evidence to suggest that long-term psychological trauma can result from experiences of child sexual abuse (Briggs, 1995). The effects of child sexual abuse differ depending on the developmental stage of the victim. Some of the most common symptoms across a number of different age groups (i.e., preschoolers, school age, and adolescents) include: nightmares, depression, social withdrawal, generalized anxiety, aggression, and regressive behavior (Kendall-Tackett, Williams, & Finkelhor, 1993).
Research conducted by Briggs (1995) suggested that victims of childhood sexual abuse are more likely than non-victims to experience a negative self-image, depression, sexual problems, relationship difficulties, a sense of being different, powerlessness, social isolation, identity confusion, and disassociation.

The number of victims of sexual abuse and the detrimental effects of the abuse has spawned research into the reasons for the abuse and into the perpetrators themselves. According to recent research, estimates of the portions of child abuse crimes committed by female sexual offenders have been found to vary so considerably that the prevalence rates are still largely unknown. For instance, estimates range from as low as 4% to as high as 92% (Faller, 1995). It is estimated that 1.5 million females and 1.6 million males in the United States are sexually abused in their childhood by women (Allen, 1991). These statistics are thought to be a conservative estimate of the total number of cases of sexual abuse because, like other sexual crimes such as rape, child sexual abuse is often underreported and hidden (Robinson, 1998).

There are many possible theories as to why the statistics on rates of sexual abuse perpetration among women are considered to be deceptively low. Crisp (1991) contends that sexual contact with children can be disguised in a variety of ways under the guise of mothering (e.g., dressing or bathing a child). Another possible reason for the underreported cases of child sexual abuse by a female is due to the children having difficulty disclosing the abuse and being believed (Briggs, 1995). This may be due to the stereotypical perceptions regarding how women typically behave. Women are often seen as asexual nurturers who protect children from harm, not instigate it (Robinson, 1998). Female sexual abuse is seen as threatening because it challenges fundamental beliefs
about how women relate to children (Robinson, 1998). Additionally, young male adolescents may not see sexual contact with an older woman as abuse at the time of the contact, even if it ultimately has deleterious psychological effects on him later in life.

Little research has been done on women between the possible connection between the experience of sexual abuse as a child and later perpetration of abuse as an adult. The research that does exist suggests that the experience of child sexual abuse is a risk factor for the later perpetration of such abuse (Hunter, Lexier, Goodwin, Browne, & Dennis 1993; Higgs, Canavan, & Meyer 1992; Pothast & Allen 1994). For example, Briggs (1995) found a strong relationship between child sexual abuse and sexual offending against children as adults. While this transition from victim to perpetrator tends to be found consistently across studies, it is important to realize that not all women who have been sexually abused as children become perpetrators as adults.

The current study was designed to explore mechanisms for the link between the experience of child sexual abuse and the later perpetrating of such crimes among women. This study also aimed at identifying characteristics that differentiated sexual abuse victims who later perpetrate such crimes versus those who do not. In the following sections, I will discuss general background information on what is known about female sexual offenders and their crimes, the cause of sexual abusing behavior in women, and explanations for the link between sexual abuse history and perpetrating such abuse as an adult. And finally, I will present the results of a study designed to test the hypothesis personality disorder tendencies such as antisocial and borderline traits mediate the relationship between a history of child sexual abuse and perpetration of such abuse as an adult.
General Background Information

The literature on female sexual offenders differs considerably on a range of characteristics, but it is possible to establish a clinical picture of women who are likely to commit this type of crime. This section will provide general background information about the women, their victims, and the crimes that these women commit.

Typical Characteristics of Female Perpetrators

A number of studies have demonstrated consistent findings with regard to the clinical picture of female sexual perpetrators. In a study by Lewis and Stanley (2000), the age of these women ranged from 13 to 53, with a mean of 28.2. This finding is consistent with research conducted by Grayston and De Luca (1999), who found the typical female perpetrator to be in her 20’s or 30’s. Caucasian females represented two-thirds of Lewis and Stanley’s sample, while one-third were African Americans. Almost half of the women were single (46.7%), 20% were divorced, and 33.3% were married at the time of the offense. Additionally, there is evidence of domestic violence and marital dysfunction among women who sexually abuse. One study reported spousal violence and sexual abuse by a husband or boyfriend in half of the female sex offenders (Green & Kaplan, 1994).

The majority of female sexual offenders have little education, most with a high school diploma or below (Lewis & Stanley, 2000). They are likely to be employed in stereotypical female jobs and to be over-represented in the lower socioeconomic classes (Grayston & De Luca, 1999). These women’s family history tends to be bleak. Most of the women have come from broken homes, enduring a history of both physical and sexual abuse (Pothast & Allen, 1994; Green & Kaplan, 1994; Hunter, et al., 1993). A
typical sexual offender is likely to have prior convictions. A majority of the women have psychological impairments including chemical dependency, depression, suicidal ideation, cognitive impairments, Posttraumatic Stress Disorder, Borderline Personality Disorder, Antisocial Personality Disorder, and low self-esteem. Further, female sexual offenders seem to have poor coping skills and lack impulse control and adequate social support (Grayston & De Luca, 1999).

Victim Characteristics

The victims chosen by these women have specific demographics as well. The victim’s age ranges from 3 to 17 years with a mean age of 9.7 years (Lewis & Stanley, 2000). It has been found that female offenders victimize girls and boys equally (Rudin, Zalewski, & Bodmer-Turner, 1995). Studies have shown that most female offenders abuse more than one victim (Grayston & De Luca, 1999). Further, the duration of abuse can vary considerably from one discrete act of victimization to years of victimization (Mathews, Matthews, & Speltz, 1991). Moreover, female sexual offenders tend to perpetrate these crimes against people they know such as their own children, acquaintances, family members, students, and children attending daycare where they work. The assaults usually took place within the home or a familiar place to the child, such as a daycare setting (Stanley & Lewis, 2000; Rudin, et al., 1995).

Characteristics of the Crime

Research has shown that half of female sexual offenders perpetrate these offenses in collaboration with a male accomplice (Solomon, 1992). When the acts are done by more than just a female, they are more violent than when a woman perpetrates the abuse on her
own (Faller, 1995). The literature describes two types of female involvement in abusive acts when working with a male: active and passive. Passive is defined as a female watching the abusive act, not taking action to stop it, and helping to find victims, as opposed to active which is defined as the female taking part in the abusive behaviors (Green & Kaplan, 1994; Mathews, et al., 1991). The specific acts of sexual abuse include exhibitionism, fondling of the child’s genitals, penetration, the use of foreign objects in perpetration, ritualistic abuse, or group sex (Rudin, et al., 1995). Existing evidence suggests the use of force as a coercive measure is used by females to complete the act. This force could be the use of a gun, knife, and threats of violence (Grayston & De Luca, 1999; Lewis & Stanley, 2000). Often times once the crime is committed, the female perpetrator will try to conceal the crime by; physically abusing the child, threatening the child (e.g., to kill their pet), or by bribing the child in the form of gifts. This is done to prevent the child from disclosing information about the abuse to outside parties (Lewis & Stanley, 2000).

**Causes of Sexual Abusing Behavior in Females**

Researchers are currently looking for explanations into why females sexually abuse children. There is not one factor but many which may be evoked to explain this behavior in females. Most of the studies in this area are qualitative in nature and consist of inadequate sample sizes upon which to draw firm conclusions. Not only are the samples small, the participants themselves are usually psychiatric patients or those in prison, thus limiting the generalizability of these results. Because of the paucity of studies using female samples, this section will cover research conducted using male samples as well.
Deviant Arousal

One hypothesized cause of perpetration of sexual abuse among women is deviant arousal. Women often tend to deny that sexual fantasy or arousal are significant components of their offending behavior (Travin, Cullen, & Protter, 1990). In a case study conducted by Cooper, Swaminath, Baxter, and Poulin (1990), a young female sexual offender was given a series of physiological tests, including a polygraph and vaginal photoplethysmograph. The vaginal photoplethysmograph was used to measure the woman’s sexual response to a variety of stimulus slides. The slides contained various pictures of nude children and adult males, as well as sadistic and masochistic sexual acts. A sexual fantasy scale was administered to the woman to help collaborate the results of the physiological tests. Clinicians described the female as having “an obsessive preoccupation with sex” after reviewing the physiological tests and the sexual fantasy scale. This research, like other research in this area, suggests that women may have physiological arousal patterns comparable to those identified in males who sexually abuse children. Other researchers have observed deviant fantasies and sexual arousal in women and female adolescents who sexually abuse children. A study of 16 sex offenders revealed that 11 reported some sexual arousal, and or victim related fantasies during their acts of abuse. This arousal is thought by some researchers to stem from feelings of power (Mathews, et al., 1991). Another study of 10 adolescent females found that these youth fantasized about the perpetration of sexual abuse with younger children before the act occurred, and 2 out of the 10 admitted to both fantasizing about the act and masturbating at the same time.
Fixated and Non-Fixated Offenders

Wallis (1995) asserted that sexual offenders are not a homogenous group, which leads to problems when trying to classify them. However, Wallis found two distinct categories of sexual offenders: fixated and non-fixated offenders. Fixated offenders have a dominant sexual preference for prepubescent children and the non-fixated offenders have a dominant age appropriate sexual preference. According to research by Wallis, non-fixated offenders may have many common features. For example, non-fixated offenders often have feelings of powerlessness and have a strong adherence to traditional gender role stereotypes. They have a tendency to feel a great deal of self doubt and because of this, they lack the confidence to live up to the expectations of their roles. They are characterized as having dependent relationships between one or two extremes: submissive or controlling. This group of individuals may sexualize their emotions and be emotionally dependent on others compared to the fixated offenders. The majority of women fit into the non-fixated category rather than the fixated category. Women may feel remorse for the acts they have committed, but often use denial and minimization of their role in the incidents, especially when the act is committed with a male co-offender (Allen, 1991; Mathews, 1989).

Compared to non-fixated offenders, fixated offenders show a primary attraction to children and adolescents throughout their lifespan. The fixated offender avoids adult sexual contact whenever possible and his/her sexual thoughts are focused on children (Wallis, 1995). Fixated offenders may feel like their sexual activity with adults is less gratifying and satisfying and the contact with adults seems to produce anxiety and feelings of inferiority. Some fixated offenders may feel disturbed by their preference for
children, while others may not. Fixated offenders are more likely to choose victims who are strangers or casual acquaintances, as opposed to choosing a victim that they know (Howells, 1981).

Briggs (1995) further divided the fixated offender into four categories. The first category is called the transitional pedophile; offenders characterized by developmental or social delays, but have an age appropriate sexual preference. It is thought that because of their developmental delays or inadequate social skills, they lack the ability to form age appropriate relationships. This group of offenders molest children as a substitute for the relationships they cannot form or maintain. The sexual offenses committed against the child are usually the offender’s only sexual experience. The next category is called the moral conflict pedophile. These offenders have a compulsive sexual preference for children and usually have a history of emotional or psychiatric disturbance. The disturbance is often explained by a conflict between their sexual preference and guilt relating to this preference. The third category of a fixated offender is called the social conflict pedophile. This offender is believed to think that sexual activity with children is a variation of normal sexual activity, and that it is society’s attitudes about sexual relations between an adult and a child that causes trauma for the adult and child. This type of fixated offender has been shown to believe they are lovers of children and firmly believe they are doing nothing to harm the child. This offender has been characterized by feeling no remorse for their actions, and will only attempt to modify their behavior if there are legal charges pending. The final category of the fixated offender is called the sociopathic pedophile. This sexual offender does not have any feelings for their victims, and the victim is only used as a source to gratify the offender’s sexual urges.
Psychological Disorders

Most of the research on sexual offenders has been focused on previous history of victimization and the presence of personality or mood disorders to help explain sexual offending behavior as adults. For instance, research conducted by Green and Kaplan (1994) sampled 11 incarcerated female sexual offenders and a comparison group of 11 female offenders incarcerated for non-sexual crimes. The participants were matched closely for age, ethnicity, socioeconomic status, and level of prison security. Prison records were used to gather information about the subjects’ most recent criminal offense and previous criminal or family court offenses. Direct interviewing and the Wyatt Sexual History Questionnaire were used to gather information about each participant’s childhood, family history, school and work performance, social and sexual history, and prior history of physical and sexual abuse. To measure each participant’s psychiatric status and impairment, several standardized psychiatric interviews were used, including the outpatient version of the Structured Clinical Interview for DSM-III-R, the SCID II for Personality Disorders, and the Harvard-Upjohn Post-Traumatic Stress Disorder Interview. A psychodynamic profile was obtained by an in-depth, open-ended psychiatric interview. This interview attempted to integrate the information gathered about criminal behavior, family history, victimization experiences, and psychiatric status to obtain an overall psychological adaptation of each participant and the nature of her object relationships, as well as her use of defense mechanisms.

The results indicated that the incidence of sexual abuse among the sexual offenders was 82%. Both the comparison group and the sexual offender group displayed psychiatric impairment. Of the sexual offender group seven were experiencing or had
experienced an episode of major depression, while both groups were found to have substance abuse problems. Of the sexual offenders eight demonstrated Posttraumatic Stress Disorder, with each of these women describing the trauma as physical or sexual abuse in their childhood. The results indicated that the sexual offender group was more likely to be diagnosed with an Avoidant or Dependent Personality Disorder, while the control group of non-sexual offenders were more likely to be diagnosed with Antisocial Personality Disorder. The SCID-OP and the Global Assessment of Functioning Scale indicated that the sexual offenders group was more psychiatrically impaired than the comparison group (Green & Kaplan, 1994).

Friedrich and Luecke (1988) designed a study to investigate sexual aggressiveness in children. The sample consisted of 22 children who were separated into groups based on sexually aggressive behavior. To be considered sexually aggressive, participants needed to have displayed coercive sexual behavior that involved genital contact. Using this operational definition, 16 of the 22 children were labeled as sexually aggressive. Once the participants were placed into these groups, inferential statistics were conducted on the sample to determine the differences in the group labeled sexually aggressive and those who were not. Of the sexually aggressive participants, eight were diagnosed with Conduct Disorder and four were diagnosed Oppositional Defiant Disorder. Two of the children were diagnosed with an Adjustment Disorder, while one child was diagnosed with Dysthmia and one with Schizophrenia. Of the children who were classified as non-sexually aggressive, four had diagnoses; however the diagnoses were not Conduct Disorder or Oppositional Defiant Disorder. The Child Behavior Checklist revealed differences between the groups. Specifically, sexually abused boys and girls were more
depressed, somatic, hyperactive, aggressive, and were more likely to display delinquent behaviors (Friedrich & Luecke, 1988).

A unique study by Aromaki, Lindman, and Eriksson (2002), attempted to find links between the amount of testosterone and Antisocial Personality Disorder in people convicted of rape and child molestation. This study sampled three groups of men which consisted of 10 rapists, 10 child molesters, and a comparison group of 31 non-sexual offenders. Information about their sociodemographic background, marital status, level of education, length of incarceration, and family background was obtained. A version of the Deogratis Sexual Functioning Inventory was administered to assess a variety of aspects of sexuality, such as masturbation, intercourse, sexual fantasies, kissing, and petting. Antisocial Personality Disorder, impulsivity, and aggressiveness were diagnosed by a version of the Structured Interview for DSM-IV Personality. Testosterone was obtained by assessing two saliva samples. Results revealed no significant differences in testosterone levels between the three groups. However, the data did show a significant difference between testosterone levels and a diagnosis of Antisocial Personality Disorder. This result may suggest a correspondence between elevated levels of testosterone and antisocial behaviors. In addition to these results, seven of the rapists and three child molesters met criteria for Antisocial Personality Disorder while none of the control subjects met criteria. Using an ANOVA, significant differences were found between the sexual offender group and the non-sexual offender group, indicating that rapists exhibited significantly more antisocial personality disorder traits than the control group (Aromaki et al., 2002).
Chantry and Craig (1994) completed a study of criminal sexual offenders using the Million Clinical Multiaxial Inventory (MCMI-II). This study attempted to classify 603 adult male inmates. The inmates were placed into one of three groups dependent upon the type of offense they committed. Group one \((N=202)\) consisted of convicted sexual offenders with offenses against children, including indecent liberties with a minor, incest, sexual exploitation of a minor, indecent solicitation of a child, indecent enticement of a child, sodomy, and rape. The second group \((N=195)\) included inmates who were convicted of a sex offense against an adult, the offenses included rape, sodomy, and sexual battery. Further, the third group \((N=206)\) were convicted of a violent crime, which included first or second-degree murder, voluntary or involuntary manslaughter, robbery, battery, assault, and non-sexual abuse of a minor. Results of the MCMI with regards to child molesters found 57% had a subclinical MCMI, with compulsive and narcissistic traits, while 23% of child molesters were found to be coded as Dependent, Passive-Aggressive, and Avoidant with elevations on Anxiety and Dysthymia. Moreover, 20% of the sample of child molesters were found to be Dependent, Schizoid, and Avoidant with moderate elevations on Anxiety and Depression. The study found that 58% of the rapists had mild elevation on the Compulsive scale, while 26% of the rapists had Narcissistic and Antisocial code type with elevations on the Bipolar and Drug and Alcohol Abuse Scales. Results indicated that, 16% of the sample had an Avoidant, Dependent, and Schiziod code with significant anxiety and depression. The control group (i.e., non-sexually aggressive felons) 59% of the sample showed mild dependent personality traits with depression while 41% of the sample sowed mild narcissistic patterns. Those in the
sexual offender group were more likely to display dependent, narcissistic, and antisocial personality traits than the comparison group (Chantry & Craig, 1994).

**History of Sexual Abuse**

Several recent studies have investigated the link between the experience of sexual abuse as a child and the perpetration of these crimes as an adult (Lewis & Stanley, 2000; Fehrenbach & Monastersky, 1988). However, as is the case with other studies exploring possible causes of sexual abusing behavior in women, many of these studies are qualitative in nature. In this section I will discuss the qualitative and quantitative research separately.

**Qualitative.** The trauma of the abuse experience is thought to lead to the desire to commit abuse in later relationships. In a small study by Hunter et al. (1993), it was found that of 10 female sexual offenders, all of them reported a history of sexual abuse prior to their first victimization. The subjects were sexually abused from ages one to eight. These females were abused very early and for long periods of time ranging from 8-144 months. Lewis and Stanley (2000) examined a sample of 15 women who were being evaluated on charges of sexual assault. Of these 15 women, 12 reported a past history of sexual abuse and this abuse was by acquaintances half of the time and family members (e.g., brothers, stepfathers, fathers, and mothers) the other half of the time. A study by Fehrenbach and Monastersky (1988) found similar results. Specifically, these results indicated that, out of 28 female sexual offenders, 14 reported to have been sexually abused.

A sexual offender with a previous history of abuse appears to commit different types of sexual offenses compared to a sexual offender who does not have a history of sexual
abuse. For instance, Cooper et al. (1996) found that abused subjects were approximately four months younger than non-abused subjects when they were first caught committing the sexual offense. The abused subjects started their sexually abusive behavior 1.6 years earlier than non-abused subjects. Abused subjects were also more likely to choose both male and female victims.

In a study by Fehrenbach and Monastersky (1988), a sample of 28 female adolescents in a Juvenile Sexual Offender Program at the University of Washington were interviewed. This program was designed to evaluate and treat sexual offenders who committed sexual offenses against a victim and were less than 18 years of age. The method used was an interview format, while collecting information from a variety of sources including the subjects, their families, the victim and witness statements, and child protective services. The interview with the victim included information about their demographics, history of physical and sexual abuse, prior sexual offenses, and non-sexual offenses, information on the sexual offenses committed, and the characteristics of the victim. The results indicated that 21.4% of the subjects reported a history of being physically abused and 50% reported having been sexually abused. Half of the subjects who committed rape and indecent liberties (i.e., sexually touching of the victim or having the victim touch the offender) reported a history of sexual abuse.

A case study conducted by Higgs et al., (1992) explored one female adolescent’s life history from a victim of sexual abuse to an eventual sexual offender. The case study portrayed the development of a 14-year-old girl into an unruly adolescent and eventually a sexual offender. The development took place after a long history of sexual abuse by her two biological brothers. The seemingly harmless game of “Doctor Doctor” turned
into sexual intercourse. At age 14, the female molested her younger cousin. This case study is consistent with the literature suggesting that early victimization may be one important factor that contributes to subsequent perpetration of sexual abuse against children.

Research conducted by Veneziano, Veneziano, and LeGrand (2000) investigated adolescents’ history of sexual abuse on future offending behavior. The participants in the study consisted of 74 adolescent male sexual abusers who had been court referred or court ordered to a residential treatment facility. The adolescents ranged in age from 10 to 17 years of age, with a mean age of 14. Of the participants, 92% were Caucasian and eight percent were African American. Data was collected from the participants using a formal structured interview in the Adolescent Sexual Offender Packet. The packet contained guidelines for interviewing, assessing nonverbal cues, assessing risk, and other self-report measures. Participants were interviewed about a number of different topics including the participant’s sexual offenses, abuse history, issues of sexuality, multiple family issues, and issues relating to social interactions. The assessment lasted from three to six hours depending on the participant. The researchers found that of the 74 participants, 92% \((N=68)\) had been sexually abused. This information was validated by several sources including the family, the criminal justice system, and the referral source.

Another qualitative study by Briggs and Hawkings (1996) sampled 84 sexual offenders and 116 non-offenders from seven prisons. The prisoners participated in a structured interview designed to gain information about demographics, education, employment history, family composition, parental functioning, family of origin, social supports, and sexual history. The interview consisted of forced choice questions and
open-ended questions. The results of the study indicated that the sexual offender group was more likely to experience social disruption, and was less likely to have been physically abused if they came from a two-parent home rather than a single parent home. The sexual offender group reported more physical abuse as children and were more likely to rate the discipline they received as a child as inappropriate compared to the non-offender group. Sexual offenders were more likely to experience sexual abuse from a significantly greater number of offenders than the non-sexual offenders and with greater frequency. Finally, the sexual offender group was more likely to view the abuse as normal and enjoyable compared to the non-offender group.

Hummel, Thomke, Oldenburger, and Specht (2000) sampled 107 adolescents who had been convicted of committing a sexual offense and those who had not committed a sexual offense. Of the participants, 74 had committed a sexual offense while 33 had not. Therefore, the 33 were used as a comparison group. Information was gathered about personal history, sociodemographic data, developmental history, behavioral abnormalities, educational development, characteristics of parents, and family interactions from the mother or the father. Information was also gathered from medical records and social services records. The participants were asked a series of questions about a history of sexual abuse in a semi-structured interview. Results indicated no differences between the groups with regard to physical development or educational development. Of the group who had been convicted of committing a sexual offense, 50% had a history of sexual abuse compared to the control group whose reported history of sexual abuse was eight percent.
Quantitative. Burton (2000) conducted a research study to help explain possible causes of sexual offending behavior in adolescent males. The sample consisted of 471 youths from three sources: a public residential facility, a private residential facility, and a community halfway house. All of these facilities were designed to treat male sexual offenders in Michigan. Several instruments were used including the Sexual Abuse Exposure Questionnaire, which was used to assess the type of sexual abuse experienced and other areas of victimization. The Childhood Trauma Questionnaire screens for traumatic experiences in childhood. Additionally, the Self Report Sexual Aggression Scale measured sexually aggressive behaviors over the life span. Burton further divided the participants into continuous offenders (offenders who committed sexual offenses as children and continued to do so as adolescents), teen offenders (offenders who committed their offending behavior after 12 years of age), and early offenders (offenders who committed offending behavior before the age of 12 and not after the age of 12). Using an ANOVA, all three groups were compared on their score on the Childhood Trauma Questionnaire. Significant differences were found between the groups on the measure of sexual abuse and emotional abuse. Post hoc analyses revealed significant differences between the continuous offenders and the teen offenders. Continuous offenders obtained higher scores on the sexual abuse scale and the emotional abuse scale, as well as an overall higher score on the Childhood Trauma Questionnaire. It was also found that 82% of the continuous offenders reported having been penetrated during their victimization as a child, while 72% of the early offenders and 73% of the teen offenders reported penetration during victimization as children.
Craissati, McClurg, and Browne (2002) conducted a seven year study assessing 156 male participants who were convicted perpetrators of child sexual abuse. Data on the participants was gathered from a variety of sources including probation files and a semi-structured interview. The researchers also included a variety of psychometric tests, which were the Attitudes Towards Women Scale, the Fear of Negative Evaluation Scale, the Buss-Durkee Hostility Inventory, the Schonell Graded Word Reading Test, the Mutiphasic Sex Inventory, the Interpersonal Reactivity Scale, and the Structured Anchored Clinical Judgement Scale. The results indicated that 46% of the sample reported being sexually victimized as a child. Participants who were sexually victimized as a child were more likely to report childhood emotional and physical neglect as well as physical abuse, compared to perpetrators who did not have a history of sexual abuse. Significant differences were found between sexually victimized perpetrators and non-sexually victimized perpetrators. Specifically, the sexually victimized group were significantly lower in empathy than the non-victimized group.

Weeks and Widom (1998) explored self-report of childhood abuse in a sample of 301 randomly selected incarcerated males convicted of felonies from a medium-security correctional facility. Once the sample was selected, official criminal records were searched to identify the specific type of offense which the participant was convicted. The four groups of participants included violent offenders, non-violent offenders, sexual offenders, and non-sexual offenders. The participants completed the Conflict Tactic Scale and the Self-Report of Childhood Abuse Physical. These measures are designed to assess a history of physical abuse. To assess for sexual abuse, the researchers designed a structured interview based on sexual abuse questions by Finkelohor (1986) and Russell
(1986). Finally, as part of the structured interview, the researchers asked questions to assess for childhood neglect. Results indicated that the sexual offenders were more likely to report a history of sexual abuse compared to the non-sexual offenders, the nonviolent offenders, and the violent offenders. Further, sexual offenders were more likely to report a history of sexual experiences before the age of 12 compared to non-sexual offenders.

Others have found similar results. For example, Ford and Linney (1995) sampled juvenile sexual offenders from several residential facilities which provided both long term and short term care. Participants were divided into four groups: rapists (juveniles who sexually assaulted peer-age victims or adult persons), child molesters (juveniles who sexually assaulted a child five or more years younger than the offender), violent non-sexual offenders (youths adjudicated on charges of assault and battery of an aggressive nature) and status offenders (youth adjudicated on charges on incorrigibility, running away, or truancy). Demographic information was obtained from the participants’ written records, and the participants answered questions in a structured interview. Participants were asked to complete the Conflict Tactics Scale, the Children’s Assertive Behavior Scale, the Fundamental Interpersonal Relations Orientation-Behavior Questionnaire, and the Piers-Harris Children’s Self-Concept Scale. Results of the Conflict Tactics Scale indicated significant differences among the groups. Specifically, the differences pertained to witnessing or experiencing parental violence in the home and the total amount of parental violence. Post hoc comparisons revealed that sexual offenders were more likely to report a history of sexual abuse than other groups.
Critique of literature

Several researchers have been interested in understanding the etiology of sexual molestation in the ultimate hope of developing treatment plans and interventions to successfully remediate these individuals. As observed from the literature above, the process of studying child sexual abuse is especially difficult for a variety of reasons, which include the nature of the samples, methodological considerations, and the fact that the perpetration of child sexual abuse is a complex phenomenon with multiple etiological pathways.

Problems with the samples themselves are numerous. One consideration is the size of the samples, which are relatively small, typically 100 participants or less. Small sample sizes often bias the results of the study by reducing the ability to generalize the results to a larger population. Further, the sample is often drawn from either a prison setting or psychological facility. The samples are often biased because the majority of research has been completed with male offenders as opposed to female offenders. When sampling only male participants, the researcher may not be able to generalize the results to female offenders because male and female offenders may differ in possible factors contributing to sexual offending behavior. As previously stated, it is often difficult to sample female sexual offenders, not because they are not committing the offense, but because they have not been convicted or are not in a treatment facility.

There are many methodological confounds which are present when attempting to conduct a study of child sexual abuse. When trying to find links between child sexual abuse and offending behavior as an adult, the researcher is asking the participant to think back to their childhood to remember if they have been abused in the past. Memory biases
may color their ability to accurately report upon their possible abuse history. Further, according to Glasser et al. (2001), reporting a history of sexual abuse could “elicit sympathy from the therapist,” or reporting the abuse could be a way of “attempting to explain their abusive behavior.” Some research suggests that recall bias is usually an unconscious response rather than a conscious attempt to misrepresent themselves, but these processes and motivations must be taken into account when attempting to gather information from participants about life events from their past (Glasser et al. 2001).

Additionally, much of the research on this topic is qualitative in nature and relies heavily on a type of interview. Bias from this method can occur if the interviewer is more likely to ask questions about certain areas of interest including a history of sexual abuse.

Another complication involved in this research is problems with operationally defining child sexual abuse. Vogeltanz et al. (1999) discussed this problem stating that definitions of sexual abuse vary tremendously. Some questionnaires inquire about penetration alone, while others define abuse more broadly, inquiring about fondling or exposure of genitalia.

**Explanations For the Abused-Abuser Relationship**

In view of the evidence suggesting that a history of sexual abuse increases the likelihood of a person committing sexual offenses in the future, it is important to try and understand the relationship between a history of sexual abuse and later perpetration of abuse. To date, the literature on the link between a history of sexual abuse and later sexual perpetration is largely theoretical. Scholars have proposed possible hypotheses regarding variables that might explain the link between these two forms of abuse. These explanations emphasize such factors as modeling, low self-esteem, sharing pain with
others, and the nature of the abuse. While these explanations are primarily speculative at this point, they help us to gain insight into possible explanations for the actions of sexual offenders.

Modeling

Several learning theories have been advanced to help explain why a history of sexual abuse can lead to sexual offending behavior later in life. One hypothesis was developed by looking at Bandura's (1977) theory of learning through observation and imitation. It has been hypothesized that a child who has observed or experienced a model who is acting in a sexually inappropriate manner may imitate that experience, thus learning through models in the environment which can then cause the individual to act in the same sexually inappropriate way. After the person has committed the sexual act, they may incorporate a pairing of stimuli with either rewards or punishments that are present at the initial imitative experience. At that point, if the response to the stimuli were positively reinforced as opposed to being punished, then the imitative behaviors were more likely to occur in the future (Lane & Ryan, 1997).

Marshall, Laws, and Barbaree (1990) outlined the social learning process specifically with respect to sexual offending behavior. First, they stated that much of human social behavior is learned from other people by observing what they do and what happens to them as a result. From this general principle derived from Bandura (1977), it was assumed that human sexual behavior is no exception to this assumption. Sexual abuse can be acquired through participant modeling where the sexual abuse is learned through an adult model and then the offense is performed on another person. The sexual abuse behaviors may also be acquired though vicarious learning or non-participant observation,
where a perpetrator may observe sexual abuse either by seeing someone abuse a child or through pornography, either through pictures or television. It is thought that as a result of this learning, the child may learn about the act of sexual abuse. Another social process thought to contribute to a child’s social learning of sexual abuse is through symbolic modeling. Symbolic modeling may occur in the form of deviant sexual fantasies during masturbation. This symbolic modeling may increase the likelihood of becoming sexually aroused to deviant stimuli (Marshall et al., 1990).

Low Self-esteem

Some research suggests that female sexual offenders suffer from low self-esteem (Robinson, 1998; Grayston & De Luca, 1999; Green & Kaplan, 1994). A sexual offender who has low self-esteem resulting from trauma in childhood may be more likely to commit a sexual offense. If a woman has low self-esteem and is in a relationship in which the spouse demands the sexual abuse, the woman is less likely to say no because she is dependent on the relationship and afraid of the consequences if she does not do as she is asked (Grayston & De Luca, 1999). No studies to our knowledge have explicitly examined self-esteem as a mediator of the abuser-abused relationship. However, research has been completed on pieces of this puzzle, such as finding evidence of low self-esteem among sexual offenders. Consistent with this claim is evidence to suggest that more females than males sexually abuse in the presence or with the help of another person; typically this other person is male.

Some researchers have found evidence of the low self-esteem hypothesis. For example, a study by Milner and Robertson (1990) sampled three groups of participants including, 30 people convicted of physical child abuse, 15 convicted of intra-familial
sexual child abuse, and 30 convicted of child neglect. This sample was obtained from social services in North Carolina and the At-risk Parent-Child Program in Tulsa, Oklahoma. The three child maltreatment groups were matched with three control groups which had no known sexual offenses or child maltreatment charges. Participants were evaluated on personal distress, rigidity, unhappiness, loneliness, negative concept of child and self, their children’s problems, and problems from family and others. These dimensions were measured by the Child Abuse Potential Inventory. Results indicated that the six groups (three child maltreatment groups and three control groups) had significantly different CAP scores, with significantly greater scores among the physical child abusers, intra-familial sexual child abusers, and the child neglectors. All three of the child maltreatment groups scored higher on distress, rigidity, unhappiness, and loneliness compared to the control groups. Intra-familial sexual child abusers were found to have low self-esteem and poor ego strength in comparison to control groups.

Others have found similar results. Mathews et al., (1991) conducted a study of 16 females in the Genesis II Female Sexual Offenders Program. The study consisted of data from an intake interview, Confidential Family History Questionnaire, case notes, progress reports, the MMPI, and the Tennessee Self Concept Scale. The study was designed to develop a typology of female sexual offenders. When asked for rational of their offenses, 9 of the 16 woman described themselves as being in need of acceptance, attention, and closeness. They also reported feelings of low self-esteem and isolation. Many of these women (13 of 16) stated that their children were safe targets for the displacement of the negative feelings. The results of the MMPI and Tennessee Self-
Concept Scales supported their reported feelings of inadequacy and lack of self development.

Sharing Pain

Another possible hypothesis for the link between a history of sexual abuse and later perpetration of abuse is based on the concept of sharing their pain. Women who have been severely traumatized in childhood are more likely to become victims of domestic violence in adulthood (Grayston & De Luca, 1999). The mother may relieve the pain by sexually abusing her children to relieve her feelings of anger, hopelessness, and need for attention (Grayston & De Luca, 1999). While this may be one way women express their pain, other women may intentionally want to treat others the same way they were treated when they were young; another way of sharing the pain they have received with others.

Another way in which a history of abuse leads to abusing behavior in the future involves reliving their abuse in childhood through their victims. Some scholars have speculated that many women mimic or recreate their own abuse with their victims as a possible way for these women to work through their trauma, a phenomenon historically referred to in psychology as repetition compulsion (Finkelhor, 1986). It is hypothesized that by victimizing a child, the perpetrator masters the trauma by reversing the roles in the victimization they suffered. Through this type of identification with their abuse and their abuser, they are actually combating their own powerlessness by becoming a victimizer. This is similar to the research findings by Motz (2001) who hypothesized that women sexually abuse children as a way for the women to project their own experience of childhood victimization onto someone else. It is by this projection that they are able to
share the pain of their experience with someone else, and to help defend against feelings of hopelessness and depression.

This concept was investigated in a study by Romano and De Luca (1997) in which 24 male sexual offenders participated in the study by completing a demographic questionnaire and the Sexual Victimization Survey. The study was designed to examine the sexual offender’s history of sexual abuse and the nature of the sexual crimes committed by the participants. A history of sexual abuse was found in 75% of the population. The results of this study included finding a statistically significant relationship between the gender of the offenders’ childhood perpetrator and the gender of the children they sexually victimized. The majority of offenders experience of sexual abuse took place between the ages of 6 and 10, which corresponds to the age of their victims. The offender’s self-report of their abuser indicated the abuser was someone older than 21 years of age; similarly, the sexual offenders were older than 21 years of age when they committed their offense. Results indicated that 61% of the sexual offenders reported having experienced sexual abuse over a period of years and similar to this pattern, 44% of the sexual offenders reported sexually abusing children over a period of years. Other results indicated that trends were found in the hypothetical direction for the reported type of abuse (i.e., exposure, fondling, oral sexual activities, and intercourse) indicating that the abuse suffered in childhood was similar to the abuse the sexual offender perpetrated on its victim. This research examined the similarities between the nature of childhood abuse and later sexual offending behavior as an adult. Consequently, observed similarities between the original abuse experience and the crimes perpetrated by sexual offenders are consistent with a repetition compulsion perspective.
Nature of the Abuse

While it has been found that not all sexual abuse victims go on to become perpetrators, it is important to examine other possible factors which serve to facilitate and maintain the cycle of abuse from child victim to an adult offender. It has been hypothesized that the nature of the abuse may moderate the relationship between the experience of childhood sexual abuse and perpetration of such abuse in adulthood. That is, children who have been sexually abused are more likely to become abusers if the nature of the abuse was sufficiently severe and chronic. Garland, Dougher, Crossen, and Fenaro (1987) proposed several moderating factors, which included the severity of the victimization, the age at which the child is sexually victimized, the use of force during the victimization, the duration and frequency of the abuse, the number of perpetrators, the gender of the perpetrators, and the age difference between the victim and the offender.

Dhawan and Marshall (1996) attempted to replicate the findings of Garland, et al., (1987). Their sample consisted of 45 sexual offenders including 29 convicted of rape, nine convicted of non-familial child molestation, and seven convicted of father-daughter incest. All of these offenders were participating in the Warworth Sexual Behavior Clinic at a medium-security federal penitentiary. The participants were asked to complete a questionnaire by Russell (1983) containing questions regarding specific acts of sexual abuse they had suffered, and questions regarding the amount of force used when they perpetrated a victim. To assess the reliability of the self-report questionnaire, a semi-structured interview was conducted with all of the participants regarding detailed information on their family history. Results indicated that 58% of the sexual offenders reported having been sexually abused as children. Chi-square analyses revealed that
sexual offenders had a significantly greater chance of being abused than did the nonsexual offenders. Of the sexual offenders group, 41.9% reported that the amount of force used during their childhood victimization was extreme. Statistics on the sexual offenders revealed that the majority of their perpetrators of sexual abuse from childhood were male (78%), with multiple episodes (83%), and with multiple abusers (69%). The specific abuse experience included fondling (45%).

As previously mentioned, a study conducted by Burton (2000) also replicated previous research findings on the nature of the abuse as a factor involved in later perpetration behavior. In this study, the participants were divided into three groups based on their sexual behavior. The three groups differed in the severity and complexity of the sexual acts they committed, with continuous offenders reporting more of the types of severe and complex acts, as well as committing a range of acts from noncontact acts, contact acts, and penetration. The continuous offenders, when compared with the other two groups, had higher scores on the sexual abuse scale and emotional abuse scale of the Childhood Trauma Questionnaire. Finally, the level of victimization and the level of perpetration were significantly correlated, finding that the complexity of the victimization that they experienced as children was a significant predictor of the complexity of the act of sexual abuse that they later perpetrated.

Our Model

As stated previously, the research suggests that a past history of sexual abuse increases the likelihood of perpetrating sexual abuse in the future (Lewis & Stanley 2000; Hunter et al., 1993; Fehrenbach & Monastersky, 1988; Higgs et al., 1992; Burton, 2000; Craissati et al., 2002). Research also suggests that childhood sexual abuse may give rise
to borderline or antisocial personality disorder tendencies (Green & Kaplan, 1994). Finally, there is evidence to suggest that perpetrators of sexual abuse may be more likely to possess these personality characteristics (Friedrich & Luecke, 1988; Aromaki et al., 2002; Chantry & Craig, 1994). Taken together, these findings imply that Antisocial and Borderline Personality traits may mediate the relationship between the experience of childhood sexual abuse and the later perpetration of sexual abuse in adulthood. That is, sexual abuse suffered in childhood may lead to the severe disruption in social functioning and affect regulation seen in such disorders as Borderline and Antisocial Personality Disorder. This disruption in social functioning and affect regulation then may become a risk factor for future abuse. While some scholars have posed this as a mechanism for the abuser-abuse cycle of some women (Chantry & Craig, 1994; Green & Kaplan, 1994; Friedrich & Luecke, 1988), this hypothesis has yet to be tested directly. Thus, the current study is unique in two respects. First, we examined childhood sexual abuse, personality traits, and sexual abuse perpetration simultaneously as opposed to looking at the relationship between personality disorders and either form of abuse in isolation. Second, we examined an all female sample; a sample that in general has been under-investigated with respect to the perpetration of sexual abuse against children.

The Current Study

This study examined the relationship between a history of sexual abuse, related personality traits, and perpetration of sexual abuse in the future. The sample included 61 participants from the Ohio Reformatory for Women who had been convicted of a sexual crime and 85 women at the correctional facility, who were not convicted of a sexual offense, were recruited. This incarcerated population was selected based on subject
matter, the small number of female sexual offenders, and the difficulty recruiting this population.

The participants completed measures of the following: demographic characteristics, history of sexual abuse, perpetration of sexual abuse, maladaptive sexual feelings, and antisocial and borderline personality disorder tendencies. A database of participants' reasons for conviction was also made available by prison administrators for use in the current study. To control for a possible tendency to minimize negative characteristics, a measure of social desirability was included. A measure of maladaptive sexual feelings was included in order to establish the construct validity of our perpetration measure. Thus, significant positive correlations between subscales of this measure and perpetration were expected.

Based on Baron and Kenny's (1986) model of mediation, we offered the following hypotheses,

H1: A history of experiencing sexual abuse would be positively correlated with a history of sexual abuse perpetration.

H2: Antisocial and Borderline Personality tendencies would be positively correlated with a history of sexual abuse perpetration.

H3: Finally, statistically controlling for Antisocial and Borderline Personality tendencies would significantly reduce the relationship between a history of sexual abuse and perpetration behavior. However, statistically controlling for child sexual abuse history would not reduce the relationship between Antisocial Personality Disorder and Borderline Personality Disorder and perpetration of abuse in adulthood.
CHAPTER II

METHOD

Participants

The total sample consisted of 146 female participants who were recruited from Marysville Correctional Facility, a women’s minimum to maximum security correctional facility. The sample consisted of 61 participants who had committed a sexual offense (i.e., sexual crimes with contact, sexual crimes without contact, kidnapping, child endangerment), while 85 participants were convicted of offenses not sexual in nature (i.e., prostitution, drug offenses, violent crimes not murder, murder, and other). Of the participants, 58% were Caucasian, 33% were African American, and 9% were of other racial identities. See Table 1 for demographic characteristics. Three participants from the sexual offender group and the comparison group were omitted due to failure to complete the survey and/or obvious reading comprehension difficulties.

Measures

Demographics

Participants completed a demographics sheet. They stated their age, ethnicity, marital status, the type of offense they were incarcerated for, number of prior convictions, how long they have spent in prison, and the amount of time left on their sentence. Finally, the participants stated their highest level of education they completed. The demographic data
Table 1

Descriptive Statistics for Nominal and Ordinal Level Study Measures

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Offender</td>
<td>85</td>
<td>61.0%</td>
</tr>
<tr>
<td>Offender</td>
<td>61</td>
<td>41.8%</td>
</tr>
<tr>
<td>Participant Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>84</td>
<td>57.5%</td>
</tr>
<tr>
<td>African American</td>
<td>48</td>
<td>32.9%</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>8.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Asian American</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Participants Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/Never Married</td>
<td>68</td>
<td>46.6%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>44</td>
<td>30.1%</td>
</tr>
<tr>
<td>Married</td>
<td>28</td>
<td>19.2%</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>4.1%</td>
</tr>
<tr>
<td>Participants Current Conviction Objective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Crimes Contact</td>
<td>50</td>
<td>34.2%</td>
</tr>
<tr>
<td>Violent Crimes Not Murder</td>
<td>28</td>
<td>19.2%</td>
</tr>
<tr>
<td>Murder</td>
<td>21</td>
<td>14.4%</td>
</tr>
<tr>
<td>Theft</td>
<td>15</td>
<td>10.3%</td>
</tr>
<tr>
<td>Drug offenses</td>
<td>12</td>
<td>8.2%</td>
</tr>
<tr>
<td>Child Endangerment</td>
<td>8</td>
<td>5.5%</td>
</tr>
<tr>
<td>Sexual crimes no contact</td>
<td>5</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2.1%</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Prostitution</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Participants Conviction per Self-Report</td>
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<td></td>
</tr>
<tr>
<td>Sexual Crimes Contact</td>
<td>47</td>
<td>32.2%</td>
</tr>
<tr>
<td>Violent Crimes Not Murder</td>
<td>28</td>
<td>19.2%</td>
</tr>
<tr>
<td>Murder</td>
<td>20</td>
<td>13.7%</td>
</tr>
<tr>
<td>Theft</td>
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<td>11.0%</td>
</tr>
<tr>
<td>Drug offenses</td>
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<td>8.2%</td>
</tr>
<tr>
<td>Category</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Child Endangerment</td>
<td>8</td>
<td>5.5%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.7%</td>
</tr>
<tr>
<td>Sexual crimes no contact</td>
<td>3</td>
<td>2.1%</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Prostitution</td>
<td>1</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants Prior Offenses Per Self-Report</td>
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<td></td>
</tr>
<tr>
<td>Missing Data</td>
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<td>64.4%</td>
</tr>
<tr>
<td>Theft</td>
<td>17</td>
<td>11.6%</td>
</tr>
<tr>
<td>Drug Offenses</td>
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<td>4.8%</td>
</tr>
<tr>
<td>Sexual crimes Contact</td>
<td>5</td>
<td>3.4%</td>
</tr>
<tr>
<td>Violent crimes Not Murder</td>
<td>4</td>
<td>2.7%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2.1%</td>
</tr>
<tr>
<td>Murder</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Child Endangerment</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Unable to be Coded</td>
<td>1</td>
<td>0.7%</td>
</tr>
</tbody>
</table>
Severity

The Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) is a 28-item scale, which is used to identify traumatic experiences in childhood. This measure assesses experiences of abuse and neglect in childhood related to physical, sexual, and emotion abuse, emotional and physical neglect. Participants rated phrases related to their childhood on a 5-point Likert scale. Response options range from “never true” to “very often true.” This scale has five subscales including physical, emotional, and sexual abuse, emotional and physical neglect. The scale has possible scores ranging from 28 to 140. The entire scale has a Cronbach’s alpha of .95, while the subscales have Cronbach’s alphas ranging from .79 to .94 (Bernstein et al., 1994). Burton (2000) found the CTQ to be statistically reliable in his study with Cronbach’s alpha for the subscales to be .81 (physical abuse), .83 (emotional abuse), .82 (sexual abuse), .70 (physical neglect), and .92 (emotional neglect). The CTQ has demonstrated a test-retest reliability ranging from .79 to .86 over an average of four months (Bernstein & Fink, 1998). The CTQ was found to have convergent validity with clinician-rated interviews of childhood abuse victims and their therapist’s ratings of the abuse. Specifically, correlations between an interview based rating of abuse and corresponding CTQ subscales ranged from .42 for the emotional abuse and physical neglect subscales to .58 for the sexual abuse subscale, in a population of adult substance abusers. Similarly, correlations were found between the therapist ratings of abuse and the CTQ subscales, which ranged from .42 for the physical neglect subscale to .72 for the sexual abuse subscale, in a sample of adolescent psychiatric inpatients (Scher, Stein, Asmundson, McCreary, & Forde, 2001).
This study used the subscale of sexual abuse as an index of sexual abuse severity (follow-up analyses examined the relation between the experience of other types of abuse assessed by the CTQ subscales and perpetration of abuse). This scale consists of five items with possible values ranging from 5 to 25. Participants responded to questions such as “Someone tried to make me do sexual things or watch sexual things” and “Someone molested me.” Participants were divided into groups based on their reported severity of abuse and neglect scores. The participants were placed into one of four groups including, none-to-minimal (5), low-to-moderate (6-7), moderate-to-severe (8-12), and severe-to-extreme (13-25). However, the primary study analyses involved treating the scale as a continuous variable. The CTQ can be found in Appendix B. The scale were modified by asking after each of the five items for participants to identify the nature of their relationship with the abuser. (Follow-up analyses examined the relation between the type of relationship that the participant possessed with the abuser and later perpetration of abuse on the part of the participant). The Cronbach’s alpha of this measure in the current study was .69.

Perpetration

The CTQ was modified by adding five more items in which the original five sexual abuse experiences items were revised to assess the extent to which the participant committed these acts against others. The possible range of scores for this subscale was between 5 and 25. Participants answered questions such as “I tried to touch someone in a sexual way” and “I tried to make them touch me.” The Cronbach’s alpha of this measure was .85. These items can be found in Appendix B.
Sexuality Scales

To assess pedophilic interest, the Sexual Conflict, Sexual Repression, and Sexual Impulse scales were completed. The scale consists of 24 questions regarding sexual thoughts and sexual history. The questions were answered based upon a seven-point Likert scale, from “completely true” to “completely false.” Scores may range from 9 to 63 for the Sexual Conflict Scale and Sexual Repression Scale. Additionally, scores for the Sexual Impulse Scale may range from 6 to 42. An example of the Sexual Conflict scale is “Thoughts about sex disturb me more than they should.” A sample question from the Sexual Repression Scale is “I think about sex almost everyday.” Finally, the Sexual Impulse Scale asks participants to respond to questions such as “Sometimes sexual feelings overpower me.” These scales were found to be reliable with Cronbach’s alphas of .78 (Sexual Conflicts Scale), .69 (Sexual Impulse Scale), and .62 (Sexual Repression Scale). Briere and Runtz (1989) found in a sample of university students, that sexual interests were related to sexual violence and dominance over women and negative sexual attitudes. Cronbach’s alphas for these scales were .77 (sexual conflict) .61 (sexual repression), and .81 (sexual impulse). A copy of these scales can be found in Appendix C.

Antisocial Personality Traits

To measure antisocial personality traits the LSRP; Levenson’s Self-Report Psychopathy Scale was used (Levenson, Kiehl, & Fizpartick, 1995). This scale consists of 26 items which were answered on a four point Likert type scale, with responses ranging from “disagree strongly” to “agree strongly.” Participants’ total scores may range from 26 to 104, with the primary psychopathy subscale ranging from 16 to 64 and...
the secondary psychopathy subscale ranging from 10 to 40. In the current study we analyzed the two subscales separately. The primary psychopathy subscale assesses selfishness and lack for the well-being of others. The secondary psychopathy subscale was designed to assess impulsivity and a self-defeating lifestyle. Some examples of questions for the primary psychopathy subscale include, “Success is based on survival of the fittest” and “For me, what’s right is whatever I can get away with.” Examples of the secondary psychopathy subscale include “I find myself in the same kinds of trouble, time after time,” and “I am often bored.” Levenson et al. (1995) found the two subscales to have a Cronbach’s alpha of .82 (primary psychopathy) and .63 (secondary psychopathy). A study by Lynam, Whiteside, and Jones (1999) found LSRP scores to correlate significantly with antisocial behavior (i.e., substance abuse, vandalism, theft, and physically harming others). The study also found LSRP subscale scores to be correlated with the BFI (a measure of the Big Five dimensions of personality) providing validity for the subscales. For example, the secondary psychopathy scale was reported to measure high impulsivity, correlations on the BFI reflect low conscientiousness, low agreeableness, and a high level of negative affect. The study found test-retest reliability of the LSRP to be .83 over a span of eight weeks. The LSRP was found to have convergent validity with the HSRP (a self-report version of the PCL) of .64 for the LSRP and .66 for the primary psychopathy subscale and .42 for the secondary psychopathy subscale. In the current study, the Cronbach’s alpha for these subscales were .77 (primary psychopathy) and .73 (secondary psychopathy). The LSRP can be found in Appendix D.
Borderline Personality Traits

The Schizotypal Traits Questionnaire (STQ) was developed by Claridge and Broks (1984) as a self-report measure of Schizotypal Personality Disorder and Borderline Personality Disorder. The STQ has two subscales: the STA and STB, which measure the two personality disorders mentioned above. This study will only use the STB scale. The STB scale has 18 items consisting of a “yes/no” format, with scores ranging from 0 to 18. Participants responded to questions such as “Do you often feel the impulse to spend money, which you know you can’t afford?” and “Do you hate being alone?” Claridge and Hewitt (1987) found high internal consistencies between the scales, with alpha coefficients of .86 for the STA and .80 for the STB. The STQ has been reported to significantly correlate with an early form of the Eyseneck P scale (Claridge & Broks, 1984), while other studies have found the STQ to have good test-retest validity over a span of four years (Jackson & Claridge, 1991). Jackson and Claridge (1991) found the questionnaire to identify healthy participants from those with a history of a psychotic illness, demonstrating criterion validity of the STQ. Studies by Shankar (1998) found construct and discriminant validity of the STB with clinically diagnosed borderline patients. The Cronbach’s alpha of this measure in the current study was .82. A copy of the STQ can be found in Appendix E.

Social Desirability

In order to assess impression management tendencies, participants completed the Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1988). The BIDR consists of 40 propositions that the respondent rates on a seven-point Likert scale ranging from “not true” (1) to “very true” (7). A unique advantage of the BIDR is that it measures two
constructs: self-deceptive enhancement (e.g., "My first impressions of people usually turn out to be right") and impression management (e.g., "I never cover up my mistakes"). The first 20 items assess self-deceptive enhancement, while the last 20 assess impression management. Each subscale has a possible range from 0 to 20. The BIDR shows good convergent validity with the Marlowe-Crowne scale of social desirability (Paulhus, 1988). The Cronbach’s alphas for this measure were .69 (self-deceptive enhancement) and .77 (impression management). A copy of the BIDR can be found in Appendix F.

Proceeds

A total of 122 women who were convicted of a crime sexual in nature were given a pass to report to a room within the Ohio Reformatory for Women at a pre-designated time. Participants were run in maximum groups of 25 throughout the day with 64 out of 122 agreeing to participate. Marysville prison staff constructed a randomized list of 150 inmates for the control group. Inmates were taken off the list if they were in solitary confinement or enrolled in the Residential Treatment Unit. Passes were given to 143 inmates, and 88 agreed to participate. The maximum group size was 25. Participants completed measures of severity and nature of childhood sexual abuse, sexual offenses committed against others, and antisocial and borderline personality traits. Additionally, measures of social desirability, sexual repression, sexual conflict, and sexual impulsiveness were administered.

Participation was voluntary, and it was emphasized that participation would in no way affect their opportunity for parole. At the onset of the study, the participants were asked to sign an informed consent (see Appendix G). To ensure comprehension, the informed consent was read to the participants, and they were given an opportunity to ask
questions. The demographic measures were coded with numbers to link them with the questionnaires but were administered separately to ensure the confidentiality of the participants. The questionnaires were randomized according to the Latin Square Design. The standard order was the demographics sheet first followed by the CTQ, LSRP, STQ, BIDR, and Sexuality Scales. At the end of the study, the participants were thanked for their participation and given the names of people to contact should they have concerns about the study and references should they be interested in learning more about the topic (Appendix H). The participants were instructed that due to the nature and sensitivity of the material, they were free to not answer questions that they did not want to answer, and they were reassured that they were able to discontinue at any time. If a participant became distressed, they were advised to talk with Dr. Dappar, staff psychologist.
CHAPTER III
RESULTS

The results of the study will be presented by first describing the preliminary analyses followed by the primary analyses, and finally the follow-up analyses. The study included two groups (i.e., sexual offender group and comparison group) the two groups were pooled together for the analyses, with sexual perpetration treated as a continuous variable.

Preliminary Analyses

Table 2 summarizes the means, standard deviations, and ranges of the continuous variables for this study. Preliminary analyses were conducted to examine the relationships between criterion variables (i.e., perpetration of abuse, sexual repression, sexual conflict, and sexual impulsivity) and demographic variables. Zero-order correlations were conducted for continuous variables. See Table 3 for the results of these analyses. Results of these analyses indicated that age ($r = .17, p < .05$) was positively related with sexual impulsivity. In addition, results indicated that sexual repression was negatively related to self-deceptive enhancement ($r = -.26, p < .01$). Number of prior convictions, number of current convictions, and educational level were not significantly related to perpetration or perpetration risk factors. Participant’s age was statistically
Table 2

Descriptive Statistics for Continuous Study Measures

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
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<td></td>
<td></td>
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<tr>
<td>Age</td>
<td>35.84</td>
<td>8.88</td>
<td>19-56</td>
</tr>
<tr>
<td>Education</td>
<td>9.77</td>
<td>4.55</td>
<td>1-20</td>
</tr>
<tr>
<td>Number of Convictions of Crime</td>
<td>1.54</td>
<td>1.39</td>
<td>1-11</td>
</tr>
<tr>
<td>Number of Prior Convictions</td>
<td>1.35</td>
<td>7.79</td>
<td>0-90</td>
</tr>
<tr>
<td>Time in Prison in Years</td>
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<td>4.48</td>
<td>.1-20</td>
</tr>
<tr>
<td>Predictor</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>14.05</td>
<td>7.74</td>
<td>5-25</td>
</tr>
<tr>
<td>Criterion</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Perpetration</td>
<td>7.08</td>
<td>4.09</td>
<td>5-25</td>
</tr>
<tr>
<td>Sexual Conflict</td>
<td>43.43</td>
<td>11.83</td>
<td>15-63</td>
</tr>
<tr>
<td>Sexual Repression</td>
<td>36.92</td>
<td>10.18</td>
<td>17-63</td>
</tr>
<tr>
<td>Sexual Impulsivity</td>
<td>36.39</td>
<td>6.72</td>
<td>6-42</td>
</tr>
<tr>
<td>Mediators</td>
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<td></td>
<td></td>
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<td>7.00</td>
<td>16-52</td>
</tr>
<tr>
<td>Secondary Psychopathy</td>
<td>24.44</td>
<td>5.90</td>
<td>12-40</td>
</tr>
<tr>
<td>Borderline Tendencies</td>
<td>7.01</td>
<td>4.40</td>
<td>0-17</td>
</tr>
<tr>
<td>Social Desirability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-deceptive Enhancement</td>
<td>7.53</td>
<td>4.93</td>
<td>0-19</td>
</tr>
<tr>
<td>Impression Management</td>
<td>9.68</td>
<td>5.00</td>
<td>0-20</td>
</tr>
</tbody>
</table>
Table 3

Zero-Order Correlations Between Continuous Demographic Variables and Perpetration and Sexuality Scales

<table>
<thead>
<tr>
<th>Variable</th>
<th>Perpetration</th>
<th>Sexual Conflict</th>
<th>Sexual Repression</th>
<th>Sexual Impulsivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.07</td>
<td>.02</td>
<td>-.16</td>
<td>.17*</td>
</tr>
<tr>
<td>Education</td>
<td>-.08</td>
<td>-.02</td>
<td>.14</td>
<td>.11</td>
</tr>
<tr>
<td>Current Conv.</td>
<td>-.02</td>
<td>.07</td>
<td>-.11</td>
<td>.16</td>
</tr>
<tr>
<td>Prior Conv.</td>
<td>.06</td>
<td>.02</td>
<td>.04</td>
<td>.01</td>
</tr>
<tr>
<td>Self-deceptive Enhan.</td>
<td>.08</td>
<td>.05</td>
<td>-.26**</td>
<td>.02</td>
</tr>
<tr>
<td>Impression Management</td>
<td>.10</td>
<td>.04</td>
<td>-.07</td>
<td>-.04</td>
</tr>
</tbody>
</table>

*p<.05  **p<.01
controlled for in any analyses involving sexual impulsivity and self-deceptive enhancement was controlled for in any analyses involving sexual repression.

Nominal level demographics (i.e., group, participant’s ethnicity, marital status, current type of conviction per self-report, current type of conviction per sexual abuse database available on Internet, and type of prior offenses) and perpetration were analyzed using one-way Analyses of Variance. Results revealed significant differences between participants’ ethnicity in sexual repression ($F(4,141) = 2.60, p < .05$). Scheffe post hoc tests indicated that participants who reported that they were African American were more likely to be sexually repressed ($M = 38.36, SD = 10.26$) than participants who endorsed the “other” ethnicity category ($M = 30.35, SD = 10.45$).

Results revealed significant differences between participants with different types of convictions in perpetration of abuse, per the internet database ($F(9,132) = 4.66, p < .01$). Scheffe post hoc tests revealed that participants who were convicted of violent crime not murder ($M = 5.89, SD = 1.85$), murder ($M = 5.25, SD = 0.55$), and theft ($M = 5.00, SD = 0.00$) were less likely to report a perpetration of abuse than those who were convicted of a sexual offense with contact ($M = 9.62, SD = 5.28$). In addition, significant differences between the participant’s report of their current type of conviction in perpetration of abuse ($F(10,127) = 3.77, p < .01$). Scheffe post hoc tests suggested that participants who reported that they were convicted of sexual crime with contact ($M = 9.58$) were more likely to report a history of perpetration of abuse of others than participants who reported violent crime not murder ($M = 5.79, SD = 5.31$), theft ($M = 5.25, SD = 1.00$), or murder ($M = 5.21, SD = 0.54$). These analyses support the construct validity of the measure of perpetration used in this study. No other significant
differences were found between perpetration and the categorical demographic variables (i.e., participant’s ethnicity, marital status, and prior offenses).

In order to lend further support for the construct validity of our continuous criterion variables, using one-way Analyses of Variance, the relationship between a participant’s group (i.e., offender or non-offender) and the other outcome variables (i.e., sexual conflict, sexual repression, and sexual impulsivity) were analyzed. Results indicated significant differences between a participant’s group (i.e., offender or non-offender) in the Sexuality Scales including sexual conflict ($F(1,144) = 4.67, p < .05$) and sexual repression ($F(1,144) = 8.90, p < .01$). Group means suggested that participants in the offender group were less sexually conflicted than those in the non-offender group ($M = 40.97, SD = 12.64$ and $M = 45.20, SD = 10.95$) and participants in the offender group were less likely to be sexually repressed than those in the non-offender group ($M = 34.03, SD = 9.93$ and $M = 38.99, SD = 9.90$). In addition, results indicated significant differences between a participant’s group (i.e., offender or non-offender) in perpetration of sexual abuse ($F(1,140) = 35.70, p < .01$) such that participants in the offender group were more likely to have perpetrated sexual abuse than those who were not in the offender group ($M = 9.25, SD = 5.35$ and $M = 5.53, SD = 1.62$). Again, these analyses support the construct validity of the measure of perpetration used in this study.

Finally, zero-order correlations were calculated between perpetration of sexual abuse and the other three indices of sexual dysfunction (i.e., sexual impulsivity, sexual conflict, and sexual repression). Results indicated that perpetration of abuse was negatively correlated with sexual conflict suggesting that a participant who perpetrated sexual abuse against a child was significantly less likely to be sexually conflicted ($r = -.21, p < .05$).
No significant differences were found between perpetration of abuse and sexual repression or sexual impulsivity.

**Primary Analyses**

Zero-order correlations were calculated between the predictor (i.e., experience of sexual abuse) criterion (perpetration of abuse) and the mediators (borderline tendencies and primary and secondary psychopathy). Table 4 summarizes the results of these analyses. Consistent with hypothesis 1, the experience of sexual abuse was significantly positively correlated with the perpetration of abuse ($r = .27, p < .01$). Further, the experience of sexual abuse was significantly positively associated with secondary psychopathy ($r = .17, p < .05$) and with borderline tendencies ($r = .37, p < .01$). Contrary to hypothesis 2, none of the personality pathology variables were significantly correlated with perpetration.

Although the second condition of mediation (i.e., hypothesis 2) was not satisfied, a two-step hierarchical multiple regression was conducted to test the hypothesis that borderline and antisocial personality tendencies mediated the relationship between child sexual abuse and perpetration of abuse (see Table 5 for these results). This was done, in part, to determine whether personality pathology as a block predicted perpetration. The first step of the equation consisted of the mediators (borderline and primary and secondary psychopathy) and the second step consisted of the experience of child sexual abuse. Support for our hypothesis would be indicated by a non-significant $R^2$ change value on the second step. Contrary to expectations, the first step of the equation was not significant ($R = .15, p < .05$), and the $R^2$ change value of the second step was significant ($R^2 \Delta = .07, p < .00$). Thus, hypothesis 3 was not supported.
Table 4

Zero-Order Correlations Between Experience of Sexual Abuse, Borderline Tendencies, Primary and Secondary Psychopathy, and Perpetration of Abuse

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetration</td>
<td>--</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>.27**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Psy.</td>
<td>.14</td>
<td>-.04</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary Psy.</td>
<td>.09</td>
<td>.17*</td>
<td>.43**</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Borderline Pd.</td>
<td>.15</td>
<td>.37**</td>
<td>.31**</td>
<td>.67**</td>
<td>--</td>
</tr>
</tbody>
</table>

*p<.05   **p<.01
Table 5
Hierarchical Multiple Regression Analyses Predicting Perpetration of Abuse From Self-Report of Child Sexual Abuse and Antisocial and Borderline Traits

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>R^2 Δ</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Psychopathy</td>
<td>.11</td>
<td>1.20</td>
<td>.23</td>
<td>.02</td>
<td>.37</td>
</tr>
<tr>
<td>Secondary Psychopathy</td>
<td>-.05</td>
<td>-.40</td>
<td>.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borderline Tendencies</td>
<td>.11</td>
<td>1.0</td>
<td>.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>.29</td>
<td>3.21</td>
<td>.00</td>
<td>.07</td>
<td>.00</td>
</tr>
</tbody>
</table>

*Note.* R^2 = .02 for step 1; R^2 = .09 for step 2.
A discriminant function analysis was conducted using group (i.e., offender vs. non-offender) as the criterion variable and sexual abuse, borderline tendencies, and primary and secondary psychopathy as the predictor variables. The results revealed that participants in the sexual offender group were more likely to report a history of sexual abuse \( (F(1,138) = 9.63, p<.01; M = 16.39, SD = 7.08) \) than participants in the non-offender group \( (M = 12.36, SD = 7.84) \). Overall, the two groups (i.e., offender and non-offender) were classified correctly 63.1% of the time; with non-offenders correctly classified 67.5% and participants in the offender group were classified correctly 56.9% of the time.

**Follow-Up Analyses**

Follow-up analyses were conducted to examine other possible predictors of perpetration of abuse. Thus, a multiple regression analysis with the experience of sexual abuse in the first step and length of abuse in the second step was conducted with perpetration as the criterion variable (see Table 6 for the results). The results indicated that length of abuse predicted perpetration beyond sexual abuse \( (R^2 \Delta = .25, p<.001) \). A one-way Analysis of Variance was also conducted with the relationship between the participant and the abuser as the independent variable and perpetration as the dependent variable. No significant differences were found \( (F(2,70) = .87, p < .42) \).

Other types of child abuse (i.e., physical abuse, physical neglect, emotional abuse, and emotional neglect) were examined to determine their relationship to perpetration of abuse (see Table 7 for these results). Results indicated that the four non-sexual types of abuse were not correlated with perpetration.
Hierarchical Multiple Regression Analyses Predicting Perpetration of Abuse from Self-Report of Child Sexual Abuse and Length of Abuse

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
<th>$R^2 \Delta$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>-.08</td>
<td>2.09</td>
<td>.04</td>
<td>.01</td>
<td>.64</td>
</tr>
<tr>
<td>Step 2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Abuse</td>
<td>.55</td>
<td>3.52</td>
<td>.00</td>
<td>.25</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. $R^2 = .01$ for step 1; $R^2 = .26$ for step 2.
Table 7

Zero-Order Correlations between Physical Abuse, Physical Neglect, Emotional Abuse, Emotional Neglect and Perpetration and Experience of Sexual Abuse

<table>
<thead>
<tr>
<th>Variable</th>
<th>Physical Abuse</th>
<th>Physical Neglect</th>
<th>Emotional Abuse</th>
<th>Emotional Neglect</th>
</tr>
</thead>
<tbody>
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<td>Sexual Abuse</td>
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<td>.54**</td>
<td>.49**</td>
</tr>
<tr>
<td>Perpetration</td>
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<td>.01</td>
<td>.16</td>
<td>.11</td>
</tr>
</tbody>
</table>

**p<.01
CHAPTER IV
DISCUSSION

Using a sample of female sex offenders, the current study sought to increase our understanding of the relationship between a history of child sexual abuse, personality pathology, and the perpetration of sexual abuse against others. Although previous studies have examined sexual abuse histories and personality pathology of female sex offenders (Cohen, Brown, & Smailes, 2001; Horwitz, Widom, McLaughlin, & White, 2001; Western, Ludolph, Misle, Ruffins, & Block, 1990) this research is somewhat limited by small sample sizes and the reliance upon qualitative methods. Further, to our knowledge no research has explored the possibility that personality pathology may serve as a mediator of the relationship between a history of child sexual abuse and the perpetration of abuse. Unfortunately, we did not find complete support for our hypotheses in that the personality disorders did not predict perpetration of abuse. Using both objective and subjective indices of sexual abuse perpetration, we did find that childhood abuse predicted perpetration of sexual abuse. The remainder of the discussion section will address the implications of the current findings as well as limitations and suggestions for future research.
Predictors of Sexual Abuse Perpetration

Hypothesis 1

One of the central results in the current study was that we replicated the observed relationship between child sexual abuse and perpetration of abuse with a large sample and quantitative measures. This is notable in that, because of the relatively low base rate of sexual abuse perpetration by women, few studies to date have been able to obtain such a large sample of female sexual offenders. Further, the methodology of previous studies has been largely either indirect or qualitative in nature; using chart reviews, criminal records, and interviews as means of obtaining data (Higgs & Canavan, et al., 1992; Fehrenbach & Monastersky, 1988; Lewis & Stanley, 2000). Thus, the relative lack of research in this area has precluded making strong claims about the relationship between child sexual abuse histories and sexual abuse perpetration in women. It has been assumed that the research linking these two variables in men (Aromaki et al., 2002; Ford & Linney, 1995; Hummel et al., 2000; Rudin et al., 1995; Weeks & Widom, 1998) applies to women as well. However, in order to avoid andocentric biases in this area of research, more effort is needed to directly test these assumptions on women.

Other Analyses

Another interesting finding from the current study is that length of abuse appeared to be a much stronger predictor of perpetration than the experience of abuse alone. This is consistent with past research on the length of abuse and negative mental health outcomes (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Wyatt & Newcomb, 1990). For instance, Wyatt and Newcomb (1990) examined circumstances of the abuse (i.e., age of
last abuse, duration of abuse, proximity of abuse, severity of abuse, psychological coercion, abuse by teenage perpetrator) and negative effects of abuse. They found that the duration and severity of abuse were strong predictors of a number of indices of negative adult functioning. Based on this type of research and on the current findings, it is imperative that clinicians and other mental health workers are aware of the effects of enduring childhood sexual abuse. Thus, in the service of catching the problem early, clinicians need to continue to enquire about abuse when working with children as well as work with the proper authorities to ensure a safe environment for the children if the child is experiencing abuse. In addition, this research implies that early-intervention programs could potentially decrease the likelihood of sexual abuse victims growing up to be sex offenders by teaching them ways to identify safe adults to turn to should the abuse re-ensue. Prevention efforts in the schools that educate at-risk children about the difference between positive and negative physical contact could be helpful as well.

Consistent with past research, the results indicated that the experience of child sexual abuse was related to personality disorders. Many researchers have found that child sexual abuse has been related to a broad spectrum of adult pathology (Cooper, Murphy, & Haynes, 1996; Timmerman & Emmelkamp, 2001; Wonderlich et al., 2001; Trull, 2001). For instance, Trull (2001) found that childhood abuse was significantly related to features of Borderline Personality Disorder. Wonderlich et.al. (2001) found that traumatic experiences (i.e., childhood sexual abuse) had pervasive effects on personality functioning with higher elevations on constructs such as, cognitive dysregulation, identity problems, affective lability, social avoidance, and self-destructive behavior which are characteristic of Borderline Personality Disorder compared to controls. Luntz and
Widom (1993) followed a large cohort of children for twenty years. The sample consisted of abused and neglected children matched with those who were not abused. Of the children who were abused, 13.5% were diagnosed with Antisocial Personality Disorder, and 7.1% of the comparison participants were diagnosed with Antisocial Personality Disorder.

Hypothesis 2

An interesting lack of an effect in the current study was that personality disorder tendencies did not seem to distinguish between sexual and non-sexual offenders. This may in part, reflect a ceiling effect in that criminal behavior in females that may in general be governed to some extent by borderline and antisocial personality tendencies. Higher prevalence rates of Antisocial Personality Disorder and Borderline Personality Disorder in the prison system may have decreased the probability of finding significant differences between the two groups. The use of a different comparison group may have yielded a stronger relationship between personality disorder tendencies and perpetration of sexual abuse.

Limitations and Directions for Future Research

The methods used in current study pose some problems that could be addressed further in future research. For instance, limiting our sample to a prison population may have presented certain difficulties. First, the reading comprehension of the participants may have caused problems with understanding the items presented in the questionnaires. Some of the questionnaires were not completed, and many participants asked questions during the testing about words and their meanings. To control for this limitation, one
possible suggestion is to create questionnaires that would adequately reflect the reading level of the participants. Alternatively, a brief, group-administered reading test could be given in advance to be used as a control variable or to screen out participants with severe reading impairments. Finally, the items could be audio-taped to circumvent the problems with reading comprehension. Another potential difficulty with using this sample is that the results may not be generalizeable to all female sexual offenders. For instance, female sexual offenders in prison who have been arrested may have failed to escape detection from the criminal justice system because their crimes were especially severe or of long duration. Therefore, one might expect more severe problems with personality pathology and a history of sexual abuse as well.

Another concern is the extent to which the participants responded in a veridical fashion to study questionnaires. The data was collected in a mass testing fashion, which may have led some participants to feel an inadvertent pressure to complete the study. While it was conveyed to the participants that completing this study would have no impact on their parole and that they would not be compensated for their participation, some women may not have answered the questionnaires honestly. Concerns with socially desirable response sets could be especially serious in studies such as ours that asks participants to answer questions that are potentially extremely painful or embarrassing. However, the fact that the self-report perpetration measure used in our study appeared to be related to more objective indices of perpetration (such as membership in the sexual offenders program and official prison documents summarizing the nature of the participant’s current conviction) suggests that participants generally did not minimize their reports of the crimes they committed.
One key question that remains is whether complex PTSD mediates the relationship between early childhood sexual abuse and perpetration of sexual abuse. Some researchers (Hall, 1999; McLean & Gallop, 2003; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997) speculate that trauma that occurs early in life, as is the case with child sexual abuse, may give rise to both Axis I PTSD and Dissociative Identity Disorder symptoms as well as Axis II symptoms of Borderline Personality Disorder. In the current study, we argued that the antisocial and borderline personality disorder tendencies often seen in sexual abuse victims could serve as risk factors for perpetrating these crimes themselves in adulthood. However, we neglected to include in our theorizing the possibility that other trauma sequelae such as identity disorder or PTSD symptoms could also pose a risk for re-enacting the abuse onto innocent victims later in life. One could easily see how this might be the case in that identity disturbances may stimulate a person to engage in acts outside of the realm of normal behavior with little insight into the consequences of their actions. Additionally, PTSD symptoms such as numbing could serve to block a person’s normal capacity to empathize with the pain they might inflict on others. The primary reason why we did not directly assess the possible mediating effects of complex PTSD is because to our knowledge, a self-report index of complex-PTSD has yet to be developed. However, this question could be examined through the use of archival data or a structured diagnostic interview. Alternatively, separate self-report measures could be used for each of the individual components of complex-PTSD (i.e., Dissociative, Identity Disorder, Borderline Personality Disorder, etc.)

In conclusion, this study replicated previous research regarding the history of child sexual abuse and the perpetration of abuse. While this finding builds upon existing
research in this field, future research should continue to elucidate the mechanism for the relationship between child sexual abuse and perpetration of sexual abuse among women. Research could also examine moderators of this relationship. Such moderators may include social support, coping skills, and involvement in early-intervention programs. Results also indicated that the length of abuse was a significant predictor of perpetration of sexual abuse. This suggests that more attention should be paid to this variable in future sexual abuse perpetration research. In terms of public policy decisions, this finding signals the importance of early intervention programs in the service of preventing women from reliving their abuse through other innocent victims. Empirical research should also attend to possible differences between a prison sample and other samples (i.e., psychiatric populations and general population).
APPENDIX A

DEMOGRAPHICS
APPENDIX A

Demographics

1. What is your age?
   ____________

2. How many years of school did you attend? (Circle highest level completed)
   Middle School  High School  Vocational School
   6  7  8  9  10  11  12  GED  1  2  3
   College  Postgraduate years
   1  2  3  4  5  1  2  3  4

4. What is your race or ethnic group? (Circle a number)
   1. Caucasian/White
   2. Hispanic
   3. African-American/Black
   4. Asian-American
   5. Other ____________

5. What is your marital status?
   1. Single/Never Married
   2. Married
   3. Divorced or Separated
   4. Widowed

6. What type(s) of offense(s) were you currently convicted of?
   __________________________________________
   __________________________________________

7. a. How many prior convictions have you had?
   _______
   b. What were the prior offenses?
   __________________________________________
   __________________________________________

8. How long have you been in prison?
   _______

9. How much time do you have left to serve on your sentence? _______
APPENDIX B

CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ) MODIFIED
APPENDIX B

Childhood Trauma Questionnaire

Please respond to the following questions using the scale below:
1= Never True
2= Rarely True
3= Sometimes True
4= Often True
5= Very often True

S indicates the sexual abuse subscale.
When I was growing up...

_____ 1. I didn’t have enough to eat.
_____ 2. I knew that there was someone to take care of me and protect me.
_____ 3. People in my family called me things like “stupid,” “lazy,” or “ugly.”
_____ 4. My parents were too drunk or high to take care of the family.
_____ 5. There was someone in my family who helped me feel that I was important or special.
_____ 6. I had to wear dirty clothes.
_____ 7. I felt loved.
_____ 8. I thought that my parents wished I had never been born.
_____ 9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.
_____ 10. There was nothing I wanted to change about my family.
_____ 11. People in my family hit me so hard that it left me with bruises or marks.
_____ 12. I was punished with a belt, a board, a cord, or some other hard object.
_____ 13. People in my family looked out for each other.
_____ 14. People in my family said hurtful or insulting things to me.
_____ 15. I believe that I was physically abused.
_____ 16. I had the perfect childhood.
_____ 17. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.
_____ 18. I felt that someone in my family hated me.
_____ 19. People in my family felt close to each other.
APPENDIX C
SEXUALITY SCALES
Sexual Impulses

19. Sometimes sexual feelings overpower me.
20. When I get excited, I can think of nothing else but satisfaction.
21. At times I have been afraid of myself for what I might do sexually.
22. Sex thoughts almost drive me crazy.
23. Sometimes it has been a problem to control my sex feelings.
24. I am afraid that I need to be institutionalized for protection against my own sexual impulses.

RS Items scored in reverse
APPENDIX D

LEVENSON’S SELF-REPORT PSYCHOPATHY SCALE (LSRP)
APPENDIX D

Levenson’s Self-Report Psychopathy Scale (LSRP)

Directions: Please answer the following questions using the scale below:
1= Disagree strongly
2= Disagree somewhat
3= Agree somewhat
4= Agree strongly

Primary Psychopathy
1. Success is based on survival of the fittest; I am not concerned about the losers.
2. For me, what’s right is whatever I can get away with.
3. In today’s world, I feel justified in doing anything I can get away with to succeed.
4. My main purpose in life is getting as many goodies as I can.
5. Making a lot of money is my most important goal.
6. I let others worry about higher values; my main concern is with the bottom line.
7. People who are stupid enough to get ripped off usually deserve it.
8. Looking out for myself is my top priority.
9. I tell other people what they want to hear so that they will do what I want them to do.
RS 10. I would be upset if my success came at someone else’s expense.
11. I often admire a really clever scam.
RS 12. I make a point of trying not to hurt others in pursuit of my goals.
13. I enjoy manipulating other people’s feelings.
RS 14. I feel bad if my words or actions cause someone else to feel emotional pain.
RS 15. Even if I were trying very hard to sell something, I wouldn’t lie about it.
RS 16. Cheating is not justified because it is unfair to others.

Secondary Psychopathy
1. I find myself in the same kinds of trouble, time after time.
2. I am often bored.
RS 3. I find that I am able to pursue one goal for a long time.
4. I don’t plan anything very far in advance.
5. I quickly lose interest in tasks I start.
6. Most of my problems are due to the fact that other people just don’t understand me.
RS 7. Before I do anything, I carefully consider the possible consequences.
8. I have been in a lot of shouting matches with other people.
9. When I get frustrated, I often “let off steam” by blowing my top.
10. Love is overrated.

RS denotes reverse score items
APPENDIX E

STQ
APPENDIX E

THE STQ (STB scale)

Please respond to the following questions below with YES or NO.

____1. Do you often feel the impulse to spend money which you know you can’t afford?
____2. Do you often change between intense liking and disliking of the same person?
____3. Do you frequently have difficulty in starting to do things?
____4. Do you hate being alone?
____5. Do you often experience an overwhelming sense of emptiness?
____6. Do you at times have an urge to do something harmful or shocking?
____7. Do you at times have fits of laughing or crying that you can’t control?
____8. Do you often have periods of such great restlessness that you aren’t able to sit still for more than a very short time?
____9. Do you frequently gamble money?
____10. Does life seem entirely hopeless?
____11. Do you often have the urge to hit someone?
____12. Have you ever felt the urge to injure yourself?
____13. Do you often overindulge in alcohol or food?
____14. Do you often feel like doing the opposite of what other people suggest, even though you know they are right?
____15. Do you often feel that there is no purpose of life?
____16. Do you ever have the urge to break or smash things?
____17. Do you ever have suicidal thoughts?
____18. Are your thoughts about sex often odd or bizarre?
APPENDIX F

BALANCED INVENTORY OF DESIRABLE RESPONDING
APPENDIX F

Balanced Inventory of Desirable Responding

Directions: Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1---------2---------3---------4---------5---------6---------7
NOT TRUE           SOMEWHAT TRUE          VERY TRUE

SDE
__ 1. My first impressions of people usually turn out to be true.  
RS__ 2. It would be hard for me to break any of my bad habits.  
__ 3. I don’t care to know what other people really think of me.  
RS__ 4. I have not always been honest with myself.  
__ 5. I always know why I like things.  
RS__ 6. When my emotions are aroused, it biases my thinking.  
__ 7. Once I’ve made up my mind, other people can seldom change my opinion.  
RS__ 8. I am not a safe driver when I exceed the speed limit.  
__ 9. I am fully in control of my own fate.  
RS__ 10. It’s hard for me to shut off disturbing thoughts.  
__ 11. I never regret my decisions.  
RS__ 12. I sometimes lose out on things because I can’t make up my mind soon enough.  
__ 13. The reason I vote is because my vote can make a difference.  
RS__ 14. My parents were not always fair when they punished me.  
__ 15. I am a completely rational person.  
RS__ 16. I rarely appreciate a criticism.
17. I am very confident of my judgments.

RS 18. I have sometimes doubted by ability as a lover.

19. It's all right with me if some people happen to dislike me.

RS 20. I don't always know the reasons why I do the things I do.

1------------2------------3------------4------------5------------6------------7
NOT TRUE          SOMEWHAT       VERY TRUE
TRUE

IM

RS 21. I sometimes tell lies if I have to.

22. I never cover up my mistakes.

RS 23. There have been occasions when I have taken advantage of someone.

24. I never swear.

RS 25. I sometimes try to get even rather that forgive and forget.

26. I always obey the laws, even if I'm unlikely to get caught.

RS 27. I have said something bad about a friend behind his or her back.

28. When I hear people talking privately, I avoid listening.

RS 29. I have received too much change from a salesperson without telling him or her.

30. I always declare everything at customs.

RS 31. When I was young, I sometimes stole things.

32. I have never dropped litter on the street.

RS 33. I sometimes drive faster than the speed limit.

34. I never read sexy books or magazines.

RS 35. I have done things that I don’t tell other people about.

36. I have never taken things that don’t belong to me.

RS 37. I have taken sick-leave from work or school even though I wasn’t really sick.

38. I have never damaged a library book or store merchandise without reporting it.

RS 39. I have some pretty awful habits.

40. I don’t gossip about other people’s business.
APPENDIX G

INFORMED CONSENT
APPENDIX G

Informed Consent To Participate In A Research Project

**Project Title:** The Relationship Between a History of Sexual Abuse, Personality Pathology, and Female Sexual Abuse Perpetration

**Principle Investigators:** Dr. Catherine Lutz and Kelly A. Christopher

**Description of the Study:** Participants are asked to participate in a research project that will ask about their history of sexual abuse as a child, their personality, and their history of sexual abuse against others. This study requires that participants complete a series of questionnaires that are designed to gain information on participant’s sexual abuse history, measures of certain aspects of personality, and information on their acts of sexual abuse against others.

The study is designed to look at the relationship between early sexual abuse, certain personality types, and sexual abuse of others. Researchers have found that women who sexually offend against others are more likely to have a traumatic history of severe sexual abuse (Robinson, 1998). Researchers have also found that certain personality characteristics may be related to sexual abuse, such as being prone to feeling extreme emotions and being focused on themselves more than others (Green & Kaplan, 1994). In this study, we will attempt to explore some of the possible reasons for sexual abuse behavior. We think that a history of sexual abuse will be related to certain personality characteristics, as well as sexual behavior as an adult.

This study has benefits to those that are participating in the study. By participating, the surveys help the participants to examine their life histories and to evaluate how their past has influenced their future. The study will aid therapists and counselors who work with victims of sexual abuse, by helping them to examine how they think and feel about the past, as well as how they think, feel, and relate to other people. It is important to understand that it is not uncommon for participants to feel emotional discomfort after completing this study due to the sensitive nature of the questions that were asked. If you are feeling stressed or upset by the questions or your responses, we strongly encourage you to consult Dr. Dappar, staff psychologist. She will then contact Dr. Lutz for additional clarification if needed.

**Adverse Effects and Risks:** Due to the sensitive nature of the topics discussed in the questionnaires, it is possible for participants to have some feelings of discomfort. In the event that participants experience distress after completing these questionnaires, they will be advised to consult Dr. Dappar, staff psychologist.
Duration of Study: This study will last approximately 30 minutes.

Confidentiality of Data: Participants' names will not be tied to any of their responses. To further ensure confidentiality, their questionnaire packet will be stored in a locked file cabinet. No one will have access to the participants' responses aside from the two researchers listed above. That is, prison staff, guards, parole officers, therapists, and lawyers will not have access to the participants' responses to these questionnaires.

Contact Person: If the participants have any questions about the study, they are advised to contact Dr. Dappar, who will then contact Dr. Lutz for extra clarification if needed.

Voluntary Consent: Participating in this study is completely voluntary. By participating, it will not speed up or delay participant’s parole or prison sentence in any way. Should the participant agree to participate in this study, she is free to terminate her participation at anytime without fear of any negative results.

Consent to Participate: I have voluntarily decided to participate in this study, with the knowledge that participation in this study will not affect my parole nor will I be paid or compensated for this study in any way. The graduate student has adequately answered all of my questions concerning the study, the procedures, and my participation in this study. I understand that I can terminate participation in this study at any time and for any reason without any negative results.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>Participant’s Name (Printed)</th>
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Signature of Witness

Date
APPENDIX H

IMPORTANT NAMES
APPENDIX H

Important Names

If you have any questions or if you are feeling emotional discomfort regarding this study “The Relationship Between a History of Sexual Abuse, Personality Pathology, and Female Sexual Abuse Perpetration” please contact Dr. Dappar, staff psychologist. She will then contact Dr. Lutz for additional clarification if needed.

References


