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CLINICAL TYPOLOGIES OF YOUTHFUL MALE SEX OFFENDERS DERIVED FROM THE SEX-OFFENDER CHARACTERISTIC INVENTORY-MALE VERSION (SOCI-M)

by

Susan L. Ericksen

A thesis submitted in partial fulfillment
of the requirements for the degree
of
MASTER OF SCIENCE
in
Family & Human Development

Approved:

UTAH STATE UNIVERSITY
Logan, UT

1995

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ABSTRACT

Clinical Typologies of Youthful Male Sex Offenders
Derived from the Sex-Offender Characteristic
Inventory-Male Version (SOCI-M)

by

Susan L. Ericksen, Master of Science
Utah State University, 1995

Major Professor: Dr. D. Kim Openshaw
Department: Family and Human Development

The Sex-Offender Characteristic Inventory-Male Version (SOCI-M) was filled out by a national sample of 78 clinicians experienced in the treatment of youthful sex offenders. Using factor analysis, clinician perceptions of the biopsychosocial characteristics related to normal, conduct-disordered, and sex-offending youth were determined.

All of the variables in the categories considered in this study factored into at least three distinct normal, conduct-disordered, and sex-offender youthful factors, with sex-offender variables loading onto more than one sex-offender factor in some categories. The normal youth factors accounted for the greatest variability in the Learning Disabled, Tourette's Syndrome, Borderline Traits, Histrionic Traits, DSM III-R Diagnosis, Problematic Relationships, Physical Illness/Injury, General Affect/Mood, and General Cognitive categories. The conduct-disordered

youth factors accounted for the greatest variability in the Attention Deficit Hyperactive Disorder, Reactive Attachment Traits, and Antisocial Trait categories. Overall, the three groups tended to be more similar than different.

Although the sex-offender variables accounted for the least amount of variability, they loaded onto specific sex-offender-related factors in some categories and were distinct from the normal factors, conduct-disordered factors, and other sex-offender factors. This included the Antisocial Trait variables, which loaded onto four types of sex-offender factors; the Physical Illness/Injury variables, which loaded onto two sex-offender factors; and the General Affect/Mood and General Cognitive variables, which both loaded onto two sex-offender factors. The distinct sex-offending factors may be indicative of different types of sex offenders.

Discriminant analysis was unsuccessful in classifying pedophilic and mixed-offender groups based on the resulting biopsychosocial factors.

(97 pages)

ACKNOWLEDGMENTS

This project could not have been accomplished without a great deal of mentoring and support. To my greatest mentor and special friend, D. Kim Openshaw, I offer my heart-felt gratitude. You encouraged me to dream, and then helped me make my dreams become realities.

To Randy Jones, I thank you for the time spent helping me wade through pages of data trying to make sense of it all. You patiently pushed me, but not over the edge. To Tom Lee, thank you for being a great example of "going with the flow" of life. To Roxanne Pfister, thanks for fitting me into your busy schedule whenever I needed help.

To Melissa Vogel and Ashlee Timothy, I offer my sincerest thanks for being there when I needed encouragement on a day-to-day basis. Your support has kept me going when the going got toughest.

Most of all, I wish to thank my family. Without you I could never have accomplished this project. Stephen, I could never have made it through my data entry and analysis without your expert help on my computer. Sharolyn, thanks for being there for me when I needed some extra encouragement. Kirk, thanks for patiently understanding and keeping me company while I worked. And Leo, thanks for your encouragement and resources, and especially for being patient and proud of me while I discovered my capabilities.

Susan L. Ericksen

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CHAPTER 1

PROBLEM DEVELOPMENT

Introduction

Childhood sexual abuse results in vast losses to society through the devastation it creates in the lives of both victims and perpetrators. Since abuse is most likely to occur during prepubertal ages (Gomez-Schwartz, Horowitz, & Cardarelli, 1988), an interference with normal developmental tasks may lead to consequences such as the inability to trust others or form close relationships, feelings of low self-esteem, depression, fear, eating disorders, sexual dysfunctions, and behavior disorders (Alter-Reid, Gibbs, Lachenmeyer, Sigal, & Massoth, 1986; Hambidge, 1988; Jehu, 1988; Runtz & Briere, 1986). Furthermore, studies showing a significantly higher prevalence of sexual abuse in the lives of offenders when compared with nonoffender groups (Jehu, 1988; Burgess, Hartman, McCormack, & Grant, 1988) lead to the conclusion that a history of sexual abuse may play a role in the unfolding of sexual perpetration.

While the prevalence of victimization is often difficult to determine, it is even more difficult to confirm accurate perpetrator histories. Often offenders admit to only the offenses for which they have been caught, while later discoveries reveal a multitude of unreported offenses (Abel et al., 1987; Margolin, 1984). In addition, evidence shows that the histories of many adult offenders include offenses perpetrated during their adolescent years (Knight &

Prentky, 1993) and that from 20 to 30% of rapes and 30 to 50% of child sexual abuse cases are committed by adolescents (Davis & Leitenberg, 1987; Fehrenbach, Smith, Monastersky, & Deisher, 1986). Thus, while reports continue to climb, the number of reported offenses seems to be only a fraction of the actual offenses. A better understanding of the antecedents related to sex offending could play a key role in reducing the number of offenses. Identifying offender characteristics and developing empirically based typologies is the first step that must be taken.

Typological Conceptualization

The concept of nosology. While many issues may be understood within the context of a theoretical framework, conceptualization of the youthful sex-offender is still in its infancy. Consequently, it is difficult to understand youthful sex offending within the confines of any one theory. Once a clear conceptualization has been developed, it may then be possible to construct either a middle range theory of youthful sex offending or understand youthful sex offending within the framework of a more general theory.

Nosology, the science of classification, may be a more useful framework in which to understand youthful sex offending, just as one would approach the classification of a disorder based on presenting characteristics and symptomatology. Therefore, in order to better understand the process through which some youth become sex-offenders,

it is first necessary to develop a taxonomy of offender characteristics associated with the various types of sexual offenses. This is the first step in bridging the gap that separates empirical research and therapeutic interventions (Brock & Barnard, 1988; Olson, Russell, & Sprenkle, 1980).

Taxonomy development. Human existence depends on the recognition of environmental similarities and differences, making the ability to classify a necessary part of human functioning. Taxonomies are used culturally to define appropriate behavioral norms as well as to aid understanding and treatment of disease processes in the medical sciences.

Taxonomy development is being used more frequently in the behavioral and social sciences as an aid to understanding data patterns emerging from analysis of research. Creating a taxonomy involves the development of a hierarchical classification system which facilitates the arrival at similar conclusions about two or more organisms based on judgments about similar and different characteristics present in each organism (Mezzich & Solomon, 1980).

A "numerical taxonomy" is a classification in which organisms are grouped according to their differences and similarities. Three conditions that must be satisfied in the development of a numerical taxonomy include (a) an objective definition of each characteristic, (b) the fit of all variables present in a group within a certain number of

defined categories, and (c) the presence of similar characteristics in all organisms classified together. If these conditions are met, it is possible to statistically analyze whether or not an organism fits within a certain taxonomy (Mezzich & Solomon, 1980; Schiller, 1980).

Although many have considered the possibility of classifying youthful sex offenders into subgroups, attempts to generate youthful sex-offender taxonomies are scarce. Attempts at classification of adult offenders have focused mainly on two subgroups--rapists and child molesters (Knight & Prentky, 1993). Although adult offenders often begin offending during their adolescent years (Becker & Abel, 1985; Groth, Longo, & McFadin, 1982), attempts to generalize adult rapist and child molester profiles to the youthful population have shown that significant differences exist between adult and youthful offenders (Knight & Prentky, 1993). Since the antecedents of sexually offensive behavior vary from offender to offender, a useful model of youthful sex offending must encompass the spectrum of sex-offender characteristics. Therefore, a model must include family variables as well as individual factors (Becker, 1990).

Purpose and Objectives

Although reports of sexual offenses committed by female youth are becoming more prevalent (Fehrenbach & Monastersky, 1988; Matthews, 1987; Matthews, Matthews, & Speltz, 1989; Scavo, 1989), studies portray youthful perpetrators as

predominantly male (Becker, 1990). Therefore, the purpose of this study is to contribute to the conceptualization of youthful male sex-offender taxonomies through using the Sex-Offender Characteristic Inventory-Male version (SOCI-M) to categorize clinician perceptions of biopsychosocial variables associated with male youthful sex offending. In addition, differences between youthful male sex offenders, non-sex-offending male conduct-disordered youth, and "normal" male youth will be distinguished.

First objective. The first objective of this project is to refine biopsychosocial comparative typologies for the youthful male sex offender versus non-sex-offending male conduct-disordered and "normal" youth.

Second objective. The second objective is to clarify specific youthful male sex offense-related typologies.

Research goal. The goal of the profile development is to eventually serve as the basis for identifying "at-risk" youth for prevention efforts, clarifying specific offender characteristics for planning interventions, and providing a basis for evaluation of intervention effectiveness.

Research Questions

Confirmation of the research findings used for development of the SOCI-M by those who work directly with offenders will help provide answers to some important research questions.

First question. What are the characteristics common

across the sex-offender, conduct-disordered, and normal groups?

Second question. What are the characteristics common across various sex offense types within the youthful male sex-offending group?

Definitions

The following operational definitions will be used in conjunction with this study.

Youthful male sex offenders. This includes males 18 years or younger who commit sexual offenses. The following age groups are delineated for this study:

1. Preschool: Ages 5 and under
2. Young School Age: Ages 6-8
3. Preadolescent: Ages 9-11
4. Early Adolescent: Ages 12-14
5. Late Adolescent: Ages 15-18

Sexual offense. Inappropriate sexual behaviors committed by perpetrators against victims, including behaviors outside the normal arousal-activity patterns, which interfere with the capacity for reciprocal, affectionate sexual activity are considered sexual offenses (American Psychiatric Association, 1994). Sexual offenses may or may not involve physical touching. Sexual acts committed against victims too young to understand the nature of the act, whether coercive or noncoercive, are considered offenses (Davis & Leitenberg, 1987).

Sexual assault. A sexual assault consists of a sexual offense against a peer-aged or older victim in which the offender uses physical force or violent threats to gain victim compliance short of penetration. Attempted rape is included in this category.

Rape. A rape is a sexual offense involving peer-aged or older victim compliance through violent means leading to physical or instrumental penetration.

Mixed offenses. If both pedophilic and sexual assault offenses have been committed, the behaviors are referred to as mixed sex-offense behavior.

Pedophilia. A pedophile is a person who experiences or acts on recurrent intense sexual urges towards prepubescent children, usually age 13 or younger. The perpetrator is usually age 16 or older, and the victim is at least 5 years younger. Although an exact age is not specified for late adolescence, the sexual maturity of the child and the age difference must be considered. The onset is usually during adolescence and sexual behaviors range from exhibitionist, "hands-off" activities to rape. Pedophilic behavior is often associated with pedophilic pornography (APA, 1994). Since our culture lacks appropriate terminology for perpetrators under the age of 16 who molest children, the following terms will be utilized in this study:

1. Adolescent pedophilia: This refers to adolescent perpetrators, age 12-18, whose victims are children at least

three years younger than themselves. Age of sexual development varies greatly in children. A 3-year age difference is often enough to consider an older child's perpetration on a younger child a great enough physical difference that a "similar in age" definition (as in perpetration on a peer) may be inappropriate. For example, a pubescent 12-year-old sexually developed youth who perpetrates on an 8- or 9-year-old less sexually developed child may be described more accurately as adolescent pedophilia instead of coeval pedophilia, where development is more likely to be similar.

2. Coeval pedophilia: This refers to perpetrators under the age of 18 who are similar in age to their victims.

3. Preadolescent pedophilia: This category includes perpetrators under the age of 12 whose victims are children at least 3 years younger than themselves.

Homosexual/heterosexual. Sexual interests and activities directed toward same-sex victims are considered "homosexual," while those directed toward opposite-sex victims are considered "heterosexual" (Davison & Neale, 1990). Homosexuality and heterosexuality are viewed within the context of the perpetrator's choice of victims.

Incest. Incest includes inappropriate sexual behaviors, including unwanted touching, fondling, indecent exposure, attempted penetration, intercourse, rape, or sodomy (Wiehe, 1990) between two related people who are

legally forbidden to marry (Davison & Neale, 1990). The most common forms of incest are between father and daughter or between siblings (Davison & Neale, 1990; Wiehe, 1990).

Sexual trauma. Acts that do not meet the criteria for sexual abuse (not recognized as criminal offenses) which, nevertheless, may cause emotional disturbance are considered sexual trauma. Examples include older children's lack of privacy for bathing or children observing their parents engaging in explicit sexual behaviors. Some events may be considered traumatic for children in some cultures while within the cultural norms of others.

CHAPTER 2

LITERATURE REVIEW

Although it is difficult to view youthful sex offending as a specific entity from the past, understanding the prevalent attitudes toward child sexual abuse from a historical perspective can help understand the present conceptual and methodological issues associated with youthful male sex-offending research.

Past Views

Sexual abuse of children is not a recent phenomenon. The study of past cultures, beginning with ancient Greek and Roman eras, reveals patterns alternating between societal acceptance and nonacceptance of child sexual abuse and perpetration of sexual abuse (Kahr, 1991). These alternating patterns of the past contribute to present ambiguities such as the question of how much of the present reported increase in sex offending is attributable to changing cultural attitudes about an unchanging phenomenon versus how much is actually an increase in occurrence as contemporary media portrayal suggests.

The prevailing social attitudes tend to direct the collection and interpretation of sexual violence research data. An example from the past includes a time when research focused on the view that victim characteristics, rather than perpetrators, were responsible for sexual

assault (White & Farmer, 1992). Another example includes Shoor, Speed, and Bartelt's (1966) conclusion that adolescent males who attended movie theaters several times per week were at more risk of becoming sex offenders than those who attended less frequently. Therefore, it becomes important to understand the current prevailing attitudes towards youthful sex offending that contribute to the ambiguities surrounding youthful male sex offending.

Current Attitudes and Ambiguities

A common attitude found in our society presently is that youthful sexual offenses are normal sexual experimentation or expressions of aggression appropriate for maturing adolescent males (Becker & Abel, 1985; Bischof, Stith, & Wilson, 1992; Okami, 1992). Also, as a result of efforts to prevent youthful stigmatization, the juvenile court system has perpetuated the view that youthful sex offenses are not as serious as adult-perpetrated offenses (Becker & Abel, 1985; Breer, 1987; Johnson, 1988; Graves, 1993), which may lead to inappropriate interventions for offenders who are caught. Thus, the uncertainty surrounding youthful sex offending often leads to inappropriate interventions, and may even perpetuate offending behaviors (Graves, 1993).

Youthful sexuality literature also contains ambiguities that make it difficult to delineate between offensive sexual behavior and what is considered developmentally normal. For

example, some authors consider sibling intercourse as normal developmental behavior, even when one sibling is significantly older than the other (Okami, 1992), while others consider it sexually offensive behavior (Gil & Johnson, 1993; Wiehe, 1990). The labelling of potentially harmful adolescent or preadolescent behaviors as "normal" sexual exploration may actually contribute to an increased frequency of youthful sex-offending behaviors (Becker & Abel, 1985; Graves, 1993). Thus, as increasing numbers of children with sexual behavior problems are referred to agencies, professionals often find themselves uncertain about how to handle such cases (Gil & Johnson, 1993).

The problems with conceptual and methodological ambiguities encountered while evaluating research in the area of youthful sex offending become evident when one begins examining the published research. Most has been acquired from three sources, including retrospective accounts from adult offenders, clinical case studies, and anecdotal accounts (Graves, 1993).

Methodological problems encountered while deciphering research include the lack of matched groups and group heterogeneity, small sample sizes, a lack of comparisons with delinquent and nondelinquent adolescent groups, and numerous treatment programs with little or no empirical validation (Bischof & Stith, 1991; Graves, 1993; Knight & Prentky, 1993).

Assessment and Intervention

There are currently no tests or profiles available that consistently and accurately differentiate between offender and nonoffender groups (Knight & Prentky, 1993; Groth & Oliveri, 1989). This contributes to the existence of numerous theoretically diverse intervention programs. Many without a sound empirical basis (Becker, 1990; Graves, 1993; Rowe, 1988; Ryan, Lane, Davis, & Isaac, 1987) take a "shotgun" approach to treatment (Graves, 1993). Conte, Wolf, and Smith (1989) found that some adult perpetrators systematically identify and desensitize their child victims. Findings such as these call for empirically-based treatment programs rather than speculative interventions. As the complexities involved with sex offending unravel, evidence pointing to a need for more sophisticated empirically-based diagnostic tools and intervention strategies mounts.

Moving Towards a Youthful Sex-Offending Model

As one reviews the youthful sex-offender literature, most of the youthful sex-offending puzzle continues to remain obscure, although a few pieces begin to emerge. It is difficult to conceptualize the phenomenon of youthful male sex offending without considering both the developmental context in which the behavior occurs and the possible results of the predisposing factors. Becker (1990) identifies individual, family, and cultural variables as a

necessary consideration in determining the usefulness of a comprehensive model of abnormal youthful sexual behavior.

Preadolescent offenders. Gil and Johnson (1993) have identified a continuum of sexual behaviors applicable to youth under the age of 12, ranging from "Normal Sexual Exploration" to "Children Who Molest." They described the following categories as helpful in delineating between what may be considered "normal" sexual behaviors and what may be considered sexually offensive behaviors:

I. Normal sexual exploration includes the mutual visual and tactile exploration of each other's bodies between children of similar age and size, usually friends rather than siblings.

II. Sexually reactive children includes those children who have been sexually traumatized, abused, or sexually overstimulated by exposure to sexual behaviors beyond their developmental level. These children usually exhibit sexual behaviors involving their own bodies, such as excessive masturbation or exposure, and they do not coercively attempt to involve other children.

III. Extensive mutual sexual behaviors includes children who mutually engage in the full spectrum of adult sexual patterns. They are much less responsive to treatment than the children in categories I and II. While the participants usually cooperatively engage in these behaviors, they may at times cross over into category IV

through the use of coercion or force.

IV. Children who molest includes those who fit into the "youthful sex-offender" category. Their behavioral patterns include compulsive, aggressive, and impulsive sexual acting-out directed towards other vulnerable children. The sexual behaviors exhibited by these children are often associated with anger, loneliness, or fear, and they feel little or no empathy for their victims.

Juvenile offenders. Costell (1980) addressed the difficulties encountered while categorizing "juvenile offenders." He attributes most offending behaviors to a retardation of psychosexual development resulting in the offender's fixation in the childhood stage of sexual play and exploration. More deviant offender behaviors may be early symptoms of pedophilic or aggressive sexual preferences. This line of thinking seems to fit well with Gil and Johnson's (1993) model.

Thus, in order to overcome the obstacles that have previously prevented discrimination between sexually offensive and normal behaviors, a model for identifying youthful sex offenders and at-risk youth must consider individual biopsychosocial and family differences. This is dependent on establishing consistent, operational definitions and descriptions to direct future meaningful youthful sex-offending research.

CHAPTER 3

METHODOLOGY

Procedures

The research procedures for this study consisted of sending a questionnaire to clinicians experienced in the diagnosis and treatment of youthful sex offenders. The return rate for questionnaires mailed to the general population is typically low (25% or less). However, return rates may be increased through repeated mailings and for specialized samples (Dooley, 1990). Efforts to increase the SOCI-M return rates were attempted through sending a follow-up reminder to those who had received questionnaires.

The questionnaire included characteristics that past research has associated with youthful sex offending (Graves, 1993). Also, items were included in the questionnaire that were considered relevant by some clinicians although not previously addressed in the research literature. This project focused on the analysis of biopsychosocial variables.

Sample

The sample for this study was chosen by sending a query letter to clinicians identified as experienced in treating male youthful sex offenders. The sample is considered a specialized "purposive sample," because of their clinical expertise (Miller, 1986).

A national mailing list consisting of approximately 1,080 names and addresses of clinicians who treat youthful sex offenders from the Safer Society Press in Brandon, Vermont was utilized for sample identification. A query letter (see appendix A) and a postage-paid return postcard were sent to each clinician. A total of 214 cards was returned indicating willingness to participate. Each of these clinicians was sent a SOCI-M questionnaire. In addition, 100 SOCI-M questionnaires were sent to names of interested conference attendees obtained from the 1994 Conference of the National Adolescent Perpetrator Network (NAPN) in Denver, Colorado, for a total of 329 SOCI-M questionnaires. Of these, 106 were returned, for a return rate of 32%. Seventy-eight of the questionnaires were useable for analyses, or 24% of the original mailing.

Measurement

SOCI development. The SOCI-M includes youthful male sex-offender characteristics that were identified through a meta-analysis of previous research focused on youthful sex offending. Papers and reports, both published and unpublished, collected from conferences and personal contact with other researchers were also utilized in the SOCI-M development. Articles describing developmental and youthful characteristics of adult samples were also included (Graves, 1993).

Questionnaire. The SOCI-M consists of a questionnaire

format with 83 categories of characteristics, using a Likert-type five-point scale for each continuous characteristic and a percentage for each discrete, descriptive item. In addition, a short section focused on the demographic description of the respondents was included in this version for analysis of sample demographics.

Due to the length of the questionnaire, it was divided into three sections, including "Family Characteristics," "Biopsychosocial Characteristics," and "Sexual/Sexual Offense Characteristics." Respondents were asked to provide their perceptions of these characteristics for youthful sex offenders, conduct-disordered youth, and "normal" youth. In addition, a "Sexual Offense Characteristics" section was added to the "Sexual Characteristics" section to obtain data specific to the youthful sex-offender group. Due to the length of the questionnaire, only the biopsychosocial and sexual-offense history sections are included in Appendix B; however, the complete questionnaire is available from the primary author.

Each respondent received two of the three sections. Respondents were requested to (a) indicate the paraphilia to which they referred while filling out the questionnaire, namely, "Sexual Assault," "Pedophilia," "Rape," and "Mixed Offenses," and (b) provide a response for each item as referred to youthful male sex offenders, non-sex-offender conduct-disordered youthful males, and what they would

consider to be "normal" youthful males.

The possible choices for each characteristic ranged from "Never Related" (1) to "Always Related" (5) with a mid-point of "Sometimes Related" (3). A "Don't Know" (9) option was available to ensure a possible answer for each listed variable.

"Hands-off" paraphilia, such as voyeurism and frottage, were not included as a main category for the SOCI-M because these types of offenders are seldom caught and are therefore rarely seen by clinicians. Because the focus of this study consists of paraphilia most often treated by clinicians, it was felt there would be very little data returned focused specifically on frottage, voyeurism, and exhibitionism. However, space was available for respondents to provide additional information not requested as part of the questionnaire.

The anonymity of respondents was protected through the use of a coding system. Each questionnaire was coded and logged prior to being sent. As questionnaires were returned, they were separated from any identifying information, except for the code that indicated the respondent's geographical location and questionnaire number. Respondent's names and codes were maintained in a secured facility accessible only to the principal investigators.

Validity and reliability. Reliability and validity are both important components of scale development (Norusis,

1990). For a scale to be useful, it must be valid, that is, useful in measuring those aspects one desires to measure. In addition, it must be reliable, which means it must provide similar results under various conditions (Miller, 1986; Norusis, 1990).

Those who work closely with an identified group can increase face validity by helping to identify the characteristics they perceive as related to a certain phenomenon (DeVellis, 1991). Thus, those who work closely with sex offenders can be helpful in identifying the characteristics they perceive as related to youthful sex offending.

Content validity is related to how well a test represents the entire sphere of a phenomenon (Dooley, 1990). The focus of increasing content validity is to tap into enough variables to adequately represent the events being measured.

The face and content validity of the SOCI-M were facilitated by a pilot mailing to approximately 20 Utah clinicians affiliated with the Utah Network on Juveniles Offending Sexually (NOJOS) for feedback on the questionnaire's content and organization. Additionally, content validity was addressed through giving those who are most likely to use it an opportunity to participate in the study. The SOCI-M was revised twice after receiving feedback in the form of written comments on both the content

and the structure.

Construct validity is related to how well the scale measures an underlying construct. Although difficult to measure definitively, construct validity may be increased through the use of factor analysis as a statistical procedure. Factor analysis helps determine if a test is measuring more than one construct, or dimension, of the phenomenon being evaluated (Dooley, 1990). Factor analytic statistical procedures used in this study were expected to increase construct validity of the SOCI-M.

Cronbach's alpha was used to determine the reliability of the factor scale. This was used to ascertain the average correlation of each item with the others, or the "internal consistency." An alpha score is interpreted similar to a correlation coefficient, meaning a high alpha score (based on a range from 0 to 1) shows a high positive correlation between scale items. Eliminating the items with the lowest alpha scores will result in a stronger relationship between the remaining scale items. These items will be more concisely representative of the phenomenon the scale is designed to test (Norusis, 1990).

Data Entry and Analyses

Each questionnaire sent in this mailing contained two thirds of the complete questionnaire. In order to facilitate the analyses, each questionnaire was entered as a completed questionnaire by inserting dummy variables for the

one third that was missing. Some respondents returned questionnaires with sex-offender data but failed to provide comparisons for conduct-disordered and normal youth. Dummy variables were also inserted into the blank conduct-disordered and normal-youth sections.

Using the SPSS statistical computer program, the biopsychosocial data were entered and descriptive frequencies were run on the respondent demographic variables as well as the sex-offender sexual offense histories. In addition to descriptive analyses, the following statistical tests were run.

Factor analysis. Correlation matrices for the groups of characteristics associated with each biopsychosocial variable for the sex-offender, conduct-disordered, and "normal" groups were run. Then the factors were extracted and rotated, and factor scores were created (Norusis, 1990). Eigenvalues were determined as part of the factoring process. An eigenvalue represents the variance of the newly created factor, or the total variance accounted for by the combination of all variables in a given factor. The larger the eigenvalue, the more likely the factor represents the predictor. Only factors with eigenvalues greater than one were retained.

Communalities were also computed for each variable. A communality indicates the variance each variable shares with the other variables of a given factor (Kleinbaum, Kupper, &

Muller, 1988), and ranges from 0 to 1.

Scale scores were figured for the variables that factored into distinct offender, conduct-disordered, and normal categories. The variables that did not factor into distinct categories were reserved for future analysis since they suggested outcomes beyond the scope of this project. For example, factors that included both conduct-disordered and offender characteristics may indicate either a conduct-disordered youth who offends sexually or a sexually offensive youth with symptoms of conduct disorder.

Discriminant analysis. Once the factor analysis was completed, discriminant analysis was run to determine if the resulting factors were useful in distinguishing between youthful pedophile or mixed sex-offender types.

CHAPTER 4

RESULTS

Although the overall number of respondents totaled 78, the number of respondents for each variable differs. There are two reasons for this. First, a respondent may have provided data for some variables and not for others. Second, a respondent may not have received the section of the questionnaire focused on that variable. Thus, the analysis for each variable is based on the number of useable responses for that variable, which in most cases is fewer than 78. Since the targeted sample focused on clinicians who work with sex-offending youth, the sex-offender section of the questionnaire was most likely to be filled out and returned, resulting in larger *n*s for the factors related to sex offenders.

Very few questionnaires were returned that focused on rapists ($n = 4$) and sexual assaulters ($n = 4$). Therefore, these groups were collapsed into the mixed-offender group ($n = 26$) for comparison with the youthful pedophile group ($n = 52$, total $N = 78$).

Descriptive Analyses

Descriptive analyses was run on the clinician demographic variables. Descriptives were also run on the offender sexual-offense history variables to determine clinician perspectives of offense histories.

Clinician demographic variables. The sample for this study included clinicians from 30 states, which were divided into the three regions summarized in Table 1.

Table 1

Clinician State of Residence by Region

Region	n	Percentage
Western	18	23
Central	31	40
Eastern	29	37
Total N	78	

Clinician gender included more than three times as many male respondents (n = 60) as female respondents (n = 18). Ethnicity included 78.2% Caucasian (n = 61), 5.1% African American (n = 4), 3.8% Hispanic (n = 3), 9% Mixed (n = 7), and 3.8% Unknown (n = 3).

Table 2 includes the discrete demographic variables for the 78 clinician respondents. Practice locations seemed to correspond with the typical urban/rural geographical make-up, with the larger urban/inner city group most represented in this study. The type of practitioner most likely to be involved with the treatment of youthful sex offenders, according to this study, is a master's-level social worker.

Table 2

Clinician Discrete Demographic Variables

Variable	M %[d]	n
Location of Practice		
Urban/Inner City	29.5	23
Suburban/Outer City	17.9	14
Rural	17.9	14
Mixed/Unknown	35.0	27
Type of Clinician		
Family Therapists	10.8	8
Social Workers	41.0	32
Psychologists	24.4	19
Psychiatrists	3.8	3
Other/Unknown	20.5	16
Education Level		
Bachelor's	5.1	4
Master's	78.2	61
Ph.D.	15.4	12
M.D.	1.3	1

[d]M% is based on N = 78.

Table 3 summarizes the continuous demographic variables. The average clinician in this study has been in practice 12 years, 7.5 of which have been focused on the treatment of youthful sex offenders. The average number of clients seen per month is 33, of which approximately one half, or 17, are

Table 3

Clinician Continuous Demographic Variables

Variable	M[d]	SD
Years in Practice	12.0	7.82
Years in the Treatment of Youthful Sex Offenders	7.5	8.99
Clients Seen Per Month	33.0	27.66
Percent of Practice Focused on Youthful Sex Offenders	50.0	37.12

[d]M is based on N = 78.

youthful sex offenders.

Finally, Table 4 summarizes the mean percent of clinical practice focused on each of the four types of offenders targeted by this study. Pedophiles made up the largest group, more than three times larger than any of the other offender types. Mixed offenders made up the next largest group, followed by assaulters and rapists.

Table 4

Mean Percentage of Practice Focused on Offender Type

Offender Type	M %[d]	SD
Pedophiles	60.00	32.93
Rapists	10.00	14.15
Assaulters	11.00	13.29
Mixed Offenders	19.00	27.02

[d]M % is based on N = 78.

Sex-offender characteristics. Offense history data for the sex-offender group were analyzed and the results summarized in Tables 5, 6, and 7. The total N for each variable differs because some clinicians did not receive this section of the SOCI-M. Also, some clinicians failed to complete this part of the questionnaire.

Table 5 summarizes the discrete youthful sex-offender offense history variables. These questions were answered on a Likert-type scale, with possible answers ranging from a value of 1 ("Never Related,"), with a midpoint of 3 ("Sometimes Related"), to 5 ("Always Related").

The offender age at committing a first offense appeared most likely to be in the 15-18 year age range. Offenders seem more likely to use verbal threats than physical force to engage victims. Although it appears least likely for either first or subsequent victims to imply consent, the differences between implied consent and the use of physical force to engage victims were small. However, physical force appears more likely to be used on subsequent victims than first victims.

The youthful sex-offender's offense history victim variables are summarized in Table 6. Consistent with the type of offender most likely to be in treatment is the overwhelming finding that victims (both first and subsequent) tend to be three or more years younger than the perpetrators. The victims are more likely to be of opposite

Table 5

Youthful Sex-Offender History Discrete Variables

Variable	M[d]	SD	n
Offender Age at First Offense			
</=5 Years	3.46	2.92	43
6-8 Years	3.30	2.16	50
9-11 Years	3.63	1.43	52
12-14 Years	3.67	.90	56
15-18 Years	3.80	1.69	51
First Victim Consent			
Victim Implied Consent	3.26	1.96	55
Used Verbal Threats	4.30	1.28	56
Used Physical Force	3.59	1.70	56
Subsequent Victims Consent			
Victims Implied Consent	3.20	2.21	54
Used Verbal Threats	4.27	1.48	55
Used Physical Force	3.86	1.77	55

[d]M based on a range = 1-5.

sex than same sex, although the differences appear small.

The offense-specific variables are summarized in Table 7, with mean percentages for each variable. Heterosexual pedophilia is the most common type of offense for both the first known offense and admitted offense categories. Heterosexual incest pedophilia, which would most likely include sibling abuse, was the second most common type of

Table 6

Youthful Sex-Offender Offense History--Victim Variables

Variable	M %	SD	n
Age of First Known Victim			
3 or More Years Younger	71.78	24.85	55
Peer Age	25.96	22.90	45
3 or More Years Older	21.40	24.71	25
Estimated Average Age of Subsequent Victims			
3 or more years Younger	70.23	23.57	51
Peer Age	25.84	20.23	43
3 or More Years Older	20.10	20.20	21
Mixed Ages	17.85	15.15	13
Sex of First Victim			
Same as Offender	47.29	19.24	56
Opposite of Offender	52.95	18.19	56
Sex of Subsequent Victims			
Same as Offender	43.88	17.45	48
Opposite of Offender	52.40	20.70	53
Mixed Sexes	27.81	25.82	21
Estimated Number of Separate Victims			
1-10	80.61	26.05	54
11-25	23.56	22.68	36
26-50	13.19	12.27	16
51-100	20.85	20.55	7
>100	17.00	13.86	3

offense followed by homosexual pedophilia and sexual assault.

Table 7

Youthful Sex-Offender Offense-Specific Variables

Variable	M %	SD	n
Type of First Known Offense			
Pedophilia--Heterosexual	30.83	19.04	48
Pedophilia--Homosexual	22.84	13.70	49
Pedophilia--Incest-Heterosexual	24.36	17.80	42
Pedophilia--Incest-Homosexual	16.08	12.29	37
Sexual Assault	13.14	18.33	29
Rape	12.48	18.58	27
Exhibitionism	9.18	5.45	28
Voyeurism	12.00	15.93	27
Type of Known (Admitted) Offenses			
Pedophilia--Heterosexual	33.96	22.36	54
Pedophilia--Homosexual	23.30	15.34	50
Pedophilia--Incest-Heterosexual	25.00	17.93	48
Pedophilia--Incest-Homosexual	16.66	12.39	41
Sexual Assault	21.37	25.09	35
Rape	13.78	16.62	31
Exhibitionism	16.12	20.45	33
Voyeurism	21.10	30.19	29

Factor Analysis

Factor analysis of the biopsychosocial variables successfully collapsed most of the variables to create factors associated with three distinctive offender, conduct-disordered, and normal groups. Once the relevant factors were determined, Cronbach's alpha, scale scores (means), and scale score standard deviations were computed. A summary of the factor matrices, including factor loadings, communalities (H2), alpha coefficients, and eigenvalues, are summarized in Appendix C. The resulting scale score and standard deviation for each factor are listed at the end of each table.

Learning disabled. The factor loadings for the learning disabled items are summarized in Table C1. Factor 1 accounted for 61% of the total variability, and included variables from the normal group. Factor 2, which accounted for 21% of the variability, included variables related to the sex-offender group. Factor 3, which accounted for 12% of the variability, represents the conduct-disordered group. "Perceptual problems" was the only variable that loaded on the first two factors that did not load on Factor 3.

Attention Deficit Hyperactive Disorder (ADHD). The factor loadings for the ADHD items are summarized in Table C2. Factor 1 accounted for 60% of the total variability, and included variables from the conduct-disordered group. Factor 2, which accounted for 16% of the variability,

included variables related to the normal group. Factor 3, which accounted for 10% of the variability, represents the offender group. "Frequently interrupts" was the only variable that loaded on both the conduct-disordered and normal factors (Factors 1 and 2) that did not load on the sex-offender factor (Factor 3).

Tourette's Syndrome. The factor loadings for the Tourette's Syndrome items are summarized in Table C3. Factor 1 accounted for 66% of the total variability, and included variables from the normal group. Factor 2, which accounted for 17% of the variability, included variables related to the sex-offender group. Factor 3, which accounted for 8% of the variability, represents the conduct-disordered group. "Hitting/biting oneself" loaded on Factor 1 (the normal group) but not on the other two. "Eyeblinking," "throat clearing," "echolalia" (repeating a word, phrase, or sound just heard), "coprolalia" (vocalizing socially unacceptable words), and "barking noises" loaded on both Factors 1 and 2 (normal and sex-offender groups), but not on Factor 3 (the conduct-disordered group).

Borderline traits. The factor loadings for the Borderline trait items are summarized in Table C4. Factor 1 accounted for 60% of the total variability, and included variables from the normal group. Factor 2, which accounted for 16% of the variability, included variables from the conduct-disordered group. Factor 3, which accounted for 10%

of the variability, represents the sex-offender group. "Fear of abandonment" loaded on Factors 1 and 3 (normal and sex-offender groups), but not on Factor 2 (conduct-disordered group). "Inappropriately intense anger," "self-destructive impulsivity," and "suicidal threats or behavior" did not load on Factor 3 (sex-offender group), but loaded on both Factors 1 and 2 (normal and conduct-disordered groups).

Reactive attachment traits. The factor loadings for the reactive attachment trait items are summarized in Table C5. Factor 1 accounted for 67% of the total variability, and included variables from the conduct-disordered group. Factor 2, which accounted for 18% of the variability, included variables from the normal group. Factor 3, which accounted for 9% of the variability, included variables from the sex-offender group. "Indiscriminate familiarity with strangers" was the only variable that loaded on Factors 1 and 2 (conduct-disordered and normal groups) that did not load on Factor 3 (sex-offender group).

Histrionic traits. The factor loadings for the histrionic items are summarized in Table C6. Factor 1 accounted for 64% of the total variability, and included variables from the normal group. Factor 2, which accounted for 15% of the variability, included variables related to the conduct-disordered group. Factor 3, which accounted for 8% of the variability, represents the sex-offender group. "Overly concerned with looks" was the only variable that

loaded on the Factor 1 (normal group) that did not load on Factors 2 or 3 (conduct-disordered and sex-offender groups). "Excessively emotional" loaded on both Factors 1 and 2 (normal and conduct-disordered) but not on Factor 3 (sex-offender group).

DSM III-R diagnosis. The factor loadings for the DSM III-R diagnosis items are summarized in Table C7. Factor 1 accounted for 48% of the total variability, and included variables from the normal group. Factor 2, which accounted for 27% of the variability, included variables related to the sex-offender group. Factor 3, which accounted for 12% of the variability, represents the conduct-disordered group. "Identity disorder" was the only variable that loaded on Factors 1 and 2 (normal and sex-offender groups) that did not load on Factor 3 (conduct-disordered group).

Problematic relationships. The factor loadings for the problematic relationships items are summarized in Table C8. Factor 1 accounted for 46% of the total variability, and included variables from the normal group. Factor 2, which accounted for 22% of the variability, included variables related to the conduct-disordered group. Factor 3, which accounted for 20% of the variability, represents the sex-offender group. "Problematic relationships with peers" was the only variable that loaded on the Factors 1 and 2 (normal and conduct-disordered youth) that did not load on Factor 3 (sex-offender youth).

Antisocial traits. The factor loadings for the antisocial trait items are summarized in Table C9. Although the conduct-disorder and normal variables loaded onto Factors 1 and 2, respectively, the sex-offender variables loaded onto four offender-related factors. Factor 1 accounted for 54% of the total variability, and included variables from the conduct-disordered group. Factor 2, which accounted for 12% of the variability, included variables related to the normal group. Factor 3, which accounted for 10% of the variability, represents one segment of the sex-offending group. Other sex-offending-related factors include Factor 4 (6% of the variability), Factor 5 (4% of the variability), and Factor 6 (3% of the variability).

"Animal cruelty" and "arson" loaded on both conduct-disordered and sex-offender factors (Factor 1, Factor 4, and Factor 5), but not on the normal factor (Factor 2). In addition, "argumentive," "lacks responsibility," "lying," and "use of weapons" all loaded on Factor 1 (conduct-disordered group) and Factor 2 (normal group), but not on any of the sex-offender factors.

For the sex-offender factors, "runaway," "truancy," and "obscene" loaded onto Factor 3, and "stealing" and "arson" loaded onto Factor 4. In addition, only "animal cruelty" loaded onto Factor 5 and "fighting" loaded onto Factor 6.

Physical illness/injury. The factor loadings for the

physical illness/injury trait items are summarized in Table C10. The conduct-disorder and normal variables loaded onto Factors 1 and 2 while the sex-offender variables loaded onto two offender-related factors. Factor 1 accounted for 50% of the total variability, and included variables from the normal group. Factor 2, which accounted for 25% of the variability, included variables related to the conduct-disordered group. Factor 3, which accounted for 7% of the variability, and Factor 4, which also accounted for 7% of the variability, represent the sex-offending group.

"Mental disability" loaded only on Factor 1 (normal youth). "Encopresis" loaded on both Factor 1 (normal group) and Factor 3 (sex-offender group), but failed to load on the conduct-disordered factor. For the sex-offender variables, "encopresis" and "enuresis" were the only two sex-offender variables that loaded on Factor 3, and "physical disability" was the only sex-offender variable that loaded on Factor 4.

General affect/mood. The factor loadings for the general affect/mood trait items are summarized in Table C11. The normal group factors loaded on Factor 1, and the conduct-disorder variables loaded on Factor 2. Again, the sex-offender variables loaded on two offender-related factors. Factor 1 accounted for 42% of the total variability, and Factor 2 accounted for 20% of the variability. Factor 3, which accounted for 14% of the variability, represents one segment of the sex-offending

group, and Factor 4, which accounted for 6% of the variability, represents another.

"Anxious mood" loaded on both the normal and sex-offender factors (Factors 1 and 4), but not on the conduct-disordered factor (Factor 2). Only one variable loaded on each of the two sex-offender factors: "irritable mood" loaded on Factor 3, and "anxious mood" loaded on Factor 4.

General cognitive. The factor loadings for the general cognitive trait items are summarized in Table C12. As with the general affect/mood variables, the normal youth variables loaded on Factor 1, the conduct-disordered variables loaded on Factor 2, and the sex-offender variables loaded on both Factors 3 and 4. Factor 1 accounted for 46% of the total variability, and Factor 2 accounted for 17% of the variability. Factor 3, which accounted for 15% of the variability, and Factor 4, which accounted for 6% of the variability, consist of sex offending variables.

"Low self-esteem" loaded only on Factor 1 (normal youth). "Low tolerance" and "uncooperative" loaded on both Factor 1 and 2 (the normal and conduct-disordered factors), but failed to load on either of the sex-offender factors. "Low achievement" and "lacks long-range goals" were the only two sex-offender variables that loaded on Factor 3, and "unempathic" was the only sex-offender variable that loaded on Factor 4.

Discriminant Analysis

The results of the discriminant analysis run on the pedophile and mixed/other sex-offender groups are summarized in Tables 8 and 9. The discriminant analysis coefficients are listed Table 8, and the classification results, based on 40 cases, are listed in Table 9. The model was useful in correctly classifying 67.5% of the cases, which is slightly better than the 50% probability of classifying the cases without the resulting model.

Table 8

Discriminant Analysis Coefficients for Pedophile and Mixed-Offender Groups (N=40)

Factor	Standardized Canonical Discriminant Coefficients
Learning disabled F2	-0.43
Attention Deficit Hyperactive Disorder F3	-0.32
Tourette's Syndrome F2	0.65
Borderline traits F3	-0.14
Antisocial traits F3	-0.47
Antisocial traits F4	-1.31
Antisocial traits F5	0.17
Antisocial traits F6	0.45
Reactive attachment traits F3	1.24
Histrionic traits F3	-1.08
DSM III-R diagnosis F2	-0.38

(table continues)

Illness/injury F3	0.34
Illness/injury F4	0.23
Problematic relationships F3	-0.16
Affect/mood F3	0.27
Affect/mood F4	-0.40
General cognitive F3	0.39
General cognitive F4	1.12

Overall Wilkes' Lambda = 0.75
Chi Square = 8.31, df = 18, p > .97

Table 9

Classification Results Based on Pedophile and Sexual Assault Factors

Groups	No. of Cases	Predicted Group Membership 1	2
Group 1 Youthful pedophiles	27	19 70%	8 30%
Group 2 Mixed offenders	13	5 39%	8 62%

Prior probability for each group = 50%.
Percent of cases correctly classified = 67.5%.

CHAPTER 5

DISCUSSION

It is important to remember while discussing the results of these analyses that the data are based on clinician perception rather than direct data from youthful populations.

Demographics

The Central and Eastern Regions may seem over-represented in this sample. However, the population density is greater in those areas, which would seem to make this sample representative. Although the sample size was quite small, a strength of this project included the diverse sample of clinicians from across the United States.

The most common clinician perception of the first offense is heterosexual pedophilia. This perception seems contradictory to the notion that many sex offenders begin their offending careers with less dangerous "hands-off" offenses such as exhibitionism or voyeurism. Because this study is concerned with clinical perceptions, this result may be influenced by a decreased likelihood that youth engaged in hands-off offenses will be caught and treated for those offenses.

Other factors that may contribute to a lack of attention to hands-off offenses include the realization that many victims may not be aware of their victimization,

especially in the case of voyeurism. Also, many victims may not view hands-off offenses as serious enough to report, such as in the case of exhibitionism. Therefore, hands-off perpetrators may be less likely to be in therapy.

The finding that pedophiles are seen in treatment more often than rapists, assaulters, or mixed offenders and the related finding that victims tend to be three or more years younger than their youthful perpetrators suggests that adolescent and preadolescent pedophilia may be more prevalent than coeval pedophilia, in which the perpetrators are similar in age to their victims. This indicates that some offenders may find younger victims easier targets than peer-aged or older victims, which would be more common in the rapist, assaulters, and mixed-offender groups. Because media coverage tends to focus on the rapist, assaulter, and mixed-offender groups, perhaps a shift in focus needs to occur in addressing the greater risk of child victimization rather than peer age and older victims.

A similar finding is found in reviewing the victim variables. Although most victims are female, the differences between male and female victimization were not as large as one would expect. However, these findings lead to the consideration that many more boys fall prey to sexual offenders than may be evident through reviewing victim research. Although the estimated number of victims by most clinicians in this study is quite small (1-10 separate

victims), this seems contradictory to research showing that the number of admitted victims and offenses tends to be higher than previously thought (Bradford, Bloomberg, & Bourget, 1988).

Another interesting finding is that voyeurism and exhibitionism in the "Admitted Offense" category are nearly double that reported in the "First Offense" category (Table 7). This finding leads to a possibility that exhibitionist and voyeuristic activities might increase after more serious sexually offensive behaviors. Another reasonable explanation for the differences might be that offenders are more likely to be caught for "hands-on" offenses than "hands-off" offenses, which would reflect a higher number of first known "hands-on" offenses.

The profile of the typical youthful male sex offender described by the clinicians who responded to the SOCI-M survey is summarized in Table 10. This profile seems to fit most with the definition of the "adolescent pedophile," which seems to be the type of offender most often seen in treatment by the clinicians in this sample.

Factor Analysis

Reliability and validity. Items added to the SOCI-M after receiving clinician suggestions included the characteristics associated with Tourette's Syndrome. A therapist who seemed to "notice" a high incidence of Tourette's Syndrome-type symptoms in her sex-offender

Table 10

Youthful Male Sex-Offender Profile

Most Common Type of Offender	Youthful Pedophile
Age at First Offense	Age 15-18 Years
Type of First Victim Consent	Use of Verbal Threat
Subsequent Victim Consent	Use of Verbal Threat
Age of First Known Victim	3 or More Years Younger
Sex of First Victim	Female
Sex of Subsequent Victims	Female
Estimated Separate Victims	1-10
First Admitted Offense	Heterosexual Pedophilia
Most Commonly Admitted Offense	Heterosexual Pedophilia

clients suggested this category be included. Once the factor analysis was run, it was discovered that some of the Tourette's variables loaded on three specific offender, conduct-disorder, and "normal" factors. This is an example of how colleague review assisted in increasing face validity and content validity. Construct validity was promoted through the finding that these constructs were multidimensional, which is an assumption that must be met in scale development (Dooley, 1990).

Cronbach's alpha scores for factors ranged from .87 to .99. This indicates a high reliability and internal consistency of the scales.

Factor loadings. When reviewing the factors related specifically to the sex-offending, conduct-disordered, and normal youth groups, it becomes evident that many similar variables loaded on factors representing all three youth groups. For example, out of the three items representing the "Learning Disabled" category, two loaded similarly on all three factors. This may lead to a conclusion that there are no differences among these three groups. However, although the factor loadings were quite high for each of the variables, most of the variability was accounted for by Factor 1 in this category. This suggests that the factors that accounted for the most variability (Factor 1) and have the highest eigenvalues may be those most representative of each category.

Learning disabled. The learning-disabled category showed these characteristics as more likely to be associated with normal youth than conduct-disordered or sex-offender youth. Although some of the variables loaded on both the sex-offender and conduct-disordered factors, the least degree of association was with the conduct-disordered group. This may be interpreted in two ways. Learning-disabled youth are more likely to be "normal" than they are sex-offender or conduct-disordered youth. Sex-offender youth with learning disabilities may be more like "normal" youth than conduct-disordered youth. The second conclusion seems the more disconcerting of the two possibilities.

Attention Deficit Hyperactive Disorder (ADHD). The conduct-disordered youth factor accounted for the most variability of the three groups. The normal youth group was second and the sex-offender group third. All of the variables loaded onto all three factors except one--"frequently interrupts" did not load on the sex-offender factor. This might indicate a difference between the sex-offender group and the other two groups in that sex offenders may tend to be less likely to interact with others, and therefore less likely to intervene in interactions between others.

Tourette's Syndrome. Once again, the normal factor accounted for the greatest variability. However, the second highest variability occurred in the sex-offender factor, and the conduct-disordered factor accounted for the least amount of variability. "Eyeblinking," "throat clearing," "echolalia," "coprolalia," and "barking noises" did not load on the conduct-disordered factor. This may indicate that conduct-disordered youth are less likely to display symptoms of Tourette's Syndrome than the other two.

In addition, "hitting/biting oneself" did not load on the sex-offender factor. This may indicate a tendency for sex-offending youth to act outwardly towards others through sex offending rather than inflicting self-injury.

Borderline traits. The normal youth factor also accounted for the most variability in the Borderline trait

category, followed by the conduct-disordered factor and the sex-offender factor. However, the "unstable relationships" and "fear of abandonment" traits did not load on the conduct-disordered factor, and the "inappropriate anger," "self-destructive" and "suicidal threats" variables did not load on the sex-offender factor. This seems consistent with the notion that sex offenders may be less likely to engage in self-harming activities than the other two groups and more likely to act out in other-harming ways through offending sexually.

Reactive attachment traits. The factor accounting for the most variability in the reactive attachment category was the conduct-disordered youth factor, followed by the normal youth factor and the sex-offender factor. The only variable that did not load on the sex-offender factor that loaded on the other two was "indiscriminate familiarity with strangers." This is interesting because so much of the popular media portrays sexual perpetrators as unknown to their victims. However, the failure of this variable to load on the sex-offending factor seems more consistent with research showing that most perpetrators are known by their victims, and that pedophiles actually learn to systematically choose and desensitize their victims prior to committing sexual offenses (Conte et al., 1989).

Histrionic traits. As in most other categories, the normal youth factor again accounted for the greatest amount

of the variance, followed by the conduct-disordered factor, and the sex-offender factor. While all of the variables loaded on the normal factor, "overly concerned with looks" did not load on either the conduct-disordered or sex-offender factors. Since those considered in the conduct-disordered and sex-offender categories may be less likely to appear "normal," this is not a surprising finding. In addition, "excessively emotional" did not load on the sex-offender factor. Once again, this seems consistent with the other offender factors, which point to a sex offender who displays emotion through sexual acting out rather than through the emotional outlets that would be evident in the histrionic personality.

DSM III-R diagnosis. One of the most surprising findings of this study is that clinicians seem to consider normal youth most likely to be diagnosed as oppositional, conduct-disordered, or identity disordered. Sex-offending youth were the next most likely to be diagnosed, and the conduct-disordered youth least likely. However, since research shows that most "normal" youth have committed acts for which, if caught, they could be prosecuted (Berger, 1994), this finding may be additional evidence that there may be more similarities among the three groups than there are differences.

Problematic relationships. Once again, the normal factor accounted for the greatest variability in the

Problematic Relationship category, with the conduct-disordered and sex-offender variables second and third, respectively. However, the "problems with peers" variable did not load on the sex-offender factor. This may be related to a tendency for sex-offending youth to either feel isolated or to isolate themselves from peers, thus avoiding relationships that might become problematic. Otherwise, the rest of the variables loaded similarly on all the factors.

Antisocial traits. The Antisocial Trait category yielded some results different from most of the other categories. The conduct-disordered factor accounted for the greatest variability, suggesting that conduct-disordered youth are more likely to display antisocial traits than the other groups. The normal youth factor accounted for the second greatest amount of variability, followed by the sex-offending variables, which factored into four separate antisocial factors. The variables that did not load on the normal factor were "animal cruelty" and "arson," suggesting that these are acts in which normal youth are less likely to engage.

The "argumentive," "lacks responsibility," "lying," and "use of weapons" variables failed to load on the sex-offender factors. The failure of "argumentive" and "lacks responsibility" variables to load may be consistent with profiles of sex-offending youth. However, the failure of "lying" and "use of weapons" to load are more difficult to

interpret, since some offenders have been known to use weapons, and lying would seem to be consistent with the deceit involved in engaging victims.

General affect/mood. As in most other categories, the normal youth factor accounted for the greatest variability, with the conduct-disordered factor second, and the sex-offender factors accounting for the least. The "anxious" variable did not load on the conduct-disordered factor, which suggests that sex-offending youth and normal youth may feel more anxious than conduct-disordered youth. Perhaps conduct-disordered youth are more likely to express their anxiety through acting-out behaviors than the other groups, thus exhibiting less anxiety.

The only two variables that loaded on the sex-offender variables were "irritable" and "anxious," and they each loaded individually on different factors. Thus, the consideration that the general affect and mood of sex-offending youth may be overall different from the conduct-disordered and normal groups must be considered. This category may be one where conduct-disordered youth and normal youth are more similar to each other than to sex-offending youth.

General cognitive. The normal youth factor accounted for the greatest variability in the General Cognitive category. This was followed by the conduct-disordered factor and the sex-offending factors. An interesting

difference in this category was that "low self-esteem" loaded only on the normal factor. This leads one to question what role self-esteem plays in the lives of conduct-disordered and sex offending youth. Since "low self-esteem" loaded only on the normal factor, perhaps this is also an indication that self-esteem related issues may need to be addressed more in normal youth settings.

Other variables that failed to load on the sex-offending variables included "low tolerance" and "uncooperative." This may indicate that sex-offenders might be likely to show cooperation and tolerance in order to increase an ability to manipulate others, much as predators patiently waiting for their prey.

Group comparisons. The factors with the greatest variability from each category, their eigenvalues, and the percent of variability accounted for by each are summarized in Table 11. In most of the categories, the greatest variance represents normal youth with a few categories representing conduct-disordered youth. No category included sex-offending youth as representing the greatest amount of variance. This leads one to consider the possibility that perhaps there are more biopsychosocial similarities between normal and sex-offending youth, and between conduct-disordered and sex-offending youth, than differences.

Table 11

Factors Accounting for the Greatest Variability

Factor Name	Eigenvalue	% of Variance Accounted For
Normal Youth		
Learning disabled (F1)	4.78	60
Tourette's Syndrome (F1)	17.67	60
Borderline traits (F1)	10.86	60
Histrionic traits (F1)	9.65	64
DSM diagnosis (F1)	4.32	48
Problematic relationships (F1)	4.15	46
Physical illness/injury (F1)	9.08	50
Affect/mood (F1)	7.54	42
General cognitive (F1)	8.33	46
Conduct-Disordered Youth		
Attention Deficit Hyperactive Disorder (F1)	10.93	60
Reactive attachment traits (F1)	8.01	67
Antisocial traits (F1)	17.81	54

The factors accounting for moderate variability, their eigenvalues, and percent of variability are summarized in Table 12. These factors include Factor 2 from each category, mostly conduct-disordered factors. A continuing pattern of similarities is evident between groups as some of the sex-offender factors begin to emerge with moderate

variability, that is, symptoms of Tourette's Syndrome and Learning Disabilities, which are factors that accounted for the most variability in the normal youth group.

Table 12

Factors Accounting for Moderate Variability

Factor Name	Eigenvalue	% of Variance Accounted For
Normal Youth		
Attention Deficit Hyperactive Disorder (F2)	3.75	16
Reactive attachment traits (F2)	2.10	18
Antisocial traits (F2)	3.96	12
Conduct-Disordered Youth		
Borderline traits (F2)	2.93	16
Histrionic traits (F2)	2.24	15
Problematic relationships (F2)	1.93	22
Physical illness/injury (F2)	4.40	25
Affect/mood (F2)	3.67	20
General cognitive (F2)	3.07	17
Sex-Offender Youth		
Learning disabled (F2)	2.13	21
Tourette's Syndrome (F2)	4.55	17

The factors accounting for the least variability, their eigenvalues, and percent of variability are summarized in

Table 13, and include Factors 3 through 6 from each category. These variables are those that may shed some interesting light on youthful sex offending. While there are no "normal" factors in this category, it includes most of the sex-offending factors.

Although the variance is small, some of the sex-offending factors emerged with characteristics that may be specific to sex offending. Of greatest interest are those categories in which characteristics loaded on more than one sex-offender factor.

The Antisocial variables loaded on three separate sex-offender factors. The first type, evident in Factor 3, may be typical of a sex offender that frequently runs away, is more likely to be truant, and uses obscene language as coping skills. The second type, evident in Factor 4, may indicate a sex offender who tends to steal and commit arson as coping mechanisms. The third type, evident in Factor 5, may indicate a sex offender who uses animal cruelty as a form of redirecting anger. The fourth, evident in Factor 6, may indicate yet another type of sex offender who is more likely to cope through participating in fighting. Each of these factors points to characteristics that may delineate types of sex offenders who perpetrate in ways consistent with their coping styles.

A similar situation is evident in the Physical Illness/Injury category. Factor 3 consists of "encopresis"

and "enuresis" variables, while Factor 4 consists of "physical disability." Factor 3 may be viewed as both an emotional result or a physical effect of sex offending and could indicate an offender who has been victimized. An offender with a physical disability, on the other hand, might indicate someone who may attempt to use the power issues involved with sex offending as a way to deal with the limitations of a physical disability. However, since information concerning the type of physical disability was not requested, this is purely speculation.

For the General Affect/Mood category, two types of sex offenders were evident. The first, Factor 3, indicated an offender who is irritable, and the second, Factor 4, seemed to indicate an anxious offender. While these may seem similar, an irritable offender might be more likely to be provoked into offending under stressful conditions, whereas an anxious offender may use sexual acting out as a mechanism for keeping feelings of anxiety under control.

In the General Cognitive area, there were also two types of sex-offender factors. The first, Factor 3, encompasses offenders who are low achievers and lack long-range goals. These might be offenders who either have become so sexualized that they can see no other alternatives but sexual acting out (including sexual addictions), or they may feel so hopeless about themselves that they turn to sexual acting out for self-reinforcement. The second,

Table 13

Factors Accounting for the Least Variability

Factor Name	Eigenvalue	% of Variance Accounted For
Conduct-Disordered Youth		
Learning disabled (F3)	1.05	21
Tourette's Syndrome (F3)	2.27	8
DSM III-R diagnosis (F3)	1.05	12
Sex-Offender Youth		
Attention Deficit Hyperactive Disorder (F3)	2.10	10
Borderline traits (F3)	1.87	10
Reactive attachment traits (F3)	1.02	9
Histrionic traits (F3)	1.25	8
Problematic relationships (F3)	1.83	20
Antisocial traits (F3)	3.26	10
Antisocial traits (F4)	1.95	6
Antisocial traits (F5)	1.38	4
Antisocial traits (F6)	1.10	3
Physical illness/injury (F3)	1.32	7
Physical illness/injury (F4)	1.25	7
Affect/mood (F3)	2.55	14
Affect/mood (F4)	1.12	6
General cognitive (F3)	2.77	15
General cognitive (F4)	1.15	6

Factor 4, includes unempathic sex offenders. While those who work with sex offenders may argue that this is a characteristic common to sex offending, perhaps a better consideration might be whether sex offending results in a lack of empathy, or whether a lack of empathy results in sex offending. These are two different perspectives that might require different interventions.

Discriminant Analysis

The discriminant analysis of the biopsychosocial characteristics included in this study was unsuccessful in classifying the pedophilic and mixed-offender groups. One reason for this failure may be that the discriminating variables may not be as strong in the biopsychosocial area as they might be in other areas, such as victimization history or family history. Another reason may include that clinicians may not perceive differences between these groups and were unable to provide adequate information to use in classification of the offender types.

Conclusions

First research question. Which characteristics are common across all groups?

Most factors were the same, but given different names depending on the youth types (for example, "attention problems" were listed as "normal, attention problems"; "conduct-disordered, attention problems"; and "sex-offender,

attention problems"). Coinciding variables that loaded on all factors may be viewed as similarities. Therefore, most of the biopsychosocial characteristics, according to clinician perspectives, were similar across all groups. This is an important consideration, especially in our society in which it is common to look for pathology, often at the expense of strengths.

Second research question. What are the characteristics common across various sex offense types within the youthful male sex-offending group?

This question was not so clearly answered by this study because the offender types were not distinguishable by the biopsychosocial variables analyzed in this study. However, that does not mean they do not exist. It merely means analysis of the biopsychosocial variables considered in the SOCI-M failed to tap into variables that might distinguish one type of sex offender from another.

The respondent clinicians could distinguish between offender types by choosing to answer the questionnaire based on their perceptions of a certain type of offender. They also indicated the percentages of their sex-offender clients that fell into different sex offense-specific categories (Table 7). This indicates that clinicians perceive there are similarities within offender types. Perhaps the question that was answered (but was not asked) was "Which characteristics are similar, regardless of offense type?"

Limitations

It is important to remember that these data are representative of clinicians who work specifically with youthful sex offenders. Because the data are based on clinician perceptions, it may differ from data gathered directly from offenders. In fact, a major problem with interpreting the data was that many clinicians failed to provide the requested data for the comparison groups of conduct-disordered and "normal" youth. One of the reasons commonly cited was, "I only work with offenders and can only provide my perceptions of this population."

A related reason given for not providing data about "normal" youth was, "I have no idea what a 'normal' youth is." Therefore, while too little data may have been provided to efficiently compare groups, one is forced to consider a question that is often considered by those who work with offender and conduct-disordered youth--what is a "normal" youth? Although this is a difficult question to answer, it should be considered an important issue for the clinician providing therapeutic interventions. In other words, how can clinicians expect to provide treatment when they do not have a clear conception of what is "normal?" Could this be a contributing factor to the diverse numbers of intervention programs and high recidivism rates?

Implications

It is important to remember that these data must be viewed within the context of the therapists' world rather than the objective view of the direct observation of the targeted youth groups. While the differences between these two perspectives remain to be seen, it is hoped that this study will begin to shed light on the necessity of discovering these differences in order to reduce the incidence of sexual victimization.

The large standard deviations evident in the data analyses may be another indication of the lack of clinician understanding of the differences among sex-offending, conduct-disordered, and "normal" youth. If this is the case, the diversity of clinician perspectives that lead to the large standard deviations may demonstrate more fully the need for standardizing definitions of normal, conduct-disordered, and sex-offending youth in order to create more efficient and effective prevention, treatment programs, and social policies.

This study may be responsible for creating more questions than it answered. In addition to considering that standard definitions of "normal" youth continue to be elusive, determining the variables associated with youthful sex offending that may lead to more successful interventions continues to be an area that needs research. Perhaps one implication of this project is that clinicians must

determine if they are asking enough of the right questions when working with sex-offending youth to determine the areas that differ between sex-offending, conduct-disordered, and normal youth. If a clinician fails to thoroughly assess a client, interventions may be wasted in areas where they may be least effective, and lacking in areas where they may be most effective.

This study brings to mind many questions that might benefit from further investigation. For example, could some pedophilic behaviors arise from offender preferences for victims who were the same age as they were when they were victimized? This is a hypothesis worth investigating, especially in view of the Post Traumatic Stress literature, which views many self-abusive tactics as unconscious efforts to repeat victimization of earlier years. Focusing more on reasons for victim preference could promote more effective interventions.

The clinician demographics lead to the consideration of two areas where more research and intervention may be fruitful in stemming the increase in offending behaviors. The first is the number of family therapists that responded to this questionnaire, and the second is the stress that may be experienced by therapists who work with many youthful offenders.

In this study, family therapists ranked third, after social workers and psychologists, in the numbers of

respondents who work with youthful offenders. If this is any indication of the numbers of family therapists involved in the treatment of offending youth, then an area ripe for further research and intervention is evident. Family dysfunction has often been identified as an important factor in the perpetuation of sexual victimization and perpetration (Barbaree & Cortoni, 1993; Prendergast, 1993). It then becomes an important goal in reducing the incidence of sexually offensive behaviors to involve more family therapists in identifying and treating both offending and high-risk families. Involving more family therapists in prevention, treatment, and research may become one of the key factors in reducing sexual abuse.

Another consideration worth mentioning is the burnout that many therapists experience in working with sexually offensive youth. A mean of 17 offenders per month in a therapy practice can take its toll on the therapist (Farrenkopf, 1992). Because of the difficulties experienced in working with sex offenders, ways to reduce secondary victimization and burnout become important in providing more effective treatment for perpetrators.

While many strides are being made in the area of youthful sex offending, there continues to be a long road ahead in the prevention and treatment of sexual abuse. It is hoped that this study may become a stimulus for future research endeavors.

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APPENDICES

APPENDIX A

Query Letter

Date, 1994
Address

Dear Colleague:

We are members of the Utah State University based Sexual Offenses Research, Treatment, and Social Policy Team (SORTS). While our efforts in the field of youthful sexual offending are multifaceted, the most urgent focus of the team is that of clarifying youthful sexual offender characteristics. Over the past decade there has been an ongoing call for the empirical clarification of youthful sexual offender behavior and characteristics from a variety of professional sources. While many are involved in the area, to date, there has been limited systematic research integrating the results of these various efforts. Consequently, we are directing our efforts towards the empirical conceptualization of this youthful population. The initial focus was that of exploring youthful sexual offending characteristics using meta-analytic methodology to examine the past two decades of literature on the phenomena. This research project has now been completed, and from it the Sexual Offenders Characteristics Inventory (SOCI) has been developed. We are currently completing several articles further identifying and delineating attributes associated with youthful sexual offenders, as well as developing a remedial intervention program.

While research from previous studies is critical to one's overall comprehension of the phenomena, your front-line involvement in the human aspect of intervention with youthful sexual offenders must be duly considered and incorporated into the conceptualization process. In keeping with our efforts to gather the most accurate information possible as the SORTS team begins to typologize youthful sexual offending behaviors, we are approaching you. As a clinician actively involved in the treatment of youthful sexual offenders, your input into this project can help further clarify our conceptualization of these youth during the next phase of the project.

We are seeking your assistance by requesting that you complete the SOCI, one for youthful male sexual offenders and one for youthful female sexual offenders, for the most prominently treated sexual offense in your practice (i.e., sexual assault, pedophilia, mixed offender or rapist). The SOCI will provide data on specific characteristics associated with youthful sexual offenders. You will be asked to compare your responses for youthful sexual offenders with non-sex offending conduct-disordered and normal youth. If you choose to be involved, we will send you a summary of our findings in appreciation for your participation.

We appreciate your consideration in lending your expertise to our project. It is anticipated that it will take approximately 45 minutes to complete one of the SOCI instruments. In that it is essential our return be as close to 100% as possible, we have included a self-addressed return postcard for you to indicate whether or not you would be willing to participate in this project, and which sexual offender population you are most closely associated with for males and females in your practice. We are certainly aware of the time constraints placed on you. However, we believe your cooperative effort with the SORTS team will facilitate not only our knowledge base of these youth, but will also enhance your endeavors in providing effective and efficient intervention for this population of clients. Please complete the enclosed card and return it to us within 10 days.

We appreciate your time and consideration, and hope you will join us in moving this important research forward.

Sincerely,

D. Kim Openshaw, Ph.D., LCSW, LMFT
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Susan L. Ericksen, RN, B.S.
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APPENDIX B

The SOCI-M Questionnaire

YOUTHFUL SEX OFFENDER CHARACTERISTIC INVENTORY--MALE VERSION (SOCI-M)
PART 2: BIOPSYCHOSOCIAL CHARACTERISTICS

May, 1994

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CLINICIAN DEMOGRAPHICS

Which of the following best describes you and your clinical practice?

1. Sex: _____Male _____Female

2. Ethnicity: _____Caucasian _____Black _____Hispanic _____Asian American
_____Native American _____Mixed/Other_____

3. Area of Practice: _____Urban/inner city _____Suburban/outer city _____Rural
_____Mixed/Other_____

4. Type of Clinician: _____Social Worker _____Family Therapist _____Psychologist
_____Psychiatrist _____Other_____

5. Educational Level: _____Bachelor's _____Master's _____Ph.D _____M.D.
_____Other_____

6. Number of years in clinical practice_____

7. Number of years involved in the treatment of youthful sex offenders_____

8. Average number of clients seen per month_____

9. Percentage of practice focused on the treatment of youthful sex offenders _____

10. Approximately what percentage of your youthful sex offender practice fall into the following categories?

___% Youthful Pedophilia: Coercive or noncoercive sexual behavior with a victim at least three years younger than the perpetrator, including assault or/and rape.

___% Rape: A sexual offense involving peer-aged or older victim compliance through physical force or violent threats leading to physical or instrumental penetration.

___% Sexual Assault: A sexual offense involving peer-aged or older victim compliance through physical force or violent threats short of penetration, including attempted rape.

___% Mixed/Other: A combination of sexual offenses which fall into at least two of the following categories: youthful pedophilia, rape, or/and sexual assault.
(List:_____)

PART 2: BIOPSYCHOSOCIAL CHARACTERISTICS

For this study, a youthful sex offender is a preadult (age 18 or younger) male or female who initiates a sexual or assaultive interaction with either a nonconsenting partner or a child too young to understand the behavior being consented to.

Please fill out the remainder of this questionnaire based on your perceptions of one offender category listed below. Also, please indicate your perceptions of non sex-offending Conduct Disordered youth and non-offending "Normal" youth. It is not expected that you determine exact percentages, only that you estimate based on your experience with your clientele.

Please choose one:

___Youthful Pedophiles ___Youthful Rapists ___Youthful Sexual Assaulters ___Mixed Offenders

I. DEMOGRAPHIC CHARACTERISTICS

A. Please estimate the percentages of your male youthful sex offender practice which falls into the following categories.

B. Please estimate the percentages of non-offending male "conduct disordered" and non-offending male "normal" youth for the same categories.

C. Percentages should total 100% for each category except where indicated.

	Sex Offender	Conduct Disorder	Control (Normal)
11. Family Type:			
Two parent:			
Both Biological	_____	_____	_____
Blended	_____	_____	_____
Single parent:			
Divorced	_____	_____	_____
Separated	_____	_____	_____
Widowed	_____	_____	_____
Foster parents	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
12. Family Structure:			
Nuclear	_____	_____	_____
Extended	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
13. Ethnicity:			
Caucasian	_____	_____	_____
Black	_____	_____	_____
Hispanic	_____	_____	_____
Asian American	_____	_____	_____
Native American	_____	_____	_____
Mixed/Other_____	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
14. Demographic Area:			
Urban/inner city	_____	_____	_____
Suburban/outer city	_____	_____	_____
Rural	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
15. Age At First Clinical Intake/Assessment:			
Preschool (5 & under)	_____	_____	_____
Young School Age (6-8)	_____	_____	_____
Preadolescent (9-11)	_____	_____	_____
Early Adolescent (12-14)	_____	_____	_____
Late Adolescent (15-18)	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
16. Highest Education Level:			
6th Grade or Less	_____	_____	_____
6th to 11th Grade	_____	_____	_____
H.S. Graduate	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%
17. Estimated IQ:			
85 or less	_____	_____	_____
86-114	_____	_____	_____
115 or higher	_____	_____	_____
Unknown	_____	_____	_____
	Total 100%	Total 100%	Total 100%

A. Based on the following scale, please circle the number that best indicates your perception of how related the following characteristics are to youthful male sex offenders, conduct disordered youth, and nondelinquent "normal" youth.

B. If you don't know whether or not a characteristic is related, mark the DK in the "don't know" column.

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender	Conduct Disorder	Control (Normal)
18. Academic Problems:			
Held Back (1+ Grades)	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Remedial Intervention	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Drop-out	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
19. Learning Disabled:			
Attentional Problems	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Memory Problems	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5
Perceptual Problems	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
20. Symptoms of Attention-Deficit Hyperactivity Disorder (ADHD):			
Restlessness	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Easily Distracted	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Unable to Finish Tasks	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Difficulty Listening	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Excessive Talking	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Frequently Interrupts	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
21. Eating Disorders:			
Anorexic	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Bullimic	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Under Weight	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Over Weight	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Normal Weight	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender	Conduct Disorder	Control (Normal)
22. Symptoms of Tourette's Syndrome: (Repetitive, involuntary, rapid, sudden movements known as tics which occur many times a day)			
Eye Blinking	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Head Jerking	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Facial Grimacing	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Touching Others	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Hitting/Biting Oneself	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Throat Clearing	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Barking Noises	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Coprolalia (vocalizing socially unacceptable words)	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Echolalia (repeating a sound, word, or phrase just heard)	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
23. Borderline Traits:			
Unstable Relationships	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Self-Destructive Impulsivity	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Affect Instability	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Inappropriately Intense Anger	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Suicidal Threats or Behavior	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Intense Fear of Abandonment	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender	Conduct Disorder	Control (Normal)
24. Antisocial Traits:			
Lacks Responsibility	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Steals	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Arson	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Lying	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Animal Cruelty	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Truancy	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Runaway	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Fighting	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Obscene Language	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Use of Weapons	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Argumentive	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
25. Reactive Attachment Disorder Traits:			
Failure to Initiate Social Interactions	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Failure to Respond to Social Interactions	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Lack of Social Curiosity and Social Interest	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Indiscriminate Familiarity With Strangers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
26. Histrionic Traits:			
Excessively Emotional	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Attention Seeking	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Sexually Seductive	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Overly Concerned With Physical Looks	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Immediate Gratification	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
27. DSM III-R Diagnosed As:			
Conduct Disorder	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Identity Disorder	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Oppositional Disorder	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Other_____			

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender	Conduct Disorder	Control (Normal)
28. Physical Illness/Injury:			
Enuresis	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Encopresis	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
History of Head Injury	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Blackouts or Seizures	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Physical Disability	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Mental Disability	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Other_____			
29. Extracurricular Activities:			
Participates in Sports	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Participates in Social Activities	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
30. Social Competence:			
Lacks Social Competence with Same-Sex Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Lacks Social Competence with Opposite-Sex Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Anxious in Social Settings	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
31. Social Isolation:			
Isolates Self From Same-Sex Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Isolates Self From Opposite-Sex Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
32. Peer Association:			
Associates With Sexually Deviant Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Associates With Non-sexually Deviant Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Gang Involvement	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender	Conduct Disorder	Control (Normal)
33. Problematic Relationships With:			
School Officials	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Law Enforcement	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
34. General Affect/Mood:			
Irritable	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Hostile	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Impulsive	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Anxious	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Depressed	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Indifferent	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
35. General Cognitive:			
Low Tolerance	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Uncooperative	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Unempathic	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Low Achievement Orientation	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Lacks Long-Range Goals	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Low Self-Esteem	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
36. Non-Sexual Criminal Offenses:			
Convicted of Misdemeanor Offenses	1 2 3 4 5 DK	1 2 3 4 5 DK	
Convicted of Felony Offenses	1 2 3 4 5 DK	1 2 3 4 5 DK	
Acquitted	1 2 3 4 5 DK	1 2 3 4 5 DK	
No Court Record	1 2 3 4 5 DK	1 2 3 4 5 DK	
37. Drug/Alcohol Abuse:			
Alcohol Abuse	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
Drug Abuse	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK

III. YOUTHFUL SEX OFFENDER OFFENSE HISTORY

Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

	Sex Offender
32. Offender's Age At First Known Offense:	
</= 5 Years	1 2 3 4 5 DK
6-8 Years	1 2 3 4 5 DK
9-11 Years	1 2 3 4 5 DK
12-14 Years	1 2 3 4 5 DK
15-18 Years	1 2 3 4 5 DK
33. First Victim Consent:	
Victim Implied Consent	1 2 3 4 5 DK
Use of Verbal Coercion	1 2 3 4 5 DK
Use of Physical Force	1 2 3 4 5 DK
34. Subsequent Victims' Consent:	
Victims Implied Consent	1 2 3 4 5 DK
Use of Verbal Threats	1 2 3 4 5 DK
Use of Physical Force	1 2 3 4 5 DK
35. Age of First Known Victim:	
3 or More Years Younger	_____
Peer Age	_____
3 or More Years Older	_____
Unknown	_____ Total 100%

	Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

		Sex Offender	Conduct Disorder	Control (Normal)
33.	Problematic Relationships With:			
	School Officials	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Law Enforcement	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Peers	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
34.	General Affect/Mood:			
	Irritable	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Hostile	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Impulsive	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Anxious	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Depressed	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Indifferent	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
35.	General Cognitive:			
	Low Tolerance	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Uncooperative	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Unempathic	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Low Achievement Orientation	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Lacks Long-Range Goals	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Low Self-Esteem	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
36.	Non-Sexual Criminal Offenses:			
	Convicted of Misdemeanor Offenses	1 2 3 4 5 DK	1 2 3 4 5 DK	
	Convicted of Felony Offenses	1 2 3 4 5 DK	1 2 3 4 5 DK	
	Acquitted	1 2 3 4 5 DK	1 2 3 4 5 DK	
	No Court Record	1 2 3 4 5 DK	1 2 3 4 5 DK	
37.	Drug/Alcohol Abuse:			
	Alcohol Abuse	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK
	Drug Abuse	1 2 3 4 5 DK	1 2 3 4 5 DK	1 2 3 4 5 DK

III. YOUTHFUL SEX OFFENDER OFFENSE HISTORY

	Never Related (0%) 1	Occasionally Related (1%-25%) 2	Sometimes Related (26%-50%) 3	Usually Related (51%-99%) 4	Always Related (100%) 5	Don't Know DK

		Sex Offender
32.	Offender's Age At First Known Offense:	
	</= 5 Years	1 2 3 4 5 DK
	6-8 Years	1 2 3 4 5 DK
	9-11 Years	1 2 3 4 5 DK
	12-14 Years	1 2 3 4 5 DK
	15-18 Years	1 2 3 4 5 DK
33.	First Victim Consent:	
	Victim Implied Consent	1 2 3 4 5 DK
	Use of Verbal Coercion	1 2 3 4 5 DK
	Use of Physical Force	1 2 3 4 5 DK
34.	Subsequent Victims' Consent:	
	Victims Implied Consent	1 2 3 4 5 DK
	Use of Verbal Threats	1 2 3 4 5 DK
	Use of Physical Force	1 2 3 4 5 DK
35.	Age of First Known Victim:	
	3 or More Years Younger	_____
	Peer Age	_____
	3 or More Years Older	_____
	Unknown	_____

Total 100%

APPENDIX C

Varimax Rotated Factor Matrices

Table C1

Varimax Rotated Factor Matrix of Learning-Disabled Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 33)				
Attention problems	.93			.91
Memory problems	.92			.97
Perceptual problems	.91			.98
Sex-Offender Youth (F2) (n = 48)				
Perceptual problems		.90		.84
Attention problems		.84		.71
Memory problems		.84		.75
Conduct-Disordered Youth (F3) (n = 38)				
Attention problems			.89	.91
Memory problems			.87	.91
Eigenvalues	4.78	2.13	1.05	
Cronbach's alpha	.97	.91	.86	
Scale M	10.12	9.81	7.82	
Range	3-27	3-27	3-18	
Scale SD	7.86	4.06	3.40	

Table C2

Varimax Rotated Factor Matrix of Attention Deficit Hyperactive Disorder (ADHD) Items

	F1	F2	F3	H2
Conduct-Disordered Youth (F1) (n = 39)				
Difficulty listening	.92			.97
Restlessness	.91			.98
Difficulty finishing tasks	.91			.97
Excessive talking	.91			.95
Easily distracted	.90			.97
Frequently interrupts	.89			.94
Normal Youth (F2) (n = 34)				
Frequently interrupts		.91		.95
Excessive talking		.90		.95
Difficulty listening		.90		.95
Difficulty finishing tasks		.88		.95
Easily distracted		.87		.95
Restlessness		.87		.95
Sex-Offender Youth (F3) (n = 49)				
Easily distracted			.94	.94
Difficulty listening			.92	.90
Excessive talking			.90	.88
Difficulty finishing tasks			.88	.80
Restlessness			.86	.90

(table continues)

	F1	F2	F3
Eigenvalues	10.93	3.75	2.10
Cronbach's alpha	.99	.99	.97
Scale M	23.92	19.74	16.14
Range	6-54	6-54	5-45
Scale SD	11.45	15.75	7.47

Table C3

Varimax Rotated Factor Matrix of Tourette's Syndrome Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 29)				
Eye blinking	.95			1.00
Facial grimacing	.93			1.00
Hitting/biting oneself	.93			1.00
Throat clearing	.92			1.00
Echolalia	.92			1.00
Coprolalia	.92			1.00
Head jerking	.91			1.00
Barking noises	.90			1.00
Touching others	.85			1.00
Sex-Offender Youth (F2) (n = 47)				
Coprolalia		.91		1.00
Throat clearing		.91		1.00
Head Jerking		.89		1.00
Echolalia		.89		1.00
Eye blinking		.89		1.00
Facial grimacing		.88		1.00
Barking noises		.87		1.00
Touching others		.83		1.00

(table continues)

	F1	F2	F3	H2
Conduct-Disordered Youth (F3) (n = 39)				
Facial grimacing			.89	1.00
Hitting/biting oneself			.86	1.00
Touching others			.86	1.00
Head jerking			.84	1.00
Eigenvalues	17.67	4.55	2.27	
Cronbach's alpha	.99	.98	.99	
Scale M	32.59	26.62	17.08	
Range	9-81	8-72	4-36	
Scale SD	31.00	23.66	13.11	

Table C4

Varimax Rotated Factor Matrix of Borderline Trait Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 33)				
Inappropriately intense anger	.94			.98
Self-destructive impulsivity	.94			.98
Unstable relationships	.94			.97
Affect instability	.94			.98
Suicidal threats or behavior	.93			.98
Fear of abandonment	.93			.96
Conduct-Disordered Youth (F2) (n = 39)				
Suicidal threats or behavior		.89		.92
Affect instability		.86		.94
Inappropriately intense anger		.86		.89
Self-destructive impulsivity		.85		.93
Sex-Offender Youth (F3) (n = 48)				
Affect instability			.90	.87
Fear of abandonment			.90	.84
Unstable relationships			.85	.84
Eigenvalues	10.86	2.93	1.87	
Cronbach's alpha	.99	.97	.96	
Scale M	19.00	15.67	11.21	
Range	6-54	4-36	3-27	
Scale SD	15.85	6.66	4.06	

Table C5

Varimax Rotated Factor Matrix of Reactive Attachment Trait Items

	F1	F2	F3	H2
Conduct-Disordered Youth (F1) (n = 36)				
Indiscriminate familiarity with strangers	.92			.95
Failure to respond to social interactions	.88			.97
Lack of social curiosity and interest	.87			.95
Failure to initiate social interactions	.87			.94
Normal Youth (F2) (n = 32)				
Failure to respond to social interactions		.89		.99
Lack of social curiosity and interest		.89		.99
Failure to initiate social interactions		.89		.98
Indiscriminate familiarity with strangers		.87		.95
Sex-Offender Youth (F3) (n = 47)				
Failure to respond to social interactions			.93	.97
Failure to initiate social interactions			.92	.94
Lack of social curiosity and interest			.92	.95

(table continues)

	F1	F2	F3
Eigenvalues	8.01	2.10	1.02
Cronbach's alpha	.98	.99	.96
Range	4-36	4-36	3-27
Scale M	13.94	12.94	9.68
Scale SD	8.51	10.59	3.48

Table C6

Varimax Rotated Factor Matrix of Histrionic Trait Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 33)				
Attention seeking	.93			.98
Excessively emotional	.93			.97
Overly concerned with looks	.92			.98
Sexually seductive	.91			.97
Seeks immediate gratification	.87			.93
Conduct-Disordered Youth (F2) (n = 38)				
Sexually seductive		.85		.94
Attention seeking		.85		.94
Excessively emotional		.84		.88
Seeks immediate gratification		.78		.87
Sex-Offender Youth (F3) (n = 48)				
Sexually seductive			.89	.86
Attention seeking			.84	.79
Seeks immediate gratification			.82	.81
Eigenvalues	9.65	2.24	1.25	
Cronbach's alpha	.99	.97	.93	
Scale M	17.58	16.00	11.02	
Range	5-45	4-36	3-27	
Scale SD	13.55	7.42	3.34	

Table C7

Varimax Rotated Factor Matrix of DSM III-R Diagnosis Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 32)				
Oppositional disorder	.95			.97
Conduct disorder	.93			.98
Identity disorder	.92			.97
Sex-Offender Youth (F2) (n = 46)				
Oppositional disorder		.92		.97
Conduct disorder		.91		.85
Identity disorder		.84		.77
Conduct-Disordered Youth (F3) (n = 37)				
Oppositional disorder			.89	.87
Conduct disorder			.86	.83
Eigenvalues	4.32	2.43	1.05	
Cronbach's alpha	.99	.80	.91	
Scale M	9.19	9.96	9.43	
Range	3-27	5-27	5-18	
Scale SD	8.28	4.44	2.82	

Table C8

Varimax Rotated Factor Matrix of Problematic Relationship Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 31)				
With school officials	.98			.99
With law enforcement	.97			.99
With peers	.97			.99
Conduct-Disordered Youth (F2) (n = 37)				
With law enforcement		.95		.93
With school officials		.95		.93
With peers		.91		.58
Sex-Offender Youth (F3) (n = 49)				
With school officials			.90	.82
With law enforcement			.86	.76
Eigenvalues	4.15	1.93	1.83	
Cronbach's alpha	.99	.94	.87	
Scale M	9.06	12.81	6.94	
Range	3-27	7-27	4-10	
Scale SD	7.31	3.83	1.74	

Table C9

Varimax Rotated Factor Matrix of Antisocial Trait Items

	F1	F2	F3	H2
Conduct-Disordered Youth (F1) (n = 36)				
Argumentive	.92			.90
Obscene language	.91			.94
Lacks responsibility	.89			.94
Animal cruelty	.89			.93
Fighting	.89			.95
Steals	.88			.92
Lying	.88			.92
Truancy	.87			.95
Runaway	.87			.91
Use of weapons	.87			.92
Arson	.83			.92
Normal Youth (F2) (n = 33)				
Truancy		.93		.97
Fighting		.92		.95
Lying		.92		.96
Use of weapons		.92		.94
Argues		.90		.97
Runaway		.90		.96
Steals		.89		.96
Obscene language		.88		.96
Lacks responsibility		.87		.94

(table continues)

	F1	F2	F3	H2
Sex-Offender Youth (F3) (n = 47)				
Runaway			.85	.83
Truancy			.82	.84
Obscene language			.82	.90
Eigenvalues	17.81	3.96	3.26	
Cronbach's alpha	.99	.99	.95	
Scale M	44.75	28.67	9.98	
Range	22-99	9-81	5-27	
Scale SD	17.65	21.77	3.60	

	F4	F5	F6	H2
Sex-Offender Youth (F4) (n = 47)				
Steals	.87			.82
Arson	.86			.91
Sex-Offender Youth (F5) (n = 46)				
Animal cruelty		.89		.86
Sex-Offender Youth (F6) (n = 46)				
Fighting			.84	.82
Eigenvalues	1.95	1.38	1.10	
Cronbach's alpha	.87	-	-	
Scale M	6.36	2.93	3.46	
Range	3-18	1-5	1-9	
Scale SD	2.34	.93	1.28	

Table C10

Varimax Rotated Factor Matrix of Physical Illness/Injury Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 31)				
History of head injury	.96			.99
Encopresis	.96			.99
Physical disability	.96			.99
Enuresis	.96			.99
Blackouts or seizures	.96			.99
Mental disability	.96			.99
Conduct-Disordered Youth (F2) (n = 36)				
Blackouts or seizures		.88		.93
Physical disability		.87		.95
History of head injury		.82		.89
Enuresis		.80		.93
Sex-Offender Youth (F3) (n = 47)				
Encopresis			.95	.95
Enuresis			.93	.93
Eigenvalues	9.08	4.40	1.32	
Cronbach's alpha	.99	.95	.97	
Scale M	18.77	12.39	5.21	
Range	6-54	4-36	2-18	
Scale SD	17.79	9.46	3.30	

(table continues)

	F4	H2
Sex-Offender Youth (F4)	(n = 48)	
Physical disability	.85	.88
Eigenvalues	1.25	
Cronbach's alpha	-	
Scale M	2.25	
Range	1-9	
Scale SD	1.91	

Table C11

Varimax Rotated Factor Matrix of General Affect/Mood Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 33)				
Hostile	.98			.99
Depressed	.97			.98
Impulsive	.97			.97
Irritable	.97			.98
Anxious	.96			.83
Conduct-Disordered Youth (F2) (n = 38)				
Hostile		.94		.92
Irritable		.94		.90
Impulsive		.90		.93
Depressed		.87		.81
Sex-Offender Youth (F3) (n = 49)				
Irritable			.88	.90
Eigenvalues	7.54	3.67	2.55	
Cronbach's alpha	.99	.93	-	
Scale M	15.39	19.79	3.04	
Range	5-45	15-45	1-5	
Scale SD	11.73	6.57	.89	

	F4	H2
Sex-Offender Youth (F4) (n = 49)		
Anxious	.83	.73
Eigenvalue	1.12	
Cronbach's alpha	-	
Scale M	3.43	
Range	2-5	
Scale SD	.79	

Table C12

Varimax Rotated Factor Matrix of General Cognitive Items

	F1	F2	F3	H2
Normal Youth (F1) (n = 33)				
Unempathic	.97			.99
Low achievement	.97			.99
Lacks long-range goals	.97			.98
Uncooperative	.96			.99
Low self-esteem	.96			.98
Low tolerance	.96			.98
Conduct-Disordered Youth (F2) (n = 38)				
Low achievement		.93		.89
Uncooperative		.92		.91
Low tolerance		.91		.88
Lacks long-range goals		.90		.93
Unempathic		.90		.90
Sex-Offender Youth (F3) (n = 49)				
Low achievement			.91	.83
Lacks long-range goals			.83	.72
Eigenvalues	8.33	3.07	2.77	
Cronbach's alpha	.99	.95	.86	
Scale M	19.06	21.47	7.02	
Range	6-54	15-45	4-10	
Scale SD	14.30	6.05	1.48	

(table continues)

	F4	H2
Sex-Offender Youth (F4)	(n = 49)	
Unempathic	.72	.54
Eigenvalues	1.15	
Cronbach's alpha	-	
Scale M	4.22	
Range	2-5	
Scale SD	7.86	