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CLINICIAN PERCEPTIONS OF MEDIA USE BY MALE SEX-OFFENDING,  
CONDUCT-DISORDERED, AND NORMAL YOUTH

by

Melissa A. Vogel

A thesis proposal submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

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## ABSTRACT

Clinician Perceptions of Media Use by Male Sex-Offending,  
Conduct-Disordered, and Normal Youth

by

Melissa A. Vogel, Master of Science

Utah State University, 1998

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

Sexual offenses by youth have been increasing. The literature recognizes media as a socializer, yet few studies examine nonpornographic media and youthful sex-offending. The purpose of this research was to survey the perceptions of clinicians as to the use of media *type* and *content* for male sex-offending, conduct-disordered, and normal youth. The questionnaire was completed by 78 American clinicians from 30 states specializing in the treatment of youthful sex offenders.

Means, standard deviations, and percentages were calculated, which provided descriptive data. Male sex-offending and conduct-disordered youth are believed by clinicians to be more frequent consumers of aggressive, explicit, and sexually violent media than are normal youth. Conduct-disordered youth are seen as preferring aggressive media, while sex-offending youth are viewed as more likely to choose explicit or sexually violent media.

(81 pages)

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## CHAPTER I

### INTRODUCTION

Reported occurrences of sexual offenses perpetrated by youth have been increasing at an alarming rate. The U.S. Department of Justice, Federal Bureau of Investigation (1995) compiles arrest records by offense and age group, the most recent available reports being for arrests occurring in 1994. For youth under 18 years of age, arrests for forcible rape in the United States numbered 4,524 compared to 23,104 for those 18 years of age and older. This represents 16% of arrests, an increase of 5.60% from 1985 figures for juveniles as opposed to a decrease of 5.10% for adults. Arrests for violent crime during the same time frame showed 117,200 juvenile arrests. This is 20% of total arrests, a 75% increase from 1985 figures as opposed to a 47.60% increase in adult arrests. Juveniles also accounted for 17% of 1994 arrests for sex offenses excluding forcible rape and prostitution. Additionally, numerous studies have shown an increased rate of sexual offending among youth who have experienced sexual abuse themselves (Ryan, 1989). Victim surveys indicate that adolescents are responsible for 30% to 50% of all cases of child sexual abuse (Davis & Leitenberg, 1987). The increase in arrest records, in addition to the above considered factors, points to pervasive sexual offending behaviors among youth. However, the literature on both victims and offenders consistently cited reported abuse as being considerably less than actual offense rates, indicating the possibility of even higher incidence of offenses by juveniles.

Social scientists, clinicians, and policy makers are beginning to recognize

both the serious individual and the broader social implications of youthful sexual offending as well as the knowledge deficit hampering development of effective interventions targeting this phenomenon. Consequently, efforts are underway to typologize sexually offending youth and to understand variables that contribute to the development of their offending behavior.

Much has been written recently regarding violent and sexually explicit mass media. Youth violence has been declared an epidemic, and media have been identified as one of the contributing factors (Eron et al., 1991). Professional groups such as the National Association for the Education of Young Children (NAEYC ; NAEYC, 1990), American Medical Association (Centerwall, 1992), and numerous social scientists (e.g., Paik & Comstock, 1994) increasingly agree on an association between violent and explicit media and problematic beliefs or behaviors in children and adolescents.

There is, however, much discussion over exactly what media content, in what amount, and for what ages and individual characteristics result in problematic outcomes. Many of the same variables such as aggression, lack of empathy, and belief in rape myths identified in media studies on normal populations have also been identified as common themes in studies of sex offenders. As media are increasingly recognized as an important socializing influence on children and adolescents (Arnett, Larson, & Offer, 1995), it would seem valuable to clinicians developing preventive and treatment programs addressing youthful sex offending to have information about any possible role media may play. Yet there have been very few studies looking at nonpornographic media in relation to youthful sex offending. This study attempts to

better understand how much clinicians specializing in the treatment of youthful sex offenders know about their clients' media use.

### Conceptual Framework

Learning appropriate social behavior and cultural norms is a primary childhood task, and media are thought to be a major conduit through which cultural beliefs are conveyed (Calvert & Huston, 1987). Much of the scientific community believe empirical data do not demonstrate innate aggressiveness in humans but rather demonstrate that it is a learned behavior (Hoberman, 1990). Social learning theory seems to offer the most in terms of empirically associating individual aggression with exposure to violent media. Theorists instrumental in developing models explaining the relationship between violent media and aggression include Bandura, Berkowitz, and Huesmann.

Social learning theory incorporates operant conditioning from Watson (Bandura & Walters, 1963) and Skinner (Chance, 1988) with the components of cognition and vicarious learning. Vicarious learning takes place through observation of a model. Reproduction of a behavior appears to be highly influenced by several factors, among them: the number and perceived social power of the models, whether the model expresses approval or disapproval of a behavior, or whether the model is punished or rewarded for a behavior (Bandura & Walters, 1963). In his writings about the development of aggression, Bandura (1976) discussed what he terms *symbolic modeling* through mass media. He defined a model as any conveyance of information

and states that we learn through media as accurately as through live observation of models. Chance (1988) discusses the concept of *semantic generalization*, which has to do with the meaning of the stimuli for the observer. He believes learning tends to generalize to other situations, provided conditions are favorable, such as the observer believing he or she is likely to receive reinforcement. Media featuring sexual violence may model an aggressor as receiving reinforcement through sexual gratification, through an absence of consequences (e.g., not being caught, lack of social implications), or by showing a victim aroused by or deserving of aggression (Allen, D'Alessio, & Brezgel, 1995; Marshall & Barbaree, 1990).

To describe the learning process, researchers have developed a model consisting of three phases: (1) accumulation and classification of information, (2) "maintenance," where the initial phase is added to and reinforced, and (3) "retrieval and emission," where stored information is drawn on for behavioral cues (Josephson, 1987). These are based on early writings by Bandura (1977) in which he identified four processes regulating observational learning: (1) attentional processes (such as number, type, power of a model) and observer characteristics, (2) retention processes (which are primarily cognitive in nature), (3) motor reproduction processes (which have to do with observer abilities to reproduce behaviors), and (4) motivational processes (which have to do with both internal and external reinforcements).

According to Malamuth and Briere (1986), the more an observers' current situation matches characteristics of encoded scenes, the more likely it is that the encoded script will be retrieved and employed as a guide for behavior. This is based

on Bandura and Walters' (1963) concept of *identification*, whereby an observer sees a previously modeled behavior as a viable response to a later situation. Thus, an aggressive cue encountered in one circumstance may trigger aggressive scripts when the observer finds him- or herself in a similar situation.

Employing this model, media may be seen to be linked to aggressive behavior. Children exposed to aggressive media can accumulate misleading information about appropriate problem-solving skills, which in turn lead to aggressive scripts (Chance, 1988). Heavy exposure to aggressive media plus environmental exposure to aggression (through family, friends, community, etc.) can reinforce the apparent acceptability of this type of behavior. Finding themselves in situations with potential for aggression, children are primed to retrieve those scripts and act upon them (Husemann & Malamuth, 1986; Rule & Ferguson, 1986). There is also the consideration that children sometimes understand or perceive media differently than adults. A child or adolescent is likely to judge the seriousness of a situation by the end result rather than by methods employed to attain it (Pervin, 1975). Children may internalize violence and fail to recognize behavioral limiters recognized by adults, such as the inappropriateness of aggression (NAEYC, 1990). They are more likely to imitate than adults are and may misinterpret the appropriateness of some behaviors (Rule & Ferguson, 1986). Very often, children develop what Elkind (1988) has termed "pseudosophistication," leading parents to equate verbal ability with cognitive understanding.

Aggression, however, is a multifaceted behavior, and individuals are not

affected equally by it (Heath, Bresolin, & Rinaldi, 1989; Malamuth & Briere, 1986; Rule & Ferguson, 1986). Combine exposure to violent media, individual personality characteristics, a predisposition to aggression through identification with aggressive characters, modeling of dysfunctional problem solving skills, and a history of familial or community violence, and some of the elevated aggression in youth may be explained. A person's reaction to and retention of aggressive media is a result of complicated, individualized learning histories interacting with novel stimuli.

It is interesting to note that when studying media, researchers by necessity tend to focus on "maximum" effects, such as aggression. It may, however, be that while one adolescent acts out in deviant ways, another may not exhibit overt behaviors and yet may be considerably affected. In unobservably subtle ways, his or her self-image and social interactions may be influenced.

Social learning theory, then, can provide a way to conceptualize how media may influence the way a child or adolescent accumulates and classifies information about such things as gender roles and aggression. It can also provide a way to conceptualize how he or she continues to modify existing information, as well as retrieving and acting upon it in a way that leads to and maintains sexual offending behavior.

#### Definitions

Terms used in the process of this study include the following:

### Youthful Male Sex Offender

Any male under the age of 18 committing a sexual offense.

### Sexual Offense

Sexual interaction involving an imbalance of power (age, physical strength, mental capacity, degree of authority, drug or alcohol induced incapacitation, etc.) between perpetrator and victim, where force, implied force, or some form of deception or coercion takes place and where the victim is either incapable of informed consent or does not willingly give consent (Prendergast, 1993). A sexual offense can include physical contact (fondling, frottage, oral contact, or digital, penile, or instrumental penetration of the vagina or anus) or "hands-off" offenses (obscene telephone calls, voyeurism, or exhibitionism; Utah Task Force, 1994).

### Sexual Assault

Any sexual offense perpetrated against a victim of peer-age or older involving the use or threat of force.

### Rape

Digital, penile, or instrumental penetration of the vagina or anus as a result of force or threats of force.

### Rape Myths

A cluster of beliefs concerning rape (Ford & Linney, 1995). These myths

include thinking that men cannot control sexual urges, that women secretly want to be raped and enjoy it, that they may even invite and deserve rape because of certain dress or behaviors, and that women cannot be raped against their will (Greenberg, Bruess, & Mullen, 1993).

### Pedophilia

The word comes from the Greek *paidos* meaning child and *philia* meaning love of. It is a type of paraphilia manifested by sexual attraction to children. The victim is aged 13 or younger and the perpetrator is aged 16 or older, with a 3- to 5-year difference in age.

### Conduct-Disordered Youth

Youth engaging in a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. This may include aggression to people and animals, destruction of property, deceitfulness, theft, or serious violations of rules (American Psychiatric Association, 1994).

### Normal Youth

Youth absent of any clinically diagnosable pathology or mental disorder.

### Media

Any agent by which information or entertainment is conveyed through visual or auditory mass communication.



### Aggressive Media

Media conveying intense and graphic aggression, uncontrolled force or threat of force, or harm or threat of harm.

### Sexually Explicit Media

Media portraying clear representations of sexual activity or primary sexual characteristics.

### Sexually Violent Media

Media combining characteristics of both aggressive and sexually explicit media.

## Objectives

The objectives of this study were to compare clinical perceptions of *type* of media use (comic books, magazines, visual media, computer-related media, and music) as well as use of media *content* (aggressive, sexually explicit, sexually violent) across youthful sex offenders, conduct-disordered youth, and normal youth. Using the Sex Offender Characteristic Inventory - Male Version (SOCI-M) (Openshaw, Ericksen, & Jones, 1994<sup>1</sup>; see Appendix B), clinicians identified their perceptions of

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<sup>1</sup> The SOCI-M is available from D. Kim Openshaw, Department of Family and Human Development, 2905 University Blvd., Utah State University, Logan, UT 84322-2905.

media use by youthful male sex-offending, conduct-disordered, and normal youth.

They identified types of media (comic books, magazines, visual media, computer-related media, and music) as well as content (aggressive, sexually explicit, and sexually violent) for each of the populations indicated.

## CHAPTER II

### LITERATURE REVIEW

Although some studies on sexual offending have suggested a possible relationship with pornography, little has been written concerning nonpornographic media and juvenile sex offending. Nor does clinical literature on assessment and treatment of juvenile sex offenders typically address media as a possible factor in the development and maintenance of offending behaviors. The following review of the literature will explore several basic concepts concerning media and the possible role media play in the socialization of children and adolescents. Media use by youthful sex offenders and how media studies on normal populations may relate to sexually aggressive behavior will then be addressed.

#### Media

Traditionally, researchers have addressed the conventional social institutions of family, school, church, and community as playing primary roles in socializing children and adolescents. Media, however, have come to permeate their lives to such a degree that implications never dreamed of by the creators of the major theories of human development must now be considered. There literally is no facet of child development (e.g., cognition, socialization, fantasy, play, gender-role conceptualization, psychosexual, physiological, moral development, and world view) untouched by media (Rubinstein, 1983). Not only are media becoming more

pervasive, technologically sophisticated, and accessible, but the types are increasing. Interactive virtual reality games, recordable CDs, and Internet linked with video access to both sender and receiver are good examples of recent media developments.

According to the 1990 NAEYC position statement on media violence, there has been an increase in violent media since the 1982 deregulation of children's television by the Federal Communication Commission. Although children do indeed appear to learn from prosocial media messages (Eron & Huesmann, 1986), there seems to be less generalization than with those learned from viewing violent material (Singer, Singer, & Rapaczynski, 1984). In the 1983 report on research conclusions and policy statement of the National Institute of Mental Health, E. A. Rubinstien commented that there are only three possibilities for a relationship between violent media and aggression: (1) there is no relationship, (2) violent media serve to reduce aggression, or (3) there is a positive relationship between viewing media violence and aggressiveness. He pointed out that although no serious studies have "discovered" number two and nearly every study over the last 10 years has suggested the third outcome, there are still a small minority of studies claiming no relationship, the first outcome.

In an effort to better operationalize media content, Donnerstein and Linz (1986) defined three categories in pornography applicable to a discussion of media in general. They differentiated between explicit, violent, and "sexually violent" material. They found both violent and sexually violent media to increase aggression, with the latter having the strongest positive correlation. Allen et al. (1995) also found

pornographic portrayals of nonaggressive sexual activity to increase aggression and an even stronger association for portrayals of sexual aggression.

An alternative method for studying adolescents and media is the "uses and gratifications" model (Arnett et al., 1995). Rather than viewing adolescents as passive recipients of media, this model sees them as actively choosing from a wide variety of options and seeks to understand differences in individuals, choices, and perceived benefits. Arnett (1995) described seven primary socializers: family, peers, school, community, the media, the legal system, and the cultural belief system. Media, in essence, were created to transmit information and culture, although media are notably different from other primary socializers in that they are driven by economics rather than an interest in perpetuating the culture. Taking into account the increase in the availability and consumption by children and adolescents, media are a powerful socializer we may do well to consider when looking at aggressive behaviors such as sex offending.

#### Familial Factors

Familial environment constitutes the primary socializer of children. Parenting and family communication styles, as well as parental rejection/acceptance or use of violence, affect a child's use of aggression as a problem-solving skill (Heath et al., 1989; Husemann & Malamuth, 1986; Marshall & Barbaree, 1990). Many parents themselves have become habituated to aggressive or sexually violent media, and a relationship has been found between parental viewing habits and those of their

children (Christo, 1988). Consistent with social learning theory, when parents reject violent or explicit material, there is a neutralizing or inhibiting effect on aggressive behavior in their children (Rule & Ferguson, 1986).

Unfortunately, few parents watch television with their children (Rubinstein, 1983), and the number of media appliances in the home is associated with the amount of unsupervised media exposure the children will have in the home. This is especially true if the children themselves own appliances, which has also been associated with less parental rule setting pertaining to media (Lin & Atkin, 1989). Single, mother-headed homes or ones in which the mother works outside of the home are also associated with the amount of unsupervised media use by children (Lin & Atkin, 1989).

Frequency of media use is another consideration in its effect as a socializing agent. Many children spend more time watching television than attending school (Christo, 1988) or any other activity except for sleeping (Harrison & Pennell, 1989; Strouse & Buerkel-Rothfuss, 1987). Numerous studies have shown adolescents use at least one form, and typically several types of media, for a large portion of their waking hours (Steele & Brown, 1995) on a daily basis (e.g., Arnett et al., 1995). The average American adolescent listens to approximately four hours of music a day and watches two hours of television (Arnett, 1995). Adolescents watch more movies than any other age group and purchase 70% of music recordings. Of adolescent girls age 12-14, 75% read at least one teen magazine such as *Sassy*, *YM*, or *Seventeen* (Arnett, 1995).

The American Psychological Association Task Force on Television and

Society (1988) has cited research showing approximately five violent acts per hour in prime time television and reports that an 18-year-old adolescent will have witnessed 32,000 murders on television alone (APA, 1993; Christo, 1988). This appears to be the case no matter what their ethnocultural background, socioeconomic status (SES), gender, or geographical location (Morgan, 1987).

A longitudinal study on White adolescent boys and girls (Larson, 1995) showed a negative correlation between time spent listening to music and time spent with family. Strouse and Buerkel-Rothfuss (1987) linked frequent media consumption with believing it to be an accurate depiction of reality. Numerous studies have shown a relationship between exposure to violent media and committing a violent criminal act (APA, 1993; Reiss & Roth, 1993; U.S. Department of Health and Human Services, 1991).

#### Developmental Influences

Arnett (1995) has suggested five developmentally based ways in which adolescents use media to self-socialize: "entertainment, identity formation, high sensation, coping, and youth culture identification" (p. 521).

Using media for "entertainment" can be done in solitude or with others. One of the primary tasks of adolescence is that of "identity formation," which is marked by great uncertainty about self coupled with an interest in external models of behavior and beliefs. This is occurring at a time when family influence is diminishing and outside socializers such as school, peers, and media are increasing (Santrock, 1990).

An important facet of identity development is gender role conceptualization (Greenberg et al., 1993), whereby an adolescent forms a culture-specific schema for sexual behavior and interaction with the opposite sex.

Arnett's (1995) "high sensation" in choice of media refers to the adolescents' (boys more than girls) typical preference for intensity, something provided, for example, by action and thriller movies. Furthermore, adolescents appear to use media in "coping" with depressive, anxious, or angry moods. Music especially can serve to soothe or stimulate. Lastly, media provide a link to "youth culture" as well as to possible subcultures such as "Rockers" or "Cowboys" preferring heavy metal or country western music.

#### Psychosexual Development

While most sexual behaviors may not emerge until adolescence, psychosexual development starts in early childhood (Greenberg et al., 1993; Miller, Christopherson, & King, 1993) and is primarily a relational process. It is generally thought that individual physiological and psychological differences combined with variability in information received from major socializers account for the diversity seen in adolescent sexual behaviors. However, very little has been written in developing either theory or research toward a better understanding of psychosexual development. This is interesting given the current degree of concern about adolescent sexual behavior and the need for effective preventive and treatment programs for the growing population of youthful sex offenders.



Bukowski, Sippola, and Brender (1993) see healthy psychosexual development as "a person's ability to combine the sexual and the interpersonal" (p. 87) embedded within cultural norms and rules. They proposed six key characteristics of normal psychosexual development:

- (1) learning about intimacy through interaction with peers;
- (2) developing an understanding of personal roles and relationships, both within and outside of the family;
- (3) revising or adapting one's body schema to changes in physical size, shape, and capabilities, especially during early adolescence;
- (4) adjusting to erotic feelings and experiences and integrating them into one's life;
- (5) learning about societal standards and practices regarding sexual expression; and
- (6) developing an understanding and appreciation of reproductive processes. (p. 86)

Media may play a part in each of these six characteristics. Consistent with social learning theory, children and adolescents receive positive and negative reinforcement as well as modeling from family, peers, and other socializers, such as media, toward either prosocial or antisocial sexual behaviors. Adolescents view their peer group, followed by media, as their primary source for sexual and dating information (Linz, Wilson, & Donnerstein, 1993), and media influences increase during adolescence (Arnett, 1995) .

Ward's (1995) content analysis of 12 prime-time television programs most popular with children and adolescents during the 1992-1993 broadcast season provides additional information concerning the psychosocial messages prevalent in media. The

mean number of discussions about sexuality per episode was 29%, and was greater than 50% for some episodes. This analysis revealed a greater frequency of comments on the sexual role of males than that of females and a higher incidence of sex portrayed as being recreational rather than relational. The most frequent discussions depicted masculinity as synonymous with sexuality, pictured sexual relationships as competition, and presented men remarking on women's physical attributes. Male and female roles were largely stereotypical, and women were characterized as sex objects (the second most frequent theme). This study did not show women being portrayed as passive or as the partner that set limits on sexual behavior in a relationship, an interesting difference to many previous content analyses of television. Ward (1995) concluded that television plays a critical role in providing children and adolescents with information concerning sexuality and interactions between males and females.

Although media are thought to affect all areas of socialization (Rubinstein, 1983), the link between youthful sex offending and nonpornographic media influences has not been studied. There have been limited studies, however, that look at variables such as the belief in traditional stereotypes and rape myths and their impact on empathy. These are common themes in both media portrayals of sexual relationships and in juvenile sexual offending behaviors.

Gender role conceptualization is a major developmental task. The majority of media studies point toward the use of rigid and often highly inaccurate stereotypic portrayals of women (Craig, 1992), men (McGilvary & Penrose, 1991), minority groups, and social institutions such as marriage (Harrison & Pennell, 1989). Ruble,

Balaban, and Cooper (1981) and Kimball (1986) reported a significant correlation between children's viewing of television and adherence to stereotypic gender role behaviors. Adolescents who were heavy television viewers tended to adopt more rigidly stereotyped gender role schema (Morgan, 1987), as do adults (Schewe & Balazs, 1990). In a 1987 study of college students, Strouse and Buerkel-Rothfuss found heavy viewing of soap operas and MTV was correlated with sexually permissive beliefs and behaviors for both males and females. Adult sexually aggressive males tend to adhere more closely to traditional sex-role stereotypes than do normal males (White & Koss, 1993). Mosher and Tomkins (1988) have pointed out the importance of both males and females learning not only about their own gender roles but also about appropriate interaction with the opposite sex. Media have the potential to play either a positive or negative part in this process.

Rape myths, those culturally derived and those resulting from individual cognitive distortions, are typically a part of offending behavior. These myths include thinking that men cannot control sexual urges, that women secretly want to be raped and enjoy it, that women may even invite and deserve rape because of certain dress or behaviors, and that women cannot be raped against their will (Greenberg et al., 1993).

Numerous studies have shown sexually aggressive men as having a considerably higher belief in rape myths than nonoffending men (Barbaree & Cortoni, 1993; Stermac, Segal, & Gillis, 1990; White & Koss, 1993). A meta-analysis of pornography (Murrin & Laws, 1990) has shown the most frequent theme as rape myths. Nonpornographic media are also replete with themes of male sexual violence

where women are portrayed as inviting, enjoying, or deserving victimization. In several meta-analyses of studies of pornography use (Allen et al., 1995), laboratory exposure to both violent and nonviolent pornography has been positively correlated with an increased acceptance of rape myths. In a study of adult rapists (Marshall & Barbaree, 1990), over 40% of the subjects reported believing that although society overtly condemns sexual aggression, the fact that pornography is so widely accessible is "proof" of covert acceptance by our culture.

A factor closely related to belief in rape myths is that of low empathy, an important focus in most treatment programs for sex offenders (Barbaree & Cortoni, 1993; Hanson, 1997). Numerous media studies have examined the role desensitization can play in the reduction of empathy and development of a belief in rape myths. Continued exposure to aggressive media tends to require increased dosages to elicit the same degree of arousal. Subjects tend to underreport degree and frequency of violence and place increased blame on rape victims (Ceniti & Malamuth, 1984; Donnerstein & Linz, 1986; Malamuth & Check, 1981).

In a phallometric study of response to rape stories conducted on a rapist group ( $N = 14$ ) and a nonrapist control group ( $N = 14$ ), Rice, Chaplin, Harris, and Coutts (1994) found that while victim distress and suffering had an inhibiting effect on arousal in the control group, there was increased arousal in the rapist group. Furthermore, they found the entire rapist group preferred rape stories over stories of consensual sex. They also found a negative relationship between arousal to victim suffering and self-reported degree of empathy.

Weisz and Earls (1995) conducted one of the few studies on nonpornographic sexually aggressive media. College students ( $N = 193$ ; 87 males and 106 females) were randomly assigned to watch one of three sexually aggressive nonpornographic feature-length films or to a fourth control film containing no sexual aggression. They reported males as being more tolerant of sexual aggression and rape myths, less empathic for victims of rape, and less likely to judge perpetrators guilty in mock rape trials.

### Aggression

Media's possible contribution to aggressive behavior has perhaps been the concern most studied. An apparent relationship emerges between frequent television exposure under age 5 and aggressiveness at age 7 or 8 for both boys and girls (Singer et al., 1984). In a study examining parental influence on the development of aggression, Eron, Huesmann, and Zelli (1991) found little effectiveness in interventions targeting parenting skills after children are 6 years old. They suggest aggression is learned before that age. They also see aggressive media as being instrumental in the development of aggression in children by facilitating the child's accumulation of aggressive schema, by limiting the child's inventory of prosocial problem-solving skills, and by influencing the child's acceptance of aggression as an appropriate solution to problems. Childhood exposure to aggressive media is associated with the degree of aggression and other antisocial behavior in adulthood (Turner, Hesse, & Peterson-Lewis, 1986), which tend to be both stable and resistant to

change (Mussen, Conger, Kagan, & Huston, 1990).

Consistent with social learning theory, Russell-Gordon and Pigat (1991) found a model's approval or disapproval of video violence shown to college-aged subjects had little effect until subjects were classified by ratings on a social desirability scale. Those scoring low on social desirability were found to act contrary to the model. In other words, if a model expressed disapproval, the subject scored higher on acceptance of aggression. In addition, those with low scores rated the films as less violent and were more accepting of aggression than those with high scores.

Identification with aggressive heroes has been suggested in numerous studies as a significant predictor of aggression (Geen & Thomas, 1986; Malamuth & Briere, 1986; Rule & Ferguson, 1986). Studies have shown that when there is a "reason" (such as revenge) provided as motivation for aggression, subjects are more accepting of its use (Carpenter & Darley, 1978; Rule & Ferguson, 1986). It also appears there is a cycle: violent consumption leads to aggression, which leads to continued violent consumption. All age groups have been shown to increase rates of aggression when exposed to violent media. This may manifest itself in both criminal and noncriminal behaviors (Heath et al., 1989; Turner et al., 1986).

There are gender differences in reaction to and interpretation of media. Males, regardless of age, seem to perceive less violence and prefer more violent programs than do females (Aizenman & Kelley, 1988; Blanchard, Graczyk, & Blanchard, 1986). When a female is portrayed as accepting or deserving victimization, studies have shown some males to be more prone toward aggression against women in

general (Murrin & Laws, 1990). Three meta-analyses of pornography and associated beliefs and behaviors (Allen et al., 1995; Hearold, 1986; Paik & Comstock, 1994) indicate a positive relationship between viewing pornography and aggression toward women in adult males. Media, then, appears to be one source for learning sexually aggressive behavior.

### Media Use by Sex Offenders

There is very little written concerning nonpornographic media use by youthful sexual offenders. Most studies are based on pornographic media use by adult sex offenders, using either retrospective or current self-reports. Even the many studies shown by a search of the literature on the effects of pornography took place primarily during the 1970s and 1980s (Allen et al., 1995), explaining the difficulty in finding more current literature for this review.

One retrospective study examining adolescent sex offenders and pornography was conducted by Marshall (1988). Thirty-three percent of heterosexual pedophiles, 39% of homosexual pedophiles, 33% of rapists, and 21% of normals reported exposure to pornography during adolescence. Carter, Prentky, Knight, Vanderveer, and Boucher (1987) also found that adult sex offenders incarcerated for rape or child molestation showed high levels of exposure to pornography as children. They reported that youthful pedophiles showed greater use of pornography in childhood than rapists, a pattern likely to continue into adulthood. Several other studies have indicated very little difference in the use of pornography between

adolescent sex offenders and normals, but by adulthood, offenders are far more likely to be regular consumers of pornography (Murrin & Laws, 1990).

Silbert and Pines (1984) reported an interesting finding in a study on sexual victimization of prostitutes. Although no questions involving pornography were asked, 24% ( $N = 200$  females) volunteered the information that their rapists specifically mentioned pornography, and in very similar ways. After alluding to specific pornographic material, the majority of the perpetrators then strongly stated their belief that the victim was finding pleasure in being raped. It appears then, that roughly one third of adult sex offenders used pornography during adolescence and are heavy users as adults.

#### Synthesis of Literature

Despite a lack of research directly addressing media and youthful sex offending, this review has attempted to show a link between some types of media and the development of cognitions and beliefs leading to possible sexual aggression. Media are now generally considered to be a major socializer that has as yet not been integrated into most developmental models. Familial factors, such as parental modeling and reinforcement and frequency and type of media, create a home environment that has much to do with child and adolescent media use patterns. In addition, according to Arnett (1995) adolescents use media to self-socialize in five developmentally based ways. Healthy, normal psychosexual development rests on six key characteristics (Bukowski et al., 1993) that may be influenced by media. As



media use increases during adolescence, so does its psychosocial and psychosexual influences. The attitude of prime-time television, particularly concerning gender roles, rape myths, and empathy, appears to be one source for learned aggressive sexual behavior. Aggressive media are seen as instrumental in the development of aggression, particularly in the use of pornography by sex offenders.

It is interesting to note the lack of debate about the ability of media to have a positive influence, as with children's educational programs or in the power of advertising to persuade consumers. The questions lie not in whether media are a socializing influence, but in trying to understand what types, content, and frequency interact with what other variables for what outcomes. In other words, can some media play a part in socializing some males to a belief in rape myths and finding the use of aggression as acceptable? Perhaps the consideration of some media as deviant or unhealthy for consumption by children and adolescents should receive the concern expressed for deviance or inadequacy in other socializing agents such as the family, peers, and neighborhood.

## CHAPTER III

### METHODOLOGY

The purpose of this study was to survey the perceptions of clinicians as to the use of various nonpornographic media types and content areas available to children under the age of 18 among three youthful male populations, namely, youthful sexual offenders, conduct-disordered youth, and normal youth. Collection of the data and an analysis of the subsample are explained using a subset of existing data (Erickson, 1995).

#### Research Question

The research question was: "What are clinician perceptions of use of media *type* (comic books, magazines, visual media [TV, video, movies], and computer-related media) as well as media *content* (aggressive, sexually explicit, and sexually violent media) for male sex-offending, conduct-disordered, and normal youth?"

#### Procedures

A questionnaire was developed using salient attributes of youthful sex offenders identified in previous research (Graves, 1993) as well as additional attributes as yet not addressed in the literature. A mailing list was developed using 1,080 names of clinicians provided by the Safer Society, to which an invitational letter (see Appendix A) and a postage-paid return postcard were sent. The questionnaire, a Sex

Offender Characteristic Inventory-Male Version (SOCIM), was mailed in 1994 to 214 clinicians who agreed to participate by returning the postcards. Additional questionnaires were sent to a list of 100 interested clinicians obtained from attendees at the 1994 Conference of the National Adolescent Perpetrator Network (NAPN) in Denver, Colorado. This made a total of 314 SOCIM questionnaires mailed.

In spite of a reminder that was sent to each clinician involved in the study, only 106, or 34%, of the 314 SOCIM questionnaires were returned. Of those, only 78 questionnaires, 25%, were suitable for analysis because many were not completed. It may be that even though the questionnaires were divided into thirds (of which each clinician received two sections), they still felt the questionnaire was too long. Knopp and Lackey (1987) found that although clinicians are interested in research outcomes, they are often disinclined to support research with their time and input.

### Sample

A purposive sample identified by the Safer Society in Brandon, Vermont, as clinicians specialized in the treatment of youthful sex offenders, and 100 clinicians who attended the NAPN conference in Denver, Colorado, was used for this study. Responding clinicians practiced in 30 states and are classified regionally in Table 1.

Clinician ethnicity was comprised of 78.2% Caucasian ( $n = 61$ ), 5.1% African American ( $n = 4$ ), 3.8% Hispanic ( $n = 3$ ), 9% Mixed ( $n = 7$ ), and 3.8% Unknown ( $n = 3$ ). Gender of responding clinicians showed more males ( $n = 60$ ) than females ( $n = 18$ ).

Table 1

Regions of Clinician Practice

Region	<u>n</u>	Percentage
Western	18	23
Central	31	40
Eastern	29	37
<u>N</u>	78	

The variables for clinician demographics are shown in Table 2. As would be expected, the majority of the respondents practiced in an urban/inner city area.

Master's-level social workers made up the majority of those treating youthful sex offenders.

### Measurement

The SOCI-M questionnaire includes characteristics identified through a meta-analysis of existing research on youthful sex offenders over the past two decades and retrospective research on adult subjects (Graves, 1993).

### Questionnaire

The SOCI-M questionnaire includes 83 categories of juvenile sex offender characteristics. Respondents answered "a Likert-type five-point scale for each continuous characteristic and a percentage for each discrete, descriptive item"

Table 2

Discrete Variables for Clinician Demographics

Variable	Percent <sup>a</sup>	n
<u>Location of practice</u>		
Urban/inner city	29.50	23
Suburban/outer city	17.90	14
Rural	17.90	14
Mixed/unknown	34.61	27
<u>Discrete Variables for Clinician Demographics</u>		
<u>Clinician Type</u>		
Family therapists	10.80	8
Social workers	41.00	32
Psychologists	24.40	19
Psychiatrists	3.80	3
Other/unknown	20.50	16
<u>Educational Level</u>		
Bachelor's	5.10	4
Master's	78.20	61
Ph.D.	15.40	12
M.D.	1.30	1

Percent <sup>a</sup> is based on N = 78.

Table 3

Continuous Variables for Clinician Demographics

Variable	<u>Means</u> <sup>a</sup>	<u>SD</u>
Years in practice	12.00	7.82
Years treating youthful sex offenders	7.50	8.99
Clients seen per month	33.00	27.66

Means<sup>a</sup> are based on N = 78.

(Ericksen, 1995). Each of the 83 characteristic scales ranged from "Never Related" (1) to "Always Related" (5) with a midpoint of "Sometimes Related" (3). A "Don't Know" (9) option was available to ensure a possible answer for each listed variable. A section on clinician demographics was also included. (See Ericksen, 1995, for a detailed account of development of the questionnaire.)

Due to its length, the SOCI-M was divided into three sections: "Family Characteristics," "Biopsychosocial Characteristics," and "Sexual/Sexual Offense Characteristics." In order to gather data concerning the youthful sex offender group, a "Sexual Offense Characteristics" segment was included in the "Sexual Characteristics" section. Five questions focusing on clinical perceptions of media use by male sex offenders, non-sex-offender conduct disordered, and what are considered to be "normal" youth were included in the SOCI-M. These questions target *type* of media (comic books, magazines, visual media [TV, video, movies], computer-related media, and music) as well as *content* of media (aggressive, sexually explicit, and sexually

violent) across the three groups of youth.

Not included as a sexual offense category in the SOCI-M were the "hands off" paraphilia such as voyeurism and frottage, as they have less incidence of arrest and are, therefore, less frequently referred for therapy. As this study sought data on paraphilia most frequently treated by clinicians, it was decided to omit paraphilic categories for which there was little likelihood of gathering data. Space was provided, however, for clinicians wishing to provide additional information.

A coding system was developed to protect the identity of the respondents, and prior to being sent out, each questionnaire was coded and logged. Each clinician received two of the three sections of the SOCI-M. They were asked to provide their perceptions of youthful sex offenders, conduct-disordered youth, and normal youth. Respondents were asked to (a) indicate a particular paraphilia to which they referred to while filling out the SOCI-M, namely, "Sexual Assault," "Pedophilia," "Rape," and "Mixed Offenses," and (b) provide a response for each item as it referred to the three designated groups.

As each SOCI-M was received, it was separated from identifying information except for the code indicating geographical location and questionnaire number. Names and codes for each respondent were secured in a locked file cabinet and were accessible only to the principal investigators.

#### Validity and Reliability

Both validity and reliability must be present in order for any measure to be

considered tenable (Miller, 1986). Validity is based on the ability of an instrument to measure targeted variables. An instrument's ability to measure uniformly is necessary for the measurement to have reliability.

To aid in strengthening both face and content validity, a pilot mailing of the SOCI-M questionnaire was sent to 20 clinicians specializing in the treatment of youthful sex offenders in Utah and identified through association with the Utah Task Force. Minor revisions were made to the SOCI-M based on the resulting suggestions (Ericksen, 1995, for a more complete explanation).



## CHAPTER IV

## RESULTS

The purpose of the study was to describe clinical perceptions of media use by sex-offending, conduct-disordered, and normal youth. Data have been analyzed using descriptive statistics. The decision to do so was based on the descriptive nature of the research question and the lack of a random sample. There was no intent to identify cause or predict behavior.

According to Shaver (1993), statistical significance testing is appropriate when: (a) the research problem is one of estimating a probability, (b) a statistical test of results can be conducted based on the assumption that the null hypothesis is true, (c) the sample was drawn randomly, and (d) when sample size is large enough to detect differences when they exist. These elements of statistical significance testing are not present in this study, as briefly outlined below. The descriptive research question in this study simply sought to obtain clinical perceptions of the types of media used by male sex-offending, conduct-disordered, and normal youth, not to estimate probabilities. Secondly, no hypotheses were posed in this research, so statistical significance testing was not relevant. Third, the sampling plan was not based on randomization; the clinicians comprised a convenience sample. Finally, the sample of 78 clinicians was small and highly self-selected; it was less than 7% of the 1,180 invitational letters originally mailed, and less than 25% of the 314 clinicians who had previously agreed to participate.

In conclusion, statistical significance testing would not be appropriate for answering the descriptive research question of this study. Instead, the data were summarized using means and percentages.

While music is generally considered to be a type of medium commonly used by adolescents (Arnett, 1995), it is interesting to note that clinicians did not report on the type or content of music in a sufficient number of cases for analyses to be conducted. Subsequently, music is not included in the following results.

Three bar charts were generated, one for each content area. The X-axis shows media type, and bars represent media content. The mean ratings for aggressive, sexually explicit, and sexually violent media content are presented on the Y-axis with a range from 0 to 4.0 across the three youth populations. A summary table of the means and standard deviations is available in Appendix C.

### Comparisons Within Figures

#### Aggressive Media

Figure 1 presents data on clinician perceptions concerning aggressive media content across the four media types for each of the three youth populations. As shown, conduct-disordered youth were perceived as preferring aggressive content more than either sexually offending or normal youth.

The media type of greatest interest to conduct-disordered youth appears to be aggressive *visual* media. *Comic books* were their next choice, although there was a 13.00% difference between the two. The greatest difference was evident for

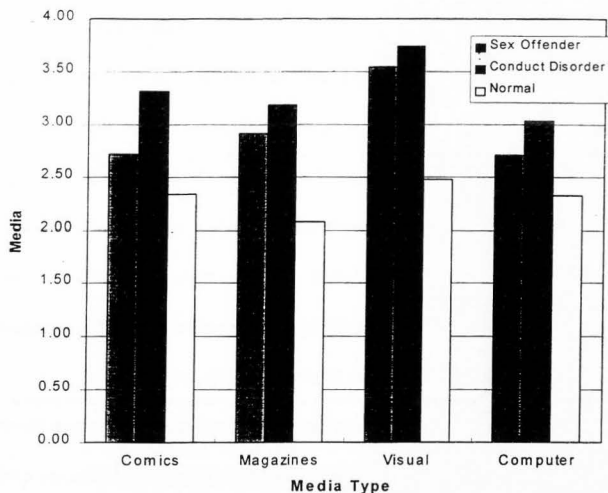


Figure 1. Aggressive media.

*computer-related* media, which was 23.43% less likely to be chosen than *visually* aggressive media. Sex-offending youth showed similar trends, choosing *visual* media 31.11% more frequently than *computers*. For normal youth, *magazines* were the area of least interest, with *visual* media a 19.32% more likely choice.

In comparing the three populations, each received the highest means for aggressive *visual* media. Conduct-disordered youth were consistently viewed as frequent users of aggressive media, with normal youth showing the lowest means. Between the clinical groups, sex offenders most closely corresponded with conduct-disordered youth for *visual* media, with only a 5.65% lower mean. The greatest

difference between these two groups was for *comic books*, suggesting that conduct-disordered youth were 22.14% more frequent readers. Large differences in media preferences were evident between conduct-disordered and normal youth. Clinicians perceived the conduct-disordered group as 53.62% more frequent consumers of aggressive *magazines*, and 51.42% were more likely to choose *visually* aggressive media than the normal youth. Similar trends were attributed to sex offenders, showing them as 43.32% more apt to choose *visually* aggressive media and 40.58% more frequent users of aggressive *magazines* than normal youth.

In conclusion, clinicians report that conduct-disordered youth are more likely to use aggressive content across all represented types of media. There also appears to be a perceived preference by all populations for *visually* aggressive media as opposed to other aggressive media types.

### Explicit Media

Figure 2 presents results based on clinician understanding of the use of explicit media by youthful sexual offenders, conduct-disordered youth, and normal youth. While responding clinicians saw conduct-disordered youth as preferring aggressive media content, youthful sex offenders were seen as more apt to choose sexually explicit media. As before, all three groups were perceived as using *visual* media the most frequently, with *computer-related* media receiving the lowest means.

Although sex-offending youth appeared to prefer *visual* media, their mean for explicit *magazines* was only 4.34% less frequent. They were described as 32.76% less

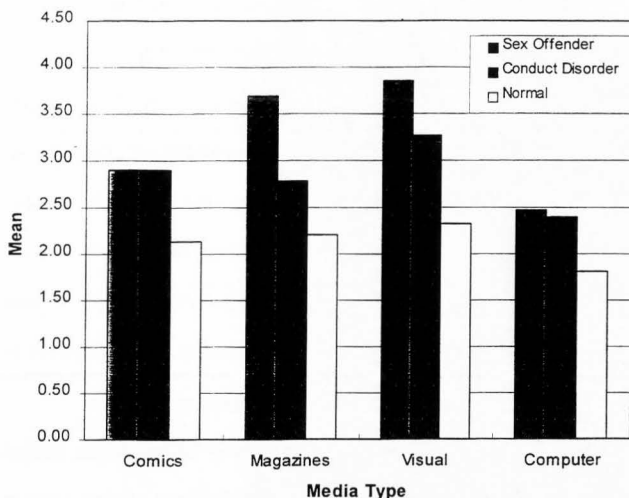


Figure 2. Explicit media.

apt to use *comic books* and 55.87% less likely to use explicit *computer* media. The conduct-disordered group also was perceived as having the least interest in *computers*. They were thought to be 20.92% more likely to choose *comics* and 36.82% more likely to view *visual* media that were explicit. For normal youth, there was a 28.18% difference between their suggested least frequent choice of *computer-related* media and their favored choice of *visually* explicit media content.

Sex offenders were attributed with considerably higher means for explicit *visual* and *magazine* media types, and conduct-disordered youth showed similar means

for *comics* and *computers*. Whereas the means for sex-offending youth were only 3.35% greater than conduct-disordered youth for *computer* media and a mere .34% for *comics*, they had 17.74% higher means for *visual* and 32.73% higher means for explicit *magazines*. When sex offender means were compared with the much lower means for normal youth, the offending group was shown as 65.95% more frequent consumers of *visual* media and 66.97% greater consumers of sexually explicit *magazines*. Even in the area of *computer-related* media, where all groups were viewed as having the least interest, the means of conduct-disordered youth and sex offenders were 32.04% and 36.46% greater than normal youth, respectively.

In conclusion, clinicians perceived sex-offending youth as preferring both explicit *magazines* and *visual* media types considerably more than conduct-disordered or normal youth. However, sex offenders were similar to conduct-disordered youth in their perceived use of *comics* and *computer* media of an explicit nature. As with aggressive media, normal youth were viewed as much less frequent users of sexually explicit media.

### Sexually Violent Media

Figure 3 illustrates the means for perceived media choices made in the sexually violent content area by youthful sexual offenders, conduct-disordered youth, and normal youth. Clinicians viewed sex offenders as having a higher preference for sexually violent media content than either conduct-disordered or normal youth. However, the conduct-disordered youth had only slightly lower means for *computers*

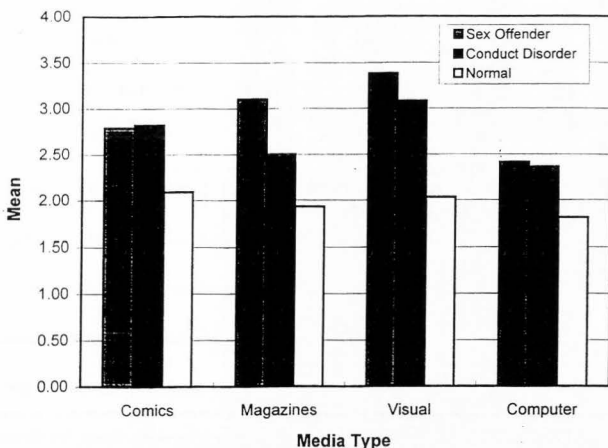


Figure 3. Sexually violent media.

and were 1.08% more likely to choose *comics* than the sex-offending group. Both sex offenders and conduct-disordered youth were seen as having a clear preference for *visual* media, with normal youth perceived as much lower consumers of sexually violent media.

Whereas clinicians viewed sex-offending youth as only 9.03% less frequent users of sexually violent *magazines* than of *visual* media types, they saw them as choosing *computers* 40.25% less often. The conduct-disordered group were apt to make choices in the area of *visual* media type 9.22% more frequently than they did for the *comic book* type, even though that was their second most preferred media type. They were also perceived as choosing *visual* types 23.20% more frequently than

*magazines* and 30.51% more than sexually violent *computer* media. Even with lower means, normal youth were perceived as using sexually violent *comic books* 15.47% more than they did *computers* in this content area.

Between the youth populations, some of the larger differences in means showed sex offenders as 24.00% more common consumers of sexually explicit *magazines* than the conduct-disordered group and 60.62% more frequent users than the normal youth. With *visual* media type, sex offenders had 9.74% higher means than conduct-disordered youth and showed a 66.50% difference in means from the normal group. Even for the types with the least difference, sex-offending and conduct-disordered youth showed 33.49% and 34.93% greater means, respectively, over the normal group for *comics* and 33.15% and 30.39% greater means for sexually explicit *computer* media.

In conclusion, sex-offending youth were perceived as preferring sexually violent *visual* media slightly more than conduct-disordered youth, and sexually violent *magazines* notably more than conduct-disordered or normal youth. Clinicians viewed conduct-disordered and sex-offending youth as likely to choose sexually violent *comics* at nearly the same rate; however, they saw sex offenders as preferring explicit *comic books* and conduct-disordered youth as slightly preferring sexually violent *comic books*. As with the other content areas, *computer-related* media were the least preferred media type for all three groups.



### Comparisons Between Figures

Each of the youth populations showed some additional interesting similarities and differences when compared across both media types and content areas. Sex offenders, conduct-disordered, and normal youth are discussed below in terms of percentage differences for particular media types as well as for perceived preferences for media content areas.

#### Sex Offending Youth

With the exception of *computer* media, youthful sex offenders consistently received the highest means for the explicit content area of each media type (comics, magazines, visual media, and computer-related media). Sexually violent content was their second suggested preference for *comic books* and *magazines*. Means for this population showed the most variability for *magazines*, with a 26.80% greater preference for explicit *magazines* than for the aggressive content area.

When examined across content areas, the sex-offending group had the highest means for sexually explicit *visual* media and explicit *magazines* and the lowest for sexually violent *computer* media. They were perceived as choosing explicit *visual* media 42.07% more frequently than aggressive *comic books* and 59.75% more often than sexually violent *computer-related* media. The smallest difference in means was 4.34% between sexually explicit *visual media* and the slightly less preferred explicit *magazines*.

### Conduct-Disordered Youth

Clinician perceptions of youth diagnosed as conduct disordered indicated a preference for aggressive media content, with explicit media as their second content preference. They showed the greatest variability across media types of any of the three youth populations. The areas of highest variability portrayed them as 28.39% more frequent consumers of aggressive than sexually violent *computer* media, and the area of least variability indicated a 17.38% greater likelihood of choosing aggressive rather than sexually violent *comics*.

Conduct-disordered youth were seen by clinicians as 32.40% more likely to use aggressive *comics* and as 49.60% more frequent users of aggressive *visual* media than they were of sexually violent *magazines*. Large differences also indicated these youth may choose aggressive *comics* 40.25% and aggressive *visual media* 58.47% more frequently than sexually violent *computer-related* media.

### Normal Youth

Although clinicians viewed normal youth as considerably less frequent consumers of any of the media content domains, with the exception of explicit *magazines*, they were perceived as choosing aggressive media more than other content areas. The greatest variability within media types was for *computer* media, showing a preference for aggressive *computer* media 28.18% over sexually violent or explicit *computer* media. The variability for *comic books* was by far the lowest for any of the

youth populations, implying they choose aggressive over sexually violent comic books only 1.15% of the time.

The highest means for normal youth were for aggressive *visual* media and aggressive *comic books*, with aggressive *computers* and explicit *visual* media tying for a close third. It is interesting that this was the only group perceived as showing the *computer* content domain as an area of preference, especially when explicit and sexually violent *computer* media were seen as their media types of least interest.

Percentage differences for normal youth showed slightly more tightly clustered means. They were believed by clinicians to be 28.73% more likely to use aggressive *comic books* and 36.46% more likely to choose aggressive *visual* media than explicit or sexually violent *computer-related* media. They were considered to choose aggressive *comic books* 20.73% more and aggressive *visual* media 27.28% more than explicit or sexually violent *computers*.

Across the three groups of sex-offending, conduct-disordered, and normal youth there were interesting trends for the highest and lowest means. The highest means were sex offenders for sexually explicit *visual* media ( $\bar{x} = 3.85$ ), conduct-disordered youth for aggressive *visual* media ( $\bar{x} = 3.74$ ), sex offenders for explicit *magazines* ( $\bar{x} = 3.69$ ), and sex offenders for aggressive *visual* media ( $\bar{x} = 3.54$ ). The lowest means were attributed to the normal youth. Explicit and sexually violent *computer-related* media had the same lowest mean ( $\bar{x} = 1.81$ ), lead by sexually violent *magazines* ( $\bar{x} = 1.93$ ), sexually violent *visual* media ( $\bar{x} = 2.03$ ), and aggressive

*magazines* ( $\bar{x} = 2.07$ ). The four lowest means between the two clinical populations were all within the *computer* media type.

In summary, the data indicate that responding clinicians perceive differences in media choices across the three populations of youth. Male sex-offending and conduct-disordered youth are believed by clinicians to be more frequent consumers of aggressive, explicit, and sexually violent media than are normal male youth. Conduct-disordered youth are seen as preferring aggressive media, while sex-offending youth are viewed as more likely to choose media that are explicit or sexually violent. Normal youth are consistently viewed as the least likely to use media types with aggressive, explicit, or sexually violent content.

## CHAPTER V

## DISCUSSION

The purpose of this study was to survey perceptions of clinicians as to the use of various media types and content areas among three youthful male populations, namely, conduct-disordered youth, youthful sexual offenders, and normal youth.

## Summary

The review of the literature attempted to show a possible link between some types of media and the development of cognitions and beliefs leading to possible sexual aggression. The point was made that although media are generally recognized as a powerful socializing force, media have not been integrated into the major developmental theories. Familial factors (e.g., parental modeling and reinforcement, frequency, type and content of media consumed) create a home environment that influences individual child and adolescent media use patterns. Younger children appear to interpret media messages differently from older children and adults (Eron et al., 1991). As media use increases during adolescence, so do its psychosocial and psychosexual influences (Arnett, 1995). Media, particularly in some portrayals of gender roles, rape myths, and empathy, appear to be a possible source for learning aggressive sexual behavior. However, since very little has been written concerning nonpornographic media use by youthful sex offenders specifically, it is unclear what part it may play in sexual aggression and its treatment.

The research question for this study was: "What are clinician perceptions of use of media *type* (comic books, magazines, visual media [TV, video, movies], and computer-related media), as well as media *content* (aggressive, sexually explicit, and sexually violent media) for male sex-offending, conduct-disordered, and normal youth?"

### Limitations

The most relevant limitations affecting the generalizations associated with this study are discussed in this section. First, there are currently no reliable assessments available to aid in distinguishing between sex-offending, conduct-disordered, and normal youth populations (Groth & Oliveri, 1989; Knight & Prentky, 1993). This is highlighted by the comments of several respondents that while they considered themselves knowledgeable concerning the conduct-disordered and sexually offending youth populations they treat, they were not as familiar with "normal" youth (Erickson, 1995). Secondly, it is difficult to separate the numerous variables that come into play during psychosexual development, leading to a tendency toward subjectivity in treating sexual aggression (Bukowski et al., 1993). Thirdly, the clinicians comprised a purposive, nonprobability sample. Fourth, the fact there were no clear definitions of what characteristics comprised each media content area posed a threat to validity.

Fifth, a limitation inherent to mailed surveys (Babbie, 1989), which applies to this study, is attrition. Also, we might wonder about characteristics of clinicians who did respond versus those who did not and whether they are representative of the

population we intended to survey. Did those who responded feel they know more or less about any possible part media may play in the behaviors of their client populations? Other factors contributing to rate of response might be the length of the questionnaires and whether clinicians perceived media as a topic pertinent to their treatment of sex-offending youth.

Sixth, although this study has value in that it examines a subject not previously addressed in the literature, the data are clinical perceptions rather than reports of actual behavior of the target youth populations. For these reasons, neither relationships of difference nor generalization to the greater populations can be made. Caution, therefore, is warranted in interpretation of these data.

### Conclusions

Clinician perceptions of sex-offending and conduct-disordered youth suggest that they may be more frequent consumers of aggressive, explicit, and sexually violent media than are normal youth. In conjunction with social learning theory and existing literature on media influences, these data may be able to assist in the formation of a typology of these two clinical groups of youth, thereby aiding in better identification, understanding, and treatment of problem behaviors.

#### Sex Offending Youth

Overall, clinicians perceive youthful sex offenders as frequent consumers across all categories of media types and content areas. In the content area of aggressive

media (see Figure 1), sex offenders are shown with only slightly lower means than conduct-disordered youth across all types, with the least difference found in aggressive *visual* media and the greatest difference in aggressive *comics*.

In the content areas of explicit (see Figure 2) and sexually violent media (see Figure 3), sex offenders are viewed by clinicians as more frequent users than the other two populations. Although conduct-disordered youth received similar means to sex-offending youth for *comics* and *computer-related media* in both explicit and sexually violent content areas, youthful sex offenders had larger means for *magazines* and *visual* media. The smallest differences are described for explicit *comics*, where conduct-disordered youth are only slightly lower than sex-offending youth. For sexually violent *comics*, conduct-disordered youth have slightly higher means than sex offenders. The greatest difference in means is for explicit *magazines*, with sex offenders believed to be more likely to read them than conduct-disordered youth. It appears, then, that youthful sex offenders are considered more frequent consumers of explicit and sexually violent media than conduct-disordered youth.

### Conduct-Disordered Youth

According to clinical perceptions, conduct-disordered youth are also seen as frequent consumers across all content areas and types of media included in the survey. They are attributed with preferring aggressive content (see Figure 1) across all types when compared to the other two youth populations, with aggressive *visual* media showing the greatest mean. Explicit media content (see Figure 2) is generally



perceived as the area of next preference, with the sexually violent media content (see Figure 3) area having the lowest overall means. The lowest means for conduct-disordered youth are for *computer-related* media and sexually violent *magazines*.

#### Normal Youth

Normal youth are rated by clinicians as consistently less frequent consumers of any of the media types regardless of content area. With the exception of explicit *magazines*, these youth are seen as preferring the aggressive content area. The area of least interest is thought by clinicians to be *computers* for both explicit and sexually violent content areas (see Figure 3).

Comments made by clinicians completing the SOCI-M introduced a caveat, however. Several respondents indicated that their area of expertise centered on treatment of conduct-disordered and sex-offending youth and that they did not have a clear understanding of what "normal" youth were like (Ericksen, 1995). Achenbach (1982) stated that to understand abnormality, one must understand normality and vice versa. Any conclusions, therefore, about the normal youth population will most likely be speculative. This also suggests the need for research to better identify normal and abnormal ranges of behaviors.

In summary, the data suggest that clinicians consider sex-offending and conduct-disordered youth to be more frequent consumers of aggressive, explicit, and sexually violent media than normal youth. Sex-offending youth are seen as more likely to choose media that are explicit or sexually violent, while conduct-disordered youth

are attributed with preferring aggressive media. Normal youth are consistently viewed as the least likely to use media types with aggressive, explicit, or sexually violent content. The highest means overall are attributed to sex offenders for explicit *visual* media and to conduct-disordered youth for aggressive *visual* media. It is interesting that clinicians see all three of the youth populations as being more frequent users of *visual* media across each of the content areas. Although the literature shows children as more likely to use *visual* media than other types, Arnett (1995) and Christo (1988) have reported adolescents as listening to more music per day than consuming visual media.

We might question the meaning of the consistently lower means for *computers* across all three youth populations. Are there readily accessible *computer* media that are either explicit or sexually violent? Does SES become an issue whereby *computers* are not as available to one or more of these population groups? It would be interesting to replicate this study to see if the increasing accessibility of *computers* in homes, schools, and libraries might lead to higher *computer* media means.

It is noted in the results that the lowest means were received for the *computer* media type. Given that all three populations are viewed as having the least interest in computer media, however, it may be more interesting to note the lowest means for the two clinical populations after eliminating *computers*. The lowest means suggested conduct-disordered youth prefer sexually violent *magazines* the least and youthful sex offenders are seen as having the least preference for aggressive *comics*. Thus, clinicians perceive the conduct-disordered population as more likely to choose

aggressively *visual* media than they are to choose sexually violent *magazines*. They view the youthful sex-offending group as greater consumers of explicit *visual* media than of aggressive *comic books*.

### Implications of the Study

#### Theory

Given that the literature suggests media can be considered one of the major socializers along with families and schools (Calvert & Huston, 1987) and that aggression does not typically appear to be an innate quality in humans (Hoberman, 1990), social learning theory's view of learning appears to provide a useful way of conceptualizing the formation of gender roles and aggressive behavior. Further research can contribute to a better theoretical understanding of how youthful sex offenders and conduct-disordered youth assimilate and retrieve information in a way that contributes to sexually offending behavior.

There might also be value in examining media in relation to other major theories of development. If media had permeated the world of Piaget, Kohlberg, Erikson, or Vygotsky to the degree it does ours, how might they have incorporated it into their work? Would Piaget have had concerns about developmentally premature assimilation of violent or sexually explicit information from media? Would he have had concerns about an imbalance in the process of accommodation from media, which presents certain aggressive or sexual behaviors as acceptable while the greater culture finds them unacceptable? How might Kohlberg have viewed media as impacting

moral development at each of his six stages? It would be interesting to know whether Erikson would consider media a powerful enough socializer to influence the development of trust, identity, or intimacy. Central to Vygotsky's writing on the development of cognition was the importance of social and environmental influences on learning, as well as the student-teacher relationship (Crain, 1992). How might he have incorporated learning from media sources? In reference to what she calls living in an "electronic village," Pipher (1996) has gone as far as to say that "we attempt to solve problems with theories developed for a world that no longer exists" (p. 29).

Most treatment manuals on sex offending (Barbaree & Cortoni, 1993; Marshall, Laws, & Barbaree, 1990; Schwartz & Cellini, 1997) feature empathy deficits, fantasy development, and belief in rape myths as key components of treatment. These components are also prominent themes in the literature on media. In what ways can future research serve to build on existing theory by recognizing media as a major socializer? It may be useful for theorists and clinicians to consider some media as potentially deviant or unhealthy for consumption by children and adolescents in the same way they express concern over deviancy or inadequacy in other socializing agents such as the family, peers, and neighborhood.

### Research

There are several ways in which this pilot study can serve to stimulate further research. Research is needed to establish reliable tools to assess differences between sex-offending, conduct-disordered, and normal youth (Groth & Oliveri, 1989; Knight

& Prentky, 1993). The development of an instrument focusing on media use by both sex-offending and conduct-disordered youth that is both valid and reliable would be constructive for use in future research. Possible studies could focus directly on offending populations, targeting both youth offenders and retrospective data from adult offenders. Is there a cycle of aggression and consumption of aggressive media as the literature suggests, or do the three youth populations tend to choose media that reinforce their diagnosis? Studies controlling for a number of variables such as gender, SES, developmental stages, and familial factors are needed (Bukowski et al., 1993).

Studies identifying children and adolescents particularly vulnerable to which media types and content areas should be done (Hoberman, 1990). The question no longer lies so much in whether media are a socializing influence but rather in trying to understand what types, content, and frequency interact with what other variables in producing what outcomes. Developing surveys for identifying subabusive attitudes and behaviors that may later lead to sexual aggression could aid in the development of preventive strategies. Are some youth being conditioned to link sex and violence as a requisite for sexual arousal? Given the recent attention to aggressive and sexually violent music, this might be another likely area for research.

It is interesting to note that clinical perceptions are that conduct-disordered youth prefer aggressive media and sex-offending youth prefer sexually explicit or sexually violent media. It might be asked whether clinicians have actually assessed for media use in their clients, thus providing perceptions that are a fairly accurate picture of these youth populations' media habits. On the other hand, it could mean clinicians

do not consider media influence in assessment and treatment of their clients and have very little idea of use patterns. In this case, they might have answered the questionnaire based on stereotypical beliefs about their client populations, thus pairing aggressive youth with aggressive media and sex-offending youth with sexually oriented media. Given the lower means for *computers* across all three content areas, one might ask whether clinicians perceive all three youth populations as using computers less or whether they do not know how often these youth access *computer* media. In noticing lower means for explicit and sexually violent *comic books*, we might wonder if the youth populations indeed do have a lower preference for these content areas over aggressive comics or whether clinicians are unaware of the easy availability of comics containing these content areas. Future research could serve to rule out these possibilities. It is also a possibility that the SOCI-M questionnaire alerted interested clinicians to media use by their clients, prompting them to assess more thoroughly in the future.

### Practice

If the suppositions of participating clinicians specializing in the treatment of youthful sex offenders provide us with a reasonably authentic picture of media preferences across the three youth populations, the data may be useful to other clinicians seeking to understand these youths. Marriage and family therapists can do much toward preventing undesirable outcomes of inappropriate media consumption as well as take advantage of the possibilities for positive outcomes of media use by youth.

They can act as resources for schools and provide psychoeducation to client families to assist them in helping children integrate media into their lives in healthier ways. They can also serve as family advocates by helping media vendors better understand the role they play in the greater culture.

Carter et al. (1987) have advised clinicians to assess media use of their sex-offending clients as well as identify what the clients consider arousing. They have stated there is considerable diversity in what youthful sex offenders find arousing, citing such examples as mainstream magazines, catalogs, and television. Yet media are puzzlingly absent from literature pertaining to youthful sex offending. Studies examining aggressive, explicit, and sexually violent media in relation to normal youth emphasize the development of aggression, belief in rape myths, and reduction in empathy (Allen et al., 1995). However, even though these same three factors are featured as key components in nearly all treatment literature for sex-offending youth (Rice et al., 1994), treatment models fail to mention how media may play a part. If clinicians specializing in the treatment of youthful sex offenders know little about media, it emphasizes a lack of theory and training incorporating media as a socializer, which in turn points toward a need for studies of this phenomenon.

For the marriage and family therapist, treatment of youthful sex-offending and conduct-disordered youth should consider not only individual characteristics but also familial functioning and cultural milieu (Barbaree & Cortoni, 1993; Nichols & Schwartz, 1995; Schwartz, 1995). Behavioral family therapy incorporates social learning theory into systems theory with an emphasis on treatment based in empirical

research (Falloon, 1991). This theory is useful in recognizing and providing guidance for treating family deficits, as well as deviancy by a family member (Falloon, 1991). Assessment and treatment incorporate the intrapersonal and behavioral as well as social and physical environmental domains, which include the greater culture and community. One of the key components of this theoretical approach is to modify beliefs and methods of social interaction, taking into account the bidirectionality of those interactions (Stuart, 1980). The marriage and family therapist can help individual and family clients to understand the roles and rules that allow or prevent problematic behaviors in sex-offending and conduct-disordered youth. Given the literature indicating familial factors as influencing child and adolescent media use, clinicians may find that a better understanding of media on the above domains and interactions can serve as a valuable treatment component.

It is recognized that this seminal study raises numerous questions while providing little in the way of explanations for how media may influence sex-offending and conduct-disordered youth. It is hoped, however, that it will serve to draw attention to the potential value of incorporating findings on media influence into theoretical underpinnings as well as into research and treatment of these particular youthful populations.



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## APPENDICES

Appendix A: Invitational 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 (SOI) 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 our conceptualization of these youth during the next phase of the project.

We are seeking your assistance by requesting that you complete the SOI, 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 SOI 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 SOI 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 efforts 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  
Principal Investigator, SORTS team  
Associate Professor,  
Family and Human Development  
Marriage and Family Therapy  
(801) 753-6365

Susan L. Ericksen, RN, B.S.  
Family and Human Development  
Marriage and Family Therapy Emphasis  
Research Associate

Kathy E. Jones  
Psychology  
Research Associate

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Yes, I am willing to fill out a Sexual Offenders Characteristics Inventory (SOI) for your research indicating my clinical perceptions of youthful sex offenders, conduct disordered youth, and normal youth.

I will be able to provide population data on:

Females                       Males                       Both

I have discussed your project with my colleagues and \_\_\_ have indicated willingness to provide data on the following populations:

Females                       Males                       Both

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

(\_\_\_\_) \_\_\_\_\_

Phone

Appendix B: Sex Offender Characteristic Inventory--Male Version (SOI-M)

### 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.
  - \_\_\_ % **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** (List: \_\_\_\_\_)

Please fill out the remainder of this questionnaire based on your perceptions of only one offender category listed in #10. Indicate your perceptions of non sex-offending Conduct Disordered youth and non-offending "Normal" youth.

- 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
	<b>Sex Offender</b>			<b>Conduct Disorder</b>		<b>Control (Normal)</b>
27. Use of Comic Books:						
Aggressive	N1	2	3	4	5A	DK
Sexually Explicit	N1	2	3	4	5A	DK
Sexually Violent	N1	2	3	4	5A	DK
28. Use of Magazines:						
Aggressive	N1	2	3	4	5A	DK
Sexually Explicit	N1	2	3	4	5A	DK
Sexually Violent	N1	2	3	4	5A	DK
29. Use of Visual Media (TV, Video, Movies):						
Aggressive	N1	2	3	4	5A	DK
Sexually Explicit	N1	2	3	4	5A	DK
Sexually Violent	N1	2	3	4	5A	DK
30. Use of Computer Games, Networks, etc.:						
Aggressive	N1	2	3	4	5A	DK
Sexually Explicit	N1	2	3	4	5A	DK
Sexually Violent	N1	2	3	4	5A	DK
31. Music Preferences:						
Popular Rock	N1	2	3	4	5A	DK
Heavy Metal	N1	2	3	4	5A	DK
Rap	N1	2	3	4	5A	DK

## Appendix C: Means Table for Content



Table C1

Means Table for Content

Content category	Media type			
	Comics	Magazines	Visual	Computers
Aggressive media				
Sexual offender				
<u>M</u>	2.71	2.91	3.54	2.70
<u>SD</u>	1.01	.95	.86	1.02
<u>N</u>	38	47	54	44
Conduct disordered				
<u>M</u>	3.31	3.18	3.74	3.03
<u>SD</u>	.76	.81	.82	1.14
<u>N</u>	29	33	39	31
Normal				
<u>M</u>	2.33	2.07	2.47	2.32
<u>SD</u>	.82	.72	1.08	1.02
<u>N</u>	24	28	34	28
Explicit media				
Sexual offender				
<u>M</u>	2.90	3.69	3.85	2.47
<u>SD</u>	.99	.94	.78	1.11
<u>N</u>	39	52	55	38
Conduct disordered				
<u>M</u>	2.89	2.78	3.72	2.39
<u>SD</u>	.64	.75	.80	1.07
<u>N</u>	27	32	37	28
Normal				
<u>M</u>	2.13	2.21	2.32	1.81
<u>SD</u>	.81	.83	1.09	.94
<u>N</u>	23	28	34	26

(table continues)

Content category	Media type			
	Comics	Magazines	Visual	Computers
Sexually violent media				
Sexual offender				
<u>M</u>	2.79	3.10	3.38	2.41
<u>SD</u>	1.13	1.11	1.04	1.19
<u>N</u>	39	50	53	37
Conduct disordered				
<u>M</u>	2.82	2.50	3.08	2.36
<u>SD</u>	.77	.88	.87	1.13
<u>N</u>	28	32	36	28
Normal				
<u>M</u>	2.09	1.93	2.03	1.18
<u>SD</u>	.79	.77	.98	1.02
<u>N</u>	23	28	33	26