Perpetrators of child sexual abuse an exploration of group treatment outcomes.

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PERPETRATORS OF CHILD SEXUAL ABUSE:

AN EXPLORATION OF GROUP TREATMENT OUTCOMES

Karen E. Shaw

A Thesis
Submitted to the
Faculty of Graduate Studies and Research
through the School of
Social Work in Partial Fulfillment
of the requirements for the Degree
of Master of Social Work at
the University of Windsor

Windsor, Ontario, Canada
1989

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Abstract

The purpose of this study was to assess the social-emotional and situational changes in sexual abuse perpetrators after their participation in a group treatment program. Through the knowledge gained by this project it was hoped that new information could be added to the professional knowledge base to assist with the development of new programs.

The hypothesis being addressed was that, following attendance at a ten week sexual abuse perpetrators group treatment program, positive changes will be reported in the social-emotional and situational areas of the participants' lives. The subjects of this study were 13 sexual abuse perpetrators under treatment at a Children's Aid Society in Southwestern Ontario. All subjects attended a 10 week group treatment program. The participants completed a pre and post treatment group questionnaires as well as three structured interview schedules.

The results indicated that a significant degree of positive change did occur in the self esteem of the perpetrators. The measures of marital and sexual satisfaction developed by Hudson (1982), did not demonstrate statistically significant positive change. However, it should be noted that the results for the measure of degree of sexual satisfaction were close to significant and should be given further consideration in future studies. Lastly, other situational changes or those changes dealing with the state or condition of the perpetrators' lives
were noted, especially the area of employment.

This study developed many new questions for future research such as, the implications of a lack of academic and sex education by the perpetrators on the abuse. Also, through this study information has been obtained which will have implications for treatment groups already in existence as well as newly developed treatment methods.
Acknowledgements

This thesis could not have been completed without the support of many individuals. To the group treatment leaders and all those at Family and Children's Services, I extend my sincere appreciation for their patience. Also, I wish to offer my gratitude to the subjects of this study. Thank you for opening yourselves up for the purpose of further knowledge. Without your assistance this project would not have been possible.

Many thanks to my Chairperson, Professor Forrest C. Hansen, for his advice and gentle direction with this project. Thanks also to my other committee members.

To my partner Chris, my parents and sisters as well as Dianne, I send special thanks for your understanding and support during this time. Your confidence in me offered much strength and motivation when it was most needed.
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CHAPTER I

Perpetrators of Child Sexual Abuse: An Exploration of Group Treatment Outcomes

The purpose of this study is to explore the social-emotional and situational changes that occurred in the lives of child sexual abuse perpetrators during a group treatment program. The treatment involved a ten week voluntary social work group treatment program offered at a Children’s Aid Society. This group utilized a cognitive behavioral approach. This type of approach encourages change on both of these two levels.

In order to better understand this area it is important to first address the theories concerning sexual abuse perpetrators. The discussion will then be followed by a full statement of the purpose of the present research, a literature review and the proposed methodology for completing this study.

It appeared from this researcher’s perspective that historically, the focus of empirical and theoretical speculation about child sexual abuse has been the child victim. For many years, perpetrators were locked up and forgotten. Society felt more
comfortable pushing the individual perpetrators out of community life.

However, societal views regarding these men have begun to change. The idea that incarceration does not provide the answers for all cases of sexual abuse is beginning to be accepted as the norm. Subsequently, case information concerning each male sexual abuse perpetrator now takes greater priority than it once did.

The need to take a more detailed look at this issue became important to this researcher through the experience of working at a Children's Aid Society. There appeared to be many services within this agency, as well as others in the community, to assist the children and the non-offending parent. However, there were very few services which focused only on the offender.

Many of the offenders this researcher saw were anxious and nervous prior either to treatment or any criminal proceedings. They felt that there were no resources sufficient to assist them with their multitude of presenting problems.

These perpetrators felt that the Children's Aid Society workers were there for the rest of the family but not for them. It was at this time that this researcher began to realize that these men had a point;
the time had come for social work as a profession and this researcher as an individual to address this concern.

Further, the profession of social work had a responsibility to develop effective treatment methods not only for the victim and the non-offending parent, but for the offender as well. However, much work was still necessary in order to meet these goals.

Through reviewing the literature it became apparent that there is a lack of knowledge and research about perpetrators (Dawson, 1982). In addition, few empirical studies regarding incest offenders have been completed. As Alter-Reid, Gibbs, Rasic Lachenmeyer, Sigal, and Massoth (1986) state, "while the descriptive literature is critical for further understanding, there is also a need for more empirical research which utilizes: (1) comparison groups, (2) large samples, (3) objective measures, and (4) statistical analysis of data" (p. 264).

Lastly, it should be noted that there has been little research connecting the theoretical and statistical data (Wolbert Burgess, Groth, Lytle Holstrom, & Sgroi, 1978). Excluding research involving the prison population, little documentation or research regarding the treatment methods utilized to invoke change within the abuser was found.
As society expects that sexual abuse perpetrators must change before they again become healthy and productive members of the community, there has been a desperate need to determine the circumstances under which change does occur. Further, little can be offered to the public to indicate a high degree of change among perpetrators who have received treatment within the community.

Rationale For This Study:

Sexual abuse perpetrators are human beings and have an inherent right to effective and well-founded treatment methods. Through these methods more information will, in turn, be obtained regarding this population. Once we have a better understanding of the change process, this information can be added to the present knowledge base regarding abuse. This information would also be helpful to social work professionals working with them. Ultimately, better treatment programs may result.

Male perpetrators were chosen as the subject population for two reasons. First, there is a significantly higher incidence of male abusers as compared to female abusers within the general population (McCarthy, 1986). The second reason for the use of males as a focus was that the available sample was a male sexual abuse perpetrators group.
PURPOSE AND NATURE OF THE PROJECT:

The purpose of the present study was to explore the social-emotional and situational changes that occur in the lives of child sexual abuse perpetrators during a group treatment experience. It should be further noted that the purpose of this study was not to complete a group treatment program evaluation; rather, the focus was on the abuser and his change process. It was important to note that change during treatment could be seen from two perspectives, that of the professional observer and that of the offenders themselves. It was hoped that insight would be gained from both perspectives. These two perspectives would ultimately help social workers providing treatment to perpetrators. Also, it was hoped that abusers would come to know that change can in fact occur during treatment. It then follows that this knowledge may act as a motivator for these abusers to make meaningful changes in their own lives.

From this researcher's experience, the therapeutic settings under which these changes occur range from aversion to group therapy. For this study, a male sexual abuse perpetrators' group was examined. In order to increase the sample size, the offenders to be studied actually represented two treatment groups at the Children's Aid Society. The first group consisted
of seven perpetrators and the second consisted of six perpetrators. The group was considered in order to describe the social-emotional and situational changes that occurred within child sexual abuse perpetrators during the treatment.

In order to understand the circumstances under which change occurred it is important to know the specific goals of the treatment program studied in the present research. These goals are to prevent further sexual abuse, encourage offenders to accept responsibility for their behavior, understand their problem, develop alternative modes of expression and increase self awareness.

ASSUMPTIONS:

This study is based on the following assumptions:
1) People only make changes in their lives when they so choose. Effective treatment may be ineffective with certain offenders if they lack motivation to change.
2) As the subjects' guilt has not necessarily been proven in court, it is assumed that the subjects voluntarily agreed to join this male sexual abuse perpetrators group and have also "admitted" to some form of abuse. Therefore, these men are not "alleged" abusers. Through the remainder of this study they will be referred to as "perpetrators."
CONCEPTUAL DEFINITIONS:

Treatment.

Refers to the intervention process for sexual abuse perpetrators in which the goal is to produce change in an individual's inappropriate sexual relating patterns.

Abuser.

This is a "significantly older person whose conscious sexual interests and overt sexual behaviors are directed either partially or exclusively towards prepubertal children" (Groth, Hobson & Thomas, 1982, p. 132). Both pedophiliacs and incestuous perpetrators were considered within this study. An approach was utilized where theories about "child molesters are developed and incest offenders are integrated into those theories" (Finkelhor, 1984, p. 51; Groth, 1979). That is, both child molesters and incest offenders are considered to possess many of the same characteristics and as a result, the theory base developed to discuss both of them is one and the same. This approach is known as a unified theoretical approach.

Social-Emotional Change.

Refers to the modification in the abuser's feelings about himself and others from the perspective of the abusers, this researcher and others, measured by qualitative and quantitative indices.
Situational Change.
This speaks to the circumstances or physical aspects of an abuser's life. These aspects include such things as the abuser's living arrangements, his family composition, his employment and marital status.

Summary
This chapter has considered the focus of this research. As indicated, the aim was to assess social-emotional and situational changes in child sexual abuse perpetrators during the group treatment process. Chapter two of this paper reviews the literature that addresses abuser topology and classification as well as the reasons underlying why the abuse occurs.
CHAPTER II

Review of the Literature

The purpose of this chapter is to provide a detailed look at the literature regarding sexual abuse perpetrators. This review will provide a basic understanding of the dynamics regarding why sexual abuse exists as well as what treatment methods are being used to cope with this social problem.

Definition of Sexual Abusers

Sexual abuse as defined in the present study consists of pedophilia and incest. Wolbert Burgess et al. (1978) describe sexual abuse as "conscious sexual desires and responses (which) are directed, either partially or exclusively, toward prepubertal children (pedophilia) and/or pubescent children (hebephilia) to whom he . . . may be directly related (incest) or not" (p. 3). However, few theorists address the issue of abusers in terms of the age of their victims.

Rather, there are two other subcategories involving the patterns of pedophilia which are most commonly considered namely, fixated and regressed abusers. According to Wolbert Burgess et al., a fixated abuser is a person who has, "from adolescence, been sexually attracted primarily or exclusively to significantly younger people, and this attraction has
persisted throughout his life, regardless of what other sexual experiences he has had" (p. 6). That is, he responds to these feelings as a compulsion or an ongoing irresistible force and not as an impulse or a sudden desire to act. Often these abusive acts are premeditated. The point to understand about fixated abusers is that they are not distressed and do not feel guilty about their sexual desires for children.

In terms of the fixated abusers' peer contacts, these men usually avoid relationships with people of the same age. This type of abuser often feels guilty, embarrassed, inferior and anxious about relating to his peers in non-sexual and sexual ways. Overall these men feel inadequate and overwhelmed by their peers and life in general. Further, fixated sexual abuse perpetrators are chronic offenders (Wolbert Burgess et al., 1978).

The second subcategory of pedophilic patterns Wolbert Burgess et al. (1978) speak of are the regressed abusers. This type of perpetrator is described as "a person who originally preferred peer or adult partners for sexual gratification. However, when these adult relationships become conflictual in some important respect, the adult became replaced by the child as the focus of this person's sexual interests and desires" (Wolbert Burgess et al., 1978, p. 9). As well, these men had a great sense of inadequacy.
However, they did relate with age mates as they were growing up. Also, contrary to fixated offenders, regressed offenders predominantly react on impulse, and their actions are not as likely to be premeditated. These men react as a result of a life crisis which could be of a social, sexual, marital, financial, or vocational nature or a combination of any or all of these issues (Wolbert Burgess et al., 1978).

Prior to the abuse, these men are often in a state of depression or partial disassociation. They may have a temporary lapse from their own value system during the abuse. Following a sexual experience with a child, regressed abusers often feel guilty, ashamed, embarrassed or disgusted by their actions. (Wolbert Burgess et al., 1978).

The use of the terms regressed and fixated is questioned by this writer in terms of their helpfulness in treating the problem. It is impossible to ever know for sure if these terms really fit each person. That is, there is no method by which the terms can be proven to be true. It is possible that a continuum exists where very few fit absolutely into one category. Rather, most perpetrators may contain components from both categories. Perhaps new terms should be developed which are more updated or the possibility of
not labeling perpetrator types at all might be considered.

Types of Motivational Intent

According to various theorists, there are two different types of motivational intent: sex-pressured offenses and sex-forced offenses. **Sex-pressured offenses** lack any real kind of physical aggression. Rather, they utilize enticement and persuasion through such things as bribes and rewards. The stereotype of the old man offering a little girl candy creates a vivid image regarding this type of enticement (Groth, 1979).

**Sex-forced offenses** involve threatening harm or the actual use of physical force. This category has two subgroups: intimidation and physical aggression.

With intimidation, children are exploited as a result of their innocence and helplessness. For example, "if you do not do this I will hurt your dog" (Wolbert Burgess et al., 1978, p. 13). With physical aggression, the abuser actually physically overpowers his victim during the abuse (Wolbert Burgess et al., 1978).
Physical aggression also comes in two forms. The two different types of physical aggression are exploitative and sadistic.

1. **Exploitative Physical Aggression** occurs when the threat of force is utilized to intimidate the victim. Strength and force could be used including striking the victim, although inflicting pain is not the main purpose. In exploitative aggression, an abuser would do what he had to do in order to sexually abuse the victim. This type of perpetrator has no strong feelings one way or another about harm coming to the victim.

2. **Sadistic Physical Aggression** occurs when the offender "inflicts sexual abuse on a victim, who becomes a target for rage and cruelty" (Wolbert Burgess et al., 1978, p. 15). Here physical force is eroticized. The abuser becomes sexually excited by the pain and degradation he is causing the victim. The abuser's premeditated plan is to cause fear, suffering, humiliation and torment to the victim. This type of abuse may consist of torture, mutilation, sadism and even murder of the victim (Groth, 1979).

In order to give some perspective to the types of motivational intent most often utilized by a perpetrator, it should be noted that "the vast majority of sexual acts between children and adults are not
aggressively imposed" (O'Carroll, 1980, p. 56). Rather, children are more often enticed or bribed through sex-pressured types of measures.

Factors Surrounding the Abuse

Once an understanding has been attained about the types of child sexual abuse perpetrators, it is then necessary to look at the factors related to why these men abuse children. Finkelhor (1984) outlines four principles which address the reasons for the abuse. The first idea he discusses is the concept of emotional congruence. Congruence refers to the idea that adults' emotional needs can be met by the child victim's characteristics. A child is able to meet these adult needs as there may have been something hindering the emotional development of an abusive man (Finkelhor, 1984).

The second concept is the need for a man to be sexually attracted to children. The publication prepared by Seattle Washington's Sexual Assault Center cited in Schlesinger's (1982) annotated bibliography on sexual abuse also refers to the necessity for a man to be sexually attracted to a child before abuse can occur. This attraction may be explained as a "learning process which maintains behaviors through reinforcing experiences" (p. 63).
Next, it is important to explain the connection that some of these men have made between abuse and sexual arousal. Finkelhor (1984) states that abusers may have had either highly positive or negative sexual experiences which they remember and may have subsequently reinforced through masturbation. Similarly, some abusers reported that depending upon what they were thinking about when they masturbated, this could affect their arousal patterns.

The third factor relates to a blockage, so that these men have an inability to have their needs met by an adult. It could be that these men feel uneasy about their adult sexual relationships and choose child partners in order to relieve some of this conflict. It has also been suggested that there may be a developmental blockage. This relates to the Freudian idea of conflict over castration anxiety where it is postulated that boys fear their fathers will castrate them if they have sexual feelings for their mothers (Finkelhor, 1984).

Although the notion of castration anxiety has been suggested for many years, this researcher has seen no practical evidence to indicate any truth to the suggestion. If there had been a developmental blockage, it seems more reasonable to assume that there
had been a disturbance in the abusers' ability to address the issues of trust and mistrust.

This blockage of trust would then in turn impede the abusers' ability to meet their needs in an adult relationship. That is, for an adult to have a sexual relationship with another adult, there must be some degree of trust involved. If the trust issue remains unresolved, it is possible that the adult may turn to a child to have their sexual needs fulfilled where trust does not have the same kind of relevance. Therefore, unless the trust versus mistrust issue is addressed in treatment, it is possible that this blockage may never be overcome.

The last factor is disinhibition. The question behind this concept is, what lowers an abuser's inhibitions, thus allowing him to abuse. Some of these disinhibitors are alcohol and drugs. Many abusers claim that they were drunk at the time and they do not remember the abuse. Another disinhibitor is the step relationship. A stepfather is able to convince himself that this child is not a relative and that it is acceptable to have sexual relations with this child (Finkelhor, 1984). Seattle's Sexual Assault Center (cited in Schlesinger, 1982) also referred to this process but labelled it cognitive dissonance or "a process in which a person justifies his...behavior by
changing the meaning of it, e.g., "I'm just doing it for sex education" (1982, p. 65).

The literature also states that there is evidence to indicate the trauma of the abusive cycle. That is, a lot of sexual abusers have themselves been victimized as children. Many believe that although the perpetrators are not aware of it, they re-enacting their own previous victimization (Freeman-Longo, 1986). That is, these "men often do not associate their feelings of being abused from their abusing others" (Freeman-Longo, 1986, p. 413). Groth has labelled this pattern the vampire syndrome. That is, those who were sexually abused themselves sexually abuse others (Groth, 1979). This explanation of a repeated pattern of abuse indicates that this is a learned behavior from childhood.

In addition, the literature cites reciprocal characteristics that have been found in the perpetrator and his family (Compton & Galaway, 1979). That is, certain characteristics of the perpetrator are likely to affect the entire family system. Some of these characteristics include: general lack of empathy, poor communication skills, inadequate system of control, poor limit setting and the abuse of power (Sgroi, 1982).
In terms of the family's characteristics, they have been found to be chaotic and to have relationship boundary difficulties. That is, the family members have blurred physical and emotional boundaries with those inside and outside of the family. For example, a father and a daughter may have a relationship with unclear and loose guidelines. As a result of this type of father-daughter relationship, the poor guidelines produce an environment which facilitates the occurrence of the abuse.

**Summary**

This chapter reviewed the literature regarding the types and classification of child sexual abuse perpetrators that exist. It is also vital to gain an understanding of what characteristics perpetrators have in common. This next chapter will address the treatment issues of perpetrators. The various forms of treatment will be discussed with emphasis on the group treatment method:
CHAPTER III

Treatment of Perpetrators

Ross Dawson states that sexual abuse is a family problem. He also identifies the importance of treatment: "without treatment . . . the underlying family dynamics remain unaltered and the potential for further sexual misconduct remains high" (1982, p. 3). That is, both the perpetrators and the family must change in order to reduce the risks of recidivism. However, it should be noted that individual treatment and group treatment for the perpetrator and the victim must occur first before family treatment. This method of treatment is known as the reconstructive family therapy model (Anderson & Mayes, 1981).

Treatment begins the moment the disclosure is made. The very first decisions about who to tell have a great impact upon the type of intervention that is received. Anderson & Mayes (1981) state that the type of reaction and treatment an incestuous family receive are greatly influenced by the person to whom the disclosure is made.

That is, if a child is not at risk and the disclosure is made directly to the police, then it is
possible that the Children's Aid Society may not be involved in the investigation.

When the Children's Aid Society does investigate an abuse, therapeutic techniques are incorporated into the social workers' methods of investigating. As a result, these techniques are likely to produce different results than the police's method of investigation.

One of the most important treatment decisions relates to the determination of whether someone is to leave the family home. One of the few areas of common ground between the different treatment approaches is that most agree the child should not be removed from the home if at all possible (Anderson & Mayes, 1981). These initial treatment decisions have great importance. In fact, "the damage from the incest investigation (can be) inflicted upon the entire system..." (Tyler & Brassard, 1982, p. 51).

The goals for informal and formal treatment are generally accepted to be: the prevention of further sexual abuse, encouraging the offender to accept responsibility for his behavior, understanding his problem, developing alternative modes of expression and increasing self awareness (Annis, 1982).

The literature outlines different methods of treatment for offenders. In an ideal situation it
would be helpful to sort out which is the most appropriate method of intervention based on the offender’s needs. These needs should then be reviewed by the social worker in relation to the available methods of treatment. Some of the different types of intervention are discussed below.

Annis (1982) outlines the use of cognitive behavioral methods to treat offenders. The focus of this approach is to change behavioral deficits and maladaptive behaviors. This change is to occur through reducing arousal to inappropriate child themes and increasing arousal to adult heterosexual themes through increasing insight into their behavior and desensitizing the idea of contact with a consenting woman. Also, victims are personalized to increase the offender’s awareness of the consequences for his actions.

In terms of other treatment methods, Robert Kelly (1982) reports on 32 studies involving a wide variety of behavioral treatments of sexual abuse perpetrators. These behavioral methods would be considered quite intrusive by those practicing the cognitive behavioral approach discussed above. For example, Kelly states that seventy-five percent of the behavioral treatments in the uncontrolled case study used aversion therapy where electric shock is paired with arousal to
inappropriate sexual themes. He states that the treatment goal in each study was to decrease pedophilic urges and increase adult heterosexual urges. Of these studies, utilizing 121 subjects in all, there was generally reported to be a significant decrease in pedophilic urges following treatment.

Other methods of treatment include: classical conditioning, shame aversion and thought stopping, among others (Kelly, 1982). These methods are not considered traditional social work modes. That is, social work principles would lend to a more humanistic method of treatment which would not cause physical pain to the offender.

Fein and Bishop (1987) speak to some of the typical problems that occur when providing treatment to offenders such as the offenders not accepting responsibility for the abuse or being resistant to participate in treatment. The second concern focuses on the type of legal advice an offender might receive. That is, a lawyer may advise against counselling in order that the offender not acknowledge his guilt. The third issue relates to one's own ability as a therapist to deal with feelings of anger or denial in handling child sexual abuse cases.

Some of the most well known work in treating sexual abuse offenders has been conducted in Santa
Clara County, California, utilizing a peer-group approach. This approach involved perpetrators in group treatment with other perpetrators (Fein & Bishop, 1987). This approach has great value as "other perpetrators in the group are adept at countering the resistances and denials of new group members" (Fein & Bishop, 1987, p. 123). Thus, some of the major difficulties, denial and resistance, are addressed.

A method which is based on traditional social work practice is Sgroi's (1982) humanistic multi-modal model. This model involves a variety of treatment methods including beginning with individual and moving to family therapy once "individual therapeutic relationships have been established with key family members" (p. 109). This model is closely based on social systems theory which tells us that clients are a part of larger systems such as the family and the community. As a result of living within these systems, clients must gain the skills which make living within these units easier.

The goals of the treatment that Sgroi and her team offer to the abuser are to encourage appropriate use of power, reconciliation of authority conflicts, affiliation rather than isolation, decreased reliance upon denial as a coping mechanism, heightened sensitivity of others' needs, improved communication patterns, adequate controls and limit setting, establishment and maintenance of appropriate boundaries, acceptable need gratification
and development of realistic expectations (p. 127).

A popular mode of treatment incorporated into many treatment plans is group treatment. Fowler, Burns and Roehl (1983) describe group counselling as "an interpersonal process where a counsellor and several clients examine themselves and their life situations in an attempt to modify behaviors and attitudes" (p. 127).

Dawson (1982) reports on a group of sexual abuse perpetrators called "fathers anonymous." He states that the majority of group members he sees are court ordered. However, Dawson notes that court ordered attendance could interfere with interpreting the actual motivation of the perpetrator.

Within this group the perpetrators are encouraged to accept full responsibility for their actions. Also important in his group is that incest is viewed from a systems perspective and is seen as a family problem. Subsequently, from his point of view, the family should not be destroyed; rather, it should be enhanced through the therapy process (1982).

A Calgary support program offers treatment to adult male victims of child sexual abuse, some of whom are also now offenders themselves. Through this program "participants gained insight into their own needs and behaviors when they were forced to confront the victim/offender dichotomy within themselves, that
is, when a fellow victim was suddenly perceived as an offender" (Bruckner & Johnson, 1987, p. 84).

Two major issues dealt with during this group treatment were the issues of intimacy and trust. Most of these men had little previous practice in verbally expressing their feelings. This problem was further complicated by the extremely sensitive nature of the topic to be discussed (Bruckner & Johnson, 1987).

One of the techniques used within this treatment mode was bibliotherapy. Readings were assigned to ensure that all men had a basic level of comprehension about male sexuality. The group leaders were to direct the discussion and stress the need for disclosure. The Tennessee Self-Concept Scale was utilized both prior to the first group meeting and at the end of treatment. This measure allowed for the assessment of the change in each offender’s self concept (Bruckner & Johnson, 1987).

The process of group treatment is often separated into different stages. Yalom (1975) has broken group treatment into three stages which include: 1) the development of norms, 2) the conflict stage and 3) the cohesiveness stage. During the first stage the group begins to orient itself and find a reason for the group’s existence. Members look for similarities between themselves which in turn begins the process of
group cohesion (Yalom, 1975). During the second stage conflict begins between the members and the leader, as well as among the members themselves. The rebellion that is likely to ensue is said to be important in order for the members to accept ownership of the group (Johnson & Johnson, 1982). In the last stage the moral and mutual trust again increases. In addition, self disclosure and pride in the group increases (Yalom, 1975).

One specific group treatment format is the problem solving method. This type of group focuses on the process of resolving the unsettled matters, of finding an answer to a difficulty; it is a process that results in a solution to a problem, and it involves changing the actual state of affairs until it is identical with the desired state of affairs. (Johnson & Johnson, 1982, p. 401).

Here leaders may act as consultants to teach the personal skills necessary in order to solve problems and work together as a group. Further, the leaders set the standards or norms of participation that are expected within the group (Johnson & Johnson, 1982).

Shulman (1979) suggests further skills that are necessary for group leaders to possess: Leaders must listen carefully, remain in tune with the members' feelings and be clear on their own function within the group. Through utilizing these measures the chances of missing valuable offender input will decease.
Hansen, Warner and Smith (1980) state that the group leaders must structure the group and provide a "code of behavioral rules which will exist until the group members establish their own unique norms for the group" (p. 401).

In all, the purpose of group treatment has been referred to as "a deliberately structured influence system to effect change through social interaction" (Alissi, 1980, p. 245). Specifically, the group treatment process allows child sexual abuse perpetrators to meet with other perpetrators who are going through similar circumstances.

The universality of their problem and the knowledge that they must all face the truth and accept responsibility for their actions creates the starting point. Through modeling and utilizing a didactic approach, men are encouraged to address the consequences of the abuse for the victim and for themselves.

With all of these treatment methods in mind, it should be noted that "no statistically significant result obtained in the laboratory will ensure a clinically significant change in the community" (Kelly, 1982, p. 403). As the only true test of changed behavior is in the community, it is only logical that the treatment should be community based. Offenders
must be exposed to the stresses and responsibility of daily life before they are able to test out new methods of coping.

It should also be noted that there appear to be few accurate measures for treatment success. The measurements which do exist often consist of self-reports in which responses can be fabricated in order to appear changed.

In addition, there has been no research completed to date that supports the results of one treatment method over another whether these methods be groups, individual, within the family or some combination of all of these (Fein & Bishop, 1987).

In terms of the effectiveness of the treatment programs discussed within this chapter, most reported good results. Specifically, Dawson (1982) and his fathers anonymous group treatment program reported positive results in that the group members grew in their level of self-esteem. In terms of the Calgary support program discussed by Anderson and Mayes (1981), they stated that the program results were encouraging.

Further, regarding the subjects involved in the behavioral programs addressed in Kelly's (1982) study, 79% reported significant decreases in pedophilic urges and behaviors. In all, it appeared to this researcher that many treatment programs still have difficulty
reporting statistically significant data indicating change within the subjects.

**Format and Topics of Discussion within the Group**

**Treatment Utilized in This Study**

The format of the group treatment was considered semi-structured as there was a mixture of a structured format as well as allowances being made for the different topics which arose within each meeting. The group treatment involved a progression of topics throughout the treatment process.

In terms of the topic of discussion within the first meeting, all perpetrators were expected to report on why they were at the meeting. That is, a review of the disclosure was requested. At this same time, confidentiality forms were signed in order to promote confidence and trust within the group.

The second group meeting addressed issues such as the perpetrators anger at the system. This anger was usually directed at the police and the Children's Aid Society. The group leader stated that if the participants were not able to diffuse some of this anger, then they would not be able to move on to the more integral issues of the group.

Also at this same time, the perpetrators were requested to disclose the restrictions placed upon them by the courts and the Children's Aid Society. The
purpose of this disclosure was to provide the leaders with the legal guidelines which each perpetrator was to follow. With this knowledge, the leaders would then be better able to ensure that the perpetrators were obeying the restrictions imposed upon them.

The next session focused on the context of the victimization process and why the subjects committed this offense. Also discussed at this time was the issue of need fulfillment. That is, what needs were the victims fulfilling for the perpetrator? Visual charts were used in order to assist the group members with actually seeing the needs which were being met.

For example, the perpetrators were encouraged to realize that sex was not the only need being met. Rather, most members were meeting interpersonal needs as their adult relationships were problematic. Following the realization that interpersonal problems existed, the members were assisted in problems solving in order to resolve their adult relationship issues.

In a later session, a cost-benefit chart was developed in order for the members to visualize exactly what they had gained and lost as a result of the abuse. For example, many perpetrators were encouraged to see that they have lost their families because of the abuse. The purpose of this cognitive task was to encourage the perpetrators to think what a reoccurrence
of abuse would cost and ultimately to prevent a reoccurrence.

The following session, victim empathy as well as the consequences of the abuse for the victim were discussed. Also, veterans of the group are asked to speak about the apology they made to the victims and their feelings about this issue. At this time, teaching occurred regarding the physical and psychological consequences of the abuse according to the literature.

The next topic involved the issues of power and control. These two issues then allow for the discussion of the perpetrator's own victimization and the fact that the past may have not yet been grieved. Once the members' own victimization had been addressed, it was important that the men problem's solve around how to deal with this in order that a reoccurrence be avoided.

The last area of discussion was how to better meet needs. Whether these needs be sexual, interpersonal, or involve power and control issues; it was vital that the members put aside their passive aggressive methods and begin to utilize more assertive methods.
Summary

This chapter has focused on the treatments available to male child sexual abuse perpetrators as well as the goals of formal and informal treatment. Further, some of the difficulties encountered during this treatment were outlined. One particular treatment modality discussed in this chapter which gained much attention, was the group treatment process. Also, the format and topics of discussion during the group treatment considered within this research were discussed.

In the next chapter, the demographic characteristics of perpetrators will be addressed. Also, in terms of Canadian statistics, information from a study of eleven Children’s Aid Societies across southwestern Ontario will be utilized. Details about the topology of the sexual abuse perpetrator within this region will also be described.
CHAPTER IV
Perpetrator Demographics

This chapter addresses the statistical data regarding male sexual abuse perpetrators. This information is vital in order to understand who sexual offenders are and what they have in common. A basic understanding can thus be gained about the specific characteristics of the perpetrators in Southwestern Ontario.

The demographic findings presented in the following chapter are taken from a study called The C.A.S. Response to Alleged Child Sexual Abuse: A Regional Perspective (Young, Sas, Austin, Holland & Harris, 1989). This study consisted of a survey of all sexual abuse allegations reported to eleven Children’s Aid Societies in Southwestern Ontario in 1985.

The abusive events discussed were thought by Children’s Aid Society social workers to have occurred and constituted child sexual abuse. Of those 220 abusers, 202 (91.8%) were men (Young et al., 1989).
Table 1
Frequency of Male and Female Perpetrators

<table>
<thead>
<tr>
<th></th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>202</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>220</td>
</tr>
</tbody>
</table>

The age of 30 of the male perpetrators was unknown. Of the 172 males whose age was known, 30 were under 16 years and 34 were 41 years of age and over (see Table 2) (Young et al., 1989). The most frequently occurring age group were those 31 to 40 years of age with 43 individuals included.

Table 2
The Ages of the Sexual Abuse Perpetrators

<table>
<thead>
<tr>
<th>Ages</th>
<th>1-10</th>
<th>11-15</th>
<th>16-20</th>
<th>21-30</th>
<th>31-40</th>
<th>41+</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>1</td>
<td>29</td>
<td>29</td>
<td>36</td>
<td>43</td>
<td>34</td>
<td>172</td>
</tr>
</tbody>
</table>

In terms of the relationship of the abusers to the victim, 68 or 31% of the perpetrators were in a parental relationship to the child victim and 15 or 6.8% were in a sibling relationship with the victim, while 42 (19%) of the perpetrators were related in some other way. Abusers who were outside family or extended family represented 43% (95) of the sample. Only 2
individuals or 1% of the sample were abusers who were unknown to the victim (Young et al., 1989).

Table 3

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Biological yes</th>
<th>Biological no</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>father</td>
<td>28</td>
<td>37</td>
<td>65</td>
</tr>
<tr>
<td>sibling</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>other relative</td>
<td>40</td>
<td>2</td>
<td>42</td>
</tr>
<tr>
<td>other</td>
<td>0</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>unknown</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Regarding the status of the relationship of the abuser to the victim, of the 220 founded cases 82 (37%) of the abusers were biologically related to their victims. With respect to families, biological siblings represented 11 out of 15 abusive sibling relationships. All three of the abusers who were mothers were biologically related to the victim. Of the other relatives in total 42, 40 were biologically related to the victim. With respect to the abusive fathers, 28 out of 65 were biologically related to the victim (Young et al., 1989).

Regarding the marital status of the 220 abusers, where 50 were unknown, 72 (33%) were never married.
Those married only once represented 42 (19%) and 12 (5%) were remarried. Those separated and divorced included 29 individuals (13%). Widowed individuals accounted for 2 people (1%) and single people (reason unknown) included 13 (6%) people (Young et al., 1989).

Table 4

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>never married</td>
<td>72</td>
<td>33</td>
</tr>
<tr>
<td>married (once)</td>
<td>42</td>
<td>19</td>
</tr>
<tr>
<td>separated/divorced</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>re-married</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>widowed</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>single</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>unknown</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>Totals</td>
<td>220</td>
<td>100%</td>
</tr>
</tbody>
</table>

In terms of the abuser's living arrangements at the time of the abuse, of the 171 individuals known, 19 (11%) were living alone. Those living with a parent included 62 (36%). Those living with a spouse included 52 (30%). Those living in a common-law union represented 21 (12%) and those living with others represented 17 (10%). In all, 78% lived in a family situation (Young et al., 1989).
The last area to be addressed regarded those abusers who were biological fathers. These perpetrators represented 12.7% (28) of the total number of perpetrators. Further, those abusers who were the biological fathers of the victim and living with the victim in a nuclear family represented 4.1% (9) of the total number of cases.

In terms of how these results relate to this researcher’s experience, they generally appear congruent. It has been noted by many professionals that there appears to be a barrier to abuse within biological relationships.

In terms of the demographics regarding the likelihood of repeat offenders, Groth, Freeman-Longo and McFadin (1982) attempted to rate the recidivism among offenders incarcerated for rape and child molestation. Many believe that jail is the answer for child sexual abuse perpetrators. Although we may assume that these perpetrators are imprisoned, cured and returned to the community, this does not appear to be the case.

Their study consisted of 54 child molesters who were administered a five item questionnaire. The results indicate that 37% had been convicted of the same crime more than once. In addition 22% admitted to previously escaping a conviction when they were guilty
Therefore, it appears that sexual abuse perpetrators are serious repeat offenders, a probability giving further credence to the need for this study.

Summary

This chapter has addressed the demographics of child sexual abuse perpetrators from a study concerning child sexual abuse perpetrators from 11 Children's Aid Societies. The offenders sex, age, relationship to the victim and marital status were all addressed.

The next chapter considers the operational definitions for this study and previous research suggestions.
CHAPTER V

Operational Definitions and Previous Research Suggestions

Within this section the terms to be utilized and the proposed operational definitions will be presented.

Male Perpetrators.

The first term to be discussed is the male perpetrator. The men also consisted of both regressed and fixated offenders as discussed earlier. The perpetrators were at various stages in the treatment or criminal justice systems. That is, a child might have recently disclosed the abuse and the perpetrator might have just entered the treatment and criminal justice systems. Another example could be that the abuser was recently released from prison.

Independent Variable

Group Treatment.

The independent variable within this study was the group treatment process. For the purpose of this study group treatment was defined as a ten week program where therapists acted as group leaders in order to ensure
that certain social-emotional and situational issues were discussed.

Both didactic and supportive methods were utilized in order to promote change. An example of a didactic method was bibliotherapy. That is, the perpetrators were encouraged to read about human sexuality in order to promote an increase in factual information about male sexuality. The support received by the perpetrators came from the other group members as well as the group leaders.

Dependent Variables

Social. The interpersonal relationship issues in the perpetrator’s life such as his marital relationship and his relationships with his friends and family were considered. As there was trauma experienced within most or all of the perpetrators’ social relationships, change and adjustment could have been needed.

Emotional. The abuser’s emotions are his feelings about himself as well as his feelings toward others. In addition, the "affect aspects of the consciousness" of a perpetrator is included (Woolf, 1979, p. 369). The affect aspect refers to the feelings part of the perpetrator’s identity.

Situational. The situational changes are the physical aspects of the sexual abuse perpetrator’s life. These aspects include the perpetrator’s accommodation
arrangements and employment, as well as past and present family composition.

Lastly, intervening variables must be considered. Intervening variables are factors that may mediate the relationship between dependent and independent variables. These variables include: whether individual or family treatment is occurring simultaneously with group treatment, fear of the court process, wish to reunite the family, motivation for treatment and the social worker's attitudes and feelings towards the subjects.

In terms of previous investigators' suggestions for further research, it was stated by Finkelhor (1984) that most of the research has involved "psychologists working with offenders in prison settings in isolation from the workers who were protecting and treating children" (p. 53). Through the use of the population outlined for this study, Finkelhor's point was addressed. That is, this study was completed in conjunction with the professionals in the community who provided the treatment. Also, this environment was the same one in which the children were being treated and protected.

Alter-Reid et al. (1986) also outline suggestions for the format of further research. They suggest that comparison groups are necessary. It was not possible
to have a control group; however, the sample partially acted as their own control through the use of a pretest and post-test measurement.

Next, they suggest that large samples are to be utilized. However, this was not possible within the limits of this study. The small sample group could be considered one of the limitations of this research.

Objective measures were also encouraged. Through three scales and a structured interview schedule an attempt to obtain an objective measure was made.

It is likely that one of the outcomes of this study will be the development of new research questions for further study. It is also hoped that the changes noticed within the abusers will assist the social workers who work with these men. If we begin to understand how and why these men change, then it is likely that this information will be helpful in order to design effective treatment models. These models will in turn allow abusers to become more productive members of the community.

Summary

This chapter has included the operational definitions to be utilized within this study. Also included were the suggestions from previous research studies that were pertinent to this study. This chapter will be followed by a complete methodology
proposal in an effort to continue addressing the issue of male sexual abuse perpetrators.
CHAPTER VI
Methodology

This chapter will address the issue of methodology and study classification as it pertains to this thesis. Different types of methodology will be offered from many authors' perspectives. The end product will be a specific research classification for the thesis discussed above.

This study's classification depends upon the research purpose and the methodological procedures utilized. The purpose of this study was to evaluate the changes that occurred during group treatment in sexual abuse perpetrators from their own perspective.

Hypotheses

The hypotheses of this paper were based on the goals of the treatment program. The main hypothesis was following attendance at a ten week sexual abuse perpetrators group treatment program, positive changes will be reported in the social-emotional and situational areas of the participants' lives.

Sub-hypotheses
1) Further sexual abuse will be prevented.
2) The offenders will accept responsibility for their actions without projecting blame on external factors.  
3) The offenders will understand their problems and become aware of the behaviors which led to the abuse.  
4) The offenders will develop more appropriate sexual expression, need gratification and impulse control.  
5) The offenders will increase their self awareness of feelings and how they respond to them.

Classification

This study’s classification could be given different names by different theorists. Grinnell and Stothers (1988) stated that the classification should be seen on a continuum. The three major points on this classification scale were exploratory, descriptive and experimental. According to this classification system, the present research study was a descriptive study as it did not meet the criteria for the experimental model (Grinnell & Stothers, 1988).

Other authors refer to descriptive classifications as quasi-experimental (Arkava & Lane, 1983; Schuerman, 1983). This term again refers to the fact that this class resembles an experimental model but does not meet all the criteria of an experimental model. Arkava and Lane (1983) stated that a quasi-experimental design offers “practical research solutions to real problems when it is not possible or
feasible to achieve full experimental status" (p. 111). In addition, this type of design gives information about the group being studied, in this case, male sexual abuse perpetrators (Reid & Smith, 1981).

Still others call this design an uncontrolled single group experiment (Reid & Smith, 1981). No matter what name is used, the information developed from this type of design can be in terms of the client’s attitudes towards service as well as client need (Reid & Smith, 1981). The fact that this design offers much information about practice issues can be considered one of the advantages of this approach.

In terms of a limitation of this approach with respect to this study, as there was no random assignment, no random sampling and little control over the intervening variables, there was a greater chance for the validity and reliability to be negatively affected. As well, some say that the strategy is questionable as some people improve without help or treatment; subsequently it is difficult to isolate the effectiveness of the treatment (Reid & Smith, 1981).

Further, there are extraneous factors which may impinge upon the process. These factors are considered threats to internal validity and include history, maturation, testing, instrumentation, and possibly
reactive effects as a result of the participants' knowledge that they are participating in a study.

Lastly, there could be an effect as a result of the interaction among any of the above threats to internal validity (Grinnell & Stothers, 1988).

Threats to external validity include: 1) the interaction between the testing and treatment as well as 2) interaction of the selection of individuals and the treatment (Campbell & Stanley, 1966).

Regarding the type of knowledge to be gained from this study, both qualitative and quantitative information was gathered. Qualitative knowledge provided further information regarding the clients' perspective about the events that occurred in the group process. Further, there was a "description of complex social processes and the rendering of the subjective impressions of these processes by people involved in them" (Epstein, 1988, p. 195).

Qualitative information can be helpful in further developing a treatment program such as the male perpetrators treatment group (Schuerman, 1983). This is especially true when a great deal is not known about the subject being addressed (Reid & Smith, 1981).

This study had qualitative characteristics in that the information obtained was predominantly subjective.

In addition, there was an interview schedule or a
"written instrument that sets out the overall plan for the interviews" (Gochros, 1988, p. 273). As well, the questions asked were both open and closed ended. The open ended questions produced descriptive answers that were difficult to quantify. However, this study had even stronger quantitative characteristics. That is, a specific hypothesis existed and was tested producing statistical results. Further, statistical procedures were used and inferences were drawn from them (Epstein, 1988). However, a cause-effect relationship was not suggested since this was a quasi-experimental classification.

This study had further quantitative characteristics in that the types of data collection methods used were a structured interview and self administered scales, which produced information that could be counted (Epstein, 1988). Although these methods were more intrusive, it was hoped that the information gained would further add to the knowledge base about community based treatment for sexual abuse offenders.

Design Logic and Strategy

The next area to be discussed is the logic and design strategy of this study. Within this study, a group of male sexual abuse perpetrators were analyzed.
Tripodi (1983) has called this study a one group before after design. The meaning of this design label is that one group will be studied using a pretest prior to the independent variable, which was the group treatment.

Following the treatment, a post-test was administered. Hence, the name one group before after design. Further, "if the status of each individual on one or more variables . . . is measured before and after the intervention, the design is called a before-after single group design" (Schuerman, 1983, p. 67).

Other authors call this same design a pretest post-test one group design (Grinnell & Stothers, 1988; Cook & Campbell, 1979). This is just a further example of how different authors give different labels to the same concepts.

In terms of the limitations of this method, it does not measure the intervening variables (Grinnell & Stothers, 1988; Tripodi, 1983). However, to control for these intervening variables attempts were made to hold the variables listed below constant. Holding these variables constant is one technique utilized in order to encourage consistency (Grinnell & Stothers, 1988).

These intervening variables include: if the members are also receiving individual treatment at the same time, fear of the court process, perpetrator's
wish to reunite the family, his motivation for treatment and the social worker's attitudes towards the subjects.

Sample

The subjects of this study consisted of 13 sexual abuse perpetrators who were clients of a Children's Aid Society in southwestern Ontario. These subjects were referred to the agency as a result of a recent or not so recent disclosure of sexual abuse.

All the men had been assigned a Children's Aid Society social worker. This practice was true even for those who had been referred from an out of town agency. As social workers are able to manage their case loads relatively independently, they are able to decide those they will provide treatment for and those they will refer elsewhere. It is possible that individual treatment could have been provided to some perpetrators by their social workers while others may have not received individual treatment. That is, the role of each social work case manager for each of the subjects was not clear.

The subjects of this study included men involved in many different stages of the social service and criminal systems. In addition, the subjects were attending the group on a voluntary basis. Further, the
perpetrators were self admitted sexual abusers. Therefore, these men were not "alleged" perpetrators.

The sample included both regressed and fixated abusers (Groth et al., 1982). Since both types of abusers return to the community at some point, it was thought important to understand the changes that occur in both types of abusers.

**Treatment Program**

The treatment was a group program for child sexual abuse perpetrators provided at a Children's Aid Society. The group program was one of the services offered by the agency's sexual abuse specialists. The group leaders also offered individual treatment to perpetrators as time allowed.

There were two leaders of the group, one male and one female. Both leaders were trained social worker's employed by the Children's Aid Society.

The overall group treatment goals were: to prevent further sexual abuse, and to encourage the offender to accept responsibility for his actions without projecting blame on external factors. It was thought that once the perpetrator accepted responsibility for his behavior, then change could begin to occur more easily. In addition, the offender was encouraged to understand his problem and become aware of the behaviors which led to the abuse. Also
encouraged was the development of more appropriate sexual expression, need gratification and impulse control. Further, the perpetrator was encouraged to increase his self awareness of his feelings and how he responded to the feelings.

The leaders utilized a list of 14 treatment issues to achieve these treatment goals. One leader described the group as structured and confrontive. Both the leaders and other group members encouraged perpetrators to accept total responsibility of their behavior by confronting erroneous assumptions in their thinking in order to promote change, healing and growth.

The group treatment occurred once a week for a ten week period. Both groups met on weekdays. One group met from 10 am to 12 noon and the other met from 5pm to 7pm. The men were responsible for making arrangements regarding their work schedules. Men were encouraged to return to the next group as graduates in the hope that they could still develop themselves, as well as offer insight to the incoming members of the new group.

**Sampling**

The sampling method used in this research was called nonprobability sampling. That is, the "probability of inclusion in the sample [was] unknown"
and [was] usually different for each person or unit in the sample" (Seaberg, 1988).

This particular type of sampling was further divided into subsections. This particular study could be further classified as a purposive or judgmental sample. That is, the sample consisted of "elements . . . deliberately chosen or handpicked for the study's purposes." (Reid & Smith, 1981). Further, as a result of this researcher's knowledge about perpetrators, this group was chosen as it was considered typical of those people included in the larger population (Seaberg, 1988).

In order to increase the sample size of the first group consisting of seven individuals, a second treatment group consisting of six perpetrators from the same agency was utilized. This second treatment group was led by the same leaders. With this second group the total sample size was then equal to 13 subjects.

To this researcher's knowledge, this sample was typical of all those sexual abuse perpetrators coming to the Children's Aid Society. Further, the subjects were similar to those whom this researcher had contact with during her work at the Children's Aid Society.
Data Collection Methods

This study utilized two different data collection methods. The purpose of these methods was to evaluate and measure the change process in individual perpetrators. These two methods were 1) the administration of a series of three scales and 2) structured interviews. A set of statements was made prior to administering either the scales or the interview schedule (see Appendix A). These statements were developed in order to promote reliability. That is, the same statements were made to all subjects so that everyone had the same advantage. Therefore, using a standard set of statements increased the consistency and accuracy of the instructions regarding the method of testing.

The first method of measurement consisted of three scales. These scales were administered on an individual basis, by this researcher prior to the treatment and again at the end of the treatment.

The second method of data collection was through the use of a structured interview designed by this researcher (see Appendix B). Through this interview, questions about the social-emotional and situational status of a perpetrator's life were asked. This interview was administered once before treatment and once following treatment.
Although this was a structured interview, the use of probing as an interviewing tool produced greater depth and specific knowledge than was available from one word answers. Another advantage of the structured interview was that the information obtained was easier to code, decreased researcher biases and increased the consistency of the information obtained (Gochros, 1988, p. 282).

At the beginning of the study, each person was asked to choose a number between 100 and 1000. Once having chosen this number the subject was asked to write his number and real name on a piece of paper. This name and number were placed in an envelope. The envelopes were never to be opened by this researcher. This number was used to identify the research instruments which applied to each subject in order to maintain anonymity.

Data Collection Instruments

The specific data collection instruments to be used were designed to evaluate the subjects' social-emotional and situational changes. Both measures included subjective self-reported information about how the subject viewed his feelings and life circumstances.

Structured Interview

The interview consisted of thirty-five questions (see Appendix B). The interviews took place at the
Children's Aid Society and lasted between one and two hours.

This method was chosen in order to evaluate the change process of other aspects in the perpetrator's life, including the situational aspects, that were not measured in the scales. This interview schedule was developed by the researcher as no others could be found that addressed the issues pertaining to this study.

Questions were asked both pre and post-test in order to assess the changes that the perpetrators had gone through during the group treatment. Some of the change areas included the perpetrators' feelings about themselves as well as their employment status.

In terms of the responses received, they appeared to have substantial reliability from this researchers' perspective. That is, based on the type of emotional expression and content of the responses to the structured interview questions, this researcher thought that the answers given were honest and reliable.

The three scales utilized were: the Index of Self Esteem (ISE), the Index of Marital Satisfaction (IMS) and the Index of Sexual Satisfaction (ISS) (Hudson, 1982). In terms of their structure, each of the indices consisted of twenty-five items. Hudson stated that the purpose of these scales was to "measure the degree of magnitude of social problems" (1982, p. 18).
All of Hudson's Clinical Measurement Package scales met the major psychometric requirements. In addition, the three scales used within this study all had a reliability of at least .90 or better. Further, they were considered to have good "content, concurrent, factorial, discriminant, and construct validity" (Hudson, 1982, p. 2).

Index of self esteem

This scale required subjects to respond to statements regarding their degree of self esteem. The scale required respondents to score their feelings on a rating scale from a low of one to a high of five.

Some questions were positively worded and some were negatively worded in order to control for biased responses (Hudson, 1982). In addition, as the purpose of these scales was to measure the degree of social problems so it follows that the higher the score the more severe the problems are considered. For example, a high score on the Index of Self-Esteem indicates low self-esteem. Further, as this scale was designed for small groups and measured an important component regarding sexual abuse perpetrators' self esteem, it was seen as appropriate for this study.
Index of marital satisfaction

This index measured the perpetrator's subjective feelings of his marital satisfaction. It measured the degree, severity, or magnitude of the marital problems in the couple's relationship (Hudson, 1982). Marital satisfaction considers the subjects' feelings about themselves and their partners regarding issues such as the affection, understanding, trust, and enjoyment in their relationship. The higher the score the lower the subjects' degree of marital satisfaction.

This scale was chosen to assess the changes that occurred in the marital or common-law unions during the group treatment process. As cited in the literature review, Kroth (1979) stated that many perpetrators experience an increase in relationship difficulties two months prior to the abuse occurring. Hence, this relationship had important implications and should be assessed regarding the change that occurs during treatment.

Index of sexual satisfaction

This scale follows the same format outlined for the above two scales. In addition, it measured the degree, severity, or magnitude of the problems experienced in the sexual life of male perpetrators of sexual abuse. The higher the score the lower the subjects' degree of sexual satisfaction.
This scale was chosen in order to evaluate the change in the sexual satisfaction of a perpetrator during the group treatment process. As has been indicated in the literature, there has been some type of inappropriate connection made between sexual arousal and abuse. For example, some perpetrators in this sample stated that they would masturbate while fantasizing about children. Therefore, there was a need to monitor the change in the subject’s pattern of sexual satisfaction.

Data Analysis

The data taken from the interview were analyzed by first taking each question and developing tables. These tables allowed for the data to be sorted so that patterns as well as the range of answers could be assessed.

In terms of the analysis of the scales, the responses were scored and the answers were analyzed using a measure of central tendency, the mean, and dispersion as well as a t test. Through these measures, the sample could be more accurately described and the significance of the change produced could be measured.
Limitations of the Design

One of the major limitations of this design was the probability of multiple treatment interference (Grinnell & Stothers, 1988). That is, if group members were receiving individual treatment at the same time as they were receiving group treatment, then it would be difficult to determine which treatment method produced change.

An additional limitation of this study related to the fact that there was no control group. Therefore, changes in the dependent variables could not be directly credited to the group treatment process. That is, the researcher was unable, as stated above, to control for the effects of history, maturation, testing, instrumentation, reactive effects and the interaction of any of these factors together (Grinnell & Stothers, 1988; Arkava & Lane, 1983).

As well, since some of the men in this study were facing criminal court, it was possible that they may have attempted to appear changed. This wish for improvement may have been motivated by the fact that it was socially desirable to change (Hudson, 1982). In addition, the men may have believed that the courts might be lenient if they were believed to have changed.

Another limitation was the size of the sample. As the sample was less than one-tenth the size of the
larger perpetrator population, there was an increased chance for sampling error (Seaberg, 1988). That is, the small sample size may have decreased the chances that the sample was representative of the population.

An additional limitation was regarding the fact that the Indices of Sexual and Marital Satisfaction did not apply to all of the perpetrators as they were no longer in relationships. Therefore, only those who were able to answer all the questions were considered in these two areas.

The last limitation concerned the lack of prior testing of the interview schedule. As this instrument was developed for this specific study, it was not possible to effectively assess its reliability and validity.

Summary

This chapter has presented the methodology of this researcher's thesis. Included in this review was the study's classification, design and strategy, the population and sampling. Next, the data collection method and instruments were discussed. Lastly, the analysis and the limitations were considered.
CHAPTER VII

Analysis of the Data

Before presenting the data relating to the research questions, the sample utilized within this study will be described first. Next, the questions asked within the pre and post tests will be discussed and analyzed to assess whether any change has occurred during the time of the group treatment process.

Characteristics of the sample and Situational Changes

The sample consisted of thirteen sexual abuse perpetrators from different cities within southwestern Ontario who participated in group therapy provided by a Children’s Aid Society. The mean age of the subjects was 40.5 years with a range from 32 to 60 years.

Almost all of the perpetrators were cooperative, interested and answered to the best of their abilities the questions in both Hudson’s Clinical Scales and the Structured Interview. Two perpetrators had difficulty reading the Hudson’s Scales, so assistance was provided. In terms of the subjects’ level of comfort, most reported that they were initially quite nervous.
about meeting with the interviewer. However, all reported that they were able to relax after they had grasped the actual purpose of the research.

**Marital Status**

The marital status of the sample was as illustrated in Table 5.

Table 5.  

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>1</td>
<td>7.7%</td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>30.8%</td>
</tr>
<tr>
<td>Common-law</td>
<td>1</td>
<td>7.7%</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
<td>23.05%</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>23.05%</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

These results indicated that 30.8% of the sample, the largest single category, was married. However, only five in total were presently in a marital relationship. Also, all but one of the six separations and divorces were following the offense.

In total, 12 of the 13 men in the sample had been or were still in some type of relationship with an
adult female. One of the separated individuals was living part-time with someone. Only one person was single and had never been in a relationship with another adult in either a heterosexual or homosexual relationship.

Change in Marital Status

In order to address change in the situational factor, marital status, questions were asked in both the pretest and the post-test. As well, these questions were asked to assess the impact of the abuse on marital status.

There appeared to be no difference in the subjects' marital status between the pretest and the post-test. Most of the changes in marital status had already occurred prior to the first meeting. That is, the two subjects still living together with their partners at the first meeting were together at the second.

As well, there was no change between partners at this time. In terms of reconciliation, four had plans for this, two never separated and one divorced couple was still considering their future relationship.

As can be seen from both Table 5 and the information discussed above, the total number of subjects who were divorced was three and the total
number of separated was three. The total number of subjects separated from their partners either by separation or divorce was six. Out of these six separations, five followed the offense. The other subject was divorced after six months of marriage in the 1960's. Three subjects who were married or in a common-law relationship were not living together as they were not allowed by the authorities. All three reported that they had plans of reconciliation.

Many of these individuals were finding the adjustment to their new marital status difficult. One subject stated that "I attempted to reconcile with my wife when I was in jail but I failed . . . she didn't want to". Another man was dating his ex-wife and they were unsure of their future relationship. As they knew that any decision they made would greatly affect their children, they were going to take it slowly.

Subsequently, relating back to the original reason for this question, there was no difference in the subject's marital status between interviews, but there was an impact upon their marital status following the abuse. That is, five out of six separations or divorces were a result of the sexual offense. Also, three couples were not allowed to be together because of the offense but had plans of reconciliation. Also at the time of the pretest, five of the thirteen
offenders were either back seeing their old partner or were in a new relationship. Therefore, the group treatment did not have and affect on their marital status.

**Level of Education**

**Table 6.**

<table>
<thead>
<tr>
<th>Grade Attained</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>53.8</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>some college</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>completed college</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>university</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 6 shows that over half of the perpetrators in the sample (61.5%), had a grade eight or less level of education. Only one perpetrator had completed post secondary education. Therefore, the overall level of education was quite low considering the ages of the perpetrators.
Length of Employment

As indicated in Table 7, 11 of the 13 individuals in the sample were employed at the time of the pretest. One of the two who was not employed was in college and the other had been on Worker's Compensation since 1982. In terms of the length of time employed, at the time of the pretest, the range of employment was from 2 months to 21 1/2 years.

Table 7.

<table>
<thead>
<tr>
<th>Length of employment</th>
<th>Pretest frequency</th>
<th>Post-test frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+ yrs</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8-9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4-5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2-3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>1 day-lyr</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

*note: one person was a student throughout.*

As outlined, at the time of pretest and post-test the length of employment ranged from 1 day to 21 1/2 years. Those in the 1 day to 1 year category increased from the time of the pretest to the time of the post-
test from two individuals to five. That is, these perpetrators stated that they lost their jobs following the abuse. There was a decrease of one person in both the 10+ year and the 2-3 year categories. From pretest to post-test, the number of people working part-time increased from one to two people as it was said to be the only type of employment available.

Regarding job status changes, at post-test, two men had new jobs and one person re-entered the work force. The person who re-entered the work force had been on Worker’s Compensation making the total number employed 12 out of 13. It should be noted that many of the others reported instability in their positions as well.

Analysis of the Social-Emotional Changes Problems or Changes Prior to the Offense

Questions were asked to gain an appreciation of the degree of insight perpetrators had regarding life crises which affected their lives. The same questions were asked again in the second interview in order to assess whether there had been an increase or change in insight in terms of the problems they had been experiencing just prior to the sexual offense.
Table 8.

**Frequency of Problems or Changes Prior to Offense**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Pretest</th>
<th>Post-test</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital</td>
<td>10</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Job</td>
<td>10</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Illness</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Death</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Depressed</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Moved</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

As can be noted from Table 8, most subjects stated that they experienced marital and job problems or changes prior to the offense both in the pretest and in the post-test.

In the pretest, financial issues were identified next as the most problematic followed by illness issues. Illness involved both physical and psychological problems. In the post-test the third most problematic area was alcohol, with five individuals listing it as a major problem.

In terms of marriage, two subjects outlined poor communication as the major difficulty and two stated that there was a lack of sexual activity in their relationship. Still others believed that their children were interfering in their relationship with their spouses.

One subject stated in the pretest that his marital relationship had "gone downhill . . . because [they]
both stopped trying". Another subject stated in the pretest that "I was down on myself, because I wanted to do something and the wife was with the kids". He was angry because he and his wife did not partake in the social activities of people their age as his wife was always babysitting.

Further, two subjects identified the same changes or problems from the pretest to the post-test. These problems included: marital, job and death for one subject and marital, job and finances for another.

According to the subjects, there were shifts in the areas considered to be problematic from the first to the second test. However, according to Table 8, there appeared to be a relatively high degree of consistency in the responses from the pretest to the post-test. Out of 104 changes or problems possible, there were only 19 changes in the responses from the pretest to the post-test. Therefore, these calculations support the notion that the responses were relatively consistent from one testing period to the next.

**Degree of Drug and Alcohol Use**

The next set of questions focused on the degree of drug and alcohol use. These questions were asked to assess whether the subjects believed that drugs and
alcohol played a part in the offense. As well, information was required regarding whether drugs and alcohol were simply viewed as a disinhibitor or as the cause of the offense.

<table>
<thead>
<tr>
<th></th>
<th>Drugs</th>
<th>Alcohol</th>
<th>Cause</th>
<th>Disinhibitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Post-test</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Change</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

As can be seen from Table 9, the pretest responses were quite similar to those of the post-test in terms of use of both drugs and alcohol. Any differences to be found were in the degree of insight attained by each subject in terms of whether the drugs and alcohol caused the abuse or were disinhibitors.

For example, one subject stated in the pretest that he "didn't blame them (drugs and alcohol)" and appeared to be accepting responsibility for his actions. During this first interview he stated that he used "bennies and alcohol." However, during the second
interview the subject stated that he was on cocaine and that he did think the drugs and alcohol played a part as "it was not in [his] nature" to abuse children. With this statement in mind, it appeared that he looked upon the drugs and alcohol more as a cause for the abuse than a disinhibitor.

That is, a cause is the reason for the abuse occurring. This subject blamed alcohol and drugs for the abuse and as a result avoided responsibility himself. A disinhibitor is the "loss of a conditioned reflex" or the loss of an agent within each of us which encourages us to maintain social controls (Woolf, 1979, p. 325). Acknowledging that drugs and alcohol were disinhibitors also acknowledged that the subject was responsible for his actions and in fact responsible for the abuse. It is seen as a positive attribute for them to accept that they were responsible for the act, hence they had a problem with which to deal.

Similarly, another subject called his heavy use of alcohol a "symptom" rather than the problem. However, this type of insight appeared with only one subject. Another stated that, even though he was self-admittedly very drunk at the time of the sexual offense, he thought that "something could have been slipped in my drink as I didn’t normally do what I did. I didn’t normally keep drinking that much".
The small number who were either total abstainers from drugs and alcohol or only drank occasionally appeared to have less difficulty accepting that they were responsible for their behavior. Once they could gain this acceptance, they were ready to look at their relationships with people and how they felt about themselves as individuals.

In terms of gathering information on whether the drugs and alcohol were viewed as disinhibitors of the offense or the reason for the offense, the results from Table 9 in addition to the statements made surrounding their use were analyzed. When considering both of these sources, it became apparent that approximately three out of seven, at the time of both the pretest and the post-test, thought that the drugs and alcohol were disinhibitors. Four out of seven at the time of both the pre-test and the post-test appeared to see drugs and alcohol as the cause of their offense.

With this information in mind, four of the seven subjects appeared to think their use of drugs and alcohol was the cause or a rationale for their behavior. These results relate back to the original reason for these questions. That is, these subjects believed that if they stayed away from alcohol, then the offense would never occur again. This belief
seemed to provide a rationale for not looking at additional factors associated with the abuse.

**Treatment Types Received**

Questions were designed to assess if there were any changes in the type of treatment that the subjects were receiving during the time of their Sexual Abuse Group treatment. As group members could have been receiving individual treatment prior to the group treatment which was still ongoing and marital counselling when the group was to end, clarification of the change was important. The treatment these subjects had received and were receiving at pretest and posttest was extremely varied. All individuals but one had had previous treatment including some of the following types: marital, psychiatric, Alcoholics Anonymous, a facility for men to deal with the issue of marital violence, various treatments provided in the penal system, aversion therapy, psychiatric support programs as well as psychiatric hospitalizations.
Treatment Types Received

Table 10.

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Pretest f</th>
<th>Post-test f</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>6</td>
<td>3</td>
<td>-3</td>
</tr>
<tr>
<td>Marital</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>A.A.</td>
<td>2</td>
<td>3</td>
<td>+1</td>
</tr>
</tbody>
</table>

In addition to the group treatment, six of the subjects were also receiving individual counselling from a social worker at the Children's Aid Society. The second most frequently used treatment resource was Alcoholics Anonymous. Although three of the four attending Alcoholics Anonymous only listed this as an additional treatment source at one of the two interviews, it was likely that four were still attending throughout.

An additional treatment modality being used was psychiatric therapy. The one individual seeing a psychiatrist stated that the issues in this treatment were, "where I was coming from and how to program myself during the day." Apparently, programming referred to shaping the subject's thought patterns to more positive thoughts. He had been seeing the psychiatrist for six months.
Two individuals at each testing period indicated that they had been receiving individual out-patient psychiatric treatment as medically required. However, these were different individuals. In total three people had received psychiatric treatment. One of these, three subjects had been receiving both in-patient and out-patient treatment for many years and had been prescribed anti-psychotic medications.

Another of the subjects was forced to discontinue psychiatric counselling as well as group treatment because he went to jail for approximately three months and then later moved out of the city. This person missed the last two sessions of the group but returned to the city to complete this researcher's tests.

Excluding attendance at Alcoholics Anonymous, five of the subjects in the group were not receiving any other type of treatment. Of the six subjects receiving individual therapy, three were with a social worker at the Children's Aid Society. The last five individuals were receiving some combination of marital therapy or psychiatric counselling.

In view of these facts, it was not possible to control for additional types of intervention. That is, it would not have been ethical to withhold treatment in order to assess the results produced from each method. Therefore, an attempt was made to assess the reason for
the change from the subjects' point of view. These sources or reasons for change will be discussed in subsequent questions.

Family Formation

The next group of situational factors to be addressed was family formation such as whether the family was still intact and all together, who had left, and whether there was a restraining order keeping the family separated.

The reason for the questions was to assess whether there had been a change in the shape of the family as a result of the abuse. The following table structures the results in a visual form.

Table 11.

Family Formation Changes as a Result of the Abuse

<table>
<thead>
<tr>
<th>Who left the home</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>3</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
</tr>
<tr>
<td>Abuser</td>
<td>9</td>
</tr>
</tbody>
</table>

In terms of the three individuals where no one left the home, all of their offenses involved children outside of their home. The abuser either did not have a
family or was not from the family in which the abuse occurred. Therefore, the victim's family was still intact and as a result the subjects' own families were not disassembled. Two of the three individuals were married and one was single. However, they all were warned through the courts or by the Children's Aid Society to stay away from the children involved.

In 9 out of the 13 cases, the families were no longer intact. In eight out of these nine, the offender was removed from the home. Some of these individuals will be reintegrated into the home following treatment once there has been some assurance that the abuse will not occur again.

Prior to the reintegration, the abuser has been allowed to visit the children by utilizing supervised access either with the assistance of the non-offending parent or through a social service agency providing this type of program.

In only one instance was a child removed from the home and placed in foster care. The reason for this was because there was no other care taker in the home. Therefore, her father (the sexual offender) was allowed to remain at home to care for his other child. These results support the large theory base discussed in the literature review chapter which strongly suggests that
the child remain in the home if at all possible (Anderson & Mayes, 1981).

In terms of the changes noted between the two meetings, there was only one change noted in family structure. One subject who had left the family home noted that his daughter (the victim) had also chosen to leave the family home to live with her aunt for a while. She apparently was not getting along with her mother and decided, without telling anyone that she needed some time and space.

Most abusers commented on their frustration in being kept away from their families. Many discussed the loneliness they had experienced as a result of the separation. Other subjects just detailed the expense in paying for two homes, theirs and the family's.

From this information it was obvious that the majority of these families were altered as a result of the abuse. Only two families where the victim was not part of the household were left unchanged and one individual without a family experienced no change in his living arrangements.

All but one of the offenders stated that they had been given either verbal or written restraining orders. These orders varied in their severity; however, most orders detailed at the very least that supervised access to the victim was mandatory.
Details of the Abuse Cases

The offenders were asked about their offenses in order to assess how typical the sample within this study was in comparison to those cited in the literature. As the details of the abuse were asked from the perspective of the offender and because the answers were never checked with the police or Children’s Aid Society personnel, the truth of the responses will never be known. However, based on the extent of the data obtained, it appeared that the data were quite credible.
Table 12.

<table>
<thead>
<tr>
<th>Details of Abuse</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural daughter</td>
<td>3</td>
</tr>
<tr>
<td>Step daughter</td>
<td>3</td>
</tr>
<tr>
<td>Adopted daughter</td>
<td>1</td>
</tr>
<tr>
<td>Nephew</td>
<td>1</td>
</tr>
<tr>
<td>Step-nephew</td>
<td>1</td>
</tr>
<tr>
<td>Step-granddaughter</td>
<td>1</td>
</tr>
<tr>
<td>Natural son</td>
<td>1</td>
</tr>
<tr>
<td>Girl baby sat by wife</td>
<td>1</td>
</tr>
<tr>
<td>Ex-common's daughter</td>
<td>1</td>
</tr>
<tr>
<td>Little Brother from Big Brother's Association</td>
<td>1</td>
</tr>
</tbody>
</table>

RELATIONSHIP OF VICTIM

AGE OF VICTIM

- 2 to 6 years    5
- 7 to 11 years   6
- 12 to 16 years  3

SEXUAL ACTS PERFORMED

- Abuser fondled victim      8
- Fellatio performed both ways 8 (4 each way)
- Victim fondled abuser      3
- Cunnilingus preformed on the victim 3
- Masturbation               3
- Intercourse                2
- Flashing                    1
- Buggery                     1

The first issue outlined in Table 12 was the relationship the abuser had with the victim. The most frequently occurring types of relationships were those of a natural father to daughter and a stepfather to step daughter relationship. Each of these two relationship types had a frequency of three within the sample.
All other relationships were equal in proportion as all others occurred only once. There was one subject who was charged for two different offenses and as a result the statistics for both of his relationships were included.

The sex and relationship of the abuser to the victim was also reflective of the literature. As noted in the literature review chapter, the reported incidents of females being abused in relation to male children was notably higher. Within this sample, there were 10 reported incidents of abuse to female children and 4 reported incidents of abuse to male children.

In addition, only 4 of the 14 relationships involved a natural father and son or daughter. However, all but two of the abusive relationships were involving some type of family relationship. Again, the subjects appeared to be similar to the type of data offered in the literature. It seemed more difficult for the offenders to abuse a natural or biological child.

Regarding the age of the children involved, the children were categorized according to the age they were at the time of the offense. As there was some crossover in the age groups, the children were placed in the category which most closely fit their age range.

The highest number of children (6) fell in the 7 to 11 year old category. These findings were
consistent with Groth's (1979) findings that 46% of the abuse in his study occurred to victims aged 6 to 11 years. Following closely behind was the 2 to 6 year old group with 5 children. The age group with the lowest frequency was the 12 to 16 year old category as only 3 children fell in this group.

With respect to the specifics of the abuse, nine different types of sexual activity were noted. The most frequently occurring type of abuse was the abuser fondling the victim, with an occurrence of eight times. The second most frequent activity was fellatio with the victim being fellated four times and the abuser being fellated on four occasions. All of the other abuse types including fondling of the abuser by the victim, cunnilingus, intercourse, masturbation, flashing and buggery occurred three or less times.

All subjects categorized the type of abuse that occurred with some type of personal moral hierarchy in mind. That is, the perpetrators rated the activities in terms of what they believed to be the worst type of abuse. For example, two subjects stated that, "I never touched her." Two others relayed that they turned away when they reached orgasm as they thought that this could have been bad for the child.

Another issue which seemed to disturb the subjects was the victims' apparent enjoyment of the sexual acts.
That is, some subjects noted that the victims appeared to be sexually excited during the abuse. Similarly, two subjects reported that it bothered them when their victims would initiate the reoccurrence of the abuse. According to the statements made by the perpetrators, the victims' initiation and enjoyment of the sexual acts appeared to point out to the abusers the social inappropriateness of their relationship. For some, it was the victims' sexual excitement which prompted the partial return of their usual value system.

In all, the sample group did appear to resemble those discussed within the literature. The relationship to the victims, the age of the victims and the type of abuse that occurred all appeared to be similar to those outlined in the literature.

Change Process Experienced

The next area to be considered looked at the change process the subjects believed they had experienced and why. Through asking similar questions in the pretest and the post-test, the purpose was to assess whether there was a difference or change in the subjects' responses. Table 13 provides a visual picture of the types of responses obtained in both tests.
Table 13.
Change Process both Pre and Post-test.

<table>
<thead>
<tr>
<th>Changes that have occurred that would keep this from happening again? (Pretest)</th>
<th>Have there been any changes that have occurred recently in your attitudes about yourself or others? (Post-test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Finding out why it happened.</td>
<td>&quot;Big change in self... knowing self.&quot;</td>
</tr>
<tr>
<td>2. &quot;Growth of understanding of the situation&quot; -moral development -how it affects the child -conceptual development -through reading</td>
<td>-in terms of authority figures, &quot;I do what I am told&quot;. -&quot;I question if my partner will ever have trust again.&quot; -appreciated those who stood by me</td>
</tr>
<tr>
<td>3. &quot;I found out that my daughter can become emotionally disturbed&quot;</td>
<td>-&quot;I feel I’m not as bad as I first made myself out to be&quot;. -resented people who treated me like a child-The Children’s Aid Society</td>
</tr>
<tr>
<td>4. No more drinking</td>
<td>-&quot;I feel better about myself because I've quit drinking&quot;. -&quot;can talk to the wife now... and I feel closer&quot;. -others see me differently as a non-drinker</td>
</tr>
<tr>
<td>5. &quot;I have a healthier attitude towards sex&quot; -felt a little more confident</td>
<td>-&quot;I feel a little more comfortable with myself. ...I'm worth something&quot;. -can contribute to a relationship -had developed an</td>
</tr>
</tbody>
</table>
meant courses
"I wondered what I was doing?"

7. "I was arrested"
   "I lost my family, children, home, almost lost my job...losing self as well"

   "went to jail...this changed my attitude about life, an eye opener.
   "I want to find a way to help others like myself".

8. "I don’t want to go to jail"
   lost trust from family

   "No, I still feel dirty and guilty when I see my daughter".

9. "I understand how that person feels because I remember how it felt",
   looks at people more as people rather than sexual objects

   "Decided to be more giving and listen to others needs".

10. "I have a good wife again because we get along better"
   -Alcoholics Anonymous

   "Feel more like a person"
   -decided to stay away from family

   "bad nightmares and made me quite depressed
   -encouraged me to get my education

11. "Made a plan of what situations not to get into"
   -had 10 weekends in jail
   -fear of jail

   -I know I can’t drink
   -I realize why and how to deal with my behavioral problem
   -learned through group treatment that my attitude has changed as I now accept what I did.

12. "I realized that I was sick"
    -decided not to drink and not to be with children under 18 years

   "yes, there has been a change in myself, I’m accepting that I am an alcoholic".
With all of these before and after statements, it was obvious that most of these individuals were at different stages in their treatment and their development. That is, some of the perpetrators had a higher degree of moral development and greater insight than others. The individuals with the greater moral development changed due to insight into the pain abuse causes rather than fear of the criminal justice system.

Some held fast to their beliefs about the type of effect their heavy use of alcohol played in the abuse. Approximately three subjects thought that as long as they had their alcohol problems under control that was all that mattered.

An obvious increase in self esteem was noted by at least four subjects based on their statements. Many comments were made regarding how good it made them feel to help others in the group. This helping process allowed the subjects to feel better about themselves.

According to some offenders, an increased understanding of the factual data about abuse was helpful and caused change. This increased understanding was of assistance to the subjects in classifying their confused feelings. Knowing that there were reasons why the abuse occurred appeared helpful in allowing people to accept responsibility and regain some measure of control over their lives.
Other subjects, approximately three, still appeared quite angry at outside resources such as the Children's Aid Society. When asked about their anger one individual stated that he did not see a need for treatment, but if that was what it took to get his family back, he would do as he was told. Others objected to the control maintained by the Children's Aid Society in "keeping families apart." As mentioned in Table 13 one offender was angry because he felt like a child because of the way he was being told what to do.

In terms of the change noted, there appeared to be some change in at least 7 of the 13. Some individuals tried to appear as if they had changed by making statements to this researcher which they thought I wanted to hear rather than what they really thought and felt. However, these subjects statements were never at a "feelings level" either with respect to themselves or the victim.

The other six individuals appeared to have experienced a slight degree of change. Four subjects only appeared to experience change on a content level such as deciding not to drink anymore. These four did not mention the feelings of the victim or their feelings about themselves. It was likely that the victims were not mentioned as some subjects stated that
they did not believe that the abuse affected the victim.

Why Did the Change Occur?

A series of questions were asked to assess why the subjects thought the change that had occurred in their lives had happened. Below in Table 14 both the before and after responses were considered.

Table 14.

<table>
<thead>
<tr>
<th>Reasons for Change to Occur</th>
<th>Pretest frequency</th>
<th>Post-test frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>-group treatment</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>-getting on with my life</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>-Thought of losing family</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>-fear and experience of court and jail</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>-the support received from family and friends</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>-because it happened</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-damage caused</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-knowing factors</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-learning about my alcohol problem</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>-positive attitude</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-realized I was too proud and I don't have all the control</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>-had nightmares</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

As seen in Table 14 there were several similarities in the subjects' responses. Two
individuals in both the pretest and the post-test stated that they believed the reason for change was their desire to eventually reunite with their families. As well, two subjects in both tests indicated the reason for change was the court process and jail. Five in the pretest who had previously been in the Children’s Aid Society’s group treatment program stated that the change was as a result of the group treatment they had received already. Also, four in the post-test stated that the change they had experienced was a result of the group treatment they had just received.

One other reason for change noted by subjects in the post-test was their abstinence from alcohol and attendance at Alcoholics Anonymous. The last major reason for change noted in the post-test was the subjects’ desire to get on with their lives.

Again, there appeared to be dramatically different levels of insight into why the change had occurred by the subjects. For example, the basic notion of fear of the court process and jail was said to be the reason for change for two subjects in both the pretest and the post-test. However, three subjects stated in the post-test that they simply wanted to get on with their lives and the time had come for change to occur.

As well, according to the statements made by the subjects, many had different types of motivation for
change. For example, one subject stated that he did not wish to return to jail as he thought that one particular institution for dangerous offenders was a "psychological zoo."

Problems Experienced Pre and Post-test

All of the questions in this section focused on the problems that the subjects thought they were experiencing at the two different points in time. The other questions asked prior to treatment focused on what issues the subjects wanted to discuss in treatment. As well, subjects were asked following the group therapy what their treatment issues were for the future.

These questions were asked in order to gain some information about what the subjects thought were their problems and if there had been any change in how they viewed their problems following treatment. In addition, questions were asked about what the subject saw as the treatment issues for them. The purpose of these questions was to assess whether there was a connection between the subjects' problems and what they wanted to discuss in treatment. Also, these questions were designed to evaluate whether or not the subjects thought that the group was a quick cure and they would no longer have any treatment issues following the
group. Table 15 and 16 below detail the responses received.

Table 15.

**Problems Identified and the Help Required at the Pretest and the Post-test**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Pretest frequency</th>
<th>Post-test frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>-self esteem/respect</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>-confidence with women</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>-nothing/don't know</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>-developing trust</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>-alcohol</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>-lifestyle</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-nightmares</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>-my childhood</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>-acting like a father</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-psychological prob.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-peer pressure</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-communication</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>-why this happened</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-self control</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-sociability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-character defects</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-knowing self</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-living a lie</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-feelings about sex</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-change of attitude</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-what C.A.S. says</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Table 15 indicates that the number of problems identified were similar. However, the content of the issues was somewhat different. The problems identified in the pretest appeared to contain issues that were either unrelated or quite general, for example, the responses of peer pressure and psychological problems. As well, those in the pretest contained responses which allowed the subject to project responsibility elsewhere like the use of alcohol.
The responses generally appeared more insightful in the post-test as the problems were more specific for example, living with a lie, feelings about sex and sociability. Identical responses were received in the pretest and the post-test regarding the subjects’ confidence in dealing with women. As this issue of confidence was spontaneously identified by different individuals at different times, a great deal of honesty was presumed.

In fact, the issue of how women would respond to these men troubled many. Some asked this researcher how a woman would think about them in relation to the abuse. Many had already decided that they would take the honest approach with the new women in their lives. However, one other subject had decided that he would have to live with a lie all of his life.

There were also individuals who continued to see no problems. For example, one subject stated that his problems were whatever the Children’s Aid Society said they were. This type of response indicated limited thinking on the part of this subject.

With these responses in mind, from the subjects’ view there were some changes in their problems following treatment. Further, there were changes in the degree of insight into the issues which surrounded the problems.
Issues Discussed During Treatment

Table 16.

<table>
<thead>
<tr>
<th>Issues to be Discussed During Group Treatment</th>
<th>Pretest</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>-honest discussion</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>-childhood</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>-where do I go from here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-marital</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>-how/why it happened</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>-no idea/none</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>-depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-knowing self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-fear of women</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>and how to tell her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-feeling of system</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-legal aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-need to control</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-trust</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>-socializing and emotional</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>support within the group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-self control with masturbation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>-self confidence/esteem</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Table 16 outlined only a short list of treatment issues noted by subjects prior to treatment. Some strained to give the responses that did appear in the pretest column. That is, this was a difficult question for the subjects to answer.

However, the treatment issues for the future which required attention were notably greater in number. These issues appeared realistic and indicated the perpetrators' appreciation for the severity of the problem. An example of this realism was exemplified by
three individuals who asked, "where do I go from here?". The abuse had torn their lives apart to the point that a fresh start was necessary, but they were not sure how to go about this. This change was considered positive since it was obvious that the subjects did some serious thinking about the results of their actions.

With regard to the similarity of the responses from the problems identified in Table 15 to the treatment issues discussed in Table 16, there were three identical responses. That is, three individuals identified their problems and then stated that these were also treatment issues that needed attention. As well, five individuals identified their new problems and then stated that these were also identical to their future treatment issues that needed attention.

From this question it was learned that there were differences in what were seen as the problems prior to and following treatment. There did appear to be a connection between the identified problems and the necessary treatment issues. Lastly, as there were many more issues outlined following treatment, it did not appear that the majority of the subjects were looking for or expecting a quick resolution to their problems.
How did the Offense Affect the Victim?

The issue to be addressed at this point focused on whether the subjects thought that the offense affected the victim and if so, what were the effects. The purpose of these questions was to gain an appreciation of the subjects' insight into the abuse. An additional purpose for posing these questions was to measure change in the abusers' impressions of the effects on the victim. Tables 17 and 18 below were designed to assess these issues.
Table 17.

**Subjects’ Impression Prior to Group Treatment of the Effect of Abuse on Victim**

<table>
<thead>
<tr>
<th>Did the Abuse Affect the Victim?</th>
<th>How did the Abuse Affect the Victim?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. yes</td>
<td>-not trusting</td>
</tr>
<tr>
<td>2. yes</td>
<td>-blaming mother</td>
</tr>
<tr>
<td></td>
<td>-regressed</td>
</tr>
<tr>
<td></td>
<td>-not trusting</td>
</tr>
<tr>
<td></td>
<td>-mood swings and temper tantrums</td>
</tr>
<tr>
<td>3. don’t know</td>
<td>-blaming</td>
</tr>
<tr>
<td></td>
<td>-difficulty getting along</td>
</tr>
<tr>
<td></td>
<td>-not trusting</td>
</tr>
<tr>
<td></td>
<td>-become introverted</td>
</tr>
<tr>
<td>4. yes</td>
<td>-don’t know</td>
</tr>
<tr>
<td></td>
<td>-the same way as my abuse affected me</td>
</tr>
<tr>
<td>5. no</td>
<td>-none</td>
</tr>
<tr>
<td>6. yes</td>
<td>-hurt our relationship</td>
</tr>
<tr>
<td></td>
<td>-frightened</td>
</tr>
<tr>
<td></td>
<td>-confused</td>
</tr>
<tr>
<td></td>
<td>-difficulty getting</td>
</tr>
<tr>
<td></td>
<td>along</td>
</tr>
<tr>
<td></td>
<td>-abusive with women now</td>
</tr>
<tr>
<td>7. yes</td>
<td>-angry</td>
</tr>
<tr>
<td></td>
<td>-frustrated</td>
</tr>
<tr>
<td></td>
<td>-become introverted</td>
</tr>
<tr>
<td></td>
<td>-poor attitude</td>
</tr>
<tr>
<td></td>
<td>-affected at home</td>
</tr>
<tr>
<td>8. yes</td>
<td>-not trusting</td>
</tr>
<tr>
<td></td>
<td>-scared</td>
</tr>
<tr>
<td></td>
<td>-whole life</td>
</tr>
<tr>
<td></td>
<td>-school</td>
</tr>
<tr>
<td>9. yes</td>
<td>-not trusting</td>
</tr>
<tr>
<td></td>
<td>-sexually disorientated</td>
</tr>
<tr>
<td>10. no</td>
<td>-none</td>
</tr>
<tr>
<td>11. yes</td>
<td>-fear of men</td>
</tr>
<tr>
<td>12. yes</td>
<td>-behavioral problems including under age drinking</td>
</tr>
<tr>
<td></td>
<td>-under care of C.A.S.</td>
</tr>
<tr>
<td>13. don’t know</td>
<td>-don’t know probably will later</td>
</tr>
</tbody>
</table>
Within Table 17 nine subjects stated that they thought the victim was affected by the abuse. Two other subjects indicated that they thought the victim was not affected and two said they did not know.

Most of the responses regarding the difficulties experienced by the victims fit within eight basic groups. These groups were, 1) trust, 2) blame, 3) same effects as I experienced, 4) difficulty getting along, 5) school, 6) confusion, guilt, feelings of worthlessness, 7) behavioral changes and 8) sexual difficulties.

Five subjects thought that the victim’s level of trust would be affected. Two subjects thought the victim was blaming other family member’s for the abuse rather than blaming the offender. One subject thought the effects would be the same as he experienced as a victim. Two people stated that the victim was having difficulty getting along with others and poor school performance was mentioned by one individual as an effect. One person thought that the victim would be confused and six thought behavioral changes had occurred. Lastly, one subject noted sexual difficulties in the future was a possibility.

Also, two individuals thought there would not be any effects from the abuse upon the victim. Two other subjects stated that they did not know what the effects
were on the victims. Lastly, one male victim was now being physically abusive with his girlfriend.
Subjects' Impressions of the Affects of the Victim

Table 18. Subjects' Impressions Following Group Treatment of Affects of Abuse on Victim.

<table>
<thead>
<tr>
<th>Did the Abuse Affect the Victim?</th>
<th>How did the Abuse Affect the Victim?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. don't know</td>
<td>trust</td>
</tr>
<tr>
<td>2. yes—probably long range</td>
<td>hurts because daddy's gone</td>
</tr>
<tr>
<td></td>
<td>early promiscuity</td>
</tr>
<tr>
<td></td>
<td>would not tell if it happened again due to trouble</td>
</tr>
<tr>
<td>3. yes</td>
<td>loss of self respect</td>
</tr>
<tr>
<td></td>
<td>shortened childhood</td>
</tr>
<tr>
<td>4. don't know</td>
<td>angry, misused</td>
</tr>
<tr>
<td></td>
<td>not trusting</td>
</tr>
<tr>
<td>5. don't know</td>
<td>loss of faith in self</td>
</tr>
<tr>
<td></td>
<td>feels what I felt</td>
</tr>
<tr>
<td>6. yes</td>
<td>she won't remember who I am</td>
</tr>
<tr>
<td></td>
<td>none now, later maybe</td>
</tr>
<tr>
<td></td>
<td>antisocial</td>
</tr>
<tr>
<td>7. yes</td>
<td>school performance decreased</td>
</tr>
<tr>
<td></td>
<td>relationships suffered</td>
</tr>
<tr>
<td>8. yes</td>
<td>confused</td>
</tr>
<tr>
<td></td>
<td>afraid of me</td>
</tr>
<tr>
<td>9. yes</td>
<td>school performance decreased</td>
</tr>
<tr>
<td></td>
<td>blames mother</td>
</tr>
<tr>
<td></td>
<td>argues and doesn’t listen</td>
</tr>
<tr>
<td></td>
<td>not trusting</td>
</tr>
<tr>
<td>10. don’t think so</td>
<td>will have to deal with this again when she is sexually active</td>
</tr>
<tr>
<td>11. no</td>
<td>worthlessness,</td>
</tr>
<tr>
<td>12. yes</td>
<td>guilt because she enjoyed</td>
</tr>
<tr>
<td>13. don’t know</td>
<td>couldn’t say</td>
</tr>
<tr>
<td></td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>inappropriate behavior</td>
</tr>
<tr>
<td></td>
<td>drinking, stealing</td>
</tr>
<tr>
<td></td>
<td>removed by C.A.S.</td>
</tr>
<tr>
<td></td>
<td>maybe in later years</td>
</tr>
</tbody>
</table>

In the post-test, there were seven subjects who stated that they thought there were affects from the
abuse upon the victim. One person stated that he did not think that there were affects on the victim and five stated that they did not know. It should be noted that four of these five individuals who stated that they did not know if there were effects all gave some type of insightful response to what they thought the effects might be.

In terms of the change in the subjects' responses from the time of the pretest to the post-test, seven subjects' responses stayed the same. Only one subject made a negative change going from a "yes" to a "no." Two individuals changed their responses from a "yes" to a "don't know" in the post-test and one person changed from a "don't know" to a "yes." One person changed from a "no" to a "don't know" and one other person changed from a "no" to a "don't think so".

It was this researcher's impression that the increased number of "don't know's" was a result of the subjects' reluctance to hear the possible effects of the abuse on the child during group treatment. Four out of these five subjects had some thoughts about what the effects might be, but appeared to have difficulty accepting responsibility for the effects. Some thinking by the perpetrators about the possibility of serious effects was obvious.
In general terms, there did appear to be an increase in uncertainty regarding whether there were any effects upon the victim. As mentioned above, this number reflected exactly what each subject stated and did not allow for dealing with issues which the subjects still appeared to have difficulty accepting. Further, it was possible that they thought there were effects but this was too painful to consider.

In terms of the changes in the types of effects on the victim listed in the post-test, they were considered using the same eight categories discussed in Table 18. The "trust" category showed a decrease from five to four individuals identifying this effect. In the next category of "blame," again there was a decrease from two to one persons noting this, but the response of "the same effects as I experienced" did not change.

In the area of "difficulty getting along" there was a decrease with only one person thinking of this response. "School" showed an increase with two comments discussed and "guilt, confusion and feelings of worthlessness" showed an increase to four people. "Behavioral changes" showed a decrease to four individuals and future "sexual difficulties" showed an increase to two individuals thinking that this could affect the victim.
Of these eight categories outlined, there were four areas which showed decreases and three areas which indicated increases. One area stayed the same. With these facts in mind, it can be summarized that change did occur.

In terms of whether the victims were affected, it appeared that some uncertainty set in. Regarding the type of effects, according to the categories used, there generally appeared to be a decrease in understanding. This decrease in understanding was thought to exist because it was still too difficult to accept responsibility for causing harm to another person.

However, there were fewer who definitely thought that there were no effects. In view of this information, the effects of the abuse on the victim appeared to be an area where further consideration by the perpetrators was still required.

The Likelihood for the Offense to Reoccur

Subjects were asked the likelihood for the offense to occur again in order to obtain insight in what the subjects thought the chances were for recidivism at two periods of testing.

All responses were consistent from interview to interview. In fact, some individuals used the
identical words to express their thoughts. Ten perpetrators stated that they were absolutely positive that an offense would not occur again.

Three subjects appeared to have some measure of doubt and fear of recidivism. These subjects discussed their fears regarding unwanted thoughts and how they had now learned to deal with these thoughts. A few indicated that they felt the best method to "protect themselves" was simply to avoid being in the same place as a minor without the presence of another adult. As there was no method by which these responses could be verified, the true rate of recidivism was not known.

Discussion of Necessary Issues

The next series of questions addressed whether the subjects thought they had discussed the issues they needed to during the group. Subjects were also asked what issues were addressed and whether they were resolved.

Eight subjects indicated that they discussed the issues they needed to talk about during the group treatment. Three stated that they addressed some of their issues and two indicated that they did not address any of their issues.

The specific issues brought up by the subjects themselves are listed in Table 19. These issues were
asked in order to gain an appreciation of the areas which were important to the subjects themselves about the abuse.

Table 19.

Issues Discussed In the Group.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>My story of how it happened</td>
<td>4</td>
</tr>
<tr>
<td>Losing my family</td>
<td>4</td>
</tr>
<tr>
<td>Victim trauma</td>
<td>3</td>
</tr>
<tr>
<td>Why it happened</td>
<td>3</td>
</tr>
<tr>
<td>Cycle</td>
<td>3</td>
</tr>
<tr>
<td>The fact that we are all in the same boat</td>
<td>2</td>
</tr>
<tr>
<td>People knowing</td>
<td>1</td>
</tr>
<tr>
<td>Not knowing you are holding things inside</td>
<td>1</td>
</tr>
<tr>
<td>Wife’s drinking</td>
<td>1</td>
</tr>
<tr>
<td>Wife getting a job</td>
<td>1</td>
</tr>
<tr>
<td>Court</td>
<td>1</td>
</tr>
<tr>
<td>What to look for</td>
<td>1</td>
</tr>
<tr>
<td>Relationships</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1</td>
</tr>
<tr>
<td>Feelings about myself</td>
<td>1</td>
</tr>
</tbody>
</table>

As could be seen from Table 19, the most frequently discussed issue according to the subjects was how it felt to lose one’s family, with four people indicating that they discussed this issue. The second most talked about issues were the victim, why this happened and the cycle of the abuse. The third most discussed issue, according to the subjects, was the fact they were all going through the same thing. Generally, all of the other topics appeared to be discussed by only one individual.
The subjects were asked if the group helped them resolve the issues listed above. Ten people indicated that all of the issues that they addressed during the group were resolved. Two people thought that some of the issues were resolved and one person stated that none of his issues were resolved. This individual who thought nothing was resolved also stated that he found himself unable to talk in the group format.

In view of the fact that fifteen different issues were listed by the subjects as areas on which they initiated discussion, there appeared to be quite a wide range. It should be noted that subjects found it difficult to recall the different topics during our interview. Most stated that there was so many topics that they could not remember them all. As well, many indicated that they had resolved issues during the group suggesting that the discussions were productive.

How the Subjects Handled their Sexual Feelings and Thoughts

The next set of questions focused on how the perpetrators thought that they handled their sexual feelings and thoughts prior to group and following the group treatment. The first purpose for this question was to assess what type of sexual feelings and thoughts the subjects were having.
Specifically, it was wondered if the perpetrators were having feelings and thoughts about children and how they handled this. As well, it was unknown whether the subjects were having feelings about women and if so, how they handled those feelings. Table 20 details the type of responses received pre and post-test.

Table 20

<table>
<thead>
<tr>
<th>Pretest Thoughts</th>
<th>Post-test Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>have sex with a female partner</td>
<td>7</td>
</tr>
<tr>
<td>masturbate</td>
<td>2</td>
</tr>
<tr>
<td>do not have sexual thoughts</td>
<td>0</td>
</tr>
<tr>
<td>molest a child</td>
<td>2</td>
</tr>
<tr>
<td>repress it</td>
<td>2</td>
</tr>
<tr>
<td>think only about sexual feelings</td>
<td>0</td>
</tr>
<tr>
<td>ignore thoughts about children</td>
<td>0</td>
</tr>
<tr>
<td>work it off</td>
<td>1</td>
</tr>
<tr>
<td>cold shower</td>
<td>1</td>
</tr>
<tr>
<td>have an affair</td>
<td>0</td>
</tr>
</tbody>
</table>

The responses received in the pretest were compared to those in the post-test regarding the subjects' reactions to sexual feelings and thoughts.
prior to the group. When comparing each subject's answers in the pre and post-tests, only five respondents gave the same answer on both occasions. The other eight gave a different answer in both interviews. As a result, there were only two categories, "repress it" and "cold shower" with the same frequencies obtained at both testing periods.

In the post-test, far more explicit answers were received. As a result, four additional categories were added to accommodate the new information. Of the three individuals who stated that they did not have sexual feelings and thoughts, one indicated that he was afraid to have feelings and thoughts as he was afraid to go to jail again.

There was an increase from two to four of those who stated that they would masturbate if they had sexual feelings and thoughts. This was seen as a positive change because the subjects reported that they were masturbating after having been excited by the thoughts of an attractive woman. One subject shared that he was concerned as he felt that he masturbated too much. Two others stated that they did not masturbate as much as they used to because they were not as interested in sex after the offense.

When combining the two categories about children, the "molest a child" and the "ignore thoughts about
children" categories, an increase in those subjects who acknowledged that they did have sexual feelings for children was noted. From the time of the pretest to the time of the post-test, the number of subjects who acknowledged having sexual feelings about children changed from three to five.

The new category with three individuals, the "do not have sexual thoughts" category, also showed an increase. One man stated that he "thought that there was something wrong with me because I was not having sexual feelings and thoughts".

In terms of how the respondents reacted to sexual feelings and thoughts following the group, Table 21 addresses this issue.
Table 21.

Subjects' Post-test Reactions to Sexual Feelings and Thoughts.

<table>
<thead>
<tr>
<th>Post-test Reaction</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>have sex with an adult female</td>
<td>5</td>
</tr>
<tr>
<td>masturbate</td>
<td>4</td>
</tr>
<tr>
<td>do not have sexual thoughts</td>
<td>2</td>
</tr>
<tr>
<td>think only and do not act on thoughts</td>
<td>2</td>
</tr>
<tr>
<td>ignore thoughts about children</td>
<td>2</td>
</tr>
<tr>
<td>cold showers</td>
<td>2</td>
</tr>
<tr>
<td>repress</td>
<td>1</td>
</tr>
</tbody>
</table>

To assess change, comparisons were made between how the subjects thought that they reacted to sexual feelings and thoughts prior to treatment in relation to after treatment. Three categories showed a decrease and three were the same as those responses obtained in the pretest.

As well, in terms of the quantity of responses obtained in the post-test, there were seven, the same as in the pre-test. The issue of how the subjects would react following treatment appeared to make some of the respondents anxious as it may have felt like a test of their emotional health.

Regarding the type of responses obtained, many indicated that they still felt so unsure of their
ability to have a relationship with a female that they were putting their sexual feelings away for a time. Those who still acknowledged having sexual feelings and thoughts about children stated that they would become quite anxious when they were alone with a child as they were fantasizing about what could be. Those individuals also shared the belief that they had learned to program themselves and knew how to appropriately handle these thoughts.

From Tables 20 and 21 the type of reactions to sexual feelings and thoughts are clear. As well, the frequency of the occurrence of these feelings categories was noted. The issue of how to handle these feelings made most subjects anxious. It was possible that due to this interviewer being female, the subjects found responding to these questions embarrassing.

**Subjects’ Feelings about Themselves**

The next issue to be addressed dealt with how the subjects felt about themselves at the time of the sexual offense and following the group treatment. Through these questions, the aim was to assess the change process and gain an impression of how the subjects felt about themselves following all the treatment they had received.
Some had received several different types of treatment including many who had attended these same group sessions previously. Therefore, the purpose of this question was not to attribute this change solely to this group but, as all individuals were now living within the community, it was important that some type of change be noted. That is, in order to prevent the abuse from happening again, change must occur within the perpetrators and their families. If the perpetrators make positive changes in their feelings about themselves, then this is likely to decrease the chances of recidivism. Table 22 was designed to outline the types of responses received.
Table 22.

Subjects' Feelings about Themselves at Time of Offense and Following Treatment.

<table>
<thead>
<tr>
<th>Feelings about Self at Time of Offense</th>
<th>Feelings about Self Following Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;Not too good I was doing a taboo, and felt nervous&quot;</td>
<td>&quot;Good&quot;</td>
</tr>
<tr>
<td>2. &quot;Good, but low after I got caught&quot;</td>
<td>&quot;Better&quot;</td>
</tr>
<tr>
<td>3. &quot;Nonchalant but negative&quot;</td>
<td>&quot;Better because I'm facing up to reality&quot;</td>
</tr>
<tr>
<td>4. &quot;Lower than dog shit and I wanted to kill myself&quot;</td>
<td>&quot;Good and more confident&quot;</td>
</tr>
<tr>
<td>5. &quot;Low life, a secondary citizen&quot;</td>
<td>&quot;Pretty nice guy with a lot to offer&quot;</td>
</tr>
<tr>
<td>6. &quot;Couldn't think of anything but me&quot;</td>
<td>&quot;Learned about my bad and my good and I want to build on my talents&quot;</td>
</tr>
<tr>
<td>7. &quot;Pretty lousy&quot;</td>
<td>&quot;A lot better&quot;</td>
</tr>
<tr>
<td>8. &quot;Didn't feel until after each time, then I felt bad and dirty&quot;</td>
<td>&quot;A little better but when I see my daughter, I feel like crawling under table&quot;</td>
</tr>
<tr>
<td>9. &quot;Didn't think&quot;</td>
<td>&quot;Good person&quot;</td>
</tr>
<tr>
<td>10. &quot;Pretty bad heel&quot;</td>
<td>&quot;I'm a pretty decent guy I don't say good but...&quot;</td>
</tr>
<tr>
<td>11. &quot;Disgusted&quot;</td>
<td>&quot;A little better&quot;</td>
</tr>
<tr>
<td>12. &quot;Normal person&quot;</td>
<td>&quot;A human being who needs to deal with feelings in an appropriate way by talking&quot;</td>
</tr>
<tr>
<td>13. &quot;Sick person&quot;</td>
<td>&quot;A little bit better, I'm learning I'm not a bad person but, a sick person:&quot;</td>
</tr>
</tbody>
</table>
Five of the subjects in Table 22 indicated that at the time of the offense they felt reasonably good about themselves or they did not think at all, whereas seven indicated that they felt quite bad about themselves as people and knew what they were doing was wrong. One individual stated that he did not feel anything before each occurrence, but afterwards his feelings changed a great deal.

A few of the subjects relayed the suicidal ideations which they had after being caught. They also stated that they decided not harm themselves as a result of thinking about the ramifications of their suicide for their victims.

In terms of how they felt about themselves as people following the group treatment, seven subjects stated that they felt a little bit better. Six individuals stated that they felt good or a lot better about themselves.

It appeared that the subjects generally all felt change in that they felt better about themselves following the treatment. However, based on the statements in Table 22, it appeared that some individuals' feelings had changed more than others.
Factors and Events in the Subjects' Lives

This next section addressed the subjects' impressions about factors in their life and events from their pasts. These events could be considered prior conditions within many of the perpetrators' lives.

Pornography

The first area to be considered looked at the subjects' use of pornographic materials and what impact they thought that their use had on the offense. Within Table 23 these issues were identified.

Table 23

<table>
<thead>
<tr>
<th>Type of Pornography</th>
<th>Frequency of Use</th>
<th>Was it Arousing</th>
<th>Played a part in the offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magazines-Reg</td>
<td>3</td>
<td>3 /</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>-Occ</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Films-Reg</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>-Occ</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Strip Clubs-Reg</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>-Occ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>5</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

| Totals              |                  |                 |                            |
|                     |                  | 9               | 6                          |

Reg=regularly
Occ=occasionally
When considering Table 23, it should be noted that as two subjects were using more than one type of pornographic material, the numbers in the table represented the subjects' thoughts about each individual type of material. As a result of these two subjects, the numbers within the table did not total 13.

It was found that eight subjects were using pornographic magazines at the time of the offense in varying degrees. One person stated that he attended strip parlors weekly and two individuals acknowledged using pornographic films in varying degrees at the time of the offense.

Of the eight subjects who stated that they were using some form of pornography, seven individuals stated that they found the materials arousing. Regarding the impact that the pornography had on their offense, four individuals, who were involved in six pornographic activities, thought that it did play a role. An additional three subjects thought that their use of pornography did not play a part in their offense.

One subject explained that he and his male victim would watch the films and act out what they could. This subject stated that the films were "an excitement, a taboo" which got them both aroused.
All 13 subjects were asked whether this topic was discussed during the group. Only 2 out of 13 thought that this topic had been discussed in the group.

In terms of what was learned in this area, over half of the sample found their use of pornography arousing and four thought that it played a role in their offense. Therefore, as there were four individuals who thought that pornography played a part in the abuse, it seems logical that this area receive further study. However, it should be noted that the use of pornography may have just been another convenient external force on which to blame the occurrence on the abuse.

**Perpetrators’ Sexual Abuse as Children**

The next series of question focused on whether the perpetrators had been abused themselves as children. In view of Groth’s (1979) statements about the connection between those who were abused as children and those who abused as adults, it was thought important to assess the accurateness of these statements in relation to this sample.

These questions were designed to first obtain a idea of the frequency of abuse in the lives of these perpetrators. Next, it was thought important to discuss the feelings the perpetrators still had about
their victimization and if they believed that it was associated with the abuse which occurred recently. Table 24 was designed to structure these responses. Table 24.

**Incidents of Sexual Abuse Among Present Day Child Sexual Abusers.**

<table>
<thead>
<tr>
<th>Were you a Victim of Child Sexual Abuse</th>
<th>What Part did it Play in Your Offense?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. yes</td>
<td>&quot;Something brings it out in you. If you don't get enough sex and you don't want to cheat and you are horny&quot;</td>
</tr>
<tr>
<td>2. yes</td>
<td>&quot;I buried it, I don't know and I don't want to deal with it&quot;</td>
</tr>
<tr>
<td>3. yes</td>
<td>&quot;It gives you an attitude that it didn't hurt me&quot;</td>
</tr>
<tr>
<td>4. yes</td>
<td>&quot;Don't know, but we talked about it in group&quot;</td>
</tr>
<tr>
<td>5. no</td>
<td>N/A</td>
</tr>
<tr>
<td>6. yes</td>
<td>&quot;Difficult to say, had it not happened, I would not have developed a curiosity for the other side&quot;</td>
</tr>
<tr>
<td>7. yes</td>
<td>&quot;A lot, I repressed it for 20 years&quot;</td>
</tr>
<tr>
<td>8. yes</td>
<td>&quot;Don't know&quot;</td>
</tr>
<tr>
<td>9. yes</td>
<td>&quot;Large part, I learned it was okay and nobody gets caught&quot;</td>
</tr>
<tr>
<td>10. no</td>
<td>N/A</td>
</tr>
<tr>
<td>11. yes</td>
<td>&quot;A bit was caused from it&quot;</td>
</tr>
<tr>
<td>12. yes</td>
<td>&quot;A great deal, I learned it was okay&quot;</td>
</tr>
<tr>
<td>13. yes</td>
<td>&quot;I did the same as I was shown&quot;</td>
</tr>
</tbody>
</table>

As seen in Table 24, 11 out of 13 perpetrators reported that they were sexually abused as children. It should be noted that 2 of these 11 were involved with sexual play with children the same age or a little
older than themselves. According to the standard definitions of sexual abuse, one must be in a position of power or authority. As these two cases of abuse did not involve someone in a position of authority, they would not be officially considered abuse. However, these two perpetrators themselves viewed their experiences as abuse.

Of these 11 who were abused, 8 stated in varying degrees that they thought the abuse they endured played a role in the offense that they committed. Three stated that they did not know whether their abuse played a part in the offense they committed.

One subject stated that he did not want to think about the abuse he suffered because he thought that this would set him back and he would require more treatment. His ultimate concern was that he would not be allowed to move back in with his family as a result of this disclosure of abuse.

Out of the 11 who were abused, 4 stated that they had learned this behavior from their experiences as children. It was possible that abuse was thought of as a learned and accepted value and as a result abuse was considered "okay".

In terms of the feelings these 11 individuals still had about their victimization, the comments ranged from "I've dealt with this" to "angry and
frustrated" to "I hate him and I would kill him."
Generally, there appeared to be many unresolved
feelings about this issue based on the fact that the
majority of the responses were quite negative.

These individuals were also asked if the group
helped them resolve some of their issues. Three
individuals indicated that the group was helpful. Five
subjects indicated that the group did not help them
resolve their issues. However, of these five people,
one stated that he was helped by the group leader in
this area during their individual sessions.

An additional five subjects stated that this
question was not applicable or they had no response.
One of these five indicated that he thought he had
resolved his feelings some time ago regarding his
abuse. One other subject stated that he still was
unable to talk about his abuse, so he did not think
that he could answer this question.

The information obtained from this question
indicated that most perpetrators who were sexually
abused as children thought that their abuse played a
role in the offense they committed. However, most
indicated that prior to treatment, they did not make an
association between their victimization and the offense
they committed. Thus these findings are in support of
Freeman-Longo's (1986) findings discussed in the literature review section.

**Abusers' Impressions of the Effect the Abuse They Committed had on Their Lives**

The next series of questions were designed to assess whether the offenders thought that the abuse had affected their lives. Subjects were asked specifically if they thought that there had been an effect on their lives. They were then asked: what was the effect, was it discussed in the group and did the group help? Table 25 was designed to display the responses.
Table 25.

**Did the Abuse You Committed Affect Your Life?**

<table>
<thead>
<tr>
<th>Did the Abuse Affect your Life?</th>
<th>How?</th>
<th>Did the Group Help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. yes</td>
<td>-more understanding of value of family</td>
<td>yes</td>
</tr>
<tr>
<td>2. yes</td>
<td>-opened eyes to memories</td>
<td>no</td>
</tr>
<tr>
<td>3. yes</td>
<td>-affected everything</td>
<td>Individual did</td>
</tr>
<tr>
<td>4. yes</td>
<td>-couldn't think positively before the group</td>
<td>yes</td>
</tr>
<tr>
<td>5. yes</td>
<td>-lost friends,family</td>
<td>yes</td>
</tr>
<tr>
<td>6. yes</td>
<td>-lost trust</td>
<td></td>
</tr>
<tr>
<td>7. yes</td>
<td>-don't think sex is #1</td>
<td>yes</td>
</tr>
<tr>
<td>8. yes</td>
<td>-divorced</td>
<td></td>
</tr>
<tr>
<td>9. yes</td>
<td>-increased lousy feelings of self, divorce, lost family and 2 yrs</td>
<td>yes</td>
</tr>
<tr>
<td>10. yes</td>
<td>-emotionally destroyed, lost family, affected my future</td>
<td>yes</td>
</tr>
<tr>
<td>11. yes</td>
<td>-separation</td>
<td></td>
</tr>
<tr>
<td>12. yes</td>
<td>-lonesomeness</td>
<td>(companionship)</td>
</tr>
<tr>
<td>13. yes</td>
<td>-reputation slightly isolation</td>
<td></td>
</tr>
<tr>
<td>14. yes</td>
<td>-bothers him when he thinks about it</td>
<td>yes</td>
</tr>
<tr>
<td>15. yes</td>
<td>-future relationships</td>
<td>a little bit</td>
</tr>
<tr>
<td>16. yes</td>
<td>-C.A.S. broke apart his relationship</td>
<td>no</td>
</tr>
<tr>
<td>17. yes</td>
<td>-found out about self</td>
<td>yes</td>
</tr>
</tbody>
</table>

All subjects noted in Table 25 stated that the abuse they committed had affected their lives. Varying reasons for the effects were given. Many commented on the fact that their relationships and families were destroyed or thrown into upheaval. Others commented on how this had affected their future.

In terms of whether the group had helped, 11 out of 13 stated that the group was helpful to them with these issues in varying degrees. One of the
individuals who stated that he did not like the group and did not find it helpful, believed that he had to attend the group in order that he could be allowed to move back in with his family. However, this same individual stated that he had been helped by the leader of the group treatment during their individual sessions.

Subjects' Thoughts on Being in a Relationship with a Woman

The offenders were asked in next question how they felt about being in a relationship with a female. Six stated that they felt this was a good idea to be in a relationship with a woman. Most of these six were already back seeing their old partners or in a new relationship.

However, five individuals stated that they were quite scared and nervous about being with a partner. Many of these individuals shared their reluctance about having to confess what had happened to a new partner.

Lastly, two individuals stated that they thought it was too early to even think about being in another relationship. These people stated that they did not think they were emotionally ready to be in a relationship.
Helpful and Unhelpful Aspects of the Treatment from the Subjects' Perspective

The group was asked what they found helpful and unhelpful in the treatment. The purpose of these questions was in order to highlight the most helpful and unhelpful issues in the participants' minds. In Table 26 these issues are identified.
Table 26

Subjects’ Impressions of What was Helpful and Unhelpful During Group Treatment.

<table>
<thead>
<tr>
<th>Helpful</th>
<th>Frequency</th>
<th>Unhelpful</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims feelings</td>
<td>1</td>
<td>Need to spend more time on victim</td>
<td>1</td>
</tr>
<tr>
<td>Helping others</td>
<td>1</td>
<td>Talking about my assault</td>
<td>1</td>
</tr>
<tr>
<td>Understanding cycle</td>
<td>3</td>
<td>Liars</td>
<td>1</td>
</tr>
<tr>
<td>Protecting myself in the future</td>
<td>1</td>
<td>Pedophile stories</td>
<td>1</td>
</tr>
<tr>
<td>Educated</td>
<td>1</td>
<td>Pushing families to do 1 things they didn’t want to do</td>
<td></td>
</tr>
<tr>
<td>Discussing values</td>
<td>1</td>
<td>Nothing was unhelpful</td>
<td>6</td>
</tr>
<tr>
<td>Learning I have a chance</td>
<td>1</td>
<td>People’s alcohol problems</td>
<td>1</td>
</tr>
<tr>
<td>Discussing what we lost</td>
<td>2</td>
<td>Female worker being present</td>
<td>1</td>
</tr>
<tr>
<td>Relationships</td>
<td>2</td>
<td>When people are at different stages</td>
<td>1</td>
</tr>
<tr>
<td>Talk about our pasts</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everything</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 26 indicated that most individuals had their own choices about what they found most helpful in the group treatment. The most commonly chosen response was discussion concerning the cycle of abuse. This information about the cycle identified some of the well
known life patterns that existed within the lives of abusive individuals. Many subjects stated that this information was helpful in order to allow them to recognize the signs so that the abuse would not reoccur.

With respect to those issues that were found not to be helpful, six individuals stated everything was helpful. One person stated that he found the pedophilic stories very hard to handle as he was not attracted to children.

One person noted that he thought the presence of a female produced tension. He also stated that he could talk to this same female on a one-to-one basis, but in the group it was different. He also suggested that the men were not as open as they might have been as a result.

An additional unhelpful aspect noted was the presence of "liars." Another subject shared that due to the fact that since everyone was at a different stage in their treatment, it was difficult. He thought that as he had made so much progress, it was hard to hear those just starting the process.

Based on a comparison of the number of helpful to unhelpful areas mentioned, it appeared that from the perspective of the subjects, the group was quite helpful. With respect to the areas mentioned, it is
reasonable to ask that these be taken into consideration for future treatment groups.

**Thoughts of Recidivism**

The last series of questions discussed whether the subjects had committed another offense since the time of the pretest. As well, their thoughts about committing another offense were discussed. These questions were included for the purpose of gathering data on recidivism.

All subjects stated that there had not been another offense since our last meeting. However, one individual indicated that he felt himself in the same angry pattern as he had been at the time of his offense.

In terms of whether they had considered committing another offense, the person discussed above thought that he must have subconsciously considered committing another offense. One other individual openly admitted he had considered committing another offense.

When asked what they did with the feelings they had about committing another offense, the person who felt uncontrollably angry stated that he chose to call his social worker instead of acting without thinking. The person who indicated that he had conscious thoughts
of committing another offense relayed that he
"immediately changed the situation."

This question received many uncomfortable chuckles
from the subjects. It appeared that, even if others
were having further thoughts of committing another
offense, they were unlikely to admit their feelings.
As a result, it seemed quite difficult to gain accurate
information on the expected rates of recidivism for
this group of perpetrators.

Analysis of the Hudson Scales

The means of each of the three scales were
calculated both at the time of the pretest and the
post-test. Table 27 contains the results.

Table 27.

Means Calculated at the Time of the Pretest and
Post-test

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital</td>
<td>36.67</td>
<td>33.78</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>47.54</td>
<td>49.38</td>
</tr>
<tr>
<td>Sexual</td>
<td>27.38</td>
<td>24.63</td>
</tr>
</tbody>
</table>

In terms of the mean scores themselves, it must be
kept in mind that the higher the score the greater the
magnitude of the problem. As well, "if a person scores above 30 . . . it is almost always found that the person has a clinically significant problem in the area being measured while persons who score below 30 are generally found to be free of such problems" (Hudson, 1982, p. 22). Therefore, as two of the three indexes were above 30 this indicated that clinically significant problems existed at the time of the pretest and post-test in the area of marital and self esteem issues but not sexual issues.

It should also be noted that although there generally appeared to be clinically significant problems still present, mean decreases were present in all three areas. Therefore, these decreases indicated that the problems had been reduced during the time of the group treatment.

According to Hudson, if the scores changed by more than 5 or 6 points, then it could be said with considerable confidence that real change did occur (1982, p. 24). There was a 2.99 mean change noted in the index of marital satisfaction and a 2.75 change noted in the sexual satisfaction. However, there was a 7.06 mean change in the index of self esteem.

Therefore, according to Hudson's methods of interpretation, there was not a real positive change in the group's marital satisfaction and their sexual
satisfaction. However, the perpetrators' level of self esteem did indicate a real positive change.

T tests.

These scores were also analyzed using three t-tests. These t-tests were completed in order to assess if there was a significant difference between the means in the pretest and post-test scores for each Hudson scale. In view of the fact that there was directionality stated, a one tailed test was used. A .05 level of significance was utilized.

Following group treatment, there did not appear to be any significant change in the marital satisfaction of the perpetrators' lives (t (8) = 1.01, p = .17). However, there did appear to be a significant change in the self esteem of the perpetrators (t (12) = 1.85, p < .05). Also, there did not appear to be a significant change in the sexual satisfaction of the perpetrators (t (7) = 1.50, p = .088). It should be noted that the results for the change in sexual satisfaction were in the same direction as predicted and were close to being significant at this level.

Summary

This chapter has analyzed the data from the Structured Interview Schedules as well as the Hudson's Scales. The analysis measured the degree of change
experienced by perpetrators during the time from the pretest to the post-test in the social-emotional and situational areas of their lives. The next chapter will discuss the results of the research in addition to the relevance of these findings for further research and the profession of social work.
CHAPTER VIII

Discussion and Conclusions

An interpretation of the findings will be offered and the support they provide to the hypothesis will be discussed. Also, the results will be considered in relation to their implications for practice and future research. Lastly, the limitations of this study and cautions to the reader will be given.

Discussion of the Findings

The purpose of this study was to determine if social-emotional and situational changes occurred during the time in which group treatment was offered to sexual abuse perpetrators. The sample of this study consisted of 13 sexual abuse perpetrators from a Children’s Aid Society in Southwestern Ontario. These individuals all voluntarily attended a ten week group treatment session following the disclosure of some form of sexual abuse.
These perpetrators were themselves victims of child sexual abuse. Later, they themselves abused children. Following the abuse in which they were the offender, changes occurred within their lives such as marital changes including, separation and divorce. Later, these same individuals were tested prior to treatment by this researcher. Following attendance at group treatment post-test measurements were completed in order to assess change during treatment. As the lengthy span of time discussed above is obvious, so to should be the length of time required for complete change to occur in order for the perpetrators to reintegrated back into the community.

In order to assess whether change had in fact occurred, two data collection instruments were utilized. The first set of instruments included two structured interview schedules (see Appendix B). The first schedule was given prior to treatment and the second one was administered following treatment. Predominantly qualitative data were collected in the form of both audio tapes and hand written materials.

The second set of instruments were three of Hudson’s clinical scales including an Index of Sexual Satisfaction, Index of Marital Satisfaction and an Index of Self Esteem. These scales were also
administered once at the time of the pretest and again at the time of the post-test.

The data from the scheduled interview were separated into two appropriate sections in order to readdress the group treatment goals in relation the hypothesis. As the change within the situational factors was not part of the group treatment program they will be considered separately from the treatment goals. The situational results were as follows.

**Situational Factors**

1. The largest category in the marital status question included 30.8% who were married.

2. There was no change reported in marital status during the treatment, although between the time following the abuse to the pretest five couples came separated or divorced. In terms of family structure, one victim left the family home.

3. The mean age of the sample was 40.5 years and the range was 32 to 60 years of age.

4. 61.5% of the sample had a grade eight level or less of education.

5. A change had occurred in the employment of the perpetrators as two had new jobs. As well, a change occurred in the number who were employed moving from 11 to 12 employed out of 13.
6. Of the abuses reported, there were 10 female victims and 4 male victims. Out of these 14 incidents of abuse, 4 involved a biological father with a son or daughter and all but 2 of the incidents of abuse involved some type of family relationship.

7. Children between the ages of 7 and 11 were the most frequently occurring age group for victims closely followed by 2 to 6 year olds.

8. The most frequently occurring types of abuses were 1) fondling and 2) fellatio performed on the male victims as well as on the perpetrators.

These findings relating to the situational factors showed many similarities to those found by other researchers. For example, Young et al. (1989) found that 25% of their sample was married compared to 30.8% in this study. Therefore, it can be stated that there is some consistency between these findings.

However, the subjects in this sample were older than those in Young et al. as their sample had only 19% over the age of 40 years and our mean was 40.5 years of age. It should be noted that their sample was a great deal larger than this sample and as a result, it is likely that their age representation was more similar to that of the larger population.
Result of the Group Treatment Goals

The group treatment program had five goals which were the basis of the sub-hypotheses. These same goals will now be considered in relation to the findings of this study. The first goal regarding the prevention of further sexual abuse could not be answered within this research as the rate of recidivism could not be determined. Therefore, this goal must remain a question for future research.

The second goal was encouraging the offender to accept responsibility for his action without projecting blame on external factors. One of the most prominent external factors which appeared in the perpetrators' responses was the use of alcohol.

The results from this study found that there was no change reported by perpetrators with respect to their use of alcohol. Seven of the individuals in this study were drinking at the time of the abuse. Three out of seven specifically believed that alcohol played a part in the abuse. That is, the alcohol was a disinhibitor removing all social controls. The other four thought that the alcohol was the cause of the abuse. Therefore, no change was noted from the time of the pretest to that of the post-test and as a result, this goal was not achieved.
The third goal was for the perpetrators to understand the problem and become aware of the behaviors which led to the abuse. The use of alcohol also has implications for this goal as alcohol is considered to be one of the factors associated with why the abuse occurs (Finkelhor, 1984).

Although there was a difference in whether some individuals thought that alcohol was the cause for the abuse or just associated with the abuse, all of those drinking at the time of the offense thought that alcohol was related to the occurrence of the abuse. It was clear that most perpetrators thought that alcohol was one of the behaviors which they should reframe from as there were approximately four individuals attending Alcoholics Anonymous during the time of the group treatment. Many reported how helpful they had found the Alcoholics Anonymous meetings. Therefore, the subjects attendance at Alcoholic Anonymous indicated an increased understanding of the behaviors which surrounded the abuse.

Further information was gathered from this study regarding the perpetrators understanding of the problems surrounding the abuse. The subjects showed an increase in knowledge about the problem areas in their lives at the time of the offense. Problems or changes prior to the abuse and obviously the group treatment
were most commonly found in the marriages of the perpetrators.

The findings of this research study related to those found in the literature in that Wolbert et al. (1979) report that abuse can occur as a result of a life crisis such as marital difficulties. So it follows that the most commonly found problems within this study's sample were marital.

This researcher also found that change occurred regarding the problems that the perpetrators believed they had and the help that they required. There was greater insight noted and the details of their problems were more specific in the post-test as compared to those in the pretest. An example of increased insight and detail was noted as change occurred between the time of the pretest and the post-test in terms of the number of perpetrators who admitted to having sexual feelings about children. Only three perpetrators in the pretest acknowledged to having sexual feelings about children whereas, five acknowledged their feelings in the post-test. This change was seen as positive as the perpetrators were now able to be honest about their sexual feelings and discuss them.

Another example of increased knowledge about the problem was in terms of the perpetrators understanding of the low level of self-esteem they possessed at the
time of the offense. Seven indicated a positive change in that their feelings about themselves were a little better and six indicated that they felt a lot better.

Another one of the problems recognized by the perpetrators was their poor communication skills. Many stated that their poor communication skills had a great impact upon their marriages and their relationships in general. According to the perpetrators, communication was also one of the areas requiring further treatment following the group treatment. Concurrent to Sgroi's 1982 findings, it was found that many subjects in this study wished to address their poor communication skills in treatment. In view of the vast quantity of change noted by the perpetrators in terms of understanding of the problem this goal was completely achieved.

The fourth goal from the treatment program focused on the development of more appropriate sexual expression, need gratification and impulse control. The results from this study also directly addressed the issue of sexual expression. When asked at the time of the pretest and post-test about how they responded to sexual feelings, the number of perpetrators who stated that they masturbated when they had sexual feelings changed from two to four. This was seen as a positive change because the subjects reported that they were masturbating after having been excited by the thoughts
of an attractive woman. Masturbation in this case was considered to be a healthy response to the absence of an appropriate sexual partner. However, if the subjects had stated that they were masturbating in order to deal with their thoughts about children, then this would have been considered negative. As a great deal more honesty, openness and change were noted in terms of the sexual expression and impulse control of the perpetrators, this goal was also achieved.

The fifth goal of the group treatment was an increased awareness of feelings and how the perpetrators responded to these feelings which this researcher calls social-emotional processes. This researcher addressed the issue of the perpetrators increased awareness in terms of a change in their feelings that they noted in themselves and others.

Positive change was noted in the perpetrators increased awareness of their emotional priorities. That is as a result of the abuse, the most important issue to the perpetrators prior to treatment was the fact that five subjects had lost their families.

Another example of increased self awareness was in terms of the overall changes in the perpetrators that had occurred between the pre and post-tests. Seven reported a definite change in themselves overall and six reported a little change. Again the issue of the
perpetrators' self esteem arises as one of the major feelings changes. Of these seven, four reported an increase in self esteem. However, of the six who reported a little change in themselves overall, it was likely that this change was an increase in factual information about the factors leading to abuse and not real insight into their difficulties. From this researcher's perspective, the perpetrators were attempting to be honest with themselves and this researcher and as a result, these self reported figures appear accurate. Just over half of the group seemed to experience a notably general change over all.

Ten perpetrators indicated a positive change in that all of the issues they wished to discuss during the group had been resolved. Therefore, as there was a partial increase of self awareness of feelings, it can be said that only certain specific segments of this goal were achieved.

When asked why change had occurred since the time of the offense, five individuals in the pretest stated that the change was a result of the group treatment they had previously received from the Children's Aid Society. Four subjects in the post-test stated that the change was as a result of the group treatment which they had just completed.
An equally prominent reason for the change was because the subjects wanted to move on with their lives. That is, the subjects wanted to learn from their mistakes and get back with their families.

From this researcher's perspective, it is unlikely that one specific source can be credited for all the changes that occurred. However, during the testing period a few specific sources for the change were apparent.

The group process must definitely be given the highest ranking, both according to the subjects and this researcher, for promoting the change which occurred. The next factor which fostered change during the testing period was the decrease in alcohol consumption and attendance at Alcoholic Anonymous by the subjects. As stated earlier, the use of alcohol was not the reason for the abuse, but it did cloud the thought processes of the individuals during the time of the offense. Use of alcohol also allowed the subjects to avoid responsibility for a period of time.

Results from this study which did not indicate and increase in awareness of feelings was in terms of the number of perpetrators who thought that the victims were affected by the abuse changed from nine in the pretest to seven in the post-test. This was considered to be a negative change. That is, in order for the
perpetrators to obtain real insight into the consequences of their actions, it was important that they appreciated the ramifications for the victims. Generally, there appeared to be a great deal more uncertainty by the perpetrators about the consequences of the abuse for the victim.

From the perspective of one group leader, he stated that the subjects' general attitude about whether harm had come to the victim was not characteristic of the usual groups that he sees. That is, there were far more arguments about whether harm came to the victim within these groups than ever before. The leader also stated that when there is one strong member who is quite vocal he can effect the entire group. As a result of the process within the sessions regarding the victim, a great deal of confusion resulted.

Regarding the overall achievement of the treatment goals, two were achieved in their totality, one was not achieved, one remains undetermined and one was partially achieved. Therefore, as two and a half goals out of the four that could be measured were achieved, the group treatment did produce change within the social-emotional and situational areas of the perpetrators lives.

In terms of the findings from Hudson's Clinical Scales, they were significant in some areas and
insignificant in others. The results from the $t$-test indicated that there was not a significant change in the level of marital satisfaction or the level of sexual satisfaction. Yet, again, the level of self esteem did indicate a significant change.

Therefore, the mean of the scores and the $t$-test, both measuring the same thing, indicated that there was no significant change in the perpetrators' level of marital satisfaction and the level of sexual satisfaction.

However, in view of how close the Index of Sexual Satisfaction was to being considered significant, this area deserves further consideration. That is, if a larger sample was utilized in future research, it is quite possible that a significant result might be obtained.

Regarding the level of self esteem, both statistical measures indicated that significant change did occur during the group treatment. Therefore, it can conclusively be stated that change did occur in the level of self esteem of the subjects during the group treatment.

It was especially important that the level of self esteem increase first during the group because once this level was increased the subjects' level of marital and sexual satisfaction were more likely to follow. In
view of the fact that low self esteem was one of the factors which was initially identified as a part of the abuse cycle, it was important that this area improve. With the increase in self esteem occurring, it was hoped that this could assist with breaking the entire abuse cycle.

Statistically significant results were not obtained on all three scales. However, it should also be noted that the changes which did occur for all three scales were in the predicted direction.

Each area of change must be considered individually as different degrees and types of change were found. More specifically, in certain areas a negative type of change was experienced. One such negative area was the subjects' thoughts about the effects of the abuse on the victim. This area, where a negative type of change occurred, remains quite concerning. Lastly, there were other areas where no change was noted which also continue to be of concern for both the public and the perpetrators themselves.

In view of these results, it can be stated that situational and social-emotional changes did occur in some of the areas discussed above. One of these situational changes included a fluctuation in the employment of these individuals being noted. In terms of social-emotional change, many perpetrators stated
that they had experienced change in their feelings about themselves as people. In all, changes occurred in many social-emotional and situational areas of the subjects' lives.

Therefore, regarding the main hypothesis which stated, following attendance at a 10 week sexual abuse perpetrators group, positive changes were reported in the social-emotional and situational areas of the perpetrators’ lives. In view of these positive changes, the hypothesis was accepted.

The next part of the discussion addresses the sub-hypotheses. These sub-hypotheses were based on the treatment goals. The first sub-hypothesis which related to the first goal was regarding the prevention of further abuse. This question can only be partially answered at this time and can only be determined based on the perpetrators' future behavior. The second sub-hypothesis was for the perpetrators to accept responsibility for the abuse without projecting blame on external forces. This goal was not achieved. The third sub-hypothesis was for the perpetrators to attain an understanding of the problem and become aware of the behaviors which led to the abuse. This goal was completely achieved. The fourth sub-hypothesis was in terms of the development of more appropriate sexual expression, need gratification and impulse control.
Again, this fourth goal was achieved. Regarding the fifth and last sub-hypothesis, about the increased awareness of feeling and how the offenders responded to these feeling, this goal was partially achieved. Therefore, out of the four sub-hypothesis which could be measured, two and a half were accepted.

Limitations

In view of these results the limitations of this study must also be remembered in order to put the results in perspective. The first limitation of this study was the sample size. As there were 13 individuals considered, caution should be used when generalizing to the larger population.

Another limitation regarding the sample was that it did not include females and was drawn from one source. The reality that these subjects were all involved with the Children's Aid Society likely had an impact on the study.

In view of the fact that the researcher was female, this may have effected the responses of the subjects and should be considered one of the limitations of this study.
In terms of the design of the study, it was possible that the quantity and quality of the responses were greater at the post-test because the subjects had become more familiar with the researcher. That is, the familiarity allowed the subjects to share their actual thoughts in the second interview.

Also in terms of the design, as this was not an experimental model, no causal inferences could be drawn. The intervening variables such as additional treatment modalities simultaneously occurring at the same time as the group treatment may have also played a part in any change that occurred.

An additional limitation was regarding the fact that the Indices of Sexual and Marital Satisfaction did not apply to all of the perpetrators as they were no longer in relationships. Therefore, only those who were able to answer all the questions were considered in these two areas.

**Future Research**

As the concept of community based treatment for sexual abuse perpetrators is a relatively new area, further research is definitely necessary. This research might include a larger sample than that utilized in this study. Moreover, a larger sample
would provide answers which could be more representative of the larger population.

In addition, a longitudinal study addressing the change process through a longer term of treatment would be helpful. Further, this longer study could also allow for the assessment of the impact of treatment in relation to the rates of recidivism. That is, a clearer impression of the impact of treatment would be known if the true rate of recidivism among perpetrators within the community was known.

Other research might also consider cross checking some of the perpetrators' statements with agency records. Through this cross-referencing, more factual data could be considered along with the perpetrators' feelings and thoughts.

Future research may also consider other issues and questions which arose through this study, for example, the implications of the subjects' lack of sex education and the role of the family in the abuse. As well, since the subjects thought that there was an association between their use of pornography and their offense, it also deserves further attention.

Lastly, the results from studies such as this may be taken one step further. That is, the results obtained could be cross-tabulated with each other. For example, the type and length of sex education and
academic education could be considered in relation to types sexual activities performed.

**Implications for the Profession**

It is important for professionals to remember that in terms of how the theory related to the dynamics of the group, the perpetrators themselves identified those whom they thought were regressed and those whom they thought were fixated child sexual abuse perpetrators. Therefore, perhaps professionals must still give some credence to these two terms.

However, as many of these individuals had not resolved their feelings around the first sexual crisis in their lives they may have been taught that abuse was acceptable. That is, based on the finding that 11 out of 13 subjects stated that they were also victims of abuse, it suggests that further consideration and treatment in this area are necessary.

It is possible that previously learned maladaptive behaviors and values still existed within these subjects and they were reacting to their own victimization (Freeman-Longo, 1986). As a result, these other issues may have been making the present dilemma all that much more difficult to handle and change.
Other learned factors within the perpetrators' lives which may have had implications on their behavior was the lack of sex education as well as academic education. These two areas require further attention in order to assess their relationship to the incidents of abuse.

In view of these findings it appeared that both the concepts of fixated and regressed perpetrators as well as the idea of learned behaviors have value and must be used following consideration of each individual.

The next area professionals must consider is the relationship and interplay between the different types of treatment that the perpetrators are receiving. It is important that a communication network be set up in order that the different treatment types are complimenting each other rather than being repetitive or disjointed.

Another implication for practice is the need for reiteration that perpetrators should strongly be discouraged from blaming external forces for the abuse. Whether that outside force be alcohol or one's wife, it is important to begin with the differentiation between the cause for the abuse and something that is associated with the abuse. Outside forces act upon each of us every day; however, it should be made clear
that we are all still responsible for how we react to these forces.

Many perpetrators were having difficulty accepting one or more of the following: 1) that the abuse occurred 2) that the abuse was morally wrong and 3) that they got caught. No matter which of these areas the perpetrators were having trouble with, the subjects were still called upon to accept that they were responsible for themselves at the time of the offense.

For some perpetrators the goal was to relearn appropriate behaviors and values, and for others the goal was to avoid suspending their socially acceptable values. As stated in the literature review section, these men may actually experience a temporary lapse of their own values during the time of the abuse (Wolbert Burgess et al., 1978). Through these changes in behaviors and values, it was possible that a greater degree of overall change could occur.

In terms of the skills needed by the practitioner, in addition to being trained professional with special training in this area, therapists require an open minds. Many unenlightened views about sexual abuse perpetrators still exist among professionals in the community. If the professionals themselves do not truly think that perpetrators have a right to change,
then what can be expected from those not trained in this area?

Skilled professionals must also recognize that once perpetrators are able to fully accept responsibility for their actions, family therapy would be possible. It would be important to identify the dynamics within the family which may have contributed to the perpetuation of the abuse. Often relationship patterns and family boundaries require attention in order to provide the family with the skills to prevent the abuse from reoccurring. The family must not be allowed to reunite until these family dynamics have been addressed.

Another implication for treatment is the simple lack of quality, community-based treatment programs such as the one utilized in this study. Some of the subjects in this group were driving more than an hour to attend the group. Therefore, it can be said that these programs are not presently accessible for everyone.

Therefore, an increase in funding is necessary in order to provide the quantity, intensity and length of treatment necessary to promote real change. Once the funds are available there is a greater chance for change and ultimately, it is hoped that the recidivism rates would decrease as well.
Further, the change that is necessary by perpetrators to decrease recidivism is influenced by community life. Therefore, it is logical to encourage change to occur within the community. Change that occurs while in a structured prison setting has little chance for trial and error. However, perpetrators in the community can come to group treatment and discuss their fears of recidivism in an open discussion and report back on how they are doing in the real world.

Also in terms of the community, education must occur. Many subjects shared their fears of the community as they knew that they would not be accepted. The more that these perpetrators are not accepted and not understood, the greater their isolation and anger. It is this lack of understanding and education in the community that most scares the public and the perpetrators themselves.

As long as the dynamics of child sexual abuse perpetrators are not understood, the greater the difficulty for these individuals to truly reintegrate themselves back in the community. It is also this lack of actual reintegration that keeps these people at arm's length from the rest of society in all respects and puts them at risk of recidivism.

An additional implication for the profession relates to the fact that this knowledge may be of
assistance when new programs are developed for this population. Knowing that change can occur in the social-emotional and situational areas of perpetrators' lives may also impact upon the practice of existing programs. For example, reasonable treatment goals can be developed from this information.

This study addressed the change process among child sexual abuse perpetrators during group treatment. Evidence has been provided within this study which indicated that change occurred within many areas of the perpetrators lives. However, the most significant positive change occurred during this time in the self esteem of sexual abuse perpetrators.
REFERENCES


APPENDIX A

INSTRUCTION OUTLINE

The following are the statements that were made to the perpetrators at the first telephone contact and then, later when the instruments were administered.

1) I understand the leader has told you that I would be calling.

2) I also understand that you have agreed to be a part of my study.

3) I am a Master's student at the University of Windsor and this study is part of my thesis which I am required to complete.

3) Did the leader tell you anything about the purpose for the study?

4) The purpose is to give new information about how group treatment works in order to help in the development of new treatment programs.

5) The questions I have to ask will take no more than an hour of your time. Following the end of the group I will ask you to meet with me again to do the follow up.

6) I was wondering if we could set up a convenient time to meet.

7) Set up time and day.

STATEMENTS MADE AT THE INTERVIEW

1) As I am sure you are already aware, all information you give is completely confidential. The results of this study will be used, but names and even the city this information was drawn from will not be revealed.

2) In addition, I will never know if the first name the group leader gave to me was your actual first name. Also, I will never know your last names. This is for the purposes of keeping everything confidential and so that this information will not be used for anything other than this study. Although this agency will receive a copy of this study, they will not be given
access to your individual answers. Lastly, your answers will eventually be destroyed in order to insure that they will not be used for anything other than this study.

3) There are four different things I would like you to do.

4) As I understand you are having problems, I would like to gain a better understanding of them.

5) The purpose of the first three scales to be used are, to identify exactly where you are finding difficulty in your life.

6) Once I know where you are having difficulty, these scales let me know how strongly these problems are affecting your life.

7) The interview to follow will also help me to know exactly where you think the problems lie and what you think should be done about it.

8) Here are the first three scales. I will give them to you one at a time. Take your time in answering the questions. I will give you the next one after you have finished.

9) Now I would like to ask you to choose a number between 100 and 1000. Then write this number and your real name beside it, place it in this envelope and seal it. Please remember your number as you will need it for the end of the group. Please write this number on all of the questionnaires you fill out. Again this is so that all the answers you give can never be traced back to you.
APPENDIX B
Structured Interview Schedule

1) How old are you?
2) How far did you go in your schooling?
3) Do you have any sisters or brothers?
4) What are their ages?
5) Prior to the sexual offense, have there been any recent problems or changes in your life such as, job, marital, illness, accident issues?
6) Are you presently employed?
7) How long have you worked there?
8) To what extent did or do you use alcohol and drugs?
9) If yes, did either of these play a part in the sexual offense?
10) Have you moved since the time that the sexual offense became known?
11) Are you and your partner presently living together?
12) Are you married or live common-law?
13) Is your family presently living all together?
14) If not, who has left?
15) Are there any legal restraining orders keeping you separated?
16) Are there children under 16 living with you now?
17) Did you have a live in partner at the time the sexual offense became known or public?
18) What was your relationship with your spouse like at the time of the sexual offense?
19) What is it like now?
20) Do you and your spouse plan to reconcile or get back together?
21) Are you presently or have you received any other type of treatment or counselling?
22) Did you receive sex education as you were growing up?
23) If so, who told you about sex?
24) What were your parents' attitudes and feelings about sex?
25) When did the offense occur? What was your relationship to the child involved? How old was the child when the offense began and when it ended? What happened between you and the child?
26) What changes have occurred that would keep something like this from happening again?
27) What factors contributed to or brought about the change?
28) What do you think is the problem that requires change now?
29) What is the likelihood that the abuse would occur again?
30) What do you feel is the lowest age appropriate for a sexual partner for you?
31) Did the sexual offense affect the child involved?
32) If so, describe the effects of the sexual offense on the child?
33) Have you seen the involved child since the sexual offense?
34) What things do you feel that you need to discuss during the group treatment?
35) Most people experience sexual feelings or desires. Many people have difficulty controlling sexual feelings and thoughts. Describe how you react to sexual feelings and thoughts.
Interim Set of Questions

These questions were asked following the group treatment. This second interview schedule corresponded with similar questions asked in the first interview. The second set of questions were posed in a way which allowed the researcher to measure change in the responses between the time of the two testing periods.

1. Prior to the sexual offense, had there been any recent problems or changes in your life such as job, marital, illness, or accident issues?

2. Are you presently employed?

3. To what extent did you or do you use drugs or alcohol?

4. If yes, did either of these play a part in the sexual offense?

5. Are you and your partner presently living together?

6. Are you presently married or in a common-law relationship?

7. Are you with the same partner as at the last interview?

8. If not, do you and your spouse plan to reconcile or get back together?

9. Are you presently, receiving any other type of treatment or counselling?

10. Have there been any changes that have occurred recently in your life or attitudes about yourself or others?

11. Why do you think these changes occurred?

12. How important are these changes to you?

13. What do you think is the problem that requires change now?

14. What help do you feel you need now?

15. What is the likelihood that the sexual offense would occur again?
16. Did the sexual offense affect the child involved?

17. Describe the effects of the sexual offense on the child?

18. Did you discuss the issues you needed to during the group?

19. Of these issues, which were discussed in the group?

20. Of these issues, which were discussed in the group?

21. What issues would you like to talk about or receive counselling on now?

22. Most people experience sexual feelings and thoughts. Describe how you reacted to sexual feelings and thoughts prior to the group.

23. Describe how you react to sexual feelings and thoughts now.

24. What did you think about yourself as a person at the time of the sexual offense?

25. What do you think of yourself as a person now?

26. How often were you using adult entertainment at the time of the offense?

27. If yes, did you find this entertainment arousing?

28. If yes, what part did the adult entertainment play in the sexual offense?

29. Was this issue discussed during the group?

30. Have you ever been the victim of a sexual offense?

31. What part do you think this played in your offense?

32. If yes, what type of feelings do you have about having been a victim or survivor at this time?

33. Was this discussed during the group?

34. If yes, did the group help you resolve these feelings?

35. Has the sexual offense affected you life?
36. If yes, how has the sexual offense affected your life?

37. Was this issue discussed during the group?

38. If the offense did affect your life, did the group help you with these issues?

39. How do you feel about being in a relationship with a woman at this time?

40. Which things discussed during the group did you find helpful?

41. Which things discussed during the group did you not find helpful?

42. Have there been any changes in your family since the last interview?

43. Have there been any offenses since our last meeting?

44. Have you considered committing another offense?

45. If yes, how have you dealt with these feelings?
INDEX OF MARITAL SATISFACTION (IMS)  

NAME: ____________________

This questionnaire is designed to measure the degree of satisfaction you have with your present marriage. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Sometime
4. A good part of the time
5. Most or all of the time

Please begin.

1. I feel that my partner is affectionate enough
2. I feel that my partner treats me badly
3. I feel that my partner really cares for me
4. I feel that I would not choose the same partner if I had it to do over
5. I feel that I can trust my partner
6. I feel that our relationship is breaking up
7. I feel that my partner doesn't understand me
8. I feel that our relationship is a good one
9. I feel that ours is a very happy relationship
10. I feel that our life together is dull
11. I feel that we have a lot of fun together
12. I feel that my partner doesn't confide in me
13. I feel that ours is a very close relationship
14. I feel that I cannot rely on my partner
15. I feel that we do not have enough interests in common
16. I feel that we manage arguments and disagreements very well
17. I feel that we do a good job of managing our finances
18. I feel that I should never have married my partner
19. I feel that my partner and I get along very well together
20. I feel that our relationship is very stable
21. I feel that my partner is pleased with me as a sex partner
22. I feel that we should do more things together
23. I feel that the future looks bright for our relationship
24. I feel that our relationship is empty
25. I feel there is no excitement in our relationship

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FIGURE 6.4.
INDEX OF SELF ESTEEM (ISE)  

NAME: ___________________________  

Today’s Date ____________  

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time  
2. A little of the time  
3. Some of the time  
4. A good part of the time  
5. Most or all of the time  

Please begin.

1. I feel that people would not like me if they really knew me well  
2. I feel that others get along much better than I do  
3. I feel that I am a beautiful person  
4. When I am with other people I feel they are glad I am with them  
5. I feel that people really like to talk with me  
6. I feel that I am a very competent person  
7. I think I make a good impression on others  
8. I feel that I need more self-confidence  
9. When I am with strangers I am very nervous  
10. I think that I am a dull person  
11. I feel ugly  
12. I feel that others have more fun than I do  
13. I feel that I bore people  
14. I think my friends find me interesting  
15. I think I have a good sense of humor  
16. I feel very self-conscious when I am with strangers  
17. I feel that if I could be more like other people I would have it made  
18. I feel that people have a good time when they are with me  
19. I feel like a wallflower when I go out  
20. I feel I get pushed around more than others  
21. I think I am a rather nice person  
22. I feel that people really like me very much  
23. I feel that I am a likeable person  
24. I am afraid I will appear foolish to others  
25. My friends think very highly of me  

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INDEX OF SEXUAL SATISFACTION (ISS)  

NAME: ___________________________

This questionnaire is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Sometime
4. A good part of the time
5. Most or all of the time

Please begin.

1. I feel that my partner enjoys our sex life
2. My sex life is very exciting
3. Sex is fun for my partner and me
4. I feel that my partner sees little in me except for the sex I can give
5. I feel that sex is dirty and disgusting
6. My sex life is monotonous
7. When we have sex it is too rushed and hurriedly completed
8. I feel that my sex life is lacking in quality
9. My partner is sexually very exciting
10. I enjoy the sex techniques that my partner likes or uses
11. I feel that my partner wants too much sex from me
12. I think that sex is wonderful
13. My partner dwells on sex too much
14. I feel that sex is something that has to be endured in our relationship
15. My partner is too rough or brutal when we have sex
16. My partner observes good personal hygiene
17. I feel that sex is a normal function of our relationship
18. My partner does not want sex when I do
19. I feel that our sex life really adds a lot to our relationship
20. I would like to have sexual contact with someone other than my partner
21. It is easy for me to get sexually excited by my partner
22. I feel that my partner is sexually pleased with me
23. My partner is very sensitive to my sexual needs and desires
24. I feel that I should have sex more often
25. I feel that my sex life is boring

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FIGURE 6.5.
Vitae Auctoris

Karen Shaw was born in Toronto, Ontario. She attended elementary schools in Toronto, Uxbridge, and Arva, Ontario. She graduated in 1982 from Medway High School in Arva.

She was enrolled at the University of Western Ontario from 1982 to 1986 and received her Bachelor of Social Work. She worked at Family and Children's Services in London, Ontario as a child protection worker from 1986 to 1988.

In September of 1988 Karen entered the Master of Social Work program at the University of Windsor and expects to graduate in the fall of 1989.