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**The Effect of Religious Orientation, History of Sexual Trauma, and Typology on Spiritual Well-Being and Interpersonal Behavior Among Adult Male Child Molesters**

Anthony J. Papania

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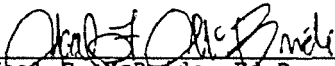
Approval

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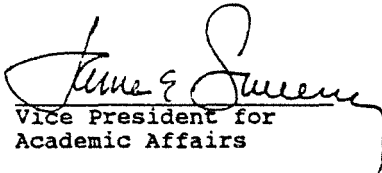
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The Effect of Religious Orientation, History  
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By

Anthony J. Papania

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Abstract

The study measured the effect of religious orientation, typology, and history of sexual trauma on assertiveness, aggressiveness, and spiritual well being for child molesters. The sample consisted of 55 child molesters from outpatient and inpatient programs in Oregon. The subjects ranged in age from 19 to 72. The subjects completed the Spiritual Well-Being Scale, the Interpersonal Behavior Survey, and an Information Survey. The scores on the Spiritual Well-Being Scale, the General Aggressiveness Rational scale and General Assertiveness Rational scale of the Interpersonal Behavior Survey were the dependent variables. A 3-Way ANOVA via regression approach with a 2x2x2 design was conducted for each of the three dependent variables. A 3-Way ANOVA via regression approach was conducted

for each of the subscales of the Spiritual Well-Being Scale, Religious Well-Being and Existential Well-Being.

Main effects were found on Spiritual Well-Being for religious orientation, typology, and history of sexual trauma. A main effect was detected on Religious Well-Being for religious orientation and an interaction effect for religious orientation and history of sexual trauma. A main effect on Existential Well-Being for typology and history of sexual trauma was found. There was an interaction effect for typology, history of sexual trauma, and religious orientation on Existential Well-Being. There were no main or interaction effects found for aggressiveness or assertiveness.

Christian, regressed molesters without a history of sexual trauma scored significantly higher on spiritual well-being than other molesters. Christian molesters had significantly higher religious well-being than non-Christian molesters. Sexual trauma history lowered religious well-being for non-Christians. Regressed offenders scored higher on existential well-being than the fixated offenders. Christian, regressed offenders without sexual trauma

history scored the highest on existential well-being. Christian, fixated offenders without sexual trauma history scored higher on existential well-being than the other fixated groups. The groups which scored high on existential well-being are considered to have a higher perceived sense of satisfaction and purpose in life.

### Acknowledgements

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To my God, I repeat what the Scriptures themselves say..." but thanks be to God, who gives us the victory through our Lord Jesus Christ. Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that your toil is not in vain in the Lord." (1 Corinthians 15.57-58)

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## Chapter One

### Introduction

For the clinician today, it is apparent that issues and cases related to child sexual abuse, adult victims of sexual abuse, or treatment of the child molesters themselves are becoming numerous. One needs to have a grasp of the nature of the various problems related to these areas in order to be an effective counselor. It is especially important to add to our clinical observations as much empirical data as we can collect so that we do not run aground in erroneous assumptions or personal bias. The present zeitgeist of our society tends to cloud clinical judgements when we are not careful enough in differentiating between subjective and objective data. Our zealotry in working with sexual abuse issues may also tend to confuse issues and ignore others. An issue in which the literature testifies to such concerns the religiosity or spirituality of an offender. There is a tendency to treat the religious domain as pathological or defensiveness rather than as a

legitimate and healthy domain apart from an offenders' pathology.

Many clinical descriptions have been made concerning what appears to be a very strong relationship between male adult sex offenders, specifically child molesters, and Christian fundamentalist religions (Cormier, Kennedy, & Sangowicz, 1962; Delin, 1978; Gebhard, Gagnon, & Pomeroy, & Christenson, 1965; Meiselman, 1978; Resnik & Wolfgang, 1972; Spencer, 1981; Weinberg, 1955). Some clinicians in the field tend to view fundamentalist religion as a hindrance to therapeutic outcome, because they believe it is partly responsible for the interpersonal problems and abuse trauma in the life of the offender (Delin, 1978; Gebhard et al., 1965; Meiselman, 1978; Spencer, 1981). Unfortunately the element of time has not entered into the equation for these clinicians. Researchers have not differentiated those who become born-again Christians after their arrest and conviction from those who profess to be believers prior to the offense (Delin, 1978; Meiselman, 1978; Weinberg, 1955). Clinicians view those molesters who express their fundamentalist religious beliefs as fanatics with defective and rigid

defenses often reinforced by their family of origin (Resnik & Wolfgang, 1972; Spencer, 1981). A majority of the sociopathic criminals studied by Yochelson and Samenow (1976) also demonstrated a very high percentage of fundamentalist beliefs despite their criminal thinking and behaviors. Other researchers find religious variables to be insignificant or too close in distribution to the general population to be of any value to the study of pedophiles or sex offenders in general (Groth, 1979a; Mohr, Turner, & Jerry, 1964).

In addition to religiosity, there are other issues which need to be addressed by empirical research. Most of the research to date has addressed various psychological and sociological profiles and predictive models for the male adult and adolescent pedophile. The research has explored numerous factors including family, education, interpersonal behavior, motivational intent, choice of victim and victimization in the history of the offender. The factors which stand out from the others in terms of significance are interpersonal behavior, typology of the offender, and the history of sexual trauma for the offender.



A number of researchers have pointed to the interpersonal behavior of the child molester in order to gain understanding of his crimes (Annis, 1982; Awad, Saunders, & Levene, 1984; Groth & Burgess, 1977; Lewis, Shankok, & Pincus, 1979; Mohr et al., 1964). Various typologies for child molesters have been arranged according to victim's sex (Burgess, 1985). Distinctions between child molesters who are fixated or who consistently prefer children from those who are regressed in their behavior due to situational stresses have also been made (Karpman, 1954; Groth, 1979a; Howells, 1981). One variable which will not be utilized within this study is incestuous versus nonincestuous situations since research has found no consistent differences in sexual preference patterns associated with this factor (Abel, Becker, Murphy, & Flanagan, 1981). Other clinicians have found sexual trauma or victimization in the offender's background to be highly significant (Fehrenbach, 1983; Groth, 1979a, 1979b; Groth, Hobson, & Gary, 1982; Longo, 1982; Prendergast, 1979).

None of the above studies makes a distinction in their reporting between the molester who converts to a fundamentalist religion after arrest and conviction

for molestation and those who were prior believers. Overall, none of the research attempts to quantifiably assess the relationship of their religious beliefs to factors such as interpersonal behavior, typology or early sexual trauma. There seem to be more subjective clinical opinions rather than objective data concerning religious variables in the lives of male adult child molesters. Religious variables may not influence the pathology of child molestation, but rather, attempt to explain how an offender deals with the molestation once it is public and treatment begins. The presence of evangelical Christian beliefs among child molesters may also reflect the tendency toward such religion and conversion within the United States in the last few decades.

Empirical psychological researchers have demonstrated little interest in assessing the spiritual element among child molesters. Research is usually left to the sociological influences of religion because the "spiritual" issues usually imply mysticism (Ellison, 1982). Spiritual issues have long been addressed as non-empirical data unfit for the researcher seeking a pure scientific model.

Ellison (1983) believes that researchers can systematically and scientifically develop indicators for this spiritual dimension. According to Moberg (1985), there is a great need to research spiritual well-being in the context of both the "pure" and "applied" aspects of numerous academic disciplines (p.5). Among the significant subject areas for such work are the rehabilitation of criminals and delinquents, physical and mental wellness, life adjustment, and ability to work with other people. In sum, it is appropriate to study spirituality by the scientific method within the context of human wholeness.

#### Purpose

The objective of this study was to assess possible differences among the independent variables of religious orientation ("born-again/saved" status), typology of child molester (regressed or fixated), and the history of sexual trauma for the molester on measures of spiritual well-being and interpersonal behavior (aggressiveness and assertiveness) in adult male child molesters. It was anticipated that once the clinician had additional information on these variables he would be better able to utilize these

variables within the therapy context. If religion is being used by the offender as an additional defense against treatment, perhaps the clinician can better utilize religion to cut through the defenses without scapegoating religion in the process. Furthermore, if victimization is an important variable in the life of the offender, then its impact upon treatment and empathy issues cannot be ignored by the clinician.

#### Typology of Child Molester Defined

In attempting to research child molesters the issue of typology warranted immediate attention so that we could properly define the sample we wished to study. Throughout the research a number of diagnostic labels and types of child molesters have been identified over the years, of which pedophile is one subtype. Burgess (1985), while reviewing seven child molester classification schemes, noted that:

...every child molester scheme included a type with an exclusive and long-standing sexual and social preference for children and contrasted this type with a second whose offenses were seen as a regression to stress. Most systems also posited a third type comprised of psychopaths with very poor

social skills who turned to children largely because they are easy to exploit, not because they are preferred or desired partners. These three types, therefore, seem quite salient and appear to present clinically meaningful and distinct profiles.

(p.260)

One classification scheme which has been used is incestuous versus non-incestuous offenders. Abel, Becker, Murphy, and Flanagan (1981) sought to investigate whether pedophiles were etiologically different from incest offenders applying a psychophysiological method. They wanted to determine if it were possible to identify offenders who involve themselves with female children from offenders who do not, if the arousal pattern of heterosexual incest cases differed from heterosexual child molesters, and whether the more dangerous child molesters could be identified. The sample included 27 sexual deviates, which included six cases of heterosexual incest, ten cases of heterosexual pedophiles, and 11 subjects with other sexual deviations which included multiple diagnoses of homosexual pedophilia, heterosexual adult rape, sadomasochism, exhibitionism, voyeurism,

homosexuality, and obscene phone calls. A final conclusion suggested that the so-called cases of heterosexual incest were not different in their sexual preferences from heterosexual pedophiles because both groups were highly aroused by young children other than their female relatives. Although Lanyon (1986) considers the study to be empirical evidence to suggest that both groups are in fact similar in sexual preference, a larger sample would have strengthened their conclusion. Abel, Becker, Murphy, and Flanagan (1981) suggest that treatment for both groups must include a reduction of the child molesters's sexual preference for young girls. Therefore, incestuous versus nonincestuous may not be a useful classification scheme since the only difference may be the complex family dynamics it contains.

According to Meiselman (1978), an incest offender is clearly a pedophile when he approaches a daughter who is prepubertal or under 12 years of age. Meiselman would conclude that the father's attraction to his daughter is part of a general attraction to prepubertal girls and that this type of pedophile type is rare (1978). Yochelson and Samenow (1976) have found that the child molester easily relates his fears

about the adult vagina when placed on the therapist's couch. They comment:

He considers it a stinking, oozing, infectious structure. Thus, he prefers the younger vagina, which lacks the unattractive physical attributes of the older women. It can be said that the criminal rejects the dangerous and impure for safe and pure. But the important feature, which commonly is not considered, is the aspect of total control over an inexperienced person ... the criminal doubts his sexual ability and endowment. With a child, he is in a position of total mastery and is not likely to be criticized for any incompetence. (p.341)

Swanson (1971) defines the classic pedophile as one who has a consistent and often exclusive interest in children as his sexual object. He continues:

Such individuals may report having an attraction to younger children beginning in their early adolescence. Initially this takes the form of excessive interest in playing with younger children or caring for them. This is followed by a history of sexual play with younger children. As the discrepancy between the

pedophilic and his victim increases the need for control and secrecy increases. (p.184)

In a study conducted at the Forensic Clinic of the Toronto Psychiatric Hospital, researchers distinguished between heterosexual, homosexual, and undifferentiated pedophiliacs with further classification according to age (Mohr et al., 1964). They defined the pedophile as one with an expressed desire for sexual gratification with prepubertal children. Gebhard et al. (1965) defined their population of sex offenders according to victim sex, age and presence of aggression. In terms of pedophilia, they reported their sample of offenders of children did not consciously prefer children as sexual partners but simply found them acceptable. Amongst their offenders against children the most frequent type was the nonaggressive pedophile who made up 25-33% of the heterosexuals and 50% of the homosexual pedophiles. One need not have had an exclusive preference for children or a development of affectionate relationships to be included in the pedophile category. This was unlike any of the other schemes developed for the child molester and seems at variance with much of the reported data on



pedophiles. Howells (1981) concludes that most of the studies of pedophilic offenders indicate that the majority of offenders show consistency in the victim's sex and can be classified as heterosexual or homosexual offenders. Furthermore, it has been found that homosexual offenders were more likely to be fixated or preference offenders while the heterosexual offenders were more likely regressed or situational ones (Groth & Birnbaum, 1978; Howells, 1981).

Groth and Burgess have proposed a typology of sexual offenders against underage persons based on the nature and quality of the offense and the motivation underlying it (1977). They define a sex offender against young persons, commonly referred to as a child offender, as "an adult whose conscious and overt sexual responses and contacts are directed, in whole or in part toward prepubertal children (pedophilia) ... to whom she or he may be directly related or not" (p.253).

One finds a variety of typologies and definitions related to child molesters and pedophiles in the research. Burgess (1985) cautions the clinician that little empirical data exists to substantiate the reliability or validity of the various typologies

presented by previous researchers. Mohr (1962) defines a pedophile as homosexual, heterosexual, or both in his choice of objects, and theoretically, his activity can take almost any of the forms characteristic of heterosexual or homosexual activity with an adult partner. Greater specification is also lacking.

Child molesters have also been defined as older individuals whose conscious sexual desires and responses are directed, at least in part, toward dependent, developmentally immature children and adolescents who do not fully comprehend these actions and are unable to give informed consent (Lanyon, 1986). It has further been suggested that the term child molestation be used only when the pressures used are psychological ones and the harm done to the child is psychological as well. This will distinguish it from child rape which is more violent. Lanyon (1986) further warns that future studies dealing with this issue should take into account the differentiation between those child molesters who have an ongoing preference for children from those who are situational molesters. Groth (1979a) and Groth, Hobson, and Gary (1982) have referred to these two types of child

molester as fixated, that is, arrested psychosexual development such that the primary sexual orientation is towards children, and regressed, whose sexual involvement with a child is a clear departure, under stress, from a primary sexual orientation towards agemates.

Groth, Hobson, and Gary (1982) have differentiated fixated from regressed child molesters based on a number of common traits. Fixated molesters tend to have the following characteristics: 1. Primary sexual orientation is to children; 2. Pedophilic interests begin at adolescence; 3. No precipitating or subjective stress; 4. Persistent interest and compulsive behavior; 5. Premeditated, pre-planned offenses; 6. The offender identifies closely with the victim and equalizes his behavior to the level of the child; 7. Male victims are primary targets; 8. Little or no sexual contact initiated with agemates; 9. Usually no history of alcohol or drug abuse and offense is not alcohol related; 10. Characterological immaturity and poor sociosexual peer relationships; 11. The offense is a maladaptive resolution of life development issues.

The regressed type of offender has: 1. a primary sexual orientation to agemates; 2. the pedophilic interests emerge in adulthood; 3. the precipitating stress being evident; 4. involvements which are more episodic often waxing and waning with stress; 5. an impulsive initial offense without premeditation; 6. a substitution of conflictual adult relationships with involvement with children; 7. female victims being the primary targets; 8. sexual contact with a child coexisting with sexual contact with agemates; 9. alcohol problems; 10. more traditional lifestyles but under-developed peer relationships; and, 11. an offense which is a maladaptive attempt to cope with specific life stresses.

Support for such a distinction is supported by Howells (1981) who utilized the terms preference and situational molesters. Preference molesters, like fixated, have a primary sexual orientation to children with no interest in adult sexual partners. Situational molesters, like regressed, have a history of heterosexual development and skills with sexual and emotional interests towards adults. They usually regard their child-related urges as abnormal and a problem. For the regressed individual a variety of

life stresses can be related to the offense whereby the child becomes a substitute for an adult woman. Howells (1981) suggests that a typology based on sexual preference has clear and important implications for the management and treatment of molesters. He predicts that fixated offenders would be more likely to reoffend because they have the precipitating factors in the form of their deviant preference. The situational offender, on the other hand, has precipitating factors which may occur only infrequently. Thus, the situational offender would be less likely to reoffend with appropriate intervention and if the situational factors reoccur.

The definition for pedophiles proposed by the American Psychological Association in their Diagnostic and Statistical Manual of Mental Disorders (DSM III, 1980) is consistent with the situational versus preference or regressed versus fixated distinction.

The DSM III defines pedophilia as:

the act or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement. The difference in age between the adult with this disorder

and the prepubertal child is arbitrarily set at ten years or more. (p.271)

For the purposes of this study then, male adult child molesters were defined according to Groth, Hobson, and Gary (1982); cited in Lanyon (1986):

...older individuals whose conscious sexual desires and responses are directed, at least in part, toward dependent, developmentally immature children and adolescents who do not fully comprehend these actions and are unable to give informed consent. (p.176)

The study observed one variable under typology: whether the child molester was fixated or regressed. The fixated offender has a consistent sexual preference for children as a result of arrested socio-sexual development. The regressed offender seeks children as sexual partners as a result of sudden or progressive deterioration in emotionally meaningful or gratifying adult sexual relationships (Groth, Hobson, & Gary, 1982). Lanyon (1986) considers this typology more important than victim sex since the sex of the victim correlates so strongly with the fixated-regressed type. Of course, this researcher recognized

the paucity of research to operationally support such a distinction apart from clinical observations.

Interpersonal and Intrapsychic Traits of Child Molesters

Consistent with the variety of nomenclatures to define child molester, the research also provides numerous interpersonal and personality profiles. Sex offenders seem to vary in demography, personal and family history, personality features and psychopathology. It is possible that the inappropriate thoughts, feelings and behaviors associated with pedophilia might arise from very different social and intrapsychic circumstances. After 16 years of professional experience with over 500 child molesters, Groth, Hobson, and Gary (1982) have found:

that pedophilia cuts across the whole spectrum of diagnostic categories, but for the most part we are not dealing with persons who are mentally ill but who are emotionally troubled. The defects in their functioning are not cognitive, or perceptual, or emotional, but interpersonal. What we are dealing with, in most cases, is

the aftermath of physical and/or psychological abuse, neglect, exploitation, and/or abandonment during the offender's formative years which has precluded the development of a sense of relatedness to others. (p.130)

According to Annis (1982), all treatment assumes that child molestation is the result of pervasive, intrapsychic and interpersonal problems for the sex offender. In their psychiatric study of 250 sex offenders, Apfellberg, Sugar, and Pfeffer (1944) found schizoid personality traits occurring with greater frequency among the pedophiles. The pedophiles were too self-centered and withdrawn to make any adequate attempts toward psychosexual adjustment on a mature adult level. Marshall and Christie (1981) found incarcerated pedophiles to be exclusively underassertive, meek fellows in their interpersonal contacts, despite assaultive behavior with children and adults. It was concluded that these underassertive individuals occasionally display aggression with attempts to establish dominance whenever possible. Children become easy targets for this type of individual. Pedophiles' self-



descriptions in Kurland's study (1960) revealed men who were mild, passive, and harmless in regards to adults, but who were unable to express aggression in any manner. They were unable to express their feelings towards adults and apparently used perverse activity as a sort of safety valve. While exploring the motivational intent of child molesters, Groth and Burgess (1977) offer a definition of sexual deviation which more fully explains the personality of the sex offender. They manage to accomplish this by enlarging upon the term "sexual." Groth and Burgess (1977) state that sexual deviation:

refers to any pattern of persistent or preferential sexual activity which is primarily directed toward the satisfaction of needs that are not basically or essentially sexual. It is a condition associated with anxiety and conflict in which subsidiary or subordinate components of the sexual impulses become predominant or primary in the psychological experience of sexual gratification. Such offenses are, by definition, interpersonal acts, and sexual acts with a person who is underage

represent some attempt on the part of the offender to establish an interpersonal relationship, however tentative and inappropriate. (p.254)

Longo and Wall (1986), who both work at the Sex Offender Unit at Oregon State Hospital, view sex offenders as individuals with a complexity of social, psychological, and biological problems which are deeply ingrained. Most of the sex offenders at their unit lack the social skills needed for responsible community living, including coping skills necessary to deal with everyday challenges (Longo & Wall, 1986). Others lack proper levels of assertiveness and cannot control their anger or impulses. This leads to inappropriate behaviors. In the course of studying over 800 male adult sex offenders, which included pedophiles, other researchers have found a marked defect in interpersonal relationships (Cohen, Seghorn, & Calmas, 1969). They found an absence of even the most basic of social attitudes, values or social skills. The fixated and aggressive pedophile types appeared to be fixated at early levels of object relationships with the sexual acts being a representation of their ways to deal with the social

world. The pedophile fixated type was a passive-dependent, socially inadequate individual with intense feelings of isolation and alienation.

Peters and Sadoff (1970) view the pedophile, with no distinction to type, as one who manifests a passive-aggressive personality and who has not been able to establish a relationship with an adult female. The pedophile lacks the feelings of adequacy and emotional maturity necessary to maintain an adult heterosexual relationship. Even those who do establish relationships with adult females seem to bring the same issues of passive-dependency into the relation. Prendergast (1979) considers the sex offender an individual who has never quite managed to adjust his inadequate personality from early adolescence. This individual views himself as unequal and inferior with his peers such that he can never accept himself. Eventually, he accepts his inadequacy and remains totally dependent on whatever relationships he does maintain.

In their work at the Forensic Clinic in Toronto, Mohr et al. (1964) found similarities among the three age groups of pedophiles they researched concerning inadequate social relationships. The adolescent

pedophile showed retarded maturation and social relationships, with functioning and judgement usually impaired as well. They tend to view others in terms of self-gratification. Peer relationships are loose or absent. Work and schooling are difficult. Middle-age pedophiles demonstrate deteriorating family relationships with severe marital and parenting difficulties. There is dissatisfaction with work and problems with alcohol. The senescent pedophile's predominant problem was loneliness and isolation. Overall, Mohr et al. (1964) found most of the psychological symptoms referred to personality deficiencies such as neurosis, character and behavior disorders, immaturity, inadequacy, and schizoid withdrawal.

Swanson (1971) described child molesters who manifested irresponsibility in school, work, and family situations. Quite often they also manifested passivity, aloofness, dependency, and sociopathic personality structures. Swanson (1971) believes that sexual gratification is important; however, in reading his descriptions, interpersonal problems would make more sense. Gebhard et al. (1965) found no discriminating personality traits between populations

of incest offenders and other types of sex offenders. Issues relating to inadequacy, antisocial tendencies, immaturity, and a lack of inner impulse control were present.

Annis (1982) noted that some difficulties in interpersonal relationships among the child molesters at the Florida State Hospital were due to behavioral deficits. Annis (1982) reported that the most common of these included:

...inadequate social skills, lack of assertive responses, poor impulse control, inability to tolerate frustration, and difficulty expressing feelings. In other cases, difficulties resulted from over learned maladaptive behaviors, long patterns of aggressive responding, pathological manipulateness and hostility to women in general. (p.224)

Unlike descriptions which suggest that sexual gratification is an important motivational element in the pedophile, Annis (1982) found that:

many offenders demonstrate intrapsychic problems such as low self-esteem, chronic anxiety, and depression. They frequently

have well established patterns of avoidance behavior, tend to be oversensitive to perceived slights, and are extremely fearful of rejection. There is little empathy for others and excessive need for power, control, and excitement. (p.225)

While reviewing the recidivism rates among child molesters, Groth, Longo, and McFadin (1982) found that dangerous sex offenders commit their first sex assault in early adolescence, suggesting how far back the problem extends. Groth, Longo, and McFadin (1982) found an early age of onset for pedophilic behavior among fixated offenders suggesting that sexual orientation toward children results from arrested sociosexual development. A later onset was found among regressed offenders, suggesting sudden or progressive deterioration of emotionally meaningful or gratifying adult relationships. These conclusions question the ten year criterion between offender and the offended established in the DSM III. Perhaps a five year criterion is warranted for offenders under age 18.

Sex offenders are emotionally underdeveloped individuals who are unconsciously looking for a mother

to fulfill their dependency needs which extends back to early childhood (Delin, 1978). This theme seems pervasive in the literature concerning the pedophile, whether fixated or regressive, heterosexual or homosexual. Psychosexually, these men seem fixated between the ages of two and six years of age, quite often being emotionally immature, with marginal social development, passive dependency needs and a low self-esteem (Swenson & Gaines, 1956, cited in Silver, 1976). These individuals lack healthy interpersonal and assertiveness skills, cannot express their emotions, and often react impulsively or aggressively. Langevin (1983) states that pedophiles are fixated at an early age of development, have an aversion to females, and are shy, passive and unassertive. Langevin (1983) suggests that more controlled studies are needed to test for levels of assertiveness. Geiser (1979) also considers the child molester psychosexually immature, identifying more with children than adults because the latter are more threatening. The interpersonal skills are lacking on an adult level of interaction. There were a variety of studies addressing the intrapsychic and interpersonal attributes of child molesters.

Peters (1976) studied 224 probationed male adult sex offenders, including pedophiles using a variety of tests to construct a psychological profile of child molesters. Pedophiles scored higher on the somatic scale of the Cornell Medical Index showing a higher number of physical complaints and a tendency to somatize affective problems; they viewed themselves as inferior and less competent. The Bender Gestalt showed a great deal of immaturity, strong dependency needs, phallic inadequacy and over-all regression. The House-Tree-Person test showed less sex role confusion than rapists but high levels of anxiety about bodily functioning and structure, with strong tendencies to withdraw and become isolated under stress. The Cattell Personality Inventory suggested more submissiveness than rapists, while clustering at the suspicious end of the scale. The Rorschach demonstrated more passivity than rapists, but a markedly diminished sensitivity to the needs of others, associated with repression of their own need for affection and sensuous impulses. Interestingly enough, the Self-Rating Scale for Self-Esteem showed high ratings, which could be due to, and consistent with, their use of denial as an ego defense mechanism.



Panton (1979), utilizing the MMPI, found that the incest offender had a significantly elevated social introversion scale. This indicates ineptness in social skills and relationships. Both incestuous and non-incestuous child molesters had highly elevated psychopathic deviate scales and significantly elevated depression, psychoasthenia, and hysteria scales. These results suggest they are nonaggressive, character-disordered and experience a great deal of anxiety, feelings of inadequacy and self-alienation. They probably lack insight into their own behavior and deny any psychological problems. Hostility toward authority figures will lie beneath a good social facade while they are likely to be irresponsible, unreliable and egocentric. Disabling guilt feelings may also be present which adds to their anxiety and conflict.

Kirkland and Bauer (1979) arrived at similar profiles utilizing the MMPI with incestuous fathers. They found elevated scores on psychopathic deviate, psychoasthenia, and schizophrenia. This suggests a chronically insecure and socially isolated individual with a tendency to act out. They were also described as passive-dependent with strong needs for affection,

serious doubts about gender identity, poor judgement and poor impulse control. Empathy in interpersonal relationships is lacking while manipulative behavior seems apparent.

Fisher (1969) studied heterosexual pedophiles utilizing the Edwards Personal Preference Schedule. The results suggested that heterosexual pedophiles are characterized as passive, dependent, subservient, insecure, guilt-ridden, rigid, possessing a low self-esteem and a low heterosexual drive. In addition, they were indecisive, unable to express their anger and be assertive or to act independently to accomplish tasks.

Armentrout and Hauer (1978) compared the MMPI's of three groups of sexual offenders: rapists of adults, child rapists, and those who committed non-rape sexual crimes. The child molesters had a high 4-8 profile with the scale 8 being lower than the profile for adult rapists. All three groups displayed impulsivity, self-centeredness and poor social intelligence. McCreary (1975) compared the MMPI's of pedophiles with prior arrests and those without. The chronic offenders were more impulsive and unconventional, bizarre, confused, and alienated.

They had more authority conflicts and psychosomatic complaints. The groups did not differ on shyness, which was measured on the introversion scale.

In sum then, the male adult child molester appears to have very deeply ingrained, pervasive, intrapsychic and interpersonal problems resulting from early childhood and adolescence. He is further characterized by anxiety, depression, low self-esteem and feelings of inadequacy. He usually has poorly developed social skills and attitudes, a lack of assertiveness, poor anger and impulse control, and possible sociopathic traits. Furthermore, the pedophile appears psychosexually fixated at a very young age characterized by very passive-aggressive and dependent personality styles, immaturity, and alienation from adult relationships (Langevin, 1983). It seems logical at this point to discuss and review the possible explanations for such intrapsychic and interpersonal development. One prominent variable within the literature pertaining to the development of the child molester could be any sexual trauma the offender has himself experienced. It is quite possible that fixated molesters with markedly deficient interpersonal behavior show considerably

more sexual trauma than regressed offenders in their developmental history.

A more direct measure of the child molesters' interpersonal behavior patterns seems warranted at this time in light of the available research. The first task was to determine what areas of interpersonal behavior needed to be studied. Since the child molesters demonstrated a lack of assertiveness as well as an inability to handle aggression in numerous studies and clinical reports, these variables were chosen for study. The typology, history of sexual trauma, and religious orientation of the child molester may prove to have significant effects upon the degree to which the offender is assertive or aggressive. Definitions for assertiveness and aggressiveness and a proper tool in which to measure these concepts were necessary for this study.

The work of Mauger and Adkinson (1980) emphasized the enhancement of interpersonal relationships through assertiveness. Mauger and Adkinson's focus was the positive orientation towards others and self (1980). Factor analysis of the Interpersonal Behavior Survey (IBS) supports the view

that assertiveness and aggressiveness form clearly independent behavioral dimensions (Mauger & Adkinson, 1980; Mauger, Firestone, Hernandez, & Hook, 1978). Assertiveness and aggressiveness are separate domains as measured by the IBS because the test items on the IBS load separately on assertiveness and aggressiveness scales.

Mauger and Adkinson (1980) define assertiveness in the IBS as:

A behavior directed toward reaching some desired goal which continues in the direction of that goal in spite of obstacles in the environment or the opposition of others. The attitude of the assertive person is that one has the right to reach one's goals as long as the rights of other people are respected. The attitude of the assertive person is positive toward other people. If others do attempt to block the attainment of a goal, the assertive person's actions are solely aimed at eliminating the interference and not in attacking the offending individual. (p.1)

Mauger and Adkinson (1980) define aggressiveness as:

Behavior that originates from attitudes and feelings of hostility toward others. The purpose of aggressive behavior is to attack other individuals or to exert power over them in some fashion. Aggressive behavior is only incidentally directed toward some instrumental goal and often the attaining of that supposed goal is merely rationalization for the aggressive actions. Aggressive people may deliberately wish to violate the rights of others, or may simply disregard the rights of others in pursuing their own goals. (p.2)

For the purpose of this research, the Interpersonal Behavior Survey was chosen as the measurement tool. The clarity of the authors' definitions, the established reliability and validity, and the ability to differentiate between assertiveness and aggressiveness made it a good choice. Such a survey was also considered important in light of the history of sexual trauma for child molesters.

Sexual Trauma History of Child Molesters

A prevalent characteristic in the life history of sex offenders is childhood abuse, deprivation, or actual sexual trauma. Delin (1978) relates the experience of a social worker who established a treatment center for sex offenders:

When you read dozens and dozens of life histories, the theme is almost universally of deprivation in their earliest years. Their families are disrupted in one way or another by a father whom they never knew and a mother who was bitter toward the father. Constant fighting is common in these homes. A lack of responsibility on the part of the mother who may be mentally ill, alcoholic, or promiscuous. The children learn to distrust rather than be emotionally dependent upon the parent figure.... There is an education in distrust and lonerism-- the world being cruel, hard and unloving. A pattern of dwelling in compensatory fantasy becomes the only sure way that they can fulfill whatever needs they have, sexual or otherwise. (p.10-11)

Longo (1982), while studying adolescent sexual offenders, suggests that they have been introduced to adult sex prematurely, which may influence their overall outlook about sex. Such unresolved trauma for the child may initiate compulsive re-enactments of the sexual experience in an attempt to gain mastery and control over it. While surveying 17 adolescent offenders, Longo (1982) found:

results which indicate that the adolescent offender generally has sexual experiences during the elementary school years prior to onset of puberty. The actual sexual encounters experienced are often with older consenting partners and they report feeling uncomfortable and inadequate as a result. Also, 47% report being traumatized by child molestation or a forced sexual encounter, 76% report their first sexual encounter before age 12.5, and 76.5% with a female eight years or older. (p.236)

Groth (1979b), while studying sexual trauma in the histories of 348 rapists and child molesters, found that approximately one-third of them had been sexually victimized as children. The major type of trauma experienced by the child molesters was forcible



sexual assault. Groth and Burgess (1977) define forcible sexual assault as a sexual encounter involving the threat of harm and/or the use of physical force. The child is often utilized as an object for sexual relief rather than in an attempt to engage in an emotional relationship. Groth (1979b) defines sexual trauma as " any sexual activity witnessed or experienced which was emotionally upsetting or disturbing to the individual " (p.11).

Concerning the offenders who sexually assaulted children, Groth (1979b) found evidence of some form of sexual trauma between the years one through 15 in 32% (52) of the cases. Sexual force was used in 39 of these cases, preadolescent victimization occurred in 35, a family member or acquaintance in 42, a male adult in 30, an offender 15-20 years older in 24, and a single episode in 30 cases. Unlike the rapist offender, the child molester suffered more forcible sexual assaults, witnessed less sexual activity with parents, was not predominately offended by family members or females, and usually did not reach adolescence before trauma. In addition, twice as many fixated offenders (those with a persistent and exclusive preference for children), (46%), as regressed

offenders (those whose offense was a clear departure under stress), (23%), were sexually victimized.

Weinberg (1955) found that his incest offenders came from "loose cultures" where incest was practiced between members of the family and the children witnessed parents having sexual activity. Gebhard et al. (1965) observed that 63-73% of their aggressive pedophiles had had prepubertal sex which was closely characteristic of adult sex. Working over a ten year period with sex offenders, Prendergast (1979) concluded from his results that in more than 90% of the cases the sex offender was himself sexually traumatized as a child. Prendergast (1979) reported that the experiences usually occurred between the ages of five through seven, most often involving forced incestuous acts, gang initiation-type sex, coitus, and sodomy. Fehrenbach (1983) noted that almost 40% of the adolescent sex offenders in his study were abused as children either physically and/or sexually.

What the available evidence seems to indicate concerning sexual trauma is its affect on the intrapsychic and interpersonal behavior of the sex offender. Prendergast (1979) believes sex dysfunctions and offenses can be attributed to early

sexual trauma, inadequate personality, and no intervention available for either. Groth (1979b) believes the principal psychological impact of the child molester may be fear, especially fear of adults. This seems consistent with clinical descriptions about pedophiles who turn away from adult relationships for children. The children are safer and less threatening.

Groth (1979b) further points out that the child molesters' later offenses often appear to duplicate his own victimization. Groth (1979b) says that the "offender's adult crimes may be in part repetitions and acting out of sexual offenses he was subjected to as a child and as such may represent a maladaptive effort to solve an unresolved early sexual trauma or series of traumas" (p.15).

The sex offender's tendency to dominate people in sexual and other kinds of social situations, says Margolin (1984), can be interpreted as a reflection of his need to turn the table on a world which has been overtly antagonistic. Stoller (1975) has a hypothesis about perversion, of which sex offenders and specifically pedophiles would be a part. Stoller (1975) hypothesizes that:

Perversion is the reliving of actual historical sexual trauma aimed precisely at one's sex or gender identity and that in the perverse act the past is rubbed out. This time, trauma is turned into pleasure, orgasm, and victory. But the need to do it again in the same manner, comes from one's inability to get completely rid of the danger--the trauma ... one repeats because repeating now means that one will escape the old trauma. Revenge and orgasm deserve repeating. (p.6)

Stoller (1975) goes on to state that every time such a perverse act is performed, whether privately or while offending others, a triumph is celebrated. Although Stoller's hypotheses are based more on his psychoanalytic interpretations than hard data, there is consistency with other researchers' data and observations.

Summit (1983) writes that the male victim of sexual abuse is more likely to turn his rage outward in aggressive and antisocial behavior. He may cling so tenaciously to an idealized relationship with the adult that he remains fixed at a preadolescent level

of sexual object choice. It is as if he is trying to keep love alive with an unending succession of young boys. So then, it is quite possible that the sexually abused male child runs a high risk of becoming the sexual victimizer. According to Groth, Hobson, & Gary (1982), the offender may be attempting to fight the feelings of powerlessness inherent in being a victim by identifying with the aggressor. Such a reversal of roles allows the helpless victim to become the powerful victimizer. He then re-enacts the characteristics of his victimization through his offense in an attempt to restore to himself a feeling of being in control. There is usually an additional attempt to camouflage the fact that his own needs are being met by notions that he cares for the child in a loving way. Groth, Hobson, and Gary (1982) believe it is an inescapable conclusion that pedophilia is one of the consequences of child sexual abuse and neglect.

For the purpose of this study, history of sexual trauma was defined according to Groth's (1979a,b) definition: " any sexual activity witnessed or experienced which was emotionally upsetting or disturbing to an individual " (p.11). Concerning age limitations, the study confined the sexual trauma to

the offenders' childhood experiences (age<18). The study also observed the guidelines recommended by Groth (1979a) in his protocol for clinical assessment concerning history and nature of sexual trauma in the development of an appropriate assessment item (See Appendix C, item Q-30).

#### Spiritual Issues Related to Child Molesters

Within the clinical descriptions of sex offenders a number of researchers and clinicians have pointed the finger towards fundamentalist religion in a somewhat derogatory manner. Without exact and quantifiable data, they have included fundamentalist religion, specifically Born-Again Christianity, as part of the interpersonal and intrapsychic problems of the offender. A causal role is clearly implied. Yet, no relationships have been shown between the interpersonal, intrapsychic or sexual trauma history of the offender and their religious beliefs.

One social worker considered those sex offenders most difficult to treat as ones who have been raised to believe in the teachings of a fundamentalist religion where sexuality of any kind is considered dirty (Delin, 1978). Delin (1978) further adds:

Sex offenders brought up in this way are loners; they put distance between themselves and others. When the pressure to come close to people is really on, these men retreat to the Bible. They suddenly become born-again Christians who want to remain in their rooms reading the Bible and talking to God instead of their fellow men, and it is all done in the name of religion. They have been taught that sexuality in and of itself is wrong, rather than the misuse of it. Their families are not loving, do not communicate honestly, and are religious hypocrites. The parents are harsh, judgemental, and distant. (p.87-88)

These sex offenders were quite often described as guilt-ridden individuals in conflict with their sexuality and obsessed in an inhibited way with sex (Delin, 1978). Occasionally, feelings of guilt, anxiety, and depression were somewhat relieved by religious confession and repentance (Meiselman, 1978).

The issue of confession and repentance may help us differentiate between the pedophile who expouses born-again faith before conviction from those who turn

to such faith afterwards. Margolin (1984) states that there is widespread belief that confession is good for an individual and society, because such open acknowledgement cleanses the soul and provides reconciliation between offender and offended. This is an interesting notion in light of the hostile descriptions leveled against fundamentalist faith. Self-disclosure provides the offender with an opportunity to aid the individual he has harmed as well as learn a new behavioral style of honesty in a supportive environment (Heyworth & Turner, 1982).

Meiselman described a subcultural variety of incest offenders who tended to be devoutly religious, moralistic, intolerant of deviant sexual practices, and very desirous of marrying a virgin (1978). Within the context of their fundamentalist religious beliefs, they simultaneously led disorganized personal lives, periods of drunkenness, and violence. These men were not fixated pedophiles; however, such descriptions may add to our understanding. Peters (1976) described a case of an offending father who forced his 12 year old daughter to have sexual relations while simultaneously preaching fundamentalist religion and sexual abstinence. Judith Herman (1981), while studying



father-daughter incest, discovered the father to be abusive of paternal authority while establishing rigid patriarchal norms for the family. The father appeared to be a tyrant who sought to impose his will on all the family members. Spencer (1981) observed incestuous fathers to be authoritarian religious fanatics who exhibited paranoic personalities.

Clinically, sexual abuse appears to occur in fanatically religious families, families with very rigid patriarchal systems, and perhaps fundamentalist religious families. Quite often, researchers and counselors pin the blame for the interpersonal and intrapsychic problems of the offender on the fundamentalist religion along with the inherent beliefs. Evidence for such a relationship is without empirical support. It is quite possible that fundamentalist religious beliefs stand apart from the patriarchal family system. Perhaps the religion becomes a comfortable habitat for such systems. Fundamentalist religion might also be a refuge for those having sexual trauma, interpersonal weaknesses, and extreme levels of guilt for their sexual crimes. The religion would not cause the problem, but it could perpetuate the defenses of the offender. Without

knowledge of the religion itself, the researcher is not able to capitalize on it and so blames it for adding to the rigid defense structure of the offender.

Many of the criminals studied by Yochelson and Samenow (1976) professed Baptist and fundamentalist backgrounds. The discrepancy between purity and the forbidden things they want to do does not pose a problem for them because their thinking tends to split one activity from the other. According to Yochelson and Samenow (1976) the criminals in their study chose stricter religions and religious movements because the explicit practices allowed them to view themselves as truly religious people.

While studying pedophiles, Mohr et al. (1964) found the distribution of religion very close to that in the general population. In their sample, 64% of the pedophiles were practicing their religious beliefs. Roman Catholics made up 20% of the sample while Protestants made up 52%. There were no indications from their study that fundamentalist religion was a significant factor in pedophilia. Weinberg's (1955) study found 43% of his pedophiles expressing "fanatical and devout" religious beliefs. Unfortunately, many of these studies never

operationally define terms like fanatic, devout, or even fundamentalist (Spencer,1981). Groth (1979a) found religion to be an insignificant variable in his work with sex offenders; however, one is not quite certain how sensitive he was in researching this variable. It appears to have been neglected.

Much more thorough consideration was giving to religious variables with sex offenders by Gebhard et al. (1965). Three-quarters of their population were Protestant with the remaining quarter made up of Roman Catholic. Within the sex offender sample, there were fewer devout than moderately devout individuals and the inactive were most numerous. Sometimes a certain sex offender group contains more moderately devout than inactive. A group of pedophiles within this sample were caught in a conflict between their moralistic and conservative beliefs and their behavior. They were more prone to deny guilt. Gebhard et al. (1965) found that this morality, sometimes intensified by religious resurgence in prison, and denial of reality, made this defense an impediment to psychotherapy. The most religious group unveiled by Gebhard et al. (1965) was the incest offender who was not pedophilic. This group of individuals were members

of "Pentecostal sects or were hardshell Baptists and Methodists" (p.269). Once again we have terminology used without explanation or clarity (i.e. hardshell). These individuals came from backgrounds where sexual morality was publically supported but privately breached. The split between behavior and belief was similar to those found by Yochelson and Samenow (1976).

Weinberg (1955) considered the incest offender, more than other sex offenders, to hold the highest level of denial for his actions, especially in the public's eye. Their crimes seem unpardonable and society's condemnation too strong to bear without excessive denial and rationalization. Weinberg (1955) quotes one prison guard's experience:

... guards who see a "fish" (a newcomer) come through the gate carrying a Bible know he is an incest offender.... Such individuals carefully obey rules and conform strictly to prison regulations.... They are rarely disciplinary problems. (p.154)

Abel, Blanchard and Becker (1978) reported that pastoral counselors are often faced with molesters who deny responsibility for their actions, claiming that

some religious experience takes place during their deviant behaviors. The molesters may also feign religious conversion in order to prove they have changed their rapist behaviors (Abel, Blanchard, & Becker, 1978).

It was not the nature of this study to add to the sociological and demographical data which has already been collected on sex offenders, no matter how lacking it may be in terms of quantifiable or operational quality. It was important, however, to more fully assess the prevailing religious attitudes of sex offenders and perhaps of the religious community toward the offender himself (Resnik & Wolfgang, 1972). According to Oates (cited in Resnik and Wolfgang, 1972), sex offenders are religious persons and there are a variety of religious attitudes among those who are religiously devout and sexually deviant. Oates views religious devoutness in a rather poor light for sex offenders (cited in Resnik & Wolfgang, 1972). Devoutness becomes a rationalization for sexually deviant behaviors and allows easy access for deviant liaisons. Religious concern also is seen as an attempt to cure the sexually deviant behavior. It is a last ditch effort

to solve the burdensome problem and bad habit and start life anew. Oates (cited in Resnik & Wolfgang, 1972) views the religious teaching in the life of the sex offender as defective and it appears that fundamentalist beliefs would come under this heading.

What was needed at this point is a study which could tie in more closely the significant factors affecting offenders with specific measures of religious or spiritual beliefs, thus avoiding simple demographic data and unoperationalized nomenclature such as denomination, level of devoutness, fundamentalist religion, and fanaticism. If the measures could be more closely related to issues concerning levels of mental health, interpersonal behavior, and religious orientation with a clearly operationalized definition, then perhaps a better understanding of a offenders' religious behavior, thoughts, and feelings might be constructed. It would then allow the researcher to relate these variables together within an acceptable therapeutic framework without hampering the individual's spiritual and religious life.

For the purposes of this study, religious orientation was defined and assessed according to

whether the child molesters considered themselves a Born-Again/Saved Christian or not, determined by responding to a question concerning Jesus Christ (See Item Q-11 in Appendix B). Their religious affiliation and religious belief based upon authority (Orthodox, Experiential, Catholic, and Liberal) were also researched as secondary considerations (See Items Q-9 and Q-10 in Appendix B).

Empirical studies of psychological issues for the child molester have often neglected the spiritual domain within the individual. Moberg (1985) states rather succinctly:

Most social and behavioral scientists avoid attention to the spiritual nature of humanity. Some deny that such a dimension exists, assuming the concept is merely a reification. They reduce evidence for it to the level of sociocultural factors and treat it as a dependent variable. Many who believe that it may or does exist are convinced that it cannot be studied scientifically; they feel that the spiritual is ethereal, unobservable, supernatural, and thus

supra-empirical, transcending the boundaries of scientific methods. (p.1)

Ellison (1982;1983) believes that since the sciences are able to tolerate validity problems related to other unobservable phenomenon, such as personality, attitudes, emotions and intelligence, then spirituality should pose no greater threat to the scientific method. Moberg (1985) concurs about the great need to research by scientific methods, issues related to spirituality and spiritual well-being within the context of human wholeness. Researchers who study well-being based on attainment of specific needs in life often overlook or ignore the need for transcendence or spirituality in individuals despite the evidence (Campbell, 1981). Paloutzian and Ellison have attempted to offer researchers a more objective and measurable standard to understand human spirituality by researching the concept of spiritual well-being (1979a, 1979b). This study utilized the concept of spiritual well-being formulated by Moberg (1971) and assessed with the scale created by Ellison and Paloutzian (1979a).

The scale is comprised of two elements; a religious well-being which refers to perceived sense



of well-being related to God and an existential well-being which refers to a general sense of satisfaction and purpose in life (Ellison, 1983). The Spiritual Well-Being Scale contains 20 items in a 6-point Likert format: ten with reference to God which constitute the Religious Well-Being Scale (RWB), and ten items related to life satisfaction with no reference to God called the Existential Well-Being Scale (EWB). These two dimensions together make up spiritual well-being (Ellison, 1983). Half of the items from each subscale are worded positively while the other half are worded negatively so as to control for response set problems. Odd numbered items assess RWB while the even numbered items assess EWB. Scores for the two subscales are summed to yield a total SWB score.

The research which has been done with the Spiritual Well-Being Scale has demonstrated its positive relationship to a variety of psychological and social variables including assertiveness as measured by the Interpersonal Behavior Survey (Hawkins, 1986), Born-again Christian sociopathic criminals (Agnor, 1986), and self-esteem (Campise, Ellison, & Kinsman, 1979; Ellison & Economos, 1981;

Paloutzian & Ellison, 1979a,b). SWB, EWB and RWB have also been positively correlated with an individual's perceived level of social skills or competence (Ellison & Paloutzian, 1978; Campise, Ellison, and Kinsman, 1979; Paloutzian & Ellison, 1979b). Paloutzian and Ellison (1979a,b) have reported a positive correlation with the Purpose in Life Test ( $r = .52$  at  $p < .001$ ), intrinsic religious orientation ( $r = .67$  at  $p < .001$ ), and social skills ( $r = .40$  at  $p = .001$ ). Hawkins (1986) suggests that as SWB increases so does EWB and assertiveness. It was found that SWB, EWB and RWB were positively correlated with five of the eight assertiveness scales on the Interpersonal Behavior Survey (IBS) in an evangelical seminary population (Bufford and Parker, 1985). A positive correlation between the assertiveness scale and the SWB was also found in an eating disorder population (Sherman, 1986). SWB has been found to correlate positively with marital satisfaction (Quinn, 1983) and was found to be one of the best predictors of coping styles in dialysis patients (Campbell, 1983). Lewis (1986) found that members of the Baptist General Conference scored higher on RWB than members of the Unitarian Universalist Association. A positive correlation was

found between RWB and one's concept of God, suggesting that one's religion with God is influenced by one's view of God (Lewis, 1986). Durham (1986) found individual differences within denominations on SWB and that measures of religiosity correlate positively with SWB and its subscales.

Spiritual well-being has been negatively related to aggression as measured by the IBS (Hawkins, 1986) and loneliness (Ellison & Cole, 1982). Sociopathic criminals who professed no religion also demonstrated lower SWB, EWB and RWB scores than Christian inmates (Agnore, 1986). Evangelical Christians, including fundamentalists, in the United States and Sweden have higher levels of spiritual well-being than other Christians who in turn have higher levels than non-Christian populations (Moberg, 1971, 1985). SWB has been negatively related to depression (Fehring, Brennan and Keller, 1982). Paloutzian and Ellison (1979b) have reported a negative correlation between the SWB and the UCLA Loneliness Scale ( $r = -.55$  at  $p < .001$ ). SWB, EWB and RWB were also found to be negatively correlated with all seven aggressiveness scales on the Interpersonal Behavior Survey (IBS) in an evangelical seminary population (Bufford and

Parker, 1985). Frantz (1985) found a negative correlation between EWB and MMPI levels of psychopathology in an outpatient psychology clinic population. Mueller (1986) also found EWB to be negatively associated with levels of psychopathology and a moderate increase in RWB to be directly associated with a decrease in the level of psychopathology in evangelical seminary students.

In a study by Bufford, Bentley, Newenhouse, and Papania (1986), assessments were made to determine significant differences between religious and nonreligious groups on SWB and the two subscales (EWB and RWB) on eight clinical studies involving 15 samples conducted at Western Conservative Baptist Seminary. Three significant findings were discovered: 1) Unitarians and non-Christian sociopathic criminals scored lower than all other samples on SWB and RWB; 2) non-Christian sociopathic criminals scored lowest on EWB; and 3) seminarian students scored significantly higher than medical outpatients and a variety of denominational members. The results indicated that the SWB scale is a valid measure of what it purports to measure since it was sensitive to predicted group differences in well-being. Cooper (1986) found that

in a highly, homogeneous, religious population comprised of seminary students and pastors the SWB may not be as sensitive to small differences in well-being. The SWB may be a broad gauge measure with limitations on homogenous samples of a population. Overall, higher SWB, EWB and RWB scores appear to be positively correlated with clinical indicators of psychological health and negatively correlated with clinical indicators of psychological problems and psychiatric disorders.

It is clear that Spiritual Well-Being has been associated significantly and positively to personal mental health (Moberg, 1985). Temple (1986) found a significantly positive correlation between scores on the Psychological General Well-Being Scale (PGWB) and the SWB Scale. A positive correlation was also found between the PGWB and EWB and between PGWB and RWB, suggesting that both RWB and EWB contribute to the overall relationship between SWB and PGWB. Colwell (1986) has found a significantly positive correlation between SWB, EWB and RWB and self-concept as measured by the Tennessee Self-Concept Scale (TSCS) in seminary students. Ellison and Economos (1981) have found strong positive correlations between spiritual

well-being and self-esteem ( $r=.44$  at  $p=.001$ ).

Spiritual Well-Being as a spiritual dimension appears to be positively related to dimensions of mental health which are considered psychologically healthy by mental health professionals.

There were several factors regarding the usefulness of the Spiritual Well-Being Scale which supported its use within this study. Ellison (1982) lists several:

- 1) All of the items deal with transcendent concerns or those aspects of experience which involve meaning, ideals, faith, commitment, purpose in life, and relationship to the Divine.
- 2) One's response to the items indicates personal experience or one's inner, subjective life.
- 3) The items refer to satisfaction, positive and negative feelings, purpose and meaning, and a sense of being valued which are indicators of well-being and interpersonal health.
- 4) The SWB scale is multi-dimensional. It provides us with an overall measure of SWB

along with a differentiated analysis of existential and religious meanings of spiritual.

5) The SWB Scale provides measurement of SWB as a continuous, quantifiable variable so that comparisons with other measures is possible.

6) The scale can be utilized across various religions which conceive of God in personal terms.

7) The scale offers one a general measure of SWB without becoming weighed down by specific theological issues or a priori standards which vary across different belief systems and denominations.

8) The SWB Scale is short and easy to utilize. (p. 10-11)

In sum, the SWB Scale could serve as an important diagnostic function in clinical counseling with an investigation of its relation with other areas of wholistic well-being (Moberg, 1984). It could also enable the clinician to evaluate and to plan his clinical work in pastoral and psychological care (Moberg, 1984).

Hypotheses

Although the literature suggests main effects for the independent variables of typology, sexual trauma, and religious orientation, the focus and interest of this study were the interaction effects. In order to study the effects of typology, history of sexual trauma, and religious orientation upon spiritual well being, assertiveness, and aggressiveness, the following hypotheses focused on the interaction of the variables:

Hypothesis One. There will be significant interaction effects between the typology, the history of sexual trauma, and the religious orientation of child molesters on spiritual well being.

Hypothesis Two. There will be significant interaction effects between the typology, the history of sexual trauma, and the religious orientation of child molesters on aggressiveness.

Hypothesis Three. There will be significant interaction effects between the typology, the history of sexual trauma, and the religious orientation of child molesters on assertiveness.



## Chapter Two

### Method

Chapter Two describes the subjects and their recruitment, the procedure for collection of the data, the independent and the dependent variables, and the research design utilized within this study.

#### Subjects

The study consisted of 55 child molesters selected on the basis of availability from outpatient and inpatient treatment programs in the Salem and Portland areas of Oregon. All the subjects were male with ages ranging from 19 to 72. The final number of potential subjects for the sample was based on their agreement to participate in the study. Subjects were recruited and tested from January through May of 1987.

The various program supervisors or therapists were contacted by telephone. The therapists were asked if they would be willing to participate in the study and to recruit their clients for the study. It was not possible to locate or define a finite population from which to draw a randomized sample.

Due to the nature of this clinical sample, I faced a limited availability of willing subjects. Child molesters tend to be rather oppositional in nature in regards to psychotherapy and testing.

Only those who were diagnosed as male adult child molesters according to the definition set forth by Groth, Hobson, and Gary (1982) and cited in Lanyon (1986) were selected:

Child molesters tend to be defined as older persons whose conscious sexual desires and responses are directed, at least in part, toward dependent, developmentally immature children and adolescents who do not fully comprehend these and are unable to give informed consent. (p.176)

The term older was further defined according to the Diagnostic and Statistical Manual of Mental Disorders (1980), which specifies that the offender be at least ten years older than the victim.

#### Procedure

The subjects were asked to participate in a research project by their therapist and or supervisor of the program during one of their sessions. It was

believed that their therapist/supervisor would have more credibility and trust than this researcher. The therapists were supplied with a sheet of instructions as well as a rationale to present to the subjects for the study (See Appendix B). The therapist told the potential subjects the project would enable therapists to help sex offenders work through issues related to sexual abuse. The therapist or supervisor at each site received individual packets containing the materials in advance. An additional letter of introduction for the subjects was included with the test packets (See Appendix A). The letter provided the subjects with the necessary instructions in order to complete the packet.

When a potential subject agreed to take part in the project they were asked to complete a short survey and one test to help the investigator. The subjects were asked by their therapist to complete the items by themselves as a homework assignment or at the site, depending on what was convenient for the subject. They were asked to return the completed packets in one week's time. The packets were numbered in place of names in order to insure confidentiality. Next to the number, the therapist or supervisor was instructed to

label the client as regressed or fixated according to the differentiation made by Groth (1979a) and Groth, Hobson, & Gary (1982). A brief summary of the differentiation was provided to the therapists (See Appendix B). In order to insure confidentiality, only one therapist or supervisor familiar with the subjects would know the identity of the participants. A cover letter was included within the packet once again explaining to the participants the nature of the investigation, provide instructions on how they might request a copy of the results of the study, and a personal thank you (See Appendix A). A postage paid envelope was provided.

One additional feature needed to be explored concerning the appropriateness of subject inclusion. The IBS profiles of subjects which indicated Denial and Impression Management scores above 70 or only Impression Management scores greater than 70 were discarded from the study (Mauger & Adkinson, 1980). Denial scores greater than 70 indicated that the subjects were "reluctant to admit to common but socially undesirable weaknesses and feelings" (Mauger & Adkinson, 1980, p.2). Impression Management scores greater than 70 indicated a "more sophisticated form

of defensiveness ... in such a manner as to create a favorable impression" (Mauger & Adkinson, 1980, p.2). Since inclusion of these subjects would contribute only error and unreliability to the study, they were excluded.

#### Independent Variables

The three independent variables for this study were religious orientation, typology of the offender, and history of sexual trauma for the offender. With the exception of the typology variable (regressed versus fixated), all the independent variables were assessed with the use of an Information Survey (See Appendix C).

Religious Orientation. This variable was based on a response to an item indicating whether the subject has accepted Jesus Christ as personal Lord and Savior and/or follow his moral and ethical teachings (See Item Q-11 in Appendix C). This item asked the subject to rate whether they respect and follow the moral and ethical teachings of Jesus Christ, or have received Jesus Christ as Lord and personal Savior, or have accepted Jesus Christ as Lord and Personal Savior and respect and follow the moral and ethical teachings of Jesus Christ. The last two items (response numbers 2

and 3 of Q-11) were considered and coded for SPSS/PC+ as indicative of born-again Christian status. The coding was done to maintain adequate cell size and to simplify the analysis. Considering this particular population's limited understanding of theological terms, asking them directly if they perceived themselves to be "born-again or saved Christians" did not seem sufficient or valid enough to conclude "born-again" status. This item has been used extensively in research at Western Conservative Baptist Seminary (Agnor, 1986; Durham, 1986; Lewis, 1986). It is hoped that this item would distinguish fundamentalist or evangelical Christians from those who do not profess such faith.

History of Sexual Trauma. The history of sexual trauma was determined by an item based on the protocol developed by Groth (1979a). It was defined as any sexual activity or assault witnessed or experienced, which was emotionally upsetting or disturbing to an individual. It would include assaults or experiences against one's will as well as activities with one's family members. This was defined by the question: Which statement best describes your childhood experiences? Response numbers one through three were

coded for SPSS/PC+ as positive for history of sexual trauma. The coding was done to maintain adequate cell size and to simplify the analysis. See Item Q-30 in Appendix C.

Fixated or Regressed Molester. Typology indicated whether the offender was regressed or fixated based on the differentiation made by Groth (1979a) and Groth, Hobson, and Gary (1982). It was determined by the therapist or supervisor at each sample site according to the known record of the offender. The therapist appropriately marked the front page of the survey below the ID number ("R" for regressed and "F" for fixated). Fixated offenders were defined as those molesters who have an arrested psychosexual development and a preference for younger prepubertal children; regressed offenders refer to those individuals whose molestation is regressive behavior exhibited under stress (Groth, 1979a; Groth and Birnbaum, 1978; Groth, Hobson, and Gary, 1982). Regressed offenders were coded as "1" and the fixated offenders were coded as "2" for the SPSS/PC+ program.

#### Dependent Variables

The dependent variables for this study were the constructs of spiritual well-being, assertiveness, and

aggressiveness. Spiritual well being was measured utilizing the Spiritual Well-Being Scale (SWB). Assertiveness and aggressiveness were measured, respectively, utilizing two subscales of the Interpersonal Behavior Survey, the General Assertiveness Rational scale (SGR) and the General Aggressiveness Rational scale (GGR).

Spiritual Well-Being Scale. The participants were asked to complete the Spiritual Well-Being Scale (SWB). The SWB scale was incorporated into the Information Survey for ease of administration (See Appendix C). The SWB was designed by Paloutzian and Ellison to measure a person's self-perception of spiritual well-being (1979a). The Spiritual Well-Being Scale is the most widely used instrument for assessing spiritual well-being and was well suited for this research. Ellison (1983) believes that a sense of spiritual well-being is the result of actual spiritual health. Ellison (1983) emphasizes:

...spiritual well-being may not be the same thing as spiritual health. Rather its arises from an underlying state of spiritual health and is an expression of it, much like the



color of one's complexion and pulse rate are expressions of good health. (p.332)

Paloutzian and Ellison (1979a) have attempted to offer researchers a more objective and measurable standard to understand human spirituality; specifically, spiritual well being. This study utilized the concept of spiritual well being formulated by Moberg (1971) and assessed with the scale created by Ellison and Paloutzian (1979a; Ellison, 1983).

The scale is comprised of two elements; a religious well-being which refers to perceived sense of well being related to God, and an existential well being which refers to a general sense of satisfaction and purpose in life (Ellison, 1983). The Spiritual Well-Being Scale contains 20 items in a 6-point Likert format: ten with reference to God which constitute the Religious Well-Being Scale (RWB), and ten items related to life satisfaction with no reference to God called the Existential Well-Being Scale (EWB). These two dimensions together make up spiritual well-being (Ellison, 1983). Half of the items from each subscale are worded positively while the other half are worded negatively so as to control for response set problems. Odd numbered items assess RWB while the

even numbered items assess EWB. Scores for the two subscales are summed to yield a total SWB score.

Test-retest reliability coefficients are: .93 (SWB); .96 (RWB); .86 (EWB). Alpha coefficients reflecting internal consistency are: .89 (SWB); .87 (RWB); and .78 (EWB). The magnitude of the coefficients suggests that the SWB Scale and its subscales possess high reliability and internal consistency (Paloutzian & Ellison, 1982; Ellison, 1983).

Concurrent and construct validity were found through factor analysis of the SWB items, which yielded two factors with eigenvalues greater than 1.0. All the items referring to God loaded on RWB and the existential items loaded on two sub-factors, one emphasizing life direction and the other life satisfaction (Ellison, 1983). The correlation between RWB and EWB subscales is  $r = .32$  ( $p < .001$ ), (Ellison, 1983).

The Spiritual Well-Being Scale was shown to be positively correlated with both Religious and Existential Well-Being Scales and the Religious and Existential Well-Being Scales are positively correlated with each other (Bufford, 1984).

Existential Well-Being showed only a moderate correlation with Spiritual Well-Being ( $r=.412$ ) and barely reached a significant relationship with Religious Well-being on a one-tailed test (Bufford, 1984).

Interpersonal Behavior Survey (IBS). The participants were asked to complete the IBS. The IBS was designed by Mauger, Adkinson, Zoss, Firestone and Hook (Mauger & Adkinson, 1980). It assesses a person's assertive and aggressive behaviors and is considered a general indicator of the way a person deals with interpersonal conflict. The IBS has 272 items and a true/false response format written at the sixth grade level. Assertiveness is defined as "behavior directed toward reaching some desired goal which continues in the direction of that goal in spite of obstacles in the environment or the obstacles of others (Mauger & Adkinson, 1980, p.1). "Aggressiveness is defined as "behavior that originates from attitudes and feelings of hostility toward others (Mauger & Adkinson, 1980,p.1)." The purpose of aggressive behavior is to attack other individuals or to exert power over them in some fashion (Mauger and Adkinson, 1980).

The individual IBS scales fall under four categories: (1) validity scales, (2) aggressiveness scales, (3) assertiveness scales, and (4) relationship scales. The validity scales reflect test-taking attitudes and affect scores on the other scales. There are eight aggressiveness scales including a scale which measures general aggressiveness over a broad range of behaviors, feelings, and attitudes; nine assertiveness scales including one which is general assertiveness over a broad range of behaviors; three validity scales, and three relationship scales (conflict avoidance, dependency, and shyness).

The short and long versions of the IBS appear to be measuring the same behavior, although the longer forms are recommended for routine clinical and research use because of their superior psychometric qualities (Mauger & Adkinson, 1980). Therefore, the long form of the IBS was used for this study. The General Aggressiveness, Rational scale (GGR) and General Assertiveness Rational scale (SGR) will be used to determine the level of aggressiveness and assertiveness for the subjects since the correlations between the GGR and other aggressiveness scales and

the SGR and the assertiveness scales is greater than .6 for the general reference norm groups. The General Aggressiveness, Rational scale (GGR) "measures the general response class of aggressiveness over a wide variety of item content including aggressive behaviors, feelings, and attitudes" (Mauger & Adkinson, 1980, p.4). The General Assertiveness, Rational scale (SGR) "covers a broad range of assertive behaviors" (Mauger & Adkinson, 1980, p.4). Profiles with Denial and Impression Management scores over a T-Score of 70 or with the Impression Management scale alone over a T-score of 70 were not included in the study in order to avoid error or unreliability.

The norm group for the IBS consisted of 400 males and 400 females and great care was taken to approximate the demographic distributions from the 1970 United States census. The reliability studies indicate that the modal test-retest reliability value over both a two day period and a ten week period is greater than .90. Test-retest reliability at two days and ten days respectively was .93 and .92 for the GGR and .96 and .93 for the SGR.

The definitions of assertive and aggressive behaviors used in the development of the IBS were

based on the assumption that each was a distinct response class. An intercorrelation matrix of IBS scales indicates that assertiveness and aggressiveness are basically independent response classes with correlations in the predicted low to zero range. This supports the construct validity of the test. The construct validity has been demonstrated through factor analysis and predicted significant correlations with theoretically related scales (both convergent and discriminant validity).

The convergent and discriminant validity of the IBS has been demonstrated by predicted correlations with established personality inventories using samples from a number of populations. The SGR correlated .47 with the Dominance scale of the California Psychological Inventory and .63 with the Dominance scale of the Edwards Personal Preference Schedule (EPPS), demonstrating convergent validity. The discriminant validity was demonstrated by the .22 correlation of the SGR with the Aggressiveness scale of the EPPS. The GGR correlated .57 with the Aggressiveness scale of the EPPS and .65 with the Total Hostility scale of the Buss-Durkee Hostility Inventory, showing convergent validity. The

discriminant validity of the GGR is demonstrated by the lack of sizable correlations with the assertiveness scales of the College Self-Expression Scale (.27), the Rathus Assertiveness Schedule (.24), and the Conflict Resolution Inventory (.03).

The correlation of the IBS scales and the scales of the MMPI are of a decidedly lower magnitude than the correlations of other inventories with the IBS scales (Mauger & Adkinson, 1980). The IBS compliments the MMPI in clinical applications since it samples a domain of behavior not covered well by the MMPI. It is unlikely that a person with difficulties in interpersonal relationships will be free of psychopathology (Mauger & Adkinson, 1980).

Information Survey. The third instrument utilized within the study was the information survey designed in accordance with Dillman (1978). See Appendix C. The survey was designed to collect data in four areas: 1) age, education, income, marital status, worship service attendance, personal devotions, victim sex, religious preference or affiliation, and a religious belief item based on authority (Biblical, Experiential, Liberal, and Roman Catholic); 2) the item assessing the independent

variable regarding history of sexual trauma; 3) one item assessing their religious orientation: whether they consider themselves Born-Again Christians or not based on a question concerning Jesus Christ and his moral and ethical teachings; and 4) the 20 items comprising the Spiritual Well-Being Scale.

The items in the first area have been researched in other surveys and questionnaires at Western Conservative Baptist Seminary (Bufford, et al., 1986; Bufford & Parker, 1985). The item assessing sexual trauma has been created specifically for this study based on the clinical protocol of Groth (1979a). The item assessing religious orientation has been thoroughly utilized in previous studies (Agnor, 1986; Bentley, 1986; Bufford and Parker, 1985; Durham, 1986; Lewis, 1986).

#### Research Design

The design chosen for the study was a 3-Way Analysis of Variance (ANOVA) with a 2x2x2 design via a regression approach (Kerlinger, 1986; Kleinbaum & Kupper, 1978). A 2x2x2 design was chosen in order to study the interactions of the three independent variables on each of the dependent variables. The hypotheses anticipated that there would be significant



between group differences for each of the three dependent variables. All statistics were generated utilizing formulas described in the Statistical Package for the Social Sciences (SPSS/PC+, Norusis, 1986). All the hypotheses were tested at the  $p < .05$  level of significance (McCall, 1975; Welkowitz, Ewen, & Cohen, 1982).

The descriptive statistics, (specifically, measures of central tendency and variability, and the frequency distributions), summarized and described the characteristics of the set of data in a clear and convenient fashion (Ferguson, 1981; Welkowitz, Ewen, and Cohen, 1982). The descriptive statistics involved the demographics such as age, education, income level, marital status, religious attendance, personal devotions, religious preference, religious beliefs, and victim sex.

A three-way (2x2x2) factorial analysis of variance (ANOVA) was utilized for each of the three dependent variables (spiritual well-being, aggression, and assertiveness). See Table 1. The research design most appropriate to utilize when examining three independent variables, each having two levels, is a three-way factorial analysis of variance (Ferguson,

1981; C.C.Li, 1964; McCall, 1975; Norusis, 1986; Welkowitz, Ewen, and Cohen, 1982). In the design, Factor A was the typology of the molester, Factor B was the history of sexual trauma, and Factor C was religious orientation (See Table 1). Each of the factors has two levels.

Table 1

2x2x2 ANOVA Research Design Via Regression Approach

		Religious Orientation	
		(Factor C)	
		Born Again	Not
		(C1)	(C2)
History of Sexual Trauma (Factor A)	Present (A1)	Regressed (B1) n= 14	n= 7
	Absent (A2)	Regressed (B1) n= 10	n= 11
		Fixated (B2) n= 3	n= 5
		Fixated (B2) n= 2	n= 3

Table 1 - Continued

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Note. N=55. n= cell size.

INDEPENDENT VARIABLES

FACTOR A = History of Sexual Trauma for the offender

LEVEL A1 = History of Sexual Trauma Present

LEVEL A2 = History of Sexual Trauma Not  
Present

FACTOR B = Typology of the Child Molester

LEVEL B1 = The offender is rated Fixated

LEVEL B2 = The offender is rated Regressed

FACTOR C = Religious Orientation

LEVEL C1 = Born-again

LEVEL C2 = Not Born-again

DEPENDENT VARIABLES

HYPOTHESIS ONE: Spiritual Well-Being Scale (SWB)

HYPOTHESIS TWO: Aggressiveness Rational Scale (GGR)

HYPOTHESIS THREE: Assertiveness Rational Scale (SGR)

The 3-Way ANOVA was completed via a regression approach because of possible violation of the assumptions of ANOVA. When conducting an ANOVA, several assumptions have to be adhered to in order to perform the statistical manipulations necessary for an ideal analysis: 1) the subjects had to be randomly and independently sampled and assigned to treatment conditions; 2) there had to be homogeneity of within-group variances such that the populations from which the groups were drawn have equal variances; 3) the distribution of each population had to be normal in form (McCall, 1975; Welkowitz, Ewen, & Cohen, 1982). McCall (1975) further suggests that there be an equal number of cases in each group and that there be more than one observation per cell. It became apparent that this study would not be able to adhere strictly to these assumptions. It was difficult to obtain enough subjects to fill each of the cells and manipulate the three independent variables simultaneously. Employing a randomized sample without a defined or finite population for this clinical group was also difficult. It is very difficult to collect a sample of child molesters, let alone a randomized sample from a defined population. The population may

not be normally distributed and the variance for the population may not be equal either. I need to address a few issues for support of continued analysis with this data.

Firstly, there is value to completing nonexperimental research in which randomization or manipulation of the independent variables is lacking. Kerlinger (1986) states:

Nonexperimental research is systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulable. (p.348)

Despite the weaknesses, says Kerlinger (1986), much nonexperimental research must be completed in psychology, sociology, and education because many research problems do not lend themselves to experimental inquiry.

Secondly, with nonexperimental research such as this present study, situations arise in education and psychology where the number of observations in the subclasses, the cell frequencies, is unequal (Ferguson, 1981). Situations arise where the cell

frequencies are unequal but proportional to the marginal totals and where cell frequencies are unequal and disproportional. The latter case creates difficulty because the partitioning of the sum of squares into independent components cannot be done simply (Ferguson, 1981). It is appropriate when the researcher originally planned the experiment with an equal number of observations in the cells, but for one reason or another some data are missing (Ferguson, 1981). Within this present study and the available clinical sample, it was very difficult to obtain the necessary number of fixated child molesters (See the cell frequencies in Table 1). So then, what can be done?

Third, in answer to the above question, a number of methods exist for making adjustments to the data if the cell frequencies are unequal and disproportional (Dixon & Massey, 1983; Ferguson, 1981; Kerlinger, 1986; Marascuilo & Levin, 1983). Ferguson (1981) states that some of the methods are approximate but are of considerable practical value in data analysis. Marascuilo and Levin (1983) state that there are alternative strategies to handle situations in which a researcher willfully or accidentally ends up with a

factorial design containing unequal cell frequencies. The authors state that equal cell sizes are desirable because they are aesthetically pleasing, lead to greatly simplified analysis of variance computations, offer a guarantee that all sources of variance are mutually orthogonal, and increase the statistical power (Marascuilo & Levin, 1983). Marascuilo and Levin (1983) also emphasize:

that there are ways of getting around the unequal cell problems computationally and, depending on a researcher's questions and desired scope of inference, there may indeed be times when a purposeful unequal cell design would be the most appropriate one.

(p. 356)

In agreement with the above authors, the two related difficulties of factorial analysis, says Kerlinger (1986), are unequal  $n$  in the cells of a design and the experimental and nonexperimental use of the method. Kerlinger (1986) further adds that in the nonexperimental use of the factorial analysis, the  $n$ 's in the cells get pretty much beyond the control of the researcher. So then, asks Kerlinger (1986), what can



we do in nonexperimental research? Can't we use factorial analysis of variance?

Fourthly, to continue with the analysis in this study and the problems of unequal and small cell size, I decided to adopt the rationale and methodology Kerlinger (1986) and Kleinbaum and Kupper (1978) use to answer these questions. ANOVA via multiple regression is an approach which Kerlinger (1986) and Kleinbaum and Kupper (1978) recommend to surmount the problems I have discussed. Kerlinger (1986) insists that factorial analysis of variance paradigms can and should be used because they clarify and guide research and because there are devices for surmounting the unequal n difficulty. Kerlinger (1986) states:

The best analytic solution seems to be to use multiple regression analysis. While the problems do not disappear, many of them cease to be problems in the multiple regression framework. Nonexperimental research that uses a number of nonexperimental attributes or variables is better served with multiple regression analysis. (p.241)

Certain analytic problems which are intractable with ANOVA are quite easily conceptualized and accomplished by the judicious and flexible use of multiple regression according to Kerlinger (1986). Kerlinger (1986) states that the problem of unequal numbers of cases in cells of factorial designs can be naturally and easily handled with multiple regression analysis. One cannot utilize ANOVA if there are unequal n's in the group because that introduces correlations between independent variables (Kerlinger, 1986). It is the analytic procedure of multiple regression which takes cognizance of the correlations among the independent variables and dependent variables according to Kerlinger (1986). Multiple regression can effectively analyze both experimental and nonexperimental data, separately or together, with unequal cell sizes and more than one control variable (Kerlinger, 1986). Therefore, it was decided to run the data using a three-way ANOVA via regression approach. The next step was to locate a specific computer package for running an ANOVA via multiple regression approach which could compute the data in this study.

The SPSS/PC+ was found to have such a method (Norusis, 1986). I utilized Option Nine: Regression

Approach (Norusis, 1986) in which all effects are assessed simultaneously, with each effect adjusted for all other effects in the model. Norusis (1986) states:

when unequal sample sizes occur in the cells, the total sum of squares cannot be partitioned into nice components that sum to the total. A variety of techniques are available for calculating the sums of squares in such "non-orthogonal" designs. The methods differ in the way they adjust the sums of squares to account for other effects in the model. (p.169)

There were a number of restrictions which this study had to fulfill. First, for each independent variable, at least one case must have the lowest value of the independent variable. Second, no cell defined by the smallest value of any independent variable could be empty. Both restrictions were fulfilled and I proceeded to run a three-way ANOVA via regression approach for this study.

In summary, the subjects were identified as adult male child molesters and were selected on the basis of availability due to the nature of the clinical nature

of this research. Data was analyzed using a 3-way analysis of variance (ANOVA) with a 2x2x2 factorial design via a regression approach for each of the dependent variables.

## Chapter Three

### Results

This chapter presents the results of statistical analysis used to test the hypotheses and additional findings from related data. Data was collected from 55 adult child molesters. Of these subjects, 42 were diagnosed as regressed type molesters and 13 were considered fixated type. The results for a three way factorial analysis of variance (ANOVA) via regression approach, which ascertain the main effects and interactions of the factors, are presented here. An ANOVA via regression approach was computed for each of the three dependent variables. In addition, an ANOVA via the regression approach was computed for each of the subscales of the SWB scale, the EWB and the RWB subscales. (See Appendix D for raw data tables and Appendix E for statistical calculations).

#### Descriptive Statistics

An Information Survey was completed which included sample demographics (See Appendix C). The descriptive statistics sampled were age, education,

income level, marital status, religious attendance, personal devotions, religious preference, religious beliefs, and victim sex.

The sample was comprised of 55 male child molesters. The mean age for the sample was 39.78 ranging from a low of 19 years of age to a high of 72 years (See Table 2).

Table 2

Age Distribution

	MEAN	SD	RANGE	
			Min	Max
AGE	39.78	10.66	19	72

Note. N = 55. SD = Standard Deviation. Min = Minimum; Max = Maximum.

Frequency distributions and percentages were computed for the demographic variables above. In this sample, 45.5% (25) of the molesters completed grade school, some high school, or finished high school completely. None of the sample had incomplete grade schooling. The remaining 55.5% (30) of the sample

completed some college, all college, or graduate school. At least 65.5% (36) of the sample completed high school or some college.

The income level varied widely with 60% (33) having an income less than \$19,999 and 40% (22) having incomes above \$20,000 thru \$49,999. Within the sample, 27.3% (15) were married, 18.2% (10) were separated, and 29.1% (16) were divorced. The remaining 25.5% (14) indicated they were living together, single, or marked the other category.

In terms of the frequency of worship attendance, 32.7% (23) indicated they attended more than once a day thru once or three times a month, while 67.3% (32) attended three or 11 times a year, less than once a year, or none at all. The frequency of devotions, such as reading the Bible or prayer, ranged from 50.9% (28) indicating about once a week to more than once a day to 49.1% (27) indicating less than once a week to none at all. When questioned about religious preference, 63.6% (35) said they were Protestant while 25.5% (14) marked the other category. Of those marking the other category, one indicated Jehovah Witness and the remainder left it blank. Five of the

subjects were Roman Catholic (9.1%) and one was a Mormon (1.8%).

In this study I added an item labeled Religious Belief which I hoped would enable us to more fully determine whether the subjects were Born-again, Evangelical Christians. The item was included for exploratory purposes and as such was not used to determine Christianity in this study. The item called Religious Orientation was used for that purpose. Concerning Religious Belief, 67.3% (37) marked the Orthodox item, 1.8% (1) marked the Experiential item, 7.3% (4) marked the Liberal item, 5.5% (3) marked the Roman Catholic item, and 18.1% (10) marked the Do Not Know or Other category.

Concerning the sex of the victim, 18.2% (10) had molested male children, 60.0% (33) had molested female children, and 21.8% (12) had molested male and female children. The frequencies and percentages are presented in Table 3.



Table 3

Sample Demographics


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<u>Variables</u>	<u>n</u>	<u>Percent</u>
<b>Education</b>		
Completed Grade School	2	3.6
Some High School	9	16.4
Completed High School	14	25.5
Some College	22	40.0
Completed College	5	9.1
Graduate School	3	5.5
<b>Income</b>		
Less than \$5,000	12	21.8
\$5,000 to 9,000	9	16.4
\$10,000 to 14,999	9	16.4
\$15,000 to 19,999	3	5.5
\$20,000 to 29,999	15	27.3
\$30,000 to 39,999	5	9.1
\$40,000 to 49,000	2	3.6
<b>Marital Status</b>		
Married	15	27.3
Separated	10	18.2
Divorced	16	29.1

Table 3 - Continued

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<u>Variables</u>	<u>n</u>	<u>Percent</u>
Single	9	16.4
Living Together	1	1.8
Other	4	7.3
Worship Attendance		
More than once a day	1	1.8
Weekly	16	29.1
One or three times a month	6	10.9
Three or eleven times a year	7	12.7
Once or twice a year	8	14.5
Less than once a year	3	5.5
Not at all	13	23.6
Frequency of Devotions		
More than once day	11	20.0
Four to seven times a week	9	16.4
Two to three times a week	3	5.5
About once a week	5	9.1
Less than once a week	7	12.7
Not at all	20	36.4
Religious Preference		
Roman Catholic	5	9.1
Protestant	35	63.6

Table 3 - Continued

<u>Variables</u>	<u>n</u>	<u>Percent</u>
Mormon	1	1.8
Other	14	25.5
Religious Belief		
The Bible is God's Word and is true	37	67.3
In addition to the Bible, religious experience (such as speaking in tongues) is as important to faith	1	1.8
Man has the ability to judge what is true in matters of religion without the Bible	4	7.3
In addition to the Bible, the Pope's decisions are also important	3	5.5
I don't know	2	3.6
Other	8	14.5
Victim Sex		
Male	10	18.2
Female	33	60.0
Male & Female	12	21.8

Note. N = 55. n = frequency.

Each subject participating in the study completed the Spiritual Well-Being Scale and the Interpersonal Behavior Survey. The SWB, GGR, and SGR were the dependent variables in this study. The two subscales of the SWB Scale, the EWB and the RWB subscales, were computed in order to interpret the findings from the global SWB scores. Means, standard deviations and ranges for the subjects are presented for SWB, RWB, EWB, GGR, and SGR in Table Four (Spiritual Well-Being, Religious Well-Being, and Existential Well-Being from the Spiritual Well-Being Scale and assertiveness and aggression as measured by the General Assertiveness Rational Scale and the General Aggressiveness Rational Scale of the IBS). The scores have been computed for the total number of subjects within the sample, as well as the regressed and the fixated subjects who make up the total. See Table Four for this information.

Table 4

Mean, Standard Deviation, and Range for SWB, GGR, SGR, RWB, and EWB

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	Total	Regressed	Fixated
SWB: Mean	86.56	90.79	72.92
SD	19.14	18.27	15.67
Range	47 to 120	58 to 120	47 to 112
GGR: Mean	43.62	42.33	47.77
SD	12.46	11.27	15.49
Range	26 to 75	26 to 75	28 to 75
SGR: Mean	45.29	46.31	42.00
SD	12.21	12.21	12.07
Range	20 to 65	23 to 65	20 to 64
RWB: Mean	43.73	45.43	38.23
SD	12.43	11.37	14.52
Range	18 to 60	19 to 60	18 to 56
EWB: Mean	42.84	45.36	34.69
SD	11.09	9.70	11.74
Range	18 to 60	18 to 60	19 to 59

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Table 4 - Continued

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Note. Total N = 55. Regressed N = 42. Fixated N = 13  
SWB = Spiritual Well-Being Scale. GGR = Aggressiveness  
Rational Scale. SGR = Assertiveness Rational Scale.  
RWB = Religious Well Being Subscale. EWB = Existential  
Well Being Subscale. Total = Total Sample. Regressed =  
Regressed Molesters. Fixated = Fixated Molesters.

The three independent variables in the study were Religious Orientation (Born-Again Christian or not), History of Sexual Trauma (Present or Not Present), and Typology of the Molester (Regressed or Fixated). The frequencies and percentages for the independent variables are presented in Table 5. In this sample, 52.7% (29) identified themselves as Born-Again Christians as compared to 47.3% (26) who did not. Concerning the History of Sexual Trauma, 52.7% (29) reported having received sexual trauma in their childhood years while 47.3% (26) reported no such history. Of the total sample, 76.4% (42) were labeled regressed type and 23.6% (13) were labeled fixated type.

Table 5

Frequencies and Percentages for Independent Variables

<u>Variables</u>	<u>n</u>	<u>Percent</u>
Religious Orientation		
Born-Again Christian	29	52.7
Not Born-Again	26	47.3
History of Sexual Trauma		
Present	29	52.7
Not Present	26	47.7
Typology		
Regressed	42	76.4
Fixated	13	23.6

Note. N = 55. f = frequency.



Hypotheses

Hypothesis One. The hypothesis for spiritual well-being stated that there would be a significant interaction effect between the levels of typology, the history of sexual trauma, and religious orientation of child molesters on spiritual well being. To test this hypothesis, a three-factor ANOVA via regression approach was computed using spiritual well-being as the dependent variable with type, history of sexual trauma, and religious orientation being the independent variables. There were no interaction effects for type, history of sexual trauma, or religious orientation. Therefore, the interaction hypothesis was not supported by the results. There were main effects; however, for type ( $F = 6.309$ ;  $p = .016$ ), history of sexual trauma ( $F = 5.429$ ;  $p = .024$ ), and religious orientation ( $F = 6.309$ ;  $p = .001$ ). Table 6 presents the findings of the three way ANOVA via regression analysis.

In order to understand the main effects for the three independent variables it will be helpful to study the results of the mean scores. The specific data is presented in Table 7. The spiritual well-being scores for those child molesters who were

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Table 6

Three Factor ANOVA Using SWB by Type, Sex, & Rel

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
<hr/>					
Main Effects	7113.211	3	2371.070	10.31	.000
TYPE	1450.902	1	1450.902	6.309	.016
SEX	1248.641	1	1248.641	5.429	.024
REL	1450.902	1	1450.902	6.309	.001
2-way					
Interactions	87.593	3	29.198	.127	.944
TYPE SEX	27.368	1	27.368	.119	.732
TYPE REL	52.239	1	52.239	.227	.636
SEX REL	3.324	1	3.324	.014	.905
3-way					
Interactions	267.236	1	267.236	1.162	.287
TYPE SEX REL	267.236	1	267.236	1.162	.287
Explained	8982.106	7	1283.158	5.579	.000
Residual	10809.422	47	229.988		
Total	19791.527	54	366.510		

Table 6 - Continued

---

Note. N = 55. SWB: Spiritual Well Being Scale score.  
Type: Typology of Child Molester. Sex: History of  
Sexual Trauma. Rel: Religious Orientation. (ANOVA via  
regression approach using Option 9 of SPSS/PC+).

Table 7

Mean Spiritual Well-Being Scores


---

<u>Variables</u>	<u>SWB</u>	<u>S.D.</u>	<u>Cell Size</u>
TYPE			
Regressed	90.79	18.27	42
Fixated	72.92	15.67	13
SEXUAL TRAUMA			
Present	82.59	20.69	29
Not Present	91.00	16.53	26
RELIGIOUS ORIENTATION			
Born-Again	95.72	18.16	29
Not Born-Again	76.35	14.71	26

---

Note. N = 55. SWB = Spiritual Well-Being Score. S.D. = Standard Deviation.

diagnosed as regressed type offenders are 18 T-score points higher on their SWB mean score than the offenders who have been diagnosed as the fixated type. The regressed offenders had an SWB mean score of 90.79 with an SD of 18.27 while the fixated offenders had an SWB mean score of 72.92 with an SD of 15.67. The offenders who reported having had a history of sexual trauma during childhood scored 11.59 lower on their SWB mean score than those offenders without a history of sexual trauma. The offenders with sexual trauma had a mean score of 82.59 with an SD of 20.69 while offenders without sexual trauma had a mean score of 91.00 with an SD of 16.53. Offenders who identified themselves as born-again Christians scored 19.37 T-score points higher the SWB mean score than the offenders who were not identified as born-again Christians. The non-Christian offenders had an SWB mean score of 76.35 with an SD of 14.71 while the Christian offenders had a mean 95.72 with an SD of 18.16. The specific mean and cell sizes is presented in Table 8.

Table 8

Means and Cell Sizes for SWB by Type, Sex, and Rel

		Religious Orientation	
		(Factor C)	
		Born Again	Not
		(C1)	(C2)
Present (A1)	Regressed (B1)	96.93 (14)	70.57 (7)
	Fixated (B2)	74.67 (3)	64.00 (5)
History of Sexual Trauma (Factor A)	Absent (A2)		
	Regressed (B1)	100.90 (10)	86.64 (11)
	Fixated (B2)	93.00 (2)	72.67 (3)

Table 8 - Continued

---

Note. N = 55. SWB = Spiritual Well Being.

Factor A = History of Sexual Trauma.

Level A1 = Present.

Level A2 = Absent.

Factor B = Typology of the child molester.

Level B1 = Regressed.

Level B2 = Fixated

Factor C = Religious Orientation.

Level C1 = Born-again.

Level C2 = Not Born-again.

Hypothesis Two. The hypothesis for aggressiveness stated that there would be a significant interaction effect between the levels of typology, the history of sexual trauma, and religious orientation of child molesters on aggressiveness. To test this hypothesis, a three-factor ANOVA via regression approach was computed using the General Aggressiveness Rational subscale score as the dependent variable with type, history of sexual trauma, and religious orientation being the independent variables. The results did not support this interaction hypothesis. The interaction effect for type, sexual trauma, and religious orientation was not significant on GGR ( $F = .284$ ;  $p = .597$ ). There were no main effects for type, history of sexual trauma, and religious orientation. Therefore, it would appear that the three independent variables in this study do not effect aggressiveness as measured by the GGR. Table 9 presents the findings of the three-way ANOVA via regression approach.



Table 9

Three Factor ANOVA Using GGR by Type, Sex, & Rel


---

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Main Effects	582.556	3	194.185	1.234	.308
TYPE	309.317	1	309.317	1.965	.168
SEX	168.288	1	168.288	1.069	.306
REL	21.571	1	21.571	.137	.713
2-way					
Interactions	404.333	3	134.778	.856	.470
TYPE SEX	19.877	1	19.877	.126	.724
TYPE REL	252.485	1	252.485	1.604	.212
SEX REL	61.476	1	61.476	.391	.535
3-way					
Interactions	44.670	1	44.670	.284	.597
TYPE SEX REL	44.670	1	44.670	.284	.597
Explained	980.519	7	140.074	.890	.522
Residual	7398.463	47	157.414		
Total	8378.982	54	155.166		

---

Table 9 - Continued

---

Note. N = 55. GGR: General Aggressiveness Rational Scale. Type: Typology of Child Molester. Sex: History of Sexual Trauma. Rel: Religious Orientation. (ANOVA via regression approach using Option 9 of SPSS/PC+).

Hypothesis Three. The hypothesis for assertiveness stated that there would be a significant interaction effect between the typology, the history of sexual trauma, and religious orientation of child molesters on assertiveness. To test this hypothesis, a three factor ANOVA via regression approach was computed using the General Assertiveness Rational subscale score as the dependent variable with type, history of sexual trauma, and religious orientation being the independent variables. This interaction hypothesis was not supported. The interaction effect for type, sexual trauma, and religious orientation was not significant on SGR ( $F = 1.044$ ;  $p = .312$ ). There were no main effects for type, history of sexual trauma, and religious orientation. Therefore, similar to the results for aggressiveness, it would appear that the three independent variables within this study do not effect assertiveness as measured by the SGR. Table 10 presents the findings of the three way ANOVA via regression approach.

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Table 10

Three Factor ANOVA Using SGR by Type, Sex, & Rel

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
<hr/>					
Main Effects	280.910	3	93.637	.610	.612
TYPE	101.523	1	101.523	.662	.420
SEX	128.323	1	128.323	.837	.365
REL	3.629	1	3.629	.024	.878
2-way					
Interactions	453.305	3	151.102	.985	.408
TYPE SEX	.796	1	.796	.005	.943
TYPE REL	24.071	1	24.071	.157	.694
SEX REL	424.382	1	424.382	2.767	.103
3-way					
Interactions	160.145	1	160.145	1.044	.312
TYPE SEX REL	160.145	1	160.145	1.044	.312
Explained	837.609	7	119.658	.780	.607
Residual	7209.737	47	153.399		
Total	8047.345	54	149.025		

Table 10 - Continued

---

Note. N = 55. SGR: Assertiveness Rational Scale.  
Type: Typology of Child Molester. Sex: History of  
Sexual Trauma. Rel: Religious Orientation. (ANOVA via  
regression approach using Option 9 of SPSS/PC+).

The Spiritual Well-Being Scale is a global score composed of two subscales, the Religious Well-Being scale and the Existential Well-Being scale (Ellison, 1983). In order to more fully understand and interpret the results obtained using the Spiritual Well-Being Scale as a dependent variable, it was decided to run a three factor ANOVA via regression approach for each of the subscales of the SWB, RWB and EWB, as dependent variables. The independent variables were typology, history of sexual trauma, and religious orientation.

In the first analysis, RWB was the dependent variable with type, history of sexual trauma, and religious orientation being the independent variables. A three factor ANOVA via regression approach was computed. There was a main effect ( $F = 54.927$ ;  $p = .000$ ) for religious orientation and a two way interaction effect ( $F = 4.009$ ;  $p = .051$ ) for religious orientation and history of sexual trauma. Table 11 presents the findings of the three way ANOVA via regression approach. The interaction has been plotted in Figure 1. The main effect can be understood by studying the mean scores in Table 12. The molesters identified as born-again Christians scored

Table 11

Three Factor ANOVA Using RWB by Type, Sex, & Rel

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Main Effects	3989.924	3	1329.975	21.397	.000
TYPE	51.028	1	51.028	.821	.370
SEX	199.354	1	199.354	3.207	.080
REL	3414.076	1	3414.076	54.927	.000
2-way Interactions	348.912	3	116.304	1.871	.147
TYPE SEX	3.606	1	3.606	.058	.811
TYPE REL	47.316	1	47.316	.761	.387
SEX REL	249.209	1	249.209	4.009	.051
3-way Interactions	19.779	1	19.779	.318	.575
TYPE SEX REL	19.779	1	19.779	.318	.575
Explained	5425.563	7	775.080	12.470	.000
Residual	2921.346	47	62.156		
Total	8346.909	54	154.572		

Table 11 - Continued

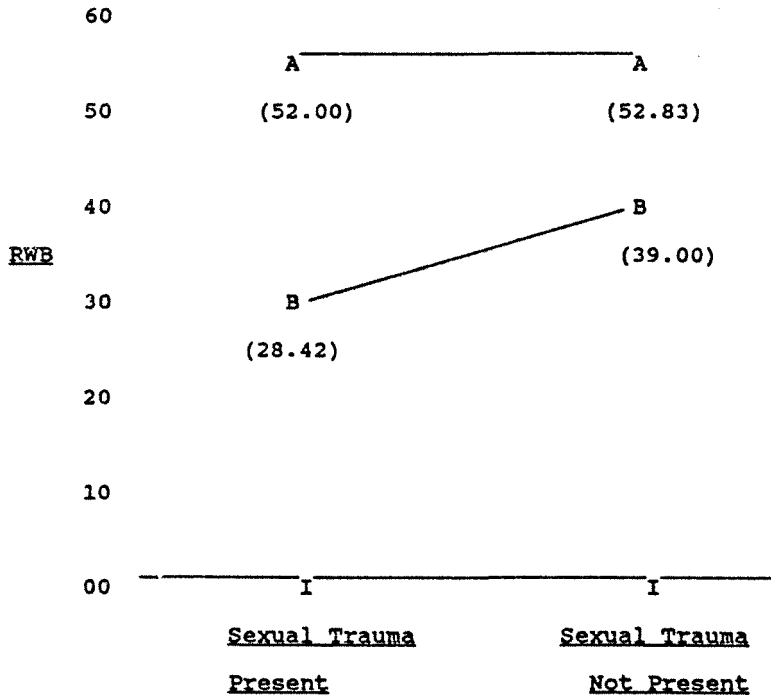
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Note. N = 55. RWB: Religious Well Being Scale score.  
Type: Typology of Child Molester. Sex: History of  
Sexual Trauma. Rel: Religious Orientation. (ANOVA via  
regression approach using Option 9 of SPSS/PC+).



Figure 1

Two Way Interaction Effect of RWB by Rel and Sex



Note. N = 55. A: Christian Molesters. B: Non-Christian Molesters. RWB = Religious Well-Being. Sex = History of Sexual Trauma. Rel = Religious Orientation. (ANOVA via regression approach using Option 9 of SPSS/PC+).

Table 12

Mean RWB and EWB Scores


---

<u>Variables</u>	<u>RWB</u>	<u>EWB</u>	<u>Cell Size</u>
TYPE			
Regressed	45.43	45.36	42
Fixated	38.23	34.69	13
SEXUAL TRAUMA			
Present	42.24	40.34	29
Not Present	45.38	45.62	26
RELIGIOUS ORIENTATION			
Born-Again	52.34	43.38	29
Not Born-Again	34.12	42.23	26

---

Note. N = 55. RWB = Religious Well-Being Score. EWB = Existential Well-Being.

significantly higher on RWB with a mean score of 52.34 and an SD of 7.31 than molesters who were not identified as Christians. They had a mean score of 34.12 with an SD of 9.58. The specific data is presented in Table 12. The influence of sexual trauma made a considerable difference for the non-Christian molesters but the absence or presence of sexual trauma did not affect Christians RWB scores. Non-Christians with sexual trauma had a mean score of 28.42 compared to those non-Christians without sexual trauma with a mean score of 39.00. The Christians with sexual trauma had mean scores of 52.00 while Christians without sexual trauma had a mean score of 52.83. See Table 13 for the mean differences.

Table 13

Means and Cell Sizes for RWB by Sex and Rel

		Religious Orientation	
		(Factor C)	
		Born Again	Not
		(C1)	(C2)
Sexual Trauma (Factor A)	Present	52.00	28.42
	(A1)	(17)	(12)
	Absent	52.83	39.00
	(A2)	(12)	(14)

Note. N = 55. RWB = Religious Well-Being.

Factor A = History of Sexual Trauma.

Level A1 = Present.

Level A2 = Absent.

Factor C = Religious Orientation.

Level C1 = Born-again.

Level C2 = Not Born-again.

In the second analysis, EWB was the dependent variable with type, history of sexual trauma, and religious orientation being the independent variables. A three factor ANOVA via regression approach was computed. There were main effects for type ( $F = 10.091$ ;  $p = .003$ ) and history of sexual trauma ( $F = 4.743$ ;  $p = .034$ ). There was a three way interaction effect for type, religious orientation and history of sexual trauma ( $F = 4.556$ ;  $p = .038$ ). The findings for these results is presented in Table 14. The interaction effect has been plotted in Figure 2.

First, the significant main effects are presented. Molesters with a history of sexual trauma scored significantly lower with an EWB mean score of 40.34 while molesters without sexual trauma had a mean score of 45.62. The fixated molesters scored significantly lower mean score of 34.69 on EWB than the regressed molesters with a mean score of 45.36. The information is provided in Table 12.

Secondly, the significant three-way interaction effect is presented. The fixated Christians with a history of sexual trauma scored the lowest on EWB with a mean score of 21.00 (lower than any of the other groups). Fixated non-Christians with and without

Table 14

Three Factor ANOVA Using EWB by Type, Sex, & Rel


---

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Main Effects	1705.281	3	568.427	5.989	.002
TYPE	957.736	1	957.736	10.091	.003
SEX	450.154	1	450.154	4.743	.034
REL	21.390	1	21.390	.225	.637
2-way					
Interactions	505.363	3	168.454	1.775	.165
TYPE SEX	50.842	1	50.842	.536	.468
TYPE REL	198.987	1	198.987	2.097	.154
SEX REL	194.971	1	194.971	2.054	.158
3-way					
Interactions	432.419	1	432.419	4.556	.038
TYPE SEX REL	432.419	1	432.419	4.556	.038
Explained	2184.610	7	312.087	3.288	.006
Residual	4460.917	47	94.913		
Total	6645.527	54	123.065		

---

Table 14 - Continued

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Note. N = 55. EWB: Existential Well Being Scale score. Type: Typology of Child Molester. Sex: History of Sexual Trauma. Rel: Religious Orientation. (ANOVA via regression approach using Option 9 of SPSS/PC+).

Figure 2

Three Way Interaction Effect of EWB by Type, Sex, and Rel

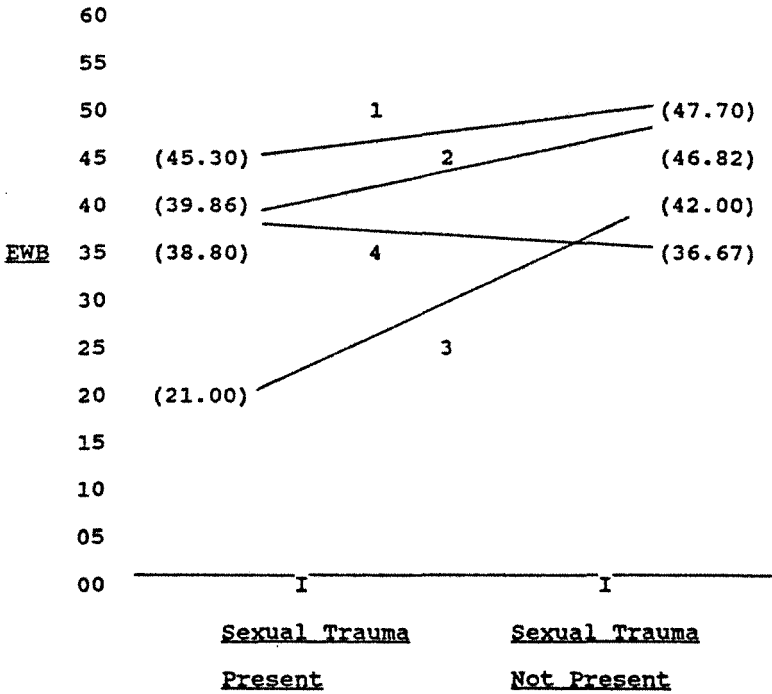




Figure 2 - Continued

---

Note. N = 55. EWB = Existential Well-Being. Type = Typology of Molester. Sex = History of Sexual Trauma. Rel = Religious Orientation. 1 = Regressed Christian. 2 = Regressed Non-Christian. 3 = Fixated Christian. 4 = Fixated Non-Christian. (ANOVA via regression approach using Option 9 of SPSS/PC+).

sexual trauma scored lower on EWB with mean scores of 38.80 and 36.67, respectively, than the fixated Christians without sexual trauma whose mean score was 42.00. The regressed Christians without sexual trauma scored higher than the other groups with a mean score of 47.70 while non-Christian regressed offenders without sexual trauma had a mean score of 46.82. Overall, there was an increase in EWB mean scores, with the exception of the fixated non-Christians, for groups without a history of sexual trauma as compared to their respective counterparts with sexual trauma present. The means and cell sizes are presented in Table 15.

Table 15

Means and Cell Sizes for EWB by Type, Sex, and Rel

		Religious Orientation		
		(Factor C)		
		Born Again	Not	
		(C1)	(C2)	
History of Sexual Trauma (Factor A)	Present (A1)	Regressed (B1)	45.29 (14)	39.86 (7)
		Fixated (B2)	21.00 (3)	38.80 (5)
	Absent (A2)	Regressed (B1)	47.70 (10)	46.82 (11)
		Fixated (B2)	42.00 (2)	36.67 (3)

Table 15 - Continued

---

Note. N = 55. SWB = Existential Well Being.

Factor A = History of Sexual Trauma.

Level A1 = Present.

Level A2 = Absent.

Factor B = Typology of the child molester.

Level B1 = Regressed.

Level B2 = Fixated

Factor C = Religious Orientation.

Level C1 = Born-again.

Level C2 = Not Born-again.

Summary

In summary, Chapter Three has presented the results of a three factor ANOVA via a regression approach for three separate dependent variables. The dependent variables were spiritual well-being, aggressiveness, and assertiveness. The independent variables were typology of the molester, history of sexual trauma, and religious orientation. In addition, it was decided to compute a three factor ANOVA via a regression approach for each of the subscales of the SWB Scale, RWB and EWB. It was anticipated that the additional analyses for religious well-being and existential well-being would increase our understanding of the results pertaining to the SWB.

A three factor ANOVA via the regression approach computed main effects on SWB for type, history of sexual trauma, and religious orientation at the  $p=.001$ ,  $p=.016$ , and  $p=.024$  levels of significance respectively. The three factor ANOVA via a regression approach for RWB computed main effects for religious orientation at the  $p= .000$  level of significance and an interaction effect for religious orientation and history of sexual trauma at  $p =.051$  level. The three

factor ANOVA via regression approach for the EWB subscale found main effects for type at  $p=.003$  and history of sexual trauma at  $p=.034$  and a three way interaction effect for type, history of sexual trauma, and religious orientation at  $p=.038$ . There were no main or interaction effects found for aggressiveness or assertiveness.

## Chapter Four

### Discussion

This chapter discusses and interprets the results of Chapter Three. Sections including the hypotheses and data analysis, implications, limitations of this study and future suggestions are included.

The purpose of this study was to examine the effects of typology, history of sexual trauma, and religious orientation on the dependent measures of spiritual well-being, aggressiveness, and assertiveness among adult child molesters using a three-way ANOVA via a regression approach.

#### Discussion of Hypotheses and Data Analysis

Hypothesis One. Hypothesis one suggested that there would be a significant interaction effect between levels of typology, history of sexual trauma, and religious orientation for child molesters on spiritual well being. The hypothesis was not supported since there were no significant interaction effects found for spiritual well-being. The fixated, non-Christian molesters with sexual trauma history did

score the lowest mean on spiritual well-being of all the groups. Their mean score, however, was not significantly different. The regressed, Christian molesters without sexual trauma history scored the highest mean on spiritual well-being. The mean score for this group was not significant either. See Table 8.

The significant main effects for each of the three independent variables on spiritual well-being are worth discussing. These main effects prompted an analysis of the subscales of the SWB Scale (See Table 7). The regressed molesters scored significantly higher than the fixated molesters. The molesters who reported having had a history of sexual trauma during childhood scored significantly lower than those molesters without sexual abuse. Lastly, those molesters who identified themselves as Christians scored significantly higher than the non-Christians. These findings lend support to both the concept of spiritual well-being and the previous research which has been collected to date on the SWB Scale. Ellison (1983) has suggested that a sense of spiritual well being is the result of actual spiritual health. The results here suggest that born-again Christian,



regressed, child molesters without a history of sexual trauma will have better spiritual well-being than other molesters. According to the research on SWB, higher levels of spiritual well-being imply higher levels of spiritual health. Thus, one would expect these child molesters to have greater spiritual health.

The Spiritual Well-Being Scale demonstrated its positive relationship to a variety of clinical indicators of psychological and interpersonal health and a negative relationship with indicators of psychological problems and psychiatric disorders. Research has demonstrated that non-Christian sociopathic criminals scored lower on SWB, RWB, and EWB than Christian sociopaths and a variety of other samples of religious and nonreligious groups (Agnor, 1986; Bufford et al., 1986). Agnor (1986) found that self-concept was positively related to SWB for both groups under study. It is possible that similar results could be found concerning self-concept with this sample of child molesters.

In light of these research findings, one would expect non-Christian, fixated sex offenders with a childhood history of sexual trauma to score low on the

SWB Scale in comparison to other groups within this study. The research suggests that these offenders should have a low sense of well-being related to God and a low sense of satisfaction and purpose in life. One would also expect to find the regressed offender, whose pathology is less severe and who is less developmentally impaired, to score higher on the SWB scale. Those offenders who regard themselves as born-again Christians and who do not claim sexual trauma history should score the highest. Such conclusions appear evident when one studies the means presented in Tables 7 and 8.

Since the SWB Scale is comprised of two subscales, a three factor ANOVA was computed with the RWB subscale and the EWB subscales as dependent variables. An analysis of the RWB subscale found a main effect for religious orientation. The Christian molesters scored significantly higher on the RWB subscale than the non-Christian molesters. This finding parallels the findings which Agnor (1986) and Bufford et al., (1986) detected with the Christian and non-Christian sociopathic criminals. One would expect those professing a born-again Christian belief system to score higher on a subscale measuring one's

perceived sense of relationship to God (Ellison, 1983; Durham, 1986; Lewis, 1986).

The significant interaction effect on RWB by religious orientation and history of sexual trauma suggested that the non-Christian molesters were significantly effected by sexual trauma. The non-Christians without sexual trauma scored significantly higher than those with sexual trauma. In contrast, sexual trauma had no observed effect on Christian's RWB scores in this sample. In sum, Christian molesters scored higher on RWB than the non-Christian molesters for both sex trauma conditions (See Figure 1).

The suggestion is that sexual trauma in one's developmental years can greatly affect one's perceived relation to God. The Christian molesters scored similar whether they had sexual trauma in their background or not. This may suggest that their Christian belief system and perceived sense of relating to God is not affected by sexual trauma. The Christian beliefs they hold may strongly reinforce their perceived sense of a relationship to God despite the developmental abuse inflicted upon them as children. The Christian belief system they hold may

be a therapeutic factor in enabling them to deal with their sexual trauma history in their relationship to God. Their religious beliefs may actually serve as a source of comfort. Within some correction treatment programs, religious conversion or beliefs are usually thought to be irrelevant to the therapy process (Yockelson & Samenow, 1976). The results found here for Christian child molesters are inconsistent with such a position; religious beliefs may actually serve as a positive therapeutic factor.

The results of this study support the findings of other studies identifying a history of sexual trauma in the backgrounds of child molesters. Within this study, 52.7% (29) of the child molesters had a history of sexual trauma as a child. Longo (1982) detected a high percentage of child molestation amongst adolescent offenders. Groth (1979b) also identified one third of his sample of 348 rapists and child molesters as having a history of sexual trauma. Prendergast (1979) suggests that 90% of the cases of sex offenders he has worked with over the years were sexually abused as children. Fehrenbach (1983) reported that almost 40% of his sample of adolescent offenders were abused themselves as children. As one

reads the reports and the research the evidence seems to strongly suggest that child molesters themselves, whether adolescent or adult, often have childhood histories of sexual trauma.

The main effect of history of sexual trauma on EWB was significant. The molesters with sexual trauma who comprised this sample scored significantly lower on EWB than the molesters without abuse. The EWB subscale measures one's perceived sense of satisfaction and purpose in life (Ellison, 1983). The results here suggest that molesters who have experienced sexual trauma as a child had a lower sense of satisfaction and purpose in life. Clearly, if this is the case, a lowered sense of satisfaction with one's current living situation and purpose in life has clinical and therapeutic significance.

The main effect for type on EWB was also significant. The fixated molesters scored significantly lower on EWB than molesters who were diagnosed as regressed type. The fixated molesters demonstrated a significantly lower sense of satisfaction and purpose in life. Such findings are supported by previous research (Annis, 1982; Cohen et al., 1969). The fixated molester is clinically

identified as having a primary sexual orientation to children, persistent and compulsive behaviors, no sexual interest in agemates, characterological immaturity and poor sociosexual peer relationships, with the offense being a maladaptive resolution of life development issues (Groth, Hobson, and Gary, 1982).

Unlike the regressed offender, the fixated individual is not comfortable with agemates either interpersonally or sexually. The offense against underage children is an attempt to establish an interpersonal relationship, however inappropriate and tentative (Groth & Burgess, 1977). Often times the fixated molester does not consider his child-related urges as abnormal and a problem (Howells, 1981). The adult world is threatening. The fixated type offender is usually passive-dependent, socially isolated, inadequate, with intense feelings of isolation and alienation (Cohen et al., 1969). These individuals have little satisfaction and sense of purpose in life. It has also been suggested that fixated offenders are more likely to reoffend since the precipitating factors are in the form of his deviant preferences (Howells, 1981).

In order to fully understand the significant interaction effect for religious orientation, type, and history of sexual trauma on EWB (See Figure 2), it was helpful to number four groups. The groups are referred to as Group One (Regressed Christians), Group Two (Regressed Non-Christians), Group Three (Fixated Christians), and Group Four (Fixated Non-Christians).

Another consideration needs to be kept in mind when interpreting the results of the three way interaction. The small cell sizes for fixated offenders prevents any strong conclusions being made for that child molester type. Since the ANOVA was strengthened with the regression approach, the results will point researchers in a particular direction regarding the independent variables for future research and observations.

Generally speaking, the regressed offenders (Groups One and Two) appear to be scoring higher on EWB than the fixated molesters (Groups Three and Four). Group One scored higher than Group Two for both levels of sexual trauma history. The suggestion one can make here is that religious orientation made a difference for regressed offenders. Regressed child molesters, especially Christians, have a higher sense

of satisfaction and purpose in life than fixated child molesters.

Curiously enough, Group Four scored higher on EWB than Group Three for the presence of sexual trauma history. In fact, Group Three with sexual trauma scored the lowest mean score for EWB. The results reversed for the absence of sexual trauma history. Group Four scored lower on EWB than Group Three when sexual trauma was not present. Group Three without sexual trauma significantly surpassed Group Four. One explanation for these results is the small cell size which prevents a more true picture of fixated molesters. Another possible explanation is that the more socially alienated, directionless, and dissatisfied fixated molester is drawn to religious conversion and beliefs for comfort, security and meaning for his life. Another possibility is that regressed type molesters with a history of sexual trauma come to feel worse on EWB. The results here suggest the need for researchers to know what time frame and the nature religious conversion plays in the life of the offender.

In summary, the research suggests that regressed molesters without sexual trauma history have a higher



sense of satisfaction and purpose in life than regressed or fixated molesters with sexual trauma history. The effect of sexual trauma history may depend on or interact with the typology and the religious orientation of the offender. Child molesters who are both Christian and regressed, without a history of sexual trauma, may have a better sense of satisfaction and purpose in life than other child molesters. Child molesters who are Christian, fixated and do not have a history of sexual trauma will have a better sense of satisfaction and purpose in life than other fixated child molesters. In conclusion, the history of sexual trauma made a difference for all groups of child molesters. It is an important variable which needs to be addressed in research and treatment of sexual offenders.

Hypothesis Two. The hypothesis for aggressiveness stated there would be a significant interaction effect between typology, the history of sexual trauma, and religious orientation of child molesters on aggressiveness. The hypothesis was not supported by the results; since there was neither a main effect for the independent variables nor interaction effects.

The results of this study are at variance with some of the research which has been collected to date on this population. It is very important to stress that the small size of this sample and the especially small size of the fixated offenders may well have affected the results. Therefore, one should be very careful in drawing conclusions from the results of the Aggressiveness Rational Subscale of the IBS.

Groth, Hobson, and Gary (1982) have suggested that the defects in a child molester's functioning is largely interpersonal. Longo and Wall (1986) stated that most sex offenders lack social skills and proper levels of assertiveness, and therefore cannot control their anger or impulses. The fixated molester was especially passive-dependent and socially inadequate (Cohen et al., 1969; Peters & Sadoff, 1970). Annis (1982) noted interpersonal difficulties such as patterns of aggressive responding, poor impulse control, and hostility toward women. Pantou (1979) concluded that his child molesters tested on the MMPI as nonaggressive, character-disordered, and inadequate individuals. Kirkland and Bauer (1979) found incestuous fathers on the MMPI to be passive-dependent with a tendency to act out. Scales 4 and 8

were high for both studies on the MMPI suggesting anger, impulsivity, and social isolation. Fisher (1969) suggests that child molesters are passive, dependent, insecure, and are unable to express their anger or act assertively. Clearly the research pointed in the direction of an inability to handle aggression and a lack of assertiveness skills. Many treatment programs operate on this premise and utilize interpersonal psychotherapy, assertiveness skills, anger management, and stress inoculation (Laws, 1986; Longo & Wall, 1986).

Perhaps a more direct measure of aggressiveness was needed. Perhaps, it would shed light on the degree to which levels of aggression vary when affected by the independent variables. Aggressiveness was defined as feelings of hostility toward others, with the purpose of attacking others or exerting control over them (Mauger & Adkinson, 1980). There is a disregard for the rights of others. This was the definition inherent in the GGR scale of the IBS. Since the IBS is a better and more direct measure for aggressive interpersonal behavior than other scales used with child molesters, one would have expected it to tap either a high level of aggressiveness or an

extremely low level. Both of these levels would have suggested pathology, which the previous research seems to indicate. It was also thought that typology, sexual trauma, and religious orientation would have significant effects upon the GGR subscale. Such significance was not discovered. The range of the GGR scores were from a low of 26 to a high of 75, suggesting pathological levels of aggressiveness for some of the molesters. It is doubtful that a larger sample would have demonstrated more significant findings.

Hypothesis Three. Hypothesis three suggested there would be a significant interaction effect between the levels of typology, the history of sexual trauma, and religious orientation of child molesters on assertiveness. This hypothesis was not supported by the results. The results were not significant for this hypothesis since there was neither a main effect for the independent variables nor interaction effects.

Similar to the findings detected under hypothesis two for aggressiveness, the results seem at variance with previous research. There were no differences on assertiveness for any of the factors. There were no significant differences between fixated and regressed,

Christian or non-Christian, or sex trauma presence or absence. Incarcerated pedophiles had been found to be exclusively underassertive and meek in their interpersonal contacts despite assaultive behaviors (Marshall & Christie, 1981). Kurland (1960) described molesters as mild, passive and harmless with adults, with an inability to express aggression in any manner. Longo and Wall (1986) teach child molesters social and assertiveness skills at the Oregon Correction Unit. Annis (1982) also reported a lack of assertiveness.

One would have expected to find extremely low levels of assertiveness as measured by the SGR since all the profiles were judged valid. Since the sample consisted of only 13 fixated offenders compared to 42 regressed molesters, it is quite possible the sample was too small to test for differences in levels of assertiveness. The range for SGR scores were from a low of 20 to a high of 65, suggesting some extremely low scores. Although most of the research does not suggest differences between types of molesters on assertiveness, some researchers have pointed to fixated molesters as having lower social skills (Groth, Hobson, & Gary, 1982; Delin, 1978). One of the problems with the research could be the

differences in nomenclature and definitions concerning typology. Some researchers refer to sex offenders as pedophiles without addressing whether they are regressed (situational) or fixated (preference) molesters. Other researchers group them all together or divide them according to victim sex. The operation for typology in this study may be unreliable too.

### Implications

From the standpoint of clinical applications, with the integration and use of religious or spiritual variables, the most important findings from this study are the differences found for Religious and Existential Well-Being between the groups.

The religious well-being for non-Christians was significantly affected by sexual trauma. The presence of sexual trauma history significantly lowered religious well-being for the non-Christians. The suggestion is that sexual trauma in one's developmental years can greatly affect one's perceived relation to God. The religious well-being of the Christian molesters was not affected by sexual trauma.

This suggests that their belief system can be utilized to comfort and to challenge the Christians within the therapy process. Agnor (1986) suggested

that since there already is a cognitive acceptance of conservative societal values, the next step would be to transform the values into behavior. Since empathy with the victim and trust concerning adults is lacking for these individuals, Scripture can be utilized as a catalyst for change. The usual criminal thinking errors and defenses to depersonalize, minimize, rationalize and project blame can be challenged with the command of Scripture to act and to walk according to their faith or beliefs. The apostle Paul says, "...if any man is in Christ, he is a new creature; the old things passed away; behold new things have come" (2 Corinthians 5:17, New American Standard Bible, 1976). The sex offender would have us end here but Paul says, "Therefore, having these promises, beloved, let us cleanse ourselves from all defilement of flesh and spirit, perfecting holiness in the fear of God" (2 Corinthians 6.1). Statements made by Christian molesters attesting that they are "forgiven of their acts and thus we can all go home and forget it" need to be challenged. The kind of forgiveness the average molester is seeking is not completely misguided, but rather, it is incomplete. Scripture dictates how a true believer is to walk. "The fruit of the Spirit is

love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self control ... those who belong to Christ Jesus have crucified the flesh with its passions and desires. If we live by the Spirit, let us also walk by the Spirit" (Galatians 5.22-25).

Concerning guilt and forgiveness, Yochelson and Samenow (1976) suggest that religion offers the criminal a cloak of respectability. The cloak offers him protection from dealing with his criminal acts. It tells him he is decent in the face of accusations from others and may actually perpetuate his criminal thinking and acting. As Agnor (1986) suggests, this may not be the fault of the religious belief system so much as it is the criminal's own manipulation and distortion. Christianity may offer the child molester who has been labeled a "leper" by society and even some criminals, a way to redeem, restore, or maintain a sense of well-being. Christian forgiveness inherently provides an escape from guilt and sin, but requires things like restitution and change of character and behavior. Unfortunately, the criminal may often times forget the latter elements. This could be a serious flaw for the therapist, correction staff, the church and the community if child molesters



are too hastily forgiven and forgotten. Whereas the correction staff or therapists may too hastily discount religious variables and concerns as mere defenses in the way of mental health, the Christian community may too readily accept at face value confession and professions of change without testing and evidence of change.

The therapist and the Christian community need to be careful in blurring the distinction between forgiveness at the Cross of Christ and the sanctification of the believer. The latter requires continued and steady change over time. It demands evidence of change of character, attitude, and behavior. " He has told you, O man, what is good; and what does the Lord require of you but to do justice, to love kindness, and to walk humbly with your God? " (Micah 6.8). Continuing in immorality, impurity, sensuality, strife, jealousy, outbursts of anger, and drunkenness are not what God expects of true believers (Galatians 5.19-21).

An overview of the doctrine of salvation may be helpful at this time to understand an individual's standing with God. Conversion is an act of turning from sin in repentance toward Christ in faith

(Ezek.18.30-32; Eph.5.14). As a result an individual is justified by God by being brought into legal union with Christ (Rom. 3.23-34; 5.9). The person's legal status is changed from guilty to not guilty. As a result, one is adopted or restored to favor with God and given the opportunity to claim all benefits (John 1.12; Eph.1.5). The basic change for the individual is an about face from being inclined toward sin to a positive desire to live righteously. This regeneration or new birth involves an actual alteration of one's character (John 1.12-13). It involves a total reversal of one's natural sinful tendencies and changing ones previous sinful and self-centered manners over a period of time ( Gal.5.24-25; Eph.2.1-10). It is a beginning of spiritual life and a progressive change in one's spiritual condition (Eph.2.10; Phil.1.6). This progressive change is referred to as sanctification and is the place one needs to begin in treatment with Christian molesters. In as much as salvation is an instantaneous act by God (2 Cor. 5.17), the behavior, attitude, and cognitive changes which follow are also characterized in Scripture (Eph.4.22-24; Rom.7). One needs to realize that such changes will occur at different rates for

different people. One would expect child molesters to grow and progress more slowly than the average individual not experiencing such emotional problems. The SWB, RWB and EWB Scales can be a helpful instruments in assessing a molester's perceived sense of satisfaction and direction for his life.

Existential well-being was significantly affected by religious orientation, the history of sexual trauma, and typology. Despite the small and uneven sample size, the results here could have interesting and important clinical implications. The small number of fixated molesters within the study greatly affects the amount of significance with which we attach to the findings and the number of conclusions we draw. The regressed groups without sexual trauma, both Christian and non-Christian, had a higher sense of purpose in life and life satisfaction than their respective groups with sexual trauma history. There was a higher sense of satisfaction and purpose in life than Christian and non-Christian offenders with sexual trauma. Overall, the fixated groups were lower in existential well-being. The fixated Christians without sexual trauma demonstrated significantly higher EWB scores compared to those with sexual

trauma. The suggestion here is that molesters without sexual trauma, especially Christians, will have significantly better satisfaction and purpose in life. Agnor (1986) detected Christian sociopaths who had an internal locus of control and higher EWB scores. Such individuals, suggests Agnor (1986), may view themselves to be more in control of their destiny and have goal oriented perceptions. It follows that such individuals will have a better developed sense of purpose and satisfaction in life. The prognosis for such clients would probably be higher than for those with much lower levels of EWB.

#### Limitations

The generalizations one can draw from the results are important additions to researchers working with child molesters. One needs to be mindful, however, of the limited amount of generalizing one can do with a small sample. The fixated offenders made up only 23.6% (13) of the total sample in this study as compared to the 76.4% (42) who were regressed for type. The overall small sample size and especially the small number of fixated molesters may well have affected the results on aggressiveness and assertiveness. The percentage may actually reflect

the proportion of fixated molesters in the population of total molesters. While the strength of a study's results are more robust when the sample size is large and random, clinical samples do not afford one the luxury of such. When working with a clinical population like child molesters, randomness and large sizes are rarely possible. Therefore, clinical research needs to be collected whenever possible so that one can learn as much as one can about the molester.

The sample itself is also limited to arrested individuals or those mandated to be in treatment, which excludes those who do not get caught. This is a limitation, but one cannot always assess an entire population of any clinical group. There are a variety of clinical disorders who never seek or continue in treatment. One can only test or assess the person that comes in the front door and remains for a time. Research should not stop because one cannot define an entire population, although one should at least attempt to research at a higher level than a case study approach.

The manner in which the independent variables were determined may not be totally adequate or precise

enough. Each of the items utilized to determine the variables had been researched in previous studies or documented in clinical work (Agnor, 1986; Durham, 1986; Groth, 1979a, 1979b; Groth, Hobson, & Gary, 1982; Lewis, 1986). The research in this study measured items, such as typology and sexual trauma, which do not have a significant amount of supportive research or empirical surveys. The instructions to the therapists concerning the differentiation between types was not as thorough as the literature revealed (Groth, Hobson, & Gary, 1982). Perhaps the incompleteness of the instructions created problems for some of the clinicians differentiating the regressed from the fixated molesters. The scale which Lanyon (1986) stated he is developing to differentiate regressed from fixated molesters may prove to be a valuable asset to avoid this problem in future work. The sexual trauma history item may need refinement or more detailed items to gather more accurate and specific data; however, it does seem to have identified half the sample. Unfortunately, the Sexual Victimization Questionnaire did not come to this researcher's attention until after the data was collected (Groth, 1982). Although the psychometric

data may not be available, the questionnaire was developed to assess sexual trauma history and could prove to be a valuable instrument in thoroughly assessing the amount and type of sexual trauma history in a molester's childhood background (Laws, 1986). A positive contribution for further testing and surveying child molesters on two very important items, typology and sexual trauma history, has been accomplished. Lanyon (1986) has suggested that research needs to begin somewhere with the typology of regressed versus fixated. It was this rationale which prompted this researcher to study the types, regressed and fixated. The item assessing born-again Christianity may fall short as well but it does have the advantage of staying clear of theological dilemmas and differences. More work needs to be done assessing the relationship between this item and other belief items to more fully discriminate born-again Christians. An item assessing the time factor of religious conversion and how that relates to the other items could prove valuable in further examination of religious variables for child molesters.

Considering the nature of this particular population, another limitation might be the lack of

information indicating at what stage of treatment the subject was at. The stages of treatment would greatly affect the results of the GGR and SGR subscales, especially if the subjects were receiving social skills training, anger management and stress inoculation, and interpersonal grouptherapy. One might expect greater variance depending upon whether one was beginning treatment, involved in therapy for a certain period of time, or near completion.

The selection of subjects was based upon availability and willingness to be tested. The study may have left out individuals whose defensiveness and unwillingness to cooperate would have contributed to greater variance in the scores. Of course, it is possible that their IBS scores would have tested invalid and as such would not have been used. This study did not separate the molesters in the prison setting from those in private outpatient clinics or practices. One might have received different results for levels of aggressiveness and assertiveness based upon treatment centers.

Analysis of the Christian family system was also omitted from this study, which may be quite important in understanding the child molestation and



the variables which this study observes. The literature suggested that family patterns and interactions are only important in cases of family incest and the sexual motivations of the offender are the same regardless of the presence of incest or not (Abel, Becker, Murphy, & Flanagan, 1981; Lanyon, 1986). Therefore, it was thought more profitable to omit family assessment for this study since the research does not suggest differences between incest molestation and molestation which is not incest. Of equal importance is family religious background. Did the child molesters come from fundamentalist Christian family backgrounds? The patriarchal family system and how it may relate to fundamentalist religions was not addressed here. It could prove important in a further study of the problem.

Previous research and opinion by clinicians have pointed out a relationship between fundamentalist religion and child molesters. While this study found 52.7% (29) of the sample of child molesters to be Christian, it did not differentiate at what point the molesters became converted. Was conversion before or after child molestation and or arrest? The time factor could be vital in better understanding what

part religious variables play in the life of an offender. The Christian belief system may not be the cause of a molester's dynamics as it is the result of the molester trying to deal with his emotionally dysfunctional life. A Gallop Poll of the adult population in the United States found that 86% were more interested in religious and spiritual matters than five years earlier, 56% were more reliant on God, and 44% claimed their spiritual well being had improved (Moberg, 1985). In fact, two-fifths claimed to be involved in Bible study groups, religious education, prayer groups, or witnessing; attendance in church or synagogue in the past seven days held steady at 41% (Moberg, 1985). The percentage of molesters who identified themselves with the born-again Christian item may be a reflection of the United States society at large, or may actually be underrepresented in this sample in comparison to the society. Therefore, the data does not support the view that child molestation is either caused or enhanced by fundamentalist or evangelical Christian religious beliefs.

Recommendations for Future Research

A future study could utilize pre- and post-treatment testing on measures of aggressiveness and assertiveness. Such a procedure might ascertain the effectiveness of treatment and better serve to verify the offender's personality traits before treatment. Since the IBS contains other reliable and valid subscales, more specific traits of aggressiveness, assertiveness, and relationship skills could be assessed.

It might prove helpful and more reliable to provide the therapists at each site with a specific checklist of traits differentiating regressed from fixated offenders. Lanyon (1986) has already mentioned some progress on such a scaled measurement but research should begin assessing traits using statistical techniques. Verifying or disproving certain items on a checklist would prove to be valuable information for the development of such a scale. A future study should also include the Sexual Victimization Questionnaire (Groth, 1982) in order to more fully assess the level and nature of sexual trauma in the developmental history of the child molester. The Clarke Sexual History Questionnaire for

Males might also prove to be a valuable addition to an assessment of child molesters (Langevin, Paitish, Handy, & Russon, 1982; Laws, 1986).

A study including the Internal/External Religious Orientation Scale or the God Concept Semantic Differential Scale to further tap religious beliefs would be valuable. The relation of such scales to the SWB Scale might parallel the work of Agnor (1986). It might prove beneficial to include other personality measures such as a few subscales of the Minnesota Multiphasic Personality Inventory or the Tennessee Self-Concept Scale. One could relate these scales to the religious measures. It is quite possible that these religious and personality measures would be affected by the independent variables utilized in this study. In sum, more items assessing an individual's religious belief system need to be addressed in order to discriminate various religious affiliations and religious orientations.

#### Summary

In this study 55 child molesters from inpatient and outpatient treatment centers in Oregon were administered the Interpersonal Behavior Survey, the Spiritual Well-Being Scale, and an Information Survey.

The child molesters were assessed for levels of spiritual well-being, aggressiveness, and assertiveness. The child molesters were also assessed for typology, history of sexual trauma, and religious orientation. It was hypothesized that non-Christian, fixated offenders with sexual trauma history would score significantly different than other fixated and regressed groups of child molesters on measures of aggressiveness, assertiveness, and spiritual well-being.

Firstly, the results of this research corroborate the previous findings concerning the high incidence of sexual trauma in the childhood of child molesters. Of the 55 offenders tested, 52.7% (29) had a history of sexual trauma.

Secondly, previous researchers and clinicians had reported high incidences of fundamentalist religions in populations of child molesters. Within this study, 52.7% (29) of the child molesters were found to be born-again Christians by their responses on the survey. Without a more defined assessment of duration of religious belief or time frame for conversion it was difficult to account entirely for this high percentage. It could be that child molesters are

drawn to the security and forgiveness of Christianity after molestation or arrest. It might also reflect the society at large and the increased prevalence of religion and fundamentalist religion in particular.

Thirdly, those molesters reporting sexual trauma scored lower on spiritual well-being, religious well-being, and existential well-being. Such findings suggest that child molesters with sexual trauma history have a lower perceived sense of relatedness to God and a lowered perceived sense of satisfaction and purpose in life than other molesters. Although the sample size for fixated child molesters was too small to make strong conclusions, fixated offenders with sexual trauma tended to score lower on EWB than other groups. The fixated Christian offenders without sexual trauma scored higher than the other fixated groups.

Fourthly, child molesters who were regressed for type and who did not have sexual trauma history tended to score higher on EWB than other child molesters. The Christian, regressed offenders without sexual trauma history scored the highest on EWB. Regressed offenders without sexual trauma history, especially Christians, have higher levels of a perceived sense of

satisfaction and purpose in life than the other child molesters.

Fifth, there were no significant findings for measures of aggressiveness and assertiveness. It was predicted that there would be different levels based upon type, sexual trauma, and religious orientation. The results seem to be at variance with the research and clinical opinions concerning unhealthy levels of aggression and assertiveness usually detected in populations of child molesters. It was suggested that further research be collected to increase the sample size utilizing the IBS with this clinical population. Previous research or opinions had not tested with a scale that measured both aggressiveness and assertiveness so completely and specifically.

Lastly, it was suggested that religious variables not be discounted by professionals working closely with the child molesters. It was also advised that the Christian community working with child molesters needed to be sensitive to the process of therapy and growth involved in the treatment. One should not let the child molester go quickly with forgiveness without demonstrating evidence of changed character, behavior,

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and thoughts. Such change can only be earned with professional care, love, respect and time.



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Appendix A

Letter of Introduction

(Western Stationary)

Dear Research Participant:

I am very happy you have consented to participate in this research project concerning individuals who have molested children. Your willingness to come forth and participate has a tremendous potential for helping others who share the same experiences you have. Your aid in this matter will enable therapists to improve upon therapy in the future.

In order for this to be accomplished I need you to answer some questions which I have enclosed. Please fill out the two questionnaires in the packet in the following order:

1. Information Survey
2. Interpersonal Behavior Survey

In addition, please do not place your name on any of the questionnaires. We want to assure you complete confidentiality in exchange for your participation. Upon completion of the packet please return it to your therapist. If you desire to have any feedback directly from me on your results, please send a separate note in the postage paid envelope provided along with your packet with your name, address, and ID number. I will be happy to furnish you with the results upon completion of the research project.

Again, thank you very much for your participation and I wish you well in your therapy process.

Sincerely,

Anthony J. Papania  
Research Coordinator

Appendix B

Instruction to Therapists

Dear Research Participant:

I would like to thank you very much for agreeing to participate in this research. For the purposes of this study, adult male child molesters will be defined as:

Older individuals whose conscious sexual desires and responses are directed, at least in part, toward dependent, developmentally immature children and adolescents who do not fully comprehend these actions and are unable to give informed consent.

This study will further observe one variable under typology- whether the child molester is fixated or regressed according to previous research. I need your assistance in this matter. Groth et. al. (1979) have referred to types of child molesters. The fixated type is that person who has an arrested psychosexual development and a preference for younger prepubertal children. The regressed type refers to that individual whose molestation is regressive behavior exhibited under stress. When the test packets are returned to you by your clients, please mark the bottom of the INFORMATION SURVEY depending on whether you consider the client regressed or fixated in the nature of their molestation (s). Simply put a check next to the F for fixated and the R for regressed.

In addition, please keep a separate list for your records which indicates the client's name and the corresponding numbered packet. Please instruct the clients to return the packet in one week. Once again I would like to thank you for your participation.

Sincerely yours,

Anthony J. Papania, M.S., M.A.

Appendix C  
Information Survey

Q-1. What is your age as of your last birthday?

\_\_\_\_\_ YEARS

Q-2. What is the highest level of education that you have completed? (Circle number)

- 1 SOME GRADE SCHOOL
- 2 COMPLETED GRADE SCHOOL
- 3 SOME HIGH SCHOOL
- 4 COMPLETED HIGH SCHOOL
- 5 SOME COLLEGE
- 6 COMPLETED COLLEGE
- 7 GRADUATE SCHOOL

Q-3. Which of the following categories best describes your total family income during 1985? (Circle number)

- 1 LESS THAN \$5,000
- 2 5000 to 9999
- 3 10,000 to 14,999
- 4 15,000 to 19,999
- 5 20,000 to 29,999
- 6 30,000 to 39,999
- 7 40,000 to 49,999
- 8 OVER 50,000

Q-4. Which of the following best describes your current living situation? (Circle Number)

- 1 MARRIED
- 2 SEPARATED
- 3 DIVORCED
- 4 LIVING TOGETHER
- 5 WIDOWED
- 6 SINGLE
- 7 OTHER \_\_\_\_\_ (WRITE IN)

Q-5. How often do you attend any type of religious worship service(s)? (Circle Number)

- 1 MORE THAN ONCE A DAY
- 2 WEEKLY
- 3 ONE OR THREE TIMES A MONTH
- 4 THREE OR ELEVEN TIMES A YEAR
- 5 ONCE OR TWICE A YEAR
- 6 LESS THAN ONCE A YEAR
- 7 NOT AT ALL

Q-6. How often do you have personal religious devotions? (Such as Bible study or prayer time) (Circle Number)

- 1 MORE THAN ONCE A DAY
- 2 FOUR TO SEVEN TIMES A WEEK
- 3 TWO TO THREE TIMES A WEEK
- 4 ABOUT ONCE A WEEK
- 5 LESS THAN ONCE A WEEK
- 6 NOT AT ALL

Q-7. What is your religious preference? (Circle Number)

- 1 ROMAN CATHOLIC
- 2 PROTESTANT
- 3 JEWISH
- 4 MORMAN
- 5 OTHER \_\_\_\_\_



Q-8. Which of the following statements best describes the Bible as the source of your religious beliefs? (Circle Number)

- 1 THE BIBLE IS GOD'S WORD AND IS TRUE
- 2 IN ADDITION TO THE BIBLE, RELIGIOUS EXPERIENCE ( SUCH AS SPEAKING IN TONGUES) IS AS IMPORTANT TO FAITH
- 3 MAN HAS THE ABILITY TO JUDGE WHAT IS TRUE IN MATTERS OF RELIGION WITHOUT THE BIBLE
- 4 IN ADDITION TO THE BIBLE, THE POPE'S DECISIONS ARE ALSO IMPORTANT
- 5 I DON'T KNOW
- 6 OTHER \_\_\_\_\_

Q-9. Which statement best describes your religious experience? (Circle Number)

- 1 I RESPECT AND ATTEMPT TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST
- 2 I RECEIVED JESUS CHRIST INTO MY LIFE AS PERSONAL SAVIOR AND LORD
- 3 I RECEIVED JESUS CHRIST INTO MY LIFE AS PERSONAL SAVIOR AND LORD AND ATTEMPT TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST
- 4 NONE OF THE ABOVE

Next, we would like to ask you about your relationship with God and feelings about life. For each of the following statements, circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = STRONGLY AGREE  
 MA = MODERATELY AGREE  
 A = AGREE

D = DISAGREE  
 MD = MODERATELY DISAGREE  
 SD = STRONGLY DISAGREE

- Q-10. I don't find much satisfaction, in private prayer with God SA MA A D MD SD
- Q-11. I don't know who I am, where I came from or where I'm going SA MA A D MD SD
- Q-12. I believe that God loves me and cares about me SA MA A D MD SD
- Q-13. I feel life is a positive experience SA MA A D MD SD
- Q-14. I believe that God is impersonal and not interested in my daily situations SA MA A D MD SD
- Q-15. I feel unsettled about my future SA MA A D MD SD
- Q-16. I have a personally meaningful relationship with God SA MA A D MD SD
- Q-17. I feel very fulfilled and satisfied with life SA MA A D MD SD
- Q-18. I don't get much personal strength and support from my God SA MA A D MD SD

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Q-19. I feel a sense of well-being about the direction my life is headed in	SA	MA	A	D	MD	SD
Q-20. I believe that God is concerned about my problems	SA	MA	A	D	MD	SD
Q-21. I don't enjoy much about life	SA	MA	A	D	MD	SD
Q-22. I don't have a personally satisfying relationship with God	SA	MA	A	D	MD	SD
Q-23. I feel good about my future	SA	MA	A	D	MD	SD
Q-24. My relationship with God helps me not to feel lonely	SA	MA	A	D	MD	SD
Q-25. I feel that life is full of conflict and unhappiness	SA	MA	A	D	MD	SD
Q-26. I feel most fulfilled when I'm in close communion with God	SA	MA	A	D	MD	SD
Q-27. Life doesn't have much meaning	SA	MA	A	D	MD	SD
Q-28. My relation with God contributes to my sense of well-being	SA	MA	A	D	MD	SD
Q-29. I believe there is some real purpose for my life	SA	MA	A	D	MD	SD

Q-30. Which statement best describes your childhood sexual experiences? (Circle Number)

- 1 I WAS THE VICTIM OF A SEXUAL ASSAULT AGAINST MY WILL BY SOMEONE OLDER THAN MYSELF
- 2 I HAVE WITNESSED DISTURBING SEXUAL ACTIVITY WITH MY FAMILY MEMBERS AND/OR OTHERS
- 3 BOTH STATEMENTS ABOVE APPLY TO ME
- 4 NEITHER ONE OR TWO APPLY TO ME
- 5 OTHER \_\_\_\_\_

Q-31. Which of the following best describes the person(s) you molested? (Circle Number)

- 1 MALE
- 2 FEMALE
- 3 MALE AND FEMALE

Appendix D  
Raw Data Tables

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 FOLLOW'  
 4 'NONE OF THE ABOVE'  
 /SEXTRAUM 1 'WAS THE VICTIM OF A SEXUAL'  
 2 'HAVE WITNESSED DISTURBING'  
 3 'BOTH STATEMENTS ABOVE APPLY TO ME'  
 4 'NEITHER ONE OR TWO APPLY TO ME' 5 'OTHER'  
 /VICTIMSX 1 'MALE' 2 'FEMALE' 3 'MALE AND FEMALE'  
 /TYPE 1 'REGRESSED' 2 'FIXATED'.

Appendix E  
Statistical Calculations

Effect of Religious Orientation - 198

\*\*\* ANALYSIS OF VARIANCE \*\*\*

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
BY SGR ASSERTIVENESS					
RELORIEI RELIGIOUS ORIENTATION					
SEXTRAUM HISTORY OF SEX TRAUMA					
TYPE MOLESTER TYPE					
Main Effects	280.910	3	93.637		
RELORIEI	3.629	1	3.629	.610	.612
SEXTRAUM	128.323	1	128.323	.024	.878
TYPE	101.523	1	101.523	.837	.365
				.662	.420
2-way Interactions	453.305	3	151.102		
RELORIEI SEXTRAUM	424.382	1	424.382	.985	.408
RELORIEI TYPE	24.071	1	24.071	2.767	.103
SEXTRAUM TYPE	.796	1	.796	.157	.694
				.005	.943
3-way Interactions	160.145	1	160.145		
RELORIEI SEXTRAUM TYPE	160.145	1	160.145	1.044	.312
				1.044	.312
Page 6	SPSS/PC+				1/1/80
Explained	837.609	7	119.658	.780	.607
Residual	7209.737	47	153.399		
Total	8047.345	54	149.025		

55 Cases were processed  
0 CASES ( .0 PCT) missing.

Effect of Religious Orientation - 199

• • • ANALYSIS OF VARIANCE • • •

GGR            AGGRESSIVENESS  
 BY RELORIE   RELIGIOUS ORIENTATION  
 SEXTRAUM    HISTORY OF SEX TRAUMA  
 TYPE        MOLESTER TYPE

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	582.956	3	194.185	1.234	.308
RELORIE	21.571	1	21.571	.137	.713
SEXTRAUM	168.288	1	168.288	1.069	.306
TYPE	309.317	1	309.317	1.965	.168
2-way Interactions	404.333	3	134.778	.856	.470
RELORIE SEXTRAUM	61.476	1	61.476	.391	.535
RELORIE TYPE	252.485	1	252.485	1.604	.212
SEXTRAUM TYPE	19.877	1	19.877	.126	.724
3-way Interactions	44.670	1	44.670	.284	.597
RELORIE SEXTRAUM TYPE	44.670	1	44.670	.284	.597
Page 4	SPSS/PC+				1/1/80
Explained	980.519	7	140.074	.890	.522
Residual	7398.463	47	157.414		
Total	6378.982	54	155.166		

Effect of Religious Orientation - 200

• • • ANALYSIS OF VARIANCE • • •

BY SUBSCORE SPIRITUAL WELL-BEING  
 RELORIEN RELIGIOUS ORIENTATION  
 SEXTRAUM HISTORY OF SEX TRAUMA  
 TYPE MOLESTER TYPE

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	7113.211	3	2371.070	10.310	.000
RELORIEN	2894.998	1	2894.998	12.588	.001
SEXTRAUM	1248.641	1	1248.641	5.429	.024
TYPE	1450.902	1	1450.902	6.309	.016
2-way Interactions	87.593	3	29.198	.127	.944
RELORIEN SEXTRAUM	3.324	1	3.324	.014	.905
RELORIEN TYPE	52.239	1	52.239	.227	.636
SEXTRAUM TYPE	27.368	1	27.368	.119	.732
3-way Interactions	267.236	1	267.236	1.162	.287
RELORIEN SEXTRAUM TYPE	267.236	1	267.236	1.162	.287
Page 8	SPSS/PC+				1/1/80
Explained	8982.106	7	1283.158	5.579	.000
Residual	10809.422	47	229.988		
Total	19791.527	54	366.510		

# Effect of Religious Orientation - 201

## \* \* \* ANALYSIS OF VARIANCE \* \* \*

BY EWBCORE EXISTENTIAL WELL-BEING  
RELORIEN RELIGIOUS ORIENTATION  
SEXTRAUM HISTORY OF SEX TRAUMA  
TYPE MOLESTER TYPE

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	1705.281	3	568.427	5.989	.002
RELORIEN	21.390	1	21.390	.225	.637
SEXTRAUM	450.154	1	450.154	4.743	.034
TYPE	957.736	1	957.736	10.091	.003
2-way Interactions	505.363	3	168.454	1.775	.165
RELORIEN SEXTRAUM	194.971	1	194.971	2.054	.158
RELORIEN TYPE	198.987	1	198.987	2.097	.154
SEXTRAUM TYPE	50.842	1	50.842	.536	.468
3-way Interactions	432.419	1	432.419	4.556	.038
RELORIEN SEXTRAUM TYPE	432.419	1	432.419	4.556	.038
Page 9	SPSS/PC+				1/1/80
Explained	2184.610	7	312.087	3.288	.006
Residual	4460.917	47	94.913		
Total	6645.527	54	123.065		

BY RWBCORE RELIGIOUS WELL-BEING  
RELORIEN RELIGIOUS ORIENTATION  
SEXTRAUM HISTORY OF SEX TRAUMA  
TYPE MOLESTER TYPE

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	3989.924	3	1329.975	21.397	.000
RELORIEN	3414.076	1	3414.076	54.927	.000
SEXTRAUM	199.354	1	199.354	3.207	.080
TYPE	51.028	1	51.028	.821	.370
2-way Interactions	348.912	3	116.304	1.871	.147
RELORIEN SEXTRAUM	249.209	1	249.209	4.009	.051
RELORIEN TYPE	47.316	1	47.316	.761	.387
SEXTRAUM TYPE	2.606	1	2.606	.058	.811
3-way Interactions	19.779	1	19.779	.318	.575
RELORIEN SEXTRAUM TYPE	19.779	1	19.779	.318	.575
Page 7	SPSS/PC+				1/1/80
Explained	5425.563	7	775.080	12.470	.000
Residual	2921.346	47	62.156		
Total	8346.909	54	154.572		

Appendix F

Definition of Terms

Spiritual Well-Being: Spiritual well being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness. Spiritual well-being may not be the same thing as spiritual health. It arises from an underlying state of spiritual health and is an expression of it, much like the color of one's complexion and pulse rate are expressions of good health.

Religious Well-Being: Religious well-being refers to a perceived sense of well-being related to God.

Existential Well-Being: Existential well-being refers to a general sense of satisfaction and purpose in life with no reference to anything specifically religious.

Fixated Offender: A child molester who consistently prefers children as sexual/social partners.

Regressed Offender: A child molester who has assaulted children sexually due to situational stresses in their life and who otherwise would not prefer children as sexual partners.

Assertiveness: A behavior which is directed toward reaching some desired goal which continues in the direction of that goal in spite of obstacles in the environment or the opposition of others. The rights of others are respected and one's relationship to others remains positive in attaining one's goal.

Aggressiveness: A behavior that originates from attitudes and feelings of hostility toward others. The purpose of this behavior is to attack others or to exert power over them in some fashion. Aggressive behavior usually violates and disregards other people's rights while pursuing one's own goal.

Sexual Trauma History: Any sexual activity witnessed or experienced which was emotionally upsetting or disturbing to an individual.

Religious Orientation: This referred to whether an individual was determined to be a fundamentalist or evangelical born-again Christian or not.



Appendix G

Vita

EDUCATION

Psy.D. Clinical Psychology: 8/87  
Western Conservative Baptist  
Seminary  
Portland, Oregon

M.A. Clinical and Counseling  
Psychology: 6/85  
Western Conservative Baptist  
Seminary  
Portland, Oregon

M.S. Special Education: 5/78  
C.W. Post Center, Long Island  
University  
Greenvale, New York

B.A. Psychology: 2/77  
Queens College, CUNY  
Flushing, New York

WORK EXPERIENCE

Special Education Teacher: 9/81-6/83  
Lawrence Public Schools  
Lawrence, New York

Special Education Teacher: 9/79-6/81  
Levittown Public Schools  
Levittown, New York

Acting Director of Special Education  
4/78-8/78  
Woodward Mental Health Center  
Freeport, New York

Special Education Teacher: 1/77-4/78  
Woodward Mental Health Center  
Freeport, New York

INTERNSHIP

Psychological Intern: 5/86-6/87  
Psychological and Counseling Services  
Center P.C.  
Portland, Oregon

PRACTICUM EXPERIENCE

Individual Counselor  
Providence Day Treatment Center: 9/85-5/86  
Providence Hospital  
Portland, Oregon

Family Counselor  
SuperNet Program for Delinquent Youth:  
9/84-8/85  
Morrison Center  
Portland, Oregon

STUDENT EXPERIENCE

Graduate Fellow  
Western Conservative Baptist Seminary  
Psychology Department: 9/86-5/87  
Portland, Oregon

Group Therapy Leader  
Western Conservative Baptist Seminary  
9/85-5/86  
Portland, Oregon

Student Teacher  
Association for Helping Retarded  
Children: 9-10/76  
Brookville, New York

Student Teacher  
Nassau Center for the Emotionally  
Handicapped: 10-12/76  
Woodbury, New York

Volunteer Teacher  
Queens Childrens Hospital  
Bellrose, New York

PROFESSIONAL WORK

Article published for Academic Therapy,  
18(2), 1982, entitled: "Team Teaching:  
It Works for the Student." Garvar, A. &  
Papania, A.J.

LICENSE

Special Education: Grades K-12  
New York State Permanent Certification  
Number: 065502954