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An Information Processing Approach to Understanding Sympathy Deficits in Sexual
Offenders

By: Ida Dickie, B.A.

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment
of the requirements for the degree of

Masters of Arts

Department of Psychology

Carleton University
Ottawa, Ontario
September, 1998
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acceptance of the thesis

AN INFORMATION PROCESSING APPROACH TO UNDERSTANDING
SYMPATHY DEFICITS IN SEXUAL OFFENDERS

Submitted by: Ida Dickie, B.A.
in partial fulfillment of the requirements
for the degree of Master of Arts

Thesis Supervisor

Chair, Department of Psychology

Carleton University
September, 1998

Abstract

Lack of empathy is considered to be an important factor in the development and maintenance of sexually deviant behavior (Barbaree, Marshall, & Lanthier, 1979; Malamuth, 1988). Presently, almost all sexual offender treatment programs include a victim-empathy component (Knopp, Freeman-Longo, & Stevenson, 1992; Wormith & Hanson, 1992). However, the focus on empathy in sexual offender research is not predicated on a strong research base (Marshall & Pithers, 1994; Quinsey, Rice, Harris, & Lalumiere, 1993). This study examined the nature of sexual offender sympathy deficits using an information-processing model consisting of three components: deviant schema, perspective-taking and sexual self-regulation. A package of questionnaires, including a newly developed measure of sexual self-regulation, was administered to 62 sexual offenders, 56 self-admitted sexual offenders, 82 non-sexual offenders and 59 community males. Overall, the results supported the information-processing model assumption that sexual offenders, specifically date rapists, would use deviant sexual schemata more often than non-sexual offenders would. Support for the sexual self-regulation component of the model was weak. The proposed model suggests that correcting deviant sexual schemata and improving perspective-taking ability may be important treatment targets when treating sympathy deficits in community date rapists.

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Introduction

It is commonly assumed that rapists' perceptions of and attitudes towards women contribute to their sexually aggressive behavior (Burt, 1980; Murphy, 1990; Scully, 1988). These deviant perceptions are often framed in terms of empathy deficits (e.g., Marshall, Hudson, Jones & Fernandez, 1995). Despite the popularity of victim empathy treatment for sexual offenders (Knopp, Freeman-Longo & Stevenson, 1992; Wormith & Hanson, 1992), the nature of sexual offenders' empathy deficits remains poorly defined (Hanson, 1997; in press).

The purpose of this study was to examine the nature of sympathy/empathy deficits in rapists using an information-processing model. The study was guided by the assumption that sexual offenders' empathy deficits could be usefully conceptualized within a general social cognitive/information-processing model (Fiske & Taylor, 1984, 1991; Johnston & Ward, 1996). Empathy/ sympathy was operationally defined as the compassionate and caring response to the perceived distress of others. In this model, the term empathy/sympathy is viewed as a multi-dimensional construct including schemata and its activation, perspective taking and sexual self-regulation. The following sections will (a) trace the definitional history of empathy/sympathy, (b) review research that has examined the nature of sympathy deficits in sexual offenders, (c) outline the various components of the information-processing model and the relationship between them, and (d) briefly present the empathy/sympathy assessment instruments.

What is Empathy/Sympathy?

Although the concept of “sympathy” has had a long history, the term and concept of “empathy” is more recent, being in widespread use for less than 50 years. Empathy originates from the German word “*einfühlung*,” meaning to “feel himself into,” which in 1909 was translated into the English term “empathy” (Eisenberg & Strayer, 1987). The term was first used to describe the tendency to feel emotions from observing works of art. Later this term was applied to the emotions associated with observing other peoples’ distress (Allport, 1985). The term has since been associated with many different conceptualizations. Goldstein and Micheals (1985) provide an excellent summary of the definitional and conceptual history of empathy. They trace the development of empathy through the fields of aesthetics, sociology and psychology, shifting from the early motor mimicry definitional perspective of Lipps, through the role-taking emphasis of Mead and others, on to the affective-sensitivity focus of Rogers, and ending with a perceptual-affective-cognitive definition.

One of the more important conceptual developments of empathy was the emphasis placed on its cognitive aspects. With the influence of Mead (1934) and Piaget (1932), a cognitive component of being able to understand and take the role of another was incorporated into the definition of empathy. Empathy was no longer viewed purely as a perceptual awareness of an individual’s affect, but rather became defined as the ability to understand a person’s emotional reactions in a given situation (Deutsch & Madle, 1975). For example, Hogan (1969) developed an empathy assessment instrument that treats empathy as synonymous with the cognitive skill of perspective taking. Dymond (1949) also focused on the cognitive aspects of empathy and defined it as the

ability to take the role of another person and accurately predict the thoughts, feelings, and actions of that person.

Another important conceptual development of empathy involved treating it as a vicariously shared emotion, which did not require the use of cognitive processes. Mehrabian and Epstein (1972) developed an empathy scale defining empathy as the sharing of another's feelings, or the emotional responses that directly mirror the perceived responses of others. They hypothesized that when noticing another's distress, an individual who is high on emotional empathy would be more likely to engage in helping behavior and less likely to engage in aggressive behavior. Initial findings supported the scale's reliability and validity (Meharabian & Epstein, 1972). However, the scale has limited utility in light of more recent conceptualizations of empathy.

More recently, empathy has been defined as a combination of cognitive and affective components, involving both perspective taking and shared emotion (Barrett-Lennard, 1962; Carkhuff, 1969; Marshall, Hudson, Jones, & Fernandez, 1995). Davis (1983) has further subdivided empathy into a multidimensional construct including perspective taking, shared emotion, fantasy and personal distress components (Davis, 1983). In spite of the many definitional shifts and changes in the concept and definition of empathy, a coherent view has yet to emerge (Moore, 1990). The concept of empathy still has a variety of different meanings (Eisenberg & Fabes, 1990; Eisenberg & Strayer, 1987). However, it is generally recognized that empathy includes a cognitive as well as an affective component.

In current psychological literature (Eisenberg & Strayer, 1987), the concept of empathy has become increasingly similar to the concept of "sympathy." Sympathy is

often defined as a compassionate response to the perceived distress of others. Similar to definitional development of empathy, sympathy theorists such as Smith and Spencer have distinguished between the intellectual understanding of another's experience and some form of direct emotional response (Allport, 1985). The importance of studying empathy/sympathy stems from its relationship to pro-social behavior.

Empathy and Pro-Social Behavior

Empathy is thought to be a regulator and organizer of pro-social behavior (Clarke, 1980; Feshbach, 1978; Mehrabian & Epstein, 1972; Parke & Slaby, 1983). It has been demonstrated that it is possible to effectively instill empathy in individuals. Empathy training has resulted in aggressive, hostile behavior being reduced and replaced with more socially appropriate behavior (Feshbach, 1978; Iannotti, 1979). Treatment providers assume that by teaching sexual offenders to empathize with their victims, sexually aggressive behaviors should be inhibited and replaced with pro-social behavior.

Batson (1987) has identified two types of emotional reactions that can lead to pro-social behavior as a result of recognizing someone else's distress. These are sympathetic reactions and personal distress reactions. Batson defined a sympathetic reaction, as an other-oriented response and a personal distress reaction as a self-orientated response.

A sympathetic reaction is an other-orientated response because it involves the ability to imagine what it would feel like to be in the distressed person's situation and to also feel concern for the person. In a sympathetic reaction the desire to help the distressed person is altruistically motivated. The primary goal of a sympathetic reaction is to alleviate the distress of the distressed person. In contrast, the secondary goal is to alleviate any personal distress associated with observing someone in need of help.

The second type of reaction is a personal distress reaction. Batson (1987) has described this type of reaction as self-orientated because it is “self” focused and associated with egoistic motivation. The decision to help the distressed person is made because there is no easy way to relieve one’s own distress. The ultimate goal of a personal distress reaction is to alleviate one’s own distress whereas to alleviate the distress of the distressed person is the secondary goal. Einsenberg and Fabes (1990) argue that both sympathetic and personal distress reactions result from the ability to empathize with a distressed person. Both types of reactions can lead to pro-social behavior.

When working with sexual offenders it is of greater importance to teach them how to feel compassion and concern (sympathy) towards their victims instead of how their victims actually felt (empathy) during the offence. The implicit goal of victim-empathy training for sexual offenders is to increase their sympathy towards their victims, and ultimately to teach them appropriate behavioral responses (Hanson, 1996; Marshall, et al., 1995; Pithers, 1994). It is not enough that offenders develop an understanding of what their victims’ feel, but they should also be motivated to change their sexually coercive behavior.

Empathy and Sexual Offenders

Given the lack of coherency surrounding the definition of empathy, it has been difficult to clearly identify the nature of empathy deficits in sexual offenders. Several theorists argue that lack of empathy is a defining characteristic of sexual offenders (Finkelhor, 1984; Marshall & Barbaree, 1989; 1990; Thomas & Rogers, 1983; Williams & Finkelhor, 1990). These theorists propose that sexual offenders lack empathy towards all

people. They argue that this general incapacity for empathy precedes and is etiologically significant in sexual offending. Other theorists, however, have viewed empathy deficits as more of a consequence than a cause of sexual deviance (Abel, Gore, Holland, Camp, Becker, & Rather, 1989). Abel et al. (1989) primarily view empathy deficits as post hoc rationalizations that allow sexual offenders to continue engaging in sexually assaultive behaviors. In spite of the confusion surrounding the nature of sexual offender empathy deficits, several models of empathy exist in sexual offender literature.

Marshall et al. (1995) defines empathy as a staged process involving: (a) emotional recognition (b) perspective taking (c) emotion replication and (d) response decision. In this model, the Emotional Recognition stage is the ability to accurately identify the emotional state of another person. For example, research has demonstrated that some facial emotional responses have the same meaning in all cultures (Ekman & Freisan, 1975). Individuals differ, however, in how quickly they recognize the meanings of facial emotional responses (Miura, 1993). The emotional recognition stage is an important stage in the model since before someone can have an empathetic reaction to another's distress, they first have to recognize the distress. Marshall et al.(1995) argue that sexual offenders may have emotional recognition deficits that contribute to their sexually deviant behavior. In the sexual offender literature few studies exist that have examined this hypothesis (Hudson, Marshall, Wales, McDonald, Bakker & McLean, 1993). Research does indicate that empathetic individuals are better at recognizing the emotional states of others than less empathetic individuals (Feshbach 1987; Miller & Eisenberg, 1988).

The second stage of the model, perspective taking, is the ability to put oneself in another's place and see the world as they do. Marshall et al. point out that the ability to take the perspective of someone else is a function of how similar that person is to the perspective taker. This stage of the model is important because research suggests that aggression can be inhibited by the perceived similarity between the aggressor and the victim (Bandura, 1973; Bandura, Underwood & Fromson, 1975). It is possible that sexual offenders have a difficult time adopting the perspective of their chosen victims because they do not see any similarity between themselves and their victims.

The third stage of the model, emotional replication, involves a vicarious emotional response that imitates the emotional experience of another. This stage requires that the empathetic person have an emotional repertoire that allows them to correctly label the emotional state of someone else. Sexual offenders are thought to have relatively limited emotional repertoires and to have difficulty labeling their own feelings, let alone someone else's.

The final stage of the Marshall et al. model is called response decision. It involves the decision to act or not to act based on the feelings one has experienced at seeing another's distress. It is possible that one can recognize another's distress, take their perspective, and replicate the distressed person's feelings, but choose not to help them. Given that research indicates that empathy inhibits aggression, it is more likely that someone who successfully progresses through the first three stages of the model accurately will choose to help a distressed person. Marshall et al. (1995) argue that applying this model to sexual offenders will identify specific sexual offender empathy deficits that can be targeted during treatment.

Similarly, Hanson (in press, Hanson & Scott, 1995) has suggested a multi-component model of empathy deficits in sexual offenders. The model includes (a) the offender/victim relationship, (b) perspective taking, and (c) the ability to cope with perceived distress in others. Hanson argues that the most serious threat to a sympathetic response is an indifferent or adversarial relationship between the sexual offender and the victim. For example, a man who believes that women have humiliated him all his life may not be inhibited by his victim's suffering because he wants her to suffer. His emotional response to her suffering would not be sympathetic because his situational goal is hostile.

In contrast, the second component of the model, perspective taking, would be an important contributing factor to non-sympathetic responses in less aggressive sexual assaults. In Hanson's model, perspective taking is defined as the ability to accurately identify the emotional state of another and discern how they are likely to respond in particular situations. Deficits in perspective taking can lead to sexually assaultive situations. Based on sexist attitudes, a sexual offender may sincerely believe that a woman's resistance to his sexual advances actually means that she is sexually interested in him. On the other hand, it is possible that a sexual offender may have good perspective-taking abilities, but because of poor coping skills, the third component of the model, behave non-sympathetically towards his victim. For example, a sexual offender may accurately perceive and emotionally respond to another's distress, but because of poor coping skills respond non-constructively in ways such as anger or escape.

According to Hanson (in press), sympathetic emotional responses are most likely to occur in the presence of a caring relationship, accurate perspective taking and the

ability to cope with perceived distress. If the relationship is caring but the person is not capable of coping with perceived distress, it is possible they will not react sympathetically. In detached relationships with victims, sexual offenders' perspective taking and coping skills are irrelevant because they are unconcerned about the effects their behavior has on the victims. As well, if the sexual offender has an adversarial relationship with his victim, he is less likely to care about the victim and, therefore, less likely to help his victim.

The third model of empathy that has utility with sexual offenders is that of Malamuth and Brown (1994). Their study tested three explanations of sexually aggressive behavior: (a) suspicious women's schema, (b) a general incompetence in decoding women's negative cues in sexual situations, and (c) the specific problems interpreting women's sexual interest. According to Malamuth and Brown (1994), the "suspicious women's schema" explanation offered the most viable explanation for sexually aggressive behavior.

The "suspicious women's schema" explanation argues that men's perceptions of women's communication in sexual situations are inaccurate because of biased information processing. The suspicious women's schema underlies the general perceptions that sexual offenders have of women. This schema causes sexual offenders to discount the truthfulness of women's negative cues in sexual situations. The suspicious women's schema explanation suggests that when deviant schema guide sexual offenders social information processing, it could lead to non-sympathetic responding. Similar to Hanson's (in press) model, if sexual offenders perceive women to be hostile towards them, then they are less likely to be concerned about her distress.

After reviewing the three previous models of empathy deficits in sexual offenders, it appears they are all describing similar constructs. These constructs could easily be organized within an information-processing model consisting of the following components: (a) deviant schemata, (b) perspective taking, and (c) self-regulation. The relationships between these components and sympathy deficits in sexual offenders are provided in the following sections.

Schemata

A premise of the proposed sympathy model is that all social behaviors, including pro-social behaviors, are cognitively mediated. This implies that individuals who engage in pro-social behavior have interpreted their particular situation in a specific way in such that pro-social behavior is a viable behavioral response. Situational interpretation is guided by schemata. Schemata are defined as enduring cognitive structures that represent an individual's knowledge about the things they encounter in their environment (Fiske & Taylor, 1984). Schemata include generalized characteristics of concepts, specific examples of the concepts, and the expected relationships between the characteristics of the concepts (Fiske & Taylor, 1984). Schemata guide the attention given to new information, the retrieval of stored information, the generation of interpretations and inferences, and the decisions related to the concept (Fiske & Taylor, 1984). Schemata aid information processing by allowing the general case to fill in for a specific example.

The assumption of the current research is that, when in sexual situations, sexual offenders activate biased or inappropriate schemata that are incompatible with sympathetic reactions and pro-social behavior. Specifically, the study examined two broad categories of schemata that could contribute to sexual assault: "hostile/suspicious

women” schemata and “over-sexualized” schemata. These schemata are similar to the concepts described by Malamuth and Brown (1994) when they examined sexual offenders’ perceptions of women.

Hostile/suspicious women’s schemata include a set of attitudes and beliefs that characterize women as manipulative, sexually provocative, and intentionally demeaning of men and their sexuality. The over-sexualized schemata include attitudes and beliefs that impute and over interpret sexual intent into otherwise non-sexual situations. For example, when a man holds a woman’s hand during a movie, he may over sexualize the situation, leading him to perceive that she wants to have sex with him. When she rebuffs his further advances, he may feel cheated and led on. Consequently, in response he becomes angry and invokes hostile women’s schemata. The activation of the hostile women and over-sexualized schemata in sexual situations is thought to impair sexual offenders’ perspective-taking abilities.

Schemata and Perspective Taking

One way that deviant schemata contribute to sexually assaultive behavior is through their influence on sexual offender’s perspective-taking abilities. Perspective-taking ability refers to the capacity to cognitively understand the feeling and thoughts of others. Sexual offenders may access deviant schemata in sexual situations that include prejudiced and rigid attitudes towards women. The use of deviant schemata results in social situations being stereotypically interpreted (Malamuth & Brown, 1994; Johnston & Ward, 1996). Stereotypes do not facilitate accurate perspective taking. Scully (1988) reported that rapists use stereotypes to interpret social situations, making it difficult for them to see the situation from the victim’s perspective. Research supports that

stereotypical attitudes are related to sexually coercive behavior (Burt, 1980; Malamuth; 1986). Sexual offenders misinterpret situations because they may not have access to well-developed schemata and so, in ambiguous situations impute, rigid, stereotypical views that are consistent with sexually assaultive behavior. Deviant schemata influence perspective taking because they predetermine perception. In general, deviant schemata used by sexual offenders' lead to perspective-taking deficits such as the inability to recognize women's negative cues, and the inability to interpret appropriate levels of sexual interest when in dating situations.

Hanson and Scott (1995) reported that, in general, sexual offenders had more perspective-taking deficits than non-sexual offenders. Lipton, McDonel, and McFall (1987) used videotapes of heterosocial interactions to assess perspective-taking abilities in sexually aggressive men. They reported significant differences between convicted rapists and violent and non-violent offenders. Rapists had significantly more problems recognizing women's negative signals than did non-rapists. Murphy, Coleman, and Hynes (1986) reported similar findings using self-reported sexually coercive behavior. They found that self-reported sexually aggressive behavior was correlated with problems identifying hostile rejection expressed by women. McDonel and McFall (1991) also reported that difficulty in identifying women's affects in dating situations was related to sexually assaultive behavior in self-reported sexually aggressive college males.

The previous perspective-taking deficits are consistent with the use of deviant schemata. Malamuth and Brown (1994) reported that sexual offenders are guided by schemata that link seductiveness with hostility during social interactions with women. For example, sexual offenders may believe that women do not tell the truth when it

comes to sex. Other studies have found evidence of an over-sexualized schema among sexual offenders, as sexual offenders often infer sexual connotation to non-sexual cues (Lipton et al., 1987).

The relationship between schemata and perspective taking is reciprocal. The under-developed and deviant schemata of sexual aggressors influence them to misperceive events in social situations. By chronically misperceiving social situations, they fail to develop appropriate schemata. Instead, offenders become increasingly confident in their deviant perceptions and feel little need to question themselves. Bodenhausen (1988) reported that biased interpretation of information is a result of selective information processing. Sexual offenders pay more attention to stereotype-consistent information and less attention to stereotype-inconsistent information. As a result, sexual offenders spend little effort actively trying to understand their female partners because they believe their own interpretations are accurate.

Changing deviant schemata is an obvious goal of sexual offender treatment, but it is a goal not easily accomplished. Schemata are very robust and endure even when people are given contradictory information. People tend to remember information that confirms their schemata and forget information that contradicts them (Fiske & Taylor, 1984; Johnston, 1995; Skov & Sherman, 1986). When forming impressions about members of a group (e.g., women), it is expected that the perceivers (e.g., sexual offenders) select information that is expectancy-consistent with their pre-existing schema/beliefs about the group (Johnston, 1995; Johnston & Macrae, 1994). In turn, this biased information processing, maintains existing deviant schemata (Johnston, 1995). Each time deviant schemata is used, it becomes more likely to be used in future situations. Schemata change

is difficult since schemata rarely disappear completely. With new experiences and the practice of pro-social schemata, deviant schemata can become less automatically accessible. Nevertheless, they remain available to sexual offenders when given the appropriate cues, such as sexual rejection.

Schemata and Automaticity

People cannot attend carefully to all the information potentially available in social situations. As a result, people use heuristics to simplify the information so that it requires less attention. Heuristics are rules or short-cuts that are learned from past experience and are used to speed and simplify cognitive processing (Fiske & Taylor, 1991). In general, heuristic processing is easier, but leads to more errors than does controlled cognitive processing. Unless special circumstances intervene, information is processed heuristically (Fiske & Taylor, 1991). The use of short-cut mental processes is not problematic if the schemata being used are functional. Given that sexual offenders have deviant schemata, the use of automatic processing simply compounds existing problems and prevents sexual offenders from learning more adaptive perspectives, such as sympathy. Marshall et al. (1995) have argued that sexual offenders engage in normal information processing, but because it is guided by distorted beliefs and attitudes, their information processing results in sexually deviant behavior. Consequently, for sexual offenders to change, and behave sympathetically towards their victims, they need to engage in effortful (less automatic, requiring more mental effort) processing in sexual situations.

In general, people have some ability to decide whether to process information automatically or effortfully. Research has demonstrated that automatic processing using stereotypical information is controllable (Bargh, 1988; Fiske, 1989; Jacoby & Kelley,

1990). The initial prerequisite to changing or controlling one's own thinking habits is having some awareness that our thinking can be automatic (Bargh, 1988). Without this awareness, the ability to control one's own thinking is precluded. What is possibly more important than the awareness of automatic thinking is the awareness of the influence it has on one's judgments and behaviors. Other factors that contribute to the decision to process effortfully include the amount of attentional resources available and the motivation for self-examination. In particular, sexual offenders may choose not to question their automatic processing since such self-awareness may interfere with their self-gratification. To summarize, when researchers talk about controlling automatic thinking they are not referring to controlling the actual occurrence of deviant schema or stereotypes. Instead, they are referring to whether one is aware of the influence that automatic thinking has on one's judgments and is motivated to counteract it (Fiske, 1989). Thus, well-learned deviant schema can be controlled if the sexual offender chooses to do so (Johnston & Ward, 1996). For sexual offenders, the decision to process information effortfully in sexual situations is closely related to their ability to self-regulate.

Sexual Self-Regulation

The concept of self-regulation may prove to be extremely important to sexual offenders if they want to control their sexually assaultive behaviors and behave sympathetically towards their victims. In control-theory, a self-regulating system is termed a negative or corrective feedback loop (Carver & Scheirer, 1981). It interacts with the environment to keep the interpretation of the environment very close to a preset standard or schema. The system is called negative or corrective because it compensates

for an externally caused deviation. The result of self-regulation is the maintenance of stability relative to a predetermined frame of reference (Carver & Scheirer, 1981).

Sexual offenders' empathy/sympathy deficits can be understood as dysfunctions of self-regulation. Sexual offenders can fail to self-regulate by failing to perceive information needed to correct their misperceptions (e.g., victim distress). Once the information is perceived it can still be discounted because offenders process it from a deviant frame of reference. In particular, sexual offenders' frames of reference can be expected to be centered on the offenders' needs and desires with little attention to the interests of their victims. To the extent that their victims are considered at all, they are likely to be misconstrued through the automatic use of deviant schemata previously discussed (i.e., hostile women, over-sexualized).

Sexual offenders are expected to have self-regulatory problems in the areas where they show evidence of the most dysfunctional behavior. The lack of concern for the victim displayed during a sexual assault may be indicative of problems with self-regulation in sexual contexts. It is possible that many of the prototypic features of sexual offender empathy deficits could be linked to problems of sexual self-regulation.

The definition of sexual self-regulation that was developed for this study involves the following components: (a) script adaptability (the ability to disengage sexual behavioral scripts), (b) concern for social appropriateness in sexual situations, (c) concern for and awareness of the sexual partner, (d) the ability to pay attention and process effortfully information relevant to sexual behavior decision making, (e) the ability to learn from sexual situations, and (f) the emotional intensity experienced in sexual situations as a result of behavioral script changes.

In this definition, the central concept of sexual self-regulation is script adaptability. Scripts are subsumed within schema and refer to cognitive representations of event sequences expected by the participants or observers (Carver & Scheirer, 1981). Scripts can be used in two ways to understand observed sequences of events and to guide behavior. Sexual offenders are expected to have relatively few pro-social scripts that are related to sexual situations. However, learning to disengage deviant behavioral scripts activated in sexual situations and initiating new, pro-social ones, is important if sexual offenders are going to change their behavior. In this study, the ability to disengage deviant sexual behavioral scripts is referred to as “script adaptability”.

According to the proposed model, sexual behavior of high self-regulators is characterized by a concern for the social appropriateness of their sexual behavior as well as a concern and awareness for their sexual partners. Attention to, and effortful processing of, interpersonal and situational information characterize their sexual behaviors. High self-regulators can learn new information in sexual situations that facilitates future appropriate sexual behavior. For example, if a high self-regulator did something that his partner did not like, he would know not to try it again with the same partner. High self-regulators can switch between already engaged sexual behavioral scripts and access more relevant behavioral scripts if the sexual situation requires it. For example, a high self-regulator is able to adjust and accept a woman’s decision not to have sex when she initially indicated that she would. As a result of sexual behavioral script changes, high self-regulators do not experience as much emotional intensity as low self-regulators.

The model suggests that low self-regulators have little concern for the social appropriateness of their sexual behavior as well as little concern or awareness for their sexual partners. They do not engage in effortful cognitive processing and pay less attention to interpersonal or situational cues. They are less able to accommodate sexual behavior script changes when there is a need to do so, and experience intense emotional reactions. Low self-regulators repeatedly engage in inappropriate sexual behavior and often do not learn from their mistakes such that future sexual situations do not improve. This study hypothesizes that sexual offenders will have poorer sexual self-regulation skills than non- sexual offenders.

So far, the discussion has focused on defining a proposed model of sympathy deficits in sexual offenders. At this point, it is important to consider how empathy/sympathy is measured. When trying to explain the nature of sexual offenders empathy/sympathy deficits, it is essential to have psychometrically sound assessment instruments that can adequately measure any changes that sexual offenders make as a result of empathy/sympathy treatment.

Assessment of Empathy/Sympathy in Sexual Offenders

There are three popular measures of general empathy: Hogan's Empathy Scale (Hogan, 1969), the Emotional Empathy Scale (Mehrabian and Epstein, 1972), and the Interpersonal Reactivity Index (Davis, 1983). Both the Hogan Empathy Scale and the Emotional Empathy scale (EES) treat empathy as a unipolar construct. The former scale assesses the cognitive components of empathy, and the latter assesses the emotional component of empathy. The Interpersonal Reactivity Index (IRI) is based on a

multidimensional construct of empathy that includes both cognitive and emotional elements of empathy. Given the previous definitional history of empathy, the IRI as a measure of global empathy is preferable to both the Hogan's scale and the EES.

Research examining the psychometric properties of the Hogan scale has produced mixed results. Choplan, McCain, Carbonell and Hagen (1985) reported that Hogan's scale had satisfactory reliability and validity. However, Cross and Sharply (1982) reported contradictory findings, stating that the scale had quite low reliability. Similarly, using factor analysis, Johnson, Cheek, & Smither (1983) reported that the scale consisted of four factors, only one of which was related to what empathy is considered to be. The Hogan Empathy Scale has demonstrated a limited ability to discriminate between sexual offenders and non-sexual offenders.

Using the Hogan Empathy Scale, Rice, Chaplin, Harris and Coutts (1990) reported that rapists were less empathic than non-sexual offenders. However, Seto (1992) could not replicate these findings. Initially, Seto did find differences between rapists and non-sexual offenders but the differences disappeared when the effect of education was partialled out.

Notwithstanding the lack of empirical evidence, the Hogan's scale also has limited utility with sexual offenders because of the way it operationally defines empathy. Hogan defined empathy as something similar to social competence. While increasing sexual offenders' social competence is a worthwhile goal, it is indirectly related to victim empathy deficits apparent in sexual offenders (Marshall et al., 1995).

The second empathy measure, the Emotional Empathy Scale, was designed to improve upon Hogan's Empathy Scale but still it also has weak psychometric properties.

Mehrabian and Epstein (1972) developed the EES to compensate for emotional aspects of empathy that the Hogan Empathy Scale neglected. Choplan, McCain, Carbonell and Hagen (1985) reported that the EES had satisfactory reliability. However, Langevin, Wright and Handy (1988) reported that the scale had poor internal consistency. As well, Dillard and Hunter (1989) found the EES to have poor construct validity. Both Langevin et al. (1988) and Dillard and Hunter (1989) advised against using this scale in future research.

In addition to poor psychometric properties, the EES has limited utility with the sexual offender population. Seto (1992), Langevin et al. (1988) and Marshall and Maric (1994) all reported that the EES failed to discriminate between sexual offenders and comparison groups. Gordon, Bergin, Looman, and Templeman (1989) found that sexual offenders EES total scores did not change during treatment and were unrelated to recidivism.

Research indicates that the Interpersonal Reactivity Index (IRI) has the best psychometric properties of available global empathy assessment tools (Davis, 1983). This measure is based upon a better conceptualization of empathy than the previous two. However, the IRI still follows in the traditional approach of defining empathy as a trait that is consistently revealed across persons, situations, and time (Choplan et al., 1985). It does not identify any specific individual characteristics that may be pertinent to a particular group of people. In spite of this shortcoming, the IRI has proven to be useful in assessing empathy deficits in sexual offenders.

Two of the four sub-scales of the IRI, the Empathic Concern scale, and the Perspective-Taking scale are relevant in empathy treatment of sexual offenders. The

Perspective-Taking scale measures the extent to which someone habitually considers other people's perspectives. The Empathetic Concern scale measures the ability to generate warm and compassionate feelings for others. Research has demonstrated that as a result of treatment, sexual offenders increased their perspective-taking ability and empathetic concern for their victims (Pithers, 1994).

In contrast, other researchers using the IRI have not found favorable results. Marshall, Jones, Hudson and McDonald (1993), and Hayashino, Wurtele, and Klebe, (1995) reported that sexual offenders did not differ from comparison groups on the perspective taking sub-scale of the IRI. Even though the IRI demonstrated better utility with sexual offenders than did either the Hogan's empathy Scale or the EES, there is still little empirical evidence to recommend its use with sexual offenders. It is possible that the existing generalized empathy measures may obscure differences between sexual offenders and non-sexual offenders. Clearly, the idea that sexual offenders have empathy deficits is an accepted theory. However, if researchers are to be able to adequately test the theory, it is necessary to design sympathy/empathy measures that measure the various aspects of empathy deficits in sexual offenders.

A more recently developed empathy assessment measure is the Empathy for Women Test (Hanson & Scott, 1995). This test is a measure of perspective-taking ability. The first version consisted of 15 vignettes describing social interactions between men and women and showed promising results in the discrimination of perspective taking ability between sexual offenders and comparison groups. It also discriminated between sexual offenders perspective-taking ability who used overt violence or were intoxicated at the time of their offence and those who were not.

Due to low internal consistencies of the first version, a second version of the measure was developed. The new version includes 13 vignettes with 10 response ratings for each vignette. An initial pilot study (Hanson, 1996) reported an internal consistency of .82 for the total score, which was considerably higher than the internal consistency of the initial version ($\alpha = .49$).

Although the focus of the Empathy for Women Test is one of perspective taking, it also provides measures of deviant schemata. Specifically, the perspective taking errors can be grouped into those related to perceiving women as hostile and sexually manipulative (hostile) and those that impute sexual intent (over-sexualized).

Deviant schemata, such as the Hostile and Over-Sexualized sub-scales of the EFW can be considered measures of rape attitudes. Rape attitudes are learned assumptions, sets of beliefs about sexual behaviors that help sexual offenders' deny, rationalize and minimize their offences (Abet et al., 1984; Murphy, 1990; Stermac & Segal, 1989). Although deviant schemata/cognitive distortions, such as rape attitudes, are considered to be instrumental in the etiology and maintenance of sexually deviant behaviors, there is a lack of psychometrically valid rape attitude assessment tools.

Of the available rape attitude measures, such as Burt's (1980) scales, the Multiphasic Sex Inventory (Nicholas & Molinder, 1984), and Bumby's Rape Myth Acceptance Scale (Bumby, 1996), it was determined that Bumby's (1996) Rape Myth Acceptance Scale showed the most evidence of reliability and validity. Bumby's scale consists of 36 items that are scored on a four point Likert scale ranging from strongly agree to strongly disagree (e.g., "Women who get raped probably deserve it").

The Empathy Test for Women, Davis's Interpersonal Reactivity Index, and Bumby's Rape Myth Acceptance Scale were included in the study to assess the perspective-taking and deviant schemata components of the proposed model. Presently, no measures exist to measure sexual self-regulation. As a result, a measure was developed to assess this component of the proposed model.

After reviewing some of the self-regulation literature, a definition of sexual self-regulation was created that was considered applicable to sexual offenders. The next step in the development process involved generating scale items that would assess each area of the definition. This was accomplished through a brain storming session. After the selection of items, the scale was piloted on an equal sample of men and women ($N = 8$). Based on the feedback received from the pilot, the scale was revised and again piloted on a smaller second sample ($N = 4$). Based on the results from the second pilot, the sexual self-regulation scale was considered ready to be used in the current study.

Summary of Proposed Model of Sympathy

The major components of the proposed model include deviant sexual schemata, perspective taking and sexual self-regulation. These factors are considered to work together to produce sympathetic or non-sympathetic responses (See Figure 1). The model proposes that sexual offenders are likely to activate deviant sexual schemata in many sexual contexts. These deviant sexual schemata contribute to sexual offenders overestimating the level of sexual interest women have in sexual situations (Lipton, McDonel & McFall, 1987) and imputing hostile intentions to women's heterosexual communications (Malamuth & Brown, 1994). Such biased information processing should

inhibit accurate perspective taking. Due to the consistent use of deviant sexual schemata and poor perspective taking, sexual offenders' may have chronic problems with self-regulation in sexual contexts.

Information Processing Model of
Sympathy

Figure 1

Given the close theoretical links between the main constructs being assessed, it can be expected that measures of deviant sexual schemata, perspective taking, and self-regulation should be moderately to highly intercorrelated.

Although, some deficits should be common to all sexual offenders, the information-processing model suggests that different types of rapists may have different kinds of empathy deficits. It is hypothesized that different types of rapists will experience different perspective-taking and self-regulation deficits as well as differences in the frequency and type of deviant sexual schemata they access. Date rapists (i.e., those engaged in courtship behavior prior to the assault) would be expected to invoke over-sexualized schemata more often than would other rapists. As well, date rapists would be expected to have deficits identifying victim suffering. In contrast, sadistic rapists (i.e., those who inflict overt injury) would be expected to have few problems identifying victim suffering. Instead, their problems should be related to the activation of hostile women's schemata. Reliance on hostile women's schemata offers justification to the sadistic rapist for inflicting pain on their victims.

Alcohol use is commonly associated with sexual assault (Gal, 1994, Miller & Welte, 1993, Seto and Barbaree, 1995; Motiuk & Brown, 1993). More specifically, Mullenhard and Linton (1987) reported that 55% of date rapists in their sample were under the influence of alcohol at the time of their offence. Since alcohol can function to inhibit self-regulation and perspective-taking abilities, it is expected that offenders who committed sexual assaults only while intoxicated should have relatively few deviant sexual schemata when they are sober. (They generally know better).

The length and severity of an offender's offence history is also expected to be related to deviant sexual schemata. Specifically, deviant sexual schemata of all types should more prevalent in those offenders with a long established history of sexual offending. As well, men who have committed their first sexual offence at a relatively older age should have fewer deviant sexual schemata than men whose sexual offence histories began at a younger age.

Overall, all types of sexual offenders (rapists) would be expected to use some type of deviant sexual schemata and to have poor sexual self-regulation and perspective-taking abilities. Further description of the hypotheses predicted by the model is presented below.

Hypotheses

1. Sexual offenders will use hostile schemata of women and over-sexualized schemata more often than non-sexual offenders.
2. Date rapists will invoke over-sexualized schemata more often than other types of rapists.
3. Sadistic rapists will invoke hostile women schemata more often than other types of rapists.
4. Rape attitudes will be correlated with deviant sexual schemata.
5. Sexual offenders will be more supportive of rape attitudes than non-sexual offenders.
6. Deviant sexual schemata will be more prevalent in sexual offenders with long histories of sexual offending than in sexual offenders with short histories.
7. Deviant sexual schemata will be more prevalent in sexual offenders whose first sexual offence was committed at a young age than in sexual offenders who committed their first offence at an older age.
8. Sexual offenders who were intoxicated during their offences will have better perspective-taking ability than those who committed their offences while sober.
9. Date rapists will have perspective-taking deficits in recognizing victim suffering in comparison to other types of rapists.
10. Sadistic rapists will have better recognition of victim suffering than other types of rapists.
11. Sexual self-regulation ability will be correlated with perspective-taking ability.
12. Rape attitudes will correlate with low sexual self-regulation ability.
13. Sexual offenders will have poorer sexual self-regulation skills than non-sexual offenders.
14. Deviant sexual schemata will be correlated with sexual self-regulation deficits.

In order to test these hypotheses, questionnaire packages were given out to 62 incarcerated sexual offenders, 82 incarcerated non-sexual offenders and 59 community males. Originally there were 98 incarcerated non-sexual offenders and 100 community males, however, 16 of the incarcerated non-sexual offenders and 40 of the community males were reclassified as self admitted sexual offenders. Participants were taken from federal and provincial institutions as well as a local temporary employment agency. Informed consent forms and debriefings were provided to all participants.

Method

Participants

The study's total sample size included 259 males and 150 females. The sample consisted of three predefined groups: (a) incarcerated sexual offenders (currently serving a sentence for a sexual assault or an offence plea bargained down from sexual assault against a women 16 years or older) ($n = 62$), (b) incarcerated non-sexual criminals (no current or prior sexual offences) ($n = 82$), and (c) community males ($n = 59$). A fourth group of self-admitted sexual offenders ($n = 56$) (individuals who answered yes to any question on the sexual experience questionnaire) emerged from the latter two groups. A group of 150 women (75 community females and 75 female university students) was used to standardize (provide norms) the perspective taking measure, Empathy for Women Test.

At the time of the study, 71% percent of the male sample were single or living in common law relationships. The majority of the sample were employed either as unskilled laborers (50%) or skilled laborers (25%), with an education level ranging from Grade 10 (18%) to a university degree (31%). The sample's mean age was 34.45 years ($SD = 9.98$). The mean age of the sexual offender and non-sexual offender groups was 36.00 years ($SD = 10.32$) and 33.17 years ($SD = 9.53$) respectively.

Based on the Background Sexual Experience Questionnaire, 38% percent of the community male group admitted to committing a past sexual offense and were regrouped as self-admitted sexual offenders. Sixteen of the incarcerated non-sexual offender group admitted to committing a sexual offence in the past. The self-admitted sexual offender group consisted of the following types of rapists: (a) 0% sadistic, (b) 76.8% date rapist,

(c) 14.3% mixed (date and sadistic) and (d) 8.9% classified as “other.” The incarcerated sexual offender group consisted of the following types of rapists: (a) 12.9% sadistic, (b) 30.6% date rapist, (c) 22.6% mixed (date and sadistic) and (d) 33.9% classified as “other.” Sadistic rapists were classified as such if they inflicted any degree of physical injury or had any intent to degrade, humiliate or inflict pain on the victims. Date rapists were classified as such if their victims were girlfriends/boyfriends and/or the offender thought they were dating or flirting with the victim at the time of the offence. Mixed rapists were classified as such if they met the criteria for both date and sadistic rapists. The “other” rapist classification captured those offenders who were not date or sadistic type rapists. Refer to Appendix H for a description of the classification rules for specific types of rapists.

Participants in this study were drawn from the following maximum, medium and multi-level security populations of Ontario federal and provincial institutions. A federal institution incarcerates offenders who have sentence lengths of two years or more. A provincial institution incarcerates offenders who have sentence lengths of two years less a day. As well, participants were taken from Carleton University and a local mall in the Ottawa west area. The socioeconomic status of the area was blue-collar. The community males were taken from a temporary employment agency that offered short-term employment on a daily basis. Participants would arrive anywhere between 5 a.m. and 7 a.m. seeking employment. The jobs available were mostly manual labor and could last anywhere from one day to several weeks. Refer to the chart below for a breakdown of where participants were sampled.

Federal Institutions
Millhaven Institution (Maximum Security): 10 non-sexual offenders, 5 sexual offenders
Warkworth Institution (Medium Security): 11 non-sexual offenders, 22 sexual offenders
Joyceville Institution (Medium Security): 8 sexual offenders
Kingston Penitentiary (Maximum Security): 8 sexual offenders
Bath Institution: (Medium Security): 14 non-sexual offenders, 12 sexual offenders
Provincial Facilities
Ottawa Carleton Detention Center and Rideau Correctional Center (Multi-Level Security): 8 sexual offenders
Rideau Correctional Treatment Center (Multi-Level Security): 65 non-sexual offenders
Community Sample
Handy Man Temporary Employment Agency: 100 Males
Local Mall: 75 females
Student Sample
Carleton University: 75 females

Participant Qualifications and Restrictions

- Incarcerated sexual offenders were included in the study if they had been convicted and were serving a federal or provincial sentence for sexual assault involving female victims 16 + years old.
- Voluntary participation
- Minimal reading ability in English
- No major psychiatric disorders
- No major developmental delays
- Not in segregation (federal)

Measures

Based on an institutional file review, an offence history information sheet (Appendix A) was completed for each participant in the incarcerated sexual offender group. The information included prior criminal record, types of offences, the number of victims, amount of force used, and substance abuse at the time of offence.

Each participant in the community and non-sexual offender groups completed a background information sheet (Appendix B). The purpose of the information sheet was to

gather demographic information such as age, marital status, race, occupation, previous offences, and educational level. This demographic information was used to describe each group.

Each of the male subjects were asked to complete an English version of the following questionnaires:

Sexual Self-Regulation Scale

This scale was specifically developed for this study with the intent to measure self-regulation in sexual situations. The scale included a preliminary section consisting of five general questions followed by the 30 scale items concerning self-regulation (not scored). Each item was rated on a five point Likert scale. The original thirty items were designed to measure the following: (a) concern for social appropriateness of sexual behavior, (b) concern for, and awareness of, a sexual partner, (c) script adaptability, (d) ability to pay attention and effortfully process information relevant to sexual behavior decision making, (e) ability to learn from sexual situations, and (f) emotional intensity experienced in sexual situations as a result of behavioral script changes. Factor analysis, however, revealed only four factors. Refer to the results section for further details. The new Sexual Self-Regulation scale consisted of the following sub-scales: (a) concern for partner, (b) concern for sexual appropriateness, (c) sexual persistence, and (d) emotional intensity. A high total score on the SSRS indicates good sexual self-regulation ability. For a list of the new sub-scales and the items they include as well as a description of the original scale see Appendix C.

Empathy for Women Test: Version 2a (Hanson & Dickie, 1998)

This test measures perspective-taking ability to distinguish between sexually abusive and non-abusive interactions between men and women. The original version (Hanson & Scott, 1995) showed some evidence of validity, although the internal consistency was low. Initial pilot testing (Hanson, 1996) of the revised version ($N = 48$) showed acceptable reliability ($\alpha = .84$).

The EFW test consists of 13 vignettes. Each vignette includes 10 possible responses that are scored on a 5 point Likert scale ranging from “not at all” to “very much”. The scoring format of the EFW was modified for the current study to provide scores for two types of deviant sexual schemata: over-sexualized and hostile women schemata. Errors made on the Hostile Schemata sub-scale are those that underestimate the woman’s distress by imputing excessively hostile motives to the woman. Errors made on the Over-sexualized Schemata sub-scale are those that underestimate the woman’s distress by imputing excessive sexual motives to the woman.

The scoring format for the current EFW version, used in this study was based on 150 female controls, 60 community male controls and 38 community self-admitted sexual offenders. The “correct” answers were based on the responses of the female controls. To be considered correct, the answer had to be endorsed by 20% or more of the female respondents, with the range of correct responses including at least 60% of the total female responses. Each incorrect response or missing response is worth 1 point. If there were 26 missing responses (out of a total of 130) the test was considered invalid. A high overall total score indicates poor perspective-taking ability. Higher scores on the hostile schemata sub-scale and the over-sexualized schemata sub-scale indicate increased use of

these types of deviant sexual schemata. This test takes about 20 minutes to complete. For a description of the items and how they are scored see Appendix D.

Davis Interpersonal Reactivity Index (Davis, 1983)

Davis views empathy as a multi-dimensional concept including cognitive role taking and vicarious arousal. This measure includes four scales, two of which were chosen to be included in the current study, Perspective-Taking Scale and the Empathetic Concern Scale. The Perspective-Taking Scale measures the extent to which the respondent habitually considers other people's perspectives. The Empathic Concern Scale measures the ability to generate warm and compassionate feelings for others.

The Empathetic Concern Scale and the Perspective-Taking Scale each consist of seven items. Each item is scored on a five point scale ranging from "0 = does not describe me very well," to "4 = describes me very well." The higher the total score is on each scale, the better the individual's perspective taking ability and capacity to generate empathetic concern. These scales take about five minutes to complete. For a description of the items and how they are scored see Appendix E.

Inhibitory Control Scale (Derryberry & Rothbart, 1988)

This scale is a measure of behavioral regulation, specifically measuring behavioral inhibition. Research has demonstrated that the scale has acceptable internal consistency ($\alpha = .70$) and a test re-test reliability of .82 (Derryberry & Rothbart, 1988). Other researchers have reported that the scale is related to empathy associated variables, such as perspective taking (Eisenberg & Okun, 1996). The scale consists of twelve items, six of which are reversed scored. In this study item 7 was deleted as it correlated negatively with the other items. A high total score reveals that the respondent has

inhibitory control problems. For a description of the items and how they are scored see Appendix F.

Bumby's Rape Myth Acceptance Scale (Bumby, 1996)

This scale measures attitudes towards women that are considered supportive of rape, also called deviant sexual schema. Research has demonstrated that the scale has strong internal consistency and reliability (Bumby, 1996). The scale consists of 36 items. Based on the Spearman brown formula, the scale was shortened to 9 items. The Spearman Brown formula predicted that nine items would give an internal consistency of .86. This scale was administered twice in the current study. Once to assess the respondents' attitudes and a second time to assess the attitudes of the respondents' friends. The scale actually demonstrated an internal consistency of .78 when completed based on individual attitudes and .86 when completed based on friends' attitudes.

The scale items were scored on a four point Likert scale ranging from "strongly agree" to "strongly disagree." A high total score on this scale indicates frequent use of deviant sexual schema. This scale should take about five minutes to complete. For a description of the items and how they are scored see Appendix G.

Background Sexual Experience Questionnaire (Hanson & Scott, 1995)

This questionnaire was designed to screen for sexually abusive behavior. It has been used in previous research (Hanson & Scott, 1995). The questionnaire consists of seven items. For each item, respondents indicate the number of times they have engaged in specific sexual behaviors, ranging from never to six or more times. The questions address rape and pedophilic behavior. For the current study, additional items were included to allow for the classification of specific types of rapists, including sadistic and

date rapists. The items were worded differently for the offender and community groups. For a description of the items and how they are scored see Appendices H and I.

Clarke Vocabulary Scale (Paitich, 1977)

This scale measures verbal intelligence and reading ability. The scale consists of forty words. Each word is followed by several definitions presented in a multiple-choice format. The total scores indicate verbal intelligence ranging from very superior to well below average. Paitich (1977) presents norms and I.Q. equivalents for the scale. This scale takes about ten minutes to complete. Individuals that score ten or less on this scale were excluded from the study. For a description of the items and how they are scored see Appendix J.

Balanced Inventory of Desirable Responding Impression Management Scale (BIDR: Paulhus, 1994)

This test measures the tendency people have to present themselves in an unrealistically positive manner. Previous research has supported the scale's utility in measuring socially desirable responses in offenders (Kroner & Weeks, 1996). The Impression Management Scale is a 20-item sub-scale of the complete measure. It has ten true-keyed items and ten false-keyed items. The higher the total score, the more the respondent has engaged in impression management. For a description of the items and how they are scored see Appendix K.

Procedures

Each participant was given an Informed Consent Form before participating in the study, and a Debriefing Form after they participated in the study see Appendix L.

A brief offence history sheet based on an institutional file review was completed

for participants in the sexual offender group. Demographic information such as age, education, race and marital status, was self-reported by all participants.

During separate time periods, the incarcerated sexual and non-sexual offenders received a package of questionnaires that were administered within an institutional setting. The offenders required anywhere between one and a half to two hours to complete the package of questionnaires. The principal researcher was present at all times to answer any questions that the offenders may have had. A provision was in place such that if any of participants became upset while completing the questionnaire package they could arrange to speak with the institutional psychologist. However, none of the participants became upset while completing the questionnaire package.

The male community sample was recruited through a temporary employment agency. Participants arrived at 7:00 a.m. in the morning to find a job for the day. Individuals who did not find a job were asked to participate in the study. Participants were each paid \$20 to complete the package of questionnaires. The temporary employment agency set up a table for the participants to complete the questionnaire package.

The female community sample was recruited from a local mall in the Ottawa area. A table was set up in the Merivale Mall and a sign was posted to attract participants. The female community participants who agreed to complete the Empathy for Women Test were paid fifteen dollars. These participants completed the questionnaire in the mall at a table set up for their use.

A sample of female university was recruited through the Psychology department experiment sign up sheets at Carleton University. Students were telephoned to arrange a

time that was convenient to participate in the study on campus. Students earned 1 credit towards their degree by completing the Empathy for Women Test.

Data Analysis Techniques

Data was first examined for outliers and unusual distributions. Once the data had been verified and cleaned, the data was organized into internally consistent scales. The content of the sub-scales for some of the measures (e.g., Empathy for Women, Bumby's Rape Scale) had already been determined in advance. For the measures in which scales were already predetermined, reliability analysis (Cronbach's alpha) was performed to identify anomalous items that could be removed (Ghiselli, Campbell & Zedeck, 1981). The dimensionality of the sexual self-regulation scale was determined using the Minimum Average Partial (Zwick & Velicer, 1986), a method used to determine the optimal number of factors to extract. The identified factors were then rotated using both orthogonal (e.g., Varimax) and oblique rotations. After identifying the number of factors to extract, items that comprised each factor were examined for internal consistency using Cronbach's alpha. The resulting (cleaned and internally consistent sub-scales) were then correlated with each other using the combined sample of male participants (N=259).

After estimating the reliability, the validity of the measures was examined. Validity refers to the extent to that measure assesses the concept it was designed to measure. The most general type of validity is construct validity. Construct validity is established to the extent that the measures demonstrate the pattern of logical relationships that should exist between similar and dissimilar measures. Two aspects of construct validity are concurrent and predictive validity. Predictive validity was not examined in this study. Concurrent validity was examined in terms of convergent validity, the extent

to which measures that should be related were correlated together, and discriminant validity, the extent to which measures that should have weak relationships were weakly (or not at all) correlated with each other.

The most important analyses involved the identification of group differences. The participants were divided into four groups: convicted rapists, self-admitted rapists, non-sexual criminals, and community males. As well, the sexual offenders were divided into date rapists, sadistic rapists, mixed rapists, and "other." Univariate one-way ANOVAs were used to identify group differences on empathy, self-regulation, and attitude measures. It was expected that the two sexual offender groups would be more problematic than the non-sexual offender groups on included measures. However, data revealed that the incarcerated sexual offenders were significantly different from the self-admitted sexual offenders. As a result, pre-determined contrasts were conducted (t-tests) using the incarcerated sexual offenders, self-admitted sexual offenders and the combined non-sexual offender groups.

The final stage of the analysis examined whether group differences remained after controlling for potential confounding variables of age, verbal I.Q., and impression management.

Results

The following results are divided into three sections. The first section reports overall descriptive, reliability and validity statistics on the measures used in the study. The second section reports statistics pertaining to overall group differences. The third section is organized according to specific hypotheses made about the various components of the sympathy model: Deviant Schema, Perspective Taking and Sexual Self-Regulation.

Measures

Sexual Self-Regulation Scale

The Sexual Self-Regulation Scale (SSRS) was an exploratory measure developed for this study to assess self-regulation in sexual situations. Consequently, psychometric analysis was required to determine its reliability.

The original Sexual Self-Regulation Scale had six sub-scales. In order to determine the actual factor structure of the SSRS, the Minimum Average Partial (MAP) procedure was used to determine the number of factors to extract (Zwick & Velicer, 1986). The MAP procedure identified four factors with unrotated eigen values of 4.00, 2.92, 2.45 and 2.22. The factors were then rotated using varimax rotations. Nine items loaded on Factor 1, five items on Factor 2, five items on Factor 3, and five items on Factor 4, see Appendix C. Based on these items, four new sub-scales were created: Concern for Partner, Concern for Sexual Appropriateness, Sexual Persistence, and Emotional Intensity (reaction to sexual partner changing their mind about having sex). The Sexual Persistence sub-scale was not included in the original SSRS. The remaining three sub-scales were in the original SRSS scale with some rearrangement of items.

The four new sub-scales demonstrated acceptable internal consistency with Cronbach's alphas ranging from .70 to .62. They were not highly correlated with each other, which resulted in the total SSRS scale having a lower internal consistency than its four sub-scales ($\alpha = .57$). As a result, the sexual self-regulation hypotheses are interpreted according to the SSRS sub-scale scores rather than the SSRS total score.

Further exploration using the SSRS examined group differences on each individual item of the scale. Overall, nine of the thirty items significantly discriminated between the four groups used in the study, $p < .05$. However, the pattern of results was not consistent with the proposed theory of sympathy deficits in sexual offenders. The results were not easily interpretable, with no consistent pattern of group differences.

Previous Measures

Reliability

Overall, the established measures included in the study demonstrated acceptable reliability. Cronbach's alpha ranged from .91 to .67 (Median = .82). The internal consistencies, means and standard deviations for each measure are presented in Table 1.

Table 1

Means, Standard Deviations and Alphas for Studies Measures for the Entire Sample

Measures	Number of Items	Alpha	<u>M</u>	<u>SD</u>	<u>N</u>
Empathy for Women Test					
Over-Sexualized Schema Scale	58	$\alpha = .88$	15.11	(9.20)	235
Hostile Schema Scale	52	$\alpha = .91$	10.32	(8.59)	238
Fake Scale	41	$\alpha = .83$	8.88	(5.81)	234
Empathy For Women Test Total Score	130	$\alpha = .85$	33.90	(16.82)	238
Sexual Self-Regulation Scale					
Concern for Partner Scale	9	$\alpha = .70$	3.77	(0.57)	224
Concern for Sexual Appropriateness Scale	5	$\alpha = .70$	2.63	(0.80)	225
Sexual Persistence Scale	5	$\alpha = .76$	3.41	(1.09)	226
Emotional Intensity Scale	5	$\alpha = .62$	2.52	(.73)	210
Sexual Self-Regulation Total	24	$\alpha = .57$	12.41	(1.71)	203

Table 1 Continued

Measures	Number of Items	Alpha	<u>M</u> <u>SD</u>	<u>N</u>
Davis Interpersonal Reactivity Index				
Davis Perspective Taking	7	$\alpha = .72$	3.45 (0.72)	256
Davis Empathetic Concern	7	$\alpha = .71$	3.89 (0.69)	257
Bumby's Rape Myth Acceptance Scale				
Friends	9	$\alpha = .86$	0.75 (0.74)	254
Self	9	$\alpha = .78$	1.55 (0.58)	256
Other Measures				
Inhibitory Control Scale	11	$\alpha = .67$	2.82 (.51)	256
Impression Management Scale	20	$\alpha = .82$	5.95 (4.18)	221
Clarke Vocabulary Scale	40	N/A	28.14 (6.05)	254

Convergent Validity

In order to assess the convergent validity of the measures, scales that were intended to measure similar constructs were correlated together. Convergent validity was demonstrated by two sets of measures: deviant sexual schemata, and perspective taking. As can be seen in Table 2, moderate to high positive correlations were found between the measures of deviant sexual schemata (over-sexualized schemata, hostile schemata and Bumby's Rape Myth Acceptance Scale).

The Empathy for Women Test correlated moderately with the Davis's Perspective-Taking and Empathetic Concern scales (see Table 3). Measures were scored such that higher values on the EFW test, and lower scores on Davis's Perspective-Taking and Empathetic Concern scales indicated poor empathy.

Self-regulation measures showed only limited convergent validity (see Table 4). Two of the four SSRS sub-scales were negatively correlated with the Inhibitory Control Scale: the Concern for Partner and the Emotional Intensity sub-scale. As expected, these results suggest that as the concern for one's sexual partner increased, the level of inhibitory control problems decreased. The negative correlation between the Emotional Intensity sub-scale and the Inhibitory Control scale suggested that as the level of inhibitory control problems increased, the emotional intensity total score decreased, indicating an increase in inappropriate emotional reactions.

Table 2

Convergent Validity: Deviant Sexual Schemata Measures

	HOST	OSEX	BUMBYFR
HOST	-		
OSEX	.72***	-	
BUMBYFR	.43***	.42***	-
BUMBYTV	.62***	.61***	.61***

Note: *** $p < .001$

HOST- Hostile Schemata Scale

OSEX - Over-sexualized Schemata Scale

BUMBYFR - Bumby's Rape Myth Acceptance Scale -Friends

BUMBYTV – Bumby's Rape Myth Acceptance Scale -Self

Table 3

Convergent Validity: Perspective Taking/Empathy Measures

	EFW TOT	DAVIS PT
EFW TOTAL	-	
DAVIS PT	-.25***	-
DAVIS EM	-.31***	.49***

Note: *** $p < .001$

Note: Higher Scores on the Empathy Test for Women are consistent with lower scores on the Davis Perspective-Taking /Empathetic Concern Measures

EFW TOTAL- Empathy Test for Women

DAVIS PT – Davis Perspective-Taking Scale

DAVIS EM – Davis Empathetic Concern Scale

Table 4

Convergent Validity: Self-Regulation Measures

	SSRS TOT	CFP	CFSA	SP	EI	INHIB TOT
SSRS TOT	-					
CFP	.42***	-				
CFSA	.47***	.10	-			
SP	.67***	-.01	-.03	-		
EI	.52***	-.08	-.05	.24***	-	
INHIB TOT	-.11	-.14*	.06	-.10	-.17*	-

Note: * $p < .05$; ** $p < .001$; *** $p < .001$

Note: High scores are desirable on the SSRS and its subscales.

Low scores are desirable on the Inhibitory Control Scale.

SSRS TOT- Sexual Self-Regulation Scale

CFP – Concern for Partner Sub-scale

CFSA – Concern for Sexual Appropriateness

Sub-scale

SP – Sexual Persistence Sub-scale

EI- Emotional Intensity

INHIB TOT- Inhibitory Control Scale

Discriminant Validity

To determine discriminant validity, measures were correlated with age, education, verbal I.Q. and social desirability variables (see Table 5). The deviant sexual schemata sub-scales of the Empathy Test for Women demonstrated no relationship with education, age and social desirability variables. As was expected, the deviant sexual schemata measures did correlate moderately with verbal I.Q. ($r = .24$). The Empathy Test for Women total score demonstrated no relationship with education, age and social desirability variables.

The Davis Interpersonal Reactivity Index showed a small relationship with social desirability and age.

As expected, Bumby's Rape Myth Acceptance Scale (friends) correlated moderately with verbal I.Q. and social desirability.

The SSRS total score was negatively correlated with age, suggesting that as age decreased, sexual self-regulation decreased. The Concern for Partner and Concern for Sexual Appropriateness sub-scales were positively correlated with verbal I.Q. and education.

As expected, the Inhibitory Control Scale was negatively correlated with social desirability suggesting that as impression management increases, inhibitory control problems decrease ($r = .41$).

Table 5

Correlations Between the Measures Included in the Study and Age, Education, Verbal I.Q. and Social Desirability Variables.

Measures	Verbal I.Q.	Social Desirability	Education	Age
Empathy for Women Test				
Hostile Women Schema	-.20**	-.12	.06	-.07
Over-sexualized Schema	-.21***	-.13	-.05	-.08
EFW Total Score	-.29***	-.05	-.07	-.01
Davis Interpersonal Reactivity Index				
Perspective-Taking	.23***	.30***	.09	.15*
Empathetic Concern	.14*	.17**	.02	.10
Bumby's Rape Myth Acceptance Scale				
Friends	-.04	-.17**	.01	.03
Individual	-.20**	-.03	.03	-.02

Table 5 continued

Sexual Self-Regulation Scale				
Measures	Verbal I.Q.	Social Desirability	Education	Age
Concern for Partner	.24***	-.01	.23***	-.00
Concern for Sexual Appropriateness	.05	-.19*	.18**	-.02
Sexual Persistence	.03	.10	-.13*	-.16*
Emotional Intensity	-.24***	.25**	-.08	-.10
SSRS Total Score	-.02	.10	.04	-.16*
Inhibitory Control Scale				
Inhibitory Control Scale	-.10	-.41***	-.12*	-.25***

Note: *p < .05; ** p < .01; *** p < .001

Group Differences Across Settings

There were four groups used in the study: incarcerated sexual offenders, self-admitted sexual offenders, incarcerated non-sexual offenders and community males. Table 6 presents the means and standard deviations for each group of sexual and non-sexual offenders on the deviant sexual schemata, perspective-taking and self-regulation measures.

The majority of the study's hypotheses were made about combined groups of sexual offenders and combined groups of non-sexual offenders. As can be seen in Table 6, the responses of the incarcerated non-sexual offenders and the community males were similar. Consequently, these two groups were combined. Preliminary analyses revealed that substantial differences existed between the self-admitted and incarcerated sexual offender groups. On most of the measures the incarcerated sexual offenders looked more normal and similar to the incarcerated non-sexual offenders, than the self-admitted sexual offenders. This was not expected. Given the marked difference between the incarcerated sexual offenders and the self-admitted sexual offenders, analyses using only the combined group of sexual offenders may not have accurately represent the findings. Therefore, additional analyses were performed when testing the specific hypotheses. Most analyses included three comparisons: (a) combined groups of sexual offenders versus combined groups of non-sexual offenders, (b) incarcerated sexual offenders versus combined groups of non-sexual offenders, and (c) self-admitted sexual offenders versus combined groups of non-sexual offenders.

Means and Standard Deviations of the Measures for the Sexual Offender and Non-Sexual Offender Groups

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Table 6 continued

Measures	Incarcerated Sexual Offenders		Self-Admitted Sexual Offenders		Incarcerated Non-Sexual Offenders		Community Males	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Bumby's Rape Myth Acceptance Scale								
Friends	0.54 ^b	(0.60)	1.31 ^a	(0.77)	0.65 ^b	(0.72)	0.60 ^b	(0.61) 15.76***
Individual	1.43 ^b	(0.48)	1.96 ^a	(0.68)	1.37 ^b	(0.46)	1.52 ^b	(0.56) 14.49***
Sexual Self-Regulation Scale								
Concern for Partner	3.68	(0.66)	3.80	(0.49)	3.82	(0.53)	3.75	(0.66) .56
Concern for Sexual Appropriateness	2.71	(0.79)	2.77	(0.59)	2.50	(0.85)	2.62	(0.80) 1.40
Sexual Persistence	4.04 ^b	(0.68)	2.87 ^a	(.90)	4.18 ^b	(0.56)	2.21 ^c	(0.74) 99.05***

Table 6 continued

Measures	Incarcerated Sexual Offenders		Self-Admitted Sexual Offenders		Incarcerated Non-Sexual Offenders		Community Males		F		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
Sexual Self-Regulation Scales											
Emotional Intensity	2.68	(.85)			2.38	(.59)	2.62	(.68)	2.31	(.73)	3.04*
Sexual Self-Regulation Total	13.13 ^b	(1.61)	11.87 ^a	(1.55)	13.14 ^b	(1.26)	10.99 ^a	(1.56)	25.10		***
Inhibitory Control Scale	29.97 ^b	(6.83)	35.09 ^a	(5.78)	34.23 ^a	(7.67)	31.66 ^{ba}	(6.96)	7.16		***
Davis Interpersonal Reactivity Index											
Perspective Taking	3.75 ^b	(0.68)	3.25 ^a	(0.65)	3.37 ^a	(0.73)	3.41 ^{ba}	(0.73)	5.49		***
Empathetic Concern	4.05 ^b	(0.68)	3.63 ^a	(0.65)	3.96 ^b	(0.69)	3.88 ^{ba}	(0.65)	4.20		**

Table 6 continued

Measures	Incarcerated Sexual Offenders		Self-Admitted Sexual Offenders		Incarcerated Non-Sexual Offenders		Community Males		F
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Verbal I.Q. and Social Desirability Measures									
BDIR	7.21	(4.11)	5.48	(3.66)	5.40	(4.48)	6.00	(4.19)	2.07
Clarke Vocabulary Scale	27.93	(7.60)	28.00	(5.17)	28.29	(6.08)	28.29	(5.09)	.06

Note: Note: * $p < .05$; ** $p < .01$; *** $p < .001$;

Note: Subscripts a, b,c,d, are use to denote differences between groups identified by the Scheffé test

Specific Hypothesis

Deviant Sexual Schemata

Hypothesis 1: Sexual offenders will use hostile schemata and over-sexualized schemata of women more frequently than non-sexual offenders.

This hypothesis was tested using an independent samples t-test. The results suggest that the combined group of sexual offenders use hostile schemata more often than the combined group of non-sexual offenders $t = 2.11$, $df 236$, $p < .05$. The hypothesis that the combined group of sexual offenders would use over-sexualized schemata more often than the combined group of non-sexual offenders was not supported $t = .91$, $df 233$, $p > .36$.

Additional analysis revealed that there were no significant differences between the incarcerated sexual offenders and the combined non-sexual offender groups in the use of hostile schemata $t = -1.78$, $df 188$, $p < .08$. Significant differences were found in the use of over-sexualized schemata but not in the expected direction. Incarcerated sexual offenders used over-sexualized schemata less often than the combined non-sexual offender group $t = -2.92$, $df 186$, $p < .01$.

Significant differences were found between the self-admitted sexual offender group and the combined non-sexual groups in the use of hostile and over-sexualized schemata. The self-admitted sexual offender group used hostile and over-sexualized schemata more often than did the combined non-sexual offender group $t = 5.32$, $df 177$, $p < .001$ $t = 4.45$, $df 175$, $p < .001$.

Overall, the incarcerated sexual offenders appeared to use deviant sexual schemata less often than the combined non-sexual offender groups and the self-admitted sexual offenders. The incarcerated sexual offenders had lower mean scores on the deviant

schemata measures. This result was not in the expected direction. However, as expected the self-admitted sexual offenders did use deviant sexual schemata more often than the combined groups of non-sexual offenders.

After controlling for social desirability and verbal I.Q., several significant correlations remained between group membership and the deviant schemata measures.

Table 7 presents the correlations and partial correlations between group membership and deviant schemata measures.

Table 7

Correlations and Partial Correlations Between Group Membership and the Deviant Sexual Schemata Measures Controlling for Verbal I.Q. and Social Desirability

	Hostile Schemata		Over-sexualized Schemata	
	r	r partial	r	r partial
Combined Sexual vs. Combined Non-Sexual Offenders	-.14*	-.15*	-.06	-.08
Self-Admitted Sexual Offenders vs. Combined Non-Sexual Offenders	-.37***	-.36***	-.32***	-.32***
Incarcerated Sexual Offenders vs. Combined Non-Sexual Offenders	.13	.14	.21**	.21**

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Hypothesis 2: Date rapists will invoke over-sexualized schemata more often than other types of rapists.

Hypothesis 3: Sadistic rapists will invoke hostile schemata more often than other types of rapists.

In this study, date rapists were defined as sexual offenders whose victims were girlfriends/boyfriends or spouses, and who believed they were flirting with/dating the victim at the time of the offence (N=56). Sadistic rapists were defined as those sexual offenders who inflicted any degree of physical injury and had the intent to degrade, humiliate or inflict pain on the victims (N=8). It is important to note that all of the sadistic rapists were in the incarcerated sexual offender group. The category “mixed rapists” includes those rapists that met classification rules for both date and sadistic type rapists (N=22). The category “other rapists” includes those rapists who did not meet the criteria for date or sadistic type rapists (N=23).

Group analysis did not reveal any significant differences between the date, sadistic, mixed or other rapists. Table 8 presents a list of means and standard deviations on deviant sexual schemata measures for date and sadistic type rapists.

Table 8

Means and Standard Deviations for the Deviant Sexual Schemata Measures for Rapist Types

Measures	Date Rapists		Sadistic Rapists		Mixed Rapists		Other	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Over-sexualized Deviant Schemata	17.07	(10.10)	10.13	(8.86)	17.68	(10.45)	12.36	(9.22)
Hostile Deviant Schemata	12.18	(9.65)	6.13	(5.19)	13.68	(17.68)	10.04	(8.79)

Significant correlations were found using two variables that indicated any date or any sadistic characteristics. Significant positive correlations were found between being a date rapist and the use of over-sexualized schemata. A significant relationship was not found between being a date rapist and the use of hostile schemata. These results are in the expected direction. These relationships remained significant after controlling for the effects of verbal I.Q. and social desirability.

There was no relationship between being a sadistic rapist and the use of over-sexualized or hostile schemata. This is not in the expected direction. Table 9 presents a list of correlations and partial correlations between the type of rapist and deviant sexual schemata measures.

Table 9

Correlations and Partial Correlations Between Type of Rapist and Deviant Sexual Schemata Measures Controlling for Verbal IQ and Social Desirability

	Date Rapist		Sadistic Rapist	
	r	r partial	r	r partial
Over-sexualized Schemata	.25*	.24**	-.003	-.13
Hostile Schemata	.16	.15	.005	-.08

Note: * $p < .05$

Hypothesis 4: Rape attitudes will be correlated with deviant sexual schemata.

This hypothesis was supported. Significant positive correlations were found between the rape myth acceptance and deviant sexual schemata measures, suggesting that the endorsement of rape attitudes is related to the use of deviant sexual schemata when perspective taking in sexual situations. As the use of over-sexualized and hostile schemata increased, support for rape attitudes also increased. These differences remained after controlling for the effects of verbal I.Q. and social desirability. Refer to Table 10 for a list of the correlations and partial correlations between these measures.

Table 10

Correlations between the Rape Myth Acceptance Scale and the Deviant Sexual Schemata Measures Controlling for Verbal I.Q. and Social Desirability

	Self		Friends	
	r	Partial	r	Partial
Over-sexualized Schemata	.61***	.57***	.43***	.44***
Hostile Schemata	.62***	.62***	.43***	.43***

Note: *** $p < .001$

Hypothesis 5: Sexual offenders will be more supportive of rape attitudes than non-sexual offenders.

This hypothesis was supported. A comparison between the combined groups of sexual and non-sexual offenders revealed significant differences in the endorsement of rape attitudes. Sexual offenders had higher mean scores than non-sexual offenders on the Bumby's Rape Myth Acceptance Scale. An independent samples t-test yielded $t = 3.03$, $df 252$, $p < .01$ when the Bumby's Rape Myth Acceptance Scale was completed based on respondents' attitudes and $t = 3.45$, $df 254$, $p < .001$ when the Bumby's Rape Myth Acceptance Scale was completed based on the respondents' friends attitudes.

Further analysis revealed that there were significant differences between the self-admitted sexual offenders and the combined non-sexual offender group. An independent samples t-test yielded $t = 5.88$, $df 192$, $p < .001$ when the Bumby's Rape Myth Acceptance Scale was completed based on individual attitudes and $t = 6.07$, $df 192$, $p < .001$ when the Bumby's Rape Myth Acceptance Scale was completed based on friends attitudes. No significant differences were found between incarcerated sexual offenders

and the combined group of non-sexual offenders groups on the endorsement of rape myths.

A significant relationship between group membership and the endorsement of rape attitudes remained after controlling for the effects of verbal I.Q. and social desirability. The partial correlation between combined sexual and non-sexual offender groups with rape attitude total scores was $r = -.23$, $p < .001$. This relationship remained the same when the scale was completed based on individual attitudes and when the scale was completed based on friends' attitudes.

Hypothesis 6 : Deviant sexual schemata will be more prevalent in sexual offenders with longer histories of sexual offending than those with shorter histories of sexual offending.

Long and short histories of sexual offending were determined based on self-reporting for self-admitted sexual offenders and file review for incarcerated sexual offenders.

Offenders with two or less sexual offences were considered to have short histories of sexual offending. Offenders with three or more sexual offences were considered to have long histories of sexual offending. There were 67 (36 incarcerated and 31 self-admitted) sexual offenders considered to have a long history of sexual offending and 50 (26 incarcerated and 24 self-admitted) sexual offenders with a short history of sexual offending.

The mean number of sexual offences for incarcerated sexual offenders was $M = 2.70$ ($SD = 5.00$) while the mean number of sexual offences for self-admitted sexual offenders was $M = 3.67$ ($SD = 3.74$). The fact that self-admitted sexual offenders had a higher mean number of offences than the incarcerated sexual offenders supports the fact that official criminal history records underestimate the incidence of sexual assault.

A significant difference was found between length of history and use of deviant schemata in the incarcerated sexual offender group. Incarcerated sexual offenders with shorter histories of sexual offending used hostile schema more often than incarcerated sexual offenders with longer histories of sexual offending ($r = -.24$). These results are not in the expected direction.

There were no significant differences between self-admitted sexual offenders with short and long histories of sexual offending in their use of deviant sexual schemata. However, after controlling for the effects of verbal I.Q. and social desirability, self admitted sexual offenders with longer histories of sexual offending used over-sexualized schemata more often than those with shorter histories of sexual offending. Table 11 presents the correlations and partial correlations between the length of sexual offending history and group membership.

Table 11

Correlations and Partial Correlations Between Deviant Sexual Schemata Measures and Length of Sexual Offending History for Incarcerated and Self-Admitted Sexual Offenders Controlling for the Effects of Verbal I.Q. and Social Desirability

Measures	Incarcerated Sexual Offenders		Self-Admitted Sexual Offenders	
	Length of Sexual Offending History		Length of Sexual Offending History	
	r	r (partial)	r	r (partial)
Over-sexualized Schemata	-.007	-.002	.24	.32*
Hostile Schemata	-.24*	-.30*	.13	.22

Note: * $p < .01$

Hypothesis 7: Deviant sexual schemata will be more prevalent in sexual offenders whose first sexual offence was committed at a younger age than in sexual offenders who committed their first offence at an older age.

Age of onset for sexual offending was determined by a self-report variable included in the Background Sexual Experience Questionnaire for both incarcerated sexual offenders and self- admitted sexual offenders. Self-admitted sexual offenders had an earlier self-reported age of onset $M = 17.14$ ($SD = 5.19$) than the incarcerated sexual offenders $M = 26.40$ ($SD = 11.72$).

A correlational analysis revealed a moderate negative relationship between age of onset for sexual offending and use of sexually deviant sexual schemata by the incarcerated sexual offenders. After controlling for the effects of verbal I.Q. and social desirability, incarcerated sexual offenders who started sexually offending at a younger age used hostile schemata more often than those offenders who started sexual offending at a later age (see Table 12). There were no significant differences between age of onset of sexual offending and use of deviant sexual schemata within the self-admitted sexual offender group. The means were in the right direction for both the incarcerated and self-admitted sexual offender groups, suggesting that offenders with a younger age of onset use deviant sexual schemata more than those with a later age of onset of sexual offending.

Table 12

Correlations and Partial Correlations Between Age of Onset for Sexual Offending and the Use of Hostile Schemata and Over-sexualized Schemata.

Measures	Incarcerated Sexual Offenders		Self-Admitted Sexual Offenders	
	Age of Onset		Age of Onset	
	r	r (partial)	r	r (partial)
Hostile Deviant Schemata	-.21	-.32*	-.14	-.15
Over-sexualized Deviant Schemata	-.15	-.28	-.12	-.12

Note: * $p < .05$

Perspective Taking Measures

Hypothesis 8: Sexual offenders who were intoxicated during their offences will have better perspective taking ability than those who committed their offences sober.

Information about intoxication during the commission of the sexual offence was only available for the incarcerated sexual offenders. Therefore, this analysis is based solely on the incarcerated sexual offender sample. Overall, there were 24 incarcerated sexual offenders who were intoxicated during the commission of their offences and 35 who were not intoxicated.

The hypothesis was not supported. An independent samples t-test and correlational analysis failed to reveal any significant differences between groups. Intoxicated offenders had a higher mean score of 29.50 ($SD = 16.22$) on the EFW test than the sober offenders, who had a mean score of 27.97 ($SD = 11.66$). These means suggest that incarcerated sexual offenders who were intoxicated at the time of their offences made more errors on the EFW than those who were sober at the time of their offence. These means are not in the expected direction.

Hypothesis 9: Date rapists will have perspective taking deficits in recognizing victim suffering in comparison to other types of rapists.

Hypothesis 10: Sadistic rapists will have better recognition of victim suffering than other types of rapists.

Correlational analysis revealed a significant relationship between date rapist group membership and the total number of errors made on the EFW test. This relationship remained significant after controlling for the effects of verbal I.Q. and social desirability.

Table 13 presents a list of correlations and partial correlations between date and sadistic rapists and the EFW test total score.

Although, an independent sample t-test did not reveal any significant differences between date and sadistic rapists, mean scores were in the expected direction (See Table 14). These results suggest that date rapists have more problems identifying victim suffering than do sadistic rapists.

Table 13

Correlations and Partial Correlations Between Type of Rapist and the Empathy for Women Test.

Measures	Date Rapist		Sadistic Rapist	
	<u>r</u>	<u>r</u> (partial)	<u>r</u>	<u>r</u> (partial)
EFW Total Score	.15*	.15*	.07	.04

Note: * $p < .05$

Table 14

Means and Standard Deviations for Sexual Offender Types on the Empathy for Women Test

	EFW Total Score		
	<u>N</u>	<u>M</u>	<u>SD</u>
Date Rapists	56	36.75	15.89
Sadistic Type	8	30.25	14.50
Mixed Type	22	39.32	23.73
Other	23	33.13	18.90

Sexual Self-Regulation

Hypothesis 11: Sexual self-regulation will be correlated with perspective-taking skills.

This hypothesis was supported. A negative correlation was found between the SSRS total score and the EFW total score suggesting that as the total number of perspective-taking errors increased, sexual self-regulation ability decreased. The Concern for Partner sub-scale correlated negatively with the EFW total score suggesting that as Concern for partner increased, perspective-taking errors decreased. The Sexual Persistence sub-scale correlated negatively with the EFW total score suggesting that as sexual persistence total scores decreased,(indicating an increase in sexual persistence), perspective-taking errors increased. These results were in the expected direction.

Perspective-taking ability as measured by Davis's Perspective-Taking scale also correlated with the SSRS total score, the Concern for Partner sub-scale and the Sexual Persistence sub-scale. These results suggest that those high in perspective-taking ability have better sexual self-regulation ability.

Empathetic concern was positively correlated with the SSRS total score, the Concern for Partner sub-scale and the Sexual Persistence sub-scale. These results suggest that empathetic concern is related, as expected, to better sexual self-regulation ability.

Correlations between the sexual self-regulation measures, the perspective-taking and empathetic concern measures remained significant after controlling for the effects of verbal I.Q. and social desirability. Table 15 presents the correlations and partial correlations between sexual self-regulation measures and the perspective-taking measures.

Table 15

Correlations and Partial Correlations Between Sexual Self- Regulation Measures and Perspective Taking/Empathy Measures Controlling for Verbal IQ and Social Desirability

	SSRS TOT		CP		CFSA		EI		SP	
	r	r (partial)	r	r (partial)	r	r (partial)	r	r (partial)	r	r (partial)
EFW TOT	-.26***	-.13	-.31***	-.25**	.09	.04	.14	-.14	-.29***	-.19**
DAVIS EM	.22***	.19*	.29***	.22**	.07	.05	-.02	-.05	.19**	.21**
DAVIS PT	.19**	.16*	.25***	.20**	-.02	.00	.01	-.01	.19**	.13

Note: $p < .05$ *, $p < .01$ **, $p < .001$ ***

Note: High scores on the SSRS scales and the Davis Scales are desirable

Low scores on the EFW test are desirable

Perspective Taking Measures

DAVISPT- Perspective Taking Scale

EFWTOT- Empathy for Women Test

DAVISEM- Empathetic Concern Scale

Self-Regulation Measures

CFP- Concern for Partner Scale

CFSA- Concern for Sexual Appropriateness

SP - Sexual Persistence Scale

EI - Emotional Intensity

SSRS- Total Score of CFP, CFSA, EI and SP

Hypothesis 12: Low sexual self-regulation will be correlated with rape attitudes.

This hypothesis was supported. A moderate negative correlation was found between the SSRS and the Bumby's Rape Myth Acceptance Scale. The results suggest that as support for rape attitudes increased, sexual self-regulation ability decreased. The Concern for Partner sub-scale correlated negatively with rape myth acceptance scores suggesting that as concern for ones sexual partner increased the support of rape attitudes decreased.

Significant correlations were still found after controlling for the effects of verbal I.Q. and social desirability. Table 16 presents the correlations and partial correlations between sexual self-regulation and rape myth acceptance scores.

Table 16

Correlations Between Sexual Self- Regulation Measures and Bumby's Rape Myth Acceptance Scale Controlling for Verbal IQ and Social Desirability

	SSRS TOT		CP		CFSA		EI		SP
	r	r (partial)	r	r (partial)	r	r (partial)	r	r (partial)	r
BUMBY'S IV	-.20**	-.20**	-.25***	-.21**	.06	.05	.04	-.04	-.30***
BUMBY'S FR	-.11	-.10	-.13	-.20**	.12	.13	-.09	.01	-.17**
Note: $p < .05$ *, $p < .01$ **, $p < .001$ ***									
Note: High scores on the SSRS scales and subscales are desirable									
Low scores on the Bumby's Rape Myth Acceptance Scales are desirable									
Bumby's Rape Myth Acceptance Scales									
BUMBY'S IV - Based on individual attitudes									
BUMBY'S FR - Based on friends attitudes									

Bumby's Rape Myth Acceptance Scales
 BUMBY'S IV - Based on individual attitudes
 BUMBY'S FR - Based on friends attitudes

Self-Regulation Measures

CFP- Concern for Partner Scale
 CFSA - Concern for Sexual Appropriateness
 SP - Sexual Persistence Scale
 EI - Emotional Intensity
 SSRS- Total Score of CFP, CFSA, EI and SP

Hypothesis 13: Sexual offenders will have poorer sexual self-regulation skills than non-sexual offenders.

The SSRS and its sub-scales are scored such that lower scores indicate a poor ability and higher scores indicate a good ability. An independent sample t-test did not reveal any significant differences in sexual self-regulation ability between the combined groups of sexual offenders and non-sexual offenders. Exploratory post hoc analysis (Scheffe's) was performed to determine if any group differences existed on the SSRS and its sub-scales.

There were no significant group differences on the Concern for Partner, Concern for Sexual Appropriateness, and Emotional Intensity sub-scales. The community males had the most problems with sexual persistence, followed by self-admitted sexual and incarcerated sexual offenders, respectively. These results are not in the expected direction since they suggest that the incarcerated sexual offenders had the least problem with sexual persistence. Also in the unexpected direction, the community males scored significantly worse than the incarcerated sexual offenders on the SSRS total score.

Hypothesis 14: Deviant sexual schemata will be correlated with sexual self-regulation deficits.

A negative correlation was found between the SSRS total score and deviant schemata measures. These results suggest that as sexual self-regulation ability improved the use of hostile and over-sexualized schemata decreased. The Concern for Partner sub-scale correlated negatively with the deviant sexual schemata measures suggesting that, as concern for partner increases, the use of over-sexualized and hostile schemata decreases. The Sexual Persistence sub-scale correlated negatively with deviant sexual schemata

measures. As sexual persistence increased (lower total scores), the use of over-sexualized and hostile schemata increased. These results were in the expected direction.

Significant correlations were found between self-regulation measures and the deviant schema measures after controlling for the effects of verbal I.Q. and social desirability. Table 17 presents the correlations and partial correlations between sexual self-regulation measures and deviant schema measures.

Inter-correlation of Deviant Sexual Schemata, Perspective-Taking and Self-Regulation Measures

Almost all of the scales used in the study were highly inter-correlated. In order to determine if the measures addressed different domains, all the measures were submitted to a factor analysis. The Minimum Average Partial (MAP) method was used to determine how many factors to extract (Zwick & Velicer, 1986). Three of the SSRS subscales (Attention and Effortful Processing, Learning and Script Adaptability and Bumby's Friends' Scale) were dropped from the factor analysis since they insufficiently correlated with the other scales (communalities of less than .32). The MAP procedure suggested that the remaining measures represented one single factor. Within the identified factor, deviant schema measures had the highest factor loadings followed by perspective taking measures, self-regulation measures and the Verbal I.Q. scale, respectively. Table 18 presents the correlations for each of the measures in the identified factor (factor loadings).

Refer to Table 19 for the complete correlation matrix of measures.

Table 17

Correlations and Partial Correlations Between Sexual Self-Regulation Measures and Deviant Sexual Schemata Measures Controlling for the Effects of Verbal IQ and Social Desirability

	SSRS TOT		CP		CFSA		EI		SP	
	r	r (partial)	r	r (partial)	r	r (partial)	r	r (partial)	r	r (partial)
OSEX	-.21**	-.19*	-.27***	-.21**	.11	.07	.02	.06	-.31***	-.27***
HOST	-.15*	-.14	-.29***	-.33***	.06	.01	.13	.15	-	-.16*
									.24***	

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Rape Myth Measures

OSEX- Over-sexualized Schemata

HOST- Hostile Schemata

Self-Regulation Measures

CFP- Concern for Partner Scale

CFSA - Concern for Sexual Appropriateness

SP - Sexual Persistence Scale

EI - Emotional Intensity

SSRS- Total Score of CFP, CFSA, EI and SP

Table 18
Correlations of Measures

Measures	r
Over-sexualized Schemata	.78
Hostile Schemata	.77
Bumby's Rape Myth Acceptance Scale-Self	.69
Davis Empathetic Concern	-.55
Davis Perspective-Taking Scale	-.54
Inhibitory Control Scale	.39
Concern for Partner	-.35
Clarke Vocabulary Scale	-.34

Table 19: Correlation Matrix

	OSEX	HOST	EFW	CFP	CFSA	SP	EI	SSRS	DAVIS PT	DAVIS EM	BUMBY FR	BUMBY IV
OSEX	-											
HOST	.72***	-										
EFW	.81***	.83***	-									
CFP	-.27**	-.30***	-.31**	-								
CFSA	.11	.06	.10	.26***	-							
SP	-.31***	-.24***	-.28**	.04	-.12	-						
EI	.02	.13	.14	-.08*	-.05	.24**	-					
SSRS	-.21**	-.15*	-.13	.42***	.47***	.67***	.52***	-				
DAVISPT	-.27**	-.31**	-.25**	.25***	-.02	.19**	.01	.19**	-			
DAVISEM	-.34**	-.34**	-.31**	.29***	.07	.19**	-.02	.22**	.49**	-		
BUMBYFR	.42**	.43**	.39**	-.13	.12	-.17**	-.09	-.11	-.16**	-.16*	-	
BUMBYIV	.61***	.62***	.56**	-.25***	.06	-.30***	.04	-.20**	-.32**	-.34**	.61**	-
DERRY	.30**	-.15	.21**	-.14*	.11	-.10	-.17**	-.11	-.45**	-.24**	.20**	.13*

Note: $p < .05$, * $p < .01$ ** $p < .001$ ***

Note: N ranged from 180-257

Note: Higher scores on the CFP, CFSA, SP, EI, DAVISPT and DAVISEM represent good ability in area being measured. Higher scores on the rest of the measures represent poorer ability in area being measured.

Deviant Sexual Schemata Measures:

HOST - Hostile Schema Scale

OSEX - Over-Sexualized Scale

BUMBY - Rape Myth Acceptance Scale

DERRY - Inhibitory Control Scale

Perspective Taking Measures

DAVISPT - Perspective Taking Scale

EFW - Empathy for Women Test

DAVISEM - Empathetic Concern Scale

Self-Regulation Measures

CFP - Concern for Partner Scale

CFSA - Concern for Sexual Appropriateness

SP - Sexual Persistence Scale

EI - Emotional Intensity

SSRS - Total Score of CFP, CFSA and SP

Discussion

The present study attempted to further understand sympathy deficits in sexual offenders, specifically rapists, using a model that defined sympathetic responses in terms of deviant sexual schemata, perspective-taking and sexual self-regulation components. The model was based on the theory that in sexual situations, sexual offenders automatically use deviant sexual schemata to simplify information processing. As a result, sexual offenders misinterpret the level of sexual interest expressed by their victims. By misperceiving the sexual situation, sexual offenders fail to self-regulate their sexual behavior, which results in the non-sympathetic response of sexual assault. This cycle of activating and using deviant sexual schemata, chronically misperceiving sexual situations and failing to self-regulate sexual behavior becomes increasingly automatic process as it is repeated. The theory was tested through the administration of measures to incarcerated sexual offenders and other comparison groups. Responses on these measures were compared to determine if differences existed between groups.

Overall, the results provide mixed support for the theory. The deviant sexual schemata and perspective-taking components were generally supported for the community comparison groups (self-admitted sexual offenders and community males) but not for the incarcerated sexual offenders. For example, self-admitted sexual offenders used deviant sexual schemata more often and had poorer perspective-taking ability than community males. The deviant sexual schemata and perspective-taking components of the theory are similar to other theories used to explain sympathy deficits in sexual offenders (Hanson, in press; Malamuth & Brown, 1994; Marshall et al.; 1995).

The concept of sexual self-regulation was the weakest component of the theory. Results offered little or no support for the hypothesis that sexual offenders have poorer sexual self-regulation ability than non-sexual offenders. The scale created to measure the construct of sexual self-regulation demonstrated poor reliability and validity and did not provide an interpretable pattern of results. The Sexual Self-Regulation Scale proved to be multi-factorial. The four factors included in the scale were not highly correlated with each other or any of the other measures included in the study.

Deviant Sexual Schemata and Perspective Taking

The theory tested two types of deviant sexual schemata: (a) hostile schemata - the tendency to impute hostile intentions to a women's communication in sexual situations, and (b) over-sexualized schemata - the tendency to impute sexual connotations to situations when none exists. The assumption was that rapists would initially activate over-sexualized schemata when in sexual situations until they felt that they were being sexually rejected. At this point, rapists would invoke hostile schemata, which includes a sexually coercive behavioral script. Deviant sexual schemata and perspective-taking ability were assumed to have a reciprocal relationship; if deviant sexual schemata are guiding perspective taking, then perspective-taking ability will be inaccurate and vice versa.

The largest difference in the use of deviant sexual schemata and perspective-taking ability was found between community groups, specifically between the self-admitted sexual offenders, and the community males. The incarcerated sexual offenders generally looked normal.

The differences found in the use of deviant sexual schemata in the community sample are consistent with the proposed theory of sympathy deficits in sexual offenders. The theory was primarily developed to explain date rape. Notably, 77% of the self-admitted community sexual offenders were date rapists. These results are also congruent with Hanson's (1997, in press) theory of empathy deficits in sexual offenders. According to this theory, sexual offenders who perceive themselves to have a caring relationship with the victim will have poorer perspective taking ability than those who have a detached relationship with their victim.

The differences found between self-admitted sexual offenders and community males in the use of deviant sexual schema and perspective-taking ability are also consistent with results obtained by Malamuth and Brown (1994). They concluded that sexual offenders' perceptions of female communication in sexual situations are inaccurate because their information processing is biased by "suspicious women schema." They suggested that sexual offenders often link seductiveness with hostility in social interactions with women. Lipton, McDonnell and McFall (1991) and Murphy, Coleman, and Hynes (1986) also reported that sexual offenders have difficulties identifying women's affect in dating situations and that this is related to related poor perspective-taking ability.

The deviant schema that self-admitted sexual offenders use in social interactions with women include rigid, stereotypical attitudes of women. Consistent with previous research suggesting that stereotypical attitudes are related to sexually coercive behavior (Burt, 1980; Malamuth; 1996), self-admitted sexual offenders were more likely to endorse rape attitudes than community males. Deviant sexual schemata and perspective-

taking measures were also correlated with the rape attitudes, suggesting that deviant schema and perspective-taking ability are related to the endorsement of stereotypical attitudes. This is similar to a study by Scully (1988) who reported that because rapists use stereotypes of women to interpret social situation they have poor perspective-taking abilities.

Social cognitive theory suggests that people process information in an automatic fashion using well-learned schemata or behavioral scripts (Fiske & Taylor, 1991). Sexual offenders with longer criminal histories would be expected to have practiced their deviant sexual schemata more often than sexual offenders with shorter histories of offending. Consistent with the proposed theory of sympathy deficits (although not significant) self-admitted sexual offenders with longer histories used deviant sexual schemata more often than did self-admitted sexual offenders with shorter histories of sexual offences.

Similarly, self-admitted sexual offenders who began sexual offending at a younger age used deviant sexual schemata more often than those sexual offenders who started offending at a later age. This finding offers further support for the model's assumption that sexual offenders engage in automatic information processing using deviant sexual schemata.

In summary, the use of deviant sexual schemata and perspective taking ability appear to be plausible constructs in explaining sympathy deficits in self-admitted sexual offenders found in the community. The sexual self-regulation component of the theory received less support.

Sexual Self Regulation

The sexual self-regulation component of the proposed theory was exploratory in nature and specifically developed for this study. Theoretically, the concept of sexual self-regulation is supported by social cognition research. The concept of sexual self-regulation is related to automatic thinking that uses stereotypical information to simplify information processing. Research suggests that automatic thinking is controllable (Bargh, 1988; Fiske, 1989; Jacoby & Kelley, 1990). The ability to control automatic thinking is fundamental to the proposed theory of self-regulation in sexual situations. Johnston and Ward (1996) suggested that sexual offenders can control the automatic use of sexually deviant schemata and learn control that will result in better perspective-taking.

The concept of sexual self-regulation is similar to the “Response Decision” stage of the Marshall et al. (1995) model of empathy deficits. This stage suggests that if an individual is not using deviant schemata in sexual situations, then it is possible to respond in a sympathetic manner when exposed to distress. The sexual self-regulation component of the proposed theory of sympathy deficits reflects the sexual offenders’ decision to inhibit inappropriate sexual behavior after recognizing the distress it is causing the victim.

In spite of the theoretical basis, results offered weak support for the construct of sexual self-regulation. The original sexual self-regulation scale had six sub-scales. The core concept of the scale, script adaptability (the ability to disengage coercive sexual behavior scripts), was not identified as a factor in the new sexual self-regulation scale. Furthermore, there were no reliable group differences in sexual self-regulation ability.

There are several possible explanations as to why the sexual self-regulation scale failed to discriminate between sexual offenders and non-sexual offenders. First, it is possible that the distinguishing feature of sexual offenders is the content of the schemata, not deficits in self-control. Evidence to support this explanation is that the Sexual Self-Regulation Scale and the Inhibitory Control Scale both failed to find any significant differences between sexual offenders and non-sexual offenders. However, all groups included in the study were expected to have inhibitory control problems, as they were matched on socioeconomic and education factors. This matching could have contributed to inhibitory control problems not being detected because the groups were very similar in their inhibitory control abilities. Future research should examine whether inhibitory control differences, specifically sexual self-regulation, exist between sexual offenders and a higher socialized comparison group, such as university males.

Nevertheless, it is possible that inhibitory control is a fundamental factor in sympathy deficits in sexual offenders, but that it is the inhibition of deviant sexual schemata and not actual sexual behavior that is important. The significant differences found between sexual and non-sexual groups in the use of deviant sexual schemata offers evidence to support this explanation. Other evidence to support this explanation is that Item 3, "I have sexual thoughts and feelings I can not control" on the sexual self-regulation scale, discriminated between self-admitted sexual offenders and community males. However, no significant differences between sexual offenders and non-sexual offenders were found on the inhibitory control and self-regulation measures. Schemata should be linked to behavior and differences on the self-regulation measures should have been found. Supporters of the importance of self-regulation problems in explaining

sexually assaultive behavior can nevertheless, point to the weaknesses of the measures used in the current study.

Other research has suggested that general inhibitory control problems may be more important for sexual offenders than specific inhibitory control problems. The Cognitive Skills program offered to federal offenders teaches general inhibition skills and is related to reductions in sexual recidivism (Robinson, 1995). This finding suggests that the general management of lifestyle factors may be more important than the specific ability to disengage sexually deviant behavioral scripts.

People with general inhibition problems have problems interpreting feedback. The feedback loop is essential to the self-regulation of general behavior (Carver & Scheirer, 1981). A theory of sexual self-regulation that incorporates deficits in general behavioral inhibition may be more accurate in explaining differences between the abilities of sexual and non-sexual offenders to self-regulate their sexual behavior.

Although the results suggest that the ability to inhibit deviant sexual behavior may not be a fundamental difference between sexual and non-sexual offenders, it may be a necessary, but not a sufficient condition in the explanation of sympathy deficits in sexual offenders. Furthermore, sexual self-regulation may be important in a treatment context. Some self-management skills are required if deviant sexual schemata are to change.

Another possible explanation as to why self-regulation differences were not found between groups could be that sexual self-regulation is only a problem for repeat offenders. A relationship between the number of victims and inhibitory control problems did not exist. However, Hanson and Harris (1998) found a relationship between

recidivism and several lifestyle behavioral indices indicative of inhibitory control problems, such as substance abuse, non-cooperation with supervision and failure to acknowledge potential for relapse. This is certainly a hypothesis for future research to pursue.

The hypothesis that sexual offenders would have poorer sexual self-regulation ability than non-sexual offenders may not have even been adequately tested because the SSRS scale failed to measure the construct as conceptualized. Although the SSRS correlated with other components of the model, the theoretical value of the SSRS remains questionable. Factor analysis identified the SSRS to be multifactorial. However, it did not identify the core construct of sexual self-regulation, namely script adaptability. The four factors that constitute the SSRS scale only supported the proposed model of sympathy deficits to the extent that they were related to the script adaptability. Given they were not related to script adaptability, it is questionable whether the four factors included in the new SSRS have any theoretical value at all. The four sub-scales were not highly correlated with each other and the reliability of the total sexual self-regulation score had even lower reliability. Correlations between the sexual self-regulation scale and the deviant schemata and perspective-taking measures were also lower than was expected.

Given the lack of cohesiveness in the sub-scales of the newly developed sexual self-regulation scale, further thought needs to be given to the concept of sexual self-regulation and its measurement. When designing a sexual self-regulation scale, in the future, it may be useful to interview sexual offenders to determine what sexual self-

regulation means to them. These interviews and focus groups could help provide the appropriate language needed to create reliable self-regulation scale items.

Another possible explanation as to why the self-regulation scale did not discriminate between sexual offenders and non-sexual offenders was that the theory of sexual self-regulation is simply misguided. Evidence favoring this explanation is that the individual items from the sexual self-regulation scale did not form any sensible pattern. Scales grounded in valid theory should produce results in the expected direction even if they are not significant.

On the other hand, the concept of sexual self-regulation is hard to completely reject given the importance of self-regulation in other domains. Crick and Dodge (1994) for example, reported that self-regulation was important if children were to inhibit aggressive schema when in aggressive contexts. Thus, with further refinements, the proposed theory of sexual self-regulation may be improved upon.

The Incarcerated Sexual Offender Problem

The unexpected results between the incarcerated sexual offenders and the self-admitted sexual offenders requires explanation. Incarcerated sexual offenders appeared to use deviant sexual schemata less often, and have better perspective taking and sexual self-regulation ability than the self-admitted sexual offender and the non-sexual offender groups. This was not consistent with the proposed theory. There are several possible explanations for these unexpected findings.

The first explanation is that the measures, particularly the perspective-taking and deviant schemata measures included in the study, had no validity with either self-admitted sexual offender or incarcerated sexual offender groups. The differences

between the groups were just artefacts of something else, such as the difference between admitters and deniers.

Evidence against this explanation is that no significant differences on the measures existed between incarcerated sexual offenders who admitted to their offences and those who denied their offences. Deniers could not be determined in the self-admitted sexual offender group. However, it is possible that there were a significant number of deniers in the community male group. This is unlikely given that the self-admitted sexual offender group already represented 38% of the original community male group. As well, correlations between the community male group and social desirability were low and there were few demand characteristics for the community male group.

A more probable explanation of the differences found between the incarcerated sexual offender and the self-admitted sexual offender group concern the demand characteristics of the prison setting. Incarcerated sexual offenders have more test-taking experience than self-admitted sexual offenders. Upon admission to prison, the incarcerated sexual offenders, as part of the intake assessment process would have completed a battery of tests, similar to the ones included in the study.

As well, incarcerated sexual offenders would have a greater fear of answering the scales honestly than would the self-admitted sexual offenders. Although guaranteed anonymity, sexual offenders may believe that there are negative consequences associated with admitting deviant sexual attitudes and behavior when they are already incarcerated for a sexual offence. Self-admitted sexual offenders, on the other hand, who were mostly in the community, may not perceive any negative consequences associated with admitting deviant sexual attitudes or behavior. As a result, incarcerated sexual offenders would

have had more reason to present themselves in a socially desirable light than would the self-admitted sexual offenders.

Yet, if social desirability was a contributing factor in the differences found between the incarcerated sexual offender and the self-admitted sexual offender groups, a significant difference should have been found between the total incarcerated sample and the community sample on the social desirability measure, which was not the case. The fact that a significant difference was not obtained on the social desirability measure does not mean that social desirability plays no role. The Impression Management Scale may not adequately capture the demand characteristics associated with a prison setting.

A final explanation as to why the incarcerated sexual offenders appeared less deviant than the self-admitted sexual offenders could be that fundamental differences do exist between the two groups. These differences may be specific to the types of rapists that comprised each group. Incarcerated sexual offenders were primarily stranger rapists where as the self-admitted sexual offender group were mostly date rapists. The proposed model of sympathy deficits was primarily conceptualized on date rapist behavior. This may explain why the self-admitted sexual offender group looked more deviant than the incarcerated sexual offenders group. Hanson's (1997) theory of empathy suggests that there are differences between sexual offenders who perceive themselves to be in a caring relationship versus those that do not. According to this theory, date rapists would have poorer perspective-taking ability than the stranger rapists. This is an area for future research.

Limitations

The current study has several limitations. A fundamental problem existed with the comparison groups used in the study, specifically the community groups. As previously mentioned, the incarcerated sample and community samples were matched on socioeconomic status and education level. The original reason for doing this was that if a difference emerged between the groups in self-regulation abilities, it could not be attributed to socio-economic factors. However, matching the community groups and the incarcerated groups may have obscured important contributing factors. As previously mentioned, if lifestyle instability contributes to sexual offending, this would not have been detected since all the subjects were high on this dimension. Future research examining sympathy deficits in sexual offenders should also include a sample that is more reflective of the average male.

Secondly, the difference in the administration setting for the incarcerated sample and the community may have been a limitation. As previously discussed, the demand characteristics associated with the prison setting difference may have seriously confounded the results and contributed to non-significant findings between the sexual offender groups and the non-sexual offender groups.

A third limitation of the study was that the sample sizes of the date rapist and sadistic rapist groups were too small to produce any reliable differences between groups.

Another limitation was the fact that the SSRS was not psychometrically validated before its use in the current study. There were also few measures available for inclusion in the study that could have provided convergent validity given the exploratory nature of the sexual self-regulation construct.

A further limitation of the study was the method used to assess sexual self-regulation. A clinical interview may have been a better methodological approach to assess sexual self-regulation. A clinical interview would have provided more information on what sexual self-regulation actually means to sexual offenders. The information gathered from the interview combined with theoretical underpinnings would probably result in a stronger construct.

A final limitation of the study was that the development of the sexual self-regulation measure coincided with the testing of the model of sympathy deficits. This creates ambiguity when determining if non-significant findings are attributable to the measure or the theory the measure is based on. Future research should examine a self-regulation measure once the theory has been established.

As well, there is always difficulty in developing measures in incarcerated samples. The norms are usually based on community samples and generalized to the incarcerated samples. Separate research needs to be conducted to evaluate the validity of measures used with incarcerated samples. Differences were found in the community groups with the deviant sexual schemata and perspective-taking measures, but not with the incarcerated groups. However, because the measures do not provide norms for the incarcerated sample, it is not possible to conclude that the measures did not work for the incarcerated sexual offenders.

Implications and General Conclusions

The results of the current study contribute to the research effort to provide a coherent view of empathy/sympathy deficits in sexual offenders. It appears plausible to define sexual offenders' sympathy deficits in terms of deviant sexual schemata,

perspective-taking ability and, to a lesser extent, sexual self-regulation.

The study has important implications for the treatment of sympathy deficits in sexual offenders, especially for date rapists in the community. Deviant sexual schemata, perspective-taking and sexual self-regulation ability represent dynamic treatment targets that can help date rapists to respond more sympathetically towards their victims and hopefully, diffuse potentially sexually assaultive situations.

Teaching date rapists to recognize when they are using deviant sexual schemata could help them to improve their perspective-taking skills. Improved perspective-taking ability could help date rapists control automatic thinking. More deliberate information processing may help prevent sexually assaultive or non-sympathetic behavior.

It was the goal of this study to develop a sexual self-regulation scale and test it. The results of the current scale, however, were disappointing. Although the concept of sexual self-regulation did not contribute to the explanation of sympathy deficits in sexual offenders, the concept remains worthy of future development. Future research should examine the concept of sexual self-regulation using an improved measurement tool and a more appropriate comparison group.

In conclusion, the results of the study provide further support for the perspective-taking and deviant sexual schemata components of model used to explain sympathy deficits in sexual offenders. Given that the nature of sympathy deficits in sexual offenders is still not well understood, it is hoped that this study has generated some new thinking around sexual self-regulation and its relationship to sympathy deficits in sexual offenders. As well, it is hoped that the study has contributed to the theoretical framework that explains the role of cognitive factors in sexually aggressive behavior.

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Appendix A

Demographic and File Review Coding Sheet for Sexual Offenders

Sexual Offender Self-Report Demographic Sheet

Instructions: Please fill in the following information about yourself.

Sex: (circle) Male Female

Age: _____

Circle the highest grade you have completed:

6 or less	7	8	9	10	11	12	13
-----------	---	---	---	----	----	----	----

Some University/College	YES	NO
-------------------------	-----	----

University Degree	YES	NO
-------------------	-----	----

**Have you ever been married
(include common law)?** **YES** **NO**

Circle your current marital status:

Single
Married
Common Law
Divorced
Separated
Widower

What was your occupation prior to incarceration? _____

Sex Offender File Review Coding Sheet

Subject Number: _____

Date: _____

Name: _____

FPS: _____

Institution: _____

Community Location: _____

DOB: _____

Previous Criminal Record To Current offence:	Yes	No
---	-----	----

Previous Offences (total):

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook or worksheet page.

Code based on current and previous sexual offences:

Victim 1

Relationship to Offender:

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:

Sex of Victim:

Degree of Physical Injury:

No Damage
 Slight Damage: no weapon
 Slight Damage: Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information

Type of Substance involved in offence: Alcohol Drugs Both

Victim 2**Relationship to Offender:**

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:**Sex of Victim:****Degree of Physical Injury:**

No Damage
 Slight Damage: no weapon
 Slight Damage : Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information

Type of Substance involved in offence: Alcohol Drugs Both

Victim 3**Relationship to Offender:**

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:**Sex of Victim:****Degree of Physical Injury:**

No Damage
 Slight Damage: no weapon
 Slight Damage : Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information

Type of Substance involved in offence: Alcohol Drugs Both

Victim 4**Relationship to Offender:**

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:**Sex of Victim:****Degree of Physical Injury:**

No Damage
 Slight Damage: no weapon
 Slight Damage : Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information

Type of Substance involved in offence: Alcohol Drugs Both

Victim 5

Relationship to Offender:	Girlfriend/Boyfriend
	Wife (Common Law or Married)
	Related
	Acquaintance
	Stranger
	No information

Age of Victim:

Sex of Victim:

Degree of Physical Injury:	
	No Damage
	Slight Damage: no weapon
	Slight Damage : Weapon
	Treated in Clinic and released
	Hospitalized at least one night
	Death
	Death and Mutilation
	No Information

Offender intoxicated at time of offence:	Yes	No	No Information
---	-----	----	----------------

Type of Substance involved in offence: Alcohol Drugs Both

Victim 6**Relationship to Offender:**

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:**Sex of Victim:****Degree of Physical Injury:**

No Damage
 Slight Damage: no weapon
 Slight Damage : Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information**Type of Substance involved in offence:** Alcohol Drugs Both

Victim 7**Relationship to Offender:**

Girlfriend/Boyfriend
 Wife (Common Law or Married)
 Related
 Acquaintance
 Stranger
 No information

Age of Victim:**Sex of Victim:****Degree of Physical Injury:**

No Damage
 Slight Damage: no weapon
 Slight Damage : Weapon
 Treated in Clinic and released
 Hospitalized at least one night
 Death
 Death and Mutilation
 No Information

Offender intoxicated at time of offence: Yes No No Information

Type of Substance involved in offence: Alcohol Drugs Both

Appendix B

Demographic Coding Sheet for Non-Sexual Offenders and Community Males

Non-Sexual Offender Self Report Demographic Sheet

Instructions: Please fill in the following information about yourself.

Sex: (circle) Male Female

Age: _____

Circle the highest grade you have completed:

6 or less	7	8	9	10	11	12	13
-----------	---	---	---	----	----	----	----

Some University/College	YES	NO
-------------------------	-----	----

University Degree	YES	NO
-------------------	-----	----

Have you ever been married (include common law)? YES NO

Circle your current marital status:

Single
Married
Common Law
Divorced
Separated
Widower

What is your occupation? _____

What are current convictions for which are currently serving time?

Offence

Date _____

Do you have any previous convictions (If yes, please list below):

Offence

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a sexual offence?

YES

NO

Community Male Self Report Demographic Sheet

Instructions: Please fill in the following information about yourself.

Sex: (circle) Male Female

Age: _____

Circle the highest grade you have completed:

6 or less 7 8 9 10 11 12 13

Some University/College YES NO

University Degree YES NO

Have you ever been married
(include common law)? YES NO

Circle your current marital status:

Single
Married
Common Law
Divorced
Separated
Widower

What is your occupation? _____

Have you ever been convicted of a criminal offence? YES NO

If yes, please list below:

Offence Date

_____	_____
_____	_____
_____	_____

Appendix C

Sexual Self-Regulation Scale

Sexual Self Regulating Scale (Original)

June 24, 1997, Scoring

This scale is a measure of sexual self-regulating. Self-regulating defined in this scale consists of the following factors: concern for social appropriateness in sexual situations, concern for and awareness of sexual partners, script adaptability, the ability to pay attention and process effortfully information relevant to sexual behavior decision making, the ability to learn from sexual situations as well as the emotional intensity experienced in sexual situations as a result of behavioral script changes.

The scale includes a warm-up section consisting of five statements and thirty statements, five of which are included in one statement to assess sexual self regulating. Each statement is rated on a 5-point Likert scale. The warm-up section determines whether the individual taking it has the cognitive skills necessary to complete the 29 items included in the Sexual Self Regulating Scale. The items included in the SSRS Scale were created by targeting the components of sexual self regulating mentioned above. Of the 30 items, 4 measure concern for social appropriateness of sexual behavior, 5 measure concern for and awareness of sexual partner, 6 measure script adaptability, 4 measure the ability to pay attention and process effortfully information relevant to sexual behavior decision making, 4 measure the ability to learn from sexual situations and 1 item with 6 subsections measure the emotional intensity experienced in sexual situations as a result of behavioral script changes.

Scoring:

The total score for the warm-up section is obtained by summing the values circled with the exception of items 4 and 5 which are reversed scored. If an individuals total score is below thirteen then the scores on the Sexual Self-Regulating Scale should not be used.

The total score for this scale is obtained by summing the values circled with the exception of items 3, 4, 5, 9, 16, 17, 18, 19, and 23 which are reversed scored (5 becomes 1 and 1 becomes 5). Item 21 a,b,c,d,e, are scored based on the following ranges: 1-4 = 1 point, 5 = 0 for (a), 2-5 = 0, 1 = 1 point for (b), 1-2 = 0, 3-5 = 1 point for (c), 1-2 = 0 indicates faking, 3-5 = 1 point for (d), 2-5 = 0, 1 = 1 point for (e) and 2-5 = 1 point, 1=0 for (f).

The seven subsections include the following items:

- Concern for Appropriateness of Sexual Behavior: Items, 1, 2, 6, 13,
- Concern for Partner: items, 4, 11, 24
- Awareness of Partner: items, 8, 22
- Attention and Effortful Processing: items, 14, 15, 19, 20, 25
- Learning: 7, 16, 17, 18,
- Emotional Intensity: item, 21(a,b,c,d,e,f)
- Script Adaptability: 3, 5, 9, 10, 12, and 23,

High self-regulators sexual behavior is determined by a concern for the social appropriateness of it, as well as a concern and awareness for their partners. High self-regulators engage in attention and effortful cognitive processing of interpersonal and situational information. High self-regulators can learn information while in sexual situations that facilitates appropriate sexual behavior in the future. High self-regulators can switch between already engaged sexual behavioral scripts and access more relevant behavioral scripts if the sexual situation requires it. The emotional intensity experienced as a result of sexual behavioral script changes is not as intense as that of low self-regulators.

Low self-regulators have less of a concern for the social appropriateness of their sexual behavior as well as less of a concern or awareness of their sexual partners. They do not engage on effortful cognitive processing and pay less attention to interpersonal of situational cues. They are less likely to adapt already engaged sexual behavior scripts and experience high emotional intensity when there is a need to adapt already engaged sexual behavior scripts. Low self-regulators often do not learn information that could help them in future sexual situations.

SSRS

Instructions: These statements ask you about how you think about yourself and other people. Please read each statement carefully. After you read each statement, you are asked to rate each one as it applies to you. The rating scale ranges from 1 to 5. Five means that the statement is very much like you and 1 means that the statement is not at all like you. You can use the middle values 2, 3, and 4 if the statement sometimes applies to you.

1. I often think about why other people behave the way they do.

1	2	3	4	5
Never		Sometimes		All the Time

2. I compare what I do to what others would do in a similar situation.

1	2	3	4	5
Never		Sometimes		All the Time

3. I often think about why I do the things I do.

1	2	3	4	5
Never		Sometimes		All the Time

4. People who think too much only create more problems for themselves.

1	2	3	4	5
Never		Sometimes		All the Time

5. I expect people to react pretty much the same in most situations.

1	2	3	4	5
Never		Sometimes		All the Time

SSRS

Instructions: This questionnaire asks you about how you think and feel in sexual situations. The questionnaire asks you to consider your sexual experiences in the last five years. Please note that if you have not had any sexual experiences in the last five years, do not complete the questionnaire. Please read each statement carefully. After you read each statement you are asked to rate each one as it applies to you. The rating scale ranges from 1 to 5. Five means that the statement applies to you all the time and 1 means that the statement never applies to you. The values 2, 3, and 4 represent that it sometimes applies to you. Please take your time when completing the following questions and complete them the best that you can.

Please circle which one is applicable to you.

- In the last five years I have had:
- (a) the same sexual partner
 - (b) more than 1 sexual partner
 - (c) no sexual partners {Please Skip to page --}

Please respond to each statement even when you are not sure of your answer.

- 1. I compare my behavior to what others would do in a similar sexual situation.**

1	2	3	4	5
Never		Sometimes		All the Time

- 2. I think about whether my sexual thoughts and decisions are O.K.**

1	2	3	4	5
Never		Sometimes		All the Time

- 3. I have sexual thoughts or feelings I cannot control.**

1	2	3	4	5
Never		Sometimes		All the Time

- 4. If my partner seems disinterested I just try harder.**

1	2	3	4	5
Never		Sometimes		All the Time

5. After a certain point, it is wrong for my partner to ask me to stop.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

6. When I am having sex I ask myself whether what I am doing is right or wrong.

1	2	3	4	5
Never		Sometimes		All the Time

7. Each time I have sex, I learn something about myself or my partner.

1	2	3	4	5
Never		Sometimes		All the Time

8. What I do sexually changes with the mood of my partner.

1	2	3	4	5
Never		Sometimes		All the Time

9. I tend to do the same things sexually no matter who I am with.

1	2	3	4	5
Never		Sometimes		All the Time

10. It is O.K. with me if my partner does not do what I expect sexually.

1	2	3	4	5
Not At All		Somewhat		Very Much O.K.

11. I look for ways to make my partner more comfortable.

1	2	3	4	5
Never		Sometimes		All the Time

12. I find it easy to do what my partner wants even if it's different from what I do normally.

1	2	3	4	5
Never		Sometimes		All the Time

13. I ask myself whether my sexual behavior is appropriate.

1	2	3	4	5
Never		Sometimes		All the Time

14. When my partner is not responding in the way that I expect, I think of reasons why.

1	2	3	4	5
Never		Sometimes		All the Time

15. I pay attention to my partners body language when we are having sex.

1	2	3	4	5
Never		Sometimes		All the Time

16. If I did something that my partner did not like I would never do it again with that partner.

1	2	3	4	5
Definitely not do it		Maybe do it		Definitely do it

17. I tend to think sex is the same with everyone.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

18. If several partners didn't like something that I did, I would still do it with the next partner because she/he may like it.

1	2	3	4	5
Definitely not try again		Maybe try again		Definitely try again

19. I think about my behavior during a sexual situation after it is over.

1	2	3	4	5
Never		Sometimes		All the Time

20. After I have had a poor sexual experience I think about what I could have done to make better.

1	2	3	4	5
Never		Sometimes		All the Time

21. I am aware of whether my partner is enjoying sex or not.

1	2	3	4	5
Never		Sometimes		All the Time

22. After I have decided to have sex with someone, I rarely change my mind.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

23. If my partner isn't really enjoying it, then I don't enjoy it.

1	2	3	4	5
Never		Sometimes		All the Time

24. Thinking about sex ruins it.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

25. If my partner told me to stop or changed her/his mind while we were having sex I would feel:

a. rejected	1
Not at all	2	3	4	5
Very Much
b. angry	1
Not at all	2	3	4	5
Very Much
c. curious	1
Not at all	2	3	4	5
Very Much
d. disappointed	1
Not at all	2	3	4	5
Very Much
e. pleased	1
Not at all	2	3	4	5
Very Much
f. concerned	1
Not at all	2	3	4	5
Very Much

Modified SSRS Scale

The modified scale consists of 25 of the original 30 items and has the same set of instructions.

Please complete the following:

1. I think about whether my sexual thoughts and decisions are O.K.

1	2	3	4	5
Never		Sometimes		All the Time

2. If my partner seems disinterested I just try harder.

1	2	3	4	5
Never		Sometimes		All the Time

3. After a certain point, it is wrong for my partner to ask me to stop.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

4. When I am having sex I ask myself whether what I am doing is right or wrong.

1	2	3	4	5
Never		Sometimes		All the Time

5. Each time I have sex, I learn something about myself or my partner.

1	2	3	4	5
Never		Sometimes		All the Time

6. What I do sexually changes with the mood of my partner.

1	2	3	4	5
Never		Sometimes		All the Time

7. It is O.K. with me if my partner does not do what I expect sexually.

1	2	3	4	5
Not At All		Somewhat		Very Much O.K.

8. I look for ways to make my partner more comfortable.

1	2	3	4	5
Never		Sometimes		All the Time

9. I find it easy to do what my partner wants even if it's different from what I do normally.

1	2	3	4	5
Never		Sometimes		All the Time

10. I ask myself whether my sexual behavior is appropriate.

1	2	3	4	5
Never		Sometimes		All the Time

11. When my partner is not responding in the way that I expect, I think of reasons why.

1	2	3	4	5
Never		Sometimes		All the Time

12. I pay attention to my partners body language when we are having sex.

1	2	3	4	5
Never		Sometimes		All the Time

13. If I did something that my partner did not like I would never do it again with that partner.

1	2	3	4	5
Definitely not do it		Maybe do it		Definitely do it

14. I tend to think sex is the same with everyone.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

15. If several partners didn't like something that I did, I would still do it with the next partner because she/he may like it.

1	2	3	4	5
Definitely not try again		Maybe try again		Definitely try again

16. I think about my behavior during a sexual situation after it is over.

1	2	3	4	5
Never		Sometimes		All the Time

17. After I have had a poor sexual experience I think about what I could have done to make better.

1	2	3	4	5
Never		Sometimes		All the Time

18. I am aware of whether my partner is enjoying sex or not.

1	2	3	4	5
Never		Sometimes		All the Time

19. After I have decided to have sex with someone, I rarely change my mind.

1	2	3	4	5
Strongly Disagree		Somewhat Agree		Strongly Agree

20. If my partner isn't really enjoying it, then I don't enjoy it.

1	2	3	4	5
Never		Sometimes		All the Time

21. If my partner told me to stop or changed her/his mind while we were having sex I would feel:

a. rejected	1	2	3	4	5
	Not at all				Very Much

b curious	1	2	3	4	5
	Not at all				Very Much

c disappointed	1	2	3	4	5
	Not at all				Very Much

d pleased	1	2	3	4	5
	Not at all				Very Much

e. concerned	1	2	3	4	5
	Not at all				Very Much

Modified Sexual Self Regulating Score Sheet

Subsections:

Concern for Partner (Factor 1):

Sum items: 5, 6, 7, 8, 9, 11, 12, 18, 19

Concern for Appropriateness of Sexual Behavior (Factor 2):

Sum Items: 1, 4, 10, 11, 16, 17

Sexual Persistence (Factor 3):

Sum items: 2, 3, 13, 14, 15 – reverse score items 2, 13, 14, 15

Emotional Intensity (Factor 4)

Sum Items: 25, a-e - reverse score all items

TOTAL SCORE: Sum subsection scores

The higher the total scores are the better sexual self-regulation ability the individual possesses.

Appendix D

The Empathy for Women Test

Empathy for Women Test - Version 2a

March, 1998 Scoring

The Empathy for Women Test assesses the ability to distinguish between sexually abusive and non-abusive interactions between men and women. The test consists of 13 vignettes. Some of the interactions are abusive, some non-abusive, and most are ambiguous. The respondents' task is to rate how the woman is likely to react to each vignette.

Version 2 includes 10 response ratings for each vignette, in comparison to the single rating for each vignette in Version 1 (Hanson & Scott, 1995). The greater number of ratings improves the internal consistency of the measure and allows for an analysis of different types of the perspective-taking errors. I believe that Version 2a is a significant improvement over Version 1. It is currently being evaluated. The following information is based on the following samples: 150 female controls, 60 community male controls, and 38 community self-admitted sexual offenders.

The range of correct responses are given on the following tables. There are three types of errors: a) fake, b) hostile, and c) over sexualized. This has changed from previous versions which had two types of errors: fake and deviant. In this version, the deviant errors have been broken down into hostile and over sexualized errors.

Fake errors are those that overestimate the woman's distress, or fail to recognize hostile or sexual motives. Basically, these errors represent someone who is trying to make themselves appear really sensitive to how women would feel in sexually assaultive situations.

Hostile errors are those the underestimate the woman's distress by imputing excessively hostile motives to the woman.

Over-Sexualized errors are those the underestimate the woman's distress by overestimating the level of sexual interest of the woman or imputing excessive sexual motives to the woman.

The "correct" answers were based on the responses of the female controls. To be correct, the answer had to be endorsed by 20% or more of the female respondents, with the range of correct responses including at least 60% of the total female responses.

Each incorrect response is worth one point. If there are 26 or more missing responses, then the test should be considered invalid.

Fake Errors

	1	2	3	4	5	6	7	8	9	10	11	12	13
worried/afraid	4-5	3-5	5	5	4-5	4-5	no	4-5	2-5	4-5	no	4-5	no
happy	no	1-2	no	no	1-2	no	no	no	1-4	no	no	1	no
angry	3-5	2-5	4-5	4-5	2-5	4-5	no	no	2-5	no	no	4-5	no
disgusted	4-5	2-5	4-5	4-5	2-5	4-5	no	no	2-5	5	no	4-5	no
arouse	no	no	1-2	no	no	no	1	no	no	no	no	no	no
interested sex	no	no	no	no	no	no	no	no	1-2	no	no	no	no
int. friends	no	no	no	no	no	no	no	no	no	no	no	no	no
better	no	no	no	no	no	no	no	no	no	no	no	no	no
teasing	no	no	1-3	no	no	no	no	no	no	no	no	no	no
polite	no	5	3-5	no	no	no	5	no	3-5	5	no	5	no

In an initial pilot date, the mean number of Fake errors was 7.5 (SD = 4.7) for non-offending men and 9.9 (SD = 6.4) for sexual offenders.

Suggested Interpretation of Fake errors

- 0 - 10 errors: normal range
- 11 - 15 errors: tendency to overestimate distress
- 16 + errors: overestimates distress

Hostile Errors

	1	2	3	4	5	6	7	8	9	10	11	12	13
worried/afraid	no	no	no	no	no	no	no	no	no	no	no	no	no
happy	no	no	no	no	no	no	no	no	no	no	no	no	no
angry	no	no	no	no	no	no	no	no	no	no	no	no	no
disgusted	no	no	no	no	no	no	no	no	no	no	no	no	no
arouse	2-5	4-5	no	3-5	2-5	2-5	4-5	2-5	no	2-5	2-5	2-5	2-5
interested sex	no	no	no	no	no	no	no	no	1-2	no	no	no	no
int. friends	no	1-3	no	no	1-2	1	1-2	no	1-2	no	1-2	1-2	1
better	2-5	2-5	4-5	2-5	2-5	2-5	2-5	2-5	2-5	2-5	2-5	2-5	2-5
teasing	2-5	2-5	no	2-5	2-5	2-5	4-5	2-5	2-5	2-5	2-5	2-5	2-5
polite	1-3	no	no	1-2	1-2	1-2	no	1-2	no	no	1-2	1	1-2

In an initial pilot date, the mean number of Hostile errors was 10.3 (SD = 8.5) for non-offending men and 16.87 (SD = 11.2) for sexual offenders.

Suggested Interpretation of Hostile errors

0 - 15 errors: normal range

16-20 errors : tendency to impute hostile motives

21 + errors: Attributes hostile motives to women in dating situations.

Over Sexualized Errors

	1	2	3	4	5	6	7	8	9	10	11	12	13
worried/afraid	1	no	1	1	no	no	1-3	no	no	no	1-4	no	1-3
happy	4-5	no	4-5	4-5	5	4-5	2-5	3-5	no	2-5	2-5	4-5	2-5
angry	no	no	no	no	no	no	1-2	1-2	no	1-2	1-4	no	1-3
disgusted	no	no	no	no	no	no	1-2	1-2	no	no	1-4	no	1-3
arouse	2-5	4-5	no	3-5	2-5	2-5	4-5	2-5	no	2-5	2-5	2-5	2-5
interested sex	2-5	3-5	4-5	2-5	2-5	2-5	3-5	2-5	no	2-5	2-5	2-5	2-5
int. friends	2-5	no	4-5	4-5	5	5	5	4-5	no	4-5	no	5	5
better	no	no	no	no	no	no	no	no	no	no	no	no	no
teasing	no	no	no	no	no	no	no	no	no	no	no	no	no
polite	no	no	no	no	no	no	no	no	no	no	no	no	no

In an initial pilot date, the mean number of Over Sexualized errors was 14.5 (SD = 9.35) for non-offending men and 21.2 (SD = 10.9) for sexual offenders.

Suggested Interpretation of Over Sexualized errors

0 - 18 errors: normal range

19 - 25 errors: tendency to over-sexualize women's behavior

26 + errors: failure to recognize the women's distress by over-sexualizing the women's actions.

Total Score

The total score is computed by subtracting 130 from the total correct (130 - (Total correct)). If there are 26 or more missing values, the respondent should be encouraged to complete the missing items, or the test should be considered invalid.

In an initial pilot study, the mean number of Total errors was 32.3 (SD = 14.6) for non-offending men and 46.2 (SD = 18.9) for sexual offenders.

Interpretation of Total Score

0 - 25 errors. Excellent perspective-taking ability.

26 - 36 errors. Normal range.

37 - 46 errors. Below average.

47 - 66 errors. Poor perspective-taking ability.

67 + errors. Very poor perspective-taking ability, check for random responding, reading problems.

Empathy For Women Test - Version 2a

Instructions:

This test is about your understanding of women. You will read brief stories about men and women. In some stories, the man is treating the woman badly, and she is likely to feel upset, hurt, angry or confused. In other stories, the woman is likely to feel good. In some other stories, it may be difficult to tell what the woman would feel. Your task is to identify what the woman is likely to think and feel in each story. We know that not all women react in the same way, but please make your best guess.

After each of the 13 stories, there is a list of 10 feelings and reactions. Please rate each of the 10 responses by circling the numbers that best suit how you think the woman would think or feel. For example, if you thought that the woman would feel very afraid, you would circle "5" next to "worried/afraid". If you thought she would not feel worried or afraid, then circle "1". You can use middle values (2,3,4) as required.

Women often feel more than one thing, so please rate each of the questions. For example, a woman might feel very angry and somewhat disgusted.

Please rate each item, even when you are not sure of your answer.

1. A young woman is walking down the street by herself in an unfamiliar neighbourhood. It is a warm summer day and she is wearing shorts and a tee shirt. Two young men are sitting at the front of a house listening to music and drinking beer. One of the men says "Great day, isn't it" to the woman. The woman replies politely, "Yes, it is," and keeps walking past. The man then says, "And you look great, too".

When she hears this, she is likely to feel:

	not at all	somewhat			very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all	somewhat			very much
wanted to arouse their sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than them?	1	2	3	4	5
was teasing or playing with them?	1	2	3	4	5
was just being polite?	1	2	3	4	5

2. Susan, age 31, works at a large office. Since her divorce 5 years ago, she has dated a few men, but has not found anybody who she was really interested in. Recently, she has noticed a new co-worker, Harry, who she thinks is really good looking. One evening, both Susan and Harry have to work late on the same project. They get talking and learn that they have a lot in common and they even live in the same area. Harry asks her if she would like a ride home. She accepts.

When asks her, Susan is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

3. At a night club, Fiona walks over to Ralph, an acquaintance she knows from work. "Well, aren't you going to buy a lonely girl a drink" she says. After talking and drinking for a while, Fiona says "Let's dance". She then takes off her shirt leaving her breasts barely covered with a tight, pink bra. On the dance floor, Ralph holds and kisses her. She pushes him away, saying "Easy Ralphie, you can look but don't touch". Ralph then grabs her by the waist and again pulls her body close to his.

When Ralph pulls her close, Fiona is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

4. Jack, age 30, works delivering pizza. He goes to a house to deliver a pizza and he notices that there is a party going on. He has never been to the house before and doesn't know any of the people at the party. A pretty, young woman answers the door. She smiles and invites him in. Jack and the woman talk in a friendly way as the pizzas are passed around, and Jack is paid. Several couples are standing close to each other. One couple are kissing in the corner. Before leaving, Jack gives the young woman a hug and a kiss, and asks if he can drop by after his shift is over.

The young woman is likely to feel:

	not at all	somewhat			very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all	somewhat			very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

5. Barbara, age 22, often goes to the beach on weekends. Sometimes she will spend the whole day by herself, although she prefers it when she meets people she knows. As she is walking down the beach one day, she notices a man walking behind her. He smiles at her and says that he recognises her as a regular at the beach. She does not recognise him, but starts to talk with him nonetheless. It turns out that they both work in the same part of town, and that they both like a restaurant in that area. He suggests that they meet at that restaurant sometime next week.

On hearing the suggestion, Barbara is likely to feel:

	not at all	somewhat			very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all	somewhat			very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

6. Mark and Ashley exercise at the same fitness club. He is attracted to Ashley, one of the women he often sees there. Mark and Ashley usually talk briefly when they meet. One day, Mark tells Ashley that she is looking very good. She says, "Do you mean my new hair style? Thank you." Mark says, "Well that too, but I was thinking about your thighs."

On hearing Mark's response, Ashley is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

7. Michael is driving Joan home from a date. Michael says, "Aren't you going to invite me up?" Joan replies, "You're rather forward, but why not? Come up and we can finish that bottle of wine." Joan gives Michael a drink and sits beside him. Michael puts his arm around Joan. They talk and watch TV. He then gives her a kiss and touches her breast. Joan leans toward him and they kiss for a few minutes. Joan then looks at the clock and says it is time for him to leave. Michael smiles and says, "We're just getting started!" She stands up and he pulls her back down on the couch.

When he pulls her back down, Joan is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

8. Kevin goes to a party with his high school friends. People are drinking beer and smoking. Loud music plays. The living room is filled with dancers. Now and then couples go into the bedroom and lock the door. Kevin stands in the hallway with a couple of guys. Three girls walk by that he recognises from high school, although they have rarely talked. He smiles at one of them, Karen. She smiles back and as she walks past, Kevin pats her buttocks.

Karen is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

9. After dating for a year, Susan and Tom recently moved in together. They both go off to work, leaving the house in a mess. When Susan gets home, she is surprised to see that the house has been cleaned. She notices a trail of flowers leading to the bedroom. She follows the trail, picking up flowers as she goes. When she gets into the bedroom, Tom is lying naked on the bed smiling at her. Susan then sits on the side of the bed holding the flowers.

Susan is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

10. Sally and Ray have been married for 13 years. Since the children were born eight years ago, Sally has been less and less interested in sex. One night Ray comes home with flowers. He tells Sally that he has arranged for a baby-sitter to look after the children, and that they are going out for the evening. Ray and Sally go to dinner and a show, and arrive home late. Once in bed, Ray starts to kiss and caress Sally. Sally tells him that she enjoyed the evening, but that she is very tired now and would like to sleep. Ray continues to caress Sally for a few minutes. She lies passively beside him. He then positions himself on top of her and starts to rub himself against her.

As Ray does this, Sally is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

11. Wendy lives by herself. She would like to date more often, but she is shy. One day, while walking from the bus to her house, she notices Tom walking beside her. Tom lives on the same street, and they often talk when they meet. Tom asks Wendy if she would like to walk with him through the park on the way home. She agrees, smiling. Once in the park, Tom puts his arm around Wendy and starts to kiss her. She tells him to stop and, in trying to push him away, falls to the ground. He moves on top of her saying "Don't be shy, I know you really want it". Wendy lies passively.

As she lies there, Wendy is likely to feel:

	not at all	somewhat			very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all	somewhat			very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends/improving friendship?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

12. John often plays co-ed basketball at the local gym. One evening, he is playing with Hillary, who is also a regular. John is attracted to Hillary, and from their previous brief conversations, he knows that she is single. Just before the end of the game, Hillary receives one of John's passes and sinks a basket that puts their team ahead. John runs over to Hillary and gives her a big hug and a kiss. Hillary remains still for a moment, then quickly rejoins the game.

When John does this, Hillary is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

13. Russell recently hired Tracy to work at his small business. He often flirts with Tracy at the office. She usually does not respond, or she may make a weak joke of it. She has had trouble finding work and this is her first full time job. Russell invites Tracy to his house on the weekend. She asks if anybody else is coming and he says "No." She tells him that she is not sure that she should be coming over to his place by herself, but he assures her it will be fine. After dinner and a few drinks, he tells her that he likes her and wants to get to know her better. He then says that he wants all the people he works with to be more than just employees. He wants all of them to be his "special friends".

Tracy is likely to feel:

	not at all		somewhat		very much
worried/afraid	1	2	3	4	5
happy/pleased	1	2	3	4	5
angry	1	2	3	4	5
disgusted	1	2	3	4	5

Do you think that she:

	not at all		somewhat		very much
wanted to arouse his sexual interest in her?	1	2	3	4	5
was interested in having sex?	1	2	3	4	5
was interested in being friends?	1	2	3	4	5
felt she was better than him?	1	2	3	4	5
was teasing or playing with him?	1	2	3	4	5
was just being polite?	1	2	3	4	5

Appendix E

Davis's Interpersonal Reactivity Index

Davis Perspective-Taking / Empathic Concern Scale

Instructions:

The following scale measures perspective taking/empathetic concern ability. You will be presented with fourteen statements that you are to rate on a scale ranging from describes me very well to does not describe me well. You are to circle which response applies to you. For example:

I like the color blue.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

1. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

2. If I am sure I am right about something, I don't waste much time listening to other people's arguments.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

3. I sometimes try to understand my friends better by imagining how things look from their perspective.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

4. I believe that there are two sides to every question and I try to look at them both.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

5. I sometimes find it difficult to see things from the “other person’s” point of view.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

6. I try to look at everybody’s side of a disagreement before I make a decision.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

7. When I am upset at someone, I usually try to put myself in her/his shoes for a while.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

8. When I see someone being taken advantage of, I feel kind of protective towards them.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

9. When I see someone being treated unfairly, I sometimes don’t feel very much pity for them.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

10. I often have tender concerned feelings for people less fortunate than me.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

11. I would describe myself as a pretty soft-hearted person.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

12. Sometimes I don't feel very sorry for other people when they are having problems.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

13. Other people's misfortunes do not usually disturb me a great deal.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

14. I am often quite touched by things that I see happen.

**Does not describe
me very well**

**Does describe me
well**

1

2

3

4

5

Davis Perspective Taking/ Empathetic Concern Scale Scoring

Scoring Instructions

To score this scale sum items 1-7, reverse score items 2 and 5. This provides a score for perspective taking ability. The higher the score the greater the person perspective taking ability is.

To provide a score for Empathic Concern sum items 8-14, reverse score items 9, 12, and 13. The higher the score the greater capacity the individual has for empathetic concern.

TOTAL SCORE: _____/35 = Perspective Taking Score

TOTAL SCORE: _____/35 = Empathetic Concern Score

Appendix F

Inhibitory Control Scale

Inhibitory Control Scale

Instructions: The following questions ask about how you behave in situations that may require you to control the way you behave. Circle the answer that best describes you. For example:

I often have a hard time waiting to open Christmas presents when they are under the Christmas tree.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

Please rate each item even if you are not sure of your answer.

1. When I see an attractive item in a store, it's usually hard for me to resist buying it.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

2. When I'm excited about something, it's usually hard for me to resist jumping right into it before I've considered the possible consequences.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

3. I often say the first thing that comes to my mind, without stopping to think about it.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

4. When I'm very eager to get somewhere, I often have a hard time driving at a safe speed.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

5. It is easy for me to restrain my laughter in a situation where laughter would be inappropriate.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

6. I often put off working on an assignment until as late as possible.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

7. I usually have little difficulty waiting to open an attractive package.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

8. I usually have trouble resisting my cravings for food, drink, etc.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

9. I can easily resist talking out of turn, even when I'm excited and want to express an idea.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

10. If I want to, I can usually refrain from using a lot of gestures and extra movements when I'm expressing an idea.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

11. As a child, I could usually resist eating things (candy) when I was not supposed to eat them.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

12. Even when I am restless, I can usually sit still if it's necessary.

1	2	3	4	5
Not like me at all		Somewhat like me		Very much like me

Inhibitory Control Scoring Instructions

Items 5, 7, 9, 10, 11 and 12 are reversed score; 1=5, 2=4, 3=3, 4=2 and 5=1.

The highest total score is 60. The higher the score the more inhibitory control problems the individual has.

Total Score: _____/60

Appendix G

Bumby's Rape Myth Acceptance Scale (Self and Friends)

Bumby's Rape Scale

Instructions:

This test measures how you think about women. You will be presented with nine statements which you are asked to rate on a scale ranging from strongly agree to strongly disagree. You are to circle which response you agree with. For example:

I think that the color blue should be only worn on Mondays.

Strongly disagree				Strongly agree
1	2	3	4	5

Please complete the following:

1. Men who commit rape are probably responding to a lot of stress in their lives and raping helps to reduce that stress.

Strongly disagree				Strongly agree
1	2	3	4	5

2. Women who get raped probably deserve it.

Strongly disagree				Strongly agree
1	2	3	4	5

3. Women generally want sex no matter how they can get it.

Strongly disagree				Strongly agree
1	2	3	4	5

4. Since prostitutes sell their bodies for sexual purposes anyway, it is not as bad if someone forces them into sex.

Strongly disagree				Strongly agree
1	2	3	4	5

5. If a women does not resist strongly to sexual advances, she is probably willing to have sex.

Strongly disagree				Strongly agree
1	2	3	4	5

6. Women often falsely accuse men of rape.

Strongly disagree				Strongly agree
1	2	3	4	5

7. A lot of women who get raped had “bad reputations” in the first place.

Strongly disagree				Strongly agree
1	2	3	4	5

8. If women did not sleep around so much, they would be less likely to get raped.

Strongly disagree				Strongly agree
1	2	3	4	5

9. If a woman gets drunk at a party, it is really her fault if someone takes advantage of her sexually.

Strongly disagree				Strongly agree
1	2	3	4	5

Bumby's Scale

Instructions:

This is the same questionnaire as the one you just completed but this time complete it based on what your friends would say. For example:

How many of your friends would say that the color blue should be only worn on Mondays?

None 1-2 3 or more All of them

Please rate each item even if you are not sure.

1. How many of your friends would say that men who commit rape are probably responding to a lot of stress in their lives and raping helps to reduce that stress?

None 1-2 3 or more All of them

2. How many of your friends would say that women who get raped probably deserve it?

None 1-2 3 or more All of them

3. How many of your friends would say that women generally want sex no matter how they can get it?

None 1-2 3 or more All of them

4. How many of your friends would say that since prostitutes sell their bodies for sexual purposes anyway, it is not as bad if someone forces them into sex?

None 1-2 3 or more All of them

5. How many of your friends would say that if a woman does not resist strongly to sexual advances, she is probably willing to have sex?

None 1-2 3 or more All of them

6. How many of your friends would say that women often falsely accuse men of rape?

None 1-2 3 or more All of them

7. How many of your friends would say that a lot of women who get raped had "bad reputations" in the first place?

None 1-2 3 or more All of them

8. How many of your friends would say that if women did not sleep around so much, they would be less likely to get raped?

None 1-2 3 or more All of them

9. How many of your friends would say that if a woman gets drunk at a party, it is really her fault if someone takes advantage of her sexually?

None 1-2 3 or more All of them

Bumby's Rape Myth Acceptance Scale Scoring

Scoring Instructions:

This test measures cognitive distortions/deviant schema surrounding rape. Responses are summed to yield a total score. The higher the score the more cognitive distortions, justifications, and minimization's the individual has for sexual offences.

TOTAL SCORE: _____/45

Appendix H

Background Sexual Experiences Questionnaire for Community Males

Community Background Questionnaire

Instructions: The following are things that some people have done. Please circle the answer that best describes what you have done.

1 (a) Have you ever had sexual intercourse with an adult female against her will?

Never Once Twice 3-5 times 6 or more times

(b) How many different females?

None 1 2 3-5 6 or more

(c) Have you ever had sexual contact other than intercourse with an adult female against her will (e.g., touched her breasts, rubbed against her)?

Never Once Twice 3-5 times 6 or more times

(d). How many different females?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 2.

(e) The woman/ women involved in the above experiences was/were (check all that apply)

- 1.Stranger
- 2.Some you just met
- 3.Someone you had known for a month or more
- 4.Girlfriend
- 5.Wife/spouse
6. elated to you (e.g., cousin)

(f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

- 2 (a) Have you ever had sexual intercourse with a female 16 years old or younger, when you were at least five years older than her?

Never Once Twice 3-5 times 6 or more

- (b) How many different females?

None 1 2 3-5 6 or more

- (c) Have you ever had sexual contact other than intercourse with a female 16 years old or younger, when you were at least five years older than her (e.g., touched her breasts, rubbed against her)?

Never Once Twice 3-5 times 6 or more times

- (d) How many different females?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 3.

- (e) The woman/ women involved in the above experiences was/were (check all that apply)

- 1.Stranger
- 2.Some you just met
- 3.Someone you had known for a month or more
- 4.Girlfriend
- 5.Wife/spouse
6. related to you (e.g., cousin)

- (f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

(a) Have you ever had sexual contact with an adult male against his will?

Never Once Twice 3-5 times 6 or more

(b) How many different males?

None 1 2 3-5 6 or more

(c) Have you ever had sexual contact with a male 16 years old or younger

when you were at least five years older than him?

Never Once Twice 3-5 times 6 or more

(d) How many different males?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 4.

(e) The men/males involved in the above experiences was/were (check all that apply)

1. Stranger
2. Some you just met
3. Someone you had known for a month or more
4. boyfriend
5. Wife/spouse
6. Related to you (e.g., cousin)

(f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

Section 2

Instructions: In the previous section you indicated that you had sexual experiences with people against their will. Please complete the following questions based on those experiences.

4. Did any of the person(s) involved indicate that she/he did not want to have sex with you?

NO

YES

5. Did any of the person(s) involved do anything that made you want to hurt her/him or put them in their place?

NO

YES

6. Did any of the person(s) involved show any signs of disapproval, discomfort, pain or fear before or during the sexual experience?

NO

YES

7. If you did notice any signs of distress during the sexual situation, did you do any of the following:

1. Did not see any distress.	YES	NO
2. Say the person(s) deserves it and continued on.	YES	NO
3. Ignored it because you really wanted to have sex.	YES	NO
4. Did not believe the distress was real.	YES	NO
5. Noticed the distress and stopped.	YES	NO

8. Of the persons involved in these experiences what is the most serious injury who have caused.

- a. none
- b. mild (hit, slapped, tied-up, but no lasting physical injuries)
- c. moderate (minor injuries that lasted days, bruises, cuts, burns)
- d. severe (injuries that lasted for weeks or months)
- e. permanent injuries (disfigured, brain damage, lasting scars)
- f. death

9. How well do you currently remember your thoughts and feelings at the time the sexual experience(s) occurred?

1	2	3	4	5
Not at all		Somewhat		Very Well

10. After the sexual experience(s) occurred was there a time when you wanted to remember what happened but was unable to?

1	2	3	4	5
Never		Sometimes		All the time

11. At the time of the sexual experience did you feel :

a. You weren't in your body or was outside your body

1	2	3	4	5
Not at all		Somewhat		Very Much

b. You had a blank mind

1	2	3	4	5
Not at all		Somewhat		Very Much

c. You didn't feel like your real self

1	2	3	4	5
Not at all		Somewhat		Very Much

d. You weren't in control of yourself in the situation

1	2	3	4	5
Not at all		Somewhat		Very Much

12. Of the sexual experiences you mentioned on the previous questionnaire at what age did the first one occur? _____

13. Have you ever been in trouble with the law because of your sexual behaviour (or because someone accused you of illegal sexual behaviour)?

Never	Once	Twice	3-5 times	6 or more times
-------	------	-------	-----------	-----------------

Appendix I

Background Sexual Experiences Questionnaire for Incarcerated Offenders

Offender Background Questionnaire

Instructions: The following are things that some people have done. Please circle the answer that best describes what you have done.

1 (a) Have you ever had sexual intercourse with an adult female against her will?

Never Once Twice 3-5 times 6 or more times

(b) How many different females?

None 1 2 3-5 6 or more

(c) Have you ever had sexual contact other than intercourse with an adult female against her will (e.g., touched her breasts, rubbed against her)?

Never Once Twice 3-5 times 6 or more times

(d). How many different females?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 2.

(e) The woman/ women involved in the above experiences was/were (check all that apply)

1. Stranger
2. Some you just met
3. Someone you had known for a month or more
4. Girlfriend
5. Wife/spouse
6. Related to you (e.g., cousin)

(f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

- 2 (a) Have you ever had sexual intercourse with a female 16 years old or younger, when you were at least five years older than her?

Never Once Twice 3-5 times 6 or more

- (b) How many different females?

None 1 2 3-5 6 or more

- (c) Have you ever had sexual contact other than intercourse with a female 16 years old or younger, when you were at least five years older than her (e.g., touched her breasts, rubbed against her)?

Never Once Twice 3-5 times 6 or more times

- (d) How many different females?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 3.

- (e) The woman/ women involved in the above experiences was/were (check all that apply)

1. Stranger
2. Some you just met
3. Someone you had known for a month or more
4. Girlfriend
5. Wife/spouse
6. Related to you (e.g., cousin)

- (f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

3 (a) Have you ever had sexual contact with an adult male against his will?

Never Once Twice 3-5 times 6 or more

(b) How many different males?

None 1 2 3-5 6 or more

(c) Have you ever had sexual contact with a male 16 years old or younger when you were at least five years older than him?

Never Once Twice 3-5 times 6 or more

(d) How many different males?

None 1 2 3-5 6 or more

If you answered one or more to the above questions, please answer the next two questions if not skip to question 4.

(e) The woman/ women involved in the above experiences was/were (check all that apply)

1. Stranger
2. Some you just met
3. Someone you had known for a month or more
4. Girlfriend
5. Wife/spouse
6. Related to you (e.g., cousin)

(f) Did you think you were dating/flirting with any of the persons you checked in question 1 (e).

YES

NO

Section 2

Instructions: In the previous section you indicated that you had sexual experiences with people against their will. Please complete the following questions based on those experiences.

4. Did any of the victim(s) involved indicate that she/he did not want to have sex with you?

NO

YES

5. Did any of the victim(s) involved do anything that made you want to hurt her/him or put them in their place?

NO

YES

6. Did any of the victim(s) involved show any signs of disapproval, discomfort, pain or fear before or during the sexual experience?

NO

YES

7. If you did notice any signs of distress during the sexual situation, did you do any of the following:

1. Did not see any distress.	YES	NO
2. Say the person(s) deserves it and continued on.	YES	NO
3. Ignored it because you really wanted to have sex.	YES	NO
4. Did not believe the distress was real.	YES	NO
5. Noticed the distress and stopped.	YES	NO

8. What is the most serious injury you caused the victim(s):
- a. none
 - b. mild (hit, slapped, tied-up, but no lasting physical injuries)
 - c. moderate (minor injuries that lasted days, bruises, cuts, burns)
 - d. severe (injuries that lasted for weeks or months)
 - e. permanent injuries (disfigured, brain damage, lasting scars)
 - f. death

9. How well do you currently remember your thoughts and feelings at the time the sexual experience(s) occurred?

1	2	3	4	5
Not at all		Somewhat		Very Well

10. After the sexual experience(s) occurred was there a time when you wanted to remember what happened but was unable to?

1	2	3	4	5
Never		Sometimes		All the time

11. At the time of the sexual experience did you feel :

a. You weren't in your body or was outside your body

1	2	3	4	5
Not at all		Somewhat		Very Much

b. You had a blank mind

1	2	3	4	5
Not at all		Somewhat		Very Much

c. You didn't feel like your real self

1	2	3	4	5
Not at all		Somewhat		Very Much

d. You weren't in control of yourself in the situation

1	2	3	4	5
Not at all		Somewhat		Very Much

12. Of the sexual experiences you mentioned on the previous questionnaire at what age did the first one occur? _____

13. Have you ever been in trouble with the law because of your sexual behaviour (or because someone accused you of illegal sexual behaviour)?

Never	Once	Twice	3-5 times	6 or more times
-------	------	-------	-----------	-----------------

Classification rules

Date Rapist Type

Item 1, 2, 3 (e) – Responses 4 or 5.

Item 1, 2, 3, (f)- Responses yes or some

Sexual offenders were also classified as date rapists if in their file review indicated the victims relationship to the offender was a girlfriend/boyfriend or a spouse.

Sadistic Type

Item 5 – Response 1

Item 7 – Response 1

Item 8 – Response b, c, d, e, f,

Sexual offenders were classified as sadistic rapists if any degree of physical injury ranging from slight to death and mutilation was indicate din the file review.

Appendix J

Clarke Vocabulary Scale

CLARKE VOCABULARY SCALE
(Daniel Paitich, PhD. D.)

INSTRUCTIONS: Please circle the response that has the most similar meaning to the underlined word.

PLEASE CIRCLE THE APPROPRIATE RESPONSE

1. <u>a book</u>	A. is to read with	B. is a ball	C. is blue	D. is to run
2. <u>a car</u>	A. is a dance	B. is to drive	C. is black	D. is to eat
3. <u>a horse</u>	A. has four legs	B. is small	C. lives in a house	D. flies
4. <u>a clock</u>	A. keeps you dry	B. is deep	C. tells time	D. is for cats
5. <u>a hammer</u>	A. grows on a tree	B. is a tool	C. is for your leg	D. has a shell
6. <u>a pillow</u>	A. is an animal	B. is hard	C. is to open jars	D. is to sleep on
7. <u>a glove</u>	A. goes on your hand	B. goes on your head	C. is to work with	D. is a tree
8. <u>a saw</u>	A. is to cut with	B. is to sit on	C. is to point with	D. is a page
9. <u>fur</u>	A. is blue	B. is animal hair	C. is sweet	D. is on birds
10. <u>jewel</u>	A. round	B. sky	C. flower	D. diamond
11. <u>connect</u>	A. spill	B. part	C. join	D. feel
12. <u>shovel</u>	A. farm	B. spade	C. cry	D. ace
13. <u>weapon</u>	A. sword	B. correct	C. lip	D. pecan
14. <u>nuisance</u>	A. baby	B. help	C. worse	D. bother
15. <u>ridiculous</u>	A. silly	B. ruined	C. poor	D. defenceless

16. <u>nimble</u>	A. fat	B. active	C. brave	D. sick
17. <u>wager</u>	A. court	B. dice	C. gamble	D. strike
18. <u>magnify</u>	A. make smaller	B. distant	C. make bigger	D. handle
19. <u>fable</u>	A. fur	B. watch	C. rhyme	D. story
20. <u>facetious</u>	A. hungry	B. witty	C. weighty	D. ugly
21. <u>blemish</u>	A. flaw	B. abuse	C. vaunt	D. clean
22. <u>strife</u>	A. try	B. verse	C. battle	D. wine
23. <u>seclude</u>	A. ensure	B. dream	C. isolate	D. obtain
24. <u>recede</u>	A. withdraw	B. deny	C. repeat	D. dine
25. <u>profusion</u>	A. glitter	B. plenty	C. noise	D. glory
26. <u>adversary</u>	A. opponent	B. explosive	C. light	D. grammar
27. <u>effrontery</u>	A. bombing	B. boldness	C. triviality	D. belief
28. <u>impending</u>	A. valuable	B. prominent	C. imminent	D. obese
29. <u>abyss</u>	A. confusion	B. suicide	C. monastery	D. chasm
30. <u>diverge</u>	A. asset	B. vacation	C. distress	D. wander
31. <u>devoid</u>	A. planet	B. vacuum	C. missing	D. insect
32. <u>arduous</u>	A. laborious	B. shapeless	C. sterile	D. proud
33. <u>vigilant</u>	A. watchful	B. careful	C. literal	D. winning
34. <u>relinquish</u>	A. food	B. plague	C. distress	D. surrender
35. <u>catacomb</u>	A. deep valley	B. Japanese garden	C. ruined city	D. underground cemetery
36. <u>indemnity</u>	A. penalty	B. subsidy	C. amity	D. ordinance
37. <u>reprobation</u>	A. approval	B. censure	C. slander	D. verification

38. dilatory A. slow B. expanded C. selfish D. uncertain
39. requite A. admonish B. love C. repay D. commend
40. imprecation A. inaccuracy B. scruple C. curse D. rarity

Clarke Scoring**Correct Answers**

1. A
2. B
3. A
4. C
5. B
6. D
7. A
8. A
9. B
10. D
11. C
12. B
13. A
14. D
15. A
16. B
17. A
18. C
19. D
20. B
21. A
22. C
23. C
24. A
25. B
26. A
27. B
28. C
29. D
30. D
31. C
32. A
33. A
34. D
35. D
36. A
37. B
38. A
39. C
40. C

Total score: _____/40

Scoring: If the participant has less than 14 words correct (dull normal), the Questionnaire package will be invalid. The following is the interpretation key (from Paitich, 1977).

Very Superior-----	35-40 correct,	98 th + percentile
Superior-----	30-34 correct,	91 to 97 th percentile
Bright -----	27-29 correct,	76 to 90 th percentile
High Average-----	21-26 correct,	63 to 75 th percentile
Average-----	17-20 correct,	37 to 62 nd percentile
Low Average-----	15-16 correct,	25 to 36 th percentile
Dull Normal-----	11-14 correct,	9 to 24 th percentile
Borderline-----	10 correct,	3 to 8 th percentile
Retarded-----	0-9 correct,	2 and below

Appendix K

BIDR: Impression Management Scale

Balanced Inventory of Desirable Responding Scale - Version 6

Instructions:

This test is a measure of the tendency to give socially desirable responses on self-reports. You will be presented with 20 statements. Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it. For example:

___ 1. I like the color blue.

Not True		Somewhat				Very True
1	2	3	4	5	6	7

Please rate each item even if you are not sure of your answer.

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

Not True			Somewhat		Very True
1	2	3	4	5	6
					7

___ 1. I sometimes tell lies if I have to.

___ 2. I never cover up my mistakes.

___ 3. There have been occasions when I have taken advantage of someone.

___ 4. I never swear.

___ 5. I some times try to get even rather than forgive and forget.

___ 6. I always obey the laws, even if I'm unlikely to get caught.

___ 7. I have said something bad about a friend behind her/his back.

___ 8. I have received too much change from a salesperson without telling her or him.

___ 9. When people are talking privately I avoid listening.

___ 10. I always declare everything at customs.

___ 11. When I was young I sometimes stole things.

___ 12. I have never dropped litter on the street.

- ___ 13. I sometimes drive faster than the speed limit.
- ___ 14. I never read sexy books or magazine.
- ___ 15. I have done things that I don't tell other people about.
- ___ 16. I never take things that do not belong to me.
- ___ 17. I have taken sick- leave from work or school even though I was not really sick.
- ___ 18. I have never damaged a library book or store merchandise without reporting it.
- ___ 19. I have some pretty awful habits.
- ___ 20. I don't gossip about other people's business.

Balanced Inventory of Desirable Responding Scale - Version 6

Scoring Instructions:

The following items are reverse scored: item 1, 3, 5, 7, 9, 11, 13, 15, 17, and 19 .
 Add one point for each 1 or 2 response on these items and 0 for each 3-7 response. For the non-reverse scored items add 1 point for each 6 or 7 response and 0 for each 1-5 response The item scores are beside each question. The total possible score is 20, minimum is 0. The higher the total score the more impression management the respondent engaged in.

Appendix L

Informed Consent and Debriefing Forms for the Incarcerated Sexual and Non-Sexual
Offenders, Community Males and Females

Federal Sexual Offenders Informed Consent

The purpose of Informed Consent is to insure that you understand the purpose of the study you are being asked to participate in and the nature of your involvement. The Informed Consent Form must provide enough information about the study to allow you to make a reasonable decision about whether you wish to participate. After reading this form, you should know what this study is about and how we would like you to help us with it. If you have any questions, please ask the person giving you this form.

The purpose of this study is to examine how different men think and feel about women. If you decide to take part in the study you will be asked to do two things. The first thing you will be to complete some questionnaires. Some of the questionnaires will ask you how you think and behave in sexual situations including potentially sexually assaultive situations. We understand that some of these questions are personal but they are important if we are to be able to understand how people can feel towards others.

The second thing you will be asked to do is to agree to have your name and FPS number kept on record in a secure and confidential place. The reason we are asking you to agree to this, is so that we can check back in 5 years and see if programming was successful. This is important because we want to see if there are any differences in the individuals who committed new offences and those who did not. Please read the following paragraph and make sure you understand what you are being asked to do.

I am being asked to participate in a study that is looking at men's thoughts and feelings about women. If I agree to participate, I will have to complete a package of questionnaires that will take 1 hour and 30 minutes of my time. As well, I am agreeing to have my name and FPS number stored in a secure place for future research.

If for any reason, I want to stop filling in the questionnaires, I can leave at any time without having to give a reason. All the information collected in these questionnaires is confidential and my personal identity will not be known to anyone except the researchers.

I understand that if any of the questionnaires make me feel upset, I will be given the name of my institutional psychologist that I can talk to. I also understand that my involvement in the study has no effect on me being released or my treatment programs.

I have read the above form and with the understanding that I can withdraw at any time for any reason, I consent to participate in this study.

[If you agree to participate in this study, please sign below and answer the questions on the other side of this form.]

Participant: _____
Date: _____

Researcher: _____
Date: _____

Debriefing

We want to thank you very much for taking part in this study. This study is important because we believe that if sexual offenders can be taught to think and feel warmth and compassion for their victims, it may prevent them from committing a similar offence.

Research has shown that how men think about women influences how they treat women. Men who sexually assault women often misunderstand women so that they see them as rejecting, dishonest and deserving of rape. The questionnaires you have completed contributes to research examining how treatment programs can help men understand women better. This information is important because it can help develop better treatment programs that help offenders stay out of prison.

Your participation in this research study was greatly needed and very much appreciated. If anything has upset you as a result of your participation in this study you can contact your institutional psychologist.

If you want more information about this study, you can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If you have any ethical concerns, you can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)
- Chair, Ethics Committee (Mary Gick, 613-520-2600, ext. 2664)

Non-Sexual Offenders Informed Consent

The purpose of Informed Consent is to insure that you understand the purpose of the study you are being asked to participate in and the nature of your involvement. The Informed Consent Form must provide enough information about the study to allow you to make a reasonable decision about whether you wish to participate. After reading this form, you should know what this study is about and how we would like you to help us with it. If you have any questions, please ask the person giving you this form.

The purpose of this study is to examine how different men think and feel about women. If you decide to take part in the study you will be asked complete some questionnaires. Some of these questionnaires will ask you about how you think and behave in sexual situations including potentially sexually assaultive situations. We understand that some of these questions are personal but they are important if we are to be able to understand how people can feel towards others. Please read the following paragraph and make sure you understand what you are being asked to do.

I am being asked to participate in a study that is looking at men's thoughts and feelings about women. If I agree to participate, I will have to complete a package of questionnaires that will take 1 hour and 30 minutes of my time.

If for any reason, I want to stop filling in the questionnaires, I can leave at any time without having to give a reason. All the information collected in these questionnaires is confidential and my personal identity will not be known to anyone except the researchers.

I understand that if any of the questionnaires make me feel upset, I will be given the name of my institutional psychologist that I can talk to. I also understand that my involvement in the study has no effect on me being released or my treatment programs.

I have read the above form and with the understanding that I can withdraw at any time for any reason, I consent to participate in this study.

[If you agree to participate in this study, please sign below and answer the questions on the other side of this form.]

Participant: _____

Researcher: _____

Date: _____

Date: _____

Debriefing

We want to thank you very much for taking part in this study. This study is important because we believe that there should be differences between sex offenders and non-sexual offenders in the way they think and feel about their victims. This study will look at those differences.

Research has shown that how men think about women influences how they treat women. Men who sexually assault women often misunderstand women so that they see them as rejecting, dishonest and deserving of rape. This type of information was gathered in the questionnaires you completed. This information is important because it can help develop better treatment programs that can help offenders stay out of prison.

Your participation in this research study was greatly needed and very much appreciated. If anything has upset you as a result of your participation in this study, you can contact your institutional psychologist.

If you want more information about this study, you can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If you have any ethical concerns, you can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)

Community Males Informed Consent

The purpose of Informed Consent is to insure that you understand the purpose of the study you are being asked to participate in and the nature of your involvement. The Informed Consent must provide enough information about the project to allow you to make a reasonable decision about whether you wish to participate. After reading this form, you should know what this study is about and how we would like you to help us with it. If you have any questions, please ask the person giving you this form.

The purpose of this study is to identify differences in the way that sex offenders think and feel about women and the way that men in the general community think and feel about women. If you decide to take part in the study, you will be paid \$20 to complete questionnaires. Some of the questionnaires will ask you about how you think and behave in sexual situations including potentially sexually assaultive situations. We understand that some of these questions are personal, but they are important. From this research, we hope to get a better understanding of the ability people have to feel towards others. Please read the following paragraphs and make sure you understand what you are being asked to do.

I am being asked to participate in a study that looks at men's thoughts and feelings about women. If I agree to participate, I will have to complete a package of questionnaires that will take 1 hour and 30 minutes of my time, for which I will be paid \$20.

If for any reason, I want to stop filling in the questionnaires, I can leave at any time without having to give a reason. All the information collected in these questionnaires is confidential and my personal identity will not be known to anyone except the researchers. If I experience any distress filling in the questionnaire package, I can call the Ottawa Distress Center at 238-3311.

I have read the above form and with the understanding that I can withdraw at any time for any reason, I consent to participate in this study.

[If you agree to participate in this study, please sign below and answer the questions on the other side of this form.]

Participant: _____

Researcher: _____

Date: _____

Date: _____

Debriefing

We want to thank you very much for participating in the study. This study is important because it can help us learn how to treat and manage sex offenders. Comparisons between how sex offenders think and feel about women with the way that community males think and feel about women helps identify problems sexual offenders may have. For example, if the study shows that sex offenders have problems feeling warmth and compassion towards others then this problem can be targeted in treatment. By teaching sex offenders how to be sympathetic towards their victims, it is hoped that they will not commit any more sexual offences.

Research shows that there are differences in the way that sex offenders and non-sexual offenders think and feel about women. Men who sexually assault women often misunderstand women so that they see them as rejecting, dishonest and deserving of rape. The questionnaires that you completed will contribute to previous research and to some new areas of research. The information you provided is important because it can help develop better treatment programs that help sex offenders stay out of prison.

Your participation in this research study was greatly needed and very much appreciated. If you have experienced any distress as a result of completing the questionnaire package, you can contact the Ottawa Distress Center at 238-3311.

If you want more information about this study, you can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If you have any ethical concerns, you can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)
- Chair, Ethics Committee (Mary Gick, 613-520-2600, ext. 2664)

University Females Informed Consent

The purpose of an Informed Consent is to insure that you understand the purpose of the study you are being asked to participate in and the nature of your involvement. The Informed Consent must provide enough information about the project to allow you to make a reasonable decision about whether you wish to participate. After reading this form, you should know what this study is about and how we would like you to help us. If you have any questions, please ask the person giving you this form.

This study will examine how some men think and feel about women. We are asking women to complete a questionnaire called the "Empathy for Women Test". This test measures how women might think and feel in social situations including those that may be sexually assaultive. This questionnaire is fairly new and we want to know what women feel the answers are. Your responses will be used to determine the norms for the questionnaire. Please read the following paragraphs and make sure that you understand what you are being asked to do.

I am being asked to participate in a study that looks at men's thoughts and feelings about women. If I agree to participate, I will have to complete a questionnaire that will take 20 minutes of my time, for which I will receive a 1-hour credit from the university.

If for any reason, I want to stop filling in the questionnaire I can leave at any time without having to give a reason. All the information collected in the questionnaire is confidential and my personal identity will not be known to anyone except the researchers. If I experience any distress filling in the questionnaire package, I can call the Ottawa Rape Crisis Center at 562-2333 or the Ottawa Distress Center at 238-3311.

If I want more information about this study, I can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If I have any ethical concerns, I can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)
- Chair, Ethics Committee (Mary Gick, 613-520-2600, ext. 2664)

I have read the above form and with the understanding that I can withdraw at any time for any reason, I consent to participate in this study.

[If you agree to participate in this study, please sign below.]

Participant: _____
Date: _____

Researcher: _____
Date: _____

Debriefing

We would like to thank you for participating in this study. Your responses to the questionnaire are very important because they will help validate an assessment instrument that may prove useful in sex offender treatment. The questionnaire that you have completed measures perspective-taking ability as a component of empathy towards women. Your responses will be used to develop the norms for the questionnaire.

Research shows that there are differences in the way that sex offenders and non-sexual offenders think and feel about women. Men who sexually assault women often misunderstand women so that they see them as rejecting, dishonest and deserving of rape. However, there are not many tests or questionnaires that measure perspective taking adequately. Your participation in this study will help develop a better measure of perspective taking that can be used to assess any improvements that sex offenders make in treatment.

Your participation is greatly appreciated. If you have experienced any distress as a result of completing the questionnaire please contact the Ottawa Rape Crisis Center at 562-2333 or the Ottawa Distress Center at 238-3311.

If you want more information about this study, you can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If you have any ethical concerns, you can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)
- Chair, Ethics Committee (Mary Gick, 613-520-2600, ext. 2664)

After reading the informed consent forms all participants were asked to complete the following questions.

1. This study is about:
 - (a) learning how to drive
 - (b) birds
 - (c) men's thoughts and feelings about women
 - (d) Christmas

 2. It will take me:
 - (a) 20 minutes to complete the questionnaires
 - (b) 1 hour and 30 minutes to complete the questionnaires
 - (c) 4 hours to complete the questionnaires

 3. I am allowed to stop filling in the questionnaires any time I want. YES NO

 4. I will receive 2 dollars for participating in the study. YES NO
-

If you want more information about this study, you can call the following people:

- Ida Dickie (Solicitor General, 991-2912)
- Project Supervisor, Karl Hanson (Solicitor General, 991-2840)

If you have any ethical concerns, you can contact the following people:

- Chair, Dept. of Psychology (Kim Matheson, 613-520-2600 ext. 2648)
- Chair, Ethics Committee (Mary Gick, 613-520-2600, ext. 2664)

If you have agreed to participate in the study, please give this form back to the person who gave it to you and pick up the package of questionnaires.

IMAGE EVALUATION TEST TARGET (QA-3)

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