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## SHAME AND GUILT RESPONSES OF ADOLESCENT SEXUAL OFFENDERS

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master in Social Work.

Amanda Crutchley

Smith College School for Social Work  
Northampton, Massachusetts 01062

2010

## ABSTRACT

Offenders under the age of 18 account for 16.7% of arrests or convictions of forcible rapes and 20.61% of other sexual offenses (U.S. Department of Justice: CSOM, 2000). This study attempts to uncover emotional responses to crimes committed by adolescent sex offenders, particularly guilt and shame responses. Researchers have found that, despite their seeming interchangeability, guilt and shame can be considered separate emotional responses. These emotions can lead to differing behaviors and actions, with guilt typically resulting in a more pro-social response. For the purposes of this study, guilt and shame responses of adolescent sex offenders were explored, in comparison to adolescent non-sexual offenders. Guilt and shame responses and level of violence involved in the crimes committed by both groups were also taken into consideration. Multi-paged pencil and paper surveys were collected from adjudicated sexual and non-sexual offenders, with one group (N= 502) assessed for guilt response, and one group (N= 101) assessed for guilt and shame responses. Findings showed that adolescent sex offenders experience higher levels of guilt and shame for their crimes than adolescent non-sex offenders. Guilt response in adolescent sex offenders was also found to be negatively correlated with level of violence of the offenses committed.

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## Introduction

Childhood sexual victimization is common in the United States- roughly one in five girls and one in seven boys have been sexually abused by the time they reach adulthood (U.S. Department of Justice: Center for Sex Offender Management, 2000). In some cases, the sexual offenders of these children may also be considered youths themselves. Offenders under the age of 18 account for 16.7% of arrests or convictions of rapes and 20.61% of other sexual offenses (U.S. Department of Justice: CSOM, 2000). Sexual offenses may include forcible rapes, violent and non violent sexual acts.

Due to this trend, a growing number of researchers have focused on studying adolescent sex offenders. Some of the current research on this population focuses on creating typologies of adolescent sex offenders, including their behaviors and the subtype categories that exist amongst these sexually abusive youth (Hunter, Figuerdo, Malamuth & Becker, 2003; Knight & Prentky, 1993). This is done in order to also formulate effective treatment and prevention strategies. Given that many treatment programs provide psycho-education geared towards understanding offenses and preventing re-offenses (Rich, 2003), understanding adolescent sex offenders' emotional responses to their crimes may create a foundation on which to better formulate treatment strategies. For the purposes of this study I will examine emotional responses of guilt and shame that adolescent sexual offenders had in regards to their offenses. Comparisons will also be examined between adolescent sexual offenders and adolescent non-sexual offenders' shame and guilt responses to their offenses, as well as whether shame and guilt responses of the adolescent sex offenders vary according to victim age.



## Literature Review

### *Shame and Guilt*

Despite often times being thought of as interchangeable, researchers have explored whether shame and guilt can be considered separate emotional responses, whether one manifests in more maladaptive ways than another, and whether both contain adaptive and maladaptive components. Shame and guilt have been viewed as emotions that require an awareness of one's actions in regards to others, as well as an evaluation of self in regards to standards, rules or goals (Proeve & Howells, 2002). However, the ways in which self-evaluation manifests differ with each emotion. Lewis (1971) conceptualized shame as an emotion where bad behavior is over-generalized, and the bad action is viewed as a symptom of a more global and enduring defect of personality. Therefore, a shame reaction can lead to a person viewing their whole self as bad, oftentimes leading to feelings of worthlessness, powerlessness, and an inability to change (Cimbora & McIntosh, 2005). In contrast, guilt manifests by focusing more on the negative behavior alone, which is viewed as independent of the person's global view of self (Lewis, 1971). Self-evaluation in guilt leads to feeling bad about negative behavior; however, the person is able to separate this action from their core sense of self (Lewis, 1971).

Consistent with this theoretical model of guilt and shame as separate emotional experiences, researchers have shown that each emotion can result in differing reactions. Tangney & Dearing (2002) further define shame as causing higher levels of stress, having a severe impact on the self, and resulting in concern of how others perceive self. Guilt, however, causes less pain in regards to stress, results in remorse or regret, has an unimpaired sense of self, and is concerned

more with effects of actions on others (Tangney, 2002). Logically then, guilt-proneness (or a tendency for individuals to respond to situations with guilt) in individuals has been shown to relate to more proactive reactions such as externalization of blame, corrective actions, constructive intentions, higher feelings of empathy, lower anger arousal and anger control (Tangney, Wagner, Fletcher & Gramzow, 1992; Lutwak, Panish, Ferrari & Razzino, 2001; Tangney, Wagner, Fletcher & Gramzow, 1994; Tangney, Wagner, Hill-Barlow, Marschall & Gramzow, 1996). However, shame-proneness leads to more maladaptive reactions such as higher anger, expressions of inward anger (defined as holding in or suppressing hostility), suspiciousness, resentment, loss of self-respect, social withdrawal, self-directed hostility, malevolent intentions, and indirect and direct aggression (Hosser, Windzio & Greve, 2008; Lutwak et al, 2001; Tangney et al, 1996; Tangney et al, 1992).

Shame-prone persons are more likely to shift blame away from themselves and place it on to others (Tangney et al, 1992). Shame is also shown to result in lower overall well-being and long term negative consequences in comparison to guilt (Fisher & Exline, 2006; Tangney et al, 1996). For example, Fisher & Exline (2006) found that both dispositional<sup>1</sup> guilt and shame were predictors of remorse. However, dispositional shame was also correlated to self-condemnation and lower well-being, whereas dispositional guilt was associated with more acceptance of responsibility and no self-condemnation (Fisher & Exline, 2006). Situational guilt, or guilt that is in response to a negative action that was committed, was also a predictor of

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<sup>1</sup> Dispositional here is defined as internal characteristics or personality tendencies that reside within the individual that are not reliant on external circumstances. For example, a person who has a tendency towards feelings of guilt, even if no negative action has been committed.

more adaptive, pro-social functioning, such as efforts to reduce negative emotions, repentance and humbling change (2006).

Given that guilt is theoretically attributed to negative beliefs rather than a negative global self, remorse and proactive reactions may demonstrate a belief that the person has an ability and level of control in changing their behavior. Shame, however, can lead to feelings of helplessness due to believing that even change in behavior will not change the core “bad” self. This powerlessness may then lead to social withdrawal and more retaliative negative behavior, or “shame-fury”, which is defined as a person striking out in order to get back some control over their life or in order to displace blame (Scheff, 1987). “Shame fury” can lead to a shame-rage spiral (Lewis, 1995), defined as a shame-response leading to rage, which leads to negative acting out, which then causes more shame, and so forth. According to Lewis (1995), this spiral is likely to be the cause of many forms of violence. Baumeister & Bushman (2007) also theorized that violence and aggression stem from emotional responses when one’s self-esteem is attacked or threatened by others, as threats to self esteem result in anger, shame and humiliation. Therefore, while guilt may be an important potential restraint in regards to aggression towards others, shame may result in more aggressive actions.

While shame and guilt have been frequently researched emotional responses, a meta-analysis of the current research demonstrated that research participants are usually non-offending populations (such as college students, elementary students and their parents, etc) who are asked to rate hypothetical scenarios in order to predict shame and guilt responses (Tangney & Stuewig, 2004). However, the effects of shame and guilt responses may take on a different role when they are in response to actually committed versus hypothesized acts.

### *Shame and Guilt in Adult Male Sexual Offenders*

While adolescent sexual offenders certainly constitute a different population than adult sex offenders due to developmental differences (CSOM, 1999), the following research on the adult sex offenders will be reviewed for sake of comparison due to limited research on shame, guilt and adolescent sex offenders. In their meta-analysis of research on sexual offenders, Proeve & Howells (2002) state that few studies have concentrated on shame and guilt in response to their actions as specific to sex offenders. Bumby, Marshall & Langton (1999) found that feeling shame after sexual offending resulted in decreased self-efficacy, increased stress, externalizing blame, increased cognitive distortions, decreased ability to use adaptive coping, and decreased victim empathy. These, in turn, increased the potential of reoffending. Guilt, however, was more likely to be associated with empathy towards the victims, reparative action, perspective taking and an ability to identify more adaptive coping responses (Bumby et al, 1999). Roys (1997) noted that shame in sex offenders typically inhibits empathy due to fear of contempt and rejection by others. This perceived contempt, coupled with the high personal stress that accompanies shame, can result in actions such as offenders blaming the victim and/or relapsing (Hanson, 1997; Hudson, Ward & Marshall, 1992). Shame can also lead offenders to view themselves as globally bad in instances of lapses in offending; this internalization of self can then contribute to the offender fully relapsing. This can be particularly important in regards to treatment of sex offenders. For example, if treatment stresses victim empathy, this may trigger feelings of personal threat in the offender that lead to shame.

Breaking of social norms and standards are shown to correlate highly with feelings of shame (Tangney et al, 1996). In the case of adult child molesters, feeling shame after offending

is more prevalent than guilt likely due to the taboo nature of not only sexually offending, but sexually offending against children (Proeve & Howells, 2006). In addition to the external shame these offenders may feel, researchers have also demonstrated that attachment styles of adult child molesters may also pre-dispose them to internal shame responses as well (Proeve & Howells, 2002). Child molesters often times showed more preoccupied or fearful attachment styles in comparison to rapists or nonviolent/nonsexual offenders (Ward, Hudson & McCormack, 1997). Both preoccupied and fearful attachment styles consist of negative views of self, which are expected to bring vulnerability to shame (Ward et al, 1997). In a comparison between adult sex offenders and adolescent sex offenders, Knight (2004) found that adolescent sex offenders reported a greater lack of guilt and empathy than their adult counterparts. While this may demonstrate more anti-social tendencies with the adolescent sex offenders, it is possible that shame may also play a role in lack of empathy.

#### *Shame and Guilt in Male Adolescent Non Sexual Offenders*

Few researchers have focused on the relationship of guilt, shame and adolescent delinquency, and of the research found shame and guilt were not explored in regards to specific acts committed (such as sexual versus non-sexual crimes) . Shame proneness in children (ages 5-12) was reported to be a significant predictor of externalizing symptoms such as aggression and delinquency (Ferguson, Stegge, Miller & Olson, 1999), while guilt proneness in children (ages 8-adolescence) was negatively related to delinquent behaviors (Stuewig & McCloskey, 2005). Guilt responses to crimes actually committed by adolescent offenders (including acts such as physical and sexual assault) have been correlated to lower rates of recidivism (Hosser, Windzio & Greve, 2008), higher empathy response, and less antisocial attitudes and behaviors

(Robinson, Roberts, Strayer & Koopman, 2007). In contrast, delinquent male adolescents with high shame proneness were more likely to be arrested for subsequent violent acts than those that were high in delinquency and lower in shame proneness (Stuewig & McCloskey, 2005). Given the reported shame and recidivism correlation, it is possible that adolescents may also experience shame-rage spirals that lead to acting out against others.

#### *Comparisons of Male Adolescent Sexual Offenders vs. Male Adolescent Non-Sexual Offenders*

Comparing adolescent sexual offenders with adolescent non-sexual offenders could further determine whether observed traits are specific to sexual offenses or delinquency in general. In meta-analyses of literature comparing adolescent sexual offenders and adolescent non-sexual offenders, similarities and differences were drawn between these groups (Boyd, Hagan & Cho, 1999; Epps & Fisher, 2004; Varker, Devilly, Ward & Beech, 2008). Similarities between both groups when comparing sex offenders to non-delinquent counterparts include: higher prevalence of psychiatric disturbance; higher prevalence of familial violence, physical and/or emotional neglect and parental separation; disruptions in parent-child relationships and higher incidence of negative communication in families; more frequent behavior problems and more difficulties in peer and family relations; past delinquencies, and higher rates of intra-family violence for the sex offenders (Boyd, Hagan & Cho, 1999; Epps & Fisher, 2004; Varker, Devilly, Ward & Beech, 2008).

In addition, adolescent sex offenders have witnessed greater family violence, have received more frequent physical and sexual abuse, tend towards more social isolation, are more assaultive and more resentful, have higher anxiety, higher estrangement, and less emotional

bonding to peers than their non-sexual offending counterparts (Boyd, Hagan & Cho, 1999; Varker et al, 2008). Adolescent sex offenders were also shown to have attitudes more accepting of physical and sexual aggression, less victim empathy, more rationalization of the effect of aggression on victims, and scored lower on a measure of skill regarding controlling anger in comparison to non-sexual delinquents. (Varker et al, 2008). Sexually aggressive youth were also found to report more attitudes accepting of physical and sexual aggression, and to endorse beliefs that rationalized or minimized suffering of victims (2008). Many of these attributes- isolation, aggression, and rationalization- could be potentially correlated with shame response, given the literature on shame and guilt. However, no direct comparison has been made in regards to shame and guilt responses in adolescent sexual offenders versus adolescent non-sexual offenders. In these analyses, and perhaps important, Epps and Fisher (2004) also state that many of the comparison studies conducted between adolescent sex offenders and non-sex offenders failed to distinguish between adolescent sex offenders who offend against children and those that offend against peers.

#### *Male Adolescent Sex Offender Subtypes: Peer Victims versus Child Victims*

Emerging adolescent sex offender research suggests that a distinction can be made between adolescent sex offenders who target peers and those who target children, a distinction similar to adult sex offenders (Barbaree & Marshall, 2006; Epps & Fisher, 2004; U.S. Department of Justice: CSOM , 1999). Adolescents who offend against children are defined as those who target children five years or younger than themselves (CSOM, 1999). Different clusters of psychosocial problems are associated with different types of sexual offending, including victim age (Epps & Fisher, 2004), and the differences in these populations suggest

distinct developmental paths and differing intervention needs (Hunter, Figuerdo, Malamuth & Becker, 2003). Adolescent child molesters tend to be younger than adolescents that sexually offend against peers and adults (Hsu & Strarzynski, 1990). Researchers who conducted meta-analyses of studies comparing adolescents who sexually offend against peers and adults versus children also found the following contrasts: adolescents who offend against children were more likely to offend against siblings or relatives, utilize coercion, have higher deficits in self-esteem and social competency, often lack ability to form and maintain healthy relationships, and frequently display signs of depression (CSOM, 1999; Hunter et al, 2003). These greater deficits in self-esteem and lack of ability to maintain relationships may suggest higher shame proneness in this group, in comparison to adolescents who offend against peers. However, while researchers have found differences between these two categories of adolescent sex offenders, no research has explored guilt and shame responses to offenses in adolescent child sex offenders and adolescent peer/adult sexual offenders.

### *Conclusions and the Current Study*

In summary, shame and guilt can lead to different responses and secondary emotions, with guilt typically being a more pro-social response. While the current researchers on male adolescent sexual offenders often divide this population by victim age (i.e. peer versus child victim) and compare adolescent sex offenders with adolescent non-sex offenders, emotional responses to offenses have yet to be researched. In light of the above literature review, in this study I aimed to address the following questions: Do adolescent sex offenders experience emotional responses of guilt and shame in regards to their offenses? If so, do these guilt and shame responses in regards to offenses differ for adolescent sexual offenders versus adolescent



non-sexual offenders who commit non-violent crimes? Do these guilt and shame responses in adolescent sex offenders differ in regards to adolescents who commit violent crimes, such as assault? Finally, are the level of guilt and shame responses related to the severity of (sexual and non sexual) violence committed by adolescent sex offenders?

In this study I also attempted to compare child victim vs. peer victim subgroups within adolescent sex offenders by asking the following question: Do responses of guilt and shame in adolescent sex offenders differ in regards to victim age?

Given that adolescents are still strengthening their ability to empathize and are typically egocentric at this developmental stage, it is likely that adolescents may struggle with not internalizing a “bad” global sense of self in relation to their offender act, particularly when this act is punished. Therefore, it is hypothesized that adolescent sexual offenders will have a stronger shame than guilt response to their offenses. Given the differences described in previous literature between adolescent sex offenders and adolescent non-sex offenders, it is also hypothesized that shame will be greater for adolescent sex offenders than both violent and non-violent non-sexual offenders, as many of the described differences could be construed as relating to shame (isolation, increased aggression, less empathy, etc.), and given that sex crimes appear to be more inherently shame-inducing. Finally, given the elevated levels of shame demonstrated in adult child molesters, it is hypothesized that adolescents who sexually assault children will also experience higher levels of shame in regards to their offenses than adolescents who sexually assault peers.

## Methods

For this study, two separate samples of incarcerated male adolescents were assessed for guilt and shame responses to crimes. With the first sample population, only guilt response was assessed. For the second sample population, both guilt and shame responses were assessed.

The materials and methods for both groups were as follows: after human subjects review committee approval, individual consents were obtained and confidential data was collected from incarcerated male adolescents in residential facilities located in the Midwest. Participants completed multi-paged pencil and paper surveys in a small group format; youth were separated within the group so that they may not view each other's responses.

### *Participants*

#### *Guilt Sample*

The guilt question sample consisted of 502 incarcerated male adolescents with sexual and non-sexual offenses in 6 residential facilities. Eight youth had survey read privately to them, due to their learning difficulties. Approximately 20% of those approached declined participation. No data is available on decliners for comparison.

The average age of the sample ( $N = 502$ ) was 16.63 years ( $SD = 1.53$  years). There was no difference between the groups (those incarcerated for sexual offenses (SO) and those who were incarcerated for non sexual offenses (NSO)) on age. On average, they were in the 9<sup>th</sup> grade ( $SD = 1.43$  grades). There was no difference between the groups on grade. In terms of race, 33.9% of participants selected African American, 43.0% of participants selected Caucasian, 5.4% selected Hispanic/Latino, 4.6% Native American and 5.4% of participants selected 'Other', and 5.8% of participants did not select any option for race. As is typical for such samples, the SO

group consisted of more Caucasian youth than the NSO group ( $\chi^2 = 39.13, P < .001$ ). The SO group was comprised of 50% Caucasian Youth, 28.8% African American youth, 7.1% Hispanic Youth, 6.4% Native American youth and 7.7% 'Other' youth. In comparison, the NSO group consisted of 37.5% Caucasian youth, 56.3% African American youth, 2.5% Hispanic youth, 1.9% Native American youth and 1.9% 'Other' youth.

When assessed on a 14 point scale (1= exposure, 2= fondling 3= exposure and fondling, 4=oral sex, 5=oral sex and exposure, 6= oral sex and fondling, 7=oral sex, fondling and exposure, 8=penetration with penis, digits or objects, 9=penetration and exposure, 10=penetration and fondling, 11= penetration, fondling and exposure, 12 = penetration and oral sex, 13= penetration, oral sex and fondling, 14 = penetration, oral sex, fondling and exposure), the SO group's crimes were an average of 8.29 ( $SD = 4.56$ ). They also reported an average of 2.2 sexual assault victims ( $SD = 3$  victims).

The NSO youth sample committed a variety of crimes including felony theft, burglary, armed robbery, assault, drugs use and sales.

#### *Shame & Guilt Sample*

The shame and guilt sample consisted of 101 incarcerated male adolescents with sexual and non- sexual offenses in 9 residential facilities. Two youth had surveys read to them privately due to their learning difficulties. Approximately 50% of those approached declined participation. No data is available on decliners for comparison.

There was a significant, if small, difference between the groups (those incarcerated for sexual offenses (SO) and those who were incarcerated for non sexual offenses (NSO)) on ages with the SO group being slightly younger ( $M = 15.47, SD = 1.54$  years) than the NSO group ( $M =$

16.74,  $SD=1.1$  years). There was also a significant, if small, difference between the groups on grade with the SO group predictably being slightly earlier in the 9<sup>th</sup> grade ( $M = 9.02$ ,  $SD = 1.46$  grades) than the OC group ( $M= 9.39$ ,  $SD=1.08$  grades).

In terms of race for this sample, 46.2% of participants selected African American, 26.4% of participants selected Caucasian, 5.7% selected Hispanic/Latino, 7.5% Native American, 0.9% of participants selected 'Other', and 13.2% of participants did not select any option for race. Atypically for such samples, the groups, when collapsed due to small cell sizes for each race into two categories (Caucasian youth and Youth of Color) did not vary by race ( $\chi^2 = 3.28$ ,  $p < .07$ ).

When assessed on a 14 point scale (see above), the SO youths' crimes were an average of 8.01 ( $SD = 4.8$ ), averaging around penetration with penis, digits or objects. They also reported an average of 1.94 sexual assault victims ( $SD = 2.48$  victims).

As with the previous sample, the NSO youth committed a variety of crimes including felony theft, burglary, armed robbery, assault, drugs use and sales, etc.

### *Materials*

The *Self Report Sexual Aggression Scale* (SERSAS) is a multi-item inventory measuring sexually aggressive behaviors over the lifespan (Burton, 2003; Burton et al., 2002). This instrument serves as a checklist of relationships and acts with previous 8-week test-retest reliability (for a small sample) of 96% (Burton, Miller & Shill, 2002). Questions about several sexual acts are all prefaced with "Have you ever conned or forced someone to...?"

The guilt and shame questions were single questions worded thusly: "I felt guilt about my criminal offenses right after committing them" and "I felt shame about my criminal offenses right after committing them" using a 0 (never) to 4 (always) scale.

The data were entered with SPSS 13 and 14 and analyzed with SPSS 16.

## Results

### *Guilt Sample*

Both groups (SO and NSO) in this sample reported feeling guilty about their crimes. The ranges of the guilt scores can be seen in Table 1. However, the groups varied significantly ( $t(485) = 5.34, p < .001$ ) in the degree of guilt they reported, with the NSO youth reporting an average of 2.84 (closest to feeling guilty most of the time) and the SO youth reporting an average of 3.63 (closest to feeling guilty all of the time).

Table 1: Level of Guilt Responses in Percentages

Score\Group	NSO ( $n = 159$ )	SO ( $n=331$ )
0 – Never	28.8%	10.9%
1 - Sometimes	18.8%	20.5%
2 - Usually	8.2%	8.2%
3 – Most of the time	13.5%	13.9%
4 - Always	24.1%	45.6%

In assessing the question regarding the differences in groups (SO and NSO) if they had committed violent or non-violent nonsexual crimes, very few in the sample admitted to nonviolent crimes, resulting in a too small comparison group for this analysis. However, guilt could be correlated with level of violence with the SO group. While there was not a significant relationship between the guilt and level of violence for the NSO group ( $r = -.08, p = .330$ ), there was a small albeit significant relationship for the SO group ( $r = -.12, p = .031$ ) in terms of guilt

and nonsexual violence: as the level of nonsexual violence increases with SO group, guilt for their offenses (overall) decreased.

Within group analysis of the SO group indicated that there was no significant differences in comparing three sub groups by victim age (children only,  $n = 171$ ; peers or adults only,  $n = 44$ ; both children and peers or adults,  $n = 58$ ) on guilt using an ANOVA with  $F(2,72) = .562$   $p = .571$ . However there is noticeable, but not significant difference between groups 1, 3 (combined average guilt = 3.77) and 2 (guilt = 3.52).

### *Guilt and Shame Sample*

Both groups reported shame for their crimes (see Table 2) with the SO group reporting more shame ( $M = 3.11$ ,  $SD = 1.43$ ) than the NSO group ( $M = 1.02$ ,  $SD = 1.46$ ) ( $t(95) = 7.09$   $p < .001$ ).

Table 2: Level of Shame Responses in Percentages

Score\Group	NSO ( $n = 159$ )	SO ( $n=331$ )
0 – Never	54.9%	10.9%
1 - Sometimes	21.6%	8.7%
2 - Usually	5.9%	4.3%
3 – Most of the time	2.0%	10.9%
4 - Always	15.7%	65.2%

Further analysis by victim age or type and violence level of non sexual crimes was not viable with this smaller group. However, the guilt question was also asked of this sample and a significant difference was found with the SO ( $M=2.89$ ,  $SD = 1.41$ ) group again reporting more guilt than the NSO group ( $M = 1.18$ ,  $SD = 1.35$ ), ( $t(93) = 6.01$ ,  $p = < .001$ ) (see Table 3).

Table 3: Level of Guilt Responses in Percentages

Score\Group	NSO (n = 159)	SO (n=331)
0 – Never	38.6%	8.5%
1 – Sometimes	17.5%	14.9%
2 – Usually	19.3%	4.3%
3 – Most of the time	1.8%	19.1%
4 – Always	10.5%	48.9%

### Discussion

Results from both groups support the hypothesis that adolescent sex offenders experience higher levels of guilt responses to their crimes than adolescent non sexual offenders. The results from the second sample population also support the hypotheses that adolescent sex offenders experience more shame in response to their crime than adolescent non- sex offenders, and that adolescent sex offenders (as a group) experience higher shame than guilt responses. There may be something inherently more shame and guilt inducing in the sexual component of sex offenses, as opposed to non- sexual crimes. Tangney, Wagner, Fletcher & Barlow (1992) theorize that guilt and shame act as self-regulatory reactions inhibiting the expression of socially and morally unacceptable processes, such as sex and aggression. Therefore, it is possible that an act such as sexually offending, which combines both sex *and* aggression, results in higher guilt and shame. Due to sample size limitations in this study, it was not possible to further separate the adolescent non- sexual offenders in regards to types of crimes committed (e.g. child molestation versus rape). Comparing adolescents who committed non-sexual crimes that involved interpersonal violence to adolescent sex offenders may have further elucidated whether the sexual component itself is the significant factor, or whether guilt and shame are more contingent on the interpersonal violence aspect (as opposed to crimes such as theft or drug related charges).

The sexual component of sexual offenses may also carry different meaning for adolescent sex offenders, in comparison to adult sexual offenders. Given that adolescent sex offenders and adult sex offenders are at completely different developmental, emotional and behavioral life stages (Rich, 2003), sex may carry a more taboo connotation for adolescents. Adolescence is also a time when libidos and sex drives are strong. While sexual play and exploration is not uncommon for young children, children are also typically given the message by parents, school, and other environmental factors that sexual talk and behavior is discouraged by adults (DeLamater & Friedrich, 2002). This discouragement may carry a connotation of sex as shameful. DeLamater and Friedrich (2002) theorized that healthy sexual development includes achieving a number of tasks, such as formation of gender, sexual identity and managing physical and emotional intimacy. These tasks in particular are challenging in adolescence, as formation of sexual identity and maintaining intimacy are both influenced by childhood attachment experiences that help a developing child and adolescent create their sense of self (Smallbone, 2008). Given that adolescent sex offenders have higher rates of family violence and physical and sexual abuse than non sexual offender adolescents and non offending adolescents, (Boyd, Hagan & Cho, 1999; Varker et al, 2008) , their lack of adequate attachment or examples of healthy intimacy may play a large role in sexual offending. Exposure to abuse and violence may have led to a negative self perception for an adolescent sex offender (such as a core belief that they themselves are flawed and deserving of the abuse) that can mirror the negative global perception of self found in shame responses (and may even contribute to actual shame responses).

It should be noted that while a shame response has been correlated with higher rates of recidivism in the literature reviewed for this study, shame response may be preferable to no



emotional response at all. Tangney and Stuewig (2004) discuss that emotional responses such as shame and guilt suggest a lack of antisocial personality tendencies; antisocial personality typically denotes unresponsiveness towards treatment and therefore an inability towards improvement of negative behaviors.

The negative correlation between level of violence and level of guilt response coincides with previous research on adolescent sex offenders that demonstrates a lower victim empathy with this population (Varker, 2008). The sexual abuse cycle theorized by Lane (1997) is a model often used in intervention programs with youth which describes sexually abusive behavior as a maladaptive response to negative life stressors. One aspect of this cycle includes cognitive distortions that factor into an adolescent sex offender's behaviors. These cognitive distortions may include thoughts that justify or rationalize (post hoc) criminal behavior, and cognitions that allow the adolescent to set aside any feelings of guilt they may experience in relation to their offenses (Lane, 1997). Therefore, according to this framework, the more the behavior goes against societal norms (such as an increase in violence), the more the offender may decrease in guilt responses. However, given that shame has been shown to be negatively proportionate to empathy and can contribute to aggression and delinquency, it could be possible that shame would increase as violence increases (Lewis, 1971; Stuewing & McCloskey, 2005). For adolescent victims who in turn become perpetrators, Burton & Fleming (2000) discuss how force may also be related to increased fear and powerlessness during the sexual victimization. This may lead to a need for the victim to act out in order to gain a sense of control (Burton & Fleming, 2000). This could also be related to a shame response- perhaps higher levels of sexual violence experienced create a shame response that leads the adolescent offender to not only act

out in order to gain control, but also to act out through a shame-rage spiral. Higher levels of force experienced earlier on in development may also cause an adolescent to internalize the belief that they themselves are inherently bad and deserving of the actions (a belief similarly found in shame responses), particularly if they are not given enough corrective experiences to disprove their negative self image.

The hypothesis that adolescent offenders who target children as opposed to peers would have higher guilt responses was not supported when compared to adolescents who offended against peers and adolescents who offended against peers and younger children. However, more information on the age difference between the adolescent offenders assessed and their victims was needed in order to accurately assess each group. While the result did not reach significance, the higher level of guilt in adolescent sex offenders that offended against children and children and peers (in comparison to the group that offended solely against peers) perhaps suggests there may be a higher guilt response when children are victims.

### *Limitations*

There were a number of study limitations. While higher guilt responses in adolescent sex offenders was replicated for both samples, the inability to assess shame responses in the first sample prevented further exploration of whether the level of shame differed from the level of guilt in adolescent sex offenders, as well as how shame response would be affected as violence increases. The small sample size of the second population assessed also prevented further analysis in regards to victim age, victim type and level of violence; thus, there was inadequate power to detect group differences. Small sample sizes and lack of specific information on age

difference between offender and victim also prevented an ability to distinguish between adolescent child molesters versus adolescent peer rapists

The differing results in regards to guilt versus shame responses indicated that the participants recognized that guilt and shame are separate emotions. However, given that shame and guilt are typically perceived as interchangeable, more sophisticated and sensitive psychometric measures assessing guilt and shame would have also yielded greater confidence in the validity of these findings. More sophisticated measures could also be utilized to not only assess guilt and shame responses to offenses, but also guilt and shame proneness (i.e. personality tendencies) in the participant. This may assist in further elucidating whether guilt and shame responses are influenced by their current residential environment, and whether guilt and shame proneness are predictors of sexual delinquency.

Other limitations to consider include the specific population demographic- male, incarcerated offenders in the Midwest. Therefore, these results may not apply to differing populations such as female adolescent offenders, offenders in other geographic locations and offenders who are in outpatient facilities or whose offenses are not reported. Again, the level of guilt and shame responses may differ significantly according to the messages these participants receive in residential facilities, as well as messages they may have received from friends, loved ones and society as a whole when they were first adjudicated. Finally, the stigma surrounding sexual offense may have led to socially desirable reporting, particularly in regards to victim age.

#### *Research and Clinical Implications*

The findings of this study suggest that adolescent sex offenders have higher rates of shame and guilt responses to their offenses than adolescents who commit non sexual crimes. One

important area to consider for future research is whether these higher emotional responses correlate with higher recidivism rates. Hosser, Windzio & Greve's (2008) assessment of young prisoners demonstrated that guilt responses correlated with lower rates of recidivism, while shame response was correlated with higher rates. Therefore, it would be important to explore whether this is also true for adolescents who commit sexual crimes.

In relation to recidivism, future researchers should also assess whether the treatment received in residential facilities evokes higher shame and/or guilt responses. This may be accomplished by assessing whether shame and guilt responses of adolescent sex offenders in relation to their crimes change over the course of their incarceration. For example, if current treatment trends result in higher rates of shame responses in adolescent sex offenders, this may contribute to higher rates of recidivism once adolescents are released from residential care

Researchers may want to further consider shame and guilt proneness in individuals, in addition to shame and guilt responses to actually committed crimes. An important distinction would be whether the tendency towards guilt and shame responses existed even before an offense was committed, or whether the guilt and shame response was more prevalent due to messages received after their offense was committed. This may contribute to a need for early identification of youths demonstrating patterns of escalating anger and violence (CSOM, 1999), and can lead to more detailed risk assessment. Identifying what environmental factors contribute to shame and guilt proneness, as well as what protective factors prevent shame responses that could lead to committing offenses could lead to more preventative strategies.

Further research may also include comparisons in guilt and shame responses in sexual offending adults and sexually offending adolescents in order to assess whether these responses

vary at differing developmental stages. An exploration of abuse history and shame and guilt response should also be considered- i.e. are adolescent sex offenders more likely to experience guilt and shame if they are committing offenses similar to acts they themselves were victims of.

Finally, it is also important to consider the length of stay and type of treatment participants were currently undergoing in their residential facility, and whether the messages they were receiving in treatment were contributing more to guilt and shame responses. Future research may consider assessing participants immediately after the crimes they commit, to parse out whether their emotional responses are more internally rather than externally driven.

In regards to clinical implications, therapists should take into account the higher levels of shame and guilt responses in working with adolescent sex offenders, and how to appropriately respond to these emotions in treatment. Print & O'Callaghan (2004) discuss issues that may create barriers to engaging youth in therapy, including a fear of being viewed as deviant, abhorrent, or irredeemable (i.e. traits that coincide with feelings of shame). Therefore, therapists should consider how to prevent further contributing to shame responses in treatment, particularly in regards to engagement. While guilt responses may eventually lead to the offender experiencing higher empathy, assuming responsibility for his actions and in turn promoting subsequent reparative actions, initial treatment sessions may also call for a more neutral approach by the therapist in order to build rapport. Any treatment program that also includes family therapy should consider the dynamic within the family, and how to discourage messages of shame that the adolescent may be receiving in that environment. Finally, the potential for higher guilt and shame responses in regards to the sexual component of these offenses should also be considered when sexuality is addressed in treatment. More comprehensive sexual

education that does not result in shame responses could lead to healthier sexual behaviors, less recidivism and higher overall self-esteem for the adolescent.

Finally, clinicians may also want to consider whether prior trauma histories are contributing to guilt and shame responses, and how to integrate this into effective therapy strategies. For example, commonly reported emotional responses to trauma in victims are self-blame and shame; this may be further contributing to shame responses experienced as a perpetrator.

### Conclusion

The results of this study indicate that adolescent sex offenders have higher rates of guilt and shame responses to crimes committed, when compared to adolescent non sex offenders. This finding should be used to further understand the typology and traits of adolescent sex offenders, with the goal of continuing to develop effective interventions and preventative strategies for this population.

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