

## INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

**The quality of this reproduction is dependent upon the quality of the copy submitted.** Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning  
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA  
800-521-0600

UMI<sup>®</sup>



**GENDER OF PERPETRATOR, GENDER OF VICTIM, AND RELATIONSHIP  
BETWEEN PERPETRATOR AND VICTIM AS FACTORS INFLUENCING HOW  
ADULTS VIEW COERCIVE SEXUAL BEHAVIOR IN CHILDHOOD**

**A  
THESIS**

**Presented to the Faculty  
of the University of Alaska Fairbanks  
in Partial Fulfillment of the Requirements  
for the Degree of**

**DOCTOR OF PHILOSOPHY**

**By  
Rebecca Lynn Bosek, MS**

**Fairbanks, Alaska**

**December 2002**

**© 2002 Rebecca Lynn Bosek**

UMI Number: 3071425

Copyright 2002 by  
Bosek, Rebecca Lynn

All rights reserved.

UMI<sup>®</sup>

---

UMI Microform 3071425

Copyright 2003 by ProQuest Information and Learning Company.  
All rights reserved. This microform edition is protected against  
unauthorized copying under Title 17, United States Code.

---

ProQuest Information and Learning Company  
300 North Zeeb Road  
P.O. Box 1346  
Ann Arbor, MI 48106-1346

GENDER OF PERPETRATOR, GENDER OF VICTIM, AND RELATIONSHIP  
BETWEEN PERPETRATOR AND VICTIM AS FACTORS INFLUENCING HOW  
ADULTS VIEW COERCIVE SEXUAL BEHAVIOR IN CHILDHOOD

By

Rebecca Lynn Bosek

RECOMMENDED:











Advisory Committee Co-Chair

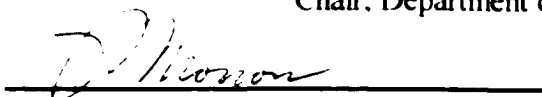


Advisory Committee Co-Chair



Chair, Department of Psychology

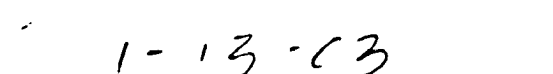
APPROVED:



Dean, College of Liberal Arts



Dean of the Graduate School



Date

1-13-03

### Abstract

The sexual abuse of children by adults is a serious social problem. Some sexually abused children become sexually abusive toward others. This is sometimes called coercive sexual behavior, and little is known about how adults view these acts. A better understanding of how adults view coercive sexual behavior between children is critical due to the harm it causes victims, perpetrators, and society. Also, parents are typically held legally responsible for their minor children, and it is their responsibility to intervene in this type of behavior. Three hundred and eighty-five college students participated in a study that examined descriptions of coercive sexual behavior between elementary school-aged children. This study used a 2 x 2 x 2 factorial design to examine how gender of a child perpetrator, gender of a child victim, and relationship between a child perpetrator and child victim (peer or sibling) influence how adults view coercive sexual behavior in childhood. Participants read one of eight vignettes describing an incident of coercive sexual behavior between two children and answered a twenty-eight-item questionnaire based on it. Data was analyzed using correlation coefficients, factor analysis, and multivariate analysis of variance (MANOVA). Findings from the present study suggest that the gender of the children and the relationship between them are factors influencing how adults view coercive sexual behavior in childhood.

## Table of Contents

<b>Signature Page</b> .....		i
<b>Title Page</b> .....		ii
<b>Abstract</b> .....		iii
<b>Table of Contents</b> .....		iv
<b>List of Figures</b> .....		vii
<b>List of Tables</b> .....		viii
<b>List of Appendices</b> .....		ix
<b>Acknowledgements</b> .....		x
<b>Section 1</b>	<b>Chapter 1 Introduction</b> .....	11
Subsection 1.1	Adults Who Sexually Abuse Children.....	11
Subsection 1.2	Adolescents Who Sexually Abuse Children.....	12
Subsection 1.3	Children Who Sexually Abuse Children.....	14
Subsection 1.4	Terms Used to Describe Sexual Abuse Between Children.....	20
Subsection 1.5	Normative Sexual Behavior.....	21
Subsection 1.6	Harm to the Child Victim, Child Perpetrator, and Society.....	22
Subsection 1.7	Importance of Research on Coercive Sexual Behavior.....	27
Subsection 1.8	Hypotheses.....	28
<b>Section 2</b>	<b>Chapter 2 Method</b> .....	31
Subsection 2.1	Subjects.....	31
Subsection 2.2	Design.....	33

Subsection 2.3	Procedure.....	34
Subsection 2.3.1	Pilot work vignette.....	34
Subsection 2.3.2	Demographic information sheet.....	37
Subsection 2.3.3	Pilot work questionnaire.....	37
Subsection 2.3.4	Pilot work test-retest reliability.....	41
Subsection 2.4	Materials.....	41
Subsection 2.5	Data Collection.....	42
Subsection 2.6	Data Analysis.....	43
Subsection 2.7	Data Retention and Storage.....	45
Section 3	Chapter 3 Results.....	46
Subsection 3.1	Correlation Coefficients.....	46
Subsection 3.2	Factor Analysis.....	47
Subsection 3.2.1	Factor 1, dangerousness of behavior.....	47
Subsection 3.2.2	Factor 2, not normative sexual behavior.....	50
Subsection 3.2.3	Factor 3, victim is responsible.....	51
Subsection 3.2.4	Factor 4, sexual attraction.....	51
Subsection 3.2.5	Factorially complex variables.....	51
Subsection 3.3	Multivariate Analysis of Variance (MANOVA).....	53
Subsection 3.3.1	Factor 1, dangerousness of behavior.....	53
Subsection 3.3.2	Factor 2, not normative sexual behavior.....	55
Subsection 3.3.3	Factor 3, victim is responsible.....	59



Subsection 3.3.4	Factor 4. sexual attraction.....	59
Section 4	Chapter 4 Discussion.....	61
Subsection 4.1	Child Perpetrator, Child Victim, and Relationship.....	61
Subsection 4.2	Child Victim and Relationship.....	62
Subsection 4.3	Child Perpetrator and Child Victim.....	66
Subsection 4.4	Victim Responsibility.....	67
Subsection 4.5	Sexual Attraction.....	68
Subsection 4.6	Harm to the Child Victim, Child Perpetrator, and Society.....	68
Subsection 4.7	Study Limitations.....	71
Subsection 4.8	Summary.....	73
References.	.....	74

**List of Figures**

<b>Figure 3.1</b>	<b>Factor 1, Dangerousness of Behavior.....</b>	<b>56</b>
<b>Figure 3.2</b>	<b>Factor 2, Not Normative Sexual Behavior.....</b>	<b>58</b>

**List of Tables**

<b>Table 3.1</b>	<b>The Four-Factor Solution from the Factor Analysis for Variables with Loadings of <math>&gt;.45</math> on Just One Factor.....</b>	<b>48</b>
<b>Table 3.2</b>	<b>The Four-Factor Solution from the Factor Analysis for All 28 Variables.....</b>	<b>49</b>
<b>Table 3.3</b>	<b>The Multivariate Analysis for Each of the Four Dependent Variable Factors.....</b>	<b>54</b>

**List of Appendices**

<b>Appendix 2.A-1</b>	<b>Informed Consent for Pilot Data.....</b>	<b>86</b>
<b>Appendix 2.A-2</b>	<b>Informed Consent for Main Study.....</b>	<b>88</b>
<b>Appendix 2.A-3</b>	<b>Informed Consent for Test-Retest Reliability Data.....</b>	<b>90</b>
<b>Appendix 2.B-1</b>	<b>Eight Vignettes.....</b>	<b>92</b>
<b>Appendix 2.C-1</b>	<b>Letter Requesting Participation.....</b>	<b>97</b>
<b>Appendix 2.C-2</b>	<b>Two Vignettes Sent to Professionals.....</b>	<b>98</b>
<b>Appendix 2.C-3</b>	<b>Seven Questions Sent to Professionals.....</b>	<b>99</b>
<b>Appendix 2.D-1</b>	<b>Demographic Information Sheet.....</b>	<b>101</b>
<b>Appendix 2.E-1</b>	<b>Original 25-Item Questionnaire.....</b>	<b>103</b>
<b>Appendix 2.F-1</b>	<b>Revised 28-Item Questionnaire.....</b>	<b>109</b>
<b>Appendix 2.G-1</b>	<b>Prepared Script for Experimenter.....</b>	<b>115</b>

### Acknowledgements

Appreciation is expressed to my committee chairpersons William Connor Ph.D. and Todd Risley Ph.D. Also, thanks to my committee members Gerald Mohatt Ph.D., Pamela Deters Ph.D., Gregory Meyer Ph.D., and Karen Ward Ed. D. A special thanks to Gregory Meyer Ph.D. for his assistance and support in teaching me about data analysis. Thanks to Megan Wilts MS and Roxann Lamar MS for their editorial assistance. Todd Risley Ph.D. and Karen Ward Ed.D. have served as my mentors throughout much of my professional career, and I look forward to working with them for many years in the future. Finally, a big thank-you to my husband Herbert Viergutz and our children Matthew and Elizabeth Viergutz for their love and support during this process.

## Chapter 1 Introduction

### *Adults Who Sexually Abuse Children*

Sexual abuse of young children by adults is recognized as a serious social problem (Friedrich, 1990; MacFarlane & Waterman, 1986). Although childhood sexual abuse was once thought to occur infrequently, current research suggests that it is more widespread than previously thought. One large-scale study established prevalence rates of 27% for females and 16% for males (Finkelhor, Hotaling, Lewis, & Smith, 1990). Elsewhere, it has been estimated that the risk for victimization is 33% for females and 10% for males (Herman, Russell, & Trocki, 1986).

Both adult males and adult females commit sexual offenses against children. However, the majority of adults who sexually abuse children are male (Finkelhor, 1984). Males commit at least 80% of sexual offenses against children, with females comprising smaller but significant numbers of offenders (Jennings, 1993). In many cases, nonprofessionals view the sexual abuse of male children by adult females as harmless due to societal double standards that romanticize younger male and older female sexual relationships (Mathews, Matthews, & Speltz, 1990). Young male victims may have difficulties even labeling what happened as sexual abuse due to being socialized to consider sexual interactions with adult females as a form of luck (Hislop, 2001).

An adequate professional response to sex offender treatment for both genders is often lacking. When given a choice between providing treatment to adult male or adult female sex offenders, professionals typically choose to treat adult males, due to their

beliefs that adult females do not pose a significant risk to children (Hunter, 1990). As a result, children who have been sexually abused by adult females are often not identified, treated, or protected (Hislop, 2001).

When professionals clearly identify sexual acts committed by adults as sexually abusive, they consider the emotional and physical impact of the sexual abuse on victims to be equally traumatic for male and female children (Paolucci, Genuis, & Violato, 2001). The issues related to the aftermath of sexual abuse need to be addressed, as the trauma and behavior resulting from being sexually abused may last well into adulthood (Briere, 1992; Courtois, 1988). Current evidence suggests that childhood victimization is a risk factor for many antisocial behaviors including delinquency, violent criminality, and abusive parenting (Widom, 1989). Also, the rate of intergenerational transmission for sexual abuse has been estimated to be about 30%  $\pm$  5% (Kaufman & Zigler, 1987), suggesting that being a victim of sexual abuse is a risk factor for committing similar acts with others.

#### *Adolescents Who Sexually Abuse Children*

Early attempts at assessment and treatment focused on adult sex offenders (Laws, 1989; Salter, 1988). Research found that many adult sex offenders began to exhibit problematic behaviors during adolescence. During this time, the adolescents dealt with their unpleasant emotional states by using sex as a coping strategy, with their deviant sexual behaviors developing and becoming strengthened across time (Cortoni & Marshall, 2001).

When it was determined that many of the dynamics of adolescent sexual offending were similar to those for adults, professional efforts increasingly turned to research and intervention with adolescents (Groth & Lored, 1981). One study estimated that adolescents commit about 50% of all child molestations (Prentky, Harris, Frizzell, & Righthand, 2000), and strong concern has been expressed over their sexual abuse of young children (Zolondek, Abel, Northey, & Jordan, 2001).

When adolescents sexually abuse children, it is thought that the number of their victims and the nature of their sexual offenses may be underestimated. This concern is based on the denial and reluctance of many adolescents to disclose information, particularly in cases where the sexual abuse involved family members, younger children, and victimizing someone of the same gender (Baker, Tabacoff, Tornusciolo, & Eisenstadt, 2001). Female adolescents regularly hide their sexual abuse of children by doing it under the guise of providing childcare (Mathews, Matthews, & Speltz, 1990).

The dynamics by which adolescents sexually abuse children are not well understood. Oftentimes, professionals and nonprofessionals lack knowledge about whether the sexual offenses committed by adolescents actually constitute normative sexual behavior (Miranda & Corcoran, 2000). When adolescents claim that their sexual offenses actually were consenting sexual acts or there is a corresponding lack of evidence, professionals may have difficulties determining what interventions are needed (Campbell & Lerew, 2002). When professionals determine that a sexual offense has occurred, there is general consensus that adolescents cause serious harm to child



victims (Prentky, Harris, Frizzell, & Righthand, 2000). For both male and female adolescents, the overall seriousness of their behavior is apparent, as early onset of sexual offending has been identified as a clear predictor of recidivism for adult sexual offenders (Hanson & Bussiere, 1998).

### *Children Who Sexually Abuse Children*

Several studies provide a clear link between adolescent sexual perpetrators and child sexual perpetrators. Male adolescents who have sexually abused others often report that their pattern of offending began in late elementary school, typically between the ages of nine and twelve years (Zolondek, Abel, Northey, & Jordan, 2001). In one study of adjudicated adolescent sexual perpetrators, close to 50% admitted that they began sexually abusing others prior to age 12, and a slightly larger number described themselves as children with sexual behavior problems (Burton, 2000).

It wasn't until the late 1980's that researchers and practitioners began to seriously consider a group of children who were displaying sexual behaviors outside of the realm of that which was considered normal for children under the age of thirteen (Friedrich & Luecke, 1988; Johnson, 1988, 1989). Children exhibiting these types of problematic sexual behaviors were increasingly found among groups of children who had experienced some form of sexual abuse, trauma, or exposure to sexual stimuli (Gil, 1991).

Several factors are used to define these children as child perpetrators who sexually abuse other children. There is a lack of consent and equality in the relationship (Ryan, 1991). Often, the child perpetrator has status over the child victim (Gil, 1993) and

uses power as a way to control interactions (Cunningham & MacFarlane, 1991).

Coercion may be used to gain compliance (Johnson, 1993a; Rasmussen, Burton, & Christopherson, 1992; Ryan, 1991). This coercion may take several forms including intimidation, tricks, bribes, and secrecy (Pithers, Gray, Cunningham, & Lane, 1993).

Some child perpetrators resort to physical aggression (Johnson, 1990). They may use objects for stimulation (Friedrich, Grambsch, Broughton, Kuiper, and Beilke, 1991). Finally, they may engage in vaginal or anal penetration of their child victims with fingers or other objects and, additionally, participate in oral-genital contacts (Cantwell, 1988).

Both male and female children may become child perpetrators. However, research has focused more extensively on males, with less information available about females. Also, there appears to be a tendency for researchers, professionals, parents, and members of the general public to view the behaviors of these children somewhat differently, based on gender.

From the age of two, male children are considered more aggressive than females (Rutter, 1971). Their interpersonal style of dealing with other children is more oriented towards dominance and competition (Rosenfeld & Wasserman, 1993). In cases where male children have experienced sexual abuse, they are more likely to engage in sex play with other males (Craissati, McClurg, & Browne, 2002).

Over time, male children who have been sexually abused may become obsessed with sex (Pithers, Gray, Cunningham, & Lane, 1993). They may repeatedly ask other children to engage in sex acts (Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991).

They may approach many different children in a sexually indiscriminate manner (Paolucci, Genuis, & Violato, 2001). They may search out opportunities for sexual contacts and, when left unsupervised, display compulsive sexual behaviors (Johnson & Knight, 2000).

Some male children who are sexually abused become child perpetrators. Male child perpetrators typically sexually abuse other children (Gil, 1987) and are likely to have multiple victims (Araji, 1997). When they have a history of sexual abuse by other males, male child perpetrators are at increased risk for sexually abusing male children, but may choose victims of either gender (Veneziano, Veneziano, & LeGrand, 2000). One explanation for this phenomenon is that male child perpetrators are a heterogeneous group who choose victims based on opportunity rather than sexual preference (Murphy, DiLillo, Haynes, & Steere, 2001). An alternative explanation is that as male children get older, strong societal pressure is exerted on them to develop a sexual preference for females, with this societal pressure influencing the selection of victim gender (Veneziano, Veneziano, & LeGrand, 2000).

When male child perpetrators sexually abuse other children they are likely to use coercion to gain compliance (Van Wyk & Geist, 1984; Zolondek, Abel, Northey, & Jordan, 2001). Early onset of sexual behavior problems, developing a sexual interest in young children, and choosing male victims are all considered to be risk factors for

recidivism (Kenny, Keogh, & Seidler, 2001). When male child perpetrators sexually abuse other children, professionals often regard their behavior as more serious than sexual abuse committed by female child perpetrators (Gil & Johnson, 1993).

Very little is known about female child perpetrators who sexually abuse other children. Female child perpetrators are most likely to sexually abuse siblings and other relatives (Johnson, 1989) suggesting that opportunity and availability are factors in their selection of victims. They may sexually abuse other children as part of childcare responsibilities (Mathews, Matthews, & Speltz, 1990). Often their behavior begins as exploratory contact, which professionals consider exploitive due to age differences between the children (Mayer, 1992)

Female child perpetrators choose both male and female victims and are likely to have multiple victims (Araji, 1997). They are less likely than males to use aggression to gain compliance, but are equally likely to resort to verbal coercion (Araji, 1997). In comparison to males, female child perpetrators are considered to have more empathy for their child victims (Ray & English, 1995).

Female child perpetrators who choose female child victims are often described as part of an intergenerational pattern of sexual abuse and are thought to be reenacting their own trauma (Mathews, Matthews, & Speltz, 1990). When female child perpetrators choose male child victims, male children may have trouble even identifying the behavior as sexual abuse (Ryan, 1991). In general, professionals and nonprofessionals are less

likely to define females as child perpetrators and more likely to define them as victims (Simari & Baskin, 1982).

Male and female child perpetrators under the age of thirteen may choose victims of the same gender, the opposite gender, or both. Experimental pilot work conducted for this study found that nonprofessionals have a tendency to view sexual abuse committed by male child perpetrators as more serious when the perpetrator is approaching adolescence or is choosing female victims (Bosek, 1995). However, this finding is inconsistent with the established clinical literature, which suggests strong professional concerns about same gender victimizations (Gil & Johnson, 1993).

Research suggests that when parents learn that their child has been sexually abused by someone of the same gender they are afraid that their child may be gay (Froning & Mayman, 1990; Pithers, Gray, Cunningham, & Lane, 1993). Similarly, if parents are confronted with evidence that their child has sexually abused a child of the same gender, they often express the same fear (Gil, 1987). Same gender sexual abuse is a major concern of many male victims due to the physiological arousal that often accompanies the abuse (Gerber, 1990). These male victims believe that if they became aroused at any point during the abuse they must have a sexual interest in males.

Current research suggests that when child perpetrators choose victims of the same gender it does not mean that the child perpetrator is gay (Courtois, 1988) or likely to develop a preference for same gender partners (Forward & Buck, 1978; Johnson, 1993b). This behavior is not considered a predictor of adult sexual behavior (Martinson, 1994).

In spite of the established literature in this area, many professionals continue to regard same gender sexual abuse as more serious than opposite gender sexual abuse (Gil & Johnson, 1993). These professionals believe that same gender sexual abuse between children is just as traumatic as adult/child sexual abuse (Wissow, 1990).

Many child perpetrators who sexually abuse other children choose siblings as their victims (Johnson, 1988; 1989). The majority of child perpetrators who sexually abuse siblings are males who sexually abuse their sisters (Loredo, 1982). The male child perpetrator is usually older than his sister and likely to use coercion (Finkelhor, 1980). Professionals have reported that, in comparison to males, female child victims who are sexually abused by a sibling as opposed to a friend may be more poorly adjusted in adulthood (Sorrenti-Little, Bagley, & Robertson, 1984).

Same gender sibling victimizations do occur (Finkelhor, 1981). When child perpetrators choose child victims of the same gender, professionals often consider this behavior to be rare, while nonprofessionals think that it represents children's same gender sexual preferences (Araji, 1997). Professionals have suggested that society may consider same gender sibling victimizations to be more abhorrent, due to the breaking of dual taboos against homosexuality and incest (Kaslow, Haupt, Arce, & Werblowsky, 1981).

There appear to be some gender differences in how trauma is viewed in same gender sibling victimizations. Many nonprofessionals view incest between brothers as more traumatic than incest between sisters, due to the belief that sexual abuse committed

by males of any age, is more aversive than the same acts committed by females (Finkelhor, 1979). The belief that nonprofessionals consider incest between brothers more traumatic than that between sisters, has been reported elsewhere in the literature (Simari & Baskin, 1982). In contrast, some professionals support the view that all children who are sexually abused by siblings of the same gender have more negative outcomes (Haugaard & Tilly, 1988).

#### *Terms Used to Describe Sexual Abuse Between Children*

Many terms have been used to describe the behavior of children who sexually abuse other children. The behavior of child perpetrators has been called eroticized (Yates, 1982), traumatic sexualization (Finkelhor & Browne, 1985), and sexually reactive (Johnson & Feldmeth, 1993) when it occurs in response to sexual abuse or exploitation. It has been described as sexually abusive (Burton & Rasmussen, 1998), molestations (Gil, 1987; Cunningham & MacFarlane, 1991), and sexually aggressive (Araji, 1997) when the sexual abuse exceeds developmental norms and has been strengthened and reinforced across time.

The term coercive sexual behavior (Berliner, Manaois, & Monastersky, 1986) is used to describe sexual abuse between children when coercion is present. Professionals generally agree that coercive sexual behavior is not the result of any form of curiosity, experimentation, or childhood sex play (Araji, 1997; Burton & Rasmussen, 1998). Professionals consider the behavior to be serious, highly problematic, and of great

concern. Coercive sexual behavior between children is the topic of investigation in the present study.

### *Normative Sexual Behavior*

Children under the age of thirteen engage in a wide variety of normative sexual behaviors. These behaviors range on a continuum from self-exploration, which is often found among very young children, to intercourse as children approach puberty (Gil, 1993). Age, physical size, level of cognitive and emotional development, and their social environment influence the sexual behaviors of young children (Sgroi, Bunk, & Wabrek, 1988). Other influences include living conditions, along with the attitudes of parents, peers, and society (Johnson, 1991).

Several characteristics are used to describe children's sexual behaviors that are non-problematic. Their behaviors are consenting, the relationship is based on equality, and coercion is not used (Ryan, 1990). The children are typically of similar sizes, close in age, friends, and are of opposite genders (Johnson, 1991). Moreover, their behavior is exploratory and occasional (Green, 1988) and occurs in distinct periods (Johnson, 1990). Finally, their behavior is thought to progress through a series of developmental sequences (Berliner & Rawlings, 1991). Non-problematic sexual behavior between children is often called sex play (Gil, 1993) or child play (Gray & Pithers, 1993). Normative and non-problematic sexual behaviors between children are not thought to cause any type of harm.



*Harm to the Child Victim, Child Perpetrator, and Society*

The majority of professionals believe that age-appropriate and normative sexual behavior between children of similar ages does not cause harm (Araji, 1997). A few professionals consider sexual abuse of children to be harmless based upon research with college populations, with results suggesting that childhood sexual abuse did not cause serious harm to either male or female college students (Rind, Tromovitch, & Bauserman, 1998). Other professionals questioned the results and conclusions of this study based on concerns about methodological flaws and lack of professional objectivity (Dallam, Gleaves, Cepeda-Benito, Silberg, Kraemer, Spiegel, 2001; Ondersma, Chaffin, Berliner, Cordon, Goodman, & Barnett, 2001). In response, Rind, Tromovitch, & Bauserman (2001) concurred that harm from childhood sexual abuse was most likely to occur in situations involving the use of coercion or force.

The majority of professionals consider coercive sexual behavior between children to be harmful (Berliner, Manaois, & Monastersky, 1986). This harm can occur on several levels. There may be harm to the child victim, the child perpetrator, and to society.

Generally, professionals agree that with very few exceptions sexual abuse negatively affects children. When children are sexually abused, the emotional and physical consequences are often severe and devastating (Johnson & Knight, 2000). Some of the effects include guilt, fear, depression, feeling damaged, low self-esteem, and poor social skills (Porter, Blick, & Sgroi, 1982).

Some children who are sexually abused develop an excessive interest in sex, resulting in them seeking out sexual contacts with other children (Gil, 1991). The sexual contacts may serve several functions. They may be a way for children to master the trauma of their own sexual abuse (Walker, Bonner, & Kaufman, 1988). Some children may use sexual contacts to establish social connections or get attention from others (Burton & Rasmussen, 1998). Other children display these behaviors as part of a larger pattern of antisocial activity (Berliner & Rawlings, 1991). Regardless of the reasons the behavior was initiated, it will end if it is not reinforced.

When children who have been sexually abused receive support from their families or other adults, the risk for them repeating the same behavior with others is decreased (Lambie, Seymour, Lee, & Adams, 2002). These children may not be in need of formal therapy (Friedrich, 1990). When parents and other adults provide opportunities for children to talk about the trauma related to their sexual abuse and the children hear a strong message that the disclosures are believed, the negative ramifications of childhood sexual abuse across the lifespan may be reduced (Craissati, McClurg, & Browne, 2002). When professional therapy is needed, children who have opportunities to resolve issues related to their sexual abuse are also at reduced risk for developing some of the long-term effects of sexual abuse, including depression and anxiety, post-traumatic stress, abuse-related negative cognitions, relationship problems, and sexual problems (Briere, 1992).

Parents are key people in determining whether or not early problematic sexual behaviors will be eliminated or strengthened. When children are sexually abused and grow up in families where sexual contacts between children are either subtly or actively encouraged, they are more likely to engage in this behavior (Gil, 1993). Across time, the children's behaviors may progress to acts of coercive sexual behavior (Araji, 1997; Johnson & Feldmeth, 1993).

It has been suggested that coercive sexual behavior is difficult to change due to the release of neurotransmitters accompanying the aggression resulting in a positive affective response from the aggression and is repeatedly paired with a pleasurable response resulting from the sexual behavior (Friedrich, 1990). The outcome of repeated pairings of aggression and sex are thought to be highly reinforcing, resistant to change, and extremely likely to reoccur (Araji, 1997). At this point, children may become child perpetrators.

Harm to child perpetrators takes several forms. Children who engage in coercive sexual behavior often report that they would like to stop but are unable to self-manage their sexual behavior. For many children, there is an impulsive, compulsive, and driven quality to their sexual acts (Araji, 1997). When children engage in coercive sexual behavior, they may be teased, isolated, and ostracized by peers (Burton & Rasmussen, 1998). This may result in anger, which repeats the cycle of aggression accompanied by sex, thereby perpetuating the coercive sexual behavior.

Harm to child perpetrators includes the potential negative impact the child perpetrator has on other family members. When parents hear that their child has sexually abused another child, they often express disbelief, do not consider the behavior to be serious, and think that the system is overreacting (Burton & Rasmussen, 1998). Many parents have difficulties managing their child's behavior, as well as dealing with their own feelings about what their child has done (Araji, 1997; Friedrich, 1990). In cases where child perpetrators sexually abuse siblings, parents are faced with difficult choices regarding support and intervention for both children.

When the criminal justice system is involved, child perpetrators and their parents must deal with a system that sometimes seems overwhelming. In all states, parents are required to take measures to care for their children's needs, as well as monitor their behavior. In many states, juvenile court jurisdictions have set a statutory minimum between the ages of six and twelve, as the age at which children assume criminal responsibility for their behavior (Bala & Schwartz, 1993). Increasingly, parents are held legally responsible for acts committed by their minor children, and they may be required to assume liability in cases where they have not taken measures to protect potential victims. Thus, the potential for assuming the financial burden of paying for the aftermath of coercive sexual abuse is another harm incurred indirectly by the child and directly by the parents.

If left uncorrected, children do not outgrow committing acts of coercive sexual behavior (Johnson, 1991; Pithers, Gray, Cunningham, & Lane, 1993). The result is that

this behavior continues into adolescence or even adulthood (Groth, Longo, & McFadin, 1982; Longo & McFadin, 1981). This has sometimes been referred to as the contagious nature of sexual abuse (Araji, 1997). Harm to society occurs as increasing numbers of children who are victims of childhood sexual abuse go on to become child, adolescent, and adult perpetrators of sexual abuse (Cantwell, 1995).

From a young age, society assumes the responsibility of providing an education for all children, including children who commit acts of coercive sexual behavior. Currently, educational resources are limited. School districts are given the responsibility of educating these children, while at the same time keeping other children safe (Gil & Johnson, 1993). The costs associated with monitoring and supervising children who engage in coercive sexual behavior often requires the use of personnel and financial resources schools cannot readily afford. The result is that limited resources are focused on a few children, thereby removing access to resources that could benefit all children.

Similarly, a second harm to society involves the allocation of mental health resources. Limited mental health resources are increasingly being used to treat both victims of sexual abuse and sex offenders. As more victims and sex offenders are identified, society must identify and train more professionals to provide services for these populations. Because working with victims of sexual abuse and sex offenders is an area that requires highly specialized training, professionals providing treatment to these populations may not have the necessary time or skills to serve the other mental health needs of society.

Finally, a third harm to society occurs when people who commit sex offenses become involved in the many aspects of the criminal justice system and government. The costs associated with arrest, conviction, and incarceration for sexual offenses are staggering. In all cases, society assumes this financial burden.

#### *Importance of Research on Coercive Sexual Behavior*

Defining and understanding sexual abuse between children is a complex issue, and the pathways by which children commit acts of coercive sexual behavior with other children are not well understood. Defining this behavior as a problem, followed by immediate assessment and treatment, is considered critical to the resolution of coercive sexual behavior in childhood (Knopp, 1985). It is important that both professionals and the general public (nonprofessionals) clearly recognize the seriousness of this behavior (Araji, 1997; Faller, 1990). Also, it is critical that the general public be educated about this issue, as children who commit acts of coercive sexual behavior are creating increasing numbers of child victims who may go on to become perpetrators (Cantwell, 1995).

Although there is some available information about how professionals view coercive sexual behavior in childhood, little is known about how the general public views it. Understanding how the general public views coercive sexual behavior provides a means to determine the types of education that are needed. The present study was proposed as a means to examine some of the views, beliefs, and possible misconceptions the general public has about acts of coercive sexual behavior between children. Because

so little is known about this subject and population, this study was conducted as exploratory research.

To date, it has not been experimentally demonstrated whether the general public makes distinctions about the seriousness of coercive sexual behavior between children under the age of thirteen based on the gender of the child perpetrator. Second, it has not been experimentally demonstrated whether the general public makes distinctions about the seriousness of coercive sexual behavior between children under the age of thirteen based on the gender of the child victim. Third, it has not been experimentally demonstrated whether the general public makes distinctions about the seriousness of coercive sexual behavior between children under the age of thirteen based on the relationship between the child perpetrator and the child victim.

*Hypotheses:*

This study was developed to determine whether the gender of a child perpetrator, the gender of a child victim, and the relationship between a child perpetrator and child victim have an influence on how adults view the seriousness of coercive sexual behavior in childhood. The following are the explicit hypotheses that were under investigation in this study. Null Hypothesis 1: The gender of a child perpetrator has no influence on how adults view the seriousness of coercive sexual behavior in childhood. Alternative Hypothesis 1: Adults will view coercive sexual behavior between children as more serious when the child perpetrator is male. Null Hypothesis 2: The gender of a child victim has no influence on how adults view the seriousness of coercive sexual behavior in

childhood. Alternative Hypothesis 2: Adults will view coercive sexual behavior between children as more serious when the child victim is female. Null Hypothesis 3: The relationship between a child perpetrator and a child victim has no influence on how adults view the seriousness of coercive sexual behavior in childhood. Alternative Hypothesis 3: Adults will view coercive sexual behavior between children as more serious when the children are siblings. Null Hypothesis 4: The relationship between the gender of a child perpetrator and the gender of a child victim has no influence on how adults view the seriousness of coercive sexual behavior in childhood. Alternative Hypothesis 4: Adults will view coercive sexual behavior between children as more serious when the child perpetrator is male and the child victim is female. Null Hypothesis 5: The relationship between the gender of a child perpetrator and the relationship between a child perpetrator and a child victim has no influence on how adults view the seriousness of coercive sexual behavior in childhood. Alternative Hypothesis 5: Adults will view coercive sexual behavior between children as more serious when the child perpetrator is male and the children are siblings. Null Hypothesis 6: The relationship between the gender of a child victim and the relationship between a child perpetrator and a child victim has no influence on how adults view the seriousness of coercive sexual behavior in childhood. Alternative Hypothesis 6: Adults will view coercive sexual behavior between children as more serious when the child victim is female and the children are siblings. Null Hypothesis 7: The relationship between the gender of a child perpetrator, the gender of a child victim, and the relationship between a child perpetrator and a child victim has no



influence on how adults view coercive sexual behavior in childhood. Alternative Hypothesis 7: Adults will view coercive sexual behavior between children as more serious when the child perpetrator is male, the child victim is female, and the children are siblings.

## Chapter 2 Method

### *Subjects*

This study was conducted using a 2 x 2 x 2 factorial design. The estimated sample size needed for  $\alpha = .05$ , power = .80, and effect size = medium, using the chart provided by Cohen (1992) is approximately 256 subjects. In order to obtain complete sets of data for each cell, a minimum of 40 subjects were recruited for each of the eight cells.

Subjects in the study were recruited from undergraduate classes at the University of Alaska. A total of 406 subjects participated in some aspect of the study. Fourteen subjects participated in initial pilot work for the study. Four subjects provided verbal feedback on the questionnaire. Eight subjects did a "test run" of the study to give feedback on any problems related to the procedure and to give additional feedback on the questionnaire. The questionnaire and informed consent were modified, based on received feedback. Two subjects did a final "test run" of the procedure to provide feedback on the revised questionnaire. In order to calculate test-retest reliability of the questionnaire used to assess severity, 27 subjects completed the questionnaire twice, with a one-week interval between administrations. An additional 365 subjects completed the questionnaire on one occasion. A total of 392 subjects provided initial data for the main analysis.

All subjects in the study were recruited from undergraduate classes at the University of Alaska. For their participation in the study, students in some courses

received bonus points, which were applied to their final course grade. A copy of the informed consents for subjects providing pilot data (2.A-1), for subjects in the main study (2.A-2), and for subjects providing test-retest reliability data (2.A-3) are included in Appendix 2.A-1, Appendix 2.A-2, and Appendix 2.A-3.

The Belmont Report (1979) and the Code of Federal Regulations (45 CFR 46) (1991) regarding research with human participants were reviewed prior to conducting the research. Subjects in the study were treated in accordance with Principle 9 of the American Psychological Association (1990) ethical principles regarding research with human participants.

As was previously stated, this study was conducted using a 2 x 2 x 2 factorial design. In order to determine the data that was suitable to retain for the study, data provided by subjects was used when there were no more than two missing dependent variable items. This was determined by a frequency distribution. For the main analyses, only the data from the 385 subjects who provided initial test data and who had no more than two missing dependent variable items were used. In order to calculate test-retest reliability, only the data from the 20 subjects who had no more than two missing dependent variable items were used.

The 385 subjects (129 male and 256 female) who participated in this study were recruited from fourteen undergraduate social science courses. The majority of subjects described their ethnicity as Caucasian (67.5%), with others describing themselves as being Black (8.6%), Alaska Native (7.5%), Hispanic (5.5%), Asian (3.4%),

American Indian (1.0%), or other (3.1%). Over half of the subjects were between the ages of 18 and 25 (69.4%), with others reporting their ages as 26-33 (14.8%), 34-41 (10.1%), 42-49 (4.9%), and 50+ (.8%). Similarly, over half of the subjects described themselves as single (64.4%), with others reporting that they were married (24.2%), divorced (6.0%), separated (1.8%), widowed (.5%), or other (2.3%). The majority of subjects did not have any children (70.6%), although some had 1-3 children (25.5%), 4-6 children (2.9%), 7-9 children (.8%), or 10+ (.3%). The majority of subjects had completed 13-14 years of education (50.9%), with others indicating 15-16 years of education (26.2%), 17 or more years (3.9%), 12 years (16.9%), and less than 12 years (1.8%) of total education completed.

### *Design*

In this 2 x 2 x 2 factorial design, three variables were under consideration. The first variable was gender of the child perpetrator (male or female). The second variable was gender of the child victim (male or female). The third variable was the relationship between the child perpetrator and the child victim (friend or sibling).

The experiment-wise alpha for the hypotheses under investigation in this study was set at .35. The experiment-wise alpha for the total study is high but was set this way in the interest of doing exploratory research. The total error in this study was increased to maximize power and to, additionally, increase the likelihood of finding existing relationships. The level of significance for the hypotheses under investigation in this study was set at .05.

### *Procedure*

#### *Pilot work vignette.*

A series of eight vignettes were developed that contained an incident of coercive sexual behavior between two elementary school-aged children. The incident of coercive sexual behavior used in the vignettes was developed from the definition developed by Berliner, Manaois, and Monastersky (1986). The vignettes contained elements of all four components of the definition provided by the authors. The four components used in this study were: 1) aggressive sexual behavior involving physical violence or a threat of physical violence; 2) aggressive sexual behavior that results in injury; 3) socially coercive sexual behavior involving the use of a threat; and 4) socially coercive sexual behavior in which the relationship between the two children is not equal, a bribe is used, or deception is used. The incident of coercive sexual behavior described in the vignettes took place in a home between two children.

The differences in the eight vignettes were due only to the three factors under consideration in the study. Each of the three factors had two levels. The eight possibilities for the vignettes were: 1) a male child perpetrator who engages in coercive sexual behavior with a child victim who is a male peer (friend); 2) a male child perpetrator who engages in coercive sexual behavior with a child victim who is a female peer (friend); 3) a male child perpetrator who engages in coercive sexual behavior with a child victim who is a male sibling (brother); 4) a male child perpetrator who engages in coercive sexual behavior with a child victim who is a female sibling (sister); 5) a female

child perpetrator who engages in coercive sexual behavior with a child victim who is a male peer (friend); 6) a female child perpetrator who engages in coercive sexual behavior with a child victim who is a female peer (friend); 7) a female child perpetrator who engages in coercive sexual behavior with a child victim who is a male sibling (brother); and 8) a female child perpetrator who engages in coercive sexual behavior with a child victim who is a female sibling (sister). A copy of the eight vignettes is included in Appendix 2.B-1.

To determine the face validity of the vignettes, professional therapists who worked with children who have a history of coercive sexual behavior and/or had knowledge about young sexually abusive and sexually abused populations were contacted. These people were 33 professional therapists, who comprised the Alaska Department of Corrections Preferred Provider's List for Sexual Offenders.

Each professional therapist on the list was assigned a two-digit number from a random number chart. The numbers were arranged from the smallest to the largest. Professional therapists with the 16 smallest numbers were randomly assigned to Vignette #3. Professional therapists with the 16 largest numbers were randomly assigned to Vignette #5. Prior to the random assignment, it was decided to randomly assign the middle number to Vignette #3 if it was an even number and Vignette #5, if it was an odd number. Vignette #3 was chosen for review because it is generally thought that adults will view this form of coercive sexual behavior between children as serious. Vignette #5 was chosen for review for comparison purposes.

In addition to receiving a letter requesting participation, one of two vignettes, and a stamped return envelope, professional therapists received a form containing seven questions. The first four questions determined whether the experimenter had separately met each of the four criteria for coercive sexual behavior. The fifth question assessed whether the professional therapists considered the behavior in the vignette serious, and the sixth question determined whether they believed the behavior was realistic. To respond to the first six questions, professional therapists checked a box “yes” indicating agreement or “no” indicating disagreement. The seventh question requested feedback on the vignette. A copy of the letter requesting participation (2.C-1), the two vignettes (2.C-2), and the form containing the seven questions (2.C-3) are included in Appendix 2.C-1, Appendix 2.C-2, and Appendix 2.C-3.

Eleven professional therapists (33%) responded to this part of the pilot work. All of the professional therapists (100%) responded that the four criteria for coercive sexual behavior were met, using the definition developed by Berliner, Manaois, and Monastersky (1986). Similarly, they all described the behavior as serious (100%). Eight out of 11 professional therapists (73%) described the vignette as strongly to mildly realistic, two described it as mildly unrealistic (18%), and one professional therapist did not provide a response. The two professionals, who described their vignette as mildly unrealistic had been given Vignette #5, and the primary question they raised was whether female child perpetrators would engage in this behavior. Because the vignettes had met

the four criteria for coercive sexual behavior, and the incident described in the vignette was considered serious and at least somewhat realistic, no modifications were made.

*Demographic information sheet.*

To obtain basic information about subjects participating in the study, a demographic information sheet was developed. It covered the following topics: 1) gender; 2) age; 3) race; 4) marital status; 5) number of children (biological, adopted, and/or stepchildren); and 6) number of years of education completed. A copy of the demographic information sheet is included in Appendix 2.D-1.

*Pilot work questionnaire.*

In order to determine how adults view coercive sexual behavior, a 25-item questionnaire was developed based upon the existing literature and data collected from an earlier class project. Items for the questionnaire were written on a six point Likert Scale. The six points on the Likert Scale were worded so subjects could indicate the degree to which they disagreed or agreed with each item. Twenty items were worded so that higher numbers indicated that subjects considered the behavior to be more serious. In an attempt to control for a response bias, five items were worded so that higher numbers indicated that subjects considered the behavior less serious. A copy of the original 25-item questionnaire is included in Appendix 2.E-1.

Eight items explored whether the child perpetrator was considered dangerous to children other than the child described in the vignette, depending upon the relationship



between the child perpetrator and the children. Six items explored whether the behavior described in the vignette was normative sexual behavior. Two items explored the degree of responsibility of the child perpetrator and the child victim and similarly two items assessed the degree to which subjects felt that the behavior described in the vignette was due to sexual attraction. One item assessed whether subjects felt that the behavior described in the vignette was sexual abuse, and two items explored the degree to which subjects felt that the children required a mental health assessment and counseling. Finally, two items assessed the degree to which subjects felt that the behavior described in the vignette was due to poor parenting, and two items explored whether the two children needed additional adult supervision in the future.

Four subjects completed the informed consent, demographic information sheet, read a copy of Vignette #3 or Vignette #5, and filled out the 25-item questionnaire. The length of time needed to complete this pilot work was less than 25 minutes, which was what was written on the informed consent. These subjects provided information on the meaning of the 25 items on the questionnaire. They reported no changes were needed.

Next, eight subjects did a “test run” of the study in order to work through any problems related to the procedure or to provide additional feedback on the 25-item questionnaire. These subjects completed the informed consent, demographic information sheet, read a copy of Vignette #3 or Vignette #5, and filled out the 25-item questionnaire, with the time needed to complete this pilot work again less than 25 minutes.

Feedback was given suggesting that additional questions were needed to determine the degree to which subjects felt that the two children were equally responsible for what happened, whether the behavior described in the vignette was caused by a history of sexual abuse, and whether the child victim was likely to imitate this behavior with other children.

Based on feedback obtained from this portion of the pilot work, a decision was made to add one item to the questionnaire exploring the degree to which subjects felt that the two children were equally responsible for the behavior described in the vignette. Two items were added exploring whether subjects felt that the behavior of the child perpetrator and child victim as described in the vignette was caused by a past history of sexual abuse. Two items were added to determine whether subjects felt that the child victim was likely to imitate the behavior described in the vignette with other male and female children. In the interests of keeping the total time for completing the study to about 20 minutes, a decision was made to delete the two items exploring the degree to which subjects felt that the child perpetrator was dangerous to male and female cousins.

Two format changes were made to the questionnaire. Items were worded as statements, rather than questions. Finally, items on the questionnaire were assigned numbers, rather than ordered with letters of the alphabet. The informed consent for study participants was revised so subjects knew that the questionnaire contained 28 items and the total time to complete the study was about 20 minutes.

The revised questionnaire consisted of a 28-item questionnaire. Twenty-three items were worded so that higher numbers indicated that subjects considered the behavior to be more serious. In an additional attempt to control for a response bias, five items were worded so that higher numbers indicated that subjects considered the behavior less serious. A copy of the revised 28-item questionnaire is included in Appendix 2.F-1.

Six items explored whether the child perpetrator was considered dangerous to children other than the child described in the vignette, depending upon the relationship between the child perpetrator and the children. Six items explored whether the behavior described in the vignette was normative sexual behavior. Three items explored the degree of responsibility of the child perpetrator and the child victim and similarly two items assessed the degree to which subjects felt that the behavior described in the vignette was due to sexual attraction. One item assessed whether subjects felt that the behavior described in the vignette was sexual abuse and two items assessed the degree to which subjects felt that the behavior of the child perpetrator and the child victim was caused by a past history of sexual abuse. Two items assessed the degree to which subjects felt that the child victim was likely to imitate the behavior as described in the vignette with male and female children. Two items explored the degree to which subjects felt that the child perpetrator and the child victim required mental health assessment and counseling. Finally, two items assessed the degree to which subjects felt that the behavior described in the vignette was due to poor parenting and two items explored whether the two children needed additional adult supervision in the future.

Two subjects did a final “test run” of the study. They completed the informed consent, demographic information sheet, read a copy of Vignette #3 or Vignette #5, and filled out the 28-item questionnaire. In this part of the pilot work for the study, subjects were randomly assigned to read Vignette #3 or #5. Feedback was given suggesting no additional changes were needed.

*Pilot work test-retest reliability.*

So test-retest reliability could be calculated, twenty-seven subjects completed the informed consent, demographic information sheet, read a vignette, and filled out the 28-item questionnaire twice, with a one-week interval between administrations. For this part of the pilot work, all eight vignettes were used and counterbalancing of vignettes was done so that subjects were randomly assigned to one of two levels of each of the three factors. All subjects assisting in the pilot work signed an informed consent prior to participating in the research and were provided with a blank copy of the informed consent to take with them.

*Materials*

Three types of materials were used in the main study. The first was the demographic information sheet. The second was the series of eight vignettes that contained an incident of coercive sexual behavior between two elementary school-aged children. The third type of material used in the study was the revised 28-item questionnaire.

### *Data Collection*

Prior to conducting the study, the experimenter contacted instructors at the University of Alaska to obtain permission to recruit subjects from classrooms. On the specified dates agreed upon with the instructor the experimenter entered the classrooms. The experimenter read information from a prepared script, which stated that the study is about childhood sexual behavior. The experimenter read the informed consent (2.A-2) and students who were willing to serve as subjects for the study signed it. A copy of the prepared script is included in Appendix 2.G-1.

After the informed consents were signed, they were collected. Next, subjects were randomly assigned to one of two levels of each of the three factors. Random assignment occurred when subjects were handed a packet of papers containing the demographic information sheet, one of eight possible vignettes, and the revised 28-item questionnaire. Random assignment was possible, as the experimenter did not know what level of each of the three factors subjects were assigned to. Although an attempt was made to distribute an equal number of vignettes to each level of each of the three factors, no identifying information was available to the experimenter.

Subjects began the study by completing the demographic information sheet. Next, subjects read the vignette in their packet. After the vignette was read, subjects filled out the 28-item questionnaire. Upon completion of the questionnaire, subjects turned in their papers to the experimenter. They signed their names to a clipboard if they

were part of a class that received bonus points for their participation. At this point, subjects completed the study. The total time to complete the study was about 20 minutes.

All subjects participating in the study were provided with a blank copy of the informed consent to take with them. After the data was collected, the experimenter returned to the classrooms and all subjects were debriefed. Also, they were able to contact the experimenter via telephone for further information.

#### *Data Analysis*

Data was analyzed using frequencies, correlation coefficients, factor analysis, and multivariate analysis of variance (MANOVA) on each of the four factors that were identified as dependent variables.

As was previously stated, in order for subjects to remain in the main study, their questionnaire could have no more than two missing items. This was determined by obtaining frequencies on variables, generated separately for the initial test sample and the retest sample. Only data obtained from the 385 subjects who provided initial test data and had no more than two missing dependent variable items were included in the main analysis. Only data obtained from the 20 subjects who provided initial test data, retest data, and had no more than two missing dependent variable items on each administration were used to calculate test-retest reliability of the measure.

For the factor analysis, a parallel analysis program was used to decide the number of factors to extract. Horn's method of parallel analysis was used, as it is considered an accurate means to identify factors in a matrix (Zwick & Velicer, 1986). Parallel analysis

retains factors containing eigen values that are larger than the averaged parallel eigen values obtained from random data matrices having an equal number of “subjects” and “variables” as the actual data set.

For each data set, 25 parallel random data matrices were generated. For each random data set, a principal components analysis was done and the magnitude of the 28 eigen values for each root was recorded. Next, the values for each root were averaged across the 25 random data sets.

A comparison of the parallel analysis output for the first 10 eigen values with the first 10 eigen values in the actual data set indicated that only the first four eigen values in the actual data set were larger than the parallel eigen values obtained from the random data matrices. Thus, it was determined that only four factors existed in the actual data set, and subsequently, only four factors were extracted.

The Kaiser criterion was also examined. When this criterion is used, only factors with eigen values greater than one are retained. When the Kaiser criterion was applied to the present study, it again indicated that only four factors (principle components) should be retained.

An oblique factor rotation produced results that were highly correlated with the variance maximizing (varimax) factor rotation at .96, .98, .99, and .997. Due to this high degree of correlation, only the varimax solution was used.

For the multivariate analysis of variance (MANOVA) a three-way

between-subjects design was conducted on each of the four factors. The criteria was set at an  $\alpha=.05$  level of significance.

A correlation coefficient was obtained to determine the test-retest reliability of each of the four factors derived from the questionnaire. The two files containing valid data from the first and second administrations of the questionnaire were joined, matching administrations by subject identification number. All cases that did not have retest results were dropped. Finally, test-retest correlations were run on the remaining data, provided by 20 subjects.

#### *Data Retention and Storage*

All raw data will be retained for five years. Copies of all informed consents, materials used in the study, and the output from the data analysis will be kept for the same time period. Informed consents, raw data, materials, and the output from the data analysis will be kept in a locked file cabinet.



### Chapter 3 Results

This study employed a 2 x 2 x 2 factorial design with gender of the child perpetrator (male or female) as the first variable, gender of the child victim (male or female) as the second variable, and the relationship between the child perpetrator and the child victim (friend or sibling) as the third variable.

Results from this study will be presented in the following order: 1) results obtained from the correlation coefficients used to calculate the test-retest reliability of each of the four factors derived from the questionnaire; 2) results obtained from the factor analysis; and 3) results obtained from the multivariate analysis of variance (MANOVA) conducted on each of the four factors.

#### *Correlation Coefficients*

As was previously stated, four factors were identified and retained. They were named: 1) Factor 1, Dangerousness of Behavior; 2) Factor 2, Not Normative Sexual Behavior; 3) Factor 3, Victim is Responsible; and 4) Factor 4, Sexual Attraction. Pearson Correlation Coefficients were calculated to determine the stability of each of the four factors under consideration.

The Pearson Correlation Coefficient for Factor 1, Dangerousness of Behavior, was .814, suggesting a strong correlation and adequate test-retest reliability of the factor. The Pearson Correlation Coefficient for Factor 2, Not Normative Sexual Behavior, was .888, suggesting a strong correlation and adequate test-retest reliability of the factor.

The Pearson Correlation Coefficient for Factor 3, Victim is Responsible, was .720 suggesting an adequate correlation and test-retest reliability of the factor. The Pearson Correlation Coefficient for Factor 4, Sexual Attraction, was .480. This is an extremely modest correlation, suggesting instability of this factor. The results of this factor should be interpreted with caution.

#### *Factor Analysis*

Factor analysis results in the identification of a small number of underlying factors derived from the larger set of variables on the 28-item questionnaire. For variables to be identified as defining part of each factor, a minimum cut-off of .45 was used on factor loadings.

The four-factor solution accounted for 53.8% of the variance in the data. These four factors were composed of 17 out of 28 questionnaire items, which had component loadings with a minimum cut-off of .45. A tabular presentation of the four-factor solution from the factor analysis for variables with loadings of  $> .45$  on just one factor is presented in Table 3.1. For ease in reading, only items loading on and defining discrete factors are included in this table. For comparison purposes, a tabular presentation of the four-factor solution from the factor analysis containing all 28 variables is presented in Table 3.2.

#### *Factor 1. dangerousness of behavior.*

Factor 1, Dangerousness of Behavior, assesses whether the coercive sexual behavior is considered dangerous and likely to be repeated. It accounted for 32.9% of the

Table 3.1

*The Four-Factor Solution from the Factor Analysis for Variables with Loadings >.45 on Just One Factor*

Component & Variable Label	Component Loading				h2
	1	2	3	4	
<b>1. Dangerousness of Behavior</b>					
Perpetrator/Danger/Brothers	.77	.24	.00	.10	.64
Victim/Imitate/Female Children	.71	-.11	.31	-.02	.61
Perpetrator/Danger/Sisters	.70	.35	.03	.03	.59
Perpetrator/Danger/Male Friends	.68	.31	.05	.16	.57
Perpetrator/Danger/Male Strangers	.66	.30	.04	.16	.56
Victim/Imitate/Male Children	.65	-.08	.30	-.14	.54
<b>2. Not Normative Sexual Behavior</b>					
Behavior/ Not Acceptable	.17	.79	.02	-.02	.67
Behavior/Not Normal/Sex Play	.15	.78	-.04	.07	.65
Behavior/Sexual Abuse	.35	.70	.07	-.05	.61
Perpetrator/Not Outgrow	.25	.67	.02	.07	.52
Behavior/Serious	.22	.56	.04	-.10	.38
Victim/Not Outgrow	.12	.47	.22	.14	.29
<b>3. Victim is Responsible</b>					
Victim/Poor Parenting	.19	.23	.70	.05	.60
Behavior/Not Equally Responsible	.21	.20	-.66	-.07	.53
Victim/Responsible	.00	-.04	.64	.13	.44
<b>4. Sexual Attraction</b>					
Perpetrator/Sexual Attraction	.17	.05	.04	.80	.70
Victim/Sexual Attraction	.04	-.15	.28	.79	.74
Eigen value	9.21	2.49	1.64	1.42	
Pct. variance explained by component	32.90	8.90	5.90	5.10	
<i>M</i>	.00	-.01	.01	-.01	
<i>SD</i>	1.00	1.00	1.00	1.00	
<i>N</i> =385					
Scale: 1=Strongly Disagree: 5=Strongly Agree					
h2=final communality estimates					

Table 3.2

*The Four-Factor Solution from the Factor Analysis for All 28 Variables*

Variable Label	Component Loading				h2
	1	2	3	4	
Perpetrator/Danger/Brothers	.77	.24	.00	.10	.64
Victim/Imitate/Female Children	.71	-.11	.31	-.02	.61
Perpetrator/Danger/Sisters	.70	.35	.03	.03	.59
Perpetrator/Danger/Male Friends	.68	.31	.05	.16	.57
Perpetrator/Danger/Male Strangers	.66	.30	.04	.16	.56
Victim/Imitate/Male Children	.65	-.08	.30	-.14	.54
Perpetrator/Assess/Counseling	.60	.56	-.02	-.03	.67
Perpetrator/Danger/Female Strangers	.59	.39	.10	.08	.53
Perpetrator/Danger/Female Friends	.58	.47	.09	.10	.57
Perpetrator/Cause/Sexual Abuse	.57	.44	.02	-.08	.53
Victim/Assess/Counseling	.54	.47	.15	-.10	.54
Perpetrator/Responsible/Start	.32	.23	-.19	.02	.20
Behavior/Not Acceptable	.17	.79	.02	-.02	.67
Behavior/Not Normal Sex Play	.15	.78	-.04	.07	.65
Behavior/Sexual Abuse	.35	.70	.07	-.05	.61
Perpetrator/Not Outgrow	.25	.67	.02	.07	.52
Behavior/Serious	.22	.66	.04	-.10	.38
Perpetrator/More Supervision	.47	.51	.15	-.09	.53
Victim/Not Outgrow	.12	.47	.22	.14	.29
Victim/Poor Parenting	.19	.23	.70	.05	.60
Behavior/Not Equally Responsible	.21	.20	-.66	-.07	.53
Victim/Responsible	.00	-.04	.64	.13	.44
Victim/Cause/Sexual Abuse	.36	.20	.51	-.01	.42
Victim/More Supervision	.32	.23	.47	-.04	.36
Perpetrator/Cause/Poor Parenting	.38	.38	.42	.00	.47
Behavior/Widespread	.17	-.34	.15	-.36	.30
Perpetrator/Sexual Attraction	.17	.05	.04	.80	.70
Victim/Sexual Attraction	.04	-.15	.28	.79	.74

N=385

Scale: 1=Strongly Disagree: 6=Strongly Agree

h2=final communality estimates

variance in the data. Factor 1 is composed of six variables, with strong component loadings ranging from .77 to .65.

These variables assess whether subjects felt that: 1) the child perpetrator is a danger to male siblings (brothers); 2) the child victim is likely to imitate coercive sexual behavior with female children; 3) the child perpetrator is a danger to female siblings (sisters); 4) the child perpetrator is a danger to male peers (friends); 5) the child perpetrator is a danger to male strangers; and 6) the child victim is likely to imitate coercive sexual behavior with male children.

*Factor 2, not normative sexual behavior.*

Factor 2, Not Normative Sexual Behavior, assesses whether the coercive sexual behavior is considered deviant and aberrant. It accounted for 8.9% of the variance in the data. Factor 2 is composed of six variables, with strong component loadings ranging from .79 to .67 for the first four variables and moderate component loadings of .56 and .47 from the fifth and sixth variables.

These variables assess whether subjects felt that: 1) the coercive sexual behavior is not acceptable; 2) the coercive sexual behavior is not normal sex play; 3) the coercive sexual behavior is a form of sexual abuse; 4) the child perpetrator is unlikely to outgrow committing acts of coercive sexual behavior; 5) the coercive sexual behavior is serious; and 6) the child victim is unlikely to outgrow being victimized by acts of coercive sexual behavior.

*Factor 3, victim is responsible.*

Factor 3, Victim is Responsible, assesses victim responsibility for the coercive sexual behavior. It accounted for 5.9% of the variance in the data. Factor 3 is composed of three variables with strong component loadings ranging from .70 to .64.

These variables assess whether subjects felt that: 1) the child victim's behavior during the coercive sexual behavior is caused by poor parenting; 2) the child perpetrator and the child victim are not equally responsible for the coercive sexual behavior (original negative loading, variable rewritten); and 3) the child victim is responsible for the coercive sexual behavior, because the child victim should have stopped it.

*Factor 4, sexual attraction.*

Factor 4, Sexual Attraction, assesses whether the coercive sexual behavior is caused by sexual attraction. It accounted for 5.1% of the variance in the data. Factor 4 is composed of two variables, with strong component loadings of .74 and .70.

These variables assess whether subjects felt that: 1) the coercive sexual behavior happened because the child victim is sexually attracted to the child perpetrator; and 2) the coercive sexual behavior happened because the child perpetrator is sexually attracted to the child victim.

*Factorially complex variables.*

Table 3.2 shows that eleven variables in the study were factorially complex. These variables loaded on more than one factor and/or did not specifically define any one factor.

Six items loaded on Factor 1, *Dangerousness of Behavior*, and Factor 2, *Not Normative Sexual Behavior*. These variables assess whether subjects felt that: 1) the child perpetrator needs a mental health assessment and counseling; 2) the child perpetrator is a danger to female siblings (sisters); 3) the child perpetrator is a danger to female peers (friends); 4) the child perpetrator's coercive sexual behavior is caused by a history of sexual abuse; 5) the child victim needs a mental health assessment and counseling; and 6) the child perpetrator needs more adult supervision in the future.

Two items loaded on Factor 1, *Dangerousness of Behavior*, and Factor 3, *Victim is Responsible*. These variables assess whether subjects felt that: 1) the child victim's behavior is caused by a history of sexual abuse, and 2) the child victim needs more adult supervision in the future.

One item loaded on Factor 2, *Not Normative Sexual Behavior*, and Factor 4, *Sexual Attraction*. This variable assesses whether subjects felt that: 1) the coercive sexual behavior is widespread.

One item loaded on Factor 1, *Dangerousness of Behavior*, Factor 2, *Not Normative Sexual Behavior*, and Factor 3, *Victim is Responsible*. This variable assesses whether subjects felt that: 1) the child perpetrator's coercive sexual behavior is caused by poor parenting.

One variable loaded on Factor 1, *Dangerousness of Behavior*, but did not meet the minimum cut-off of .45 for defining the factor. This variable assesses whether: 1) the

child perpetrator is responsible for the coercive sexual behavior because the child perpetrator started it.

#### *Multivariate Analysis of Variance*

A multivariate analysis of variance (MANOVA) was conducted to determine if there was any relationship between the three independent variables and each of the four factors (dependent variables) under consideration. A tabular presentation of the multivariate analysis for each of the four dependent variable factors is presented in Table 3.3.

##### *Factor 1, dangerousness of behavior.*

The results of the three-way analysis of variance on Factor 1, Dangerousness of Behavior, produced no significant interaction between the gender of the child perpetrator, the gender of the child victim, and the relationship between the child perpetrator and the child victim ( $F=.093$ ,  $df=1/377$ ,  $p=.761$ ).

The results of the two-way analysis of variance showed a significant interaction between the gender of the child victim and the relationship between the child perpetrator and the child victim ( $F=5.910$ ,  $df=1/377$ ,  $p=.016$ ) on Factor 1, Dangerousness of Behavior. For male child victims, the relationship between the two had little effect, with the coercive sexual behavior considered equally dangerous when perpetrated by a friend ( $M=.113$ ) or by a sibling ( $M=.013$ ). For female child victims, the relationship between the two had a significant effect, with the coercive sexual behavior considered much more dangerous when perpetrated by a sibling ( $M=.138$ ), rather than a friend ( $M=-.254$ ). The



Table 3.3

*The Multivariate Analysis for Each of the Four Dependent Variable Factors*

Source of Factor Variation	SS	df	MS	F	p
<b>PERPETRATOR GENDER (PERGEN)</b>					
1. Dangerousness of Behavior	.427	1	.427	.434	.510
2. Not Normative Sexual Behavior	11.646	1	11.646	12.401	.000
3. Victim is Responsible	.923	1	.923	.914	.340
4. Sexual Attraction	.998	1	.998	1.016	.314
<b>VICTIM GENDER (VICGEN)</b>					
1. Dangerousness of Behavior	1.402	1	1.402	1.424	.233
2. Not Normative Sexual Behavior	6.483	1	6.483	6.903	.009
3. Victim is Responsible	2.950	1	2.950	2.922	.088
4. Sexual Attraction	4.182	1	4.182	4.256	.040
<b>RELATIONSHIP (RELAT)</b>					
1. Dangerousness of Behavior	2.082	1	2.082	2.115	.147
2. Not Normative Sexual Behavior	2.316	1	2.316	2.466	.117
3. Victim is Responsible	1.942	1	1.942	1.924	.166
4. Sexual Attraction	3.437	1	3.437	3.498	.062
<b>PERGEN X VICGEN</b>					
1. Dangerousness of Behavior	.08351	1	.08351	.085	.771
2. Not Normative Sexual Behavior	4.554	1	4.554	4.850	.028
3. Victim is Responsible	.439	1	.439	.435	.510
4. Sexual Attraction	.462	1	.462	.470	.493
<b>PERGEN X RELAT</b>					
1. Dangerousness of Behavior	.717	1	.717	.729	.394
2. Not Normative Sexual Behavior	3.100	1	3.100	3.301	.070
3. Victim is Responsible	.714	1	.714	.707	.401
4. Sexual Attraction	.02480	1	.02480	.025	.874
<b>VICGEN X RELAT</b>					
1. Dangerousness of Behavior	5.816	1	5.816	5.910	.016
2. Not Normative Sexual Behavior	2.809	1	2.809	2.225	.137
3. Victim is Responsible	.307	1	.307	.304	.582
4. Sexual Attraction	1.609	1	1.609	1.637	.201
<b>PERGEN X VICGEN X RELAT</b>					
1. Dangerousness of Behavior	.09122	1	.09122	.093	.761
2. Not Normative Sexual Behavior	2.260	1	2.260	2.407	.122
3. Victim is Responsible	.118	1	.118	.117	.733
4. Sexual Attraction	2.207	1	2.207	2.246	.135

interaction between the gender of the child victim and the relationship between the child perpetrator and the child victim, expressed as group means on Factor 1, Dangerousness of Behavior is shown in Figure 3.1.

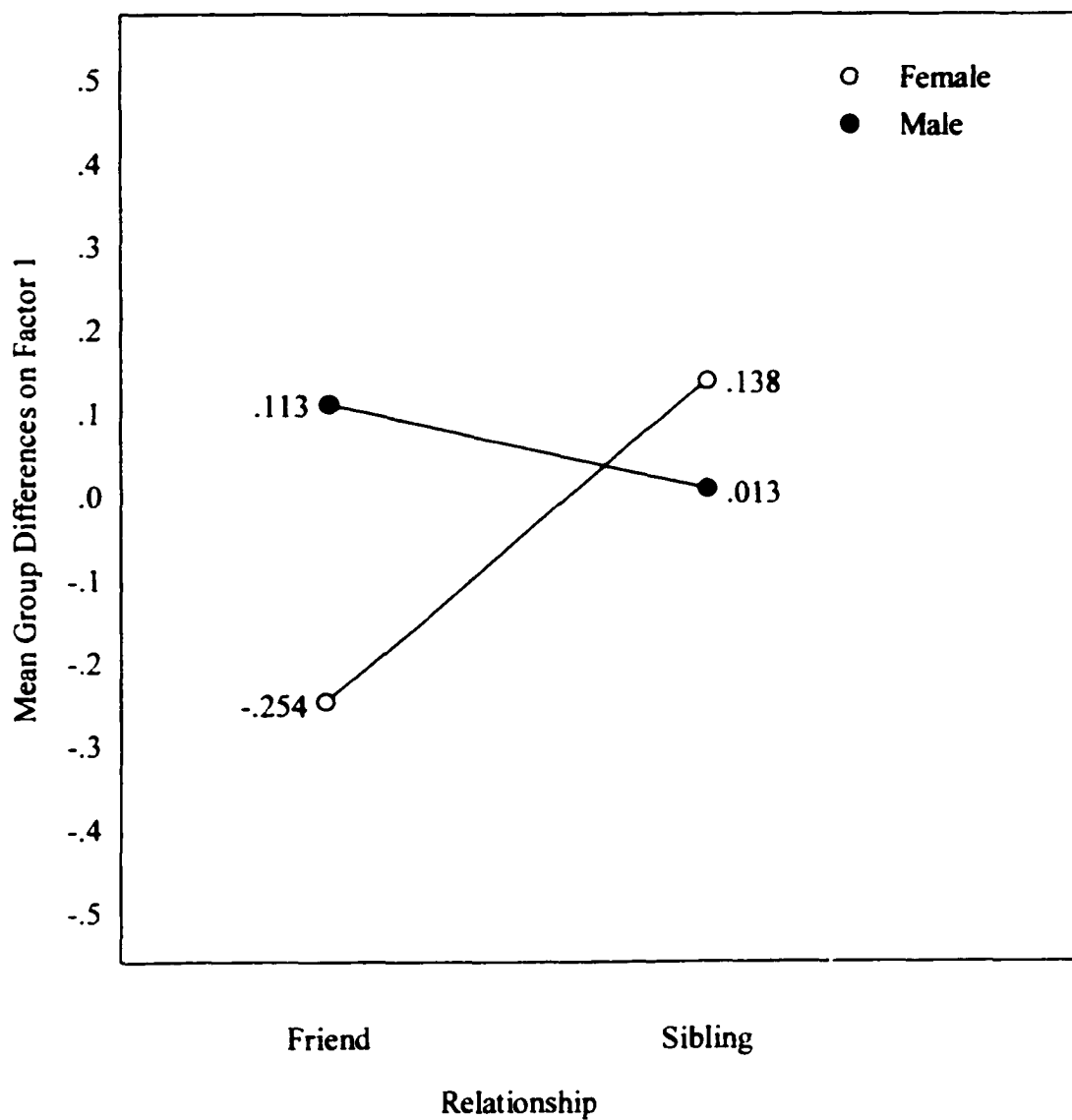
The results of the two-way analysis of variance showed no significant interaction between the gender of the child perpetrator and the relationship between the child perpetrator and the child victim ( $F=.729$ ,  $df=1/377$ ,  $p=.394$ ) on Factor 1, Dangerousness of Behavior. Similarly, there was no significant two-way interaction between the gender of the child perpetrator and the gender of the child victim ( $F=.085$ ,  $df=1/377$ ,  $p=.771$ ) on this same factor.

There were no main effects for the gender of the child perpetrator ( $F=.434$ ,  $df=1/377$ ,  $p=.510$ ), the gender of the child victim ( $F=1.424$ ,  $df=1/377$ ,  $p=.233$ ), or the relationship between the child perpetrator and the child victim ( $F=2.115$ ,  $df=1/377$ ,  $p=.147$ ) on Factor 1, Dangerousness of Behavior.

*Factor 2, not normative sexual behavior.*

The results of the three-way analysis of variance on Factor 2, Not Normative Sexual Behavior, revealed no significant interaction between the gender of the child perpetrator, the gender of the child victim, and the relationship between the child perpetrator and the child victim ( $F=2.407$ ,  $df=1/377$ ,  $p=.122$ ).

The results of the two-way analysis of variance showed a significant interaction between the gender of the child perpetrator and the gender of the child victim ( $F=4.85$ ,  $df=1/377$ ,  $p=.028$ ) on Factor 2, Not Normative Sexual Behavior. For male child

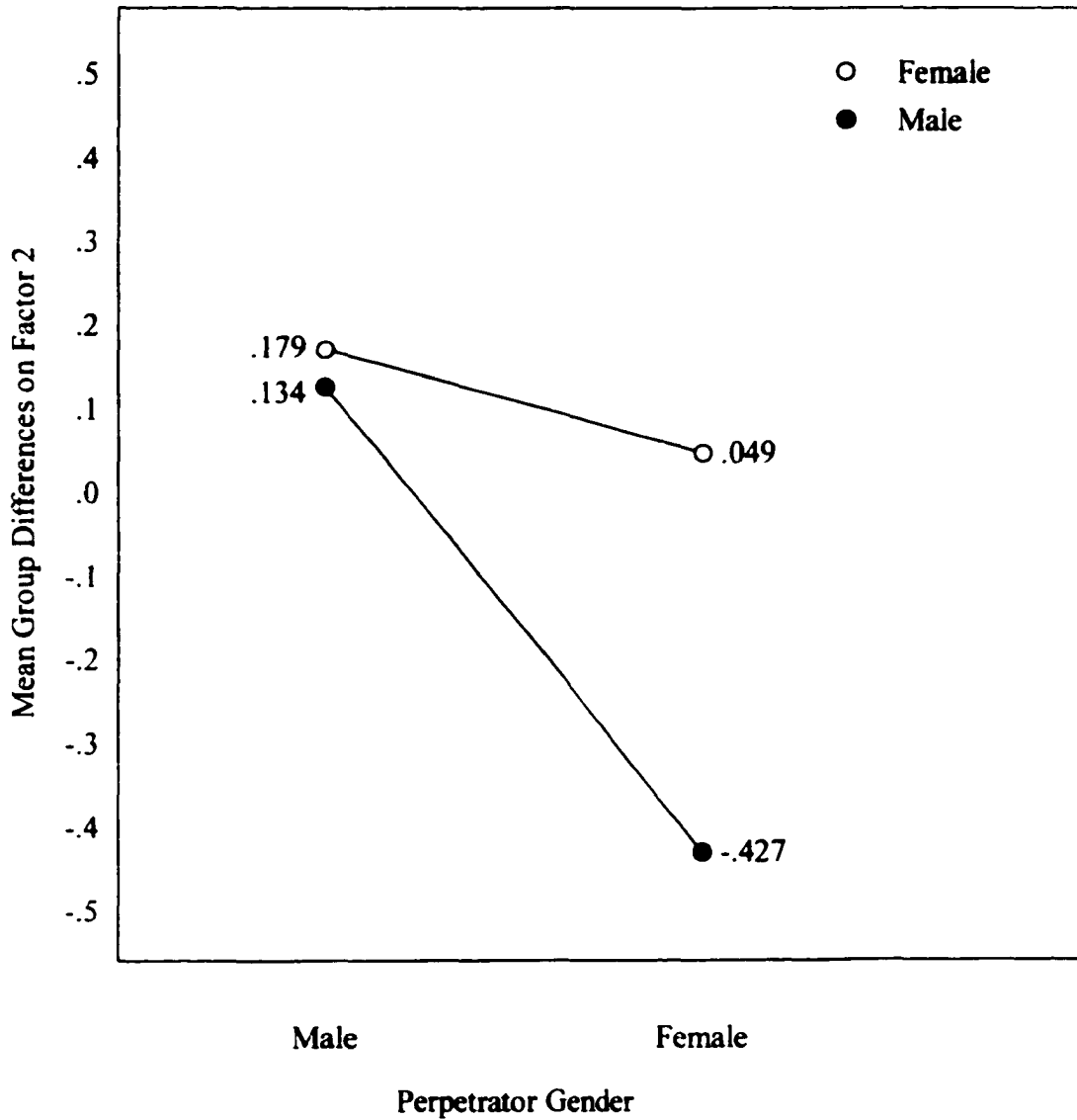


*Figure 3.1* Factor 1, Dangerousness of Behavior. The interaction between gender of the child victim and the relationship between the child perpetrator and the child victim, expressed as group means on Factor 1, Dangerousness of Behavior.

perpetrators, the gender of the child victim had little effect, with the coercive sexual behavior considered equally non-normative whether the child victim was male ( $M=.134$ ) or female ( $M=.179$ ). For female child perpetrators, the gender of the child victim had a significant effect, with the coercive sexual behavior considered more normative when the child victim was male ( $M=-.427$ ), rather than female ( $M=.049$ ). The interaction between the gender of the child perpetrator and the gender of the child victim, expressed as group means on Factor 2, Not Normative Sexual Behavior is shown in Figure 3.2.

The results of the two-way analysis of variance showed no significant interaction between the gender of the child perpetrator and the relationship between the child perpetrator and the child victim ( $F=3.301$ ,  $df=1/377$ ,  $p=.070$ ) on Factor 2, Not Normative Sexual Behavior. Similarly, there was no significant two-way interaction between the gender of the child victim and the relationship between the child perpetrator and the child victim ( $F=2.225$ ,  $df=1/377$ ,  $p=.137$ ).

There was a significant main effect for the gender of the child perpetrator ( $F=12.401$ ,  $df=1/377$ ,  $p=.000$ ), and a significant main effect for the gender of the child victim ( $F=6.903$ ,  $df=1/377$ ,  $p=.009$ ) on Factor 2, Not Normative Sexual Behavior. It was not possible to interpret these results, due to the significance of the two-way interaction. There was no significant main effect for the relationship between the child perpetrator and the child victim ( $F=2.466$ ,  $df=1/377$ ,  $p=.117$ ).



*Figure 3.2* Factor 2, Not Normative Sexual Behavior. The interaction between gender of the child perpetrator and the gender of the child victim, expressed as group means on Factor 2, Not Normative Sexual Behavior.

*Factor 3, victim is responsible.*

The results of the three-way analysis of variance on Factor 3, Victim is Responsible, produced no significant interaction between the gender of the child perpetrator, the gender of the child victim, and the relationship between the child perpetrator and the child victim ( $F=.117$ ,  $df=1/377$ ,  $p=.733$ ).

The results of the two-way analysis of variance showed no significant interaction between the gender of the child perpetrator and the gender of the child victim ( $F=.435$ ,  $df=1/377$ ,  $p=.510$ ) on Factor 3, Victim is Responsible. There was no significant two-way interaction between the gender of the child perpetrator and the relationship between the child perpetrator and the child victim ( $F=.707$ ,  $df=1/377$ ,  $p=.401$ ). Finally, there was no significant two-way interaction between the gender of the child victim and the relationship between the child perpetrator and the child victim ( $F=.304$ ,  $df=1/377$ ,  $p=.582$ ) on this same factor.

There was no significant main effect for the gender of the child perpetrator ( $F=.914$ ,  $df=1/377$ ,  $p=.340$ ), the gender of the child victim ( $F=2.922$ ,  $df=1/377$ ,  $p=.088$ ), and the relationship between the child perpetrator and the child victim ( $F=1.924$ ,  $df=1/377$ ,  $p=.166$ ) on Factor 3, Victim is Responsible.

*Factor 4, sexual attraction.*

The results of the three-way analysis of variance on Factor 4, Sexual Attraction, revealed no significant interaction between the gender of the child perpetrator, the gender

of the child victim, and the relationship between the child perpetrator and the child victim ( $F=2.246$ ,  $df=1/377$ ,  $p=.135$ ).

The results of the two-way analysis of variance showed no significant interaction between the gender of the child perpetrator and the gender of the child victim ( $F=.470$ ,  $df=1/377$ ,  $p=.493$ ) on Factor 4, Sexual Attraction. There was no significant two-way interaction between the gender of the child perpetrator and the relationship between the child perpetrator and the child victim ( $F=.025$ ,  $df=1/377$ ,  $p=.874$ ). Finally, there was no significant two-way interaction between the gender of the child victim and the relationship between the child perpetrator and the child victim ( $F=1.637$ ,  $df=1/377$ ,  $p=.201$ ) on this same factor.

There was a significant main effect for the gender of the child victim on Factor 4, Sexual Attraction ( $F=4.256$ ,  $df=1/377$ ,  $p=.040$ ). The coercive sexual behavior was considered more likely to be due to sexual attraction, when the gender of the child victim was male ( $M=.09$ ), rather than female ( $M=-.116$ ). The effect was not interpreted due to the instability of this factor. There were no main effects for the gender of the child perpetrator ( $M=1.016$ ,  $df=1/377$ ,  $p=.314$ ) or the relationship between the child perpetrator and the child victim ( $F=3.498$ ,  $df=1/377$ ,  $p=.062$ ) on this same factor.

## Chapter 4 Discussion

### *Child Perpetrator, Child Victim, and Relationship*

This study examined whether the gender of a child perpetrator, the gender of a child victim, and the relationship between a child perpetrator and a child victim influence how adults view coercive sexual behavior in childhood. Results from this study show that there was no three-way interaction between the gender of the child perpetrator, the gender of the child victim, and the relationship between the child perpetrator and the child victim on any of the three stable factors, which are: Factor 1, Dangerousness of Behavior; Factor 2, Not Normative Sexual Behavior; and Factor 3, Victim is Responsible. The hypothesis that adults will view coercive sexual behavior between children as more serious when the child perpetrator is male, the child victim is female, and the children are siblings was not supported by the present findings. Given the existing literature, this finding was somewhat surprising.

Three alternative explanations may account for the discrepancy between the published literature and the present findings. First, it may be that the materials chosen for this study were insufficient to investigate the phenomenon under consideration. It is possible that the vignettes failed to fully capture the circumstances surrounding coercive sexual behavior between children under the age of thirteen. There may have been some aspect of the circumstances or the construct that were missing, and these missing aspects may have contributed to the present findings.



Furthermore, the majority of the established literature has been based on clinical impressions. Historically, professionals have written their opinions about this topic using their years of experience with child victim populations as their index of expertise. It is possible that the professional literature would be different if professionals had more knowledge and training about children who commit acts of coercive sexual behavior.

Finally, professionals, by virtue of their training and experience may hold opinions that are vastly different than members of society. The present study reflects how some members of the general public (nonprofessionals) view acts of coercive sexual behavior between children. The discrepancy between the published professional literature and the present findings suggests that professional views may be at odds with general societal views. This is a concern as members of society generally regard professionals as experts in a particular area. If members of the general public hold different views than professionals they may be reluctant to bring their children or refer other children to professionals for treatment. In this regard, some of the uncertainty and ambivalence described in the literature (e.g., Gil, 1987; Simari & Baskin, 1982) is not surprising.

#### *Child Victim and Relationship*

Although a three-way interaction was not found for any of the three stable factors, there was a two-way interaction between the gender of the child victim and the relationship between the child perpetrator and child victim on Factor 1, Dangerousness of

Behavior. In this case, when the gender of the child perpetrator was removed, the coercive sexual behavior was considered more dangerous when a female sibling (sister) was victimized. The hypothesis that adults will view coercive sexual behavior between children as more serious when the child victim is female and the children are siblings was partially supported. Since Factor 1, Dangerousness of Behavior, is composed of variables related to dangerousness and risk to others, study participants may have been concerned that the child perpetrator would engage in coercive sexual behavior with other children.

The idea that child perpetrators of both genders are likely to have multiple victims is well documented in the professional literature (e.g., Araji, 1997; Johnson, 1989). Study participants may have been concerned that the coercive sexual behavior would be repeated with other children as most children regularly have access to their peers. Often, elementary school-aged siblings are unsupervised in their home and yard. They may eat, sleep, and play in close proximity, thereby increasing the likelihood for coercive sexual behavior to occur. Also, it is common for children to invite peers (friends) to their homes to play, often under minimal supervision. In this light, it is not surprising that some members of the general public (study participants) would view child perpetrators who have victimized a female sibling (sister) as dangerous and a risk to other children.

Professionals generally consider sibling incest to be serious and the most prevalent form of coercive sexual behavior directed against female children (Johnson, 1988; 1989). There have been numerous movies, television shows, and books that have

portrayed the damaging effects of sibling incest on female victims. This is information that most members of the general public have, and study participants have probably been exposed to it. Given this information, it is not surprising that they considered other children to be in danger and at risk, given that a female sibling (sister) had been victimized. It is encouraging that credence was given to the dangerousness and seriousness of coercive sexual behavior.

It is somewhat perplexing that similar results were not obtained for female children who had been victimized by a peer (friend) on Factor 1, Dangerousness of Behavior. In this case, regardless of the gender of the child perpetrator, the coercive sexual behavior was considered less dangerous, when a female peer (friend) was victimized. As this factor is composed of variables related to dangerousness and risk to others, study participants were less concerned that the child perpetrator would engage in coercive sexual behavior with other children.

It may be that study participants considered coercive sexual behavior to be more dangerous and serious, when a female sibling (sister) was involved due to access to potential victims. In this case, when a child perpetrator engaged in coercive sexual behavior with a female friend, the behavior could have been considered to be less dangerous and serious, due to perceptions that there is less access to friends, along with less frequency of contact.

An alternative explanation is that some members of the general public (study participants) may not have a clear understanding of what behaviors constitute

non-problematic, age-appropriate sex play. Also, since the two children had been labeled as friends, general societal taboos against sibling incest would not be in operation. It is possible that some study participants did not consider the coercive sexual behavior to be dangerous or serious due to their lack of knowledge along with their belief that no sexual taboos had been violated.

It is encouraging that, for male child victims, the coercive sexual behavior was considered equally dangerous when perpetrated by a sibling or a friend. In this case, when the gender of the child perpetrator was removed, the coercive sexual behavior was considered equally dangerous when a male sibling (brother) or a male peer (friend) was victimized. Since this factor is composed of variables related to dangerousness and risk to others, study participants were equally concerned that the child perpetrator would engage in coercive sexual behavior with other children.

These findings suggest that study participants may have considered the sexual victimization of males to be a predictor of dangerousness and risk to other children. There is a general societal belief that, in comparison to female children, male children are stronger and should be in a better position to defend themselves against attempts at coercive sexual behavior. It may be that some members of the general public (study participants) felt that, since the male child victim was not in a position to object, fight, or tell someone, other children would not be able to do so either. In this case, the perception of dangerousness and risk to others would apply to all children, regardless of any relationship.

*Child Perpetrator and Child Victim*

Additional support for the idea of a gender difference may be found in the two-way interaction between the gender of the child perpetrator and the gender of the child victim on Factor 2, Not Normative Sexual Behavior. On this factor, when the relationship between the two children was removed, the coercive sexual behavior was considered more normative when a female child perpetrator engaged in coercive sexual behavior with a male child victim. The hypothesis that adults will view coercive sexual behavior between children as more serious when the child perpetrator is male and the child victim is female was partially supported. Since this factor is composed of variables related to whether the behavior is considered normative and age-appropriate sex play, subjects may have had difficulties believing what happened was coercive sexual behavior when it involved a female child perpetrator and a male child victim.

The present findings support the research suggesting that members of the general public have difficulties defining the behavior of female child perpetrators as sexual abuse when male children are victimized (e.g., Ryan, 1991). This is a great concern. If it is a general societal belief that, in comparison to females, males are stronger and should be able to defend themselves, it may be that study participants thought that male child victims who do not engage in some form of self-defense must somehow encourage or elicit coercive sexual behavior. In other words, some study participants may hold views that male child victims must at least partially consent to coercive sexual behavior or they would have taken measures to stop it.

It is not surprising that study participants held views that when female child perpetrators engage in coercive sexual behavior directed against female child victims the coercive sexual behavior was not considered normative or age-appropriate sex play. In this situation, general societal beliefs against same sex sexual behaviors would suggest that some members of the general public (study participants) would be less tolerant of this behavior when it involves two children of the same gender. It may be that the idea of same gender victimizations differentially influenced responding and thus study participants may have been more willing to define what happened as coercive sexual behavior.

Study participants did not view acts of coercive sexual behavior committed by male child perpetrators to be normative and age-appropriate sex play. This was true regardless of whether the child victim was male or female. Similar to the media portrayal of the damaging effects of sibling incest on female victims, there have been many movies, television shows, and books that have examined the effects of coercive sexual behavior committed by male perpetrators. Although much of the media exposure has focused on male adult and male juvenile sex offenders, it is possible that some members of the general public (study participants) are able to generalize this information to include male child perpetrators.

### *Victim Responsibility*

Although there were gender differences in this study, there were no two-way interactions or main effects on Factor 3, Victim is Responsible. This factor is composed

of variables related to responsibility for the coercive sexual behavior, along with poor parenting as the explanatory reason for the child victim's behavior. It may be that study participants had difficulties assigning sole responsibility to the child perpetrator, yet did not consider the behavior to be caused by the child victim. This finding may reflect the general reluctance of both professionals and members of the general public to assign sole responsibility for coercive sexual behavior when the origin of the behavior is not clearly understood or the children are very young (e.g., Gil, 1993).

#### *Sexual Attraction*

Factor 4, Sexual Attraction, was not a stable factor. This factor was composed of just two variables that measured the degree to which study participants felt that the coercive sexual behavior between the child perpetrator and the child victim was due to sexual attraction. Study participants did not consistently hold views that coercive sexual behavior between children was due to sexual attraction. It is more likely that they held general societal views that coercive sexual behavior between young children is the result of many different influences, life events, and circumstances (e.g., Araji, 1997). As a result, study participants may have been hesitant to determine that the coercive sexual behavior was primarily due to sexual attraction.

#### *Harm to the Child Victim, Child Perpetrator, and Society*

The results of the present study indicate that some members of the general public (study participants) view coercive sexual behavior between a child perpetrator and a child victim as more dangerous and a risk to other children, when a child perpetrator engages

in coercive sexual behavior with a female sibling (sister). Also, they view coercive sexual behavior as more normative and age-appropriate sex play when a female child perpetrator engages in coercive sexual behavior with a male victim. There are strong differential results for females, depending upon whether they are a child victim or a child perpetrator. These findings have implications when addressing issues of harm to child victims, child perpetrators, and society.

Findings from the present study support the idea of gender differences in how members of the general public view coercive sexual behavior in childhood even when coercion is a factor. While some professionals suggest that males are less likely to report harm as a result of being a victim of sexual abuse (Rind, Tromovitch, & Bauserman, 1998), it has been suggested that this finding actually means that that male victims are more likely to deny the seriousness or harmfulness of their victimization even when displaying symptoms similar to those of females (Dallam, Gleaves, Cepeda-Benito, Silberg, Kraemer, & Spiegel, 2001). Findings from the present study suggest that members of the general public may inadvertently reinforce the idea of lack of seriousness and harm to male victims, thereby increasing the likelihood that males will not view their experiences as problematic.

Professionals generally conclude that, with few exceptions, there are severe emotional and physical consequences of sexual abuse, which may last well into adulthood (e.g., Briere, 1992; Johnson & Knight, 2000). While it is certainly true that dangerousness and risk to others are variables related to sibling incest, it is equally true



that they are also variables related to all acts of coercive sexual behavior, regardless of gender and the relationship between the two children. Therefore, the potential long-term effects apply equally to all child victims of coercive sexual behavior.

Also, professionals generally concur that acts of coercive sexual behavior are not normative and examples of age-appropriate sex play (e.g., Araji, 1997; Johnson, 1988, 1989). It is encouraging that study participants viewed coercive sexual behavior committed against male child victims as a form of sexual abuse. However, the additional finding that some members of the general public (study participants) view coercive sexual behavior as more normative and age appropriate sex play when the child perpetrator was female and the child victim was male is of concern. This finding suggests that at least some members of the general public (study participants) continue to have difficulties understanding the harm caused by coercive sexual behavior when female child perpetrators chose male child victims (e.g., Ryan, 1991). It may be that, even when very young children are involved, society still holds some fragment of belief that early sexual exposure of males is acceptable or a form of luck (e.g., Hislop, 2001).

Without intervention, both male and female child perpetrators are unlikely to stop their behavior. If child perpetrators of both genders do not receive intervention they are at risk of becoming juvenile and adult sex offenders (e.g., Groth, Longo, & McFadin, 1982; Longo & McFadin, 1981). Also, since females are typically the primary caregivers of children, early intervention may prevent them from going on to sexually abuse either

their own children or those of others, thereby perpetuating the cycle of sexual abuse (e.g., Hislop, 2001).

What is apparent from all of the study findings is that education of the general public appears to be the key to reducing incidents of coercive sexual behavior between all children. In order to reduce the harm incurred by child victims, child perpetrators, and society, parents and people in key positions concerned with the welfare of children must have accurate knowledge and an understanding of what constitutes coercive sexual behavior between children. This knowledge must be translated into a series of actions that can be taken to reduce the harm to all parties. Without education and a plan for intervention, it is possible that children will continue to engage in acts of coercive sexual behavior against other children, thereby perpetuating what has been termed the contagious nature of sexual abuse (Araji, 1997).

#### *Study Limitations*

Coercive sexual behavior between young children is a topic that has received little experimental attention in the literature. Although this study found some gender differences in how adults view coercive sexual behavior between children under the age of thirteen, there are several limitations to this study. First, this study relied on pen and paper measures. Study participants read a vignette describing a specific incident of coercive sexual behavior between young children and responded to a 28-item questionnaire based on their reading. It is possible that differential results would have

been obtained if the description of coercive sexual behavior was different or if other items had been added to or deleted from the questionnaire.

The coercive sexual behavior described in this study contained all four components of the definition described by Berliner, Manaois, and Monastersky (1986). It may be that the short vignettes clearly conveyed information about coercive sexual behavior without the mitigating and murky circumstances that frequently surround these types of situations. Perhaps if not all of the components of the definition of coercive sexual behavior had been used, study participants would have responded differently. For example, many people consider the exchange of money or other material goods in exchange for silence about sexual matters to be extremely unacceptable. In the present study, if the vignettes had not described a clear example of bribery to maintain silence, study participants may have responded differently. A second example is that many people do not view female children as aggressive. The vignettes contained both an example of threat of physical force and subsequent injury to the child victim. Study participants who received the vignette describing an incident of coercive sexual behavior committed by a female child perpetrator may have responded differently had the situation been altered. For these subjects, a vignette that did not contain the threat of physical force and injury could have been perceived as more realistic and believable.

Another limitation is that the general design chosen for this study gathered information that may be vastly different from that which is gathered non-experimentally based on other information. For example, it is possible that adults who hear about an

incident of coercive sexual behavior or who inadvertently come across one in the course of their daily routines would respond differently than to either written or verbal questions.

A final limitation of this study is that the majority of the established literature has been based on statements made by parents and professionals who have some sort of emotional investment in dealing with young children who engage in coercive sexual behavior. In this study, college students were the population that was sampled. It may be that a group of college students, who are primarily single and not parents would respond differently than populations that are directly involved with these children.

#### *Summary*

Findings from this study demonstrate that how adults view coercive sexual behavior between children under the age of thirteen is a serious social issue and worthy of further research. If gender differences do exist, it is important that measures be taken to both educate the general public and to provide effective treatment for both child victims and child perpetrators. In all cases, the risk to potential victims must be decreased so that all children can live safely in their communities.

## References

- American Psychological Association (1990). Ethical principles of psychologists. *American Psychologist*, 45, 390-395.
- Araji, S. K. (Ed.). (1997). *Sexually aggressive children: Coming to understand them*. Thousand Oaks: Sage Publications.
- Baker, A. J., Tabacoff, R., Tornusciolo, G., & Eisenstadt, M. (2001). Calculating number of offenses and victims of juvenile sexual offending: The role of posttreatment disclosures. *Sexual Abuse: A Journal of Research and Treatment*, 13(2), 79-90.
- Bala, N., & Schwartz, I. (1993). Legal responses to the juvenile sex offender. In H. E. Barbaree, W. L. Marshall, and S. M. Hudson (Eds.), *The juvenile sex offender* (pp. 25-44). New York: Guilford Press.
- Belmont Report (1979). *Ethical principles and guidelines for the protection of human subjects of research*. Washington: U.S. Government Printing Office
- Berliner, L., Manaois, O, & Monastersky, C. (1986). *Child sexual behavior disturbance: An assessment and treatment model*. Unpublished manuscript.
- Berliner, L., & Rawlings, L. (1991). *A treatment manual: Children with sexual behavior problems*. Unpublished manuscript.
- Bosek, R. (1995). *Age of male child perpetrator and sex of victim as factors influencing how adults describe coercive sexual behavior in childhood*. Unpublished manuscript.

Briere, J. N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*.

Newbury Park: Sage.

Burton, D. L. (2000). Were adolescent sexual offenders children with sexual behavior problems? *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 37-48.

Burton, J. E., & Rasmussen, L. A. (1998). *Treating children with sexually abusive behavior problems*. Binghamton: Haworth Press.

Campbell, J. S., & Lerew, C. (2002). Juvenile sex offenders in diversion. *Sexual Abuse: A Journal of Research and Treatment*, 14(1), 1-17.

Cantwell, H. B. (1988). Child sexual abuse: Very young perpetrators. *Child Abuse & Neglect*, 12, 579-582.

Cantwell, H. B. (1995). Sexually aggressive children and societal response. In M. Hunter (Ed.), *Child survivors and perpetrators of sexual abuse* (pp. 79-108). Thousand Oaks: Sage.

Code of Federal Regulations, 45 C. R. F. 46 (1991).

Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155-159.

Cortoni, F., & Marshall, W. L. (2001). Sex as a coping strategy and its relationship to juvenile history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13(1), 27-43.

Courtois, C. A. (1988). *Healing the incest wound*. New York: W. W. Norton & Company.

- Craissati, J., McClurg, G., & Browne, K. (2002). Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse: A Journal of Research and Treatment, 14*(3), 225-239.
- Cunningham, C., & MacFarlane, K. (1991). *When children molest children: Group treatment strategies for young sexual abusers*. Orwell: Safer Society Press.
- Dalam, S. J., Gleaves, D. H., Cepedo-Benito, A., Silberg, J. L., Kraemer, H. C., & Spiegel, D. (2001). The effects of child sexual abuse: Comment on Rind, Tromovitch, and Bauserman (1998). *Psychological Bulletin, 127*(6), 715-733.
- Faller, K. C. (1990). *Understanding child sexual maltreatment*. Newbury Park: Sage Publications.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: The Free Press.
- Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety, and effects. *Archives of Sexual Behavior, 9*(3), 171-194.
- Finkelhor, D. (1981). Sex between siblings: Sex play, incest, and aggression. In L. L. Constantine & F. M. Martinson (Eds.), *Children and sex: New findings, new perspectives* (pp. 129-151). Boston: Little Brown & Company.
- Finkelhor, D. (1984). *Child sexual abuse: New theory & research*. New York: The Free Press.
- Finkelhor, D., & Brown, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*, 530-541.

- Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect, 14*, 19-28.
- Forward, S., & Buck, C. (1978). *Betrayal of innocence: Incest and its devastation*. New York: St. Martin's Press.
- Friedrich, W. N. (1990). *Psychotherapy of sexually abused children and their families*. New York: W. W. Norton & Company.
- Friedrich, W. N., Grambsch, F., Broughton, D., Kuiper, J., & Beilke, R. L. (1991). Normative sexual behavior in children. *Pediatrics, 83*(3), 456-464.
- Friedrich, W. N., & Luecke, W. J. (1988). Young school-age sexually aggressive children. *Professional Psychology: Research and Practice, 19*(2), 155-164.
- Froning, M. L., & Mayman, S. B. (1990). Identification and treatment of child and adolescent male victims of sexual abuse. In M. Hunter (Ed.). *The sexually abused male: Vol 2. Application of treatment strategies* (pp. 199-224). New York: Lexington Books.
- Gerber, P. N. (1990). Victims becoming offenders: A study of ambiguities. In M. Hunter (Ed.). *The sexually abused male: Prevalence, impact and treatment* (Vol. 1). (pp. 153-176). New York: Lexington Books.
- Gil, E. (1987). *Children who molest: A guide for parents of young sex offenders*. Walnut Creek: Launch Press.



- Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford Press.
- Gil, E. (1993). Age-appropriate sex play versus problematic sexual behaviors. In E. Gil & T. C. Johnson (Eds.). *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 21-40). Rockville: Launch Press.
- Gil, E., & Johnson, T. C. (1993). Current and proposed community response. In E. Gil & T. C. Johnson (Eds.). *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 121-135). Rockville: Launch Press.
- Gray, A. S., & Pithers, W. D. (1993). Relapse prevention with sexually aggressive adolescents and children: Expanding treatment and supervision. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.). *The juvenile sex offender* (pp. 289-319). New York: Guilford Press.
- Green, A. H. (1988). Overview of normal psychosocial development. In D. H. Schetky & D. H. Green (Eds.). *Child sexual abuse: A handbook for health care and legal professionals* (pp. 5-18). New York: Brunner/Mazel.
- Groth, A. N., & Loreda, C. M. (1981). Juvenile sexual offenders: Guidelines for assessment. *International Journal of Offender Therapy and Comparative Criminology*, 25(1), 31-39.
- Groth, A. N., Longo, R. E., & McFadin, J. B. (1982). Undetected recidivism among rapists and child molesters. *Crime and Delinquency*, 28(3), 450-458.

- Hanson, R. K., & Bussiere, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348-362.
- Haugaard, J. J., & Tilly, C. (1988). Characteristics predicting children's responses to sexual encounters with other children. *Child Abuse & Neglect, 12*(2), 209-218.
- Herman, J., Russell, D., & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. *American Journal of Psychiatry, 143*(10), 1293-1296.
- Hislop, J. (2001). *Female sex offenders: What therapists, law enforcement and child protective services need to know*. Ravensdale: Issues Press.
- Hunter, M. (1990). *Abused boys: The neglected victims of sexual abuse*. Lexington: Lexington Books.
- Jennings, K. (1993). Female child molesters: A review of the literature. In M. Elliott (Ed.), *Female sexual abuse of children*. New York: Guilford Press.
- Johnson, G. M., & Knight, R. A. (2000). Developmental antecedents of sexual coercion in juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*(3), 165-178.
- Johnson, T. C. (1988). Child perpetrators-children who molest other children: Preliminary findings. *Child Abuse & Neglect, 12*, 219-229.
- Johnson, T. C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse & Neglect, 13*, 571-585.

- Johnson, T. C. (1990). Children who act out sexually. In J. McNamara & B. H. McNamara (Eds.). *Adoption and the sexually abused child* (pp. 63-73). Ossining, NY: Human Services Development Institute.
- Johnson, T. C. (1991). Understanding the sexual behaviors of young children. *SIECUS REPORT*, August/September, 8-15.
- Johnson, T. C. (1993a). Assessment of sexual behavior problems in preschool-aged and latency-aged children. *Child and Adolescent Psychiatric Clinics of North America*, 2(3), 431-449.
- Johnson, T. C. (1993b). Preliminary findings. In E. Gil & T. C. Johnson (Eds.). *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 67-89). Rockville: Launch Press.
- Johnson, T. C., & Feldmeth, J. R. (1993). Sexual behaviors: A Continuum. In E. Gil & T. C. Johnson, (Eds.). *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 40-53). Rockville: Launch Press.
- Kaslow, F., Haupt, D., Arce, A. A., & Werblowsky, J. (1981). Homosexual incest. *Psychiatric Quarterly*, 53(3), 184-193.
- Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57(2), 186-192.

- Kenny, D. T., Keogh, T., & Seidler, K. (2001). Predictors of recidivism in Australian juvenile sex offenders: Implications for treatment. *Sexual Abuse: A Journal of Research and Treatment*, 13(2), 131-148.
- Knopp, F. H. (1985). *The youthful sex offender: The rationale & goals of early intervention and treatment*. Orwell: The Safer Society Press.
- Lambie, I., Seymour, F., Lee, A., & Adams, P. (2002). Resiliency in the victim-offender cycle in male sexual abuse. *Sexual Abuse: A Journal of Research and Treatment*, 14(1), 31-48.
- Laws, R. D. (Ed.). (1989). *Relapse prevention with sex offenders*. New York: Guilford Press.
- Longo, R., & McFadin, B. (1981). Sexually inappropriate behavior: Development of the sexual offender. *Law and Order*, 29(12), 21-23.
- Loredo, C. M. (1982). Sibling incest. In S. M. Sgroi (Ed.). *Handbook of clinical intervention in child sexual abuse* (pp. 177-189). Lexington: Lexington Books.
- MacFarlane, K., & Waterman, J. (1986). *Sexual abuse of young children*. New York: Guilford Press.
- Martinson, F. M. (1994). *The sexual life of children*. Westport: Bergin & Garvey.
- Mathews, R., Matthews, J., & Speltz, K. (1990). Female sexual offenders. In M. Hunter (Ed.). *The sexually abused male: Vol. 1. Prevalence, impact, and treatment* (pp. 275-293). New York: Lexington Books.

- Mayer, A. (1992). *Women sex offenders: Treatment and dynamics*. Holmes Beach: Learning Publications, Inc.
- Miranda, A. O., & Corcoran, C. L. (2000). Comparison of perpetration characteristics between male juvenile and adult sexual offenders: Preliminary results. *Sexual Abuse: A Journal of Research and Treatment*, 12(3), 179-188.
- Murphy, W. D., DiLillo, D., Haynes, M. R., & Steere, E. (2001). An exploration of factors related to deviant sexual arousal among juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13(2), 91-103.
- Ondersma, S. J., Chaffin, M., Berliner, L., Cordon, I., Goodman, G. S., & Barnett, D. (2001). Sex with children is abuse: Comment on rind, tromovitch, and bauserman (1998). *Psychological Bulletin*, 127(6), 707-714.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published effects of child sexual abuse. *The Journal of Psychology*, 135(1), 17-36.
- Pithers, W. D., Gray, A. S., Cunningham, C., & Lane, S. (1993). *From trauma to understanding: A guide for parents of children with sexual behavior problems*. Brandon, VT: Safer Society Press.
- Porter, F. S., Blick, L. C., & Sgroi, S. M. (1982). Treatment of the sexual abused child. In S. M. Sgroi (Ed.). *Handbook of clinical intervention in child sexual abuse* (pp. 109-145). Lexington: Lexington Books.

- Prentky, R., Harris, B., Frizzell, K., & Righthand, S. (2000). An actuarial procedure for assessing risk with juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*(2), 71-93.
- Rasmussen, L. A., Burton, J. E., & Christopherson, B. J. (1992). Precursors to offending and the trauma outcome process in sexually reactive children. *Journal of Child Sexual Abuse, 1*(1), 33-48.
- Ray, J., & English, D. J. (1995). Comparison of female and male children with sexual behavior problems. *Journal of Youth and Adolescence, 24*(4), 439-451.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*(1), 22-53.
- Rind, B., Tromovitch, P., & Bauserman, R. (2001). The validity and appropriateness of methods, analyses, and conclusions in Rind et al. (1998): A rebuttal of victimological critique from andersma et al. (2001) and dallam et al. (2001). *Psychological Bulletin, 127*(6), 734-758.
- Rosenfeld, A. A., & Wasserman, S. (1993). Sexual development in the early school-aged child. In A. Yates (Ed.). *Child and Adolescent Psychiatric Clinics of North America: Sexual and Gender Identity Disorders, 2*(3), 393-406.
- Rutter, M. (1971). Normal psychosocial development. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 11*, 259-283.

- Ryan, G. (1990). Sexual behavior in childhood. In J. McNamara & B. McNamara (Eds.). *Adoption and the sexually abused child* (pp. 27-45). Ossining, NY: Human Services Development Institute.
- Ryan, G. (1991). Consequences for the victim of sexual abuse. In G. D. Ryan & S. L. Lane (Eds.). *Juvenile sexual offending: Causes, consequences, and correction*. (pp. 163-174). Lexington: Lexington Books.
- Salter, A. C. (1988). *Treating child sex offenders and victims: A practical guide*. Newbury Park: Sage.
- Sgroi, S. M. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington: Lexington Books.
- Sgroi, S. M., Bunk, B. S., & Wabrek, C. J. (1988). Children's sexual behaviors and their relationship to sexual abuse. In S. M. Sgroi (Ed.). *Vulnerable populations: Vol. 1. Evaluation and treatment of sexually abused children and adult survivors* (pp. 1-24). Lexington: Lexington Books.
- Simari, C. G., & Baskin, D. (1982). Incestuous experiences within homosexual populations: A preliminary study. *Archives of Sexual Behavior*, 11(4), 329-344.
- Sorrenti-Little, L., Bagley, C., & Robertson, S. (1984). An operational definition of the long-term harmfulness of sexual relations with peers and adults by young children. *Canada's Children*, 9, 46-57.
- Van Wyk, P. H., & Geist, C. S. (1984). Psychosocial development of heterosexual, bisexual, and homosexual behavior. *Archives of Sexual Behavior*, 13(6), 505-544.

- Veneziano, C., Veneziano, L., & LeGrand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence, 15*(4), 363-374.
- Walker, C. E., Bonner, B. L., & Kaufman, K. L. (1988). *The physically and sexually abused child: Evaluation and treatment*. Elmsford: Pergamon Press.
- Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin, 106*(1), 3-28.
- Wissow, L. S. (1990). *Child advocacy for the clinician: An approach to child abuse and neglect*. Baltimore: Williams & Wilkins.
- Yates, A. (1982). Children eroticized by incest. *American Journal of Psychiatry, 139*, 482-485.
- Zolondek, S. C., Abel, G. G., Northey, W. F., & Jordan, A. D. (2001). The self-reported behaviors of juvenile sexual offenders. *Journal of Interpersonal Violence, 16*(1), 73-85.
- Zwick, W. R., & Velicer, W. F. (1986). Comparison of five rules for determining the number of components to retain. *Psychological Bulletin, 99*, 432-442.



## Appendix 2.A-1

### Informed Consent for Pilot Data

This study was set up to determine how adults view sexual behavior in children under the age of thirteen. Not much research has been done on this topic and little is known about it.

This study is being conducted by Rebecca Bosek MS who is working on an Interdisciplinary Ph.D. in Clinical Psychology at the University of Alaska – Fairbanks. She is supervised by her co-chairpersons William Connor Ph.D. and Todd Risley Ph.D. The study was approved by the Institutional Review Board of the University of Alaska – Fairbanks.

There is a risk associated with this study. Since it is about sexual behavior between young children, it is possible you may remember sexual behavior that took place when you were a young child. If this happens to you and you feel you want to talk with someone, you can contact the Center for Health and Counseling at the University of Alaska in Fairbanks (474-7043) or the Psychological Services Center at the University of Alaska in Anchorage (786-1795). A possible benefit of participating is you may increase your knowledge about childhood sexual behavior or clear up some misconceptions you may have.

About 359 people will participate in various parts of the study. If you agree to participate, you may either be asked to be a part of the pilot work or an actual study participant.

You will start this study by filling out some information about yourself. Next, you will be asked to read a short vignette. The vignette will consist of a written description of an incident of sexual behavior between two children. Finally, you will be asked to answer a series of 25 questions based on it. The study will take about 25 minutes. If you are a part of the pilot work for the study, Rebecca may, additionally, ask you to provide verbal feedback on what you thought the questions meant or how you felt the procedure was handled. This will take an additional five minutes.

Your name will not be associated with your answers because your name only appears on the consent form. This procedure is being done to protect your anonymity. Additionally, in the interests of protecting your anonymity, please do not share any information about your personal sexual history.

Once the results of the study have been obtained, you will be able to receive a brief written description of them. Fill in your address only if you want a copy of the results.

If you have any specific questions about this study, you can leave a message for Rebecca Bosek or Todd Risley at 272-8270 or William Connor at 474-7043. If you have any concerns about your treatment during the study or feel you have been harmed, you can contact the University of Alaska – Fairbanks Institutional Review Board at 474-7314.

I give my consent to participate in this study. I am at least 18 years old and am free to give informed consent in the state of Alaska. I understand my participation in this study is voluntary, and I can quit at any point. Any data I have will be destroyed.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

## Appendix 2.A-2

### Informed Consent for Main Study

This study was set up to determine how adults view sexual behavior in children under the age of thirteen. Not much research has been done on this topic and little is known about it.

This study is being conducted by Rebecca Bosek MS who is working on an Interdisciplinary Ph.D. in Clinical Psychology at the University of Alaska – Fairbanks. She is supervised by her co-chairpersons William Connor Ph.D. and Todd Risley Ph.D. The study was approved by the Institutional Review Board of the University of Alaska – Fairbanks.

There is a risk associated with this study. Since it is about sexual behavior between young children, it is possible you may remember sexual behavior that took place when you were a young child. If this happens to you and you feel you want to talk with someone, you can contact the Center for Health and Counseling at the University of Alaska in Fairbanks (474-7043) or the Psychological Services Center at the University of Alaska in Anchorage (786-1795). A possible benefit of participating is you may increase your knowledge about childhood sexual behavior or clear up some misconceptions you may have.

About 359 people will participate in various parts of the study. If you agree to participate, you may either be asked to be a part of the pilot work or an actual study participant.

You will start this study by filling out some information about yourself. Next, you will be asked to read a short vignette. The vignette will consist of a written description of an incident of sexual behavior between two children. Finally, you will be asked to answer a series of 28 questions based on it. The study will take about 20 minutes. If you are a part of the pilot work for the study, Rebecca may, additionally, ask you to provide verbal feedback on what you thought the questions meant or how you felt the procedure was handled. This will take an additional five minutes.

Your name will not be associated with your answers because your name only appears on the consent form. This procedure is being done to protect your anonymity. Additionally, in the interests of protecting your anonymity, please do not share any information about your personal sexual history.

Once the results of the study have been obtained, you will be able to receive a brief written description of them. Fill in your address only if you want a copy of the results.

If you have any specific questions about this study, you can leave a message for Rebecca Bosek or Todd Risley at 272-8270 or William Connor at 474-7043. If you have any concerns about your treatment during the study or feel you have been harmed, you can contact the University of Alaska – Fairbanks Institutional Review Board at 474-7314.

I give my consent to participate in this study. I am at least 18 years old and am free to give informed consent in the state of Alaska. I understand my participation in this study is voluntary, and I can quit at any point. Any data I have will be destroyed.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

### Appendix 2.A-3

#### Informed Consent for Test-Retest Reliability Data

This study was set up to determine how adults view sexual behavior in children under the age of thirteen. Not much research has been done on this topic and little is known about it.

This study is being conducted by Rebecca Bosek MS who is working on an Interdisciplinary Ph.D. in Clinical Psychology at the University of Alaska – Fairbanks. She is supervised by her co-chairpersons William Connor Ph.D. and Todd Risley Ph.D. The study was approved by the Institutional Review Board of the University of Alaska – Fairbanks.

There is a risk associated with this study. Since it is about sexual behavior between young children, it is possible you may remember sexual behavior that took place when you were a young child. If this happens to you and you feel you want to talk with someone, you can contact the Center for Health and Counseling at the University of Alaska in Fairbanks (474-7043) or the Psychological Services Center at the University of Alaska in Anchorage (786-1795). A possible benefit of participating is you may increase your knowledge about childhood sexual behavior or clear up some misconceptions you may have.

About 359 people will participate in various parts of the study. If you agree to participate, you will help to determine the consistency of the measures which will be used in the study. Consistency of measures refers to how scores at one point in time relate to scores at a later point. If you participate, you will complete the same set of papers twice with a one week time period between the first and second times you complete them. If you participate in this part of the study, it is important you agree to complete both sets of papers.

So that your name will not be associated with your answers, you will write a four digit number on the blank white sheet of the packet of papers when it is handed to you. Next week you will use this number instead of your name to get a second set of papers. It is important that the four digit number is one you can remember next week as this is the only way you will be identified. This procedure is being done to protect your anonymity. Additionally, in the interests of protecting your anonymity, please do not share any

information about your personal sexual history.

After you have written the four digit number, you will turn the page and begin the study. You will start by filling out some information about yourself. Next, you will be asked to read a short vignette. The vignette will consist of a written description of an incident of sexual behavior between two children. Finally, you will be asked to answer a series of twenty-five questions based on it. The study will take you about 25 minutes. You will repeat this process in one week.

Once the results of the study have been obtained, you will be able to receive a brief written description of them. Fill in your address only if you want a copy of the results.

If you have any specific questions about this study, you can leave a message for Rebecca Bosek or Todd Risley at 272-8270 or William Connor at 474-7043. If you have concerns about your treatment during the study or feel you have been harmed, you can contact the University of Alaska – Fairbanks Institutional Review Board at 474-7314.

I give my consent to participate in this study. I am at least 18 years old and am free to give informed consent in the state of Alaska. I understand my participation in this study is voluntary and I can quit any point. Any data I have contributed will be destroyed.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

## Appendix 2.B-1

### Eight Vignettes

- #1. A male child perpetrator who engages in coercive sexual behavior with a male peer (male friend).
- #2. A male child perpetrator who engages in coercive sexual behavior with a female peer (female friend).
- #3. A male child perpetrator who engages in coercive sexual behavior with a male sibling (brother).
- #4. A male child perpetrator who engages in coercive sexual behavior with a female sibling (sister).
- #5. A female child perpetrator who engages in coercive sexual behavior with a male peer (male friend).
- #6. A female child perpetrator who engages in coercive sexual behavior with a female peer (female friend).
- #7. A female child perpetrator who engages in coercive sexual behavior with a male sibling (brother).
- #8. A female child perpetrator who engages in coercive sexual behavior with a female sibling (sister).

#### Vignette #1

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." He pushed his male friend Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put his hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of his male friend and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #2

Two children were laughing and chasing each other around a room. Both were in elementary school and

close in age. Chris said, "Let's see what you've got." He pushed his female friend Terry to the floor and sat on top of her. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put his hand in Terry's pants and touched her sexual organs. Terry struggled and began crying. Terry had a cut on her arm from being pushed to the floor. Chris let go of his female friend and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in her pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #3

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." He pushed his brother Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put his hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of his brother and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #4

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." He pushed his sister Terry to the floor and sat on top



of her. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put his hand in Terry's pants and touched her sexual organs. Terry struggled and began crying. Terry had a cut on her arm from being pushed to the floor. Chris let go of his sister and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in her pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #5

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." She pushed her male friend Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put her hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of her male friend and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #6

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." She pushed her female friend Terry to the floor and

sat on top of her. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put her hand in Terry's pants and touched her sexual organs. Terry struggled and began crying. Terry had a cut on her arm from being pushed to the floor. Chris let go of her female friend and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in her pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #7

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." She pushed her brother Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put her hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of her brother and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #8

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." She pushed her sister Terry to the floor and sat on

top of her. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put her hand in Terry's pants and touched her sexual organs. Terry struggled and began crying. Terry had a cut on her arm from being pushed to the floor. Chris let go of her sister and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in her pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

## Appendix 2.C-1

## Letter Requesting Participation

Date

(Name of Professional)  
Address  
City, State, Zip Code

Dear (Name of Professional):

The purpose of this letter is to introduce Rebecca Bosek MS, LMFT to you. Rebecca is a graduate student at the University of Alaska Fairbanks who is working on an Interdisciplinary Ph.D. in Clinical Psychology. William Connor Ph.D. and I are the co-chairpersons of her committee.

For her dissertation, Rebecca has chosen to conduct research on how adults view child on child sexual abuse. It is important to conduct research in this area as how adults view child on child sexual abuse directly influences how they will respond to it. This study has implications for Alaskans as well as people living in other states. I believe this is an important project and support her research.

Your name has been brought to Rebecca's attention as a person who has either experience working with and/or knowledge about young sexually abusive and sexually abused populations. Please take a few minutes to read the vignette and fill out the enclosed paper. The vignette is one of several that will be used in the study. Rebecca is specifically interested in feedback regarding how realistic the vignette is. Additionally, if you can think of any changes that would make the vignette more realistic, please let her know.

In advance, thank-you for assisting Rebecca in this matter. If you have any questions concerning this study, Rebecca can be contacted at the University Affiliated Program. The address is 2330 Nichols in Anchorage, AK 99508. The telephone number is 272-8270.

Sincerely,

Todd Risley Ph.D.  
Professor of Psychology and  
Coordinator of Statewide Services  
2330 Nichols  
Anchorage, AK 99508

## Appendix 2.C-2

### Two Vignettes Sent to Professionals

#### Vignette #3

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." He pushed his brother Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put his hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of his brother and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

#### Vignette #5

Two children were laughing and chasing each other around a room. Both were in elementary school and close in age. Chris said, "Let's see what you've got." She pushed her male friend Terry to the floor and sat on top of him. Terry said, "I bet you can't." Chris began pulling at Terry's clothing. Terry struggled and said, "Let me up." Just then the babysitter walked by the room and said, "What's going on in there?" Chris said, "Don't tell or I'll smash your face." Terry called, "We're just playing." Terry smiled at Chris. The babysitter continued down the hall. Chris put her hand in Terry's pants and touched his sexual organs. Terry struggled and began crying. Terry had a cut on his arm from being pushed to the floor. Chris let go of her male friend and said, "It's not a big deal. Lots of friends do it." Chris then told Terry, "I will give you 50 cents if you quit crying and don't tell." Chris handed Terry the money. Terry took the money and put it in his pocket. The two children continued playing. Later Chris said, "If you tell, I won't be your friend." Terry said, "You are my friend."

### Appendix 2.C-3

#### Seven Questions Sent to Professionals

The name for child on child sexual abuse, which will be used in the study, is coercive sexual behavior.

This is a term proposed by Berliner, Manaois, and Monastersky in 1986. These professionals believe that in order for sexual abuse to be defined as coercive sexual behavior, one or more conditions must be met. Please let me know if the vignette has met the following four conditions developed by Berliner, Manaois, and Monastersky.

1. The vignette contains sexual behavior, which is aggressive and involves physical force or threat of physical force to gain compliance, as part of the sexual act, or to stop reporting.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. The vignette contains sexual behavior, which is aggressive and results in injury to the child either during the sexual act or when the child is trying to prevent it.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. The vignette contains either an indirect or direct threat to hurt the child (or another person) to gain compliance or to stop reporting.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. The vignette describes an instance in which the children are not equal in size, age, or sophistication or the child is bribed or deceived to gain compliance or to stop reporting

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Based on your experience and/or knowledge, do you believe the behavior described in the vignette is serious?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. How realistic is the behavior described in the vignette?

1	2	3	4	5	6
Strongly Realistic	Moderately Realistic	Mildly Realistic	Mildly Realistic	Moderately Realistic	Strongly Realistic

7. On the back of this page, please give me some feedback on how this vignette could be improved on or made more realistic.

Thank-you for your time and assistance in this matter.

## Appendix 2.D-1

## Demographic Information Sheet

**Directions:** Mark the answers which most closely reflect your current situation. Please respond to all of the questions. After you have completed the demographic information, go on to the next page.

1. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

2. Age:

18-25 \_\_\_\_\_  
 26-33 \_\_\_\_\_  
 34-41 \_\_\_\_\_  
 42-49 \_\_\_\_\_  
 50 or Over \_\_\_\_\_

3. Race:

Alaska Native \_\_\_\_\_  
 American Indian \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Black \_\_\_\_\_  
 Caucasian \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

4. Marital Status:

Single \_\_\_\_\_  
 Married \_\_\_\_\_  
 Separated \_\_\_\_\_  
 Divorced \_\_\_\_\_  
 Widowed \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

5. Number of Children (Please include biological, adopted, and stepchildren):

None \_\_\_\_\_  
 1-3 \_\_\_\_\_  
 4-6 \_\_\_\_\_  
 7-9 \_\_\_\_\_  
 10 or Over \_\_\_\_\_



6. **Number of Years of Education Completed:**

<b>Less than 12 Years</b>	_____
<b>12 Years</b>	_____
<b>13-14 Years</b>	_____
<b>15-16 Years</b>	_____
<b>17 or More Years</b>	_____

## Appendix 2.E-1

## Original 25-Item Questionnaire

**Directions:** After you have read the vignette, please answer the following questions. Mark the number that is closest to your answer. Please respond to all twenty-five of the questions. When you have finished, turn in your completed papers. Thank-you.

A. Do you agree the behavior described in the vignette is acceptable?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

B. Do you agree the behavior described in the vignette is normal sex play between children?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

C. Do you agree Chris is likely to outgrow this type of behavior?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

D. Do you agree Terry is likely to outgrow engaging in this type of behavior?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

E. Do you agree the behavior described in the vignette is serious?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

F. Do you agree the behavior described in the vignette is widespread?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

G. Do you agree Chris is a danger to male children who are strangers?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

H. Do you agree Chris is a danger to female children who are strangers?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

I. Do you agree Chris is a danger to male children who are friends?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

J. Do you agree Chris is a danger to female children who are friends?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

K. Do you agree Chris's behavior is caused by poor parenting?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

L. Do you agree Terry's behavior is caused by poor parenting?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

M. Do you agree Chris is a danger to male children who are cousins?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

N. Do you agree Chris is a danger to female children who are cousins?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

O. Do you agree Chris is a danger to children who are brothers?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

P. Do you agree Chris is a danger to children who are sisters?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q. Do you agree Chris needs more adult supervision in the future?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

R. Do you agree Terry needs more adult supervision in the future?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

S. Do you agree Chris is responsible for what happened because Chris started it?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

T. Do you agree Terry is responsible for what happened because Terry should have stopped it?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

U. Do you agree the behavior happened because Chris was sexually attracted to Terry?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

V. Do you agree the behavior happened because Terry was sexually attracted to Chris?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

W. Do you agree the vignette is describing sexual abuse?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

X. Do you agree Chris needs a mental health assessment and counseling?

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Y. Do you agree Terry needs a mental health assessment and counseling?

1	2	3	4	5	6
<b>Strongly Disagree</b>	<b>Moderately Disagree</b>	<b>Mildly Disagree</b>	<b>Mildly Agree</b>	<b>Moderately Agree</b>	<b>Strongly Agree</b>

## Appendix 2.F-1

## Revised 28-Item Questionnaire

**Directions:** After you have read the vignette, rate your degree of agreement with each of the following statements. Circle the number that is closest to your answer. Please respond to all twenty-eight of the questions. When you have finished, turn in your completed papers.

Thank-you.

Q1. The behavior described in the vignette is acceptable.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q2. The behavior described in the vignette is normal sex play between children.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q3. Chris is likely to outgrow engaging in this type of behavior.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q4. Terry is likely to outgrow engaging in this type of behavior.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree



Q5. The behavior described in the vignette is serious.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q6. Chris and Terry are equally responsible for what happened.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q7. Chris's behavior is caused by poor parenting.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q8. Terry's behavior is caused by poor parenting.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q9. Chris is a significant danger to male children who are strangers.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q10. Chris is a significant danger to female children who are strangers.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q11. Chris needs more adult supervision in the future.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q12. Terry needs more adult supervision in the future.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q13. The behavior described in the vignette is widespread.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q14. Chris is a significant danger to male children who are friends.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q15. Chris is a significant danger to female children who are friends.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q16. Chris is responsible for what happened because Chris started it.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q17. Terry is responsible for what happened because Terry should have stopped it.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q18. The behavior happened because Chris was sexually attracted to Terry.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q19. The behavior happened because Terry was sexually attracted to Chris.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q20. Chris is a significant danger to male children who are brothers.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q21. Chris is a significant danger to female children who are sisters.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q22. Terry will imitate Chris's behavior with male children.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q23. Terry will imitate Chris's behavior with female children.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q24. Chris needs a mental health assessment and counseling.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q25. Terry needs a mental health assessment and counseling.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q26. The behavior described in the vignette is sexual abuse.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q27. Chris's behavior is caused by a past history of sexual abuse.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Q28. Terry's behavior is caused by a past history of sexual abuse.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

## Appendix 2.G-1

### Prepared Script for Experimenter

Hi, my name is Rebecca Bosck. Thank-you for your willingness to participate in this study of how adults view sexual behavior in children under the age of thirteen. The study will consist of you doing some reading and writing. If you are helping with the pilot work, I will ask you to provide verbal feedback about the questionnaire or procedure of the study. We will begin by my reading what is called an informed consent. After I have read this information, feel free to ask me questions if you have any. If you are still willing to participate in the study, I will ask you to sign the informed consent. Next, I will collect them. After I have collected the informed consents, I will hand out a packet of papers to each of you. The packet of papers has "Directions" printed on each separate part. Start at the beginning of the packet and follow the written directions. After you have completed your packet of papers, hand it in to me. Sign your name on the clipboard if you are part of a class that is receiving extra credit. At this point, you will have completed the study. After I have collected the informed consents, the length of time to complete this study will be about 25 minutes.