

The Adolescent Sexual Abuser Project (ASAP) Assessment Measures—Dutch Revised Version: A comparison of personality characteristics between juvenile sex offenders, juvenile perpetrators of non-sexual violent offences and non-delinquent youth in the Netherlands

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Abstract *In this paper, the Adolescent Sexual Abuser Project (ASAP) assessment pack—Dutch Revised Version (ASAP-D) is presented. The ASAP-D is an assessment instrument which measures the personality characteristics that are generally considered relevant in the literature for the development and perpetuation of sexually abusive behaviour in juveniles. After a description of the measures that comprise the instrument, its basic psychometric qualities are presented. In addition, the personality characteristics as measured by the ASAP-D are compared between a group of juvenile sex offenders, a group of juvenile perpetrators of non-sexual violent offences and a representative sample of non-delinquent youth. The results of this comparison are discussed.*

Keywords *ASAP; juvenile sex offenders; juvenile non-sexual violent offenders; personality characteristics; sexual abuse*

Introduction

For the past 20 years, public awareness of the role played by young people in the social problem of sexual abuse has grown considerably. In Great Britain and the United States it is

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estimated that a quarter to a third of all acts of sexual abuse are committed by youngsters who have not yet reached the age of 21 years (Graham et al., 1998; Grubin, 1998; NTFJSO, 1993). In the Netherlands the estimated proportion of sexual abuse committed by youngsters under 21 is similar (Bullens, 1999; Verheij, 2000; Van Outsem, 2002). Controversy exists whether, and to what extent, these young offenders will continue their sexually abusive behaviour into adulthood. Recent studies from the United States suggest that only 10–15% of adolescent sex offenders continue their abusive behaviour into adulthood (ATSA, 1997; Coombes, 2003; Rasmussen, 1999; Ryan & Lane, 1997). At first glance, these percentages seem quite low. They do, however, represent a group of young people who keep re-offending despite having been caught, punished and/or treated. It is therefore of vital importance to identify this specific group as early as possible, and to offer treatment programmes which can achieve an optimal reduction in re-offence rates. For this purpose, it is necessary to assess the effects of specific forms of treatment on specific risk factors for sexually abusive behaviour.

One of the approaches proposed for the identification of these high-risk young sex offenders and for the assessment of specific treatment effects is the Adolescent Sexual Abuser Project (ASAP) assessment measures. The ASAP pack was developed in the United Kingdom by Beckett, Brown and Gerhold (1997). A set of multidimensional personality questionnaires, the ASAP pack, measures those specific personality factors about which a general consensus exists in the literature as to their relevance to the development and continuation of sexually abusive behaviour (Beech et al., 1998; Ryan & Lane, 1997; Van Outsem, 2002). For the past years the ASAP pack has been used in the United Kingdom for the measurement of the effect of therapy in juvenile sex offenders. The effects of therapy are defined here as the increase or decrease in the scores of the personality characteristics measured.

In cooperation with the European Society for working with Sexually Abusive Youth (ESSAY), a Dutch version of the ASAP pack, the ASAP-D, has been developed for use in the Netherlands. Some of the original questionnaires were adjusted, omitted or replaced by newly developed instruments. ESSAY supports several similar projects in different countries throughout Europe.

Making use of the ASAP-D, a comparative study has been conducted on the personality characteristics, as measured by this questionnaire pack, between a group of juvenile sex offenders ($n = 146$), a group of juvenile perpetrators of non-sexual violent offences ($n = 153$) and a representative sample of non-delinquent youth ($n = 500$).

Description of the ASAP-D

The ASAP-D consists of nine separate personality and psychopathology questionnaires. Some of these questionnaires measure several dimensions of one particular characteristic. All characteristics studied and instruments used for their measurement are shown in Table I.

Significance of the scales

1. *Social desirability* measures the degree to which the subject reports being honest, truthful, responsible, of good intentions and self-controlled. High-scorers tend to exaggerate their good qualities and to deny their flaws. Low-scorers tend to be self-critical.
2. *Self-esteem* measures the degree to which the subject perceives himself as a person he is *not* content with. High-scorers have an average to high degree of self-esteem, while low-scorers feel unhappy about the person they perceive themselves to be.

Table I. Measurement of personality characteristics.

Personality characteristic	Instrument used	Measured dimensions of personality characteristic
1: Social desirability	Leiden Social Desirability Scale (LSDS) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)*	Unidimensional
2: Self-esteem	Self-Esteem/Self-Derogation Scale (Thornton, 1998)**	Unidimensional
3: Emotional loneliness	Emotional Loneliness Scale (Russell et al., 1980)**	Unidimensional
4: Empathy	Interpersonal Reactivity Index (Davis, 1980)**	a: Perspective taking b: Fantasy c: Emotional comprehension
5: Locus of control	Locus of Control Scale (Nowicky, 1976)**	Unidimensional
6: Aggression	Leiden Aggression Questionnaire (LAQ) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)*	a: Reactive aggression b: Character aggression
7: Impulsivity	Eysenck Personality Questionnaire/Eysenck Impulsivity Scale (Eysenck & Eysenck, 1978)**	Unidimensional
8: Cognitive distortions	Children and Sex Scales (Beckett, 1978)**	a: Quantity of cognitive distortions concerning children and sexuality b: Justifications c: Child sexual maturity d: Self-identification as a child e: Mutual special relationships with children f: Ideation of attractiveness for children
9: Experienced sexuality	Leiden Sexuality Questionnaire (LSQ) (Van Outsem, Van Horn, Bullens & Doreleijers, 2004)*	a: Egodystonic hyper sexuality b: Positive orientation towards sexuality

* Newly developed instrument.

**Revised Dutch version by Van Outsem (2004).

3. *Emotional loneliness* is designed to measure the degree to which the subject experiences feelings of loneliness. High-scorers perceive themselves as lonely, whereas low-scorers do not.
- 4a. *Empathy/perspective taking* is used for the measurement of the degree to which the subject reports being a person who, in social interaction, is inclined to take into account the needs and opinions of others. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.
- 4b. *Empathy/fantasy* measures the degree to which the subject reports being able to reproduce in his own fantasy other people's emotional experiences. High-scorers report a high degree of this characteristic, low-scorers report a low degree.
- 4c. *Empathy/emotional comprehension* measures the degree to which the subject reports being inclined to take into consideration the emotions of others in social interaction. High-scorers report a high degree of this characteristic, low-scorers report a low degree.

5. *Locus of control* measures the degree to which the subject perceives himself having influence and control over the events happening in his life in general. High-scorers report a perception of little control (external locus of control), whereas low-scorers report a perception of a high degree of control over what happens in their lives (internal locus of control).
- 6a. *Reactive aggression* measures the degree to which the subject reports often taking an aggressive attitude in unpleasant social interactions. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.
- 6b. *Character aggression* measures the degree to which the subject reports being an aggressive person by nature. The higher the score, the more the subject reports this characteristic to be present.
7. *Impulsivity* assesses the degree to which the subject experiences himself as being in control over his own actions. High-scorers report a low degree of self-control (high impulsivity), whereas low-scorers report a high degree of self-control (low impulsivity).
- 8a. *Quantity of cognitive distortions concerning children and sexuality* measures the relative quantity of cognitive distortions regarding children and sexuality, as compared to the general Dutch male population aged 14–20 years. High-scorers disclose a relatively high number of these cognitive distortions, and low-scorers disclose a relatively low number of them.
- 8b. *Cognitive distortions/justifications* indicates the degree to which the subject admits justifying sexual interactions between (young) children and post-pubescent individuals.
- 8c. *Cognitive distortions/child sexual maturity* gives an indication of the degree to which the subject admits to perceiving (young) children as sexually functioning like mature individuals, both in a physical and in a psychological sense. The measurement is relative to the measured beliefs of the general Dutch male population aged 14–20 years.
- 8d. *Cognitive distortions/self-identification as a child* indicates the degree to which the subject perceives himself as psychologically similar to a young child, again compared to the general Dutch male population aged 14–20 years. High-scorers report a high degree of this characteristic, whereas low-scorers report a low degree.
- 8e. *Cognitive distortions/mutual extraordinary relationships with children* measures the degree to which the subject reports having intense mutual relationships with young children in ways that are not typical of his age group.
- 8f. *Cognitive distortions/ideation of attractiveness for children* indicates the intensity of the conviction of being both sexually and emotionally attractive to children, compared to the general Dutch male population aged 14–20 years.
- 9a. *Egodystomic hypersexuality* measures the degree to which the subject reports frequently experiencing unwanted and/or discomforting sexual emotions. High-scorers report a high level of discomfort regarding their sexual feelings. Average-scorers and low-scorers report experiencing no more of this discomfort than is typical for their age group.
- 9b. *Positive orientation towards sexuality* measures the degree to which the subject reports having a pleasurable interest in sexual activity. High-scorers report a high degree of this characteristic, and low-scorers may be in denial as to their sexual interests.

The ASAP-D is suitable for *male* adolescents (age 12–20) with an IQ of 80 and higher. Completing the ASAP-D takes about 50 minutes. All items are multiple-choice questions. Supervision of the subjects who fill in the ASAP-D is in some cases recommended, although

usually not required. At the beginning of each of the nine questionnaires there is an instruction on how to complete it. A revised version suitable for female adolescents is currently in development.

Method

Development and testing of the ASAP-D

The Dutch translation of the original ASAP was administered to a sample totalling 833 male juveniles between the ages of 12 and 21. Of these juveniles, 500 were a representative sample of non-delinquent youth recruited at several secondary schools throughout the Netherlands, 30 were inpatient sex offenders, 150 were outpatient sex offenders and 153 were non-sexual violent offenders (75 of them incarcerated and 78 in outpatient treatment). Of the juvenile sex offenders, 120 abused young children (under the age of 12) and 60 have abused peers and/or adults.

On the basis of these data, the Dutch translation of the original ASAP was tested as to reliability and the following types of validity.

Face validity. The translation of the original English questionnaires was first evaluated by a fully qualified English–Dutch interpreter. All items were then evaluated by a panel consisting of two fully qualified teachers of the Dutch language and three fully qualified psychotherapists. The panel evaluated the items as to clearness of formulation, unambiguity, readability and layout. Items that were evaluated as questionable were subjected to an inter-rater reliability test, conducted by another such panel. Items scoring a lower inter-rater reliability coefficient (Cohen's kappa) than 0.75 were omitted.

Construct validity. This type of validity was tested using factor analyses. It was studied as to whether the scales of the ASAP-D measured underlying constructs that fitted well into the definitions of the constructs that were meant to be measured.

Convergent validity. In order to determine the degree of convergent validity of the scales of the ASAP-D, correlation studies were conducted with available comparable Dutch scales. These scales are: the Social Desirability and the Direct Aggression scales of the Buss–Durkee Hostility Inventory–Dutch version (BDHI-D) (Lange et al., 1995), the Impulsivity scale of the Adolescent Temperament List (ATL) (Feij & Kuiper, 1984) and the Social Inadequacy and Self-esteem scales of the Dutch Personality Questionnaire (NPV) (Luteijn et al., 2000). The intercorrelations of the ASAP-D scales were also studied.

Discriminant and criterion validity. In order to assess the discriminant and criterion validity of the ASAP-D's scales, the scores of 10 different criterion groups were compared to those of the representative sample of 500 non-delinquent boys. The criterion groups were formed of a sample of juvenile forensic outpatients conducting standardized file research. Only the file information that was gathered *before* the administration of the ASAP-D was used. The following 10 criterion groups were formed: (1) juvenile forensic outpatients with a ADHD diagnosis in their file; (2) juvenile forensic outpatients undergoing intensive aggression regulation treatment; (3) juvenile forensic outpatients with explicit information in their file about currently having a low degree of self-esteem; (4) juvenile forensic outpatients with explicit information in their file about currently experiencing strong feelings of loneliness; (5) juvenile forensic outpatients with explicit information about empathic deficiency in their file; (6) juvenile forensic outpatients with explicit information about a clearly external locus of

control in their file; (7) juvenile forensic outpatients with explicit information in their file about having a high degree of impulsivity; (8) juvenile forensic outpatients with explicit information in their file about currently having a high degree of sexual preoccupation; (9) juvenile forensic outpatients with explicit information in their file about currently having a high degree of sexual activity and (10) juvenile forensic outpatients with explicit information in their file about frequently displaying verbal and/or physical aggressive behaviour.

Predictive validity. In order to assess the predictive validity of the ASAP-D's scales, correlation studies were conducted between the ASAP-D scores found in a group of juvenile clients of De Waag, a forensic outpatient clinic ($n = 30$) and their therapists' standardized ratings of each of the measured characteristics after at least three months of treatment. The ASAP-D was administered at the beginning of treatment, i.e. at least three months before the therapists' ratings. The therapists were required to rate "0" if they thought the characteristic was not present, "1" if they suspected the characteristic was present, and "2" if they judged the characteristic to be definitely present. The therapists were kept ignorant of their clients' ASAP-D's scores until they had completed their ratings.

Method of the comparative study

Description of the comparison groups

Juvenile sex offenders. This group consisted of 146 boys aged 12–20 ($M = 16.4$, $s.d. = 2.3$) who committed one or more sexual hands-on offences. They were recruited at both inpatient ($n = 24$) and outpatient ($n = 122$) forensic therapeutic institutes. Of these boys 90 (62%) committed sexual offences against children younger than 12 years of age and 56 (38%) committed offences against persons older than 12 (mostly victims of their own age group). The majority of these boys were of Dutch origin (87%). The remaining 13% were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 5% had a high level of education. The majority, 95%, had a low level of education.

Juvenile perpetrators of non-sexual violent offences. This group consisted of 153 boys aged 12–20 ($M = 16.7$, $s.d. = 1.8$) who committed violent offences of a non-sexual nature. Most of these boys were of Dutch origin (60%). The remaining 40% were of immigrant origin, mostly Moroccan, Turkish, Dutch-Antillean and Surinamese. Only 6% had a high level of education. The vast majority, 94%, had a low level of education.

Non-delinquent juveniles. This group, the control group, consisted of a representative (Central Bureau of Statistics, 2003) sample of 500 boys, aged 14–18 ($M = 15.8$, $s.d. = 0.8$) who were recruited at secondary schools in several major cities and provincial towns throughout the Netherlands. Of these boys 84% were of Dutch origin and 16% were of immigrant origin, again Moroccan, Turkish, Dutch-Antillean and Surinamese. Most of them, 74%, had a low level of education. The remaining 26% received a high level of education.

As a result of the careful selection of the different groups, the numbers of included cases do not always add up to the number of the total sample. Some cases had to be excluded from some groups, but could be included in others.

In addition to the ASAP-D, the *sexual knowledge* scale of the Multiphasic Sex Inventory (MSI) (Nicols & Molinder, 1984) was also administered in order to test and compare

the degree of knowledge about sexuality and sexual behaviour of the different research groups.

Analyses. The comparative study was conducted using one-way analysis of variance (ANOVA) and Bonferroni multiple comparisons.

Results

Testing of the ASAP-D: Validity

Face validity. The face validity test showed a satisfactory degree of face validity in the definitive version of the ASAP-D. Items that failed to meet the criterion of face validity were omitted.

Construct validity. Factor analyses showed that in all of the scales of the definitive version of the ASAP-D the underlying constructs fitted well into the definitions of the constructs that were meant to be measured. Scales of the original version that failed to meet the criterion of construct validity were in most cases omitted. In some scales, however, it proved possible to attain sufficient construct validity by omitting poorly loading items.

Convergent validity. As shown in Table IIa and Table IIb, the majority of the correlations found indicate a satisfactory degree of convergent validity of the scales of the ASAP-D.

Discriminant and criterion validity. As shown in Table III, the vast majority of results indicate a satisfactory degree of discriminant and criterion validity.

Predictive validity. The results of the predictive validity study are shown in Table IV.

Table II. (a) Correlations with scales of other instruments: *N* = 30, Pearson's *r*.

	BDHI-D***	BDHI-D***	ATL****	NPV*****	NPV*****
	Social desirability	Direct aggression	Impulsivity	Social inadequacy	Self-esteem
Social desirability	0.865	-0.759	-0.733	-0.022*	0.618
Reactive aggression	-0.400	0.861	0.369	0.267	-0.486
Character aggression	-0.507	0.532	0.483	0.000*	-0.778
Impulsivity	-0.407	0.263	0.728	0.065*	-0.591
Emot. loneliness	0.462	0.330	-0.520	0.779	-0.043**
Self-esteem	-0.030*	-0.545	0.283*	-0.614	0.020**

*Significance: *p* > 0.05.

**According to the results of factor analyses, the concepts of 'self-esteem' measured by the ASAP-D and by the NPV differ considerably. The ASAP-D's scale measures the degree to which the subject feels generally pleased with himself. The NPV's scale measures the degree to which the subject reports good performance and functioning in a number of areas. In view of this, and of the correlations found with social desirability scales, it is supposed that, in contrast to the ASAP-D's scale, the NPV's scale is very susceptible to socially desirable responses. This can explain the poor correlations between both self-esteem scales and between the NPV's scale and the ASAP-D's emotional loneliness scale.

***Buss-Durkee Hostility Inventory—Dutch.

****Adolescent Temperament List.

*****Dutch Personality Inventory.

Table II. (b) *Relevant intercorrelations of the ASAP-D's scales: n = 261.*

Intercorrelation	Pearson's r
Self-esteem—emotional loneliness	-0.227
Self-esteem—impulsivity	-0.332
Self-esteem—locus of control	-0.227
Empathy/perspective taking—reactive aggression	-0.270
Empathy/perspective taking—empathy/fantasy	0.317
Empathy/emotional comprehension—empathy/perspective taking	0.474
Locus of control—impulsivity	0.310
Locus of control—character aggression	0.222
Impulsivity—character aggression	0.410
Impulsivity—positive orientation towards sexuality	0.486
Reactive aggression—character aggression	0.321
Egodystonic hypersexuality—positive orientation towards sexuality	0.370
Mutual special relationships with children—ideation of attractiveness for children	0.547
Mutual special relationships with children—self-identification as a child	0.529
Justifications—child sexual maturity	0.631
Justifications—self-identification as a child	0.413
Justifications—mutual special relationships with children	0.513
Justifications—ideation of attractiveness for children	0.356
Child sexual maturity—self-identification as a child	0.479
Child sexual maturity—mutual special relationships with children	0.490
Child sexual maturity—ideation of attractiveness for children	0.426
Self-identification as a child—ideation of attractiveness for children	0.625

These results show that some of the ASAP-D's scales were adequately able to predict the therapists' ratings, whereas other scales were considerably less able to do so. Obviously, it is a much easier task for therapists to rate the degree of presence of observable behaviour than to assess the degree of presence of cognitions. This could, at least in part, explain most of the low correlations found. Also, cognitions are usually much easier to hide by clients than is observable behaviour.

Reliability

Internal consistency. All the scales of the ASAP-D had a sufficient degree of internal consistency in all groups studied (n, range = 30–500). The Cronbach alpha values ranged between 0.70 and 0.93.

Test–retest reliability. Test–retest reliability of the ASAP-D's scales was assessed by administering the instrument twice to a group of 28 secondary school students aged 14–17 with an interval of 14 days. The test–retest correlations of all scales ranged between 0.70 and 0.98.

The influence of social desirability. The influence of socially desirable response on the scores on the scales of the ASAP-D was studied by establishing correlations between the scores on the social desirability scale (LSDS) and those on the other scales (see Table V).

Only the scales 'reactive aggression' and 'impulsivity' showed a considerable influence by social desirability. The scores on these scales therefore should be considered as unreliable when social desirability scores are very high or very low. The scores on the other ASAP-D scales do not appear to be significantly affected by a socially desirable response tendency.

Table III. Discriminant and criterion validity.

Scale	Group compared to control group: (age 14–20, all groups n = 30)	t-test	Results as expected
Impulsivity	De Waag outpatients with ADHD diagnosis in file	t = 8.576 p = 0.000	Yes
Character aggression	De Waag outpatients with ADHD diagnosis in file	t = 4.691 p = 0.000	Yes
Empathy perspective taking	De Waag outpatients with ADHD diagnosis in file	t = -2.635 p = 0.009	Yes
Reactive aggression	De Waag outpatients undergoing intensive aggression regulation therapy	t = 3.044 p = 0.003	Yes
Character aggression	De Waag outpatients undergoing intensive aggression regulation therapy	t = 5.190 p = 0.000	Yes
Impulsivity	De Waag outpatients undergoing intensive aggression regulation therapy	t = 2.800 p = 0.007	Yes
Empathy perspective taking	De Waag outpatients undergoing intensive aggression regulation therapy	t = -2.641 p = 0.011	Yes
Empathy emotional comprehension	De Waag outpatients undergoing intensive aggression regulation therapy	t = -1.844 p = 0.070	No*
Locus of control	De Waag outpatients undergoing intensive aggression regulation therapy	t = 0.048 n.s.	No
Self-esteem	De Waag outpatients with explicit file information of low self esteem	t = -6.386 p = 0.000	Yes
Emotional loneliness	De Waag outpatients with explicit file information of strong feelings of loneliness	t = 3.843 p = 0.000	Yes
Empathy perspective taking	De Waag outpatients with explicit file information of empathic deficiency	t = -2.209 p = 0.028	Yes
Empathy fantasy	De Waag outpatients with explicit file information of empathic deficiency	t = -2.198 p = 0.029	Yes
Empathy emotional comprehension	De Waag outpatients with explicit file information of empathic deficiency	t = -4.436 p = 0.000	Yes
Locus of control	De Waag outpatients with explicit file information of external locus of control	t = 1.782 p = 0.076	No*
Impulsivity	De Waag outpatients with explicit file information of high degree of impulsivity	t = 6.980 p = 0.000	Yes
Egodystonic hypersexuality	De Waag outpatients with explicit file information of high sexual preoccupation	t = 5.291 p = 0.000	Yes
Positive orientation towards sex	De Waag outpatients with explicit file information of high degree of sexual activity	t = 2.643 p = 0.010	Yes

Table III (Continued)

Scale	Group compared to control group: (age 14–20, all groups n = 30)	t-test	Results as expected
Character aggression	De Waag outpatients with explicit file information of frequent aggressive behaviour	t = 6.223 p = 0.000	Yes
Reactive aggression	De Waag outpatients with explicit file information of frequent aggressive behaviour	t = 2.088 p = 0.049	Yes

n.s. = non-significant.

*Expected means difference present, although too small to reach statistical significance ($p < 0.05$).

Influences of age, ethnicity and educational level. The influences on the ASAP-D scores of age, ethnicity and educational level were assessed by comparison of the means (conducting t-tests) between the following groups: boys aged 13–15 ($n = 75$) versus boys aged 16–18 ($n = 75$); boys of immigrant origin ($n = 75$) versus boys of Dutch origin ($n = 75$); boys of low educational level ($n = 75$) versus boys of high educational level ($n = 50$). The conducted t-tests yielded no significant differences ($p < 0.05$) between the mean scores of the groups compared. It may thus be assumed that these factors do not have a significant influence on the ASAP-D scores.

Norm. The ASAP-D is currently normed on a representative sample of 500 male non-delinquent juveniles aged 12–20.

Results of the comparative study

Juvenile sex offenders. First, it is clear that juveniles with a lower degree of education are over-represented among juvenile sex offenders. While 74% of the Dutch general male population

Table IV. Predictive validity.

ASAP-D scale	Correlation with rating by therapists (Pearson's r)
Self-esteem	–0.887*
Emotional loneliness	0.737
Empathy perspective taking	0.501
Empathy fantasy	0.126
Empathy emotional comprehension	0.517
Locus of control	0.662
Impulsivity	0.713
Cognitive distortions	0.358
Justifications	0.669
Ideation of child sexual maturity	0.262
Self-identification as a child	0.127
Ideation of mutual special relationships with children	0.208
Ideation of attractiveness for children	0.205
Egodystonic hypersexuality	0.619
Positive orientation towards sexuality	0.582
Reactive aggression	0.706
Character aggression	0.822

* Clients were rated on low self-esteem.

Table V. Pearson's *r* correlations with social desirability (LSW); *n* = 263.

Scale	<i>r</i>
Self-esteem	0.260
Emotional loneliness	-0.043
Empathy perspective taking	0.288
Empathy fantasy	-0.058
Empathy emotional comprehension	0.263
Locus of control	-0.059
Reactive aggression	-0.483
Character aggression	-0.285
Impulsivity	-0.418
Egodystonic hypersexuality	-0.113
Positive orientation towards sexuality	-0.278
Cognitive distortions	-0.079
Justifications	0.157
Ideation of child sexual maturity	0.151
Self-identification as a child	0.102
Ideation of mutual special relationships with children	0.055
Ideation of attractiveness for children	-0.008

aged 12–20 had a low level of education (Central Bureau of Statistics, 2003), 95% of the juvenile sex offenders had an education at this level.

No significant differences were found between the three groups studied in knowledge about sexuality. These results do not support the notion that too little knowledge about sexuality plays a role of any importance in the development and/or continuation of sexually abusive behaviour in juveniles. There were also no significant differences found between juvenile sex offenders and non-delinquent youth on the aggression scales. As expected, the juvenile non-sexual violent offenders scored significantly higher on the “reactive aggression” scale than the other two groups ($F = 12.503$, $p < 0.000$). This result does not yield support for the notion that sexually abusive behaviour in juveniles is in any significant way inspired by aggressive feelings or tendencies.

Compared to non-delinquent youth, juvenile sex offenders differed significantly only in the scores on the *self-esteem* ($p < 0.000$) and *emotional loneliness* ($p < 0.000$) scales, and on four of the five specific cognitive distortion scales: *justifications* ($p = 0.003$), *self-identification as a child* ($p = 0.001$), *ideation of mutual special relationships with children* ($p = 0.007$) and *ideation of attractiveness for children* ($p = 0.022$). The juvenile sex offenders scored significantly lower on *self-esteem* and higher on *emotional loneliness*. This implies that juvenile sex offenders generally feel less pleased with themselves and feel lonelier than their non-delinquent peers. It is, however, unclear whether these differences already existed during the period before they were caught and convicted for their abuse. It is to be expected that individuals who are caught and convicted for a serious offence such as sexual abuse develop at least some degree of insecurity about themselves and a sense of being isolated from family, friends and the community.

Surprisingly, the juvenile sex offenders scored significantly *lower* on the mentioned cognitive distortion scales. In other words, they seem to have *less* of the measured cognitive distortions than their non-delinquent peers. A possible explanation for this finding could be a higher degree of socially desirable response of the juvenile sex offenders to the specific questions about sex and children. It should be noted that, in contrast to their non-delinquent counterparts, the juvenile sex offenders could not fill in their ASAP-D forms anonymously, as they were required to state their names on the forms. However, the scores on the social

desirability scale do not correlate substantially with the scores on any of the cognitive distortions scales in any of the groups studied; nor are there any significant differences in socially desirable response between the three groups studied. Another possible explanation could be that the juvenile sex offenders in this study, who were all caught, punished and/or referred for treatment, already have become more conscious of the unacceptability, inadequacy and seriousness of their sexually abusive behaviour. This enhanced consciousness could already have begun during the period of abuse itself. While in the active period of abusing, many of the young offenders may already have felt guilty about what they were doing. Despite this, they may also have felt unable to stop their abusive behaviour.

The finding of an absence of significant differences on all other scales between juvenile sex offenders and non-delinquent juveniles does not support the theory that juvenile perpetrators of sexual offences generally suffer from mental illness or from marked developmental deviations. This finding is consistent with the results of most empirical research on juvenile sex offenders carried out to date (Ryan & Lane, 1997; Van Outsem, 2002; Van Wijk et al., 2004). Most studies demonstrate only small differences, if any, between the personality make-up of juvenile sex offenders and that of the general population of adolescents. Compared to juvenile perpetrators of non-sexual violent offences, juvenile sex offenders seem to have a somewhat lower *self-esteem* ($p = 0.008$) and a slightly higher degree of *emotional loneliness* ($p = 0.002$). As expected, the non-sexual violent offenders scored significantly higher on *reactive aggression* ($p = 0.003$) and on *positive orientation towards sexuality* ($p = 0.041$). The latter difference can be adequately explained by these juveniles' lower expected degree of shyness, or higher degree of bravado, when answering questions about their sexual interests and activities. Due to the previously discussed relatively low scores of the juvenile sex offenders in the area of cognitive distortions, the non-sexual violent offenders score somewhat higher on *justifications* ($p = 0.012$) and on *ideation of mutual special relationships with children* ($p = 0.012$). The scores of the non-sexual violent offenders on the *justifications* scale do not differ significantly from those of the non-delinquent juveniles. The non-sexual violent offenders score significantly lower on *ideation of mutual special relationships with children* than the non-delinquent youths ($p = 0.001$).

Juvenile perpetrators of non-sexual violent offences. Among the juvenile non-sexual violent offenders, an over-representation is also found of juveniles with a lower educational level (94% versus 74% of the general male population aged 12–20) and of juveniles of immigrant origin (40% versus 16%). As expected, juvenile perpetrators of non-sexual violent offences score significantly higher than non-delinquent juveniles on *impulsiveness* ($p = 0.015$) and *reactive aggression* ($p = 0.001$). They also score significantly higher on *positive orientation towards sexuality* ($p = 0.013$), which can again be explained by the above-mentioned expectation that these more bravado-inspired juveniles are less shy about discussing their sexual interests and activities than other juveniles. Finally, they score significantly lower on *self-identification as a child* ($p < 0.000$) and *ideation of mutual special relationships with children* ($p = 0.001$), which may reflect these juveniles' expected tendency to distance themselves from a child-like self- and public image.

Discussion

The ASAP-D

The ASAP-D appears to be an adequate instrument for the assessment of juvenile sex offenders, as it is found to be valid and reliable in the measurement of those personality

characteristics which, according to the literature, are most relevant. It also appears to be a promising instrument for measuring changes in these characteristics as an indication of effect of treatment (when administered both before and after therapy). Because this instrument also covers many of the personality characteristics that are generally associated with a predisposition to perpetrate non-sexual violent crimes, the use of the ASAP-D could also be considered in the assessment of juvenile non-sexual offenders.

The ASAP-D should not, at least at this stage, be seen as a risk assessment instrument. It is still under debate if and to what extent any measured change in personality characteristics could result in a justifiable reduction of the assessed risk of re-offending (Ryan & Lane, 1997; Van Outsem, 2002). Further research should shed more light upon the effects of changes in personality characteristics on the kind, frequency and severity of re-offence in those subjects who do re-offend after treatment. The possibility should seriously be considered that certain changes could, indeed, lead to at least less frequent and/or less severe re-offending. Combining the ASAP-D with other psychometric instruments and other (risk) assessment techniques is in most cases necessary. This is especially the case where psychopathology and/or a deviant home environment is observed or suspected. A thorough inventory of the protective and risk factors in the subject's living environment should also prove a valuable extension of the ASAP-D.

Further development of the ASAP-D is needed, especially in the areas of sexuality and cognitive distortions. The current version of the ASAP-D measures only two dimensions of sexuality and only five of all possible relevant cognitive distortions. These two key areas should be explored in a much wider range of dimensions, in order to obtain a sharp image of the dynamics behind a juvenile's sexually abusive behaviour. Moreover, Beckett (2005) has found solid indications that the scores on the ASAP's cognitive distortion scales tend to drop significantly when these scales are not administered anonymously (compared to anonymous administration). This means that only high scores on the ASAP-D's cognitive distortion scales reliably reflect a (high degree of) presence of the cognitive distortions measured. Average and low scores on these scales are not to be considered reliable, and are thus not indicative of the degree of presence of the cognitive distortions measured. Further efforts should be devoted to overcome the cognitive distortion scales' shortcomings.

The comparative study

In this study, only few and relatively small differences in personality characteristics have been found between juvenile sex offenders, juvenile non-sexual violent offenders and a normative control group of non-delinquent peers. In fact, not one of the significant differences found exceeds the magnitude of 1 s.d. of the distribution of scores in any of the groups studied. At first glance, it seems fair to conclude that the three groups under study are more similar than different regarding at least most of the personality characteristics measured.

In this study little, if any, evidence is found that the personality characteristics that are generally considered relevant in the literature for the development and perpetuation of *sexually* abusive behaviour in juveniles do in fact play a role of significance in this process. This would mean that most of the current theories about sexually abusive behaviour in juveniles should be reconsidered. The results of this study regarding juvenile sex offenders could be explained in three ways. First, it may be that sexually abusive behaviour is an unwanted and harmful, but natural variety in the human behavioural repertoire of adolescence. Secondly, it may be that sexually abusive behaviour results from a very narrow and specific, yet still undiscovered aberration in the human psyche. Thirdly, both explanations might be true. Sexually abusive behaviour would then be the product of psychosocial deviance

in some people and of unsuccessful inhibition of natural impulses in others. In the case of psychosocial deviance, this deviance may either be the direct cause of the abusive behaviour, or it may be the result of a key impairment of its usual inhibition. If the first explanation is true, then sexually abusive behaviour in juveniles would perhaps be better explained in a theoretical framework focused on context rather than one focused on the constitution of personality. This would also imply that more emphasis should be put on preventive activities in society, as a wide variety of juveniles would be apt to display sexually abusive behaviour. If the second explanation is true, then more fine-tuned and more detailed research on personality characteristics and other psychological factors is needed in order to discover the cause of the abusive behaviour. Early assessment and treatment of the characteristics found should, in that case, be emphasized. Finally, if the third explanation is true, it would be imperative to differentiate between deviant and non-deviant pathways towards sexually abusive behaviour. Different prevention and intervention approaches would then be needed for juvenile sex offenders who abuse because of psychosocial deviancy and for those whose abuse results from the unsuccessful inhibition of ethologically natural impulses.

The only marked difference found between the juvenile sex offenders and the general Dutch population of male juveniles is the difference in educational level. Among the juvenile sex offenders those with a lower educational level are over-represented. This finding could indicate that a lower intelligence, generally associated with a lower educational level, negatively influences the individual's ability to modify his behaviour when abusive sexual impulses are experienced. It may also reflect a lower ability to learn the usual ways to suppress these kinds of impulses.

Regarding the juvenile perpetrators of non-sexual violent offences, it is to be noted that the only clear differences in personality characteristics found between this group and the other two is that they indeed tended to be more aggressive in social interactions, they were generally more impulsive than other juveniles and they displayed less shyness, or more bravado, discussing personal sexual issues. None of the other characteristics measured seem to differentiate this group from the non-delinquent juveniles. These findings do not seem to give much support to the theory that violent behaviour in adolescents would be *primarily*, let alone *exclusively*, caused by mental illness or by significant developmental disorders. In that case, one would expect to find significant differences in a wider spectrum of personality characteristics as measured in this study. The present findings seem to advocate a higher appreciation of contextual factors in addition to psychopathological and developmental deviance factors in the approach to the problem of violent behaviour in juveniles. The aforementioned over-representation of those with a lower educational level and of juveniles from immigrant origin in the juvenile non-sexual violent offender group seems to further support this idea.

It must be said, however, that hard and definitive conclusions cannot yet be made. When interpreting the results of this study, one should take into account the possible limitations and biases of the self-report method used here. The results of self-report are always a function of how a subject experiences himself and of which experiences and how he wants to disclose them to others. Thus, the results of this study may, at least to some extent, very well be influenced by social trends, common beliefs and taboos. However, these results can at least be taken as an indication of possible directions for further research.

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