

AN ABSTRACT OF THE THESIS OF

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Lack of empathy has been identified as a personality variable that may contribute to committing acts of child molestation. In an attempt to examine this possibility, two samples of parolees, classified as sexual offenders convicted of child molestation, and nonsexual offenders convicted of crimes against property participated in this study. The offender samples were compared to nonoffenders from the general population. The two offender samples were on parole in a large city located in Kansas. Sixty male participants aged 18 years or older were given the Mehrabian Balanced Emotional Empathy Scale. The results of a one-way ANOVA showed the nonoffender group significantly higher from the offender samples, and no difference between the two offender samples.

EMPATHY LEVELS OF CHILD MOLESTERS COMPARED TO NONSEXUAL
OFFENDERS AND NONOFFENDERS

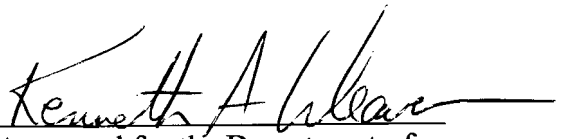
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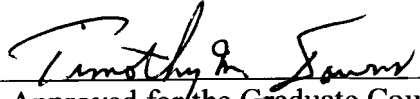
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CHAPTER 1

INTRODUCTION

Psychologists face the task of attempting to explain human behavior, including those behaviors deemed by society as threatening and harmful, such as child sexual abuse. This study examined personality factors related to empathy which may contribute to committing acts of child molestation.

According to Black's Law Dictionary (1990), sexual abuse is defined as having sexual involvement with a person without his or her consent. This abuse includes, but is not limited to, acts of exhibition, masturbation, fondling, intercourse, rape, sodomy, bestiality, and ritualized cult torture. Adults who commit acts of child molestation are known as pedophiles.

It is no longer thought that only trying to correct an offender's current behavior is sufficient in creating permanent change. Focus has shifted to include an offender's developmental background and emotional deficits as potential contributors to the behaviors. One theory regarding offenders' behavior is that early in childhood development, they were not encouraged to feel empathy (Marshall & Maric, 1996). This is the ability to recognize emotions in other people. It is thought a lack of empathy possibly allows offenders to dissociate themselves from their victims and the abuse they inflict. This means offenders may not see or recognize the pain victims feel about being abused. Instead, offenders may feel their sexual advances are welcomed and enjoyed by their victims. If a lack of empathy is truly a contributor to molestation, identifying deficient emotional areas could conceivably be a first step in creating lasting behavioral change.

Statistically, current sexual offender treatment programs have not been shown to be very successful in rehabilitating offenders (Marshall, O'Sullivan, & Fernandez, 1996). A contemporary method of treatment is to confront the offender about immediate behaviors preceding the sexual offense. If lack of empathy is a contributor to sexual

abuse, then confrontation about basic social skill violations not learned as a child would not be effective or sufficient. Another current treatment, psychodynamic therapy, would also not be effective because it is usually done within the context of group therapy, with peers providing feedback to other members. If all group members possess a lack of empathy, the topic of empathy may not even be introduced.

Review of the Literature

Significant Results

Marshall, Champagne, Brown, and Miller (1997) and Marshall, Bryce, Hudson, Ward, and Moth (1996) speculate that early in offenders' development, disruptive events, such as abusive parental relationships, occur and these incidents leave children vulnerable and lacking in self-confidence, thereby causing them to respond to others and relationships in a deviant manner. These researchers believe offenders are lonely and do not experience intimacy. A true bonding to other people does not happen, and this produces a lack of empathy. To investigate this theory, the authors used the Child Molester Empathy Measure (Fernandez, Marshall, Lightbody, & O'Sullivan, 1999) in conjunction with the Social Intimacy Scale (Miller & Lefcourt, 1982), the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1989), and the Social Self-Esteem Inventory (Lawson, Marshall, & McGrath, 1979).

Testing indicated child molesters showed less empathy towards sexual abuse victims in general than did nonoffenders and were even less empathic towards their specific victim. There were no differences regarding loneliness scores between the offender and nonoffender group. The researchers speculated that perhaps their control group just happened to be more lonely than a normative group. Intimacy scores were lower than the control group, giving support to the idea that offenders experience difficulties with bonding. The offender self-esteem scores were also significantly lower than the control group.

Marshall, Champagne, Sturgeon, and Bryce (1997) also suggested another factor in sexual offending is a lack of self-esteem. The reasons for this lack of esteem were disruptive early childhood events, such as abusive parental relationships. These types of relationships are damaging to a child's self-worth and do not provide a child with appropriate models for social behavior. Harsh environments teach children to treat others in the same manner, not allowing the child to feel good about him or herself, or to form intrinsic relationships with others. To assess these theories, the Social Self-Esteem Inventory (Lawson et al., 1979) was used, along with the Victim Empathy Scale (Fernandez et al., 1995), and Miller's Social Scale (Miller & Lefcourt, 1982).

Marshall et al. (1997) applied treatment in the form of social skills training to a group of parolees, including behaviors and boundaries in relationships, feelings such as jealousy, and living alone. Enhancing self-esteem through emotional expression and recognition was the one focus. Another focus was recognizing victim harm, with the ultimate goal of enhancing empathy. The researchers exuded an empathic manner, which they encouraged the offenders to model behaviorally.

When the program was completed, post-treatment scores of the previous measures revealed a drop in loneliness and significantly higher scores for intimacy and empathy. This suggested empathy can be learned through correction of developmental deficits from early childhood.

Hudson, Marshall, Wales, McDonald, and Bakker (1993) showed participants photographic slides to sexual offenders. The slides were of people displaying emotions via facial expressions. The offenders were instructed to identify the emotion they were viewing as a measure of test sensitivity to emotional stimuli. The sexual offender group displayed the lowest amounts of sensitivity to the slides, often interpreting facial expressions of fear as surprise. This was considered a critical result in that fear was thought of as a negative response, and surprise could be interpreted as a positive one. The

researchers felt a facial expression depicting surprise could possibly be interpreted by an offender as a welcoming gesture to their sexual advances.

Nonsignificant Results

Marshall, Hudson, Jones, and McDonald (1993) used the Davis Interpersonal Reactivity Index (1983) as a measure of generalized empathy. The Index consists of four 10 item subscales covering areas of emotional concern, fantasy, perspective-taking, and personal distress. The outcome did not show a significant difference in general empathy between a sample of convicted child molesters participating in sexual relapse treatment and a self-reported nonoffender control group consisting of approximately same age males from society. The lack of significance was felt to possibly be the offenders' attempt to guess or repeating from previous treatment attempts what was desired of them, thereby presenting themselves in a more favorable light, not a true indication of empathy.

Marshall et al. (1996) utilized the Hogan Empathy Scale (Hogan & Hogan, 1969) and the Mehrabian and Epstein Empathy Questionnaire (1972), along with the Personality Questionnaire (Jackson, 1984) to investigate correlation of personality traits impacting the presence or lack of empathy for others. There were no differences on the Personality Scale, suggesting both groups did not differ in presenting themselves in a socially acceptable manner. Scores for both the Hogan Empathy Scale and the Mehrabian and Epstein Questionnaire were considerably lower for the sexual offender group than the nonoffender control group. The researchers discerned that not only did child molesters have deficiencies in the cognitive component of generalized empathy but also in the emotional empathic component as well.

Models of Empathy

McGrath, Cann, and Konopsky (1998) felt the existing empathy measures were not specifically geared toward child molesters. To address this concern, they developed the Sexual Social Desirability Scale (SSDS), the Empathy Scale, and the Child Molester Scale to assess adults convicted of child molestation.

The Sexual Social Desirability Scale measures the tendency to attribute false positive personality characteristics to oneself. In this study, there were no differences in SSDS scores across offender sample groups who were convicted of child molestation and those convicted of non-person felonies. Even the offender groups instructed to "fake good," by answering the assessment in a more positive light showed no differences. These offender groups "faking good" endorsed items ascribed to having more positive personality attributes and denied having more unpleasant characteristics. The authors felt the scoring profiles suggested offenders truly lack positive self-concepts, do not know how to pretend to be viewed in a more positive manner, and actually believe their sexually abusive behavior is acceptable.

The Empathy Scale is topic-specific in that it strictly measures offender empathy toward the victim. Results indicated a sexual offender group showed significantly less empathy toward victims of sexual abuse than other offender groups. This was considered a critical factor in the research because when sexual offenders tried to present themselves more favorably on the assessment, they could not identify the empathic responses for the sexual abuse victims.

The Child Molester Scale's scores indicated groups of offenders, sexual and nonsexual, scored similarly and showed considerably more cognitive distortions than the control group. When testing situations were equal for both offender groups, it appeared sexual offenders possessed more cognitive distortion than the nonsexual offender group.

To assess the hypothesis of offenders feeling socially inadequate, Knight (1988) and Chaplin, Rice, and Harris (1995) utilized the Hogan Empathy Scale (Hogan & Hogan, 1969) and the Mehrabian and Epstein Empathy Questionnaire (Mehrabian & Epstein, 1972). Child molesters scored significantly lower on the Hogan Empathy Scale, suggesting a lack of empathy, but there were no differences on the Mehrabian and Epstein Questionnaire when compared with the nonoffender control group.

Abel, Gore, Holland, Camp, Becker, and Rathner (1989) believe child molesters offend because of inappropriate distortions regarding their perceptions of themselves, their victims, and the world around them. The researchers felt trying to discern these distortions would be a first step in creating intervention. The research was conducted using the Cognition Scale (Abel, Becker, Cunningham-Rathner, Kaplan and Reich, 1984) which is an instrument discerning the appropriateness of a person's thoughts. Child molesters scored significantly more deviantly than the control nonoffenders. The authors felt this was evidence that child molesters' perceptions and beliefs are far different from nonoffenders, and that these faulty cognitions are contributors to their overall view of acceptable sexual behavior. This difference shown in this research could have been to a number of attributing factor such as the instrument used may have been suited for the hypothesis, the samples chosen, may have been chosen more carefully to reflect the scale chosen, or even the authors' interpretation of the results.

In an attempt to clarify what factors make up empathy, Marshall et al. (1996) outlined a four-factor model. This model consists of emotion recognition, perspective-taking, experiencing emotions through a victim's view, and whether or not to respond in a way that would end a person's distress.

Using this four-factor model, treatment included minimization of the offender's behavior in order to challenge the molester's paradigm that could allow justification of the sexual abuse. Emotional recognition and expression were used to strengthen the ability emotions in other people. This was thought to give an offender more insight into the harm caused to the victim, thereby increasing empathy for the victim.

Post-treatment scores showed an improved capacity for emotional recognition and victim empathy. The researchers felt although this could be a result of offenders responding in a way they knew was expected of them after treatment, it was also a first step in furthering success rates regarding treatment.

Schlank and Shaw (1996) devised a 10-session, structured exercise in victim empathy with two groups of convicted sexual offenders who were in denial of their guilt. The purpose was to impose upon the offenders the emotional effects experienced by victims of sexual abuse. The offenders were shown videotapes, then instructed to write a report on the short-and long-term effects of sexual abuse, and also how an offender's denial would impact victims. The researchers felt the victim empathy segments were crucial in whether or not the offenders, at any time during the procedures, admitted their guilt. Those offenders who said they were guilty were financially compensated for participating in the study, while those who did not admit guilt were not.

Witt, Rambus, and Bosley (1996) reported that for the last 20 years sexual offender treatment has consisted of sexual reconditioning exercises to treat the present deviant sexual behaviors. In the 1990s, reducing abnormal sexual arousal through aversive conditioning was often added, and was reported by Witt et al. to still be used in current offender programs, often through aversive conditioning.

According to Freeman-Longo, Bird, Stevenson, and Fiske (1994) some type of victim empathy training is being used as a basic tool in the majority of sex offender treatment. They, along with Knopp, Freeman-Longo, and Stevenson (1992), stated some empathy training was being used in 93-94% of treatment offender programs, although there is disagreement about what constitutes empathy, if offenders possess specific or generalized empathy deficiencies, whether or not empathy can be taught, and what interventions work best with which type of offender. Disagreements such as this would suggest research needs to continue regarding empathy.

In summary, it is no longer felt that just trying to correct an offender's current behavior is sufficient in creating permanent change. Instead, focus has shifted to include an offender's developmental background and emotional deficits. One possible deficit is thought to be a lack of empathy, which is the ability to recognize feelings in others.

Researchers theorize child molesters lack this empathic ability and may even feel their abuse is welcomed and enjoyed by their victims.

Current sexual offender treatment programs are not shown to be statistically successful in terms of rehabilitating offenders. The number of molestation cases continues to rise, so research has sought to find possible reasons prevailing programs are not working in order to successfully rehabilitate offenders, thereby lowering the number of molestation incidents.

One obstacle to creating more empathic treatment programs is no universal definition for empathy. Some theorists believe the lack of empathy is the product of no self-esteem, while others range from not learning social skills as children, to having incorrect emotional recognition, to offenders having an understanding of empathy but choosing not to be empathic.

A variety of studies have been done. Some focus on a lack of self-esteem and feelings of social inadequacy, brought about by harsh early developmental years prohibits offenders from the ability in bonding with others. It is thought by instructing adults social skills not learned as children enhances self-esteem and teach offenders how to form healthy relationships.

Other research results showed no statistical difference between offender and nonoffender groups. It was thought offenders knew what how to answer the questions to show them in a more favorable light, and possessing false positive personality attributes.

Further researchers feel the focus should shift to cognitive distortions of offenders. They are of the opinion that offenders have even less empathy for sexual abuse victims than for victims of other forms of abuse. These distortions also include the lack of emotional recognition in victims, mistaking negative reactions by their victims as welcoming gestures to the abuse. Offenders' distortions are of themselves and the world around them, and their victims. Identifying their distortion is thought to be the first step to rehabilitation.

A view of research regarding empathy is that current studies are too generalized or incorrect in even defining empathy. Researchers embracing these views have attempted to bring more focus by creating assessments more topic specific.

Studies will continue as researchers struggle to reach universal definitions of empathy, of what is comprised, and successful ways to rehabilitate offenders as attempts to lower cases of child molestation.

Hypothesis

The present study tested the following hypothesis:

The sample of men convicted of child molestation would exhibit lower levels of empathy than the group of males who reported no convictions and the offender group of males convicted of non-person felonies would exhibit levels between the other two groups.

CHAPTER 2

METHOD

Participants

The sexual offender group consisted of 20 male parolees aged 18 years and older convicted of child molestation. Participants were volunteers from the Wichita area.

The felony without sexual offense group was comprised of 20 volunteer male parolees, aged 18 years and older, from the Wichita area. All participants had felony nonsexual convictions that did not involve social offenses such as physical abuse of another person or persons. The nonoffender group was comprised of 20 adult males aged 18 years and older from the Wichita area who had no record of felony convictions (by self-report).

The ethnicity broke down as follows: Caucasian 67%, African American 22%, Asian 3%, Hispanic 3%, Native American 3%, and Other 3%. Each sample group contained similar percentages of ethnicity in order to keep samples as equal as possible.

Instrumentation

The Balanced Emotional Empathy Scale (BEES), created by Mehrabian (1996), was a more up-to-date instrument to update the original Emotional Empathic Tendency Scale (Mehrabian & Epstein, 1972) warranted. The BEES is a 30 item, paper and pencil Likert scale assessment. Average time required to take this test is 10 minutes. The Likert format is utilized in an attempt to reduce “acquiescence bias,” the tendency to agree or disagree with most statements. The scoring ranged from +4 (very strong agreement) to -4 (very strong disagreement). Half of 30 items are positively worded or positively scored. Agreement with those items scored more empathetically. The other half of items are negatively worded or negatively scored, and agreement with those items showed lower levels of empathy.

To score the BEES, the total score or z , equaled the total raw score of all 30 values summed algebraically, minus the normative sample's mean (.53), and then divided by the standard deviation (.95). A table provided in the testing manual was then used for percentile scores and z score equivalents.

The testing manual did not provide any data on the normative sample (age, education, socioeconomic status, ethnicity), nor did it mention how the sample was chosen. No information beyond means and standard deviation was provided regarding the nature of the score distributions.

Validity for the BEES was taken from the validity studies conducted on Mehrabian's EETS (1997b), which served as the model for the BEES. The two scales are highly correlated ($r = .77$). Given this high positive correlation between the BEES and the EETS presented in the testing manual suggests much of the validation data for the original empathy scale can be attributed to the BEES as well. Very few validity studies have been conducted on the BEES itself. This present project is an attempt to be one of them.

Procedure

Testing for the offender samples was at the main parole office in a Midwestern city. All participants signed a consent form (Appendix A) and filled out a demographic sheet (Appendix B) before proceeding to the assessment. The demographic information was obtained in order to break down population groups to discern where differences were if significance was indicated.

All data were collected by the author, a white female graduate student aged 37 years of age who had been placed at the parole office in the capacity of mental health counselor for over 2 years. *The sexual offender participants were provided by office staff who had agreed to work with the researcher in providing participants from their client caseloads.* Written approval for this research was obtained from the Department of Corrections (Appendix C).

The felony offender participants were informed about the research when they arrived for their scheduled meetings with their parole officer. If they wished to participate, the researcher was contacted to see if the assessment could be administered after the parolee's regularly scheduled parole appointment. If so, testing was done at that time. If not, a convenient time was scheduled for the parolee to return to take the assessment. Testing was done in the mental health office within the parole office.

For the nonoffender group, word of mouth was the means in obtaining volunteers from the general population. The all male group included co-workers of the researcher, friends, relatives, and acquaintances. The researcher contacted potential volunteers from the Wichita area and scheduled a convenient time for them to individually take the assessment. In an attempt to keep the testing situations as equal as possible, the researcher administered the assessment in a location that could be physically set up the same as the testing office in the parole office. This space was a convenient area, chosen by the participant.

Upon entering the office, each participant was told the research was an attempt to look at possible differences in various groups towards social issues, and that their input was important. An informed consent form (Appendix A) was handed to and read silently by the participant who then signed it or withdrew. If the participant declined to continue participation, he was thanked for his time and dismissed.

Each consent form had a number written on it in the upper right hand corner. This number was from a random numbers table. The demographic form and the BEES had the same number written on them. After the consent form was signed, the participant was known throughout the research by that number, thereby ensuring privacy. The consent form was filed within a folder containing the other consent forms of that population group.

A demographic questionnaire (Appendix B), designed by the researcher, was given to each participant. The demographic forms were kept with each participant's completed BEES assessment in order to classify which sample group the offender was included.

The BEES had specific instructions printed on the form and these were read to each participant. It was explained that assistance could be given if the participant did not understand the meaning of a word, but no assistance or prompting would be given to help with the answering of any test questions. All definitions came from Webster's New World Thesaurus (Laird, 1985).

Each participant was told not to write his name or leave any other identifying marks on the assessments. Because two of the sample groups were comprised of paroled felons, none of the participants, including the nonoffender group, were left alone for any time during testing. Although this may be seen as a potential bias as to how participants responded to the assessment, it was in compliance with the Department of Corrections' regulations regarding staff safety.

After the assessment was completed, the participant was thanked for his participation, told once again his importance to the research, and then either the participant or the researcher left, depending on which sample group the participant was from.

Assessments that contained unanswered questions or had been answered randomly were invalid and excluded from the sample. Data were collected until 20 valid profiles per group were obtained.

CHAPTER 3

RESULTS

The Balanced Emotional Empathy Scale (BEES) score analyzed was the z for the total score which equaled the total raw score summed algebraically, minus the mean was given in the testing manual for the normed groups (M males = 29), and then divided by the standard deviation also in the testing manual for the norms (SD males = 28). A table provided in the testing manual was used for z scores (-2.5 to 2.5) and z score equivalents. The interpretations were also taken from the testing manual.

The mean for the sexual offender group was $-.45$ ($SD = .49$). The nonsexual offender group mean was $-.15$ ($SD = .58$), and the mean for the nonoffender group was $.53$ ($SD = .95$). According to the manual, scores from the positive side of the scale are more empathic, and those falling on the negative side of the scale are nonempathic. The scores indicated the nonoffender group had empathic scores, while the other two groups indicated nonempathic scores, the sexual offender group being the least empathic.

A one-way ANOVA of the BEES scores was done using SPSS software, $F(2,57) = 10.15, p < .0001$. The results of the Tukey Honestly Significant Difference set at the .05 level indicated the nonsexual offender group ($M = -.15, SD = .58$) and the sexual offender group ($M = -.45, SD = .49$) statistically differed from the nonoffender group ($M = .53, SD = .95$), but did not differ from each other. The results indicated the offender groups were less empathic than the nonoffender group; however, whether the crime was sexual or nonsexual revealed no difference in empathy. According to the testing manual, all three samples' scores fell within the given "normal" range (-0.5 to 0.5) described by Mehrabian as appropriate levels of empathy exist. Although there was statistical significance in the results, there was not practical significance. Therefore, the hypothesis of statistical and practical difference between the sexual offender and nonoffender groups was not supported.

CHAPTER 4

DISCUSSION

As hypothesized, the nonsexual offender and sexual offender groups statistically differed from the nonoffender group, but all three participant groups fell within the testing manual's "normal" range defined as healthy parameters of empathy. Although the sexual offender group had the lowest empathy scores, the two offender groups did not differ from each other, eliminating the possibility for practical significance. This may suggest a lack of empathy contributes to committing any crime, not just those of a sexual nature. This could mean treatment programs for all offenders should contain a focus on learning how to appropriately recognize victims' emotions. Teaching offenders to see potential victims as fellow human beings with boundaries to be respected might prevent the dissociation that seems to occur when committing crimes. Other explanations could be the introduction of confounding variables.

Research, even diligently done, may contain variables which limit the results. One of the limitations that may have affected the results of this research could have been the relatively young samples. A more age-diverse sample may have presented different views regarding empathy and could conceivably have produced different results.

The relatively small sample sizes possibly impacted the results, and increasing the groups might have been more representative of the norm. The samples were comprised of mostly Midwesterners, possibly causing homogenous thinking. Incorporating culturally diverse participants may have provided divergent thinking and norms, possibly changing the end results of the research.

Further limitations may have resulted from overlap between the groups because of lesser convictions due to plea bargaining or unreported crimes. That is, it cannot be completely ruled out the three samples of participants had not committed sexual offenses. It is difficult to define samples when they are chosen through self-report. There is the probability for some participants not to report truthfully, for whatever reason.

Testing within the parole office may have also swayed the results. Fearing their results would be given to their parole officers to see, the offender groups may have answered the assessment as they felt would be expected to present them in a more favorable light. A neutral site for testing all three samples would have been preferred, but more difficult in having the offender groups showing up for the appointment because the rate was higher if the offender was asked to participate by their parole officer, not the researcher.

The results of this research were similar to some of those cited within the literature review. Looking at these results in accordance with previous research findings may provide focus on strengths and weaknesses, thereby giving thought to future research regarding empathy.

Comparing this study to Marshall et al., (1997) and Marshall et al., (1996), there were sample-specific limitations which may have impacted the results. Possible limitations for this project may have included homogeneity with participants' residential locations, nonreporting, minimization or exaggeration of criminal history, overlap of participant samples, and sample groups that were not true representations of the populations. Another theory may be the homogeneity found with the offender and nonoffender groups could be due to factors other than those associated with empathy.

Perhaps if training, whether social skills, enhancing self-esteem, overcoming developmental deficits, or correcting cognitive distortions was implemented then followed up by administering the BEES again may have showed significant differences. This also presents possible confounds similar to the studies by Marshall, Champagne, Sturgeon, and Bryce (1997) and Marshall, Jones, Hudson and McDonald (1993) in that the research participants could then judge the assessment and answer in ways they felt were expected of them, not a true correction of developmental deficits.

If another assessment had been given along with the BEES, perhaps the results would have been more similar to those of Marshall, O'Sullivan, and Fernandez (1996),

Knight (1988), and Chaplin, Rice, and Harris (1995). These studies suggested using more than one assessment that were similar would provide comparisons of results, thereby providing more than one source in order to reinforce findings and lend strength to interpretation.

Whether future treatment programs focus on correcting cognitive distortions (Abel, Gore, Holland, Camp, Becker, and Cunningham-Rathner, 1989), social skills training (Chaplin, Rice, and Harris, 1995), (Knight, 1988), (Marshall et al., 1996), enhancing self-esteem (Marshall et al., 1997) or overcoming developmental deficits (Hudson et al., 1996), (Marshall et al., 1997) all these theories and others not yet tested will be crucial in the struggle of rehabilitating offenders and lowering rates of child molestation.

Because the introduction of empathy playing a role in committing crime is relatively new, and even a clear-cut definition of what empathy is has not been decided upon, perhaps focus on research directions has been wider in scope to cover more area. A universal definition for empathy may be beneficial in developing testing materials that produce valid and reliable data.

Continued research into this area may assist in explaining why acts of molestation occur. This explanation will be essential in plotting a “road map” or guidelines leading the way in creating statistically successful treatment programs to ultimately lower child molestation rates.

In an effort for public safety, fashioning community and school outreach programs could teach children how to be seen by child molesters as humans with boundaries instead of potential victims. Enriching the adult community with knowledge about sexual abuse is crucial, yet empowering the children provides another tool with which to fight child sexual abuse and giving them the confidence to report molestation acts and/or attempts.

Future research could examine different ethnic or population participant samples from various locales. Identifying demographic locations and/or groups as “at-risk” could

possibly provide insight for launching beneficial community programs before actual crimes of molestation occur. Procuring these community outreach programs to “at-risk” individuals may be a teaching aid in providing positive modeling, reinforcement of appropriate cognitions and behaviors, heighten socially adequacy, thereby enhancing self-esteem. If such personality factors contribute to committing child molestation, it would suggest equipping a community with as much knowledge as possible would be essential for positive changes.

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APPENDICES

APPENDIX A
INFORMED CONSENT FORM

INFORMED CONSENT DOCUMENT

I have voluntarily agreed to be a participant in this study regarding public opinions of different characteristics regarding social awareness. I understand it is my right to withdraw from the study at any time, and that there is no risk or other forms of discomfort involved.

My involvement consists of completing a demographics form and a brief paper and pencil survey. I realize I do not have to sign any form or survey other than this consent document, and therefore, my privacy as related to this study is ensured.

I have read the above statements and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask questions concerning the procedures. I likewise understand that I can withdraw from the study at any time without being subjected to reproach.

Signature

Date

Witness

Date

APPENDIX B
DEMOGRAPHIC FORM

DEMOGRAPHIC INFORMATION SHEET

Please fill out the following questions. All information will be kept confidential, only to be used for research purposes. Please do not put your name anywhere on this sheet.

Date: _____ Age: _____

Ethnicity: (please circle one)

White African-American Asian Hispanic Native American Other

Education Level: (please circle one)

Middle School Some High School High School Graduate GED

Some College Bachelor's Degree Master's Degree Doctorate Degree

Marital Status: (please circle one)

Never Married Married Common Law Separated Divorced Widowed

Number of Children: _____

Have you ever been convicted of a felony crime? (please circle one) Yes No
(if yes, please go to the next question)
(if no, please stop here)

Was the conviction a crime against property? Yes No

Was the conviction drug-related? Yes No

Was the conviction a crime against another person? Yes No

Was the conviction sexually related? Yes No
(if yes, please go to the next question)
(if no, please stop here)

Was the alleged victim younger than 18 years of age? Yes No

Was the victim a female? Yes No

Was this a first conviction for a sexually related crime? Yes No

Have you attended sexual offense treatment? Yes No

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Jennifer E. Cornelius
Signature of Author

8/23/01
Date

Empathy Levels of Child Molesters
Compared to Nonsexual Offenders and
Nonoffenders
Title of Thesis

Ray Cooper
Signature of Graduate Office Staff Member

September 5, 2001
Date Received

received