

**Perceptions and Treatment of Sexual Abuse Victims and
Perpetrators**

Rebecca Vines, BSc., MSc

**Thesis submitted to the University of Nottingham for the
degree of Doctor in Forensic Psychology**

September 2018

Abstract

This thesis explored perceptions of rape and the treatment of sexual abuse victims and a perpetrator. An empirical research study examined whether perceptions of rape were influenced by prior victim-perpetrator relationship, the reason for ex-partner relationship break down and hostile and benevolent sexism. Participants were significantly more likely to take victim supportive attitudes when the relationship ended because the perpetrator was physically violent compared to when the perpetrator was verbally abusive, the victim had an affair, and the victim relocated. Participants with higher hostile and benevolent sexism scores were more likely to hold victim blaming attitudes. A critique of the Ambivalent Sexism Inventory (ASI) is presented. The available evidence provides a mixed view of the tool. The ASI's validation sample predominantly included white students from Massachusetts and the ability to meaningfully interpret scores was limited as no normative data was provided in studies standardising the tool. The ASI demonstrated good internal consistency and strong convergent validity. A systematic review investigated the effectiveness of psychological interventions to alleviate distress in adult survivors of childhood sexual abuse. The findings demonstrate psychological interventions are superior to no treatment in alleviating certain types of distress in adult victims of childhood sexual abuse, with a notable reduction in post-traumatic stress disorder symptoms. A case study is presented detailing the assessment of a 19-year-old male who sexually offended against a child. The case study details the first term of a community group intervention. After the first term, the client's Locus of Control remained in the external range and his risk of re-offending, according to the STABLE-2007, remained 'moderate'.

Preface

The overall aim of this thesis was to take a comprehensive perspective of the different aspects of sexual offending, with the aim to enhance sexual abuse theory and practice. The thesis focuses on the treatment of victims and a perpetrator of sexual abuse, as well as the community's perceptions of victims and perpetrators and the effects hostile and benevolent sexist attitudes have on perceptions of rape. The thesis comprises six chapters, containing an introduction to the thesis, an empirical study, a psychometric critique, a systematic review, a single case study and an overall discussion of the thesis.

Chapter one is the overall introduction to the thesis. This chapter provides a background to the research, the potential implications of the research and justification of the chosen research topics.

Chapter two is the empirical study which investigates community perceptions of rape using hypothetical vignettes. Specifically the study sought to examine whether: a) prior victim-perpetrator relationship and the reason for ex-partner relationship break down, and b) participant hostile and benevolent sexism, had an effect on participants' perceptions of a rape vignette. There is a gap in the rape literature exploring how perceptions about the offence are influenced by additional information about ex-partner relationships, such as the reason for relationship breakdown. Methodological limitations, implications of the research findings and recommendations for future research in the area are discussed.

Chapter three is the critique and review of the psychometric test the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), which was used in

the empirical study. The ASI provides a measure of hostile and benevolent sexism. An overview of the ASI, the theory underpinning the measure, its development, and psychometric properties are examined. The ASI is a widely used measure of sexism, yet there has previously been a dearth of research critiquing the tool.

Chapter four contains a systematic review. The review investigates the effectiveness of psychological interventions in alleviating distress in adult survivors of childhood sexual abuse. A comprehensive search was conducted and the quality of the included studies were reviewed. The findings of the studies were examined and recommendations following the review are provided.

Chapter five presents a single case study of a 19-year-old male who was convicted of causing/inciting a child to engage in sexual activity. The assessment, formulation and intervention designed to reduce the risk of re-offending are detailed. The effectiveness of the community based group intervention informed by the Good Lives Model and cognitive behavioural therapy is explored.

Finally, chapter six provides an overall discussion of the previous chapters and findings from the thesis. It includes the implications of the research, limitations and future recommendations.

Acknowledgments

I would like to thank my research supervisor Dr Simon Duff for his support, knowledge and time. I am very grateful to Jeanette Eldridge, the librarian from the University of Nottingham, who offered me guidance on my systematic review search. I also extend my thanks to the University of Nottingham's statistician Boliang Guo.

I am eternally grateful to my parents, who without their support this doctorate would not have been possible. They have always supported me in my endeavours and I feel privileged to have had them by my side through the ups and downs. I strive to make my parents proud and I hope doing this doctorate has filled them with pride. My husband has provided me with unwavering support throughout the doctorate and I feel exceptionally lucky. He has patiently put up with me working in the evenings and over weekends and I am very much looking forward to spending some quality time with him.

Table of Contents

Abstract	2
Preface.....	3
Acknowledgments	5
Table of Contents	6
List of Tables.....	8
List of Figures	11
List of Appendices	13
 Chapter One: Introduction to the Thesis	 14
 Chapter Two: The Influence of Relationship Breakdown and Sexism on Perceptions of Rape: An Empirical Study	 27
Abstract.....	28
Introduction	29
Method	33
Results	38
Discussion	54
 Chapter Three: A Critique and Review of the Ambivalent Sexism Inventory	 64
Abstract.....	65
Introduction	66
Overview of the ASI.....	68
Properties of the ASI	75
Conclusion	83
 Chapter Four: Psychological Interventions to Alleviate Distress in Adult Survivors of Childhood Sexual Abuse: A Systematic Review ..	 86
Abstract.....	87
Background	88
Objectives	93
Method	93
Results	98
Data Synthesis.....	113

Discussion	120
Chapter Five: Assessment and Treatment of an Adolescent Sex Offender: A Single Case Study	126
Abstract.....	127
Introduction	128
Assessment	131
Formulation	137
Relevant Literature.....	141
Intervention	144
Results	152
Discussion	155
Chapter Six: Overall Thesis Discussion.....	161
References	162
Appendices.....	225

List of Tables

Chapter Two:

Table 1	Participant Ages Split by gender	35
Table 2	Participant Ethnicity	35
Table 3	Participant Relationship Status	36
Table 4	Mean Hostile and Benevolent Sexism Scores and Mann-Whitney U Tests Comparing Males and Females.....	39
Table 5	Mean Hostile and Benevolent Sexism Scores Split by Relationship Condition.....	40
Table 6	Mean Scores for the DV's and Mann-Whitney U Test Comparing Male and Female Perceptions.....	41
Table 7	Mean Scores for DV's Split by Relationship Condition.....	42
Table 8	Summary of Wald χ^2 and Significant Effects of IV's on Perceptions of Vignette.....	45
Table 9	Odds Ratios, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Was Ella Responsible'	47
Table 10	Odds Ratios, Wald Chi-Square and Significant Differences between Relationship Conditions for 'How Willing was Ella'	49
Table 11	Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'How Traumatized was Ella'	50
Table 12	Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Did it Necessitate Police Intervention'	52
Table 13	Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Did it Constitute Rape' ...	54

Chapter Three:

Table 14	Characteristics of the ASI's Validation Sample	73
-----------------	--	----

Table 15	Correlation of ASI with other Measures of Sexism	80
-----------------	--	----

Chapter Four:

Table 16	Study Inclusion Criteria	98
-----------------	--------------------------------	----

Table 17	Characteristics of Included Studies.....	102
-----------------	--	-----

Table 18	Quality Assessment of Included Studies.....	108
-----------------	---	-----

Table 19	Intervention Effects on Outcome Measures Compared to Waitlist Group.....	114
-----------------	---	-----

Chapter Five:

Table 20	Translating Static-99R Scores into Risk Categories.....	135
-----------------	---	-----

Table 21	Translating STABLE-2007 Scores into Risk Categories.....	136
-----------------	--	-----

Table 22	Summary of Understanding Consent and the Influence of Media and Pornography Module	146
-----------------	---	-----

Table 23	Summary of Understanding my Offending Behaviour Module	148
-----------------	--	-----

Table 24	Primary Goods of the Good Lives Model Pre and Post First Term of Group Programme	154
-----------------	---	-----

Appendices:

Table H1	SPSS Output of the Shapiro-Wilk Test of Normality for Hostile Sexism and Benevolent Sexism	245
-----------------	---	-----

Table H2	Levene's Homogeneity of Variance Test for Hostile Sexism and Benevolent Sexism	247
-----------------	---	-----

Table I1	SPSS Output Testing Multicollinearity.....	248
Table J1	Test of Parallel Lines for the DV: To What Extent was Ella able to Control the Situation.....	249
Table J2	Test of Parallel Lines for the DV: To what Extent was Ella Responsible for Encouraging the Behaviour.....	250
Table J3	Test of Parallel Lines for the DV: To what Extent is Jake Responsible for his Actions.....	250
Table J4	Test of Parallel Lines for the DV: To what Extent was Ella Willing to Engage in Sexual Activity.....	250
Table J5	Test of Parallel Lines for the DV: How much is Ella is Traumatized by what Happened.....	251
Table J6	Test of Parallel Lines for the DV: To what Extent does Jake's Behaviour Necessitate Police Intervention.....	251
Table J7	Test of Parallel Lines for the DV: To what Extent does Jake's Behaviour Constitute Rape.....	251
Table J8	Binomial Logistic Regressions Across Thresholds for the DV: To what Extent is Ella in Control of the Situation.....	253
Table J9	Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Responsible.....	254
Table J10	Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Willing.....	255
Table J11	Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Traumatized.....	256

List of Figures

Chapter Three:

Figure 1	Factor Structure of the ASI	74
-----------------	-----------------------------------	----

Chapter Four:

Figure 2	Systematic Review Study Selection Process	100
-----------------	---	-----

Appendices:

Figure G1	Distribution of Hostile Sexism scores for Male and Female Participants.....	239
Figure G2	Distribution of Benevolent Sexism scores for Male and Female Participants.....	239
Figure G3	Male and Female Distribution of Scores for 'Was Ella able to Control the Situation'.....	240
Figure G4	Male and Female Distribution of Scores for 'Was Ella Responsible'.....	240
Figure G5	Male and Female Distribution of Scores for 'Was Jake Responsible'.....	241
Figure G6	Male and Female Distribution of Scores for 'How Willing was Ella'.....	241
Figure G7	Male and Female Distribution of Scores for 'How Traumatized was Ella'.....	242
Figure G8	Male and Female Distribution of Scores for 'Does Behaviour Necessitate Police Intervention'.....	242

Figure G9	Male and Female Distribution of Scores for 'Does Behaviour Constitute Rape'.....	243
Figure H1	SPSS Boxplots for Hostile Sexism Scores Split by Relationship Condition.....	244
Figure H2	SPSS Boxplots for Benevolent Sexism Scores Split by Relationship Condition.....	245

List of Appendices

Appendix A	Ambivalent Sexism Inventory	226
Appendix B	Rape Vignettes.....	228
Appendix C	Attribution Questionnaire.....	230
Appendix D	Empirical Study Information Sheet	231
Appendix E	Empirical Study Consent Form.....	234
Appendix F	Empirical Study Debriefing Sheet.....	235
Appendix G	Mann-Whitney U Test Assumption Testing	
Appendix H	One-Way Between Groups ANOVA Assumption Testing ...	238
Appendix I	SPSS Output Testing for Ordinal Regression's No Multicollinearity Assumption	248
Appendix J	SPSS Output Testing for Ordinal Regression's Assumption of Proportional Odds	249
Appendix K	Search Syntax Used in Electronic Bibliographic Databases, Electronic Gateways and Grey Literature Search Engines	257
Appendix L	Study Eligibility Screening Form.....	270
Appendix M	Quality Assessment Form.....	271
Appendix N	Data Extraction Form	273
Appendix O	Descriptions of Treatments Used in Studies	276
Appendix P	Template of the Consent Form Jamal Signed Agreeing for his Information to be Used in the Case Study	282
Appendix Q	Stable 2007 (Harris & Hanson, 2007) Scoring Sheet Pre- Treatment	283
Appendix R	Stable 2007 (Harris & Hanson, 2007) Scoring Sheet After First Term in Treatment.....	286

CHAPTER ONE

Introduction to the Thesis

The Sexual Offences Act 2003 highlights the extensive range of contact and non-contact sexual offences that can occur against both adult and child victims. The Sexual Offences Act (2003) refers to different types of sexual offences, including rape and sexual assault. Rape is the intentional penetration of another person's vagina, anus or mouth with a penis, without the other person's consent (Sexual Offences Act, 2003). Sexual assault is a criminal act that is sexual in nature and is inflicted on someone without their consent (Sexual Offences Act, 2003). Examples of sexual assault include unwanted touching, kissing and rubbing. Often the terms rape and sexual assault are used interchangeably; although whilst sexual assault can include rape, rape is a specific criminal act that does not account for the wide range of sexual acts that would be classified under the umbrella of sexual assault. The Sexual Offences Act (2003) outlines specific child sexual offences, such as inciting a child to engage in sexual activity, causing a child to watch a sexual act and sexual communication with a child. Within this thesis the term sexual abuse is also used and refers to any sort of non-consensual sexual contact (Central Sexual Health, 2014).

Many theories have been generated about why people sexually offend. Single-factor theories have been proposed in an attempt to explain the aetiology of sexual offending. Biological theories of sexual offending suggest abnormalities in biological and hormonal functioning play an important role in why individuals engage in sexually deviant behaviour (Rada, Laws, & Kellner, 1976). Cognitive theory posits that individuals who sexually offend possess cognitive distortions where they rationalise, justify and excuse sexually deviant behaviour, such as believing that women and children are sexual objects and are not harmed by the perpetration of

sexually deviant behaviour (Abel et al., 1989). Although, theories relating to cognitive distortions are better able to explain the maintenance of sexual offending as opposed to providing a causal explanation (Ward, Polaschek & Beech, 2006). The social learning theory proposes that sexual offending is a learned behaviour. Social learning theory suggests negative experiences in early life, such as being the victim of sexual abuse, can lead to the adoption of a belief system that endorses offending, such as 'this is normal' and 'it must not be bad if someone who loves me is doing it to me' (Briggs & Hawkins, 1996; Burton, Miller & Schill, 2002; Eisenman, 2000). Feminist theories emphasise the roles of culture, gender imbalance and power in sexual offending (Ward et al., 2006). Some feminists view sexual abuse as a way men can establish their masculinity and power (Cossins, 2000), and argue that men are conditioned within a culture that tolerates and accepts sexual abuse (Ward, et al., 2006). Whilst these single-factor theories help provide some insight into sexual offending, humans are embedded in multiple systems and sexual offending is rarely the result of a single factor alone (Ward, 2014). Comparatively, multifactorial theories incorporate a range of different theories and are better at representing the complexity of sexual offending (Ward, 2014).

Frequently cited multifactorial theories of sexual offending include, Marshall and Barbaree's (1990) Integrated Theory and Ward and Beech's (2006) Integrated Theory of Sexual Offending (ITSO). Marshall and Barbaree's (1990) integrated theory aims to provide an explanation of the development of sexually deviant behaviours. It posits that sexual offending occurs due to a range of interacting factors which include biological processes, negative developmental experiences which can lead to the

development of offence related vulnerabilities (e.g. low self-esteem, impulsivity, poor coping styles and interpersonal skills), and cultural norms about gender roles and sex (Ward et al., 2006). Marshall and Barbaree (1990) recognise situational factors (such as stress and intoxication) play a key role in triggering sexual offending. Marshall and Barbaree's (1990) integrated theory has shown some empirical adequacy (Ward et al., 2006), with research supporting the fact that sex offenders do commonly hold the vulnerability factors outlined in the model (Smallbone & Dadds, 2000; Knox, 2014). However, there are some weaknesses relating to the theory, such as a lack of explanation as to why the offence route results in a sexual offence as opposed to a violent offence (Ward et al., 2006). Additionally, the theory places a lot of emphasis on sexual offenders having difficulty with impulse control. Whilst some sex offenders have difficulty regulating their emotions and dealing effectively with sexual desires, this is not the case with all who offend sexually (Ward et al., 2006).

Ward and Beech's (2006) ITSO similarly states sexual offending occurs as a result of multiple interacting factors. According to the ITSO, sexual offending occurs because of biological (genetics), ecological (personal circumstances, social and physical environment) and neuropsychological (perception and memory, motivation) factors (Salerno, 2014). Ward and Beech (2006) propose biological functioning and social learning can lead to poor neuropsychological functioning. Poor neuropsychological functioning can result in clinical problems such as emotional and behavioural regulation problems, offence supportive cognitions and deviant sexual arousal, which they propose can lead someone to commit a sexual offence (Salerno, 2014). The ITSO posits that

the consequences of sexual offending can worsen the personal circumstances of the perpetrator, which feeds into the maintenance of the sexually deviant behaviour (Ward & Beech, 2006). The ability of the ITSO to explain both the initiation and maintenance of sexual offending is what sets it apart from other theories. The ITSO amalgamates a range of single factor theories which are currently accepted, demonstrating the theory has external consistency (Ward & Beech, 2016). However, the ITSO is an abstract theoretical framework (Ward & Beech, 2016) and there remains a lack of empirical testing of the ITSO (Salerno, 2014).

Regardless of the aetiology of sexual offending, what is clear is that sexual offending represents a very serious problem that has far reaching consequences, not only for the victim and perpetrator but also the systems surrounding them. This thesis takes a broad, well-rounded perspective of the crime of sexual offending and seeks to enhance understanding about sexually abusive experiences. The first part of the thesis is interested in the community's perceptions of rape and sexist attitudes towards women as measured by the Ambivalent Sexism Inventory (Glick & Fiske, 1996) (chapter 2 and 3). The community's perceptions of sexual abuse can have an impact on both perpetrators and victims of sexual abuse, which can influence the conviction rates of perpetrators, their successful reintegration into community and the level of support provided to victims of sexual abuse. The second part of the thesis aims to provide a comprehensive account of the crime of sexual offending, by exploring the treatment of survivors and perpetrators of sexual abuse (chapter 4 and 5).

Perceptions of Rape and Sexist Attitudes

Rape is a highly stigmatised offence and people can hold strong views about the victim and perpetrator's culpability with regards to the offence (Mezey & King, 1987; Schultz, 2014). Individual's perceptions of sexually abusive experiences can be influenced by the endorsement of rape myths. Rape myths serve to deny or justify rape and aim to move the blame away from the perpetrator and towards the victim (Suarez & Gadalla, 2010), which can help individual's explain and rationalise distressing events and reduce their own negative affect associated with the event. Rape myths can be understood as a cognitive schema that helps individuals process information, where they selectively pay attention to information that supports what is stored in their cognitive schema and disregard information otherwise (Bem, 1981).

The Defensive Attribution Hypothesis (Shaver, 1970) posits that the degree one endorses rape myths and blames a victim is dependent on the perceiver's similarity to the victim and the likelihood that they could be a victim of a similar crime. The Defensive Attribution Hypothesis predicts as the perceiver's similarity to the victim increases, the level of victim blaming decreases in order to protect themselves from being blamed if they were to suffer a similar fate (Grubb & Turner, 2012). In support, research has found as perceivers personal relevance to the rape victim increases, attributions of blame towards the victim significantly decreases (Workman & Freeburg, 1999).

The Just World Theory (Lerner, 1980) can also help explain why members of the community may endorse rape myths. It proposes that

individuals want to maintain a belief that the world is just and behavioural outcomes are deserved, therefore when negative events occur that threaten this belief they convince themselves the victim is in some way deserving of their fate so they can maintain a sense of control and separate themselves from the likelihood of the undesirable event occurring to them (Strömwall, Alfredsson & Landström, 2013). Research has found a positive association between victim blaming and beliefs of a just world (Kleinke & Meyer, 1990). Although, it is clear that beliefs about a just world is not the only factor leading individual's to blame rape victims. Studies have indicated that particular situational variables and perceiver characteristics have been found to influence how individual's perceive rape situations (Angelone, Mitchell & Grossi, 2015; Bridges, 1991).

In relation to situational variables, previous research has explored the influence of the victim-perpetrator relationship on attributions of blame in rape. Vignette studies have highlighted that ex-partner rape victims, as opposed to stranger or acquaintance rape victims, are more likely to be blamed and considered responsible for rape (Krahé, Temkin, Bieneck & Berger, 2008). Whilst it is apparent that ex-partner rape victims are more likely to be stigmatised, there is a gap in the literature exploring how additional information about ex-partner relationships, such as the reason for relationship breakdown, influences perceptions of rape. In terms of perceiver characteristics, holding sexist attitudes about women has been associated with rape myth acceptance (Chapleau, Oswald & Russell, 2007). The theory of ambivalent sexism posits there are two subcomponents to sexism, hostile sexism (derogatory beliefs about women) and benevolent sexism (limits women to stereotypical roles that serve to justify men's

dominance over women), both of which have been found to be positively associated with rape myth endorsement (Chapleau et al., 2007; Taschler & West, 2017).

The empirical study in this thesis is interested in further exploring the impact of situational variables and perceiver characteristics on perceptions of a rape scenario. It is specifically interested in the effect the victim-perpetrator relationship and reason for ex-partner relationship breakdown has on perceptions of a hypothetical rape vignette. Additionally, the empirical study seeks to investigate how participant hostile sexism (HS) and benevolent sexism (BS), as measured by the Ambivalent Sexism Inventory (ASI) (Glick & Fiske, 1996), effects perceptions of a rape vignette. Better understanding of people's attitudes about abusive experiences and factors influencing society's perceptions of blame in rape could be relevant to juror decision making, have implications for the conviction of rapists, and the support offered to rape victims.

The ASI, which measures HS and BS, is grounded in the gender relations theory, which theorises the relation between genders is a combination of men's dominance in society, and intimate interdependence between men and women (Chen, Fiske & Lee, 2009). Feminist theories also appear to have informed the ASI, as it emphasises the patriarchal nature of Western society and the dynamics between gender and power (Ward et al., 2006). Sexism scales, such as the ASI, play an important role in highlighting damaging attitudes individual's may hold and assist in putting preventative measures in place to correct misperceptions about sexual assault, particularly the tendency to blame certain victims (Klettke &

Simonis, 2011; McHugh & Frieze, 1997). Though the ASI is a widely used measure of sexism, there has been a dearth of research critiquing the tool. This thesis seeks to address this and provide a review and critique of the ASI.

Treatment

Sexist attitudes and perceptions members of the community hold about sexual abuse can have a detrimental impact on the recovery and treatment of both victims and perpetrators of sexual abuse (Mezey & King, 1987; Schultz, 2014). The victim and perpetrator can also use rape myths to understand their own experience. The victim of sexual abuse can interpret it as their own fault and the perpetrator of sexual abuse can justify their actions and externalise blame towards the victim (Peterson & Muehlenhard 2004).

Treatment of Sexual Abuse Victims

The endorsement of rape myths and perception that some victims are to blame for rape, can prevent victims accessing formal support (Ahrens, 2006). Further compounding this reluctance to seek support is that even when victims do disclose sexual assault, their disclosures are not always 'heard' or acted upon (Allnock & Miller, 2013). The number of recorded sexual offences in the United Kingdom is increasing (Bentley et al., 2017), which could partly be accounted for by the recently widespread allegations of historical childhood sexual abuse in the media inspiring people to report their abuse, better police recording and potentially the

explosive growth in the use of the internet and social media sites which leaves young people at greater risk of sexual victimisation (Wolak, Finkelhor, Mitchell & Ybarra, 2008). The particularly high number of reported sexual abuse cases means there are more known victims needing care and therefore determining which treatments are effective in reducing symptoms associated with sexual abuse is essential.

The systematic review contained in this thesis aims to investigate the effectiveness of psychological interventions seeking to alleviate the distress of adult survivors of childhood sexual abuse (CSA). If the symptoms that are caused by CSA are left untreated it can lead to a wide range of psychological problems and different forms of distress in adulthood (Briere & Elliot, 1994). Previous systematic reviews on the subject area have been narrow in their focus (e.g. limiting their search to particular types of interventions and symptoms, as well as particular date ranges) and have included studies of poor methodological quality. An updated systematic review that includes randomised control trials focusing on the treatment of the range of issues faced by CSA survivors is timely. The review should help contribute to treatment guidelines and understanding about what elements of the survivors sexual abuse experience is important to focus on to successfully alleviate distressing symptoms.

Treatment of Sexual Abuse Perpetrators

The case study detailed in this thesis focuses on an adolescent who sexually offended. Adolescent sex offenders account for a significant number of sexual assaults (Veneziano & Veneziano, 2002). A range of

typologies have been proposed for adolescent sex offenders. Some propose adolescent sex offenders have more similarities to non-sexual offending adolescents than adult sex offenders. These models propose their offences are opportunistic in nature and not driven by sexual deviance (France & Hudson, 1993; Graves, Openshaw & Adams, 1992). Another perspective views adolescent sex offenders as distinct offenders, who are commonly socially isolated, have low-esteem, and have been exposed to pornography and sexualised behaviour at a young age (Seto & Lalumière, 2010).

Applying a label and stigmatising adolescent sex offenders in particular can have a considerable and enduring impact, as adolescence is a key stage in the development of a person's identity (Letourneau & Miner, 2005). The labelling theory states that individuals who are given a label eventually act in accordance with this label and become further separated from society (Davis, 1972), which is line with Ward and Beech's (2008) ITSO about the maintenance of offending behaviour. Resilience against the impact of being stigmatised can be developed by focusing on the development of positive characteristics of the offender (Poon & Ho, 2008). A strength based approach, such as the Good Lives Model, emphasises pro-social goals and the positive qualities of the offender with the idea that the offender internalises this into their 'New Me' way of thinking and behaving (Haaven, 2006). Interventions informed by the Good Lives Model and cognitive behavioural therapy (CBT) interventions are commonly used in the treatment of people who sexually offend (Ward & Gannon, 2006; Wolak et al., 2008).

The case study contained in this thesis presents the assessment, formulation and group based treatment of a 19-year-old male who was convicted of causing/inciting a 13-year-old to engage in sexual activity over a social media website. The perpetrator was 17-years-old at the time of the offence. In terms of the perpetrator's relationship with the victim, he had not met her face-to-face and they had been talking via social media two days before his messages to her turned sexualised. Research on perceptions of adult victims suggests that as the victim was unknown to the perpetrator before the offence, she would be less likely to be perceived as responsible and more likely to be perceived as psychologically traumatised by what happened (Bridges, 1991; Bridges & McGrail, 1989; Monson, Langhinrichsen-Rohling & Binderup, 2000). The perceived sexual naivety of the victim in this case due to her age and her inability to be able to legally consent would likely mean her levels of perceived culpability would be low. Klettke and Simonis (2011) found in their study that the community's perceptions of adolescent sexual assault victims was similar to adult victims, with the exception of being able to give consent.

The case study in this thesis provides an insight into the case of a perpetrator who is bridging the gap between adolescence and adulthood. The treatment explores the influence social media and pornography has on perceptions of sex, gender and relationships; and focuses on challenging cognitive distortions around sexual offending. The case study should provide greater insight into the effectiveness and responsivity considerations of a group based programme for adolescents who have sexually offended.

Aim of Thesis

This thesis seeks to take a broad perspective of the crime of sexual offending, aiming to enhance understanding about sexually abusive experiences by exploring factors that affect community perceptions of rape, as well as the treatment of survivors and a perpetrator of sexual abuse. The specific objectives of the thesis are as follows:

- To examine whether a) prior victim-perpetrator relationship and the reason for ex-partner relationship breakdown; and b) participant hostile sexism and benevolent sexism, have an effect on participants' perceptions of a rape vignette.
- To provide a critique of the Ambivalent Sexism Inventory (Glick & Fiske, 1996), a psychometric tool measuring hostile and benevolent sexism.
- To examine the effectiveness of psychological interventions in alleviating psychological distress in adult survivors of childhood sexual abuse.
- To outline the assessment, formulation and intervention conducted with a 19-year-old male who was convicted of causing/inciting a 13-year-old female to engage in non-penetrative sexual activity.

CHAPTER TWO

Empirical Study (C85F18)

The Influence of Relationship Breakdown and Sexism on Perceptions of Rape

Abstract

The study examined whether: 1) prior victim-perpetrator relationship and the reason for ex-partner relationship break down; and 2) participant hostile and benevolent sexism, had an effect on participants' perceptions of a rape vignette. In this vignette study 329 members of the community also completed the Ambivalent Sexism Inventory, which measures hostile and benevolent sexism. Participants were randomly assigned to read one of seven hypothetical rape vignettes and answered Likert-type scale questions about the vignette. In the vignettes, the relationship between the victim and perpetrator was manipulated so they were either strangers, acquaintances, ex-partners or ex-partners with additional information about why the relationship ended. Ordinal logistic regression found participants were significantly more likely to take victim-supportive attitudes when the relationship ended because the perpetrator was physically violent; compared to when the perpetrator was verbally abusive, the victim had an affair, the victim relocated or when there was no additional information about the break-up. Participants with higher hostile and benevolent sexism scores were more likely to hold victim blaming and perpetrator supportive attitudes. The findings have implications in understanding how juries may respond to rape cases.

Introduction

Sexual assault is a significant issue affecting many people. In England and Wales in the year ending June 2017 police recorded 129,700 sexual offences, with 45,100 of those offences being rape (Office for National Statistics, 2017). Despite these high numbers, rape is significantly underreported. Common reasons for not reporting rape include believing it is embarrassing, it was a private/family matter or it seemed too trivial (Ministry of Justice, Home Office & Office for National Statistics, 2013). Even when rape is reported it is unlikely to result in the conviction of the perpetrator (Alderden & Ullman, 2012) and low conviction rates can indirectly impact societal perceptions of rape (McCormick, Maric, Seto & Barbaree, 1998). Gender role attitudes and the victim-perpetrator relationship are factors that may influence rape myth endorsement and consequently play a role in the underreporting of rape and low conviction rates.

Rape Myths

Rape myths serve to deny or justify rape. Suarez and Gadalla (2010) define rape myths as "false beliefs used mainly to shift the blame of rape from perpetrators to victims" (p.2010). Victim blaming includes believing the victim "asks for it" (e.g. by the clothes they wear), the victim wants/enjoys it, and the victim exaggerates or lies (Koss et al., 1994). The minimisation of the psychological trauma experienced by rape victims is another myth that serves to reduce the perceived seriousness of the crime (Ben-David & Schneider, 2005).

Rape myths can influence how jurors and judges think about rape cases, contribute to the secondary victimisation of rape survivors and silence rape victims (Massaro, 1985).

Gender and Gender Role Attitudes

Certain individual characteristics have been found to affect the endorsement of rape myths (Angelone et al., 2015). The influence of participant gender on perceptions of rape has been a major area of research. Some studies found females are more likely to blame and hold the perpetrator responsible for sexual assault; whilst males are more likely to blame and hold the victim responsible (Calhoun, Selby, & Warring, 1976; Whatley, 2005). Other studies have found no significant differences in male and females attributions of blame in rape cases (Abrams, Viki, Masser & Bohner, 2003; Yamawaki, 2007). Attribution of blame may be better linked to an individual's gender role attitudes than their gender, which could partly explain the discrepancies in the findings.

Gender role attitudes, which are beliefs about how men and women should behave based on cultural norms, have been found to influence rape myth endorsement (McHugh & Frieze, 1997). Traditional gender role attitudes (e.g. women should stay at home and do housework) have been found to positively correlate with rape myth acceptance (Burt, 1980). The theory of ambivalent sexism posits two sub-components of sexism reinforce traditional gender roles – hostile sexism (HS) and benevolent sexism (BS) (Chapleau, Oswald & Russell, 2007). Both HS and BS have been found to be positively associated with rape myth endorsement, with HS being a

particularly strong predictor of rape myth acceptance (Chapleau et al., 2007; Taschler & West, 2017). HS endorses derogatory beliefs about women. BS appears subjectively positive but limits women to stereotypical roles, feeding into models of male dominance and female dependency (Angelone et al., 2015). Typically, individuals who are benevolently sexist view women as refined (Chapleau, et al., 2007). When someone violates this stereotype, and is perceived as behaving 'inappropriately' for a woman, those scoring high on BS are more likely to consider the victim responsible for rape (Chapleau, et al., 2007), possibly to preserve their belief in a 'just world'. The Just World Theory (Lerner, 1980) postulates individuals want to maintain their belief in a just world, so when 'bad' events occur they alter their perception so the victim is partly deserving of their fate (Strömwall et al., 2013).

Victim-Perpetrator Relationship

Previous research has explored the influence of victim-perpetrator relationships on attributions of blame in rape. Perception studies found the more familiar the victim is with the perpetrator, the less the perceived psychological damage/trauma to the victim, and the more the victim is held responsible and considered able to control the situation (Bridges, 1991; Bridges & McGrail, 1989; Monson et al., 2000). In reality, stranger rapists are more likely to be arrested and convicted than acquaintance and ex-partner rapists (Hester & Lilley, 2017); as well as receive longer sentences (McCormick et al., 1998). These findings are concerning, as unlike the common notion that rapists are strangers waiting in dark alleys

approximately 90% of perpetrators are known to the victim (Ministry of Justice et al., 2013).

Vignette studies have established ex-partner rape victims are particularly susceptible to rape myths in terms of victim blaming and attributing a higher level of responsibility for the rape (Krahé, Temkin, Bieneck & Berger, 2008). However, there is a gap in the rape literature exploring how perceptions are influenced by additional information about ex-partner relationships, such as the reason for relationship breakdown. Research on marital rape indicates that further information about victim-perpetrator relationships does influence perceptions. Langhinrichsen-Rohling and Monson (1998) found in their vignette study that when a husband had a history of physically abusing his wife, participants in the study were less likely to hold rape supportive attitudes than when there was no history of physical violence. In Munge, Pomerantz, Pettibone and Falconer's (2007) vignette study, participants were more likely to view the victim responsible for marital rape if she was unfaithful.

In the stalking literature Duff and Scott (2013) found when further information was provided about why a relationship ended, it influenced how ex-partners were perceived. Establishing whether the same is the case for rape, would provide greater knowledge about society's perceptions of blame in rape, may be of relevance to juror decision making, have implications around the conviction of rapists and the support offered to victims (Angelone et al., 2015).

Aims

The study's aim is to examine whether 1) prior victim-perpetrator relationship and the reason for ex-partner relationship breakdown; and 2) participant HS and BS, have an effect on participants' perceptions of a rape vignette. Specifically whether the aforementioned have a significant effect on whether participants perceive:

- The victim can control the situation
- The victim is responsible for encouraging the perpetrator's behaviour
- The perpetrator is responsible for his actions
- The victim is willing to engage in sexual activity with the perpetrator
- The victim is traumatised by the events
- The perpetrator's behaviour necessitates police intervention
- The perpetrator's behaviour constitutes rape

Method

Design

A between-participant design was used. Participants were randomly assigned to one of seven victim-perpetrator relationship conditions. The independent variables (IV) were victim-perpetrator relationship and participant HS and BS scores on the Ambivalent Sexism Inventory (ASI) (Glick & Fiske, 1996). The dependent variables (DV) were participants' perceptions of the hypothetical rape vignette as measured on a Likert-type scale, specifically measuring:

1. The extent the victim was able to control the situation.
2. The extent the victim was responsible for encouraging the perpetrator's behaviour.
3. The extent the perpetrator is responsible for his actions.
4. How willing the victim was to engage in sexual activity with the perpetrator.
5. How much the victim would be traumatised by what happened to her.
6. The extent the perpetrator's behaviour necessitated police intervention.
7. The extent the perpetrator's behaviour constituted rape.

Participants

Participants were members of the community; recruited using volunteer and opportunity sampling via online advertisements on social media, call for participants (www.callforparticipants.com) and via email. The only eligibility criterion was that participants had to be 18 years old or over. Participants were not offered incentives to participate.

In total, there were 329 participants (47 per condition). The minimum sample size required was 279 and was determined by an a priori power analysis using G* Power χ^2 goodness-of-fit test to detect a medium-to-large effect size ($f^2 = 0.25$), using $\alpha = 0.05$ and a power of 0.90.

Of the participants, 33% were male, 66% female and 1% preferred not to say. Participants' ages, ethnicity and relationship status are presented in table 1, 2 and 3 respectively.

Table 1

Participant Ages Split by Gender

Age bracket	Percentage Male Participants	Percentage Female Participants
18-24	7	12
25-34	39	50
35-44	21	14
45-54	13	9
55-64	13	12
65+	7	3

Table 2

Participant Ethnicity

Ethnicity	Percentage
Caucasian	79
Asian	7
Black	6
Multiracial	4
Prefer not to say	4

Table 3

Participant Relationship Status

Relationship Status	Percentage
Married	34
In a relationship and co-habiting	28
In a relationship, not co-habiting	11
Single – never married	22
Single – divorced	3
Prefer not to say	2

Measures

Ambivalent Sexism Inventory (ASI) (Glick & Fiske, 1996).

The ASI comprises two subscales measuring HS and BS (see appendix A for the ASI). Both the HS and BS subscales contain 11 items. Respondents rate the extent they agree or disagree with items (on a scale of 0 – 5, with higher scores indicating greater sexism). The overall score is calculated by averaging the score of all items. Glick and Fiske (1996) demonstrated through six studies (involving 2,250 participants) strong support for the validity of the ASI. The Cronbach's alpha for HS was .88 and .79 for BS. The ASI was labelled 'Questionnaire' in this study as the title may have caused socially desirable responding.

Vignettes.

The vignettes were hypothetical rape scenarios inspired by those used in previous rape perception studies (Ferro, Cermele & Saltzman, 2008;

Munge, et al., 2007). In the vignettes, the relationship between the victim and perpetrator was manipulated, but the description of the rape remained constant. All vignettes ended with:

"Jake and Ella were chatting amicably when Jake began to make sexual advances towards her. Ella resisted the advances persistently and asked him to stop. Jake continued with his sexual advances and eventually began to have sexual intercourse with Ella."

The word 'rape' was not used to avoid biases associated with this term. In three vignettes, the perpetrator was either a stranger, an acquaintance or an ex-partner of the victim. In the other four vignettes, the perpetrator was an ex-partner of the victim and further information was provided about why the relationship ended. In these vignettes, the relationship ends because: the perpetrator was physically violent towards the victim, the perpetrator was verbally abusive towards the victim, the victim moves to a different city for a new job or the victim had an affair (see appendix B for the vignettes).

Attribution questionnaire.

Participants' perceptions of the vignette was measured using seven 11-point Likert-type style questions (see appendix C for the attribution questionnaire). The questions were adapted from previous rape perception studies (Angelone, et al., 2015; Davies, Pollard & Archer, 2006; Munge, et al., 2007). The names Ella and Jake were used in the vignette and

attribution questionnaire to avoid biases associated with the words victim and perpetrator.

Procedure

As a pilot, nine participants completed all aspects of the study. Two participants highlighted some wording on the information and debrief sheet were too technical. After the wording was altered, participants reported understanding all components of the study.

The study was conducted through Bristol Online Surveys. Participants read information about the study (see appendix D for information sheet) and provided informed consent (see appendix E for consent form). If consent was gained, participants completed the ASI (Glick & Fiske, 1996) and were asked to select a shape. Based on their choice of shape, participants were randomly directed to one of the seven vignettes. The vignette each shape directed to was re-routed a number of times during data collection to avoid potential biases. After reading the vignette participants answered the attribution questionnaire. Demographic data about participants was collected, including gender, age, ethnicity and relationship status. On completion, participants were directed to a written debrief (see appendix F for written debrief).

Results

Descriptive Statistics

Participants' mean HS and BS scores on the ASI split by participant gender are presented in table 4.

Table 4

Mean HS and BS Scores and Mann-Whitney U Test Comparing Males and Females

	Male		Female		<i>U</i>	<i>z</i>	<i>p</i>
	M	SD	M	SD			
Hostile Sexism	2.62	0.98	2.14	0.84	8465	-4.24	.00
Benevolent Sexism	2.85	0.96	2.37	0.83	8358	-4.37	.00

Note. Scale ranges from 0–5, with higher scores indicating greater sexism. M = Mean; SD = Standard Deviation

Mann-Whitney U tests were conducted to determine whether there were significant differences between male and female participants in their HS and BS scores (see appendix G for Mann-Whitney U test assumption testing). As indicated in table 4, the Mann-Whitney U test found HS and BS scores were significantly higher in male participants compared to female participants.

Participants' mean HS and BS scores split by the victim-perpetrator relationship condition are presented in table 5. A one-way between groups analysis of variance (ANOVA) was conducted to determine whether participant HS and BS scores differed significantly between relationship conditions (see appendix H for ANOVA assumption testing). There were no statistically significant differences between relationship conditions in HS scores, $F(6, 322) = 1.51, p = .17$; or BS scores, $F(6, 322) = 0.68, p = .67$. This finding would be expected, as participants completed the ASI before being assigned to a relationship condition.

Table 5

Mean Hostile and Benevolent Sexism Scores Split by Relationship Condition

Relationship Condition	Hostile Sexism		Benevolent Sexism	
	M	SD	M	SD
Stranger	2.29	0.83	2.61	0.84
Acquaintance	2.26	0.90	2.62	0.93
Break-up no Info	2.62	0.93	2.61	0.87
Physical Violence	2.33	0.82	2.45	0.88
Verbal Abuse	2.25	0.89	2.60	0.81
Relocation	2.26	1.01	2.40	0.99
Affair	2.07	0.98	2.38	0.99

Note. Scale ranges from 0–5, with higher scores indicating greater sexism. M = Mean; SD = Standard Deviation

Mean scores for the DV's (participants' perceptions of the vignette) split by participant gender are presented in table 6. The scale ranged from 1–11, with higher scores indicating more victim supportive and perpetrator blaming attitudes. The scales on three questions about the vignette were reversed, to make the direction in line with the other questions. A Mann Whitney U test was conducted to determine whether there were significant differences between male and female participants on their perceptions of the vignette (see appendix G for Mann-Whitney U test assumption testing). As highlighted in table 6, females were significantly more likely compared to males to score higher (i.e. take victim supportive and perpetrator blaming attitudes) on all DV's apart from 'was Ella in control'.

Mean scores on the DV's split by victim-perpetrator relationship are presented in table 7.

Table 6

Mean Scores for the DV's and Mann-Whitney U Test Comparing Male and Female Perceptions

DV	Males		Females		<i>U</i>	<i>z</i>	<i>p</i>
	M	SD	M	SD			
Was Ella in control ^a	7.49	2.94	7.92	2.76	10911	-1.22	.22
Was Ella responsible ^a	9.90	1.64	10.55	1.09	9290	-4.06	.00
Was Jake responsible	10.66	0.76	10.88	0.39	10606	-2.67	.01
How willing was Ella ^a	9.97	1.48	10.49	1.00	9510	-3.44	.00
How traumatised was Ella	8.76	2.55	9.44	2.35	10044	-2.44	.02
Was police intervention necessary	9.09	2.64	9.96	1.97	9521	-3.31	.00
Did it constitute rape	9.48	2.49	10.19	1.91	10070	-2.74	.01

Note. Scale ranges from 1–11, with higher scores indicating more victim supportive and perpetrator blaming attitudes. M = Mean; SD = Standard Deviation

^a Scales were reversed

Table 7

Mean Scores for DV's Split by Relationship Condition

DV	Relationship Condition													
	Stranger		Acquaintance		Break-up no information		Physical Violence		Verbal Abuse		Relocation		Affair	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Was Ella in control ^a	8.21	2.69	7.40	3.08	7.55	2.79	8.06	2.52	7.83	2.90	8.02	2.74	7.32	2.99
Was Ella responsible ^a	10.83	0.38	10.89	0.38	9.87	1.48	10.87	0.34	9.83	1.79	10.30	1.08	9.72	1.98
Was Jake responsible	10.77	0.59	10.77	0.67	10.70	0.62	10.91	0.35	10.83	0.48	10.81	0.45	10.62	0.82
How willing was Ella ^a	10.68	0.56	10.74	0.44	9.89	1.40	10.74	0.44	9.89	1.70	10.38	0.82	9.87	1.73
How traumatised was Ella	10.36	1.28	9.79	2.04	8.09	2.87	9.66	2.25	9.00	2.42	8.91	2.58	8.66	2.63
Was police intervention necessary	10.74	0.90	9.98	1.96	8.94	2.78	10.40	1.06	9.43	2.18	9.26	2.52	8.96	2.87
Did it constitute rape	10.72	0.80	10.04	1.93	9.38	2.74	10.64	0.92	9.79	1.86	9.74	2.36	9.32	3.00

Note. Scale ranges from 1–11, with higher scores indicating more victim supportive and perpetrator blaming attitudes. M = Mean; SD = Standard Deviation

^a Scales were reversed

Inferential Statistics

A cumulative odds ordinal logistic regression (OLR) with proportional odds was conducted using SPSSv23 to determine whether the victim-perpetrator relationship and participants' HS and BS scores had a significant effect on participants' perceptions of the rape vignette. OLR was considered the most appropriate analysis as the Likert-type scale measuring perceptions of the vignette is considered ordinal data as it is categorical with ordered categories (Allen & Seaman, 2007). Other statistical analysis such as MANOVA and MANCOVA were not considered suitable as they require the DV to be measured at a continuous level.

Data screening.

There were no missing values in the data set and raw scores were not altered. Outliers were found, but were not amended or removed as they were considered genuine scores, and because OLR does not have an assumption regarding outliers. The data met OLR's assumption of no multicollinearity between the IV's victim-perpetrator relationship and participant HS and BS. Participant gender was intended to be included as an IV in the OLR analysis; however it did not meet the no multicollinearity assumption of OLR and was therefore not included (see appendix I for SPSS output testing for multicollinearity).

The proportional odds (PO) assumption (which assumes each IV has the same effect at each cumulative split of the ordinal DV) was first examined using the test of parallel lines (Laerd Statistics, 2015b). The test of parallel lines suggested four DV's violated the PO assumption. Though as

the test of parallel lines is considered 'anti-conservative' (Laerd Statistics, 2015b), separate binomial logistic regressions were conducted to explore the assumption further. The binomial logistic regressions indicated the PO assumption was met for all DV's, apart from 'to what extent was Ella able to control the situation', which was therefore excluded from the analysis. See appendix J for PO assumption testing.

Overall model fit.

The overall ordinal logistic regression model (containing victim-perpetrator relationship, participant HS and BS scores) was significantly better than the intercept-only model in predicting participants' responses to the following questions on the attribution questionnaire: 'was Ella responsible', $\chi^2(8) = 111.58, p < .001$; 'was Jake responsible', $\chi^2(8) = 38.42, p < .001$; 'how willing was Ella', $\chi^2(8) = 97.18, p < .001$; 'how traumatised was Ella', $\chi^2(8) = 89.49, p < .001$; 'did it necessitate police intervention', $\chi^2(8) = 100.45, p < .001$; and 'did it constitute rape', $\chi^2(8) = 65.33, p < .001$. These results indicate the combination of victim-perpetrator relationship and participant HS and BS scores have a statistically significant effect on participants' perceptions of the rape vignette.

Individual effect of victim-perpetrator relationship, participant HS and participant BS on perceptions of the rape vignette.

The individual effect of the victim-perpetrator relationship and participant HS and BS on perceptions of the rape vignette will be examined for each question on the attribution questionnaire. Table 8 provides a summary of the individual effect of HS, BS and victim-perpetrator relationship on each of the DV's.

Table 8

Summary of Wald χ^2 and Significant Effects of IV's on Perceptions of Vignette

DV	IV	Wald χ^2
Was Ella Responsible	HS	32.70***
	BS	8.28**
	Relationship condition	45.10***
Was Jake responsible	HS	10.50***
	BS	0.81
	Relationship condition	8.76
How willing was Ella	HS	33.66***
	BS	12.16***
	Relationship condition	31.69***
How traumatised was Ella	HS	30.03***
	BS	3.28
	Relationship condition	35.06***
Did it necessitate police intervention	HS	28.30***
	BS	5.72*
	Relationship condition	40.91***
Did it constitute rape	HS	17.60***
	BS	8.57**
	Relationship condition	19.34**

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

To what extent was Ella responsible for encouraging Jake's behaviour.

For data analysis this item was reversed to be in line with the other questions on the attribution questionnaire. Higher HS scores were associated with an increase in the likelihood of considering Ella responsible, with an odds ratio (OR) of 2.63, 95% CI [1.89, 3.70], a statistically significant effect, $\chi^2(1) = 32.70, p < .001$. Higher BS scores were also associated with a statistically significant increase in the odds of considering Ella responsible, with an OR of 1.61, 95% CI [1.16, 2.22], $\chi^2(1) = 8.28, p = .004$. An OR is a relative measure of effect, and in this instance the OR represents the extent participant HS and BS effects perceptions of Ella's responsibility. For the purpose of reporting and ease of understanding, only positive OR that are greater than 1 are reported. When reporting positive OR, the larger the OR value the higher the odds of an outcome occurring given the particular exposure (Szumilas, 2010).

The relationship condition had a statistically significant effect on participants' perceptions of whether Ella was considered responsible, $\chi^2(6) = 45.10, p < .001$. In table 9 only positive OR and those relationship conditions that have statistically significant differences are reported to aid understanding. As shown in table 9, participants in the affair condition were statistically more likely to consider Ella responsible for encouraging Jake's behaviour compared to participants in the stranger, acquaintance, physical violence and relocation conditions. Of note, participants in the affair condition were 21.79, 95% CI [5.94, 79.90] times more likely than those in the acquaintance condition to view Ella as responsible. In the break-up no

information, verbal abuse and relocation conditions, participants were statistically more likely to consider Ella responsible than those in the stranger, acquaintance and physical violence conditions.

Table 9

Odds Ratios, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Was Ella Responsible'

Relationship Condition	Break-up no information		Verbal abuse		Relocation		Affair	
	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2
Stranger	5.58 [1.96, 15.85]	10.42** *	7.18 [2.50, 20.62]	13.42** *	3.96 [1.33, 11.74]	6.15**	9.63 [3.29, 28.15]	17.12** *
Acquaintance	12.63 [3.55, 44.91]	15.34** *	16.25 [4.51, 58.52]	18.19** *	8.96 [2.43, 33.04]	10.83** *	21.79 [5.94, 79.90]	21.60** *
Physical violence	6.70 [2.25, 19.97]	11.65** *	8.63 [2.85, 26.07]	14.57** *	4.75 [1.53, 14.78]	7.25**	11.56 [3.77, 35.47]	18.31** *
Relocation	n.s.		n.s.		—		2.43 [1.00, 5.90]	3.88*

Note. Only OR that are >1 and relationship conditions that had statistically significant differences are reported. The OR indicate the relationship condition on the horizontal row are more likely to view Ella as responsible compared to the relationship condition on the vertical column. OR = odds ratio; CI = confidence interval; Wald χ^2 = Wald Chi-Square; n.s. = non-significant

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

To what extent is Jake responsible for his actions.

An increase in HS scores was associated with a decrease in the likelihood of considering Jake responsible for his actions, with an OR of 1.89, 95% CI [1.28, 2.78], a statistically significant effect, $\chi^2(1) = 10.50$, $p = .001$. Participants' BS scores did not have a statistically significant effect on participants' perceptions of whether Jake was considered responsible,

$\chi^2(1) = 0.81, p = .37$; nor did the victim-perpetrator relationship condition have a significant effect, $\chi^2(6) = 8.76, p = .19$.

How willing was Ella to engage in sexual activity.

For data analysis this item was reversed to be in line with the other questions on the attribution questionnaire. Higher HS and BS scores were associated with an increase in the likelihood of believing Ella was willing. The OR for HS was 2.44, 95% CI [1.79, 3.33], a statistically significant effect, $\chi^2(1) = 33.66, p < .001$. The OR for BS was 1.69, 95% CI [1.25, 2.27], also a statistically significant effect, $\chi^2(1) = 12.16, p < .001$.

The relationship condition had a statistically significant effect on participants' perceptions of whether Ella was willing to engage in sexual activity, $\chi^2(6) = 31.69, p < .001$. As indicated in table 10, participants in the break-up with no information, verbal abuse, relocation and affair conditions were statistically more likely to view Ella as willing than those in the physical violence and acquaintance conditions. Participants in the affair condition were 6.91, 95% CI [2.66, 17.92], times more likely than those in the acquaintance condition to view Ella as willing. Notably, there was no statistically significant difference between the stranger and relocation condition in how willing Ella was perceived to be.

Table 10

Odds Ratios, Wald Chi-Square and Significant Differences between Relationship Conditions for 'How Willing was Ella'

Relationship Condition	Break-up no information		Verbal abuse		Relocation		Affair	
	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2
Stranger	3.42 [1.40, 8.37]	7.24**	3.69 [1.49, 9.11]	8.01**	n.s.		5.23 [2.10, 13.05]	12.57* **
Acquaintance	4.51 [1.78, 11.46]	10.05* *	4.87 [1.90, 12.49]	10.87* **	3.27 [1.25, 8.59]	5.79*	6.91 [2.66, 17.92]	15.77* **
Physical violence	3.94 [1.58, 9.81]	8.68**	4.25 [1.69, 10.73]	9.41**	2.86 [1.11, 7.37]	4.72*	6.03 [2.37, 15.35]	14.20* **

Note. Only OR that are >1 and relationship conditions that had statistically significant differences are reported. The OR indicate the relationship condition on the horizontal row are more likely to view Ella as willing compared to the relationship condition on the vertical column. OR = odds ratio; CI = confidence interval; Wald χ^2 = Wald Chi-Square; n.s. = non-significant

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

How much was Ella traumatised by what happened.

An increase in participant HS scores was associated with a decrease in the chances of believing Ella was traumatised, with an OR of 2.13, 95% CI [1.61, 2.78], a statistically significant effect, $\chi^2(1) = 30.03$, $p < .001$. Comparatively, participants' BS scores did not have a statistically significant effect on whether Ella was considered traumatised, $\chi^2(1) = 3.28$, $p = .07$.

The relationship condition had a statistically significant effect on participants' perceptions of whether Ella was traumatised, $\chi^2(6) = 35.06$, $p < .001$. As shown in table 11, those in the break-up with no information, relocation and affair conditions were statistically less likely to consider Ella traumatised compared to participants in the stranger, acquaintance and physical violence conditions. The odds of participants in the stranger

condition believing Ella was traumatised was 7.62, 95% CI [3.21, 18.06] times that of those in the affair condition; and 7.05, 95% CI [3.01, 16.53] times that of participants in the break-up with no information condition. As shown in table 11, there was no significant difference between the verbal abuse condition, and the acquaintance and physical violence conditions in how traumatised participants viewed Ella. There were no statistically significant differences between the affair, verbal abuse, relocation and break-up with no information conditions in how traumatised Ella was perceived to be. Similarly, there were no significant differences between the stranger, acquaintance and physical violence conditions in participants' perceptions of the extent Ella was traumatised.

Table 11

Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'How Traumatized was Ella'

Relationship Condition	Break-up no information		Verbal abuse		Relocation		Affair	
	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2
Stranger	7.05 [3.01, 16.53]	20.20* **	4.25 [1.80, 10.04]	10.89* **	4.78 [2.02, 11.32]	12.65* **	7.62 [3.21, 18.06]	21.26* **
Acquaintance	3.61 [1.64, 7.92]	10.24* **	n.s.		2.45 [1.10, 5.43]	4.84*	3.90 [1.76, 8.63]	11.26* **
Physical violence	3.18 [1.47, 6.89]	8.64**	n.s.		2.16 [0.99, 4.72]	3.70*	3.44 [1.57, 7.52]	9.58**

Note. Only OR that are >1 and relationship conditions that had statistically significant differences are reported. The OR indicate the relationship condition on the vertical column is more likely to view Ella as traumatised compared to the relationship condition on the horizontal row. OR = odds ratio; CI = confidence interval; Wald χ^2 = Wald Chi-Square; n.s. = non-significant

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

To what extent does Jake's behaviour necessitate police intervention.

An increase in HS scores was associated with a decrease in the odds of considering Jake's behaviour necessitated police intervention, with an OR of 2.17, 95% CI [1.64, 2.94], a statistically significant effect $\chi^2(1) = 28.30$, $p < .001$. Similarly, an increase in BS scores was associated with a decrease in the likelihood of considering Jake's behaviour necessitated police intervention, with an OR of 1.41, 95% CI [1.06, 1.85], a statistically significant effect $\chi^2(1) = 5.72$, $p = .02$.

The relationship condition had a significant effect on participants' perceptions of whether Jake's behaviour necessitated police intervention, $\chi^2(6) = 40.91$, $p < .001$. As shown in table 12, participants were statistically more likely to believe Jake's behaviour necessitated police intervention in the stranger condition, compared to all other relationship conditions. The greatest difference in participants' perceptions was between the stranger and affair condition, with participants being 24.77, 95% CI [7.62, 80.46] times more likely to believe police involvement was necessary if the perpetrator was a stranger. Participants were statistically less likely to believe the behaviour necessitated police intervention in the break-up with no information, verbal abuse, affair and relocation conditions as compared to the physical violence and acquaintance conditions.

Table 12

Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Did it Necessitate Police Intervention'

Relationship Condition	Acquaintance		Break up no information		Physical violence		Verbal abuse		Relocation		Affair	
	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2
Stranger	5.48 [1.65, 18.23]	7.70**	14.35 [4.49, 45.84]	20.20**	4.79 [1.42, 16.09]	6.41**	12.84 [3.98, 41.47]	18.22**	15.47 [4.78, 50.11]	20.86**	24.77 [7.62, 80.46]	28.50**
Acquaintance	—		2.62 [1.14, 6.02]	5.13*	n.s.		2.34 [1.01, 5.45]	3.92*	2.82 [1.21, 6.57]	5.80*	4.52 [1.95-10.48]	12.33**
Physical violence	n.s		3.00 [1.29, 6.96]	6.53**	—		2.68 [1.14, 6.32]	5.09*	3.23 [1.37, 7.60]	7.23**	5.17 [2.20-12.16]	14.22**

Note. Only OR that are >1 and relationship conditions that had statistically significant differences are reported. The OR displayed indicate the relationship condition on the vertical column is more likely to view police intervention as necessary than the relationship condition on the horizontal row.

OR = odds ratio; CI = confidence interval; Wald χ^2 = Wald Chi-Square; n.s. = non-significant

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

To what extent does Jake's behaviour constitute rape.

An increase in HS scores was associated with a decrease in the chances of believing Jake's behaviour was rape, with an OR of 1.89, 95% CI [1.41, 2.50], a statistically significant effect, $\chi^2(1) = 17.60, p < .001$.

Likewise an increase in BS scores was associated with a decrease in the odds of believing Jake's behaviour was rape, with an OR of 1.56, 95% CI [1.15, 2.08], a statistically significant effect, $\chi^2(1) = 8.57, p = .003$.

The victim-perpetrator relationship condition significantly predicted whether Jake's behaviour constituted rape, $\chi^2(6) = 19.34, p = .004$. As depicted in table 13, those in the physical violence and stranger conditions, were statistically more likely to view the behaviour as rape compared to participants in the break-up with no information, verbal abuse, relocation and affair conditions. The odds of participants in the stranger condition being more likely to rate Jake's behaviour as rape was 5.86, 95% CI [2.10, 16.40] times that of those in the affair condition and 4.50, 95% CI [1.62, 12.48] times that of those in the verbal abuse condition. Of note, there were no significant differences in perceptions between the acquaintance condition and any other relationship condition in the extent the behaviour was viewed as rape.

Table 13

Odds Ratio, Wald Chi-Square and Significant Differences between Relationship Conditions for 'Did it Constitute Rape'

Relationship Condition	Break-up no information		Verbal abuse		Relocation		Affair	
	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2	OR [95% CI]	Wald χ^2
Stranger	4.29 [1.56, 11.78]	7.97**	4.50 [1.62, 12.48]	8.36**	4.39 [1.57, 12.30]	7.93**	5.86 [2.10, 16.40]	11.37** *
Physical violence	3.15 [1.21, 8.19]	5.55*	3.31 [1.26, 8.70]	5.88*	3.23 [1.22, 8.55]	5.56*	4.31 [1.63, 11.39]	8.67**

Note. Only OR that are >1 and relationship conditions that had statistically significant differences are reported. The OR displayed indicate the relationship condition on the vertical column is more likely to view the behaviour as rape compared to the relationship condition on the horizontal row. OR = odds ratio; CI = confidence interval; Wald χ^2 = Wald Chi-Square; n.s. = non-significant.

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

Model prediction.

The OLR model (containing the victim-perpetrator relationship, participant HS and BS scores and their interactions with one another) can predict participants' perceptions of the vignette. The OLR model correctly predicted 74% of participants' responses for 'was Ella responsible', 87% for 'was Jake responsible', 62% for 'how willing was Ella', 50% of responses for 'how traumatised was Ella', 60% for 'did it necessitate police intervention' and finally it correctly predicted 69% of responses for 'did it constitute rape'.

Discussion

The study investigated the effect victim-perpetrator relationship and the reason for ex-partner relationship breakdown; as well as participant

hostile and benevolent sexism, had on perceptions of a rape vignette. It also investigated how well the OLR model predicted participants' perceptions of the vignette. The model best predicted responses for 'was the perpetrator responsible for his actions', which was the question that yielded the least variation in responses across relationship conditions, with the vast majority unanimously stating the perpetrator was responsible for his actions.

Influence of Victim-Perpetrator Relationship

The findings indicated that the prior victim-perpetrator relationship had a significant effect on perceptions of victim responsibility, victim willingness, victim trauma, the necessity of police intervention and whether the behaviour constituted rape. Whilst significant differences were found between relationship conditions, the examination of mean scores across relationship conditions indicate participants generally viewed the perpetrator's behaviour as a serious issue. Victim-perpetrator relationship did not significantly affect perceptions of perpetrator responsibility, as across all conditions participants largely considered the perpetrator highly responsible. This finding has implications in helping understand how decisions about rape convictions are made, as perpetrator responsibility alone does not appear to influence other perceptions of the rape vignette.

Consistent with Monson, et al.'s (2000) study, participants in the ex-partner with no information condition, compared to those in the stranger or acquaintance conditions, were more likely to view the victim as responsible and less likely to believe the victim was traumatised and police intervention

was necessary. The disparity of perceptions between stranger and ex-partner scenarios was reduced when the relationship ended because the perpetrator was physically violent. In the absence of information about why the relationship ended, participants may have assumed the victim was partly to blame in order to preserve their belief in a just world (Lerner, 1980).

The results suggest participants considered additional information regarding the breakdown of relationships in their decision-making, which is in line with Duff and Scott's (2013) findings in the stalking literature. The current study found participants were significantly more likely to take victim-supportive and perpetrator-blaming attitudes when the relationship ended due to physical violence (external to the victim). This was not the case when the victim had an affair (internal to the victim), the victim relocated (neutral factor) and when there was no extra information about the break-up. Additionally, participants were less likely to take victim supportive attitudes in the verbal abuse condition, compared to the physical violence condition - despite both reasons for relationship breakdown being external to the victim. The findings could reflect the law's more severe treatment of physical abuse, as it is only recently that emotional abuse can be considered illegal under the coercive and controlling behaviour offence (Home Office, 2015).

These findings are in line with the risk literature and the criminal justice system, where those with a history of violence are considered more concerning and given longer sentences than those without a known history of violence (Emons, 2007). Additionally, as Langhinrichsen-Rohling and

Monson (1998) suggest (whose findings are consistent with this study), when physical violence occurred previously, assumptions are likely made regarding the degree of force used in rape.

Stereotypes about gender roles may have influenced information processing, particularly when the victim had an affair and relocated for a job opportunity. Traditionally men, not women, are viewed as having affairs and pursuing their career. As indicated by Chapleau et al. (2007), violation of stereotypes may lead to rape myth endorsement to preserve their view of a 'just world' (Lerner, 1980). Bodenhausen and Wyer (1985) suggest stereotypes function as judgmental heuristics in interpreting behaviour, finding when stereotypes were activated they overrode other relevant decision-making material. The reduced likelihood of participants perceiving the victim as traumatised in the affair condition, could be attributed to the belief that more sexually experienced women are not really damaged by rape (Ward, 1995). The higher responsibility associated with the victim in the affair condition, supports Munge et al.'s (2007) findings that wives who are unfaithful are perceived as holding greater responsibility for their rape, which reflects views about punishment and revenge towards women who are unfaithful.

Influence of Participant HS and BS

The results are in line with Chapleau et al.'s (2007) and Taschler and West's (2017) findings indicating that HS and BS influences perceptions of rape.

Participants with higher HS and BS scores, were more likely to believe the victim was responsible and willing to engage in sexual activity; and less likely to believe police intervention was necessary and the behaviour was rape. Of note, the odds ratios indicated HS had a larger effect than BS on perceptions of victim responsibility, victim willingness, whether police intervention was necessary and whether the behaviour constituted rape.

Participants with higher HS scores, but not BS scores, were less likely to consider the perpetrator responsible and the victim traumatised. The theory of ambivalent sexism suggests there are separate components of BS and not all components are as strongly related to rape myth acceptance as others (Chapleau et al., 2007). For instance, the protective paternalism aspect of BS could explain the lack of significant findings between BS and perpetrator responsibility. Those scoring high on protective paternalism tend to acknowledge men have physical advantages over women, such as being stronger, and should therefore not exploit women who are perceived to not hold such characteristics (Chapleau et al., 2007).

Of note, the Mann-Whitney U tests found HS and BS scores were significantly higher in male participants compared to female participants; and females were significantly more likely compared to males to take victim-supportive and perpetrator-blaming attitudes. These findings suggest participant gender is related to the endorsement of sexist beliefs, which has been found to effect perceptions of rape.

Limitations

Using vignettes in research enables data to be collected from a large number of participants with relative ease and allows for variables to be easily manipulated (Gould, 1996). However, vignette studies can lack experimental realism and corresponding emotional involvement (Scott & Sheridan, 2011); therefore, the ability to generalise the findings to perceptions in real-life rape cases is somewhat limited (Grubb & Harrower, 2009). However, the findings have shed light on the attitudes towards rape and factors that may influence decisions.

Self-selection bias is a limitation of online research, as participants in the study have actively chosen to participate in the study by responding to an invitation to partake (Wright, 2005). These sampling issues similarly inhibit the ability to make generalisations about the findings.

To reduce a ceiling effect, the vignettes were designed slightly ambiguously to increase the chance of identifying differences between the relationship conditions. As a result, not all participants perceived the behaviour in the vignette as 'definitely' rape, as highlighted by the means presented in table 6. This should be considered when interpreting participants' answers about the vignette, as the participants may have responded differently to the other questions about the vignette if they believed the behaviour was definitely rape.

Another limitation is that some of the data did not meet the assumptions of OLR, meaning the study was not able to analyse certain factors that were initially intended to be examined using OLR, such as the effect of participant gender on perceptions of the vignette. It could be that

participant gender did not meet the no multicollinearity assumption because of strong correlations with HS and BS. However, the effect of participant gender was examined instead using Mann-Whitney U tests to explore whether there were significant differences between male and female participants in their HS and BS scores, as well as their responses on the attribution questionnaire.

Additionally, the DV 'to what extent was the victim able to control the situation' was also excluded from the OLR analysis due to not meeting OLR's proportional odds assumption.

The large sample used in the study meant the analysis was able to detect subtle differences between relationship conditions. However, it is unclear whether the differences found between relationship conditions would be clearly observable in the real world (e.g. whether rape victims and perpetrators would be treated differently depending on their relationship with one another) or if it would only be observable through careful study.

Implications

This study highlighted that members of the public were susceptible to cognitive and social influences when making judgements about a hypothetical rape vignette. These findings suggest that factors such as sexist beliefs and the victim-perpetrator relationship, would influence the extent one would self-identify as a victim of rape, how the victim's friends and family would perceive and respond to them and consequently the likelihood a victim would report a rape to the police. The findings also have

important implications for the courts in understanding how juries may respond to rape cases and what factors influence decision-making.

The findings also have therapeutic implications for rape victims. The results demonstrate certain victims are more likely to be held responsible for rape if the relationship ends due to factors considered the victim's fault (e.g. the victim having an affair). Victim blaming is extremely detrimental to recovery and increases trauma related guilt (Frese, Moya & Megías, 2004). The results highlight the need to increase societal awareness of the negative impact such views can have on victim recovery.

The more research highlighting that holding sexist beliefs does influence how rape victims and perpetrators are perceived, the greater the ability to put in preventative measures to educate people about misperceptions regarding rape (Ben-David & Schneider, 2005).

Future Research

The replication and extension of this research to other samples will help clarify the robustness of the conclusions of the current study. Future research assessing the perceptions of those who are part of the judiciary system would be of interest as they make important decisions about rape cases, which has a large impact on victims and perpetrators of rape. It would also be interesting to assess the perceptions of those working for victim support agencies, due to their important role in supporting victims in their recovery.

Further research using vignettes where the victim and perpetrator are the same gender would also be of interest, to determine whether the

reason for ex-partner relationship breakdown influences perceptions of rape in homosexual relationships. This research could ascertain whether the endorsement of traditional gender role attitudes, that view males as dominant and females as dependent, has an impact on perceptions of rape when both the victim and perpetrator are the same gender. It would also be interesting to see if participants' perceptions change if it were a female perpetrator who sexually assaulted a male victim as this goes against a patriarchal society where men hold the power.

To increase experimental realism, future research may consider using mock jury trials to explore perceptions, where participants act as a jury and deliberate the responsibility of both victim and perpetrator. Mock jury research has been criticised for using convenience samples containing University undergraduate students, who are familiar with processing and understanding new information (Wiener, Krauss, & Lieberman, 2011). Therefore, a more representative sample of a potential jury population would provide greater insight into decision making in rape case within the criminal justice system.

Conclusion

This is the first known study within the rape literature that has explored the influence additional information regarding the breakdown of ex-partner relationships has on perceptions of rape. The results found prior victim-perpetrator relationship, as well as HS and BS had a significant effect on participants' perceptions of rape vignettes. Greater knowledge about society's perceptions of blame in rape will help educate people in making

more informed decisions about rape cases and improve outreach to rape victims (Angelone et al., 2015).

CHAPTER THREE

Psychometric Critique (C85F14)

A Critique and Review of the Ambivalent Sexism Inventory

Abstract

This critique and review examines the Ambivalent Sexism Inventory (ASI), a tool measuring hostile and benevolent sexism. An overview of the ASI, the theory underpinning the ASI, its development and psychometric properties are examined. The available evidence provides a mixed view of the tool. The ASI's validation sample predominantly included white students from Massachusetts and the ability to meaningfully interpret scores is limited as no normative data was provided in studies standardising the tool. The Cronbach alpha coefficients indicated the scale has good internal consistency, but there is limited research on the ASI's test-retest reliability. The ASI showed strong convergent validity with other sexism measures, particularly the hostile sexism scale. The benevolent sexism scale as a whole evidenced discriminant validity when the hostile sexism scale was partialled out. Glick and Fiske (1996) argue the ASI has demonstrated predictive validity, however further research investigating the ability of the ASI to predict outcomes further in the future is necessary. The overall good psychometric properties of the ASI, its validation with a community sample and its utility in investigating how sexist attitudes influence perceptions of heterosexual relationships, were factors influencing the decision to use the ASI as a measure of sexism in the empirical study detailed in this thesis.

Introduction

Sexism is defined by Baumeister and Vohs (2007) as “prejudice or bias towards people based on their gender; it encompasses beliefs, emotions and behaviour that support gender inequality” (p.858). Due to the dominance of patriarchal social systems, sexism is considered an issue predominantly affecting women (Chaudoir & Quinn, 2010).

Traditionally sexism was viewed as hostile attitudes towards women, encompassing negative stereotypes and derogatory beliefs (Glick & Fiske, 1997). However, the theory of ambivalent sexism posits that as men are reliant on women for sexual reproduction it does not serve an evolutionary purpose to hold purely hostile attitudes towards women (Glick & Fiske, 1997). Therefore, the theory of ambivalent sexism proposes in addition to hostile sexism (HS), there is another separate but interrelated component called benevolent sexism (BS). BS views women stereotypically and in restricted roles; it is often patronising towards women, e.g. believing women should be offered protection by 'strong' men (Angelone et al., 2015). Whilst BS appears subjectively positive, it justifies men's dominance over women. BS rewards women for staying in traditional roles (e.g. housewife), whereas HS punishes women who do not adhere to traditional roles (Glick & Fiske, 1996). There is evidence that women are still viewed as having restricted roles with less status than men. Women continue to be subject to discrimination in the workplace, where they are paid less than their male counterparts, have difficulty obtaining leadership roles and experience sexual harassment (Strong, 2016). Big companies such as Microsoft have been sued for discrimination against women, and the 'Me

Too' movement has highlighted many incidents where males have sexually harassed women, such as the sexual harassment claims made against Hollywood Mogul Harvey Weinstein (Wolfe, 2018).

Both HS and BS serve to maintain gender inequalities evident across different cultures (Ibabe, Arnoso & Elgorriaga, 2016). Studies have found the higher the level of HS and BS across a nation, the poorer the nation fared on gender equality measures such as the representation of women in politics, economics and education (Glick et al. 2000, 2004).

Sexist ambivalence occurs when hostile and benevolently sexist beliefs are simultaneously held (Glick & Fiske, 1996). The ASI is influential in proposing that sexism has two components. Many other widely used measures of sexism, such as Attitudes Towards Women Scale (Spence & Helmreich, 1972) and Old Fashioned Sexism Scale (Swim et al., 1995), treat sexism as unidimensional which can be viewed as an overly simplistic way of measuring a complex term.

Research has found HS and BS towards women is positively correlated with rape victim blaming, rape myth acceptance, as well as tolerance of sexual harassment and rape (Abrams et al., 2003; Chappelle et al., 2007; Durán et al. 2016; Russell and Trigg 2004). Sexist views can have negative therapeutic implications for rape survivors, as they can influence the support that is offered and further contribute to the trauma rape victims experience. Sexism scales are able to highlight damaging attitudes some individuals hold and assist in putting preventative measures in place to correct misperceptions (McHugh & Frieze, 1997).

This critique examines the ASI (Glick & Fiske, 1996), a widely used tool measuring HS and BS towards women (Ibabe et al., 2016). The critique will provide an overview of the ASI and its scientific properties.

Overview of the ASI

Description of the ASI

The ASI was created by Glick and Fiske (1996). It is a 22 item self-report measure accounting for the multidimensional nature of sexism, by tapping into HS and BS (see appendix A for the ASI). Respondents are instructed to rate the extent they agree or disagree with statements about men and women and their relationships in contemporary society on a Likert-type scale of 0–5, (0 = disagree strongly; 1= disagree somewhat; 2 = disagree slightly; 3 = agree slightly; 4 = agree somewhat; 5 = agree strongly). There are an equal number of statements tapping into HS and BS. An example of a statement measuring HS is: 'women are too easily offended' and a BS statement: 'women should be cherished and protected by men'. An issue with the ASI is that there are two statements that purport to measure HS towards women, however appear to be measuring attitudes towards feminists instead ('feminists are not seeking for women to have more power than men' and 'feminists are making entirely reasonable demands of men'). Whilst there is an overlap between feminists and women, they are not interchangeable as not all women are feminists and men can also be feminists (Word Press, 2017).

The ASI generates an overall ambivalent sexism score, as well as separate HS and BS scores. These scores are calculated by averaging the

items, thus scores can range from 0-5. Providing an overall ASI score is not overly representative as it does not account for the various ways one could reach the same score. For instance if an individual scored 2.5 it could indicate they agreed strongly with BS items and disagreed strongly with HS items; or alternatively they could have agreed somewhat with both HS and BS statements. The impact of the correlation between HS and BS scales can be controlled for by using partial correlations (Glick & Fiske, 1996).

The scoring is straightforward and scoring instructions are provided on the form, with higher scores indicating higher levels of sexism. The ASI does not have a manual or provide guidance on how to interpret the scores. Whilst Glick and Fiske (1996) provide means of the standardisation sample split by gender, they did not provide normative data allowing for a frame of reference for the interpretation of scores. The lack of normative reference categories means it is difficult to establish at what point an individual's sexism score is considered low or high from a theoretical viewpoint. However, a later study by Garaigordobil and Aliri (2013) transformed ASI raw scores into percentiles so their position in the normative group could be established. As Garaigordobil and Aliri's (2013) study was conducted in the Basque Country these norms may not allow for meaningful comparisons in different cultures.

Levels of Measurement

The ASI contains a Likert-type scale and is therefore considered ordinal data, however it is often treated as interval data by researchers. Likert-type scales are easy to analyse and allow respondents to indicate the

degree of their agreement, rather than forcing a simple 'yes, no' response (Hartley, 2014). However, with ordinal data the distance between the scales (e.g. agree slightly, agree somewhat, agree strongly) is not measurable and therefore cannot be considered equidistant; thus reduces the likelihood of being able to measure true attitudes (Sullivan & Artino, 2013). Additionally, respondents are likely to differ in their interpretation of the scale as it is somewhat subjective.

Theory behind the ASI

The ASI is grounded in the gender relations theory, which posits the relation between genders is a combination of men's dominance in society, and intimate interdependence between men and women (Chen, Fiske & Lee, 2009). The ambivalent sexism theory argues this co-existence produces extreme ambivalent gender attitudes (Gaunt & Pinho, 2018).

The Ambivalent Sexism theory proposes social power, gender identity, and sexuality are embedded within HS and BS (Glick & Fiske, 1996). At the core of the ambivalent sexism theory are three shared components of HS and BS: Paternalism, Gender Differentiation, and Heterosexuality (Glick & Fiske, 1996). Each component incorporates beliefs in which ambivalence towards women is inherent.

Paternalism refers to communicating with others as a father would with his child (Glick & Fiske, 1996). Dominative paternalism relates to HS and views women as not fully capable, therefore justifying patriarchy (Glick & Fiske, 1996). Protective paternalism relates to BS. Men are dependent on

women for reproduction, therefore they need to protect women (which will in turn protect their offspring) as women are considered incapable of doing so themselves (Glick & Fiske, 1996).

Competitive gender differentiation is associated with HS, taking the stance that only men possess the necessary qualities for structural power in societies (Glick & Fiske, 1996). Complementary gender differentiation is associated with BS, highlighting women have positive traits relating to traditional gender roles which complement those of men (Glick & Fiske, 1996). As proposed by the Social Identity Theory (Tajfel, 1981), the gender of a person is a strong form of identity and is regularly used to differentiate groups, which encourages social ideologies that justify status differences between men and women. The Patriarchal Culture Theory supports the paternalism and gender differentiation aspect of ambivalent sexism, as patriarchal norms lead to the development of a society encouraging traditional gender roles to flourish where there is a power imbalance in favour of men (Chen et al., 2009).

Glick and Fiske (1996) argue heterosexuality is a powerful source of men's ambivalence towards women. Heterosexual hostility refers to women deciding when to have sex (Zillmann & Weaver, 1989), which males come to resent as the usually more powerful group becomes dependent on the subordinate group. Heterosexual intimacy relates to BS and the belief individuals cannot truly be happy unless intimately involved with the opposite sex (Glick & Fiske, 1996). The heterosexuality subscale represents a bias in the theoretical underpinnings of the ASI as it assumes respondents

are heterosexual; therefore, it may not yield an accurate measure of sexism for homosexual individuals (Glick & Fiske, 1997).

Development of the ASI

The ASI was developed and validated using data from six studies containing a total of 2,250 participants (57% female, 43% male) from the United States (Glick & Fiske, 1996). The vast majority of the sample were white students living in Massachusetts. A summary of the samples used in the six studies are provided in table 14. The age and ethnicity of the samples were not always provided.

In the first validation study participants rated 140 statements generated through Glick and Fiske's (1996) theoretical analysis of HS and BS. Six statements were obviously correct or incorrect to check participants were concentrating on their responses. Statements with extreme means were excluded, which included the validity items aforementioned (Glick & Fiske, 1996). A factor and principal components analysis was conducted on the remaining 112 statements, with the two strongest factors corresponding to HS and BS (Glick & Fiske, 1996). In the other five studies, 22-32 statements were selected and used as a shorter version of the ASI. Finally the ASI was reduced to 22 items due to the statements loading repeatedly on HS and BS factors. In the 22-item ASI, the exploratory factor analyses indicated the expected sub-factors (paternalism, gender differentiation and heterosexuality) were only represented for BS, not for HS, highlighting there was no apparent empirical basis for distinguishing the theoretical HS subfactors (Glick & Fiske, 1996).

Table 14

Characteristics of the ASI's Validation Sample

Sample	No. of participants	Participant gender	Participant age	Participant ethnicity	Other
1	833	58% female 42% male	Ages ranged from 19.54 – 20.69 years	Between 76-86% were White across each campus	Students from University of Massachusetts, Amherst College and Lawrence University
2	171	55% female 45% male	Not provided	Not provided	Undergraduate students studying introductory psychology from University of Massachusetts
3	937	58% female 42% male	Not provided	81% White 6% Asian	Undergraduate students studying introductory psychology from University of Massachusetts
4	148	50% female 50% male	Not provided	Not provided	Members of the public from Massachusetts. Avoided areas occupied by students
5	112	68% female 32% male	Ages ranged from 18-77 years (Median age 34)	83% White	Half were members of the public from Massachusetts. Other half were non-students residing in Wisconsin, Minnesota and Illinois
6	85	48% female 52% male	Not provided	Not provided	Students from University of Massachusetts

Glick and Fiske (1997) suggest the inability to distinguish between HS' sub-factors was due to each being inextricably linked and because more subtle language was used in the HS scale due to individual's predicted reluctance to endorse overtly negative views about women (Glick & Fiske, 2001).

In factor analyses, the model containing HS and BS, with the three BS sub-factors was significantly superior to the one-factor (sexism) and two-factor (no BS sub-factors) model (Glick & Fiske, 1996). Therefore the final model included HS and BS with three sub-factors, which is outlined in figure 1. This factor structure has been supported in numerous studies using the ASI with different populations (Conn, Hanges, Sipe, & Salvaggio, 1999).

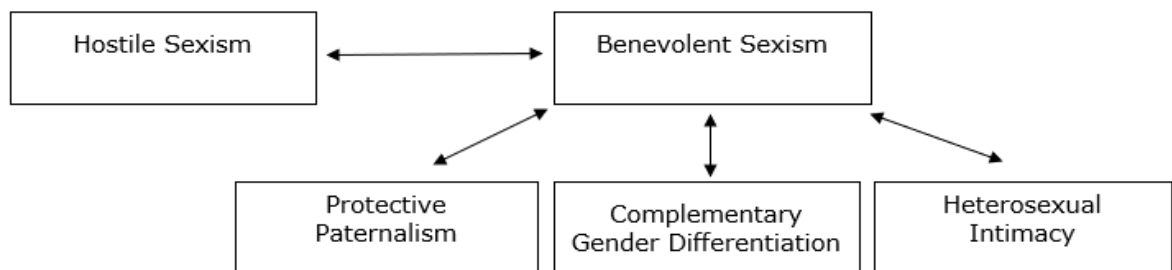


Figure 1. Factor structure of the ASI

(Glick & Fiske, 1996)

All six studies, apart from men from a non-student sample, found positive correlations between HS and BS scales, supporting the view they are related aspects of sexist ideology (Glick & Fiske, 1996). It could be assumed ambivalent beliefs would lead to either no correlation or a negative correlation (Thompson, Zanna, & Griffin, 1995); yet Glick and

Fiske (2011) argue hostile and benevolent sexist beliefs are complementary and have mutually reinforcing ideologies in that both strive to maintain traditional gender roles. Petrocelli (2002) questioned the degree of ambivalence the tool measures, as from reviewing mean scores of studies utilising the ASI (including Glick & Fiske, 1996, 2001), participants generally endorsed minimal levels of HS and BS. Petrocelli (2002) argued ambivalent sexism only occurs when a person clearly holds both HS and BS beliefs, otherwise it just indicates indifference. In response, Glick and Fiske (2002) argued items yielding extreme means were excluded to increase the tools utility as an individual difference measure.

Properties of the ASI

The British Psychological Society (2017) states it is fundamental psychological tests evidence reliability and validity for its intended purpose; and that biases should be considered when evaluating test efficacy.

Reliability

Reliability refers to the ability of a test to measure something consistently (Tavakol & Dennick, 2011).

Internal Reliability.

Internal reliability is when items on the test measure the same construct. Internal reliability can be measured by Cronbach alpha coefficients with acceptable values ranging from $\alpha = 0.70$, with higher

scores indicating even greater internal consistency (Tavakol & Dennick, 2011). Glick and Fiske (1996) found across the six validation studies, acceptable alpha coefficients for the overall ambivalent sexism (AS) score (ranging from .83 - .92); the HS scale (between .80 - .92) and BS scale (ranging from .75 - .82). Other studies similarly found encouraging results when measuring internal consistency. Garaigordobil and Aliri's (2013) study standardising the ASI with a sample of 5,313 participants in Spain found overall AS $\alpha = .91$, HS $\alpha = .86$ and BS $\alpha = .90$. Vecina and Piñuela (2017) found in their Spanish sample of 103 men the Cronbach's alpha was .87 for HS and .89 for BS.

Glick and Fiske (1996) posit the BS scale yielded a lower alpha coefficient in their studies due to the multidimensional nature of the scale, as opposed to the unidimensional HS scale. Schmitt (1996) supports this, claiming a multidimensional scale can underestimate reliability. However, other studies found the BS scale's internal consistency slightly outperformed the HS scale. Of note, Streiner (2003) cautioned that high alpha coefficients (over .90) can indicate narrowness of content and item redundancy, which some alpha coefficients for the ASI are bordering upon.

Test-Retest Reliability.

Test-retest reliability refers to the respondent yielding the same score on the measure when tested at a different time point with no confounding factors (Terwee et al., 2007). Correlational analysis is used to measure test re-test reliability and an acceptable level is considered $r = 0.70$ and above. Glick and Fiske's (1996) validation study did not provide

test-retest reliability measures, nor have many studies about the ASI. McCrae, Kurtz, Yamagata and Terracciano (2011) stated test-retest is a measure of reliability frequently neglected, which is partly accountable to the inconvenience of having to test a sample twice. However, Sakallı-Uğurlu (2002) in her Turkish version of the ASI computed a test-retest reliability coefficient of $r = .87$.

Validity

Validity relates to the test measuring what it intended to measure (Tavakol & Dennick, 2011).

Construct validity.

Construct validity is the degree a test measures a construct it claims to measure (Brown, 1996). Factor analysis has been used in attempts to estimate construct validity. The factor analysis offered support for the ASI's construct validity, as HS and BS produced a better fit than a single factor model, highlighting sexism is not a unidimensional construct (Glick & Fiske, 2001). However, the factor analysis failed to find the sub-factors underlying HS as was theoretically expected; though despite this the sub-factor themes remain embedded in the HS scale (Glick & Fiske, 2001). Thorndike (1997) highlighted factor analysis alone is not sufficient in demonstrating construct validity and external relations with other variables should also be considered, such as convergent and discriminant validity.

Convergent validity and discriminant validity.

Convergent validity refers to test scores yielding strong correlations with alternative tests measuring the same construct (DeVon et al., 2007). Discriminant validity is concerned with whether scores on a test are uncorrelated with scores on other tests that are not designed to measure the same construct (DeVon et al., 2007).

The ASI's convergent validity was examined by exploring correlations with the Ambivalence toward Men Inventory (AMI) (Glick & Fiske, 1999), which measures hostile and benevolent stereotypes about men. The AMI's benevolence scale showed significant positive correlations with the ASI's HS and BS scales ($r = .67 - .45$) (Glick & Fiske, 1999). Whereas the AMI's hostility scale did not render significant correlations ($r = .09 - .32$), apart from a significant (but weak) correlation with ASI's BS scale for male respondents only (Glick & Fiske, 1999). Research supports this last finding as benevolently sexist men have been shown to be wary of other men's intentions towards women (Glick & Fiske, 1999). The correlations with the AMI support the ASI's convergent validity and align with theoretical expectations, as the hostility towards men scale on the AMI does not serve to justify traditional gender roles as the other scales do (Glick & Fiske, 1999).

Further evidence of the ASI's convergent validity can be provided as correlations between overall AS, HS and BS scores were significant with other measures of sexism. As shown in table 13, the HS scale correlated the strongest with other sexism measures and the BS scale the weakest. When the HS scores were partialled out providing a purer measure of BS,

there were either very weak or no significant correlations between BS and sexism measures highlighted in table 13 (Conn et al., 1999; Glick & Fiske, 1996). This indicates the correlations found were attributable to HS and that BS is not accounted for in other sexism measures (Glick & Fiske, 1996). These findings could be interpreted as providing evidence against the BS scale having convergent validity. Alternatively, it could be regarded as providing evidence that the BS scale has discriminant validity, as it demonstrates BS is a distinct measure of sexism. However, when correlations of the BS sub-factors were explored with other sexism measures, significant results were found. The complementary gender sub-factors correlated significantly with the Modern Sexism scale, however the correlation was very weak ($r = -.13$) and therefore the link between the two is questionable. The Heterosexual Intimacy and Protective Paternalism sub-factors significantly correlated with Old-Fashioned Sexism scale, after HS was controlled (Conn et al., 1999). These findings demonstrate both HS and BS share some variance with other sexism scales when sub-factors of BS are explored separately (Glick & Fiske, 1996).

Glick and Fiske (1996), however, do argue the ASI has discriminant validity, as items from the pro-Black scale measuring racial ambivalence (Katz & Hass, 1988) emerged as a separate factor to HS and BS scales in factor analyses.

Table 15

Correlation of ASI with Other Measures of Sexism

Sexism Measure	Correlation with overall AS	Correlation with HS	Correlation with BS
Rape Myth Acceptance Scale (Burt, 1980) (measures endorsement of rape myths)	.54	.61	.32
Attitudes Towards Women Scale (Spence & Helmreich, 1972) (measures attitudes about the rights and roles of women)	.63	.68	.40
Modern Sexism Scale (MS) (Swim, Aikin, Hall & Hunter, 1995) (measures covert prejudice about women)	.57	.65	.33
Old-Fashioned Sexism Scale (OFS) (Swim et al, 1995) (measures traditional sexist beliefs about women)	.42	.48	.24

Predictive Validity.

Predictive validity is a sub-factor of criterion validity and refers to the ability of a score on a test to predict an outcome measure at a later time (DeVon et al., 2007).

The ability of the ASI to separate BS and HS allows for a purer measure, which should theoretically enhance predictive validity (Glick & Fiske, 1997). Three of Glick and Fiske's (1996) studies (samples 4-6 in table 12) claimed to test the ASI's predictive validity, by asking participants to complete an attitude measure about their stereotypes about women adapted from Spence, Helmreich and Holahan's (1979) Extended

Personality Attributes Questionnaire. Glick and Fiske (1996) reported AS scores predicted ambivalent attitudes towards women as measured by the aforementioned attitude measure, the HS scale predicted negative stereotypes about women, and for men who were not students the BS scale predicted positive stereotypes about women. These results suggest the ASI's strongest predictive validity was with men in non-student samples (Glick & Fiske, 1996).

However, the sample used in Glick and Fiske's (1996) study testing predictive validity was reasonably small, as 83 participants across the studies failed to complete the Personality Attributes Questionnaire (leaving a sample of 262). Additionally, the outcome measure the studies attempted to predict was taken immediately after participants completed the ASI, despite predictive validity being interested in predicting future outcomes. This renders the study's claim of predictive validity questionable and it may instead provide better evidence of concurrent validity, which focuses on the power of the test to predict outcomes on another test at the same time (McLeod, 2013).

Biases

Acquiescence Bias.

Acquiescence bias is the tendency of respondents to agree with statements on a test. For 16 items on the ASI, agreement indicated a higher level of sexism and the remaining six items were reversed so greater agreement indicated a lower level of sexism, which attempted to control for acquiescence bias (Glick & Fiske, 1996). Glick and Fiske (2001) indicated

the item reversals did not work when the ASI was translated into different languages.

Social Desirability Bias.

A potential issue with self-report measures such as the ASI, is the possibility of social desirability bias. Social desirability bias is the propensity of the respondent to present themselves in a favourable light, which can threaten test validity (King & Bruner, 2000). Glick and Fiske (1996) included a measure of socially desirable responding in study 2 with undergraduate students, targeting impression management and self-deception. Glick and Fiske (1996) found a significant (albeit small) correlation between impression management and overall AS, HS and BS scores, with correlations ranging from $-.31$ to $-.13$ (Glick & Fiske, 1996). None of the ASI scales showed a significant correlation with the self-deception scale (Glick & Fiske, 1996). The social desirability measure was not included in the final ASI. The level of social desirability bias in the ASI may be less than other psychometrics measuring sexism; as it includes BS which can appear subjectively positive, so respondent's may not feel as reluctant to answer truthfully compared to a scale just measuring overtly derogatory attitudes towards women. In fact, some respondents may feel endorsing the BS statement would paint them in a more positive light.

Applicability Across Cultural and Temporal Dimensions.

The ASI's validation sample was not diverse, with the majority of the sample being white students living in Massachusetts, which questions the applicability of the tool across different cultures.

Whilst research has indicated the degree of sexism varies across cultures there is support for the cross cultural prevalence of HS and BS. Glick et al. (2000) found the HS and BS structure of the ASI has been replicated across 19 different nations. The ASI has been translated into different languages including Spanish (Rodríguez, Lameiras & Carrera, 2009), Portuguese (Costa, Oliveira, Pereira, & Leal, 2015), French (Dardenne, Delacollette, Gregoire, Lecocq, 2006), Turkish (Sakalli-Uğurlu, 2002) and German (Eckes, & Six-Materna, 1999). In all the aforementioned studies, acceptable psychometric properties were found.

Some of the items on the ASI (e.g. 'feminists are making entirely reasonable demands of men') are likely to have different meanings over time as perceptions of feminism and the 'demands' females make will have evolved significantly from when the tool was created in 1996 (McHugh & Freize, 1997). Additionally, different societies view of feminists is not universal and likely varies across cultures (McHugh & Freize, 1997).

Conclusion

This critique examined the ASI, a widely used measure of sexism that is grounded in the theory of gender relations. The available evidence provides a mixed view of the tool. The ASI is an easy instrument to

administer and score; yet the lack of normative data provided by Glick and Fiske (1996) when standardising the tool somewhat reduces the meaningfulness of the scores when it comes to interpretation.

The standardisation sample was large, however the vast majority of the sample were white students living in Massachusetts. The ASI has since been translated into different languages and validated in a range of countries.

Regarding psychometric properties, the ASI scales yielded acceptable internal consistencies, yet there was a lack of data measuring test-retest reliability with the exception of one study highlighting it was within an acceptable range (Sakalli-Uğurlu, 2002). The ASI showed strong convergent validity with other measures of sexism, particularly the HS scale. The BS scale evidenced discriminant validity when the HS scale was partialled out and when BS was viewed as a whole rather than separated into sub-factors (Conn et al., 1999). Glick and Fiske (1996) argue the ASI demonstrates predictive validity as the scales predict stereotypes towards women; however in their studies participants took the outcome measure immediately after the ASI rendering their claim of predictive validity questionable.

One of the standardisation studies demonstrated the possibility of social desirability bias being present in the ASI, due to significant correlations between impression management and ASI scores (Glick & Fiske, 1996). The social desirability scale was not included in the final ASI and the desire of participants to present themselves in a favourable light may influence the validity of scores.

Whilst the HS and BS structure of the ASI has been replicated across different nations, respondents from different cultures are likely to interpret some of the items on the ASI differently. Additionally, due to the complex and evolving nature of how sexism is portrayed in societies the tool risks becoming less relevant over time.

The ASI is particularly useful for researchers investigating how sexist attitudes influence perceptions of heterosexual relationships (Glick & Fiske, 1997).

Use of the ASI in Empirical Study

The ASI was chosen to be used in the empirical study as it is a well validated sexism measurement tool and research clearly indicates sexist attitudes can influence perceptions of rape (McHugh & Frieze, 1997). The ASI focuses on interpersonal relationships between men and women which is what the empirical study focuses on, rather than political ideologies about equal rights for women which other frequently used sexism measures assess (Glick & Fiske, 1997). Additionally, the ASI was considered useful as it specifically distinguishes between HS and BS. Traditionally measures of sexism have focused on HS, yet BS is important as both genders can endorse benevolently sexist views which maintain gender inequality (Glick & Fiske, 2001). The range of themes within the HS and BS scales allow the measure to tap a wide range of issues involved in sexist beliefs (Glick & Fiske, 1996). The population the ASI was standardised on included students and non-students from the community, which is in line with the empirical study's sample.

CHAPTER FOUR

Systematic Review (C85F13)

Psychological Interventions to Alleviate Distress in Adult Survivors of Childhood Sexual Abuse: A Systematic Review

Abstract

The review investigated the effectiveness of psychological interventions in alleviating distress in adult survivors of childhood sexual abuse. Electronic bibliographic databases, gateways, key journals and grey literature were searched. In total, 10 randomised trials were included in the review. The findings demonstrate psychological interventions (both trauma and non-trauma focused) are superior to no treatment in alleviating certain types of distress in adult victims of childhood sexual abuse, with a notable reduction in the severity of post-traumatic stress disorder symptoms. Eye movement desensitisation and reprocessing, as well as rational emotive behaviour therapy and cognitive processing therapy for sexual abuse survivors demonstrated particular efficacy in alleviating distress. These findings can inform future treatment that targets the distress experienced by childhood sexual abuse survivors.

Background

Childhood sexual abuse (CSA) is defined by Browne and Finkelhor (1986) as "forced or coerced sexual behaviour imposed on a child, and sexual activity between a child and a much older person, whether or not obvious coercion is involved" (p. 66). In England and Wales it is a criminal offence if someone over the age of 18 engages in sexual activity with someone under the age of 16 (Sexual Offences Act, 2003).

Bentley, O'Hagan, Raff and Bhatti (2016) found in the United Kingdom the number of recorded sexual offences against children under 16 has increased, with a particularly sharp rise in 2012 and numbers continuing to rise. In the United Kingdom in 2015/2016 police recorded over 54,000 sexual offences against children, a number which has doubled over the previous 10 years (Bentley et al., 2017). The increase is likely due to improved recording of sexual offences and the revelations of Jimmy Savile and his prolific sexual abuse, likely resulting in victims feeling inspired to report abuse they experienced (Greer & McLaughlin, 2013). The visibility of the issue is further increased by recent allegations of historical CSA against celebrities portrayed in the media, such as those directed towards Kevin Spacey.

Impact of CSA

The victimisation from CSA can be lifelong if the symptoms resulting from the abuse are left untreated and can lead to a wide range of psychological problems in adulthood (Briere & Elliot, 1994). CSA can lead to cognitive distortions and the development of maladaptive schemas (Cukor & McGinn, 2006). Maladaptive schemas are self-defeating emotional and

cognitive patterns about oneself and one's relationship with others that are dysfunctional, beginning in early development and repeating later in life (Dhaliwal, Gauzas, Antonowicz & Ross, 1996; Young, Klosko & Weishaar, 2003). When a child is sexually abused their physical and sexual boundaries are crossed and it represents a failure of their family system to provide them with safety and security (Sinanan, 2015). Briere and Elliot (1994) argued children who are sexually abused develop dysfunctional coping behaviours that helped them cope at the time, but consequently manifest into unhelpful symptoms.

Research indicates CSA is particularly associated with: Post-traumatic stress disorder (PTSD) (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995); depression (Weiss, Longhurst & Mazure, 1999); anxiety (Yama, Tovey & Fogas, 1993); psychosis (Bebbington et al., 2011); anger (Neumann, Houskamp, Pollock & Briere, 1996) self-blame and guilt (Amariglio, 2013); low self-esteem (Bagley & Young, 1990) and greater interpersonal difficulties in adulthood compared to non-abused subjects (Polusny & Follette, 1995).

Treatment

High prevalence rates of CSA, along with the debilitating effects means finding effective treatments is of great importance. There has been considerable research on general trauma interventions, yet research focusing on the effectiveness of treatment for adult survivors of CSA specifically is less developed (Ehring et al., 2014). Treatment aimed at reducing the distress experienced by CSA has largely been based on

psychodynamic and cognitive-behavioural therapy approaches (Allnock & Hynes, 2011).

Psychodynamic therapy postulates that conflicts are more toxic when left in the unconscious, so it aims to bring conflicts into conscious awareness through talking about past experiences and exposing defence mechanisms (Regehr, Alaggia, Dennis, Pitts & Saini, 2013). However, most studies supporting psychodynamic therapy's effectiveness in treating CSA survivors have not utilised randomised control trials which are considered the gold standard due to being the most scientifically rigorous method for evaluating the effectiveness of interventions (Taylor & Harvey, 2009).

The traditional treatment for CSA survivors has been cognitive behavioural therapy (CBT), which aims to replace maladaptive thoughts and behaviours with more adaptive ones (Wiser & Goldfried, 1993). The fundamental principle of CBT is that an individual's cognitions play a substantial role in their emotional and behavioural responses to a situation (Sinanan, 2015).

Eye movement desensitisation and reprocessing (EMDR) is commonly used to treat trauma in CSA survivors (Edmond, Rubin & Wambach, 1999). In EMDR, clients are asked to recollect distressing events and they subsequently receive bilateral stimulation, such as therapist directed side to side eye movements (Sinanan, 2015). The aim is to enable clients to process difficult experiences and become desensitised to distressing memories (Sinanan, 2015). NICE (2005) guidance recommends the use of trauma focused interventions such as EMDR for the treatment of PTSD and advises against using non-trauma focused interventions that do not address traumatic memories. Processing traumatic memories can help challenge

faulty interpretations of traumatic events and reduce the fear response that is activated by trauma memories (Resick & Schnicke, 1993).

Previous Reviews

There have been a number of meta-analyses and systematic reviews testing the efficacy of psychological treatment for CSA survivors. Taylor and Harvey's (2010) meta-analysis investigating the effectiveness of psychotherapy found moderate effect sizes for PTSD symptoms and self-esteem. However, whilst the majority of participants in Taylor and Harvey's (2010) meta-analysis experienced sexual abuse, some studies included participants who experienced different types of childhood abuse that was not sexual. Additionally, the methodological quality of studies included in Taylor and Harvey's (2010) review was low as studies using a repeated measures design were included. A repeated measures design typically involves subjects being exposed to all the treatment conditions, which can lead to order effects where the perceived effectiveness of the intervention is related to the order the treatment was given rather than the treatment itself (Stone, Scibilia, Pammer, Steele & Keller, 2015).

Ehring et al.'s (2014) meta-analysis of psychological treatments for PTSD in CSA survivors, found all psychological treatments in the study (trauma focused CBT, non-trauma focused CBT and EMDR) produced moderate to high effect sizes in the reduction of PTSD severity, depression, anxiety and dissociation. Ehring et al. (2014) identified trauma focused CBT delivered individually or combined (group and individual) was the most efficacious. Ehring et al.'s (2014) review, excluded studies if PTSD was not the main treatment target. The other effects of CSA can be debilitating and

it is important these are also given due consideration (Weiss et al., 1990). Additionally, Ehring et al.'s (2014) meta-analysis included adult survivors of both physical and sexual childhood abuse and did not differentiate between them when reporting the findings. Victims of sexual and physical abuse are subjected to different experiences and research suggests there are key differences in consequent symptoms (Briere & Elliott, 2003).

Other reviews on the topic have been conducted and generally found psychological interventions are effective in treating the effects of CSA; however the reviews have been narrow in their search. Price, Hilsenroth, Petretic-Jackson and Bonge (2001) limited their review to individual psychotherapy; de Jong and Gory (1996) focused just on group treatment and Rull and Beltran (2012) limited their review to studies published between 2000-2010. Nonetheless, the studies found interesting results. Price et al. (2001) found individual therapy across a range of therapeutic orientations was effective in reducing distress. Rull and Beltran (2012) found no theoretical approach outperformed another in alleviating negative effects of sexual abuse. De Jong and Gory (1996) found group work improved survivors' affect and self-esteem. Although, in the aforementioned reviews not all the studies included a control group; therefore whether the results are attributed to the treatment/s or simply the passage of time remains unclear.

Why the Review is Important

A significant number of people are affected by CSA and the devastating impact of CSA can continue into adulthood. Providing victims of sexual abuse with therapeutic support to help them overcome distressing

symptoms is vital. Previous reviews on the subject area have been narrow in their focus, not accounting for the complexities of the CSA population. An updated systematic review that includes randomised control trials focusing on the treatment of the range of issues faced by CSA survivors is timely and should help contribute to treatment guidelines.

Objectives

The objective of this review is to examine the effectiveness of psychological interventions in alleviating psychological distress in adult survivors of CSA, compared to no intervention or non-psychological interventions.

Method

Search Sources

Sources were searched for the systematic review during the period of 28.07.2017 – 05.08.2017. There were no limits on the publication date of articles retrieved unless otherwise specified. The search sources used are outlined below.

Electronic bibliographic databases.

PsycINFO (Ovid), MEDLINE (Ovid), PsycArticles, Applied Social Sciences Indexes and Abstracts (ProQuest) and Web of Science.

Electronic gateways.

Cochrane Central Register of Controlled Trials (CENTRAL).

Grey literature.

Google, Google scholar, University of Nottingham electronic e-theses, University of Birmingham electronic e-theses and ProQuest Dissertation and Theses database.

After inserting the key words in the search engine for Google and Google Scholar the titles of studies on the first 15 and 50 pages were searched respectively, as the studies stopped being of relevance to the subject area at these points.

The titles of theses on the University of Nottingham and University of Birmingham's electronic e-theses were reviewed after filtering the search to increase relevance. For the University of Nottingham's e-theses the search was filtered by 'department of applied psychology', 'school of psychology' and the thesis types: PhD, DAppEdPsy, DAppPsych, DClinPsy, DForenPsy, MA and MSc. For the University of Birmingham's e-theses the search was filtered by 'school of psychology' and the thesis types: Ap.Ed.& ChildPsy.D, Clin.Psy.D, Ed.PsychD and Foren.Psy.D. A separate keyword search was also conducted for both the University of Nottingham and University of Birmingham's e-theses.

Reference list.

Reference lists of previous relevant systematic reviews and meta-analyses were reviewed.

Expert contact.

Two experts in the field were contacted about ongoing or unpublished studies. No further studies were identified.

Key journals.

Key journals were identified by searching for those related to sexual abuse or trauma that were not included in the electronic bibliographic databases searched. The journals were searched by reviewing titles of studies in each of the volumes in recent years (the year ranges are specified below). The journals searched included:

Sexual Abuse: A Journal of Research and Treatment (2005-2017)

Journal of Aggression, Maltreatment and Trauma (2005 – 2017)

Journal of Psychological Trauma (2007-2008)

Journal of Sexual Aggression (2005 – 2017)

Journal of Childhood Sexual Abuse (2005-2017)

Search Strategy

Where possible a hand search and subject heading index search was conducted. For journals that did not have a subject heading index search feature, a hand search was carried out.

Hand search terms.

Hand search terms and full search syntax used across electronic bibliographic databases, electronic gateways and grey literature search engines are detailed in appendix K. The following hand search terms are those used in the bibliographic database PsycINFO. The wildcards and truncation vary depending on the search source.

(adult\$ adj3 child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).mp.

OR

(child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).mp.

OR

((surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or molest\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or (sex\$ adj2 (assault\$ or abus\$ or violen\$ or aggress\$ or crime\$))))).mp.

AND

((psycho\$ adj3 (therap\$ or interven\$ or treat\$)) or psychosocial or psychosocial or "CBT" or (cognitiv\$ adj2 behav\$ adj2 therap\$) or behav\$ therap\$ or "prolonged exposure" or systematic desensiti#ation or (eye movement adj2 desensiti#ation adj2 reprocessing) or "EMDR\$" or cognitive therap\$ or relaxation or psycho\$ therap\$ or psychotherap\$ or psychoanaly\$ or psychoeducat\$ or cognitive restructuring or progressive relaxation training or "seeking safety" or mentali#ation or Narrative Therap\$ or Schema Therap\$ or (emotion\$ adj2 focus\$ adj2 therap\$) or "imaginal confrontation" or (cognitive adj2 processing adj2 therap\$) or assertion training or "DBT" or (dialect\$ adj2 behav\$ adj2 therap\$)).mp.

AND

(PTSD or ((post trauma\$ or posttrauma\$ or post-trauma\$) adj2 (stress or neuros#s or syndrome or distress)) or (delayed stress adj2 (disorder or syndrome)) or trauma or anxiety or traumati#ation or suffering or depress\$ or guilt or (suicidal adj2 (ideation or thoughts or thinking)) or (self\$ adj2 (harm\$ or blam\$ or disgust or esteem)) or inferiority or helplessness or confidence or recovery or resilience or (locus adj2 control) or (substance adj2 (abuse or misuse)) or anger).mp.

Subject heading indexes.

Below are subject headings used in PsycINFO:

exp Sexual Abuse

exp Crime Victims

exp Psychotherapy

exp Well being

exp Distress

Subject heading indexes used in other search sources are detailed in appendix K.

Study Selection

Studies were assessed for eligibility using the study eligibility screening form adapted from Liberati et al. (2009). The eligibility screening form can be viewed in appendix L. Table 16 summaries the inclusion criteria.

Quality Assessment

Quality assessment was guided by a checklist (see appendix M for quality assessment form informed by Effective Public Health Practice Project quality assessment form), assessing for the presence of biases in sampling, selection, measurement, performance and attrition. Each type of bias was given a rating of low, partial, high or unclear. The quality of the studies were additionally assessed by a second reviewer (counselling psychologist) for 20% of the studies, which were randomly selected.

Table 16

Study Inclusion Criteria

	Inclusion Criteria
Population	Male or female (aged 18 or above) survivors of CSA. Childhood is defined as under 16-years-old. Sexual offences include penetrative or non-penetrative acts.
Intervention	Individual and/or group psychological interventions targeting psychological distress.
Comparator	No psychological treatment.
Outcome	Primary measure: Psychological distress measured by a validated instrument. Psychological distress is defined as 'emotional suffering experienced by individuals' (Mirowsky, 2007). Secondary measure (not a necessary requirement for inclusion): Psychological well-being measured by a validated instrument.
Study design	Randomised control trials. Randomisation with concealment will not be possible as participants know what condition they are in.
Language	Articles in English.

Data Extraction

Data was extracted using a form informed by Higgins and Green (2011) covering study and participant characteristics, sampling, intervention information and outcome data (see appendix N for data extraction form).

Results

The full search generated 2,813 hits. The selection process, including the number of hits for each source are outlined in figure 2. University of

Nottingham and University of Birmingham e-theses yielded no relevant hits.

Duplicate articles were excluded first. The title and abstract of studies were then reviewed to determine the relevance to the systematic review topic, leaving 139 studies after this process. The next stage involved reviewing the full text articles, where 125 studies were excluded. In the title/abstract and full text review stages, studies were excluded for a variety of reasons including the studies not being a randomised control trial, the participants not solely being survivors of childhood sexual abuse and because the interventions were not considered psychological. Two studies were excluded from the full text review as they were not in English.

Fourteen studies reached the quality assessment stage. One study was excluded after the quality assessment due to not using statistical analysis to examine the results (Cole, Sarlund-Heinrich & Brown, 2007). Three studies were then excluded as they used the same data as other studies included in the review. Möller and Steel (2000) and Brandt (2001) were two of the studies excluded as they used the same data as Rieckert and Möller (2000). The decision was made to keep Rieckert and Möller's (2000) study in the review because Möller and Steel (2000) and Brandt's (2001) studies focused specifically on clinically significant change. Edmond (1997) and Edmond, Rubin and Wambach (1999) used the same data and analysis. The decision was made for Edmond et al.'s (1999) study to remain in the review as it contained more information about the research, therefore Edmond's (1997) study was excluded.

Classen et al. (2011) and Ginzburg et al. (2009) used the same sample, yet reported different outcome measures so both remained in the review. In total, 10 studies were included.

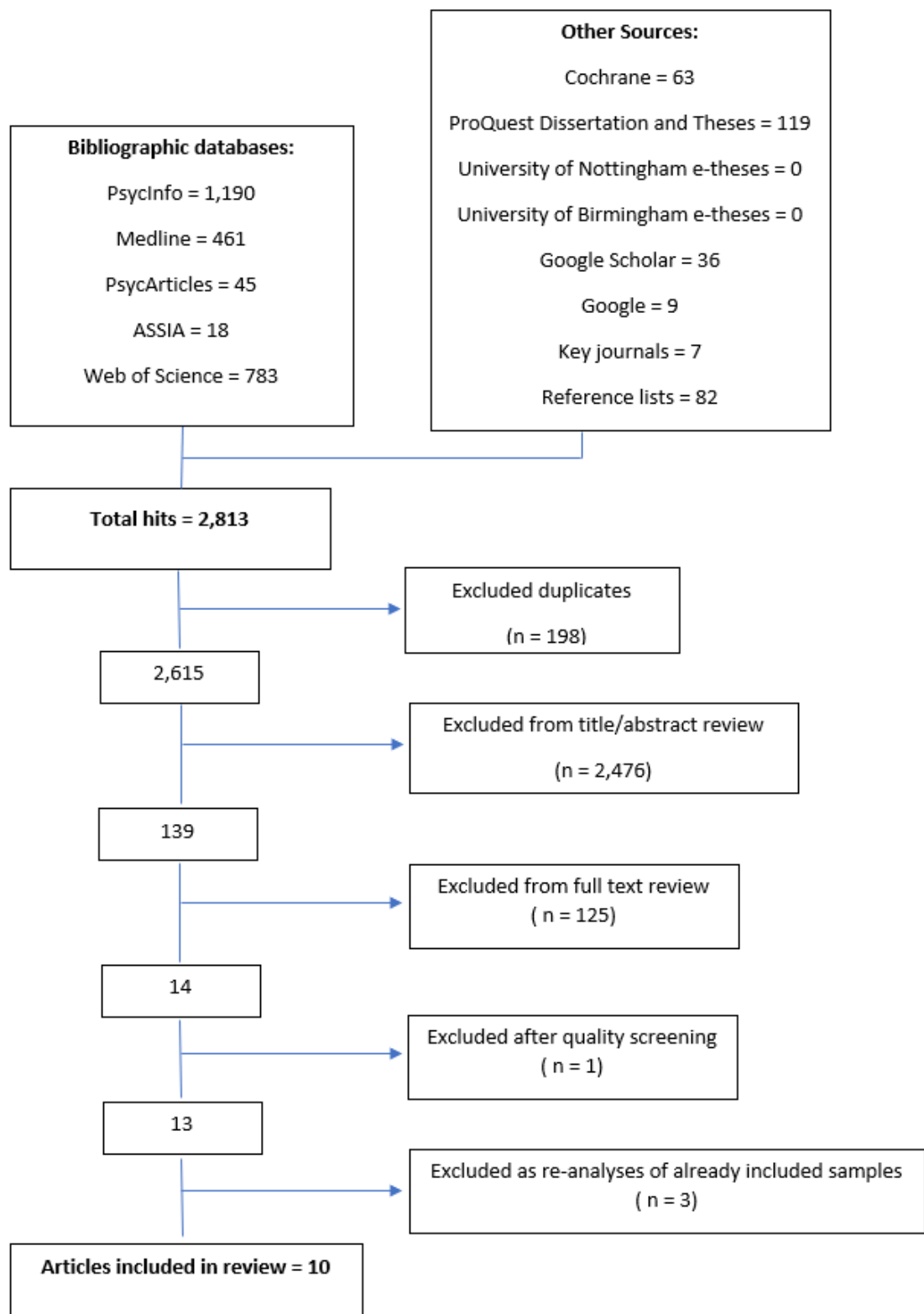


Figure 2. Systematic review study selection process

Characteristics of Included Studies

Key characteristics of the studies are presented in table 17. The total sample included 529 participants, with study sample sizes ranging from 12 - 166 participants, all of whom were female. In eight studies individuals were excluded if they had a psychotic disorder and were suicidal and in six studies they were excluded if abusing substances.

A description of the different treatments used in the studies included in the review are detailed in appendix O. The treatment types included an interpersonal transaction group, process groups, trauma focused therapy, present focused therapy, a forgiveness intervention, EMDR and CBT informed interventions. Four of the studies included one treatment type and six of the studies included two treatment types which were compared to each other as well as the control group. All studies had a control group which comprised of those on the waiting list for treatment. The measures of psychological distress included PTSD, depression, anxiety, anger, guilt, shame and fear. Measures used in the studies that do not measure psychological distress or well-being will not be reported. Some studies did not provide information about whether differences within a treatment group were significant from pre to posttreatment and only compared whether the difference was significant compared to the control group.

The Intention to Treat (ITT) analysis will be reported for studies that provided it, as it gives a more unbiased estimate of treatment effect and preserves the benefits of random allocation (Gupta, 2011; Sibbald & Roland, 1998).

Table 17

Characteristics of Included Studies

Authors, year, location	Sample	Intervention (format, type, duration)	Relevant outcome measures	Follow-up	Main findings
Alexander, Neimeyer, Follette, Moore and Harter (1989) USA	Females abused specifically by a male relative $N = 57$ Treatment $n = 36$ (interpersonal group = 16; process group = 20) Waitlist $n = 21$	• Group • Interpersonal transaction (IT) group and Process group • 10 weekly sessions, lasting 90 minutes	• Beck Depression Inventory (BDI) (Beck, Steer, & Carbin, 1988) • Symptom Checklist-Revised (Derogatis, 1983) • Modified Fear Survey (Veronen & Kilpatrick, 1980)	6 months	• Significant decrease in depression and general distress in IT and process groups from pre to posttreatment compared to waitlist and was maintained at follow-up. • Process group significantly improved in social adjustment, no significant change for IT and waitlist. • No significant difference between conditions on fear.
Chard (2005) USA	Females with PTSD $N = 55$ Treatment $n = 28$ Waitlist $n = 27$	• Individual and group • Cognitive processing therapy for sexual abuse survivors (CPT-SA) • 17 weekly group sessions, lasting 90 minutes. • 10 weekly individual sessions, lasting 60 minutes.	• Clinician-Administered PTSD Scale for DSM-IV, One Week Symptom Status Version (CAPS-SX; Blake et al., 1996) • Modified PTSD Symptom Scale (Falsetti, Resnick, Resick, & Kilpatrick, 1993). • BDI-II (Beck, Steer, & Brown, 1996). • Dissociative Experiences Scale-II	3 months and 1 year	• CPT-SA group improved significantly compared to waitlist on PTSD severity, depression and dissociation. • CPT-SA significantly improved PTSD severity at posttreatment and 3-month follow-up. • No other significant changes on measures from posttreatment to 3-month follow-up. • From 3 month to 1 year follow-up no significant changes.

Authors, year, location	Sample	Intervention (format, type, duration)	Relevant outcome measures	Follow-up	Main findings
			(DES-II; Bernstein & Putnam, 1986)		
Classen, Koopman, Nevillmanning and Spiegel (2001) USA	Females with PTSD <i>N</i> = 55 Treatment <i>n</i> = 21 (trauma focused = 14; present focused = 7) Waitlist <i>n</i> = 34	• Group • Trauma focused group (TFG) and Present focused group (PFG). • 24 weekly sessions, lasting 90 minutes.	• The Trauma Symptom Checklist 40 (TSC-40) (Elliott & Briere, 1991, 1992)	6 months	• TFG and PFG combined in analysis due to lack of statistical power to test differences in outcome separately. • Treatment group (combined TFG and PFG) did not show significantly greater reductions in overall PTSD severity or anxiety compared to waitlist at follow-up. However, treatment group demonstrated significantly greater reduction in two kinds of trauma - dissociation and sexual trauma.
Classen et al. (2011) USA	Females at risk of HIV infection (sexual re-victimisation, risky sex or met DSM-IV criteria for substance abuse) <i>N</i> = 166 Treatment <i>n</i> = 111 (TFG = 55; PFG = 56) Waitlist <i>n</i> = 55	• Group • TFG and PFG • 24 weekly sessions, lasting 90 minutes.	• Posttraumatic Stress Disorder Checklist-Specific (PCL-S) (Weathers & Ford, 1996) • The Trauma Symptom Inventory (Briere, 1995) • The Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996)	6 months	• Significant advantage of combined treatment over waitlist in reducing PTSD severity, anger/irritability and impaired self-reference. • TFG showed significantly greater reduction in anger compared to PFG. No other significant differences between treatments. • TFG only condition that significantly reduced depression, anger and dissociation over time. • TFG and PFG both significantly reduced impaired self-reference.
Edmond et al. (1999)	Females	• Individual • EMDR	• State Anxiety Scale of the State-Trait Anxiety	3 months	• EMDR significantly better than waitlist on all post-test measures.

Authors, year, location	Sample	Intervention (format, type, duration)	Relevant outcome measures	Follow-up	Main findings
USA	<i>N</i> = 59 Treatment <i>n</i> = 39 (EMDR = 20; Routine individual = 19) Waitlist <i>n</i> = 19	and Routine individual treatment (includes psychoeducation, CBT, psychodynamic) • Six sessions, lasting 90 minutes	Inventory (STAI) (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) • Impact of Events Scale (IES) (Horowitz, Wilner, & Alvarez, 1979) • BDI • SUDS Scale (Wolpe, 1990) ^a • VOC Scale (Shapiro, 1989) ^b	WL excluded from follow-up	• Significant decreases in trauma-specific emotional disturbances, and increases in positive self-referencing beliefs post-test for EMDR. • Routine individual participants showed significant improvement compared to waitlist on anxiety and posttraumatic stress, but not depression. • No significant differences between routine individual treatment and EMDR on any measure post-test. • At follow-up, EMDR was significantly better than routine individual treatment in reducing anxiety, depression, emotional disturbances and increasing positive beliefs about a trauma memory.
Freedman and Enright (1996) USA	Females abused specifically by a male relative <i>N</i> = 12 Treatment <i>n</i> = 6 Waitlist <i>n</i> = 6	• Individual • Forgiveness intervention • 60 minute weekly sessions. The duration varied from 10 -16 months.	• Psychological profile of forgiveness scale (Hebl & Enright, 1993) • STAI • BDI • Coopersmith Self Esteem Inventory (Coopersmith, 1981) • Hope scale (Al-Mabuk, Enright & Cardis, 1995) • Self-report forgiveness measure (Freedman & Enright, 1996).	Varied 3 post testing times with 2 week intervals	• Treatment group had significantly greater reduction in anxiety and depression; and greater increase in forgiving the perpetrator and hope from pre to posttreatment and compared to waitlist. • No significant differences between conditions in self-esteem.

Authors, year, location	Sample	Intervention (format, type, duration)	Relevant outcome measures	Follow-up	Main findings
Ginzburg et al. (2009)	Same as Classen et al. (2011)	Same as Classen et al. (2011)	• Guilt and shame subscale of Abuse related Beliefs Questionnaire (Ginzburg et al., 2006).	6 months	• Combined TFG and PFG significantly reduced shame and guilt compared to waitlist. • No significant differences between TFG and PFG.
Jung and Steil (2013) Germany	Females with PTSD and feelings of being contaminated (FBC) N = 28 Treatment n = 14 Waitlist n = 14	• Individual • CBT (cognitive restructuring and imagery modification - CRIM) • 2 individual sessions, treatment session lasting 95.57 minutes on average; booster sessions lasting 69.64 minutes on average.	• Ratings of FBC • CAPS (Schnyder & Moergeli, 2002) • Post Traumatic Diagnostic Scale (Griesel, Wessa, Flor, 2006) • BDI • Rosenberg self-esteem scale (Roth, Decker, Herzberg & Brähler, 2008)	1, 2 and 5 weeks after study intake	• Improvements in FBC significantly larger for CRIM than waitlist. • Significant improvement in PTSD severity and self-esteem from pre-treatment to follow-up for CRIM compared to waitlist. No significant difference for depression. • Significant improvements from pre to post and pre to follow-up within CRIM on all measures apart from depression.
McDonagh et al. (2005) USA	Females with PTSD N = 57 Treatment n = 37 (CBT = 17; PCT = 20) Waitlist n = 20	• Individual • CBT (prolonged exposure, in vivo exposure and cognitive restructuring) And Present centred therapy (PCT) (excluded CBT)	• CAPS (Weathers, Keane, & Davidson, 2001) • BDI • STAI • Traumatic Stress Institute Beliefs Scale (Pearlman, 2001). • Dissociative Experiences Scale	3 months and 6 months	• Group x time interaction not significant for PTSD severity, dissociation, depression, anxiety, anger, hostility or quality of life posttreatment. • At follow-up for completers significant improvements for CBT and PCT over time on anxiety and quality of life. • CBT and PCT did not differ significantly on any measures.

Authors, year, location	Sample	Intervention (format, type, duration)	Relevant outcome measures	Follow-up	Main findings
		• 14 individual sessions, first 7 lasting 2 hours and final 7 lasting 90 minutes.	• (DES) (Carlson et al., 1993) • Cook–Medley Hostility Scale (Cook & Medley, 1954) • State–Trait Anger Expression Inventory (STAXI) (Spielberger, 1988) • The Quality of Life Inventory (Frisch, Cornell, Villanueva, & Retzlaff, 1992)		
Rieckert and Möller (2000) South Africa	Females with no PTSD diagnosis N = 40 Treatment n = 26 Waitlist n = 14	• Group • Rational emotive behaviour therapy (REBT) • 10 weekly sessions, lasting 2 hours	• BDI • STAI • STAXI • Guilt Inventory (Kugler & Jones, 1992) • Coopersmith Self-Esteem Inventory • Golombok-Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1986)	8 weeks	• REBT improved significantly from pre to posttreatment in depression, anxiety, guilt, anger and self-esteem, and all posttreatment scores significantly better than waitlist • At follow-up, REBT scores for depression, anxiety, guilt and self-esteem significantly better than waitlist. At follow-up no differences between conditions in anger. • REBT significantly improved in sexual satisfaction, but scores not significantly different from waitlist.

^a SUDS Scale measures emotional disturbance related to traumatic experience

^b VOC Scale measures cognitive beliefs associated with trauma

Quality Assessment

Each study was given a rating for sampling and selection bias, measurement bias, performance bias and attrition bias, which are all outlined in table 18. Whilst all studies reported participants were randomised to a condition, only Classen et al. (2011) specified the method used for randomisation therefore the appropriateness of randomisation methods cannot be commented upon. A number of included studies have small sample sizes and only Jung and Steil (2013) reported a power calculation. Without an adequate sample size and corresponding power (as sample size is one factor determining statistical power), there is a decreased risk of detecting more subtle differences between conditions (Banerjee, Chitnis, Jadhav, Bhawalkar & Chaudhury, 2009). However, all studies found some significant differences and were therefore considered meaningful to include. A post-hoc power analysis was not conducted on studies that did not report a power calculation as it has been argued it is a biased estimator of the true power (Yuan & Maxwell, 2005).

Chard (2005) and Freedman and Enright (1996) were the two studies additionally quality assessed by a second reviewer and overall there was a 87.5% agreement between reviewers. For Chard's (2005) study there was a 100% agreement on the quality ratings. For Freedman and Enright's (1996) study there was 75% agreement on quality ratings between the reviewers (agreed on 3 out of 4 quality ratings). The difference on the rating for performance bias was discussed and decided upon by consensus.

Table 18

Quality Assessment of Included Studies

Study	Sampling and selection bias	Measurement bias	Performance bias	Attrition bias
Alexander et al. (1989)	Unclear •Participants sexually abused by male relative. •Conditions did not differ on pre-measures. No mention whether differed on demographics. •No power calculation reported.	Low •Same outcome measures for conditions. •Validated and reliable measures. •Unclear whether measures administered by same individual. •Outcome assessors blind to intervention status.	Low •Clinical guidelines used for treatment. •Intervention defined. •Trained facilitators. •Does not appear participants received unintended intervention.	Low •Number of dropouts, stage occurred and characteristics of dropouts provided. •Reason for dropouts partially provided. •Attrition rate acceptable (<20%).
Chard (2005)	Partial •Participants had a PTSD diagnosis. •No significant differences between conditions pre-treatment. •No power calculation reported.	Low •Same outcome measures for conditions. •Validated and reliable measures. •Measures administered by same individuals. •Outcome assessors blind to intervention status.	Partial •Intervention manualised. •Intervention defined. •Trained facilitators. •Waitlist received phone calls once a week and given non-directive counselling, which may have influenced results.	Partial •Number of dropouts and stage occurred reported. •Reasons for dropouts partially reported. •Assessment scores of dropouts provided, however no demographics documented. •Attrition rate partially acceptable (18% for treatment and 21% for waitlist).

Study	Sampling and selection bias	Measurement bias	Performance bias	Attrition bias
Classen et al. (2001)	High •Participants had a PTSD diagnosis. •Unclear whether important differences between conditions pre-treatment. •No power calculation reported, but states lacks sufficient power to compare conditions, therefore combined treatments. Reported even when combined still lacked power to rigorously test hypotheses.	Unclear •Same outcome measures for conditions. •Validated and reliable measures. •Unclear whether measures administered by same individuals or if outcome assessors were blind to intervention status.	Low •Unclear whether intervention manualised. •Intervention defined. •Trained facilitators. •Does not appear participants received unintended intervention.	Low •Number of drop outs and stage it occurred reported. •Reason for dropouts and characteristics of dropouts not documented. •Attrition rate acceptable.
Classen et al. (2011)	Partial •In the previous year, participants required to have engaged in risky sex, been sexually re-victimised or diagnosed with substance abuse. •No significant differences between conditions pre-treatment, apart from abuse beginning at a younger age for waitlist compared with TFG. •No power calculation reported.	Low •Same outcome measures for conditions. •Validated and reliable measures. •Unclear if measures administered by same individuals. •Outcome assessors blind to intervention status.	Low •Intervention manualised. •Intervention defined. •Trained facilitators. •Does not appear participants received unintended intervention.	Low •Number of dropouts, stage it occurred and reason reported. •Characteristics of dropouts not documented. •Attrition rate acceptable.

Study	Sampling and selection bias	Measurement bias	Performance bias	Attrition bias
Edmond et al. (1999)	Low •No diagnoses used as a prerequisite for inclusion. •No significant differences between conditions pre-treatment. • No power calculation reported.	High •Waitlist did not complete some outcome measures the treatment group completed (SUDS and VOC). •The SUDS and VOC not validated for this population or shown to be reliable. Other measures reliable and valid. •Measures administered by same individuals. •Outcome assessors aware of intervention status.	Low •Unclear whether treatment manualised. •Intervention defined. •Trained facilitators. •Does not appear participants received unintended intervention.	Partial •Number of dropouts, stage it occurred and reason reported. •Characteristics of dropouts not documented. • No attrition from pre to post treatment; yet at follow-up 42% attrition.
Freedman and Enright (1996)	Partial •Participants abused by male relative. •No significant differences between conditions pre-treatment. • No power calculation reported, but very small sample size.	Partial •Same outcome measures used for conditions. •Measures validated and reliable, apart from the self-report forgiveness measure where validity and reliability unclear. •Measures administered by same individuals. •Outcome assessors aware of intervention status.	High •Treatment manualised, however differences in how individuals went through the process and amount of time in treatment. •Facilitator trained. •Every month waitlist had contact with the experimenter, which may have influenced results.	Low No attrition.
Ginzburg et al. (2009)	Partial Same as Classen et al. (2011).	Unclear •Same outcome measures for conditions.	Low	Low Same as Classen et al. (2011), however

Study	Sampling and selection bias	Measurement bias	Performance bias	Attrition bias
		- Validated and reliable measures. - Unclear if measures administered by same individual or whether outcome assessors were blind to intervention status.	Same as Classen et al. (2011); however intervention not appropriately defined.	characteristics of dropouts provided.
Jung and Steil (2013)	Low - Participant's had a PTSD diagnosis and FBC. - No significant differences between conditions pre-treatment. - Power analysis performed and acceptable sample size.	Low - Same outcome measures for conditions. - Most measures validated and reliable. Ratings for FBC shown to be reliable, but no evidence of validity. - Measures administered by same individuals. - Outcome assessors blind to intervention status.	Unclear - Unclear whether treatment manualised or whether facilitators trained. - Intervention defined. - Does not appear participants received unintended intervention.	Low - Number of dropouts and stage occurred reported. - Reasons and characteristics of dropouts not reported. - Attrition rate acceptable.
McDonagh et al. (2005)	Partial - Participants had a PTSD diagnosis. - No significant differences between conditions pre-treatment. - No power calculation reported.	Low - Same outcome measures for conditions. - Validated and reliable measures. - Unclear whether measures administered by same individuals. - Outcome assessors blind to intervention status during CAPS interview.	Partial - Intervention manualised. - Intervention defined. - Trained facilitators. - Waitlist encouraged to seek phone contact when needed.	Partial - Number of dropouts, stage occurred and reason reported. - Characteristics of dropouts not provided. - Attrition rate was 23%.

Study	Sampling and selection bias	Measurement bias	Performance bias	Attrition bias
Rieckert & Möller (2000)	High • Excluded if diagnosed with a mood disorder or PTSD. • Treatment group's scores on all pre-test measures indicated they were experiencing significantly more distress than controls. • No power calculation reported.	Unclear • Same outcome measures used for conditions. • Validated and reliable measures. • Unclear whether outcome measures administered by same individuals. • Unclear whether outcome assessors aware of intervention status.	Low • Unclear whether intervention manualised. • Intervention defined. • Facilitators experienced, but unclear whether trained. • Does not appear participants received unintended intervention.	Low • Number of dropouts and stage occurred reported. • Reasons and characteristics of dropouts not reported. • Attrition rate acceptable.

Data Synthesis

The 10 studies examined the effectiveness of a variety of interventions aimed at reducing psychological distress experienced by adult CSA survivors. The data is synthesised according to different types of distress and wellbeing. A meta-analysis was not conducted because the studies focus on various forms of distress that would not be meaningful to combine (Borenstein, Hedges, Higgins & Rothstein, 2009). A summary of the intervention effects compared to the waitlist group on the outcome measures are presented in table 19.

PTSD

Six studies measured PTSD symptoms. Five treatments significantly improved PTSD compared to the waitlist, including EMDR ($p < .001$) (Edmond et al., 1999); CRIM ($p < .001$) (Jung & Steil, 2013); CPT-SA ($p < .001$) (Chard, 2005); routine individual treatment ($p < .001$) (Edmond et al., 1999); and combined TFG and PFG ($p < .05$) (Classen et al., 2011). Classen et al. (2001) found no significant difference between combined TFG and PFG and waitlist on total PTSD severity; yet found combined TFG and PFG was significantly superior to waitlist on reducing two kinds of trauma - dissociation ($p < .05$) and sexual trauma ($p = .05$). Classen et al.'s (2001) small sample may explain the lack of significant difference between conditions on total PTSD severity, due to increased risk of type II error.

Treatment effects were maintained at follow-up and participants' overall PTSD severity significantly improved within CRIM and CPT-SA.

Table 19

Intervention Effects on Outcome Measures Compared to Waitlist Group

Outcome measure	Intervention	Outcome compared to waitlist
PTSD	CPT-SA (Chard et al., 2005)	Intervention superior ($p < .001$)
	Combined TFG and PFG (Classen et.al., 2011)	Intervention superior ($p < .05$)
	Routine individual treatment (Edmond et al., 1999)	Intervention superior ($p < .001$)
	EMDR (Edmond et al., 1999)	Intervention superior ($p < .001$)
	CRIM (Jung & Steil, 2013)	Intervention superior ($p < .001$)
	Combined TFG and PFG (Classen et.al. 2001)	No difference
	CBT (McDonagh et al., 2005)	No difference
	PCT (McDonagh et al., 2005)	No difference
Depression	EMDR (Edmond et al., 1999)	Intervention superior ($p < .05$)
	CPT-SA (Chard, 2005)	Intervention superior ($p < .001$)
	REBT (Rieckert & Möller, 2000)	Intervention superior ($p < .001$)
	Forgiveness intervention (Freedman & Enright, 1996)	Intervention superior ($p < .05$)
	IT group (Alexander et al., 1989)	Intervention superior ($p < .001$)
	Process group (Alexander et al., 1989)	Intervention superior ($p < .001$)
	CRIM (Jung & Steil, 2013)	No difference
	Routine individual treatment (Edmond et al., 1999)	No difference
	CBT (McDonagh et al., 2005)	No difference
	PCT (McDonagh et al., 2005)	No difference
	Combined TFG and PFG (Classen et al., 2011)	No difference
Anxiety	Forgiveness intervention (Freedman & Enright, 1996)	Intervention superior ($p < .05$)
	REBT (Rieckert & Möller, 2000)	Intervention superior ($p < .001$)
	EMDR (Edmond et al., 1999)	Intervention superior ($p < .001$)
	Routine individual treatment (Edmond et al., 1999)	Intervention superior ($p < .001$)
	CBT (McDonagh et al., 2005)	No difference
	PCT (McDonagh et al., 2005)	No difference
	Combined TFG and PFG (Classen et.al. 2001)	No difference

Outcome measure	Intervention	Outcome compared to waitlist
Dissociation	CPT-SA (Chard et al., 2005) CBT (McDonagh et al., 2005) PCT (McDonagh et al., 2005) Combined TFG and PFG (Classen et al., 2011)	Intervention superior ($p < .001$) No difference No difference No difference
Guilt	REBT (Rieckert & Möller, 2000) Combined TFG and PFG (Ginzburg et al., 2009)	Intervention superior ($p < .001$) Intervention superior ($p < .05$)
Anger	REBT (Rieckert & Möller, 2000) Combined TFG and PFG (Classen et al., 2011) CBT (McDonagh et al., 2005) PCT (McDonagh et al., 2005)	Intervention superior ($p < .001$) Intervention superior ($p < .001$) No difference No difference
Self-Esteem	CRIM (Jung & Steil, 2013) REBT (Rieckert & Möller, 2000) Forgiveness intervention (Freedman & Enright, 1996)	Intervention superior ($p < .05$) Intervention superior ($p < .001$) No difference
General distress	IT group (Alexander et al., 1989) Process group (Alexander et al., 1989)	Intervention superior ($p < .001$) Intervention superior ($p < .05$)
Forgiveness	Forgiveness intervention (Freedman & Enright, 1996)	Intervention superior ($p < .05$)
Hope	Forgiveness intervention (Freedman & Enright, 1996)	Intervention superior ($p < .05$)
Shame	Combined TFG and PFG (Ginzburg et al., 2009)	Intervention superior ($p < .01$)
Fear	IT group (Alexander et al., 1989) Process group (Alexander et al., 1989)	No difference No difference
Quality of life	CBT (McDonagh et al., 2005) PCT (McDonagh et al., 2005)	No difference No difference
Hostility	CBT (McDonagh et al., 2005) PCT (McDonagh et al., 2005)	No difference No difference
Sexual satisfaction	REBT (Rieckert & Möller, 2000)	No difference

McDonagh et al. (2005) found CBT and PCT were not significantly better at improving PTSD severity posttreatment compared to the waitlist. Participants on the waitlist in McDonagh et al.'s (2005) study were advised to make telephone contact when needed, which may have led to performance bias as waitlist participants were offered support which could have influenced results. The uptake or content of the telephone contact was not specified.

Of the studies comparing different treatments, Edmond et al. (1999) found no significant differences between EMDR and routine individual treatment, nor did McDonagh et al. (2005) between CBT and PCT.

Depression

Seven studies measured depression. Six treatments indicated significant improvement post-intervention compared to waitlist and six treatments found no significant differences.

Treatments finding significant improvements in depression compared to waitlist were EMDR ($p < .05$) (Edmond et al., 1999); CPT-SA ($p < .001$) (Chard, 2005); REBT ($p < .001$) (Rieckert & Möller, 2000); a forgiveness intervention ($p < .05$) (Freedman & Enright, 1996); IT and process groups ($p < .001$) (Alexander et al., 1989), all maintaining improvements at follow-up. Participants in Alexander et al.'s (1989) study were not excluded from receiving individual therapy posttreatment, therefore their follow-up scores may be influenced by additional therapeutic work. Significant improvements in depression within REBT and the forgiveness intervention groups were found over time.

Treatments finding no significant improvements in depression posttreatment compared to waitlist were, CRIM ($p = .14$) (Jung & Steil, 2013); routine individual treatment (Edmond et al.'s (1999); CBT (McDonagh et al., 2005); PCT (McDonagh et al., 2005) and TFG and PFG separately and combined (Classen et al., 2011). However, within TFG there were significant reductions in depression over time.

Of studies comparing treatments, no significant differences were found apart from EMDR being more effective at reducing depression at follow-up than routine individual treatment.

Anxiety

Four studies tested state anxiety. Out of the six treatments, four found treatment significantly improved anxiety post-intervention compared to the waitlist. These included the forgiveness intervention ($p < .05$) (Freedman & Enright, 1996); REBT ($p < .001$) (Rieckert & Möller, 2000); EMDR and routine individual treatment ($p < .001$) (Edmond et al., 1999). Edmond et al. (1999) found at follow-up, EMDR was more effective at maintaining reduced state anxiety than routine individual treatment. The forgiveness intervention and REBT found significant improvements in anxiety within treatment groups over time.

Neither PCT and CBT (McDonagh et al., 2005), nor combined TFG and PFG (Classen et al., 2001) were significantly superior to waitlist in reducing anxiety.

Dissociation

Three studies measured dissociation. Chard et al. (2005) found CPT-SA significantly reduced dissociative symptoms compared to waitlist posttreatment ($p < .001$) and effects were maintained at follow-up.

CBT and PCT (McDonagh et al., 2005) and TFG and PFG combined (Classen et al., 2011) were not significantly superior in reducing dissociation compared to waitlist. However, within the TFG there were significant reductions in dissociation over time. Dissociation can occur after experiencing a traumatic event (Nijenhuis, & Van der Hart, 2011) and the lack of focus on trauma specifically in the PFG may explain why no significant improvements in dissociation were found in the PFG.

Guilt

Two studies measured guilt. REBT (Rieckert & Möller, 2000) and combined TFG and PFG (Ginzburg et al., 2009) significantly improved state guilt post-intervention compared to waitlist ($p < .001$ and $p = .03$ respectively). No significant differences were found between TFG and PFG ($p = .67$).

Anger

Three studies measured anger. REBT (Rieckert & Möller, 2000) and combined TFG and PFG (Classen et al., 2011) were superior to waitlist in significantly reducing anger posttreatment (both at $p < .001$). However, at follow-up, Rieckert and Möller (2000) found no significant differences between conditions in anger. Classen et al. (2011) found TFG demonstrated significantly greater reductions in anger compared to PFG.

McDonagh et al. (2005) found neither CBT nor PCT were superior in reducing anger compared to waitlist.

Self-Esteem

CRIM (Jung & Steil, 2013) and REBT (Riekert & Möller, 2000) significantly improved self-esteem post-intervention within treatment group and compared to waitlist ($p = .009$ and $p < .001$ respectively), which was maintained at follow-up. Comparatively, Freedman and Enright's (1996) forgiveness intervention was not significantly superior to waitlist in improving self-esteem. In their study the waitlist had contact with facilitators monthly (every third month it was face-to-face and the remainder of the time the contact was over the phone). Details of what the contact involved were not provided, however having someone checking in with them may have provided them with support which could have helped bolster self-esteem.

Other

Compared to the waitlist at posttreatment, IT and process groups significantly improved general distress as measured by Symptom Checklist-Revised (IT group $p < .001$; process group $p < .05$) (Alexander et al., 1989). The forgiveness intervention led to greater increases in forgiveness and hope (both $p < .05$) (Freedman & Enright, 1996). TFG and PFG significantly reduced shame ($p < .01$), yet there were no significant differences between TFG and PFG ($p = .67$) (Ginzburg et al., 2009).

Posttreatment there were no significant differences between waitlist and IT and process groups in fear (Alexander et al., 1989); between waitlist

and CBT and PCT on hostility and quality of life (McDonagh et al., 2005) and REBT on sexual satisfaction (Rieckert & Möller, 2000). However, the REBT groups sexual satisfaction significantly improved posttreatment.

Discussion

The effectiveness of psychological interventions in alleviating distress in adult CSA survivors was investigated across 10 studies with 14 treatment conditions. The findings demonstrate a range of psychological interventions are effective in alleviating distress in CSA survivors and the effects are maintained over time, supporting the findings of Price et al. (2001). Treatment was superior to no treatment in reducing different types of distress and across different treatment formats (i.e. individual and group interventions). It has been suggested shorter trauma interventions are less likely to find positive changes posttreatment as symptoms of distress become worse before they improve, due to participants recalling distressing traumatic memories (Parker & Turner, 2013). However, from the studies included in the review there did not appear to be a particular benefit of longer or shorter interventions in the treatment of distress. Notably, despite the differing lengths of treatment, CPT-SA (27 sessions), REBT (10 sessions) and EMDR (6 sessions) all demonstrated particular efficacy in alleviating a wide range of distress compared to the waitlist.

There were a lack of significant differences between treatment groups on studies comparing different interventions, supporting the results of Rull and Beltran's (2012) review. This questions whether treatment benefits are due to different but equally effective mechanisms underlying each intervention or generic attributes of therapy, such as feeling listened

to and being part of a supportive group (Classen et al., 2011). The contextual model proposes there are common factors that increase the chance of treatment success regardless of the therapeutic model, which include building an alliance (in terms of bond and the agreement of the goals and tasks of therapy), showing empathy and the promotion of healthy behaviours (Wampold, 2015). These factors are likely pertinent for CSA survivors, who for at least a period of their lives were subject to harmful behaviours with little concern of the experience from their perspective. Of note, neither trauma-focused or non-trauma focused treatments appeared to be more superior than the other in alleviating distress. Alexander et al.'s (1989), Classen et al.'s (2011) and McDonagh et al.'s (2005) trauma-focused and non-trauma focused treatment produced comparable results on measures of distress (including PTSD severity, depression, anxiety) posttreatment. The overall lack of significant differences queries the importance of processing the memory of the traumatic event, particularly in reducing PTSD symptoms as Ehrling et al. (2014) suggest in their meta-analysis and NICE (2005) guidance recommends. Although, in Classen et al.'s (2011) study a PTSD diagnosis was not a prerequisite for inclusion and if all participants had a diagnosis of PTSD, the trauma focused interventions may have been more efficacious.

With regards to the different types of distress that were treated, the studies measuring PTSD found treatment yielded consistently positive results, which is in line with Taylor and Harvey (2010) and Ehrling et al.'s (2014) meta-analyses. EMDR, CBT informed interventions, trauma and present focused therapy significantly reduced PTSD severity compared to waitlist.

Mixed results were found with respect to whether treatment was significantly superior to waitlist in reducing depression, anxiety and anger. The majority of interventions did not specifically address each; apart from Rieckert and Möller (2000) who found REBT produced favourable results on all compared to the waitlist. However, despite the lack of focus on specific forms of distress in treatment, some studies still found a reduction in anger, anxiety and depression. This finding suggests different types of distress are connected and targeting certain components of distress can still have a beneficial impact on other forms of distress.

The findings partially support Taylor and Harvey (2010) and de Jong and Gory's (1996), finding that psychological interventions improve self-esteem in CSA survivors. The CBT informed interventions (REBT and CRIM), but not the forgiveness intervention, found significant improvement in self-esteem post-intervention compared to waitlist. It could be that CBT interventions had a broader focus and the act of forgiveness is more external to the participant. Participants in the forgiveness treatment showed a greater increase in forgiving the perpetrator and hope compared to waitlist, suggesting forgiveness and hope did not influence self-esteem (Freedman & Enright, 1996).

Treatment was not superior to no treatment in improving fear, quality of life or reducing hostility. Additionally, the majority of treatments (TFGT, PFGT, CBT and PCT) found no significant improvement in dissociative symptoms over time compared to waitlist, with only CPT-SA showing significant reductions. The format of the CPT-SA was a combination of individual and group work, which could highlight the benefits of firstly processing the trauma in the safety of the individual therapist, whilst later

receiving the benefits of the containment and acceptance of a homogenous group (Alonso & Rutan, 1990).

Strengths and Limitations

The studies included were randomised in their design and followed the gold standards of methodologically sound research (Foa & Meadows, 1997). This review did not isolate a single form of distress, therefore better accounting for this complex population.

There are limits to the generalisability of the findings. The majority of studies were conducted in the USA and whilst it was not part of the inclusion criteria, all participants were female. This reflects a wider issue of research predominantly focusing on female victims of CSA. This may partly be due to males greater reluctance in seeking help for the effects of CSA, because of fears around the stigma associated with abuse and loss of their perceived masculinity (Pérez-Fuentes, Olfson, Villegas, Morcillo, Wang & Blanco, 2013) or potentially because services may not be as accessible for males (Spataro, Mullen, Burgess, Wells & Moss, 2004). Research suggests male victims of CSA experience adverse mental health conditions just as strongly as female victims (Spataro et al., 2004), with some research indicating sexually abused males were more likely to abuse substances and have suicidal thoughts compared to female survivors (Garnefski & Arends, 1998). It is important treatment seeking male victims of CSA are not neglected in future randomised control trials assessing treatment effectiveness, as this research would provide insight into the need of gender specific interventions.

When interpreting the results, it is important to be mindful of publication bias. Studies with significant positive results are more likely to get published, which is partly due to the journals and also because researchers are less inclined to submit for publication if there was a non-significant finding (Haidich, 2010). A language bias is present as only studies written in English were included. However, during the initial search no restrictions on language were placed and only two studies not written in English were identified as potentially meeting inclusion criteria due to the relevance of the title and abstract. It is unclear whether these studies would have fully met the inclusion criteria; however, Jóni, Holenstein, Sterne, Bartlett and Egger (2002) highlighted studies not translated into English tended to be of poorer quality.

The majority of studies used self-report as a measure of change. Participants in the treatment conditions may have reported less distress due to a placebo effect and/or wanting to please therapists (Zlotnick et al., 1997). In future studies, additional measures other than self-report, such as clinician administered tools, should also be used to corroborate findings.

Recommendations and Conclusions

There are a lack of recent studies in the field of CSA treatment and therefore further studies in this area are encouraged. In future it would be useful to focus on clinically significant change within groups as opposed to just statistically significant change. Clinically significant change provides information about whether change is meaningful and the variability of treatment response within the sample (Jacobson & Truax, 1991).

The findings have contributed to our understanding that psychological interventions can be effective for CSA survivors in alleviating certain forms of distress, with particularly positive results being found for reducing PTSD severity. CPT-SA (Chard, 2005), EMDR (Edmond et al., 1999) and REBT (Rieckert & Möller, 2000) were superior to the waitlist on all the distress measures used in the studies, including PTSD and depression. Importantly it was highlighted that both trauma and non-trauma focused interventions successfully improved various forms of distress compared to the waitlist, which can help inform treatment of CSA survivors.

CHAPTER FIVE

Research Case Study (C85F15)

Assessment and Treatment of an Adolescent Sex Offender: A Single Case Study

Abstract

This case study comprises the assessment, formulation and intervention with a 19-year-old male who was convicted of causing/inciting a 13-year-old female to engage in non-penetrative sexual activity. He was 17 years old when he committed the offence and was sentenced to a 12-month community group treatment programme for adolescent sex offenders. The assessment involved a semi-structured clinical interview, sexual risk assessments (Static-99R and STABLE-2007) and psychometrics (Millon Adolescent Clinical Inventory, Wechsler Abbreviated Scale of Intelligence - Second Edition, and Locus of Control Nowicki-Strickland Scale). The group intervention was informed by the Good Lives Model and cognitive behavioural therapy and was designed for males aged 15-22 who had been convicted of a sexual offence. This case study details the first term of the intervention, consisting of 19 sessions focusing on social media, pornography and consent; as well as offending behaviour. The effectiveness of the first term was evaluated using the Locus of Control and re-scoring the STABLE-2007. The client's Locus of Control remained in the external range and his risk of re-offending, according to the STABLE-2007, remained 'moderate'. It is recommended the client considers partaking in a mentoring scheme in the community to help increase his self-worth and reduce his isolation.

Ethical Considerations

For anonymity, the client who this case study is about will be referred to under the pseudonym 'Jamal' and identifiable information will be removed. Jamal signed a consent form giving permission for his information to be used in this case study (see appendix P for the consent form template).

Introduction

Client Introduction

Jamal is a 19-year-old male found guilty when he was 17 years old of causing/inciting a 13-year-old female to engage in non-penetrative sexual activity. He was on bail for 2 years before he was given a community sentence and required to complete a 12-month community group treatment programme for adolescent sex offenders. He was referred to the group by his probation officer.

Client's History

An overview of Jamal's history is provided in the following sub-sections. The information was obtained from a semi-structured clinical interview with Jamal, a pre-sentence report and a Crown Prosecution case summary report.

Family.

Jamal's parents are from Afghanistan and moved to England one year before Jamal was born. His father is illiterate and cannot speak English. Jamal reported his father has a bad temper and refuses to talk about emotions. Jamal said his father encouraged him to get into fights to stand

up for himself. He described his mother as understanding, but due to her depression he feels he cannot burden her with his problems. Jamal is the second youngest of three other siblings. His parents and siblings are Muslim, but Jamal is an atheist. Jamal's older sister was sexually abused when she was 7 years old by a family friend. Jamal reported his mother and elder sister are supportive towards him.

Education and employment.

Jamal recalled being picked on by teachers at primary school, which he attributed to being the only person from Afghanistan in his class. He reported being bullied at secondary school. Jamal said he regularly got into fights to defend himself against bullies and was suspended from school for fighting. He described having few friends at school as his peers were racist. He achieved eight GCSE's.

In the pre-sentence report, it states social services received a referral from his secondary school raising concerns he had been asking girls for sex and inappropriate pictures. He denied this occurred when asked in the interview.

At the time of the assessment, Jamal had an apprenticeship working as a Warehouse Stock and Support Administrator. His goal was to work in the fitness industry.

Substance misuse.

Jamal reported smoking cannabis four times a week and takes steroids to build muscle for body building competitions. Jamal reported occasionally consuming alcohol. He said he was not under the influence of any substance at the time of the offence.

Psychosexual history.

Jamal is heterosexual. He has had two romantic relationships. His first lasted one year when he was 16 years old, with a female who went to his school. He explained the relationship became '*crap*' as she had sexual intercourse with an older man when they were on a break due to arguing. They got back together, but Jamal had sex with her friend for revenge. They broke up when the girlfriend found out about his infidelity. Jamal's second relationship was with a female he met at the gym when he was 18 years old and she was 17. They were engaged, but their relationship broke down during the treatment detailed in this case study. Jamal reported having sexual intercourse with six females in total, stating the majority were older than him.

Jamal said he first watched pornography when he was 15 years old and would watch pornography and masturbate 2-3 times a day. At the time of the assessment, he said he no longer looked at pornography because he had his fiancé.

Medical and psychiatric history.

Jamal reported no physical health issues. He said after getting arrested for the index offence he suffered with depression, as he feared people lost respect for him. He said he had experienced suicidal ideation, but has not self-harmed. He reported going to the gym lifts his mood.

Forensic history.

Jamal was convicted of inciting a girl aged 13 to send naked pictures of herself, as well as a video of herself masturbating over social media at

Jamal's request. Jamal sent her a picture of his erect penis. He was 17 years old at the time of the offence, he was aware of the victim's age and reported knowing it was '*wrong*' but did not think about whether it was illegal. Jamal had not met the victim face-to-face. He messaged the victim online for two days before the messaging turned sexualised. The victim's mother found sexualised messages between Jamal and her daughter and reported Jamal to the police.

Assessment

The aim of the assessment was to determine Jamal's suitability for the treatment, to identify treatment needs, risk factors and to socialise Jamal to psychological work. Below is a summary of the assessments used.

Reports

The pre-sentence report prepared by Jamal's Probation Officer was reviewed; as well as the Crown Prosecution case summary report containing accounts from Jamal, the victim and the victim's family.

Semi-Structured Clinical Interview

The interview was conducted over two sessions, lasting 3 hours 15 minutes in total. The interview was integral in formulating why Jamal committed the offence. Jamal cooperated well, answering questions in detail. He appeared to engage in impression management where he was keen to highlight his masculinity, through regularly discussing his muscular physique. As the interview progressed, he seemed more willing to show his vulnerabilities. There were some inconsistencies between the information

provided by Jamal during the interview and that included in other reports, e.g. Jamal reported the victim instigated contact with him, whereas the reports state Jamal initiated the contact.

Psychometric Tests

The Millon Adolescent Clinical Inventory (MACI), Wechsler Abbreviated Scale of Intelligence – Second Edition (WASI-II) and Locus of Control Nowicki-Strickland Scale (LoC) were assessments conducted with all clients assessed for the sex offender group.

Millon Adolescent Clinical Inventory (MACI).

The MACI is a self-report measure that assesses adolescent personality characteristics and clinical syndromes (Millon, 2006). It includes modifying indices measuring the individual's test taking attitude. Scores exceeding 75 are considered elevated and scores above 85 are prominent.

Results.

Jamal produced a valid profile. His scores on the Desirability and Debasement scales were within an acceptable range, indicating he was not attempting to present himself in an overly positive or negative light. His score on the Disclosure scale was elevated (81) suggesting a likelihood of over reporting significant symptoms.

Jamal's scores on the Doleful (75) and Childhood Abuse (80) scales were elevated. He attributed the childhood abuse elevation to being bullied at school. He produced prominent scores on the Self-Devaluation (87), Depressive Affect (95) and Suicidal Tendency (109) scales. Depressive

affect frequently occurs among doleful individuals and it is likely Jamal's self-devaluation was strongly linked to his depressive affect. Feelings of emotional isolation and peer alienation appear to be major factors in suicidal tendency among adolescents (Millon, 2006).

Properties.

The normative sample for the MACI consisted of approximately 700 adolescents in clinical settings, including outpatients (Millon & Davis, 1993). The measure has been used extensively in forensic settings and with adolescents who sexually offend (Oxnam & Vess, 2008; Richardson, Kelly, Graham & Bhate, 2004).

The MACI has sound psychometric properties, with acceptable test-retest reliability estimates (Millon & Davis, 1993) and internal consistency ranging from 0.71 and 0.93 across the different scales (Salekin, 2002).

Wechsler Abbreviated Scale of Intelligence (WASI-II).

The WASI-II consists of four subtests and produces three IQ scores: Full-Scale IQ (general intellectual ability), Verbal Comprehension and Perceptual Reasoning (Wechsler, 2011).

Results.

Jamal's Full-Scale IQ score of 87 places his overall intellectual abilities at the top end of the 'low average' range of functioning. Nineteen percent of his age group would be expected to score at this level or below. There were no significant differences between his verbal and perceptual reasoning abilities.

Properties.

The normative sample included 2,300 individuals based in the United States, aged between 6-90 years old (Wechsler, 2011). The WASI-II has been widely used with sex offenders (Bazinet, 2015; Brovko, 2016) and has been found to have a reliability coefficient of 0.94 (Wechsler, 2011).

Locus of Control Nowicki-Strickland Scale (LoC).

A scale comprising of 40-items measuring the degree individuals feel events are reliant on their behaviour or factors outside of their control (Nowicki & Duke, 1974). A score of 12 or more indicates an individual perceives themselves as externally controlled (Fisher, Beech & Browne, 1998).

Results.

Jamal scored 15, which places him in the 'external' range, suggesting he does not feel in control of events that happen in his life and problems are caused by other people or bad luck (Nowicki & Duke, 1974).

Properties.

The LoC scale was developed with Caucasian students and adults from the community in the United States (Nowicki & Duke, 1974). However, it has been extensively used with the forensic population (Gannon et al., 2013; Goodman, Leggett & Garrett, 2007), including adult male sex offenders (McAnena, Craissati & Southgate, 2016). The internal consistency has been found to be $\alpha = 0.69$ (Nowicki & Duke, 1982) and the test-retest reliability was $r = .83$ over a six-week period (Nowicki & Duke, 1974).

Sexual Risk Assessments

**Static-99R (Helmus, Thornton, Hanson & Babchishin, 2012)
and STABLE-2007 (Hanson, Harris, Scott & Helmus, 2007).**

The Static-99R estimates the probability of sexual recidivism among adult males convicted of at least one sexual offence. It is based on ten static variables related to recidivism (Phenix, Fernandez, Harris, Helmus, Hanson, & Thornton, 2016). An individual's score can range from -3 to 12. Table 20 indicates the risk categories associated with Static-99R scores.

Table 20

Translating Static-99R Scores into Risk Categories

Score	Risk Category
-3 – 1	Low
2 – 3	Moderate-low
4 – 5	Moderate-high
6+	High

The STABLE-2007 assesses dynamic risk in sex offenders and comprises 13 items. Scores range from 0 to 26. Table 21 highlights the corresponding risk categories for STABLE-2007 scores. As Jamal was 19 years old at the time of the assessment an adolescent sexual risk assessment (e.g. Juvenile Sex Offender Assessment Protocol-II) was not used. However, an important caveat is that adult risk assessment tools lack some sensitivity when used with young people who commit their offences in adolescence, as young people's cognitive and sexual development is not as fixed or stable (Prentky & Righthand, 2003).

Table 21

Translating STABLE-2007 Scores into Risk Categories

Score	Risk Category
0 – 3	Low
4 – 11	Moderate
12+	High

Results.

On the Static-99R Jamal's score of 4 placed him in the 'moderate-high' risk category compared to other adult male sex offenders. Items associated with his risk were: young age, never lived with a partner, non-contact sexual offence and unrelated victim.

On the STABLE-2007 Jamal scored 5, putting him in the 'moderate' risk of re-offending range. See appendix Q for a breakdown of Jamal's scores on the STABLE-2007 pre-treatment.

Research indicates the predictive capacity of sexual risk assessments improve when static and dynamic risk factors are combined (Anderson & Hanson, 2010). Combining Jamal's Static-99R and STABLE-2007 scores, puts him in the 'moderate high' risk of re-offending (Hanson, Helmus & Harris, 2015).

Properties.

The Static-99R has shown to be strongly predictive across numerous settings and samples (Phenix et al., 2016). Included in the normative sample were first time sexual offenders, non-contact sexual offenders, as well as a small number who committed a sexual offence as a juvenile (i.e.

17 years old) and who were sentenced as an adult (Phenix, et al., 2016).

The STABLE-2007 has been validated on a range of samples, including adults starting community supervision for a sexual offence (Hanson, Harris, Scott & Helmus, 2007).

The inter-rater reliability, using the intraclass correlation co-efficient, was high for both the Static-99R (0.89) (McGrath, Lasher & Cumming, 2012) and the STABLE-2007 (0.90) (Eher, Matthes, Schilling, Haubner-MacLean & Rettenberger, 2012).

The area under receiver operating characteristic curve (AUC for ROC) provides a single statistic concerning how well a risk assessment measure is able to accurately predict future offending (Szmukler, Everitt, & Leese, 2012). The AUC for ROC for a sexual reoffence was .62 and .67 for the Static-99R and STABLE-2007 respectively at 3-year follow-up for men in community supervision for a sexual offence (Hanson et al., 2007; McGrath et al., 2012). When the scores on the Static-99R and STABLE-2007 were combined, the predictive power increased to an AUC of .73 (Hanson et al., 2015) indicating the accuracy of the risk assessments increases when they are combined.

Formulation

A formulation for Jamal's offending was created with him collaboratively. The emotional unavailability of Jamal's father and the oscillations in his mother's ability to meet his needs when growing up due to difficulties with her own mental health, were factors leading him to emotionally withdraw and not depend on others early on in his life. His early relationships with his parents and other difficult experiences such as the sexual abuse of his sister, being picked

on by teachers at school, bullying, racism and being of low social status all contributed to his fragile sense of self and eroded his sense of adequacy and worth. These experiences also contributed to him developing hostile attitudes towards others and feelings of resentment because of the hand he was dealt in life. It appeared Jamal developed traits of toxic masculinity, where he portrayed himself in an overtly masculine way and he attempted to mask his vulnerabilities (Kupers, 2005). This presentation was likely an attempt to obtain the acceptance and approval he craves and helped him identify as someone who controls and dominates others as opposed to being the victim.

In the lead up to the offence, Jamal had recently broke up with his girlfriend whom he had a toxic relationship with, which contributed to his negative beliefs about females and that they cannot be trusted. During this period Jamal was isolated, did not have an established social network of friends and used social media, where he approached the victim, to offset some of his insecurities through seeking validation from others. Through platforms such as Instagram, Jamal had the opportunity to showcase his physique (which he had built up to offset some of his insecurities) by uploading images of himself at the gym. The attention these photos gained gave him validation and helped him feel socially connected, as did receiving messages of a sexual content via social media. It appears his offending was partly an attempt to meet his need for acceptance and messaging females online helped provide him with a form of escapism. It also seems Jamal's offending was his way of exerting control to compensate for his perceived lack of control in other aspects of his life; as well as a way of devaluing females due to the generalised beliefs he had developed about females from his last relationship.

Additionally, in understanding his pathway to offending, it seems developmental factors associated with adolescence are at play, such as risk-taking behaviour, impulsivity, sensation seeking, prioritising short-term needs over long-term goals, heightened emotional states, and a general lack of consequential thinking. These features may have acted upon his offending through their disinhibiting effects on thinking and behaviour.

A preferential interest in children seems unlikely. The young age of the victim is perhaps due to him believing a younger person is more vulnerable and easier to control, as well as perhaps less likely to reject his advances. There is no clear evidence suggesting Jamal has underlying difficulties with sexual deviance or that he has accessed indecent images of children. He has reportedly had sexual encounters with older females and engaged in age appropriate relationships.

Jamal poses a 'moderate-high' risk of sexual re-offending according to the Static-99R and STABLE-2007. However, it is important to not over-focus on sexual recidivism, as research suggests Jamal is at greater risk of committing a non-sexual offence (Harris, Phenix, Thornton & Hanson, 2003).

Jamal's risk of sexual re-offending may increase after relationship breakdowns, feeling rejected leading to low self-worth and the need for validation, stressful life events and low mood as these factors were present in the lead up to his index offence. The sexual conviction has left Jamal feeling concerned about the future, even more socially isolated and perceives the stigma attached to a sexual offence limits the amount of control over the direction he wants his life to take.

There are mitigating factors in relation to his risk. These include not wanting to put his family through the upset that would come from committing

another offence and gaining an apprenticeship giving him a sense of purpose and something to lose if he were to re-offend.

Responsivity Considerations

Jamal's responsivity to change was considered in terms of the Risk, Need and Responsivity model, which posits all three should be considered to maximise the chances of a positive outcome (Andrews, Bonta & Wormith, 2011). The risk principle states higher risk offenders are more likely to benefit from intensive treatment, compared to lower risk offenders (Harkins & Beech, 2007). According to the model, Jamal's 'moderate-high' risk of re-offending may have implications in terms of his responsivity. However, Harkins and Beech (2007) note there is greater room for improvement with higher risk offenders.

The need principle indicates treatment should target the individual offender's criminogenic needs, which are factors that relate to their likelihood of re-offending (Harkins & Beech, 2007). There are limits to the extent group based treatment can be individualised. However, the STABLE-2007 indicates Jamal's dynamic risk factors (i.e. risk factors that are changeable) are more relational – such as his capacity for relationship stability and social loneliness. Later in the group, these criminogenic needs are addressed through the relationships module.

The responsivity principle theorises the treatment should match the abilities of the offender (Bonta & Andrews, 2007). Jamal's 'low average' cognitive functioning according to the WASI-II indicates he may need longer to process information and for facilitators to check his understanding. Motivation to change is an important factor determining responsivity (Harkins & Beech, 2007). Jamal's external LoC highlights he may not perceive himself as fully accountable for his offending, which is

linked to a reduction in motivation in treatment (Tierney & McCabe, 2002). Despite this, he accepts guilt, is willing to comply and appears determined to not sexually re-offend due to the negative impact it has on his family. A positive approach to treatment, focusing on increasing self-esteem and prosocial attitudes, compared to using negative and avoidance terms, can reduce internal motivation issues within treatment (Fernandez, 2006; Ward & Stewart, 2003). Jamal's self-devaluation and depressive affect tendencies, means he is likely to benefit from a strength based approach to treatment. Due to Jamal's suicidal ideation alongside depressive affect, it was suggested he participate in individual support for his mood which may assist in his engagement. He declined this offer.

Jamal's negative experience with teachers in school may have led him to distrust authority figures. Therefore, the facilitators of the sex offender treatment group building up a positive therapeutic relationship with Jamal through showing empathy, respect and openness was important.

Relevant Literature

Adolescent perpetrators account for a significant number of sexual offences (Veneziano & Veneziano, 2002). However, attempts to produce typologies of young people who sexually offend have not generated reliable results, as research indicates they are a diverse population (Veneziano & Veneziano, 2002). One perspective suggests adolescent sex offenders share many of the general delinquent tendencies associated with non-sexual adolescent offenders, and that sexual offending is simply part of their antisocial behaviour (France & Hudson, 1993). This view is partly supported by the finding that young sex offenders are more likely to commit a non-sexual offence than a further sexual offence in the future (Worling & Långström, 2006). Another

perspective views adolescent sex offenders as a distinct offender group, who are commonly socially isolated, have low-esteem, and are exposed to sexualised behaviour at a young age (Seto & Lalumière, 2010). Others posit that adolescent sex offending is often opportunistic in nature rather than driven by sexual deviance (Graves et al., 1992).

The sexualisation of young people in the media and explosive growth of internet use among young people, places children at heightened risk of sexual exploitation and creates opportunities for risk taking (Wolak, et al., 2008). Ringrose (2010) found girls reported feeling under pressure to display themselves in their underwear on social media; whereas boys sought to display their bodies in a hyper-masculine way. Sexualised images can affect the development of children and influence norms around what is acceptable (Papadopoulos, 2010). Of note, almost one third of sexual convictions in England and Wales involved the internet (Middleton, Mandeville-Norton & Hayes, 2009). Some research suggests internet and contact child sex offenders share a number of similarities, including intimacy deficits and problems with emotional regulation (Middleton, Beech & Mandeville-Norden, 2005; Middleton, Elliot, Mandeville-Norden, & Beech, 2006).

An external Locus of Control (LoC) is particularly characteristic of the sex offender population (Fisher et al., 1998). Harder, Cutler and Rockart (1992) suggested external LoC could be a defensive response to shame, as they found a positive correlation between shame and external LoC. Comparatively, their offending could be an attempt to reclaim an element of control they perceived was lacking (Fisher et al., 1998; McAnena et al., 2016). Research suggests LoC is a useful predictor of treatment success for

sex offenders. McAnena et al. (2016) found after sex offenders participated in a group treatment programme there was significant change in their LoC scores, with the majority moving towards the internal direction. Fisher et al. (1998) found external LoC was associated with a greater risk of sexual reconviction post-treatment.

Meta-analyses on the efficacy of treatment for sex offenders have shown an overall treatment effect, though the effect sizes are not generally large (Hanson et al., 2002; Lösel & Schmucker, 2005). Yates (2005) and Wolak et al. (2008) found cognitive behavioural therapy (CBT) approaches are effective in the treatment of sex offender populations. Other recommendations to effectively treating young people displaying harmful sexual behaviour is to focus on interventions being holistic, systemic and goal specific (Smart, Theodoreson, Smillie, Ferguson & Archibald, 2017). The Good Lives Model (GLM) fits in with these recommendations, as it is a strength focused, holistic model that addresses the risk of both sexual and general offending. The GLM views a person's wellbeing and risk of re-offending as inextricably linked (Ward & Marshall, 2004). It asserts all humans strive to obtain Primary Human Goods, which are certain states of mind, characteristics and experiences (Ward & Marshall, 2004). It posits criminal behaviour occurs when an individual seeks to achieve a primary good through offending as they lack the ability or knowledge to achieve primary goods in prosocial ways (Ward & Marshall, 2004). The GLM assumes the most effective way to create a safer society is to help individuals adopt more fulfilling and socially integrated lives (Ward & Gannon, 2006) and enhance their ability to achieve primary human goods in a safe way (Laws & Ward, 2011).

Aim

The aim was to assess the effectiveness of the first term of a psychological group intervention for adolescent sex offenders. This was determined by assessing the achievement of goals set at the beginning of treatment, the extent Jamal's using prosocial means to meet the GLM's primary goods, his LoC, risk of re-offending as measured by the STABLE-2007 and recidivism.

Intervention

Jamal joined a group intervention for males aged 15-22 who were convicted of a sexual offence. It runs in the community and is offered as part of a community sentence or post-custodial licence. The group is funded by the National Probation Service and the National Health Service, and is informed by the GLM and CBT. It is strengths based, holistic and goal orientated; with the aim to manage areas that may be problematic for the individual and in turn addresses risk of general and sexual offending. It was facilitated by three people: a trainee forensic psychologist (author of case study), a probation officer, and a clinical psychologist.

The total group intervention has three terms; however, this case study will focus on the first term as the author's placement ended before the second term was complete. The first term consisted of 19 weekly sessions split into two parts – Understanding Consent and the Influence of Media and Pornography; and Understanding my Offending Behaviour. The author co-facilitated 14 sessions. Each session lasted 1 hour 30 minutes. Seven group members started the term and four finished. Group members committed a variety of sexual offences (contact and non-contact) and the

victims of all members with the exception of two, were children. The individual sessions in the Understanding Consent and the Influence of Media and Pornography module and the Understanding my Offending Behaviour module are outlined in table 22 and 23 respectively.

The Understanding Consent and the influence of Media module addresses specific issues relating to Jamal's risk, as his offending took place on a social networking site. Jamal's goal for this module was to develop his knowledge around consent. He reflected on his use of social media in relationships and the dangers of sharing sexual images; as well as demonstrated an understanding of why a child is not able to give consent.

The goal Jamal set at the start of the Understanding My Offending Behaviour module, was to know what was missing for him in the lead up to his offence and to recognise his warning signs. Jamal recognised he was lacking positive relationships and healthy beliefs about himself. He acknowledged his low self-esteem and desire for attention from females to boost his self-esteem, were factors contributing to his offending. Jamal identified his warning signs were low mood, lack of face-to-face contact with people, and a lack of purpose. Jamal's goals for the future were to surround himself with positive people and enter a body building competition in 2018 to maintain his sense of purpose.

Table 22

Summary of the Understanding Consent and the Influence of Media and Pornography Module

Session / Title	Content
Session 1: Introductory session	• Programme overview, introduce module aims, set ground rules and goals.
Session 2: Influence of media	• Explore the influence of the media on perceptions of sex, relationships, self-image and gender. • Define pornography and its function.
Session 3: Influence of pornography	• Explore messages pornography gives about sex. • Consider how pornography impacts self-esteem, views of gender and sexual aggression.
Session 4: Managing the influence of pornography	• Consider how much pornography is 'too much' and how it may be managed. • Explore and challenge the messages given by pornography about body image. • Explore how to manage unhelpful expectations about relationships from pornography.

Session / Title	Content
Session 5: What is consent?	• Explore current understanding of consent and discuss views using a documentary. • Share the legal definition of consent and reflect on any change in perspective.
Session 6: What can make consent complicated	• Explore what factors influence a person's capacity to consent, using vignettes. • Develop clear strategies for ensuring sexual consent.
Session 7: Social media, pornography and consent	• Reflect on the use of social media in relationships. • Develop clarity on the role of consent in taking and sharing sexual images. • Develop awareness of how to appropriately manage social media in relationships. • Review goals set at the start of module.

Table 23

Summary of the Understanding my Offending Behaviour Module

Session / Title	Content
Session 1: Introducing GLM	• Introduce module aims and set goals. • Introduce the GLM and the Success Wheel.
Session 2, 3 & 4: Success Wheel	• Obtain a holistic summary of current lifestyle and needs. • Consider what life areas need development.
Session 5: Introducing the decision chain	• Introduce the decision chain. • Highlight the context leading to the offence, including thoughts and feelings.
Session 6: Old me and new me	• Introduce the concept of 'old me' and 'new me'. • Understand the difference between shame and guilt and how shame can be a barrier. • Understand offending as an attempt to meet life needs.

Session / Title	Content
Session 7, 8, 9, 10, 11: Completing and processing the decision chain	• Group members to create and feedback their decision chains. • Support the group to identify triggers in the lead up to offending.
Session 12: Identifying obstacles and planning for the future	• Identify obstacles to the Success Wheel. • Generate ideas to overcome and manage these obstacles. • Set goals for the future. • Review goals set at the start of module.

Engagement and Response

Jamal missed two out of nineteen sessions due to sickness. He was an active contributor to discussions and engaged well with the material. Despite his IQ being in the 'low average' range, his level of functioning appeared generally higher than other group members and he occasionally became frustrated when others did not contribute or took a while to understand tasks (shown by rolling his eyes and making remarks). Jamal's at times insensitivity and lack of consideration of the experiences of others, is in line with toxic masculine traits (Kupers, 2005).

It became apparent Jamal was keen to project an image of being an alpha male with few issues, which was perhaps fuelled by his competitiveness towards his peers in the group and unwillingness to admit his weaknesses. His contributions did not always feel genuine, as his accounts were filled with inconsistencies. It appears Jamal was attempting to overcompensate for his perceived shortcomings.

As the term progressed his vulnerabilities started to show and he became more irritable. This could be due to him being better at hiding his fragility at the beginning. Additionally, his fiancé broke up with him during the term, which appeared to impact his confidence, increase his suicidal ideation and contributed to negative attitudes towards women, specifically white women, believing they were manipulative and could not be trusted. Due to the racism Jamal experienced at school, he likely already fostered underlying resentment towards Caucasian people who he perceived as having an easier time than him, due to being in the majority where he went to school. Transference appeared to be at play for a period, where he associated his negative thoughts towards his ex-fiancé with the white

female facilitator. This view that white females cannot be trusted was further compounded by the female facilitator informing him the team were contemplating sharing his suicidal ideation with his GP as there was a risk of harm to self – something he was strongly opposed to. This transference was eventually resolved over time through the facilitators being open with Jamal and treating him with respect, thereby challenging his existing perceptions of white females and perhaps authority figures.

Another factor contributing to his increased irritability may have been his increased use of steroids. He shared that others had observed his rapid mood changes and anger since he increased his intake. Jamal was strongly advised against using steroids, yet he maintained his desire to continue.

Jamal was dismissive in accepting support from the facilitators around his suicidal ideation, initially indicating an avoidant attachment style (Ainsworth & Bell, 1970). However, he remained open in sharing his suicidal thoughts and unsafe use of steroids. It was acknowledged he liked the feeling of being cared for, yet rejected support possibly out of fear of it being pulled away at a later stage or being rejected or ridiculed – indicating more of an ambivalent attachment style (Ainsworth & Bell, 1970). The suggestion to break confidentiality due to concerns over Jamal's suicidality could have ruptured the therapeutic relationship; however, Jamal's continued openness and engagement indicates the therapeutic relationship remained intact, perhaps due to the facilitators consistency in their approach.

Results

Goals

Jamal met both goals he set out to achieve at the beginning of the module – to develop his knowledge regarding consent and to understand what was missing for him at the time of his offence and his warning signs. This was evidenced by Jamal's contributions in the group specifically addressing these goals and self-report that the goals were accomplished.

GLM's Primary Goods

The primary goods Jamal identified as the most important to him are listed in table 24, which compares where he was with each at the start and end of the first term of the group.

Psychometric Tests

The assessment measures re-administered after the first term were the LoC Nowicki-Strickland Scale and the STABLE-2007. The MACI and WASI-II were not re-administered as personality and cognitive functioning are relatively stable and would not be expected to change from the intervention. The STATIC-99R was not conducted again as the factors are static and have not altered since it was administered five months prior.

Locus of Control Nowicki-Strickland Scale.

Jamal's LoC remained at 15 post-intervention; therefore there was no change in his score and his LoC remained in the external range.

Risk Assessment.

The STABLE-2007 was completed again after the first term, as it contains dynamic risk factors that are susceptible to change. Jamal's score remained in the 'moderate risk' category after the first term, yet increased from 5 to 7. The increase in score was due to becoming single and his expression of hostile attitudes towards women. See appendix R for Jamal's STABLE-2007 scoring form after the first term of the treatment group.

Recidivism

During the term, Jamal was arrested for threatening behaviour and possession of a bladed article. Jamal pleaded not guilty. The outcome of the case was not established when writing this case study.

Table 24

Primary Goods of GLM Pre and Post First Term of Group Programme

Primary Good	Pre-first term	Post-first term
Excellence in work and play	Had an internship. Regularly attended the gym and body building, yet using steroids to gain desired effects.	Remained the same, however reported he had increased his steroid use.
Inner peace	Some emotional stress, managed through his relations with his fiancé and the gym.	Emotional turmoil heightens following relationship breakdown with fiancé, increasing irritability.
Relatedness	Had a fiancé who he was close to. Socially isolated from friends. Close to mother and sister.	No romantic partner. Spends more time with selected friends. Remains close to mother and sister.
Happiness	Suffered with low mood and suicidal ideation. Smoked cannabis and spent time with fiancé to try to achieve happiness.	Continued low mood and suicidal ideation. Smokes cannabis and spends time with selected friends to try to achieve happiness.

Discussion

The case study aimed to analyse the effectiveness of the first term of a group sex offender treatment programme in reducing Jamal's risk of re-offending.

Effectiveness of the Intervention

Jamal reported achieving the goals set at the start of each module. However, at this stage, the results do not provide clear support for Yates (2005) and Wolak et al.'s (2008) findings that CBT approaches are effective in the treatment of child sex offenders. Nor are the results able to support Hanson et al. (2002) and Lösel and Schmucker's (2005) findings about sex offender treatment effectiveness. Jamal's alleged obtainment of the GLM's primary goods did not noticeably improve over the course of the term. Whilst he maintained his apprenticeship and interest in the gym, the breakdown of his relationship with his fiancé impacted negatively on the primary goods of relatedness, inner peace and happiness. However, Jamal increased his contact with friends he considers a positive influence. Of note, the modules covered this term were not expected to have had an impact on the stability of his relationship and would be better addressed in the upcoming module focusing specifically on relationships. It would have been interesting to determine whether Jamal would have been better able to cope with the breakdown of his relationship if the relationship module came first. A limitation of the group intervention is that it is a rolling group and the order of the modules cannot be chosen based on individual offender need.

While Jamal's risk, according to the STABLE-2007, remained in the 'moderate' category after the first term of the intervention, his score on the risk assessment increased by two points. This increase was triggered by the breakdown in his relationship with his fiancé, which left him single and increased his vocalisation of negative views about women. It is possible Jamal already held hostile attitudes towards women before the relationship broke down, but these were not apparent when the STABLE-2007 was first administered. The possible minimisation of risk reflects a wider issue of conducting risk assessments early on when working with offenders, when there is less known information. Additionally, it is easier to show a treatment effect in high-risk offenders as there is greater room for improvement (Harkins & Beech, 2007).

Jamal's LoC score remained in the external range post-first term, therefore at this stage cannot support McAnena et al.'s (2016) findings that sex offender treatment leads to a significant change in LoC scores. It is important to highlight, Jamal has only completed one third of the intervention, therefore his LoC scores may change further into treatment.

Jamal's arrest for possession of a bladed article and threatening behaviour, supports Worling and Långström's (2006) finding that adolescent sex offenders are more likely to commit a non-sexual offence in the future. Whilst Jamal had not been convicted, it questions whether the stigma of being in sex offender treatment has a negative influence on resulting behaviour. One may believe they are already seen in a negative light, therefore reoffending would make little difference to how they are viewed and therefore surrender to the stigma (Goffman, 1962). A male proclivity associated with toxic masculinity that Jamal appears to evidence,

is a readiness to resort to aggression rather than consider the consequences of his actions, which appears to have occurred in the lead up to his arrest (Kupers, 2005).

Practical and Theoretical Issues

The group composition (i.e. types of sexual offenders) was mixed and some research suggests this can affect responsiveness to treatment.

Hayashino, Wurtele and Klebe (1995) highlight different types of sexual offenders perpetrate for different reasons, therefore the utility of combining offenders who offended against child and adult victims is questionable.

However, within the same type of sexual offending there are many reasons why people offend and as highlighted by Middleton et al. (2005; 2006)

there are similarities between contact and internet sex offenders. Cowburn (1990) suggested mixed offender groups reduces the likelihood group members collude with each other. Beech and Hamilton-Giachritsis (2005)

found there was no difference in treatment change between mixed and homogeneous groups of sex offenders. In the offending behaviour module of this case study, group members were required to disclose their offence, which appeared to cause particularly great anxiety in those who committed a contact offence against a child as they were conscious of the seemingly greater stigmatisation attached to that offence. Having to disclose offences in mixed offender group treatment can increase the splitting of group members and for some lead to the minimisation of their offending compared to others.

The facilitators followed a manual for the group treatment, which meant the content for each session was set. Whilst the manualisation of the

treatment allowed for it to be standardised, it is not designed to specifically address the individual needs of the group members. In order to increase the relevance of the treatment, it was necessary where possible for the facilitators to assist the group members in applying the material to their own lives and their offending behaviour.

This case study highlighted the impact of difficult life circumstances (e.g. relationship breakdown) on risk, and the limits of the support that could be provided to the young people outside of the group due to time constraints. Whilst Jamal declined the offer of individual support outside of the group, it is considered important that group members are made aware of further additional services and a referral made to such services if considered appropriate.

The interpretation of sexual risk assessment scores with adolescents should be used with a degree of caution, as their cognitive and sexual development is not yet stable (Gotch, 2014). Additionally, regarding the psychometric tests used, there are limitations inherent in self-report data - people may interpret questions differently and current affective states can affect responding (Millon & Davis, 1993). Although, an advantage of the LoC Nowicki-Strickland Scale is that it is less likely to lead to socially desirable responding compared to offence specific measures as it is not as likely to elicit shame (McAnena et al., 2016).

As the group detailed in this case study was run in inner city London, the group members were ethnically and culturally diverse. This diversity highlights the importance of providing an intervention that is culturally sensitive and aware. As this group intervention is strengths based and

informed by the GLM, an individual's cultural identity should be addressed as it can be important in helping them find purpose and meaning in life (Thakker, 2014). Consideration of different cultural views on gender and sex would be beneficial to incorporate into group discussions.

Future Recommendations

Future recommendations include:

- Jamal completing the remaining two modules of the programme, which focus on personal history and relationships; and self-management and relational skills. Through these modules, it is hoped Jamal should develop skills in communicating more openly with his family and other trusted persons about his thoughts and feelings, rather than bottling it up.
- For Jamal to reconsider accessing individual psychotherapy to process difficult thoughts and feelings and improve problem solving skills.
- To reflect on what is motivating him to use steroids and to be mindful of the negative impact steroids can have psychologically and physically.
- For Jamal to consider accessing a mentoring scheme, such as Circles of Support and Accountability young people's service. Circles of Support and Accountability provide a group of volunteers from a local community to help support people who have sexually offended.

Such a mentoring scheme may help increase Jamal's self-worth and reduce his isolation.

- To reflect on his negative views about women and try to be open minded in reviewing these beliefs.

CHAPTER SIX

Overall Thesis Discussion

The thesis took a broad perspective of the crime of sexual offending, aiming to enhance understanding about sexually abusive experiences. The first part of the thesis focused on the community's perceptions of rape and sexist attitudes towards women. Specifically, the empirical study was concerned with community perceptions of rape. It aimed to examine whether 1) prior victim-perpetrator relationship and the reason for ex-partner relationship breakdown; and 2) participant hostile sexism (HS) and benevolent sexism (BS), had an effect on the community's perceptions of a rape vignette. The psychometric critique in the thesis sought to provide a review and critique of the Ambivalent Sexism Inventory (ASI) (Glick & Fiske), which was used in the empirical study to measure participant hostile sexism (HS) and benevolent sexism (BS) towards women.

The second part of the thesis aimed to explore the treatment of survivors and perpetrators of sexual abuse. Specifically, the systematic review sought to examine the effectiveness of psychological interventions in alleviating psychological distress in adult survivors of CSA. Finally, the case study focused on the assessment, formulation and the group based treatment of an adolescent sex offender whose victim was a 13-year-old female.

Main Thesis Findings

Chapter two.

The empirical study found the prior victim-perpetrator relationship had a significant effect on perceptions of the victim's responsibility for the rape, the victim's willingness to engage in sexual activity with the

perpetrator, the extent the victim was traumatised, the necessity of police intervention and whether the behaviour in the vignette constituted rape. The prior victim-perpetrator relationship did not significantly affect perceptions of perpetrator responsibility, as across all relationship conditions participants unanimously believed the perpetrator was responsible for his actions.

Participants were more likely to view the victim as responsible and less likely to believe the victim was traumatised and police intervention was necessary when the perpetrator was an ex-partner with no additional information about why the relationship broke down, compared to a stranger or an acquaintance. However, when participants were informed the ex-partner relationship broke down as the perpetrator was physically violent towards the victim, there was no longer a significant difference in perceptions between the stranger and the ex-partner condition. Without information about why the relationship ended, participants may have assumed the victim was partly to blame to preserve their belief in a just world, so they can feel they are in control of events in their lives and that negative outcomes are justified (Lerner, 1980). It is likely easier to make assumptions that victims are deserving of their fate when there is an absence of information that suggests otherwise.

Overall, the study found participants were significantly more likely to take victim supportive and perpetrator blaming attitudes when the relationship ended due to physical violence (external to the victim); compared to the victim having an affair (internal to the victim), the victim relocating (neutral factor) and when there was no extra information about

the break-up. Interestingly, despite both reasons for relationship breakdown being external to the victim, participants were less likely to take victim supportive attitudes in the verbal abuse condition compared to the physical violence condition. The findings reflect the law's more severe treatment of physical abuse over verbal abuse (Home Office, 2015) and could be due to assumptions about the amount of force used in the physical violence condition.

Stereotypes of gender roles may have influenced information processing, particularly when the victim had an affair and relocated for a job opportunity. Traditionally men, not women, are viewed as having affairs and pursuing their career. A violation of gender stereotypes can lead to cognitive dissonance as it does not fit with the typical gender roles in a patriarchal society (Festinger, 1962). To help reduce cognitive dissonance and in line with the Ambivalent Sexism Theory (Glick & Fiske, 1996), people can develop views that females who fail to conform to traditional gender stereotypes deserve to be punished, more than those who do conform, because they behaved 'inappropriately' for a lady (Abrams et al., 2003).

Participant HS and BS as measured by the Ambivalent Sexism Inventory (Glick & Fiske, 1996), had a significant effect on participants' perceptions of rape vignettes. Participants with higher HS and BS scores, were more likely to believe the victim was responsible and willing to engage in sexual activity; and less likely to believe police intervention was necessary and the behaviour was rape. Participants with higher HS scores, but not BS, were less likely to consider the perpetrator responsible and the victim traumatised. As posited by the theory of ambivalent sexism, both HS

and BS justify male's subjugation of females which has been found to be linked to attitudes that justify rape (Chapleau et al., 2007).

The empirical study also found that HS and BS scores were significantly higher in male participants compared to female participants; and females were significantly more likely compared to males to take victim-supportive and perpetrator-blaming attitudes. The Defensive Attribution Hypothesis would support this finding, suggesting that due to the female participants and the rape victim in the vignette being the same gender, the female participants would be less likely than the males to take victim blaming attitudes in order to protect themselves from being held responsible should they be a victim of rape in the future (Grubb & Turner, 2012).

Chapter three.

The critique of the ASI provides a mixed view of the tool. In terms of the theoretical basis of the tool, the ASI is anchored in the theory of ambivalent sexism, proposing there are two components of sexism – HS and BS. The proposition that sexism has two components was particularly influential at the time and set the tool apart from other measures of sexism which treated sexism as unidimensional. The ambivalent sexism theory proposed there are three shared subfactors of HS and BS: Paternalism, Gender Differentiation, and Heterosexuality (Glick & Fiske, 1996). However, exploratory factor analyses indicated the expected sub-factors were only represented for BS, not for HS, highlighting there was no apparent

empirical basis for distinguishing the theoretical HS subfactors (Glick & Fiske, 1996).

In relation to the strengths of the ASI, it is a useful tool to investigate how sexist attitudes influence perceptions of heterosexual relationships (Glick & Fiske, 1997) and it is easy to administer and score. However, the lack of normative data provided when standardising the ASI reduces the meaningfulness of the scores when it comes to interpretation.

Of note, the ASI's validation sample was not diverse, with the majority of the sample being white students living in Massachusetts, which questions the applicability of the tool across different cultures. Although, Glick et al. (2000) did find the HS and BS structure of the ASI has been replicated across 19 different nations.

Overall, the ASI demonstrated sound psychometric properties. The ASI scales yielded acceptable internal consistencies and showed strong convergent validity with other measures of sexism, particularly the HS scale. The BS scale evidenced discriminant validity when the HS scale was partialled out and when BS was looked at as a whole rather than separated into sub-factors. Glick and Fiske (1996) argued the ASI has predictive validity as the scales predict stereotypes towards women. Although, in their studies participants took the measure about stereotypes towards women immediately after the ASI rendering their claim of predictive validity questionable as predictive validity is interested in predicting events in the future.

One of the standardisation studies highlighted the possibility of social desirability bias being present in the ASI, due to significant correlations between impression management and ASI scores (Glick & Fiske, 1996). The

social desirability scale was not included in the final ASI and the desire of participants to present themselves in a favourable light may influence the validity of scores produced by the tool.

The ASI focuses on interpersonal relationships between men and women which is what the empirical study is interested in, rather than political ideologies about equal rights for women which other frequently used sexism measures assess (Glick & Fiske, 1997).

Chapter four.

The systematic review included 10 randomised control studies with 14 psychological interventions aimed at alleviating distress in adult CSA survivors. The findings demonstrated treatment was superior to no treatment in reducing different types of distress across different treatment formats (i.e. individual and group interventions) and different treatment lengths. The findings of the systematic review goes against the view that shorter trauma interventions are less likely to find positive changes posttreatment as symptoms of distress become worse before they improve, due to participants recalling distressing traumatic memories (Parker & Turner, 2013).

Eye movement desensitisation and reprocessing, as well as rational emotive behaviour therapy and cognitive processing therapy for sexual abuse survivors demonstrated particular efficacy in alleviating distress. Although, in the studies that compared different interventions there was a lack of significant differences between treatment groups. This questions whether treatment benefits are due to different but equally effective mechanisms underlying each intervention or generic attributes of therapy,

such as feeling listened to and being part of a supportive group (Classen et al., 2011). These generic attributes of therapy are likely particularly important for CSA survivors who were subject to harmful behaviours with little regard for their wellbeing.

Notably, neither trauma-focused or non-trauma focused treatments appeared to be more superior than the other in alleviating distress, despite NICE (2005) guidance recommending trauma focused interventions for the treatment of PTSD. Alexander et al.'s (1989), Classen et al.'s (2011) and McDonagh et al.'s (2005) trauma-focused and non-trauma focused treatments produced comparable results on measures of distress (including PTSD severity, depression, anxiety) posttreatment. Whilst, processing traumatic memories can help challenge faulty interpretations of traumatic events, the more present focused interventions are useful for people who are in the earlier stages of dealing with their trauma where the attention is focused on maintaining their safety first through support in changing current maladaptive behaviours and patterns of relating (Najavits, 2002).

Regarding the effectiveness of the interventions in alleviating particular types of distress, consistently positive results were found in terms of the reduction of PTSD symptoms. EMDR, CBT informed interventions, trauma and present focused therapy significantly reduced PTSD severity compared to the waitlist. Mixed results were found with respect to whether treatment was significantly superior to the waitlist in reducing depression, anxiety and anger. The majority of interventions did not specifically address each. However, despite the lack of focus on specific forms of distress in treatment, some studies still found a reduction in anger, anxiety and

depression. This finding suggests different types of distress are connected and targeting certain components of distress can still have a beneficial impact on other forms of distress.

The systematic review found that treatment was not superior to no treatment in improving fear, quality of life or reducing hostility.

Chapter five.

The case study investigated the effectiveness of the first term of a group sex offender treatment programme in reducing the client's (Jamal) risk of re-offending. Jamal was a 19-year-old male who was convicted of causing/inciting a 13-year-old to engage in sexual activity. Multi-factor theories about the aetiology of sex offending likely better explains Jamal's sexual offending as opposed to single factor theories. Marshall and Barbaree's (1990) integrated theory accounts for negative developmental experiences such as the emotional unavailability of Jamal's parents, the sexual abuse of his sister and being bullied in school, which are experiences increasing the likelihood of him developing offence related vulnerabilities, such as low self-esteem and poor coping styles. Marshall and Barbaree (1990) also recognise the influence of cultural norms about gender roles and sex, as well as how situational factors (such as the breakdown of Jamal's relationship) can play a key role in triggering sexual offending.

The intervention was informed by the Good Lives Model (GLM) and CBT, with the first term specifically focusing on his offending behaviour, understanding consent and the influence of social media and pornography on offending. The effectiveness of the intervention was determined through

assessing his achievement of goals set at the beginning of treatment, the extent Jamal was using prosocial means to meet the GLM's primary goods, his Locus of Control, risk of re-offending as measured by the STABLE-2007 and recidivism.

Jamal reported achieving the goals set at the start of each module. Jamal's obtainment of the GLM's primary goods did not noticeably improve over the course of the term. Whilst he maintained his apprenticeship and interest in the gym, the breakdown of his relationship with his fiancé impacted negatively on the primary goods of relatedness, inner peace and happiness. According to the STABLE-2007, Jamal's risk of re-offending after the first term of the intervention, remained in the 'moderate' category. However, when the STABLE-2007 was completed with Jamal at the start of the intervention, less information was known about him, which could have led to the minimisation of his risk as it was difficult to establish initially whether he had hostile attitudes towards females due to him engaging in impression management.

Jamal's Locus of Control score remained in the external range after the first term. During the course of the term, Jamal was arrested for possession of a bladed article and threatening behaviour. Whilst Jamal had not been convicted at the time of writing the case study, it questions whether the stigma of being in sex offender treatment had a negative influence on resulting behaviour. In Ward and Beech's (2008) Integrated Theory of Sex Offending (ITSO) they state that the consequences of their initial offending behaviour worsens the personal circumstances of the person who committed the offence, which can maintain offending behaviour. In line with the labelling theory, one may believe they are

already seen in a negative light, therefore re-offending would make little difference to how they are viewed and therefore increases the likelihood of them acting in accordance with the label (Davis, 1972).

Overall, after the first term of treatment, there was not a notable improvement in the measures used to assess the effectiveness of the intervention. However, it should be noted that at the time the case study was written, Jamal had only completed one third of the treatment.

Thesis Implications

This thesis considered different elements of sexual abuse and increased understanding about how people think about sexually abusive experiences, which can have important implications for the treatment of victims and perpetrators of sexual abuse.

The first part of the thesis demonstrated that members of the public were susceptible to cognitive and social influences when making judgements about a hypothetical rape vignette. These findings suggest that holding sexist beliefs and the relationship between the victim and perpetrator, can influence the extent a victim of rape would actually self-identify as a victim of rape, how the victim's friends and family would view their experience and subsequently how likely a victim would be to report a rape to the police. The findings also have important implications for the courts in understanding how juries may respond to rape cases in terms of victim and perpetrator culpability. The results also indicate that people are more likely to have rape victim blaming attitudes when they hold derogatory views about women, but also when they believe women should

be restricted to stereotypical roles. Greater emphasis should be placed on educating people about the potentially damaging consequences of holding benevolently sexist views, which on the surface can appear to be positive towards women. Greater awareness of this is becoming increasingly important as more women are moving away from restricted roles such as being a 'housewife', towards senior positions in the workplace.

The findings of the thesis have important therapeutic and treatment implications for the treatment of victims of sexual abuse. The finding that certain victims are perceived to be more responsible for their rape and less likely to be traumatised is extremely detrimental to the victim's recovery (Frese et al., 2004). The results highlight the need to increase societal awareness of the negative impact such views can have on the recovery of sexual abuse victims, which could be done through the media, in schools and incorporated into the treatment of sexual abuse perpetrators. As victims of sexual abuse can also be susceptible to internalising rape myths and believing they are to blame (Suarez & Gadalla, 2010), incorporating psychoeducation into the treatment of sexual abuse victims to correct misperceptions they may have about sexual abuse could be important for their own recovery and reducing the blame they may feel towards themselves. The literature in the systematic review highlights the long-lasting impact childhood sexual abuse can have on one's life. The findings of the systematic review can inform future treatment that targets the distress experienced by childhood sexual abuse survivors. It highlights that both trauma and non-trauma focused interventions of differing lengths can be effective in reducing distress.

The findings also have important implications for the treatment of perpetrators of sexual assault. The empirical study indicated that under certain contexts, people are more likely to hold perpetrator supportive attitudes compared to other contexts. This could have implications for the group treatment of perpetrators of sexual abuse when they are required to disclose their offence, as they were in the group intervention detailed in the case study. The comparison of offences in terms of seriousness could lead perpetrators to minimise their own offence or comparatively feel particularly stigmatised within the group treatment. For instance, the client in this thesis' case study was an adolescent who had a four year age gap between him and the victim and committed the offence over social media which is where he met the victim. It could be that those with a larger age gap between the victim and perpetrator, who committed a contact sexual offence against someone who was related to him would be perceived differently. The dynamics this could cause within the group, should be weighed up with the perceived benefits of disclosing offences in front of other group members.

The case study in this thesis provided limited evidence to suggest that the intervention had been effective for the client after the first term. This suggests that perhaps greater support is needed to be provided outside of the group to help group members achieve the GLM's primary goods in a pro-social way. Examples of further support could include accessing individual psychotherapy in addition to the group work and/or engaging in a mentoring scheme to help the client reintegrate back into society.

Thesis Limitations and Future Recommendations

There are limits in the ability to generalise the findings of the thesis. In the empirical study there was a lack of experimental realism as hypothetical vignettes were used to assess participants' perceptions of rape, therefore the ability to generalise the findings to perceptions in real-life rape cases is somewhat limited (Grubb & Harrower, 2009). To increase experimental realism, future research may consider using mock jury trials where participants act as a jury and deliberate the responsibility of both the victim and perpetrator. A limitation of online research, such as that used in the empirical study, is related to self-selection bias. Participants in the study actively chose to participate by responding to an invitation to partake (Wright, 2005). These sampling issues similarly inhibit the ability to make generalisations about the findings.

When interpreting the findings of the empirical study, it should be noted that not all participants perceived the behaviour in the vignette as 'definitely' rape. Participants may have responded differently to the other questions about the vignette if they believed the behaviour was definitely rape. However, if the behaviour of the perpetrator in the vignette was less ambiguous it would have likely been harder to identify differences that existed between relationship conditions due to a ceiling effect.

It would be interesting for future research to explore whether the reason for ex-partner relationship breakdown influences perceptions of rape in homosexual relationships. This research could ascertain whether the endorsement of traditional gender role attitudes, that view males as

dominant and females as dependent, has an impact on perceptions of rape when both the victim and perpetrator are the same gender.

In relation to the critique of the ASI, a great deal of the research about the ASI has been by the authors of the tool, therefore the evidence portrayed in the critique about the tool may be somewhat biased.

In relation to the systematic review, there was a language bias that was present as only studies written in English were included in the review. Although, during the initial search no restrictions on language were placed and only two studies not written in English were identified as potentially meeting inclusion criteria due to the relevance of the title and abstract. It is unclear whether these studies would have fully met the inclusion criteria; however, Jóni et al. (2002) highlighted studies not translated into English tended to be of poorer quality. In future, not restricting the language of the studies would provide a review that is more inclusive. The systematic review that was conducted in this thesis focused on statistically significant differences between the treatment and the control group. In future it would be interesting to also investigate clinically significant change, which provides information about the variability of treatment response within the treatment group and whether the change is meaningful in a clinical sense (Jacobson & Truax, 1991).

A limitation of the case study was that it only focused on the first term of a sex offender intervention, therefore the true effectiveness of the intervention was difficult to establish as the client had not completed the treatment. The intervention described in the case study was not able to be specifically tailored to the client's needs and risk factors, due to the

treatment being group based and manualised. Although, the first term of the treatment focused on the impact of social media and consent on offending, which was of relevance to the client in the case study as his offence took place on a social media application. To further increase the relevance of the treatment, it was necessary where possible for the facilitators to assist the group members in applying the material to their own lives and their offending behaviour.

Two of the psychometric tests used in the case study were self-report (the MACI and Locus of Control Nowicki-Strickland Scale). There are inherent limitations within self-report measures, including that people may interpret questions differently and their current affective states can affect their responding (Millon & Davis, 1993). Although, an advantage of the Locus of Control Nowicki-Strickland Scale is that it is less likely to lead to socially desirable responding compared to offence specific measures as it is not as likely to elicit shame (McAnena et al., 2016). In future, it would be useful to use additional methods to analyse the effectiveness of the intervention that do not rely on self-report, such as gaining feedback from their offender manager or family members about any change they may have noticed in the group member.

Conclusion

This thesis has provided greater insight into the perceptions of rape and the treatment of sexual assault victims and a perpetrator. In the field of forensic psychology, the emphasis is often on the perpetrators of crimes.

This thesis aimed to take a whole systems perspective, where the victim is considered as well as the perpetrator and members of the community.

The empirical study is the first known study within the rape literature that has explored the influence additional information regarding the breakdown of ex-partner relationships has on perceptions of rape. The results found the prior victim-perpetrator relationship, as well as HS and BS had a significant effect on participants' perceptions of rape vignettes. Greater knowledge about society's perceptions of blame in rape will help educate people in making more informed decisions about rape cases, improve outreach to rape victims and can inform the content of treatment programmes for perpetrators and victims (Angelone et al., 2015). The ASI is a widely used measure of sexism, yet there had been a lack of previous research critiquing the tool. The available evidence indicates overall the ASI has sound psychometric properties. Nevertheless, the lack of normative data provided by authors when standardising the tool somewhat reduces the meaningfulness of the scores when it comes to interpretation. The overall good psychometric properties of the ASI, its validation with a community sample and its utility in investigating how sexist attitudes influence perceptions of heterosexual relationships, were factors influencing the decision to use the ASI as a measure of sexism in the empirical study. The findings of the systematic review have contributed to understanding about what psychological interventions are effective for CSA survivors in alleviating certain forms of distress, with particularly positive results being found for reducing PTSD symptom severity. Cognitive processing therapy for sexual abuse victims (Chard, 2005), eye movement desensitisation and reprocessing (Edmond et al., 1999), and rational emotive behaviour

therapy (Rieckert & Möller, 2000) were superior to the waitlist on all the distress measures used in the studies, including PTSD and depression. Importantly it was highlighted that both trauma and non-trauma focused interventions successfully improved various forms of distress compared to the waitlist, which can help inform treatment of CSA survivors. The case study offers insight into the assessment and treatment of an adolescent sex offender who committed his offence against a 13-year-old child.

References

- Abel, G. G., Gore, D. K., Holland, C. L., Camp, N., Becker, J. & Rathner, J. (1989). The measurement of the cognitive distortions of child molesters. *Annals of Sex Research*, 2, 135–153. doi: /10.1007/BF00851319
- Abrams, D., Viki, G. T., Masser, B., & Bohner, G. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology*, 84, 111-125. doi:10.1037/0022-3514.84.1.111
- Ahrens, C. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, 38(3-4), 263–274. doi: 10.1007/s10464-006-9069-9
- Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41, 49-67. doi: 10.2307/1127388
- Al-Mabuk, R. H., Enright, R. D., & Cardis, P. A. (1995). Forgiveness Education with Parentally Love-deprived Late Adolescents. *Journal of Moral Education*, 24(4), 427–444. doi: 10.1080/0305724950240405
- Alderden, M. A., & Ullman, S. E. (2012). Creating a more complete and current picture: Examining police and prosecutor decision-making when processing sexual assault cases. *Violence Against Women*, 18(5), 525-55. doi:10.1177/1077801212453867
- Alexander, P. C., Neimeyer, R. A., Follette, V. M., Moore, M. K., & Harter, S. (1989). A comparison of group treatments of women sexually abused

as children. *Journal of Consulting and Clinical Psychology*, 57(4), 479. doi: 10.1037/0022-006X.57.4.479

Allen, I. E., & Seaman, C. A. (2007). Likert scales and data analyses. *Quality Progress*, 40(7), 64. Retrieved from <https://search.proquest.com/openview/e45302291370db031f14df4a6a3077e1/1?pq-origsite=gscholar&cbl=34671>

Allnock, D., & Hynes, P. (2011). *Therapeutic services for sexually abused children and young people: scoping the evidence base*. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research-reports/therapeutic-services-sexually-abused-children-evidence-review.pdf>

Allnock, D., & Miller, P. (2013). *No one noticed, no one heard: a study of disclosures of childhood abuse*. London: NSPCC

Alonso, A., & Rutan, J. S. (1990). Common dilemmas in combined individual and group treatment. *Group*, 14(1), 5-12. Retrieved from <https://link.springer.com/content/pdf/10.1007%2FBF01458117.pdf>

Amariglio, N. (2013). *Thematic analysis among survivors of childhood sexual abuse* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database (3591784).

Anderson, D., & Hanson, R. K. (2010). An actuarial tool to assess risk of sexual and violent recidivism among sexual offenders. In R.K. Otto & K.S. Douglas (Eds.), *Handbook of Violence Risk Assessment* (pp. 251-267). London: Routledge.

Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The risk-need-

responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior*, 38(7), 735-755. doi: 10.1177/0093854811406356

Angelone, D.J., Mitchell, D., & Grossi, L. (2015). Men's Perceptions of an Acquaintance Rape: The Role of Relationship Length, Victim Resistance and Gender Role Attitudes. *Journal of Interpersonal Violence*, 30(13), 2278 –2303. doi:10.1177/0886260514552448

Bagley, C. R., & Young, L. (1990). Depression, self-esteem, and suicidal behavior as sequels of sexual abuse in childhood: Research and therapy. In M. Rothery & G. Cameron (Eds.), *Child maltreatment: Expanding our concept of helping* (pp. 183-210). New Jersey: Routledge.

Banerjee, A., Chitnis, U. B., Jadhav, S. L., Bhawalkar, J. S., & Chaudhury, S. (2009). Hypothesis testing, type I and type II errors. *Industrial Psychiatry Journal*, 18(2), 127-131. doi: 10.4103/0972-6748.62274

Baumeister, R. F., & Vohs, K. D. (2007). *Encyclopedia of Social Psychology*. London: Sage.

Bazinet, A. (2015). *Personality and cognition of pornographic offenders; A comparison to sexual and general offenders* (Doctoral dissertation, Laurentian University of Sudbury). Retrieved from <https://zone.biblio.laurentian.ca/bitstream/10219/2417/1/BAZINET%20Alexandra%20PSYC%204104EL01%202014-2015.pdf>

Bebbington, P., Jonas, S., Kuipers, E., King, M., Cooper, C., Brugha, T., Meltzer, H., McManus, S & Jenkins, R. (2011). Childhood sexual

abuse and psychosis: data from a cross-sectional national psychiatric survey in England. *The British Journal of Psychiatry*, 199(1), 29-37.
doi: 10.1192/bjp.bp.110.083642

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck Depression Inventory-II Manual (2nd ed.)*. San Antonio, TX: Psychological Corporation.

Beech, A. R., & Hamilton-Giachritsis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender programs. *Sexual Abuse*, 17(2), 127–140. doi: 10.1007/s11194-005-4600-3

Beck, A. T., Steer, R. A., & Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100. doi: 10.1016/0272-7358(88)90050-5

Bem, S. L. (1981). Gender schema theory: a cognitive account of sex typing. *Psychological Review*, 88(4), 354–64. doi: 10.1037/0033-295X.88.4.354

Ben-David, S. & Schneider, O. (2005), Rape perceptions, gender role attitudes and victim-perpetrator acquaintance. *Sex Roles*, 53(5-6), 385-399. doi: 10.1007/s11199-005-6761-4

Bentley, H., O'Hagan, O., Brown, A., Vasco, N., Lynch, C., Peppiate, J.,..... Letendrie, F. (2017). *NSPCC. How safe are our children? The most comprehensive overview of child protection in the UK in 2017*. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research->

reports/how-safe-children-2017-report.pdf

Bentley, H., O'Hagan, O., Raff, A., Bhatti, I. (2016). *NSPCC. How safe are our children? The most comprehensive overview of child protection in the UK in 2016*. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2016-report.pdf>

Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, 174(12), 727–735. doi: 10.1097/00005053-198612000-00004

Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Charney, D. S., & Keane, T. M. (1996). *The Clinician-Administered PTSD Scale for DSM-IV: One Week Symptom Status Version (CAPS-SX)*. Boston: National Centre for PTSD.

Bodenhausen, G. V., & Wyer, R. S. (1985). Effects of stereotypes in decision making and information-processing strategies. *Journal of Personality and Social Psychology*, 48(2), 267-282.
doi:10.1037/0022-3514.48.2.267

Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, 6(1), 1-22.
Retrieved from https://cpoc.memberclicks.net/assets/Realignment/risk_need_2007-06_e.pdf

Borenstein, M., Hedges, L. V., Higgins, J., & Rothstein, H. R. (2009). When Does it Make Sense to Perform a Meta-Analysis? *Introduction to*

Meta-Analysis, 357-364. doi:10.1002/9780470743386.ch40

Brandt, S. (2001). *Clinically significant change after cognitive restructuring for adult survivors of childhood sexual abuse* (Doctoral dissertation, Stellenbosch: Stellenbosch University). Retrieved from <http://scholar.sun.ac.za/handle/10019.1/52164>

Bridges, J. S. (1991). Perceptions of date rape and stranger rape: A difference in sex role expectations and rape-supportive beliefs. *Sex Roles*, 24, 291–307. doi:10.1007/BF00288303

Bridges, J. S., & McGrail, C. A. (1989). Attributions of responsibility for date and stranger rape. *Sex Roles*, 21, 273–286. D
oi:10.1007/BF00289907

Briere, J. (1995). *Trauma Symptom Inventory*. Odessa: Psychological Assessment Resources.

Briere, J., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of Children*, 4(2), 54-69. doi:
10.2307/1602523

Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27(10), 1205-1222. doi 10.1016/j.chiabu.2003.09.008

Briggs, F., & Hawkins, R. M. F. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be non-offenders. *Child Abuse & Neglect*, 20, 221–233. doi: 10.1016/S0145-2134(95)00145-X

- Brovko, J. (2016). *Increasing Sexual Offenders' Motivation to Engage in Mandated Substance Abuse Treatment: A Brief Motivational Intervention* (Doctoral dissertation). Retrieved from <https://repository.unm.edu/bitstream/handle/1928/33010/Julie%20Brovko%20Final.pdf?sequence=1&isAllowed=y>
- Brown, J. D. (1996). *Testing in language programs*. New Jersey: Prentice Hall Regents.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77. doi: 10.1037/0033-2909.99.1.66
- Burt, M. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38, 217-230. doi: 10.1037/0022-3514.38.2.217
- Burton, D.L., Miller, D.L., & Schill, C.T. (2002). A social learning theory comparison of the sexual victimization of adolescent sex offenders and nonsexual male delinquents. *Child Abuse & Neglect*, 26(9), 893-907. doi: 10.1016/S0145-2134(02)00360-5
- Caldwell, M. F. (2007). Sexual offense adjudication and sexual recidivism among juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19(2), 107-113. doi: 10.1007/s11194-007-9042-7
- Calhoun, L.G. Selby, J.W. & Warring, L.G. (1976). Social Perception of the Victim's Causal Role in Rape: An Exploratory Examination of Four Factors. *Human Relations*, 29(6), 517-526. doi: 10.1177/001872677602900602

- Carlson, E. B, Putnam, F. W., Ross, C. A., & Torem, M. (1993). Validity of the Dissociative Experiences Scale in screening for multiple personality disorder. A multicentre study. *American Journal of Psychiatry*, 150(7), 1030-1036. doi: 10.1176/ajp.150.7.1030
- Central Sexual Health (2014). *Sexual Assault and Abuse*. Retrieved from <https://centralsexualhealth.org/sexual-health-wellbeing/sexual-assault-and-abuse/>
- Chapleau, K. M., Oswald, D. L., & Russell, B. L. (2007). How ambivalent sexism toward women and men support rape myth acceptance. *Sex Roles*, 57(1- 2), 131-136. doi: 10.1007/s11199-007-9196-2
- Chard, K. M. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, 73(5), 965-971. doi: 10.1037/0022-006X.73.5.965
- Chaudoir, S. R., & Quinn, D. M. (2010). Bystander sexism in the intergroup context: The impact of cat-calls on women's reactions towards men. *Sex Roles*, 62(9-10), 623-634. doi:10.1007/s11199-009-9735-0
- Chen, Z., Fiske, S. T., & Lee, T. L. (2009). Ambivalent sexism and power-related gender-role ideology in marriage. *Sex roles*, 60(11-12), 765-778. doi: 10.1007/s11199-009-9585-9
- Classen, C., Koopman, C., Nevillmanning, K., & Spiegel, D. (2001). A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual

- abuse survivors with PTSD. *Journal of Aggression, Maltreatment & Trauma*, 4(2), 265-288. doi: 10.1300/J146v04n02_12
- Classen, C. C., Palesh, O. G., Cavanaugh, C. E., Koopman, C., Kaupp, J. W., Kraemer, H. C. Aggarwal, R. & Spiegel, D. (2011). A comparison of trauma-focused and present-focused group therapy for survivors of childhood sexual abuse: A randomized controlled trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(1), 84. doi: 10.1037/a0020096
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New Jersey: Lawrence Erlbaum.
- Cole, K. L., Sarlund-Heinrich, P., & Brown, L. S. (2007). Developing and assessing effectiveness of a time-limited therapy group for incarcerated women survivors of childhood sexual abuse. *Journal of Trauma & Dissociation*, 8(2), 97-121. doi: 10.1300/J229v08n02_07
- Conn, A. B., Hanges, P. J., Sipe, W. P., & Salvaggio, A. N. (1999). The search for ambivalent sexism: A comparison of two measures. *Educational and Psychological Measurement*, 59(6), 898-909. doi: 10.1177/00131649921970242
- Cook, W., & Medley, O. (1954). Proposed hostility and pharisaic-virtue scales for the MMPI. *Journal of Applied Psychology*, 38, 414-418. doi: 10.1037/h0060667
- Coopersmith, S. (1981). *Self-esteem inventories*. Palo Alto, CA: Consulting Psychologists Press.
- Cossins, A. (2000). *Masculinities, sexualities and child sexual abuse*. The Hague: Kluwer Law International.

- Cossins, A. (2000). *Masculinities, sexualities and child sexual abuse*. The Hague: Kluwer Law International.
- Costa, P. A., Oliveira, R., Pereira, H., & Leal, I. (2015). Adaptation of the modern sexism inventories to Portugal: the ambivalent sexism inventory and the ambivalence toward men inventory. *Psicologia: Reflexão e Crítica*, 28(1), 126-135. doi: 10.1590/1678-7153.201528114
- Cowburn, M. (1990). Work with male sex offenders in groups. *Groupwork*, 3(2), 157–171. Retrieved from https://scholar.google.co.uk/scholar?hl=en&as_sdt=0%2C5&q=Cowburn%20urn%20%2C+M.+%281990%29.+Work+with+male+sex+offenders+in+groups.+%20Groupwork%2C+3%282%29%2C+%09157%E2%88%92171.&btnG=
- Cukor, D., & McGinn, L. K. (2006). History of child abuse and severity of adult depression: The mediating role of cognitive schema. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 15(3), 19-34. doi: 10.1300/J070v15n03_02
- Dardenne, B., Delacollette, N., Grégoire, C., & Lecocq, D. (2006). Structure latente et validation de la version française de l'Ambivalent Sexism Inventory: l'échelle de sexisme ambivalent. *L'Année Psychologique*, 106(2), 235-263. Retrieved from https://www.persee.fr/doc/psy_0003-5033_2006_num_106_2_30915

- Davies, M., Pollard, P., & Archer, J. (2006) Effects of Perpetrator Gender and Victim Sexuality on Blame Toward Male Victims of Sexual Assault. *The Journal of Social Psychology, 146*(3), 275-291. doi: 10.3200/SOCP.146.3.275-291
- Davis, N. J. (1972). Labeling theory in deviance research: A critique and reconsideration. *The Sociological Quarterly, 13*(4), 447-474. doi: 10.1111/j.1533-8525.1972.tb00828.x
- de Jong, T. L., & Gorey, K. M. (1996). Short-term versus long-term group work with female survivors of childhood sexual abuse: A brief meta-analytic review. *Social Work with Groups, 19*(1), 19–27. doi: 10.1300/J009v19n01_03
- Delaney, W., & Lee, C. (1995). Self-esteem and sex roles among male and female high school students: Their relationship to physical activity. *Australian Psychologist, 30*(2), 84-87. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/00050069508258908>
- Derogatis, L. R. (1983). *The SCL-90-R manual II: Administration, scoring and procedures*. Towson, MD: Clinical Psychometric Research.
- DeVon, H. A., Block, M. E., Moyle-Wright, P., Ernst, D. M., Hayden, S. J., Lazzara, D. J., Savoy, S.M., & Kostas-Polston, E. (2007). A psychometric toolbox for testing validity and reliability. *Journal of Nursing Scholarship, 39*(2), 155-164. doi: 10.1111/j.1547-5069.2007.00161.x
- Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse

- characteristics, and long-term effects. *Clinical Psychology Review*, 16(7), 619-639. doi: 10.1016/S0272-7358(96)00018-9
- Duff, S., & Scott, A. J. (2013). Understanding perceptions of stalking: the impact of additional contextual information regarding the breakdown of relationships. *Journal of Criminal Psychology*, 3(2), 136-144. doi: 10.1108/JCP-09-2012-0005
- Durán, M., Megías, J. L., & Moya, M. (2016). Male peer support to hostile sexist attitudes influences rape proclivity. *Journal of Interpersonal Violence*, 33(14), 2180-2196. doi: 10.1177/0886260515624212
- Eckes, T., & Six-Materna, I. (1999). Hostilität und Benevolenz: Eine Skala zur Erfassung des ambivalenten Sexismus. *Zeitschrift für Sozialpsychologie*, 30(4), 211-228. doi: 10.1024//0044-3514.30.4.211
- Edmond, T. E. (1997). *Eye movement desensitization and reprocessing: evaluating its effectiveness in reducing trauma symptoms in adult female survivors of childhood sexual abuse*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.860.3322&rep=rep1&type=pdf>
- Edmond, T., Rubin, A., & Wambach, K. G. (1999). The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Social Work Research*, 23(2), 103-116. doi: 10.1093/swr/23.2.1037
- Effective Public Health Practice Project (2010). *Quality Assessment Tool for Quantitative Studies*. Retrieved from http://www.ephpp.ca/PDF/Quality%20Assessment%20Tool_2010_2.pdf

- Eher, R., Matthes, A., Schilling, F., Haubner-MacLean, T., & Rettenberger, M. (2012). Dynamic risk assessment in sexual offenders using STABLE-2000 and the STABLE-2007: An investigation of predictive and incremental validity. *Sexual Abuse, 24*(1), 5-28. doi: 10.1177/1079063211403164
- Ehring, T., Welboren, R., Morina, N., Wicherts, J. M., Freitag, J., & Emmelkamp, P. M. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review, 34*(8), 645-657. doi: /10.1016/j.cpr.2014.10.004
- Eisenman, R. (2000). Explaining sex offenders: The concept of imprinting. *International Journal of Adolescence and Youth, 8*, 1-9. doi: 10.1080/02673843.2000.9747838
- Elliott, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse & Neglect, 16*(3), 391-398. doi: 10.1016/0145-2134(92)90048-V
- Emons, W. (2007). Escalating penalties for repeat offenders. *International Review of Law and Economics, 27*(2), 170-178. doi: 10.1016/j.irle.2007.06.005
- Falsetti, S. A., Resnick, H. S., Resick, P. A., & Kilpatrick, D. G. (1993). The Modified PTSD Symptom Scale: A brief self-report measure of posttraumatic stress disorder. *The Behavior Therapist, 16*, 161-162. Retrieved from <http://psycnet.apa.org/record/2011-20330-001>

- Fernandez, Y. M. (2006). Focusing on the positive and avoiding negativity in sexual offender treatment. In W.L. Marshall, Y.M. Fernandez, L.E. Marshall & G.A. Serran (Eds.), *Sexual Offender Treatment: Controversial Issues* (pp. 187-197). Chichester: John Wiley & Sons Ltd.
- Ferro, C., Cermele, J., & Saltzman, A. (2008). Current perceptions of marital rape: Some good and not-so-good news. *Journal of Interpersonal Violence*, 23(6), 764-79.
doi:10.1177/0886260507313947
- Festinger, L. (1962). *A Theory of Cognitive Dissonance* (Vol. 2). Stanford: Stanford University Press.
- Fisher, D., Beech, A., & Browne, K. (1998). LoC and its relationship to treatment change and abuse history in child sexual abusers. *Legal and Criminological Psychology*, 3, 1-12. Retrieved from https://www.researchgate.net/profile/Anthony_Beech/publication/229970995_Locus_control_and_its_relationship_to_treatment_change_and_abuse_history_in_child_sexual_abusers/links/54c962ad0cf298fd26256756.pdf
- Foa, E. B., & Meadows, E. A. (1997). Psychosocial treatments for posttraumatic stress disorder: A critical review. *Annual Review of Psychology*, 48(1), 449-480. doi: 10.1146/annurey.psych.48.1.449.
- France, K. G., & Hudson, S. M. (1993). The conduct disorders and the juvenile sex offender. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The Juvenile Sex Offender* (pp. 225-234). New York: Guilford Press.

- Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology, 64*(5), 983-992. doi: 10.1037/0022-006X.64.5.983
- Frese, B., Moya, M., & Megías, J. L. (2004). Social perception of rape how rape myth acceptance modulates the influence of situational factors. *Journal of Interpersonal Violence, 19*(2), 143-161. doi:10.1177/0886260503260245
- Frisch, M. B., Cornell, J., Villanueva, M., & Retzlaff, P. J. (1992). Clinical validation of the Quality of Life Inventory: A measure of life satisfaction for use in treatment planning and outcome assessment. *Psychological Assessment, 4*, 92-101. doi: 10.1037/1040-3590.4.1.92
- Gannon, T. A., Ciardha, C. Ó., Barnoux, M. F., Tyler, N., Mozova, K., & Alleyne, E. K. (2013). Male imprisoned firesetters have different characteristics than other imprisoned offenders and require specialist treatment. *Psychiatry: Interpersonal and Biological Processes, 76*(4), 349-364. doi: 10.1521/psyc.2013.76.4.349
- Garaigordobil, M., & Aliri, J. (2013). Ambivalent sexism inventory: Standardization and normative data in a sample of the Basque Country. *Psicología Conductual, 21*(1), 173. Retrieved from http://www.sc.ehu.es/ptwgalam/art_completo/2013/BP-PC%20SEXISMO%20BAREMOS.pdf
- Garnefski, N., & Arends, E. (1998). Sexual abuse and adolescent maladjustment: Differences between male and female

victims. *Journal of Adolescence*, 21(1), 99-107. doi:
10.1006/jado.1997.0132

Gaunt, R., & Pinho, M. (2018). Do Sexist Mothers Change More Diapers?
Ambivalent Sexism, Maternal Gatekeeping, and the Division of
Childcare. *Sex Roles*, 79(3-4), 176-189. doi: 10.1007/s11199-017-
0864-6

Ginzburg, K., Arnow, B., Hart, S., Gardner, W., Koopman, C., Classen, C.,
Giese-Davis, J. & Spiegel, D. (2006). The abuse-related beliefs
questionnaire for survivors of childhood sexual abuse. *Child Abuse &
Neglect*, 30(8), 929–943. doi: 10.1016/j.chiabu.2006.01.004

Ginzburg, K., Butler, L. D., Giese-Davis, J., Cavanaugh, C. E., Neri, E.,
Koopman, C., Classen, C. & Spiegel, D. (2009). Shame, guilt, and
posttraumatic stress disorder in adult survivors of childhood sexual
abuse at risk for human immunodeficiency virus: outcomes of a
randomized clinical trial of group psychotherapy treatment. *The
Journal of Nervous and Mental Disease*, 197(7), 536-542. doi:
10.1097/NMD.0b013e3181ab2ebd

Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory:
Differentiating hostile and benevolent sexism. *Journal of Personality
and Social Psychology*, 70, 491–512. doi:10.1037/0022-
3514.70.3.491

Glick, P., & Fiske, S. T. (1997). Hostile and benevolent sexism: Measuring
ambivalent sexist attitudes toward women. *Psychology of Women
Quarterly*, 21(1), 119-135. doi: 10.1111/j.1471-
6402.1997.tb00104.x

- Glick, P., & Fiske, S. T. (1999). The Ambivalence toward Men Inventory: Differentiating hostile and benevolent beliefs about men. *Psychology of Women Quarterly*, 23(3), 519-536. doi: 10.1111/j.1471-6402.1999.tb00379.x
- Glick, P. & Fiske, S.T. (2001). An Ambivalent Alliance. Hostile and Benevolent Sexism as Complementary Justifications for Gender Inequality. *American Psychologist*, 56(2), 109. doi: 10.1037/0003-066X.56.2.109
- Glick, P., & Fiske, S. T. (2002). Ambivalent responses. *American Psychologist*, 57(6-7), 444-446. doi: 10.1037/0003-066X.57.6-7.444b
- Glick, P., & Fiske, S. T. (2011). Ambivalent sexism revisited. *Psychology of Women Quarterly*, 35(3), 530-535. doi: 10.1177/0361684311414832
- Glick, P., Fiske, S. T., Mladinic, A., Saiz, J. L., Abrams, D., Masser, B., ... & Annetje, B. (2000). Beyond prejudice as simple antipathy: hostile and benevolent sexism across cultures. *Journal of Personality and Social Psychology*, 79(5), 763. doi: 10.1037/0022-3514.79.5.763
- Glick, P., Lameiras, M., Fiske, S. T., Eckes, T., Masser, B., Volpato, C., ... Wells, R. (2004). Bad but bold: Ambivalent attitudes toward men predict gender inequality in 16 nations. *Journal of Personality and Social Psychology*, 86, 713–728. doi: 10.1037/0022-3514.86.5.713
- Goffman, E. (1962). *Stigma: Notes on the management of a spoiled identity*. New York: Touchstone Books.

- Goodman, W., Leggett, J., & Garrett, T. (2007). Locus of control in offenders and alleged offenders with learning disabilities. *British Journal of Learning Disabilities*, 35(3), 192-197. doi: 10.1111/j.1468-3156.2007.00455.x
- Gotch, K. (2014). *Overview of the STABLE & ACUTE-2007 for Community Supervision Professionals*. Presented at the 17th Annual CCOSO Conference.
- Gould, D. (1996). Using vignettes to collect data for nursing research studies: how valid are the findings? *Journal of Clinical Nursing*, 5(4), 207-212. doi:10.1111/j.1365-2702.1996.tb00253.x
- Graves, R., Openshaw, D.K., & Adams, G.R. (1992). Adolescent sex offenders and social skills training. *International Journal of Offender Therapy and Comparative Criminology*, 36(2), 139-152. doi: 10.1177/0306624X9203600206
- Greer, C., & McLaughlin, E. (2013). The Sir Jimmy Savile scandal: Child sexual abuse and institutional denial at the BBC. *Crime, Media, Culture*, 9(3), 243-263. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/1741659013513782>
- Griesel, D., Wessa, M., Flor, H. (2006). Psychometric properties of the German version of the Posttraumatic Diagnostic Scale (PDS). *Psychological Assessment*, 18(3), 262-268. doi: 10.1037/1040-3590.18.3.262
- Grubb, A. R., & Harrower, J. (2009). Understanding attribution of blame in cases of rape: An analysis of participant gender, type of rape and

- perceived similarity to the victim. *Journal of Sexual Aggression*, 15(1), 63-81. doi:10.1080/13552600802641649
- Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity and substance use on victim blaming. *Aggression and Violent Behavior*, 17(5), 443-452. doi: 10.1016/j.avb.2012.06.002
- Gupta, S. K. (2011). Intention-to-treat concept: a review. *Perspectives in Clinical Research*, 2(3), 109-112. doi: 10.4103/2229-3485.83221
- Haaven, J. (2006) Suggested treatment outline using the Old Me/New Me model. In G. Blasingame, (Ed.), *Practical Treatment Strategies for Persons with Intellectual Disabilities*. Oklahoma City, OK: Wood 'n' Barnes.
- Haidich, A. B. (2010). Meta-analysis in medical research. *Hippokratia*, 14(1), 29-37. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3049418/pdf/hippokratia-14-29.pdf>
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169–194. doi: 10.1023/A:1014624315814
- Hanson, R. K., Harris, A. J. R., Scott, T. L., & Helmus, L. (2007). *Assessing the risk of sexual offender on community supervision: The Dynamic*

Supervision Project. Corrections Research User Report 2007-05.

Ottawa: Public Safety Canada.

Hanson, R. K., Helmus, L. M., & Harris, A. J. (2015). Assessing the risk and needs of supervised sexual offenders: A prospective study using STABLE-2007, Static-99R, and Static-2002R. *Criminal Justice and Behavior*, 42(12), 1205-1224. doi: 10.1177/0093854815602094

Harder, D. W., Cutler, L., & Rockart, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. *Journal of Personality Assessment*, 59, 584-604.
doi:10.1207/s15327752jpa5903_12

Harkins, L., & Beech, A. R. (2007). A review of the factors that can influence the effectiveness of sexual offender treatment: Risk, need, responsivity, and process issues. *Aggression and Violent Behavior*, 12(6), 615-627. doi: 10.1016/j.avb.2006.10.006

Harris, A., Phenix, A., Thornton, D., & Hanson, R. K. (2003). *Static 99: Coding Rules Revised 2003*. Ottawa: Solicitor General Canada.

Hartley, J. (2014). Some thoughts on Likert-type scales. *International Journal of Clinical and Health Psychology*, 14(1), 83-86. doi: 10.1016/S1697-2600(14)70040-7

Hayashino, D. S., Wurtele, S. K., & Klebe, K. J. (1995). Child molesters: An examination of cognitive factors. *Journal of Interpersonal Violence*, 10(1), 106-116. doi: 10.1177/088626095010001007

Hebl, J.H. & Enright, R.D. (1993). Forgiveness as a psychotherapeutic goal with elderly females. *Psychotherapy*, 30, 658-667. Retrieved from

https://scholar.google.co.uk/scholar?hl=en&as_sdt=0%2C5&q=Hebl%2C+J.H.+%26+Enright%2C+R.D.+%281993%29.+Forgiveness+a+a+psychotherapeutic+goal+with+elderly+females%2C+Psychotherapy%2C+30%2C+658-667&btnG=

Helmus, L., Thornton, D., Hanson, R. K., & Babchishin, K. M. (2012). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment*, 24, 64-101. doi: 10.1177/1079063211409951

Hester, M., & Lilley, S. J. (2017). Rape investigation and attrition in acquaintance, domestic violence and historical rape cases. *Journal of Investigative Psychology and Offender Profiling*, 14(2), 175-188. doi: 10.1002/jip.1469

Higgins, J. P., & Green, S. (Eds.). (2011). *Cochrane handbook for systematic reviews of interventions*. San Francisco: John Wiley & Sons.

Home Office (2015). *Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

Horowitz, M. J., Wilner, N., & Alvarez, W. (1979). Impact of Events Scale: A measure of subjective distress. *Psychosomatic Medicine*, 41(3), 209-218. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/472086>

- Ibabe, I., Arnoso, A., & Elgorriaga, E. (2016). Ambivalent sexism inventory: adaptation to Basque population and sexism as a risk factor of dating violence. *The Spanish Journal of Psychology*, 19, 1-9. doi: 10.1017/sjp.2016.80
- Jacobson, N. S., & Truax, P. (1991). Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59(1), 12-19. Retrieved from <http://sciences.ucf.edu/psychology/childrenslearningclinic/wp-content/uploads/sites/91/2013/08/Truax-Jacobson-pdf.pdf>
- Jóni, P., Hoenstein, F., Sterne, J., Bartlett, C., Egger, M. (2002). Direction and impact of language bias in meta-analyses of controlled trials: empirical study. *International Journal of Epidemiology*, 31(1), 115-123. doi: 10.1093/ije/31.1.115
- Jung, K., & Steil, R. (2013). A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder. *Psychotherapy and Psychosomatics*, 82(4), 213-220. doi: 10.1159/000348450
- Katz, I., & Hass, R. G. (1988). Racial ambivalence and American value conflict: Correlational and priming studies of dual cognitive structures. *Journal of Personality and Social Psychology*, 55(6), 893-905. doi: 10.1037/0022-3514.55.6.893

- Kelly, L., Lovett, J., Regan, L. (2005). *A gap or a chasm? Attrition in reported rape cases. Home Office Research Study No 293*. London: Home Office.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060. doi: 10.1001/archpsyc.1995.03950240066012
- King, M. F., & Bruner, G. C. (2000). Social desirability bias: A neglected aspect of validity testing. *Psychology and Marketing*, 17(2), 79-103. Retrieved from https://scholar.google.co.uk/scholar?hl=en&as_sdt=0%2C5&q=Social+Desirability+Bias%3A+A+Neglected+Aspect+of+Validity+Testing&btnG=
- Kleinke, C., & Meyer, C. (1990). Evaluation of a rape victim by men and women with high and low belief in a just world. *Psychology of Women Quarterly*, 14, 343-53. doi: 10.1111/j.1471-6402.1990.tb00024.x
- Klettke, B., & Simonis, S. (2011). Attitudes regarding the perceived culpability of adolescent and adult victims of sexual assault. *Aware*, 26, 7-12. Retrieved from <http://hdl.handle.net/10536/DRO/DU:30040155>
- Knox, L.A. (2014). *Attachment and Adolescent Offending: An Examination of the Links between Sexually Abusive Behavior and the Level of Attachment to Parents and Peers*. Portland, OR: Portland State University.

- Koss, M. P., Goodman, L. A., Browne, A., Fitzgerald, L. F., Keita, G. P., & Russo, N. F. (1994). *No safe haven: Male violence against women at home, at work, and in the community*. Washington, DC: American Psychological Association.
- Krahé, B., Temkin, J., Bieneck, S., & Berger, A. (2008). Prospective lawyers' rape stereotypes and schematic decision making about rape cases. *Psychology, Crime & Law*, 14(5), 461-479. doi: 10.1080/10683160801932380
- Kugler, K.E., & Jones, W.H. (1992). On conceptualizing and assessing guilt. *Journal of Personality and Social Psychology*, 62(2), 318-327. doi: 10.1037/0022-3514.62.2.318
- Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology*, 61(6), 713-724. doi: 10.1002/jclp.20105x
- Laerd Statistics (2015a). *Mann-Whitney U test using SPSS Statistics. Statistical tutorials and software guides*. Retrieved from <https://statistics.laerd.com/>
- Laerd Statistics (2015b). *Ordinal logistic regression using SPSS Statistics. Statistical tutorials and software guides*. Retrieved from <https://statistics.laerd.com/>
- Laerd Statistic (2017). *One-way ANOVA SPSS Statistics. Statistical tutorials and software guides*. Retrieved from <https://statistics.laerd.com/>

- Langhinrichsen-Rohling, J., & Monson, C. M. (1998). Marital rape: Is the crime taken seriously without co-occurring physical abuse? *Journal of Family Violence, 13*(4), 433-443. doi: 10.1023/A:1022831421093
- Laws, D. R., & Ward, T. (2011). *Desistance from sex offending: Alternatives to throwing away the keys*. London: Guilford Press.
- Lerner, M. J. (1980). *The belief in a just world: A fundamental delusion*. New York: Plenum Press.
- Letourneau, E. J., & Miner, M. H. (2005). Juvenile sex offenders: A case against the legal and clinical status quo. *Sexual Abuse: Journal of Research and Treatment, 17*, 293-312. doi: 10.1007/s11194-005-5059-y
- Levenson, J. (2014). Incorporating trauma-informed care into evidence-based sex offender treatment. *Journal of Sexual Aggression, 20*(1), 9-22. doi: 10.1080/13552600.2013.861523
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Journal of Clinical Epidemiology, 62*(10), 1-34. doi: 10.1016/j.jclinepi.2009.06.006
- Lösel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology, 1*, 117-146. doi: 10.1007/s11292-004-6466-7

- Marshall, W. L. & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws & H. E. Barbaree (Eds), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257–275). New York: Plenum Press.
- Massaro, T. M. (1985). Experts, Psychology, Credibility, and Rape: The Rape Trauma Syndrome Issue and Its Implications for Expert Psychological Testimony. *Minnesota Law Review*, 69, 395-470.
Retrieved from <https://ssrn.com/abstract=2584121>
- McAnena, C., Craissati, J. & Southgate, K. (2016). Exploring the role of locus of control in sex offender treatment. *Journal of Sexual Aggression*, 22(1), 95-106. doi: 10.1080/13552600.2015.1023374
- McCormick, J. S., Maric, A., Seto, M. C., & Barbaree, H. E. (1998). Relationship to victim predicts sentence length in sexual assault cases. *Journal of Interpersonal Violence*, 13, 413-420. Retrieved from https://www.researchgate.net/profile/Michael_Seto/publication/247383253_Relationship_to_Victim_Predicts_Sentence_Length_in_Sexual_Assault_Cases/links/564b8c4908ae3374e5ddbeb2.pdf
- McCrae, R. R., Kurtz, J. E., Yamagata, S., & Terracciano, A. (2011). Internal consistency, retest reliability, and their implications for personality scale validity. *Personality and Social Psychology Review*, 15(1), 28-50. doi: 10.1177/1088868310366253
- McDonagh, A., Friedman, M., McHugo, G., Ford, J., Sengupta, A., Mueser, K., Demment, C., Fournier, D., Schnurr, P, & Descamps, M. (2005). Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood

- sexual abuse. *Journal of Consulting and Clinical Psychology*, 73(3), 515-524. doi: 10.1037/0022-006X.73.3.515
- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The Sex Offender Treatment Intervention and Progress Scale (SOTIPS): Psychometric properties and incremental predictive validity with Static- 99R. *Sexual Abuse*, 24(5), 431-458. doi: 10.1177/1079063211432475
- McHugh, M. C., & Frieze, I. H. (1997). The measurements of gender role attitudes: A review and commentary. *Psychology of Women Quarterly*, 21, 1-16. doi: 10.1111/j.1471-6402.1997.tb00097.x
- McLeod, S. A. (2013). *What is validity?* Retrieved from <https://www.simplypsychology.org/validity.html>
- Mezey, G., & King, M. (1987). Male victims of sexual assault. *Medicine, Science and the Law*, 27(2), 122-124. doi: 10.1177/002580248702700211
- Middleton, D., Beech, A., & Mandeville-Norden, R. (2005). What sort of person could do that? Psychological profiles of internet pornography users. In M. Taylor & E. Quayle (Eds.), *Viewing child pornography on the Internet* (pp. 99-107). Dorset: Russell House.
- Middleton, D., Elliott, I. A., Mandeville-Norden, R., & Beech, A. R. (2006). An investigation into the applicability of the Ward and Siegert Pathways Model of child sexual abuse with Internet offenders. *Psychology, Crime & Law*, 12(6), 589-603. doi: 10.1080/10683160600558352
- Middleton, D., Mandeville-Norton, R., & Hayes, E. (2009). Does treatment

- work with internet sex offenders? Emerging findings from the Internet Sex offender treatment programme (i-SOTP). *Journal of Sexual Aggression*, 15, 5–9. doi: 10.1080/13552600802673444
- Millon, T. (2006). *MACI manual: Millon adolescent clinical inventory*. London: NCS Pearson
- Millon, T., & Davis, R. D. (1993). The Millon Adolescent Personality Inventory and the Millon Adolescent Clinical Inventory. *Journal of Counselling and Development*, 71(5), 570. Retrieved from <http://ezproxy.nottingham.ac.uk/login?url=https://search.proquest.com/docview/219107920?accountid=8018>
- Ministry of Justice, Home Office & Office for National Statistics (2013). *An Overview of Sexual Offending in England and Wales*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf
- Mirowsky, J. (2007). The Distribution's Tail: A Comment. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine*, 11(3), 301–302. doi: 10.1177/1363459307077544
- Möller, A. T., & Steel, H. R. (2002). Clinically significant change after cognitive restructuring for adult survivors of childhood sexual abuse. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 20(1), 49-64. doi: 10.1023/A:1015180920846
- Monson, C. M., Langhinrichsen-Rohling, J., & Binderup, T. (2000). Does “no” really mean “no” after you say “yes”? Attributions about date

- and marital rape. *Journal of Interpersonal Violence*, 15, 1156-1174.
doi: 10.1177/088626000015011003
- Munge, B. A., Pomerantz, A.M., Pettibone, J. C., & Falconer, J.W. (2007).
The Influence of Length of Marriage and Fidelity Status on Perception
of Marital Rape. *Journal of Interpersonal Violence*, 22(10),1332-
1339. doi: 10.1177/0886260507304553
- Najavits, L. (2002). *Seeking Safety: A Treatment Manual for PTSD and
Substance Abuse*. Guilford: Guildford Publications.
- Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The
long-term sequelae of childhood sexual abuse in women: A meta-
analytic review. *Child Maltreatment*, 1(1), 6-16. doi:
10.1177/1077559596001001002
- NICE (2015). *Post-traumatic stress disorder: Management*. Retrieved from
[https://www.nice.org.uk/guidance/cg26/chapter/1-Guidance#the-
treatment-of-ptsd](https://www.nice.org.uk/guidance/cg26/chapter/1-Guidance#the-treatment-of-ptsd)
- Nijenhuis, E. R., & Van der Hart, O. (2011). Dissociation in trauma: A new
definition and comparison with previous formulations. *Journal of
Trauma & Dissociation*, 12(4), 416-445. doi:
10.1080/15299732.2011.570592
- Nowicki, S. & Duke, M.P. (1974). A locus of control scale for college as well
as non-college adults. *Journal of Personality Assessment*, 38, 136-
137. doi: 10.1080/00223891.1974.10119950
- Nowicki, S., Jr., & Duke, M. P. (1982). A review of the Nowicki-Strickland
Locus of Control Scales. In H. Lefcourt (Ed.), *Research with the locus*

of control construct: Vol. 2. Methods and application (pp. 9-39). San Diego: Academic Press.

Office for National Statistics (2017). *Crime in England and Wales: year ending June 2017*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/june2017#rise-in-police-recorded-sexual-offences>

Oxnam P, Vess J (2008) A typology of adolescent sexual offenders: Millon adolescent clinical inventory profiles, developmental factors and offence characteristics. *The Journal of Forensic Psychiatry and Psychology*, 19(2), 228–242. doi: 10.1080/14789940701694452

Papadopoulos, L. (2010). *Sexualisation of young people review*. Retrieved from <http://dera.ioe.ac.uk/10738/1/sexualisation-young-people.pdf>

Parker, B., & Turner, W. (2013). Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused: A systematic review. *Campbell Systematic Reviews*, 13, 1-58. doi:10.4073/csr.2013.13

Paulhus, D. L. (1988). *Assessing self-deception and impression management in self-reports: The Balanced Inventory of Desirable Responding*. Vancouver: University of British Columbia.

Pearlman, L. A. (2001). Treatment of persons with complex PTSD and other trauma-related disruptions of the self. In J. P. Wilson, M. J. Friedman, & J. D. Lindy (Eds.), *Treating psychological trauma and PTSD* (pp. 205–236). New York: Guilford Press

- Pérez-Fuentes, G., Olfson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: a national study. *Comprehensive Psychiatry*, 54(1), 16-27. doi: 10.1016/j.comppsy.2012.05.010
- Peterson, Z. D. and Muehlenhard, C. L. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles*, 51(3-4), 129-44. doi: 10.1023/B:SERS.0000037758.95376.00
- Petrocelli, J. V. (2002). Ambivalent Sexism Inventory: Where's the ambivalence? *American Psychologist*, 57(6-7), 443-444. doi: 10.1037/0003-066X.57.6-7.443
- Phenix, A., Fernandez, Y., Harris, A. J., Helmus, M., Hanson, R. K., & Thornton, D. (2016). *Static-99R Coding Rules: Revised-2016*. Ottawa: Public Safety Canada.
- Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventive Psychology*, 4(3), 143-166. doi: 10.1016/S0962-1849(05)80055-1
- Poon , M., & Ho, P.T. (2008). Negotiating Social Stigma among Gay Asian Men. *Sexualities*, 11(1-2), 245-268. doi:10.1177/1363460707085472
- Prentky, R., & Righthand, S. (2003). *Juvenile sex offender assessment protocol-II (J-SOAP-II) manual*. Washington, DC: US Department of

Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Price, J.L., Hilsenroth, M.J., Petretic-Jackson, P.A., & Bonge, D. (2001). A review of individual psychotherapy outcomes for adult survivors of childhood sexual abuse. *Clinical Psychology Review, 21*(7), 1095 – 1121. doi: 10.1016/S0272-7358(00)00086-6

Rada, R. T., Laws, D. R., & Kellner, R. (1976). Plasma testosterone levels in the rapist. *Psychosomatic Medicine, 38*(4), 257-268. doi: 10.1097/00006842-197607000-00004

Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. (2013). Interventions to reduce distress in adult victims of sexual violence and rape: a systematic review. *Campbell Systematic Reviews, 9*(3), 1-133. Retrieved from <http://search.proquest.com/openview/65908088fad7d2231c4f17971b05b6e1/1?pq-origsite=gscholar&cbl=2040247>

Resick, P. A., & Schnicke, M. (1993). *Cognitive processing therapy for rape victims: A treatment manual*. London: Sage.

Richardson, G., Kelly, T. P., Graham, F., & Bhate, S. R. (2004). A personality-based taxonomy of sexually abusive adolescents derived from the Millon Adolescent Clinical Inventory (MACI). *British Journal of Clinical Psychology, 43*(3), 285-298. doi: 10.1348/0144665031752998

Rieckert, J., & Möller, A. T. (2000). Rational-emotive behavior therapy in the treatment of adult victims of childhood sexual abuse. *Journal of*

Rational-Emotive & Cognitive-Behavior Therapy, 18(2), 87-101. doi: 10.1023/A:1007824719770

Ringrose, J. (2010). Sluts, whores, fat slags and Playboy bunnies: Teen girls' negotiations of 'sexy' on social networking sites and at school, In C. Jackson, C. Paechter and E. Renold (Eds.), *Girls and Education 3-16: Continuing Concerns, New Agendas* (pp. 170-182).

Basingstoke: Open University Press.

Rodríguez, Y., Lameiras, M., & Carrera, M. V. (2009). Validación de la versión reducida de las escalas ASI y AMI en una muestra de estudiantes españoles. *Psicogente*, 12(22), 284-295. Retrieved from https://scholar.google.co.uk/scholar?hl=en&as_sdt=0%2C5&q=Rodr%C3%ADguez%2C+Y.%2C+Lameiras%2C+M.%2C+%26+Carrera%2C+M.+V.+%282009%29.+Validaci%C3%B3n+de+la+versi%C3%B3n+%09reducida+de+las+escalas+ASI+y+AMI+en+una+muestra+de+estudiantes+%09espa%C3%B1oles.+Psicogente%2C+12%2822%29%2C+284-295&btnG=

Roth, M., Decker, O., Herzberg, P.Y., Brähler, E. (2008). Dimensionality and norms of the Rosenberg Self-esteem Scale in a German general population sample. *European Journal of Psychological Assessment*, 24, 190-197. doi: 10.1027/1015-5759.24.3.190

Rull, J., & Beltran, N. P. (2012). Psychological intervention with adults sexually abused as children: A systematic review. *Anuario de Psicología*, 41(1), 81-105. Retrieved from <http://revistes.ub.edu/index.php/Anuario-psicologia/article/viewFile/8239/10157>

- Russell, B. L., & Trigg, K. Y. (2004). Tolerance of sexual harassment: An examination of gender differences, ambivalent sexism, social dominance, and gender roles. *Sex Roles, 50*(7–8), 565–573. doi: 10.1023/B:SERS.0000023075.32252.f.
- Rust, J., & Golombok, S. (1986). The GRISS: A psychometric instrument for the assessment of sexual dysfunction. *Archives of Sexual Behavior, 15*, 157–165. doi: 10.1007/BF01542223
- Sakallı-Uğurlu, N. (2002). Ambivalent sexism inventory: a study of reliability and validity. *Journal of Turkish Psychology, 17*, 47-58.
Retrieved from
https://scholar.google.co.uk/scholar?hl=en&as_sdt=0%2C5&q=Sakallı-Uğurlu%2C+N.+%282002%29.+Ambivalent+sexism+inventory%3A+a+study+of+reliability+and+%09validity.+Journal+of+Turkish+Psychology%2C+17%2C+47-58.&btnG=
- Salekin, R.T. (2002) Factors-analysis of the Millon adolescent clinical inventory in a juvenile offender population: implications for treatment. *Journal of Offender Rehabilitation, 34*, 15–29.
doi.org/10.1300/J076v34n03_02
- Salerno, L. M. (2014). *A structural examination of integrative theories of sexual offending and reoffending*. (Doctoral dissertation, Rutgers University-Graduate School-Newark). Retrieved from <https://rucore.libraries.rutgers.edu/rutgers-lib/43842/PDF/1/play/>
- Schmitt N. (1996). Uses and abuses of coefficient alpha. *Psychological Assessment, 8*(4), 350–353. doi: 10.1037/1040-3590.8.4.350

- Schnyder, U., & Moergeli, H. (2002). German version of clinician-administered PTSD scale. *Journal of Trauma Stress, 15*(6), 487-492. Retrieved from https://www.researchgate.net/profile/Ulrich_Schnyder/publication/10991172_German_version_of_Clinician-Administered_PTSD_Scale/links/59df37150f7e9b2dba82e1bf/German-version-of-Clinician-Administered-PTSD-Scale.pdf
- Schoenberg, N.E., & Ravdal, H (2000). Using vignettes in awareness and attitudinal research. *International Journal of Social Research Methodology, 3*(1), 63-74. doi:10.1080/136455700294932
- Schultz, C. (2014). The stigmatization of individuals convicted of sex offenses: Labeling theory and the sex offense registry. *Themis: Research Journal of Justice Studies and Forensic Science, 2*(1), 4. Retrieved from <http://scholarworks.sjsu.edu/themis/vol2/iss1/4/>
- Scott, A. J., & Sheridan, L. (2011). 'Reasonable' perceptions of stalking: the influence of conduct severity and the perpetrator-target relationship. *Psychology, Crime & Law, 17*(4), 331-343. doi: /10.1080/10683160903203961
- Sexual Offences Act (2003). c.42, London: *The Stationary Office*. Retrieved from <http://www.legislation.gov.uk/ukpga/2003/42/section/10>
- Shapiro, F. (1989). Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. *Journal of Traumatic Stress, 2*(2), 199-223. doi: 10.1002/jts.2490020207

- Seto, M. C., & Lalumiere, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136(4), 526-575. doi: /10.1037/a0019700
- Sexual Offences Act (2003). Retrieved from <https://www.legislation.gov.uk/ukpga/2003/42/contents>
- Shaver, K. G. (1970). Defensive Attribution: Effects of severity and relevance on the responsibility assigned for an accident. *Journal of Personality and Social Psychology*, 14(2), 101–113. doi:10.1037/h0028777.
- Sibbald, B., & Roland, M. (1998). Understanding controlled trials. Why are randomised controlled trials important? *British Medical Journal*, 316(7126), 201. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2665449/pdf/9468688.pdf>
- Sinanan, A.N. (2015) Trauma and Treatment of Child Sexual Abuse. *Journal of Trauma and Treatment*, 4(24), 1-5. doi: 10.4172/2167-1222.S4-024.
- Smallbone, S.W., & Dadds, M.R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse Journal of Research and Treatment*, 12(1), 3–15. doi: 10.1023/A:1009555619323
- Smart, P., Theodoreson, K., Smillie, N., Ferguson, L. & Archibald, B. (2017). *Aberdeenshire Child and Family Protection Committee. Working with Children and Young People Displaying Harmful Sexual*

Behaviour: Multi-Agency Practice Guide. Retrieved from
[https://www.google.co.uk/search?q=Working+with+Children+and+Young+People+Displaying+Sexually+Harmful+Behaviour%3A+a+practice+guide%2C+2012\).&rlz=1C1CHBF_en-GBGB736GB737&oq=Working+with+Children+and+Young+People+Displaying+Sexually+Harmful+Behaviour%3A+a+practice+guide%2C+2012\).&aqs=chrome..69i57.363j0j7&sourceid=chrome&ie=UTF-8](https://www.google.co.uk/search?q=Working+with+Children+and+Young+People+Displaying+Sexually+Harmful+Behaviour%3A+a+practice+guide%2C+2012).&rlz=1C1CHBF_en-GBGB736GB737&oq=Working+with+Children+and+Young+People+Displaying+Sexually+Harmful+Behaviour%3A+a+practice+guide%2C+2012).&aqs=chrome..69i57.363j0j7&sourceid=chrome&ie=UTF-8)

Spataro, J., Mullen, P. E., Burgess, P. M., Wells, D. L., & Moss, S. A. (2004). Impact of child sexual abuse on mental health: prospective study in males and females. *The British Journal of Psychiatry*, 184(5), 416-421. doi: 10.1192/bjp.184.5.416

Spence, J. T., & Helmreich, R. L. (1972). *The Attitudes Toward Women Scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society*. Austin: American Psychological Association.

Spence, J. T., Helmreich, R. L., & Holahan, C. K. (1979). Negative and positive components of psychological masculinity and femininity and their relationships to self-reports of neurotic and acting out behaviors. *Journal of Personality and Social Psychology*, 37(10), 1673-1682. doi: 10.1037/0022-3514.37.10.1673

Spielberger, C. D. (1988). Anger Expression Scale. In M. Hersen & A. S. Bellack (Eds.), *Dictionary of Behavioral Assessment Techniques* (pp. 446-448). New York: Pergamon Press.

Spielberger, C. D., Gorsuch, R. L., Lushene, R. D., Vagg, P. R., & Jacobs, G. A. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologist Press.

Stone, B.K., Scibilia, B., Pammer, C., Steele, C., & Keller, D. (2015). *Repeated Measures Designs: Benefits, Challenges, and an ANOVA Example*. Retrieved from <http://blog.minitab.com/blog/adventures-in-statistics-2/repeated-measures-designs-benefits-challenges-and-an-anova-example>

Streiner, D.L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment, 80*(1), 99–103. doi: 10.1207/S15327752JPA8001_18

Strömwall, L. A., Alfredsson, H., & Landström, S. (2013). Blame attributions and rape: Effects of belief in a just world and relationship level. *Legal and Criminological Psychology, 18*(2), 254-261. doi:10.1111/j.2044-8333.2012.02044.x

Strong, H. L. (2016). *Discrimination of Women in the Workplace*. Retrieved from https://digitalcommons.winthrop.edu/source/SOURCE_2016/allpresentations/9/

Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence, 25*, 2010-2035. doi: 10.1177/0886260509354503

- Sullivan, G.M., & Artino, A. R. (2013). Analyzing and Interpreting Data From Likert-Type Scales. *Journal of Graduate Medical Education*, 5(4), 541-542. doi: 10.4300/JGME-5-4-18
- Swim, J. K., Aikin, K. J., Hall, W. S., & Hunter, B. A. (1995). Sexism and racism: Old-fashioned and modern prejudices. *Journal of Personality and Social Psychology*, 68, 199-214. doi: 10.1037/0022-3514.68.2.199
- Szmukler, G., Everitt, B., & Leese, M. (2012). Risk assessment and receiver operating characteristic curves. *Psychological Medicine*, 42(5), 895-898. doi: 10.1017/S003329171100208X
- Szumilas, M. (2010). Explaining odds ratios. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(3), 227. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938757/>
- Tajfel, H. (Ed.) (1981). *Social identity and intergroup relations*. London: Cambridge University Press.
- Taschler, M., & West, K. (2017). Contact with counter-stereotypical women predicts less sexism, less rape myth acceptance, less intention to rape (in men) and less projected enjoyment of rape (in women). *Sex Roles*, 76(7- 8), 473-484. doi:10.1007/s11199-016-0679-x
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, 53-55. doi: 10.5116/ijme.4dfb.8dfd

- Taylor, J. & Harvey, S. (2009). Effects of psychotherapy with people who have been sexually assaulted: A meta-analysis. *Aggression and Violent Behavior, 14*(5), 273-285. doi: 10.1016/j.avb.2009.03.006
- Taylor, J. E., & Harvey, S. T. (2010). A meta-analysis of the effects of psychotherapy with adults sexually abused in childhood. *Clinical Psychology Review, 30*(6), 749-767. doi: 10.1016/j.cpr.2010.05.008
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*, 455-471. doi: 10.1002/jts.2490090305
- Terwee, C. B., Bot, S. D., de Boer, M. R., van der Windt, D. A., Knol, D. L., Dekker, J., Bouter, L. M. & de Vet, H. C. (2007). Quality criteria were proposed for measurement properties of health status questionnaires. *Journal of Clinical Epidemiology, 60*(1), 34-42. doi: 10.1016/j.jclinepi.2006.03.012
- Thakker, J. (2014). Cultural factors in offender treatment: Current approaches in New Zealand. *Procedia-Social and Behavioral Sciences, 113*, 213-223. doi: 10.1016/j.sbspro.2014.01.028
- The British Psychological Society (2017). *Psychological Testing: A User's Guide*. Retrieved from <https://ptc.bps.org.uk/sites/ptc.bps.org.uk/files/Documents/Guidelines%20and%20Information/PTC02%20Test%20Users%20Guide%202017%20WEB.pdf>
- Thompson, M. M., Zanna, M. P., & Griffin, D. W. (1995). Let's not be indifferent about (attitudinal) ambivalence. In R. E. Petty & J. A.

- Krosnick (Eds.), *Attitude strength: Antecedents and consequences* (pp. 361-386). Hillsdale, N J: Erlbaum.
- Thorndike, R. M. (1997). *Measurement and Evaluation in Psychology and Education* (6th ed.). Harlow: Pearson Education Limited.
- Tierney, D. W., & McCabe, M. P. (2002). Motivation for behavior change among sex offenders: A review of the literature. *Clinical Psychology Review, 22*(1), 113-129. doi: /10.1016/S0272-7358(01)00084-8
- Vecina, M. L., & Piñuela, R. (2017). Relationships between ambivalent sexism and the five moral foundations in domestic violence: is it a matter of fairness and authority? *The Journal of Psychology, 151*(3), 334-344. doi: 10.1080/00223980.2017.1289145
- Veneziano, C., & Veneziano, L. (2002). Adolescent sex offenders: A review of the literature. *Trauma, Violence, & Abuse, 3*(4), 247-260. doi: 10.1177/1524838002237329
- Veronen, L. J., & Kilpatrick, D. G. (1980). Self-Reported Fears of Rape Victims: A Preliminary Investigation. *Behavior Modification, 4*(3), 383- 396. doi: 10.1177/014544558043007
- Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*(3), 270-277. doi: 10.1002/wps.20238
- Ward, C. A. (1995). *Attitudes towards rape: Feminist and social psychological perspectives*. London: Sage.

- Ward, T. (2014). The explanation of sexual offending: From single factor theories to integrative pluralism. *Journal of Sexual Aggression, 20*(2), 130-141. doi: 10.1080/13552600.2013.870242
- Ward, T., & Beech, A. (2006). An integrated theory of sexual offending. *Aggression and Violent Behavior, 11*(1), 44-63. doi 10.1016/j.avb.2005.05.002
- Ward, T., & Beech, A. R. (2016). The Integrated Theory of Sexual Offending–Revised: A Multifield Perspective. *The Wiley Handbook on the Theories, Assessment and Treatment of Sexual Offending, 123-137*. doi: 10.1002/9781118574003.wattso006
- Ward, T., & Gannon, T. (2006). Rehabilitation, etiology, and self-regulation: The Good Lives Model of rehabilitation for sexual offenders. *Aggression and Violent Behavior, 11*(1), 77–94. doi: /10.1016/j.avb.2005.06.001
- Ward, T., & Marshall, W. L. (2004). Good lives, aetiology and the rehabilitation of sex offenders: A bridging theory. *Journal of Sexual Aggression, 10*(2), 153–169. doi: 10.1080/13552600412331290102
- Ward, T., Polaschek, D., & Beech, A. R. (2006). *Theories of Sexual Offending*. Chichester: John Wiley & Sons.
- Ward, T., & Stewart, C. A. (2003). Criminogenic needs and human needs: A theoretical model. *Psychology, Crime & Law, 9*, 125–143. doi: 10.1080/1068316031000116247

- Weathers, F., & Ford, J. (1996). Psychometric review of PTSD Checklist (PCL-C, PCL-S, PCL-M, PCL-RP). In B. Stamm (Ed.), *Measurement of Stress, Trauma and Adaptation* (pp. 250–251). Lutherville, MD: Sidran Press.
- Weathers, F. W., Keane, T. M., & Davidson, J. R. T. (2001). Clinician Administered PTSD Scale: A review of the first ten years of research. *Depression and Anxiety, 13*(3), 132–156. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11387733>
- Wechsler, D. (2011). *Wechsler Abbreviated Scale of Intelligence – Second Edition Manual*. Bloomington: Pearson.
- Weiss, E. L., Longhurst, J. G., & Mazure, C. M. (1999). Childhood sexual abuse as a risk factor for depression in women: psychosocial and neurobiological correlates. *American Journal of Psychiatry, 156*(6), 816-828. doi: /10.1176/ajp.156.6.816
- Whatley, M. A. (2005). The effect of participant sex, victim dress, and traditional attitudes on causal judgments for marital rape victims. *Journal of Family Violence, 20*, 191-200. doi:10.1007/s10896-005-3655-8.
- Wiener, R. L., Krauss, D. A., & Lieberman, J. D. (2011). Mock jury research: Where do we go from here?. *Behavioral Sciences & the Law, 29*(3), 467-479. doi: 10.1002/bsl.989
- Wiser, S. L., & Goldfried, M. R. (1993). Comparative study of emotional experiencing in psychodynamic-interpersonal and cognitive-

- behavioral therapies. *Journal of Consulting and Clinical Psychology*, 61(5), 892. doi: 10.1037/0022-006X.61.5.892
- Wolak, J., Finkelhor, D., Mitchell, K. J., & Ybarra, M. L. (2008). Online predators and their victims: myths, realities, and implications for prevention and treatment. *American Psychologist*, 63(2), 111. doi: 10.1037/2152-0828.1.S.13
- Wolfe, L. (2018). *Corporations Sued for Gender Discrimination Against Women and Men*. Retrieved from <https://www.thebalancecareers.com/gender-discrimination-against-women-and-men-3515719>
- Wolpe, J. (1990). *The practice of behavior therapy* (4th ed.). New York: Pergamon Press.
- Word Press (2017). *Because it's 2015. Problems with the Standard Tool for Measuring Sexism (the Ambivalent Sexism Inventory)*. Retrieved from <https://becauseits2015.wordpress.com/2017/09/17/problems-with-the-standard-tool-for-measuring-sexism-the-ambivalent-sexism-inventory/>
- Workman, J. E., & Freeburg, E. W. (1999). An examination of date rape, victim dress, and perceiver variables within the context of attribution theory. *Sex Roles*, 41(3-4), 261-277. doi 10.1023/A:1018858313267
- Worling, J. R., & Långström, N. (2006). Risk of sexual recidivism in adolescents who offend sexually. In H.E.Barbaree and W. Marshall

(Eds). *The Juvenile Sex Offender* (pp. 219-247). London: The Guildford Press.

Wright, K.B. (2005). Researching Internet-Based Populations: Advantages and Disadvantages of Online Survey Research, Online Questionnaire Authoring Software Packages, and Web Survey Services. *Journal of Computer-Mediated Communication*, 10(3). doi: 10.1111/j.1083-6101.2005.tb00259.x

Yama, M. F., Tovey, S. L., & Fogas, B. S. (1993). Childhood family environment and sexual abuse as predictors of anxiety and depression in adult women. *American Journal of Orthopsychiatry*, 63(1), 136-141. doi: 10.1037/h0079399

Yamawaki, N. (2007). Rape perception and the function of ambivalent sexism and gender-role traditionality. *Journal of Interpersonal Violence*, 22, 406- 423. doi:10.1177/0886260506297210

Yates, H. (2005). *A Review of Evidence-Based Practice in the Assessment and Treatment of Sex Offenders*. Retrieved from <http://ilvoices.org/uploads/3/4/1/6/34164648/pa-recidivism.pdf>

Young, J. E., Klosko, J. S., Weishaar, M. E. (2003). *Schema Therapy. A Practitioner's Guide*. New York: The Guildford Press.

Yuan, K. and Maxwell, S. E. (2005). On the post hoc power in testing mean differences. *Journal of Educational and Behavioral Statistics*, 30(2), 141-167. doi: 10.3102/10769986030002141

Zillmann, D., & Weaver, J. B. (1989). Pornography and men's sexual callousness toward women. In D. Zillmann & J. Bryant (Eds.),

Pornography. Research advances and policy considerations (pp. 95-125). Hillsdale, N J: Lawrence Erlbaum Associates, Inc.

Zlotnick, C., Shea, T. M., Rosen, K., Simpson, E., Mulrenin, K., Begin, A., & Pearlstein, T. (1997). An affect-management group for women with posttraumatic stress disorder and histories of childhood sexual abuse. *Journal of Traumatic Stress, 10*(3), 425-436. doi: 10.1002/jts.2490100308

Appendices

Appendix A

Ambivalent Sexism Inventory

Below are a series of statements concerning men and women and their relationships in contemporary society.

Please indicate the degree to which you agree or disagree with each statement using the following scale: 0 = disagree strongly; 1 = disagree somewhat; 2 = disagree slightly; 3 = agree slightly; 4 = agree somewhat; 5 = agree strongly.

1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
2. Many women are actually seeking special favours, such as hiring policies that favour them over men, under the guise of asking for "equality."
3. In a disaster, women ought not necessarily to be rescued before men.
4. Most women interpret innocent remarks or acts as being sexist.
5. Women are too easily offended.
6. People are often truly happy in life without being romantically involved with a member of the other sex.
7. Feminists are not seeking for women to have more power than men.
8. Many women have a quality of purity that few men possess.
9. Women should be cherished and protected by men.
10. Most women fail to appreciate fully all that men do for them.

11. Women seek to gain power by getting control over men.
12. Every man ought to have a woman whom he adores.
13. Men are complete without women.
14. Women exaggerate problems they have at work.
15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.
16. When women lose to men in a fair competition, they typically complain about being discriminated against.
17. A good woman should be set on a pedestal by her man.
18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
19. Women, compared to men, tend to have a superior moral sensibility.
20. Men should be willing to sacrifice their own wellbeing in order to provide financially for the women in their lives.
21. Feminists are making entirely reasonable demands of men.
22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Appendix B

Rape Vignettes

Stranger

Jake is looking to sell his apartment so contacted a firm of estate agents to arrange a property valuation. Ella was the estate agent who was assigned to go to Jake's apartment to conduct the valuation. When Ella arrived, Jake introduced himself as they had not met previously, he invited her in and accompanied her whilst she looked around the apartment. As Jake was required to fill in some paper work he offered to make them both a cup of tea and they sat on the sofa. Jake and Ella were chatting amicably when Jake began to make sexual advances towards her. Ella resisted the advances persistently and asked him to stop. Jake continued with his sexual advances and eventually began to have sexual intercourse with Ella.

Acquaintance

Jake and Ella were neighbours who had met in passing on a number of occasions over the three years they lived in the same apartment block. Ella lived in the apartment below Jake's and had noticed there was a leak that seemed to be coming from Jake's apartment. Ella knocked on Jake's door to inform him of the leak. He invited her in and they went to look together at where they thought the leak was coming from. Afterwards Jake offered to make them both a cup of tea and they sat on the sofa. Jake and Ella were chatting amicably when Jake began to make sexual advances towards her. Ella resisted the advances persistently and asked him to stop.

Jake continued with his sexual advances and eventually began to have sexual intercourse with Ella.

Ex-partner with no contextual information

Jake and Ella were in a relationship for three years. Ella ended their relationship a month ago. As previously arranged Ella went to Jake's apartment to pick up some of her belongings. When Ella arrived, Jake invited her in, offered to make them both a cup of tea and they sat on the sofa. Jake and Ella were chatting amicably when Jake began to make sexual advances towards her. Ella resisted the advances persistently and asked him to stop. Jake continued with his sexual advances and eventually began to have sexual intercourse with Ella.

Ex-partner with additional contextual information

Jake and Ella were in a relationship for three years. Ella ended their relationship a month ago as [Jake had been physically violent towards her on a number of occasions/ Jake had been verbally abusive towards her on a number of occasions/ Ella relocated to a different city for a new job/Ella was having an affair with another man.]

As previously arranged Ella went to Jake's apartment to pick up some of her belongings. When Ella arrived, Jake invited her in, offered to make them both a cup of tea and they sat on the sofa. Jake and Ella were chatting amicably when Jake began to make sexual advances towards her. Ella resisted the advances persistently and asked him to stop. Jake continued with his sexual advances and eventually began to have sexual intercourse with Ella.

Appendix C

Attribution Questionnaire

- 1) To what extent was Ella able to control the situation?
(0= not at all able, 10 = totally able)
- 2) To what extent is Ella responsible for encouraging Jake's behaviour?
(0 = not at all responsible, 10 = totally responsible)
- 3) To what extent do you think Jake is responsible for his actions?
(0 = not at all responsible, 10 = totally responsible)
- 4) How willing do you think Ella was to engage in sexual activity with Jake? (0 = not at all willing, 10= extremely willing)
- 5) How much do you think Ella will be traumatised by what happened to her?
(0= not at all traumatised, 10= extremely traumatised)
- 6) To what extent do you think Jake's behaviour necessitates police intervention?
(0 = not at all necessary, 10 = extremely necessary)
- 7) To what extent do you think Jake's behaviour constitutes rape?
(0 = not at all, 10 = definitely)

Appendix D

Empirical Study Information Sheet

University of Nottingham, Centre for Forensic & Family Psychology

Community Perceptions of Rape

Name of Investigators: Rebecca Vines and Simon Duff

You have been invited to take part in a research study. Before you decide whether to take part it is important for you to understand what it will involve. Please take time to read the following information carefully and decide whether you wish to take part or not.

The study is interested in the community's perceptions of rape, based on the relationship between the perpetrator and the victim. If you consent to taking part in the study you will be asked to complete a 22-item questionnaire. Following on from this you will be randomly assigned to read one of seven possible vignettes and asked a series of short questions about your perceptions of the vignette. The study should take approximately 10-15 minutes to complete.

We are interested in group effects; no person's responses will be singled out in any way in the reporting of the results of this study. Participants must be over the age of 18 years old to take part in the study.

Your participation in this study is voluntary. If you feel participating in research about rape may be difficult for you then please think carefully about proceeding with the study. If you do decide to take part you will be asked to complete a consent form. You have the right to omit or refuse to

respond to any of the questions that are being asked of you or to stop at any time without explanation or consequence.

The data will only be uploaded on completion of the questionnaire by clicking the Finish button. Please note that your individual data cannot be removed after the data collection process is complete, as there will not be a way to identify your data from the other participants. The data from the study will be stored for seven years.

In case you have a complaint about anything to do with the study, you can initially contact the lead investigator: Miss Rebecca Vines (msxrv@nottingham.ac.uk). If this achieves no satisfactory outcome, you should then contact the Ethics Committee Secretary, Mrs Louise Sabir. Telephone 0115 8231063. E-mail louise.sabir@nottingham.ac.uk.

As with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study will remain confidential, by keeping all information on a secure database and by collecting data anonymously. You will not be asked to provide your name at any point in the study.

The results of the study may be published in scientific journals and the final thesis will be available online through the University of Nottingham e-Theses. Your individual data will not be identified in any publication.

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (ethics reference number: L12042016DFP).

If you have any questions as a result of reading this information sheet, please email Rebecca Vines or her supervisor, Dr Simon Duff (simon.duff@nottingham.ac.uk).

Thank you for your participation. It is greatly appreciated.

Appendix E

Empirical Study Consent Form

University of Nottingham, Centre for Forensic & Family Psychology

Community Perceptions of Rape

Name of Investigators: Rebecca Vines and Simon Duff

Please tick each box to continue:

- ☐ I have read and understood the information on the previous page.
- ☐ I am 18 years old or above.
- ☐ I understand that my participation is voluntary.
- ☐ I understand my answers will be anonymous.
- ☐ I have the right to refuse to respond to any of the questions asked of me.
- ☐ I have the right to end the study at any time and withdraw my data before the data collection process is complete by exiting the survey.
- ☐ I will not be able to request for my individual data to be destroyed after the study due to my answers being anonymous.
- ☐ I understand the results of my participation in the study will be reported on as part of a group and that my responses will not be singled out or identifiable in any way.
- ☐ I understand research data will be kept for seven years.
- ☐ I have been informed that the confidentiality of the information I provide will be safeguarded as far as possible.
- ☐ As an online participant in this research, there is always the risk of intrusion by outside agents, i.e., hacking.

By clicking Next you are consenting to take part.

Appendix F

Empirical Study Debriefing Sheet

University of Nottingham, Centre for Forensic & Family Psychology

**Title of Project: The Influence of Relationship Breakdown and
Sexism on Perceptions of Rape**

Name of Investigators: Rebecca Vines & Simon Duff

Thank you for participating in the study. The study is part of my Forensic Psychology Doctorate thesis. One of the aims of my research is to investigate the effect prior victim-perpetrator relationship had on perceptions of rape. The study particularly wanted to focus on whether providing information about the breakdown of relationships influenced perceptions. You were randomly assigned to read one of seven vignettes where the perpetrator was described as either a stranger, an acquaintance, an ex-partner or an ex-partner with additional information about why the relationship broke down. All participants were asked the same questions about the vignette. The study was also interested in how gender role attitudes influence perceptions of rape. The first questionnaire you were asked to complete was the Ambivalent Sexism Inventory (Glick & Fiske, 1996), which was developed to measure sexism and comprises two subscales that measure hostile and benevolent components of sexism. Hostile sexism refers to negative attitudes towards women that encompass derogatory beliefs (Angelone, Mitchell & Grossi, 2015). Benevolent sexism refers to viewing women stereotypically and in restricted roles and uses a 'knight-in-shining armour' ideology that women should be offered protection and affection (Angelone et al., 2015). This study is also

interested to investigating whether participant gender influences perceptions of the rape vignette.

Rape is one of the most under reported crimes and even when it is reported it is unlikely to result in the conviction of the perpetrator (Kelly, Lovett & Regan, 2005). This in part could be due to rape myths, which are "false beliefs used mainly to shift the blame of rape from perpetrators to victims" (p. 2010, Suarez & Gadalla, 2010). There has been a wealth of research investigating factors that affect endorsement of rape myths. Traditional gender role attitudes are one of the significant predictors of rape myth acceptance (Suarez & Gadalla, 2010). The relationship between the victim and perpetrator is another factor that has been found to influence the use of rape myths. The majority of studies have found the closer the relationship between the victim and perpetrator the lower the perceived severity of rape (Ben-David & Schneider, 2005) and the higher the level of victim responsibility (Monson, Langhinrichsen-Rohling & Binderup, 2000).

To date no known research has investigated how the breakdown of ex-partner relationships may influence perceptions of rape. The findings of this study could highlight how providing additional contextual information around a rape case can influence juror's and judge's decisions and help rectify the current imbalance that appears to exist with respect to rape conviction rates. Holding factually incorrect beliefs about rape can have implications on the level of support offered to victims and can contribute to the secondary victimisation of rape survivors.

If you would like more information about the study, please either contact myself (msxrv@nottingham.ac.uk) or my supervisor, Dr Simon Duff (simon.duff@nottingham.ac.uk).

This study has not intended to cause you any distress or discomfort, however if it has caused you to experience any negative feelings then confidential support is available from the following sources:

- Samaritans: 116123 or jo@samaritans.org
- Victim Support: 0808 168 9111
- Rape Crisis: 0808 802 9999
- NAPAC: 0808 801 0331
- SurvivorsUK: 02035983898 or info@survivorsuk.org

Thank you for your participation.

Appendix G

Mann-Whitney U Test Assumption Testing

A Mann-Whitney U Test was conducted to determine whether there were significant differences between: a) male and female HS and BS scores and, b) male and female participants' perceptions of the rape vignette. The data met Mann-Whitney U tests assumptions, which include (Laerd Statistics, 2015a):

- Having a dependent variable that is measured at the continuous or ordinal level (i.e. HS and BS scores and perceptions measured on the Likert-type scale).
- Having an independent variable that consists of two categorical, independent groups (i.e. male and female).
- Having independence of observations (i.e. there are different participants in each group).

In order to determine how to interpret the results of the Mann-Whitney U test it is necessary to establish whether the distribution of scores for male and females have the same or a different shape (Laerd Statistics, 2015a).

Figures G1 – G9 show the distribution of scores for male and female participants are reasonably similar in shape for HS, BS and all the DV's. This means the Mann-Whitney U test can be used to make inferences about differences in medians between male and female participants (Laerd Statistics, 2015a).

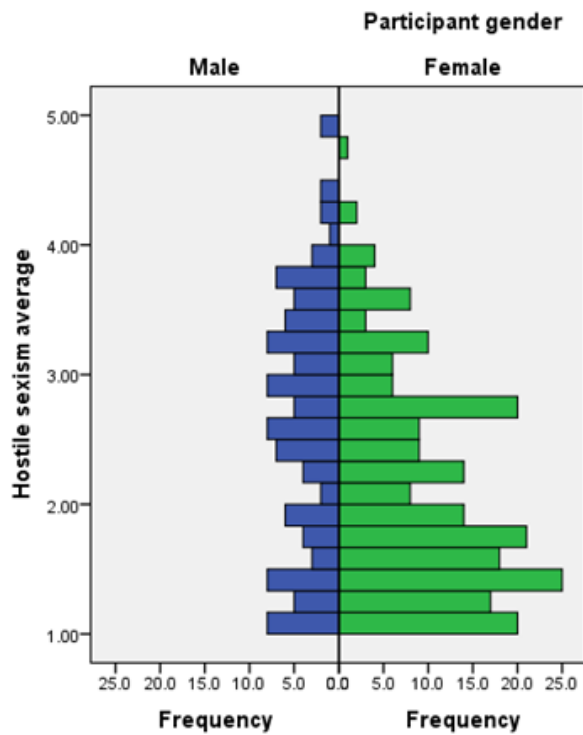


Figure G1. Distribution of HS Scores for Male and Female Participants

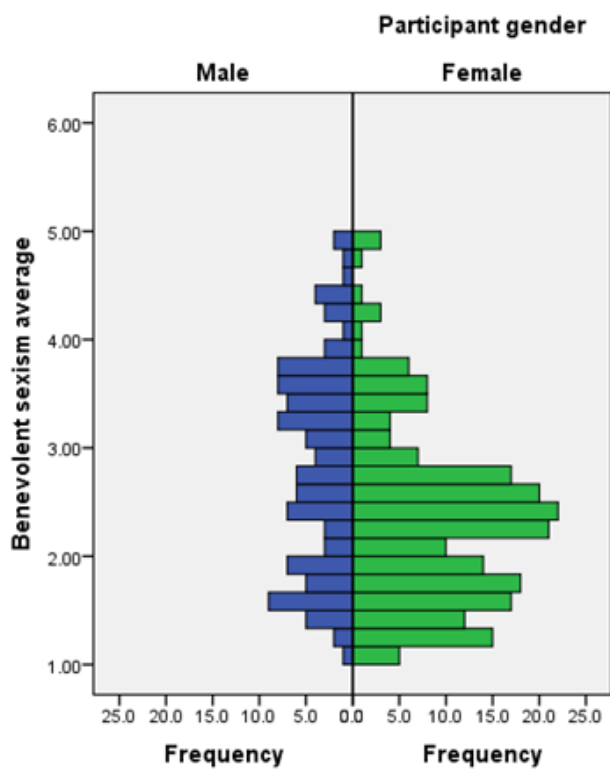


Figure G2. Distribution of BS Scores for Male and Female Participants

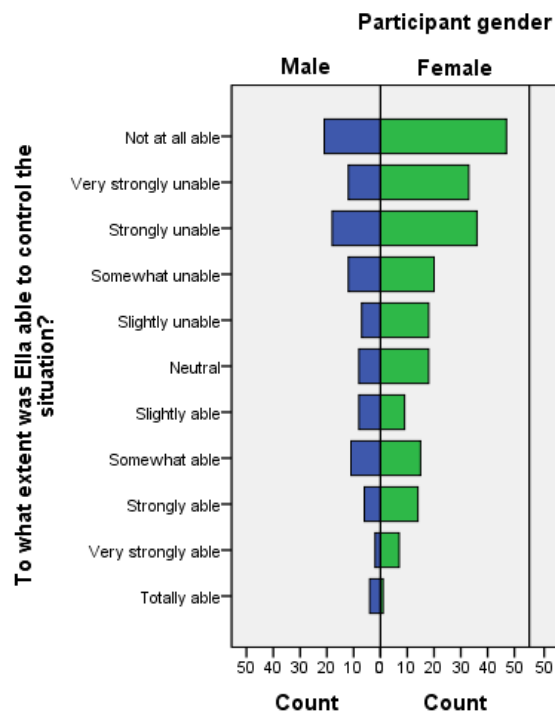


Figure G3. Male and Female Distribution of Scores for 'Was Ella able to Control the Situation'

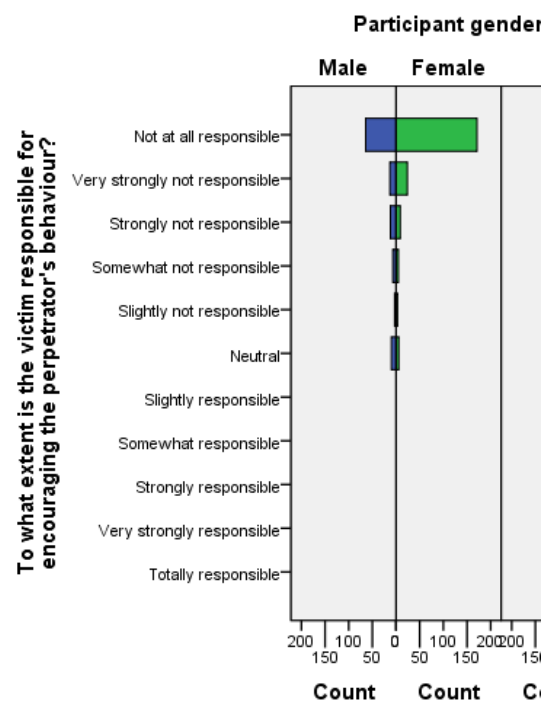


Figure G4. Male and Female Distribution of Scores for 'Was Ella Responsible'

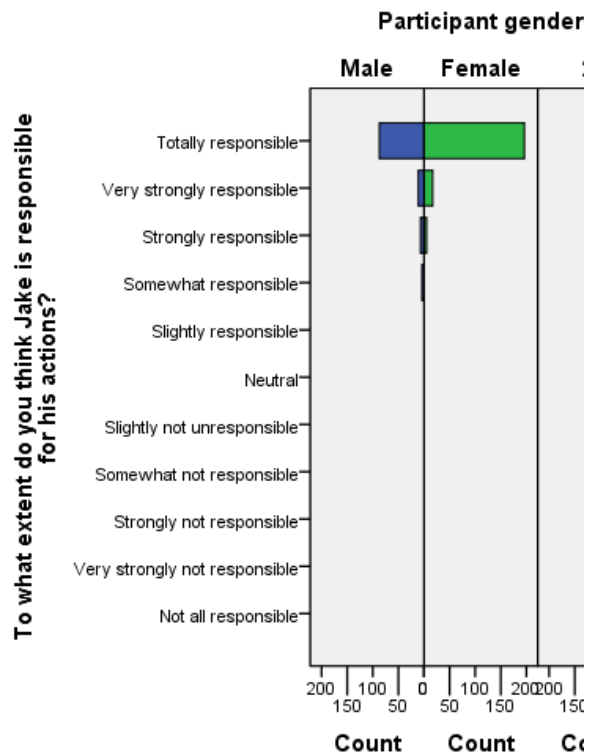


Figure G5. Male and Female Distribution of Scores for 'Was Jake Responsible'

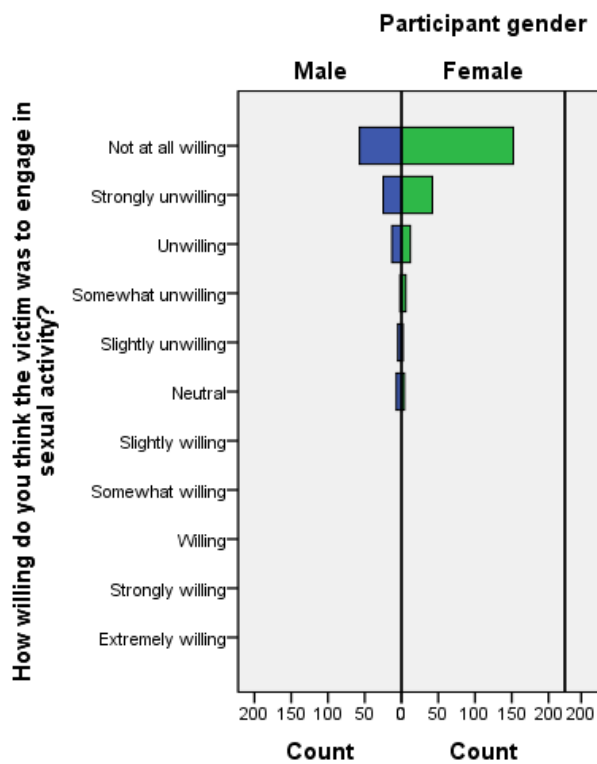


Figure G6. Male and Female Distribution of Scores for 'How Willing was Ella'

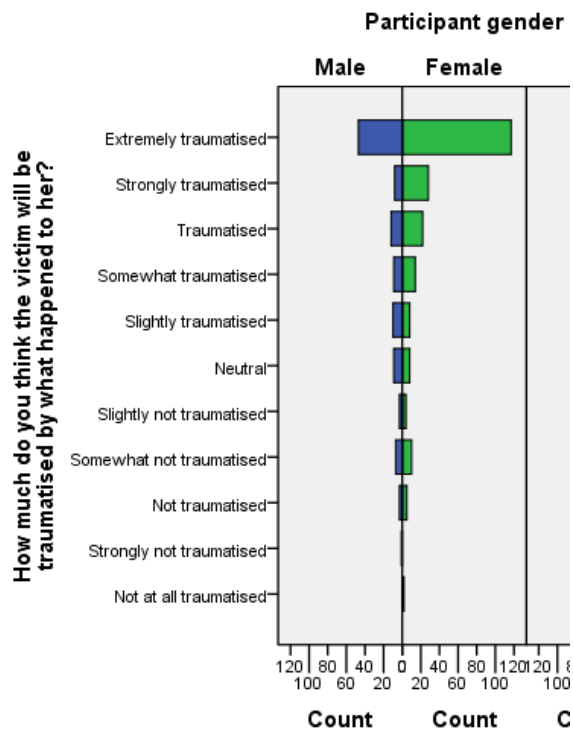


Figure G7. Male and Female Distribution of Scores for 'How Traumatized was Ella'

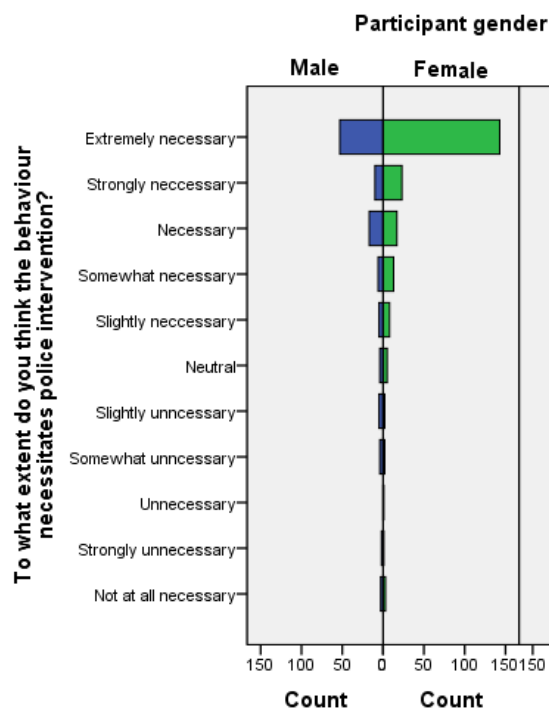


Figure G8. Male and Female Distribution of Scores for 'Does the Behaviour Necessitate Police Intervention'

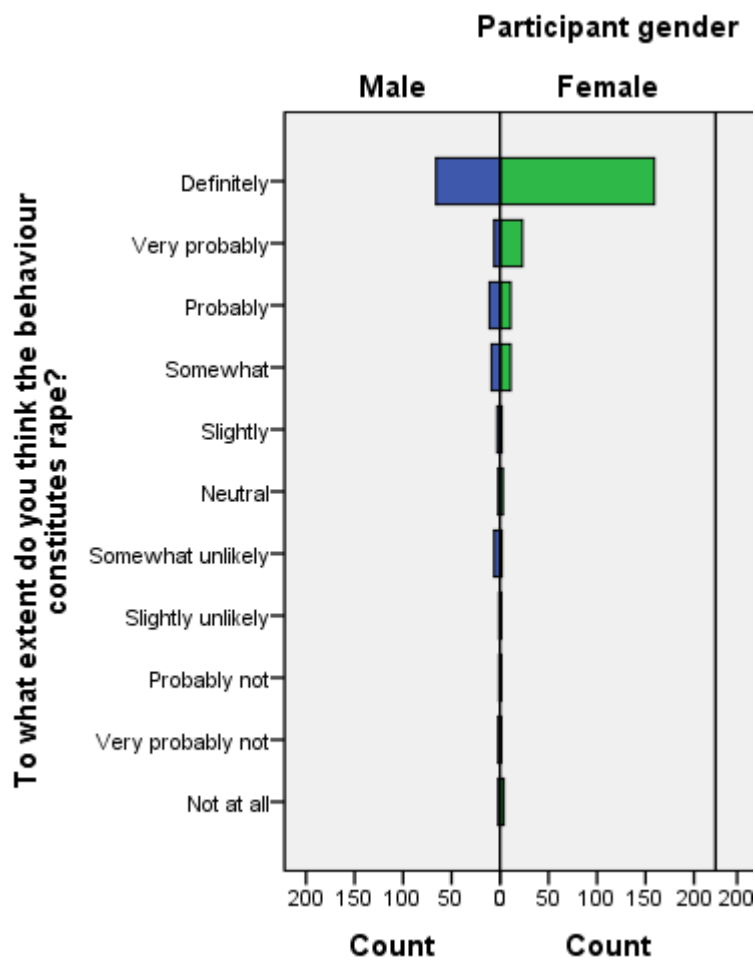


Figure G9. Male and Female Distribution of Scores for 'Does Behaviour Constitute Rape'

Appendix H

One-Way Between Groups ANOVA Assumption Testing

A one-way between groups ANOVA was conducted on participant HS and BS scores split by relationship condition. The data was examined to assess whether the assumptions of ANOVA were met. Each assumption will be addressed separately.

No Significant Outliers

In order to check for outliers, boxplots were generated on SPSS for HS scores (figure H1) and BS scores (figure H2) split by relationship condition. Outliers are illustrated as circular dots. As figure H1 and H2 depicts there were two outliers for HS and five outliers for BS.

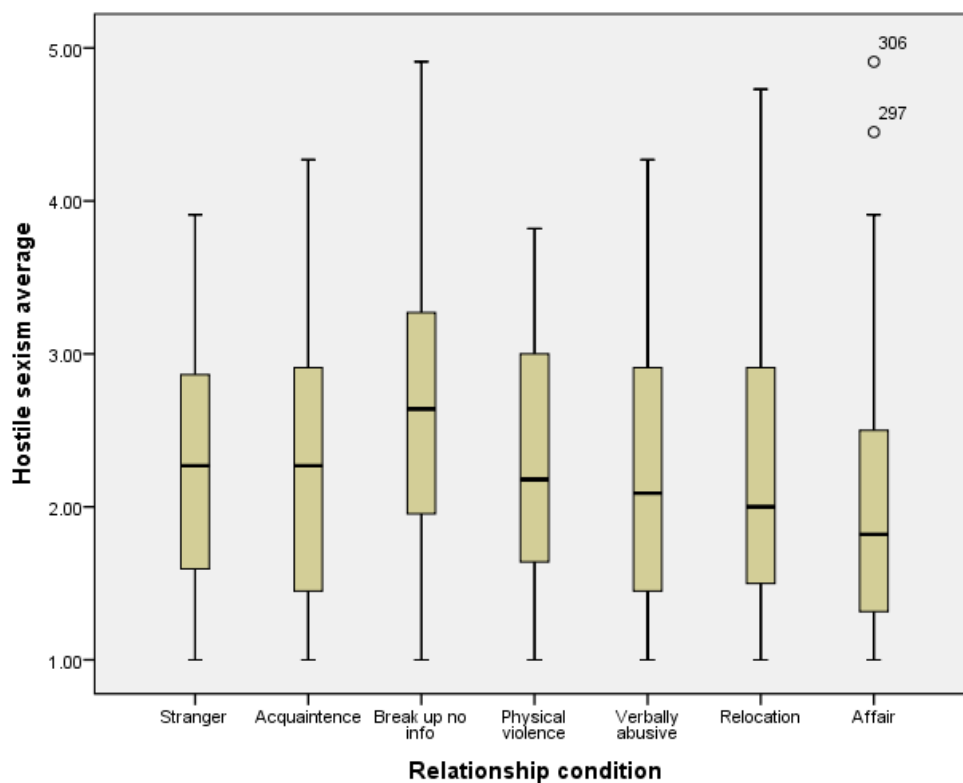


Figure H2. SPSS Boxplots for HS Scores Split by Relationship Condition

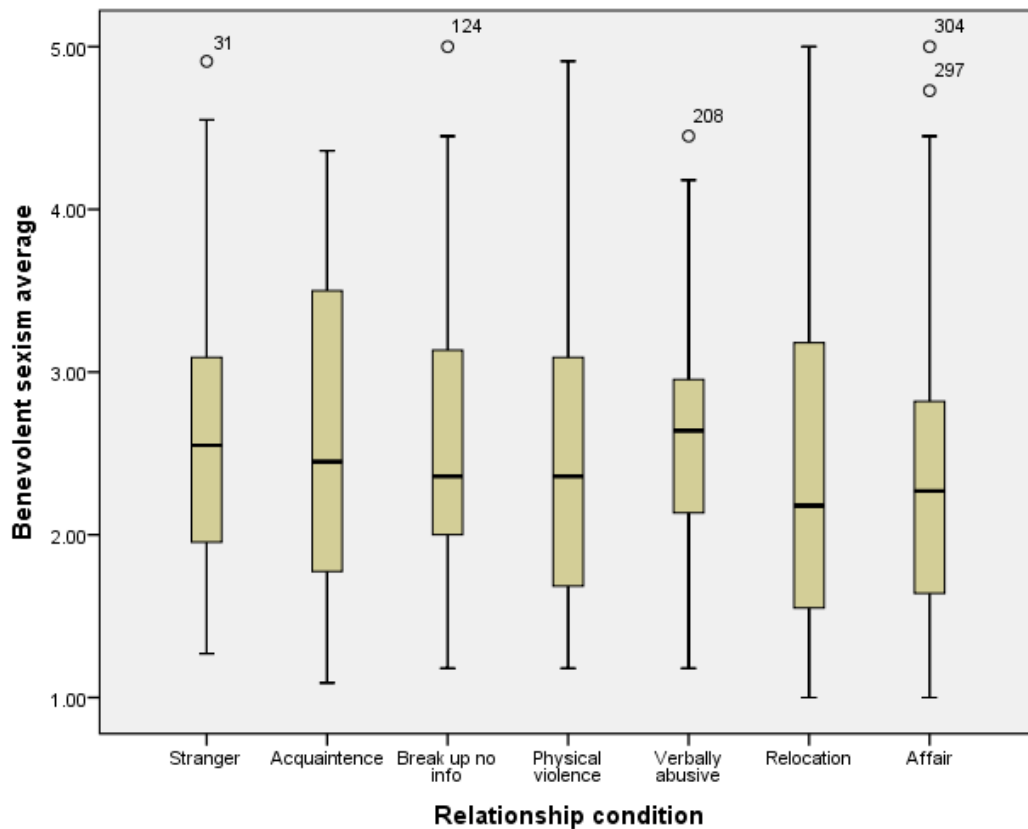


Figure H3. SPSS Boxplots for BS Scores Split by Relationship Condition.

However, as there were no extreme outliers (marked by an asterisk on boxplots in SPSS) and the outliers are considered genuine scores they were kept in the analysis and the assumption was considered satisfactorily met (Laerd Statistics, 2017).

Normal Distribution of DV

The normal distribution assumption was tested using the Shapiro-Wilk test. If the significance value is $p < .05$ the normality assumption is violated (Laerd Statistics, 2017). As shown in table H1, according to the Shapiro-Wilk test for the HS scores the data violates the normality assumption for all relationship conditions except for break up with no information. For BS the data violates the normality assumption for all

relationship conditions except the verbally abusive condition.

Table H1

The SPSS Output of the Shapiro-Wilk Test of Normality for HS and BS

	Relationship condition	Shapiro-Wilk		
		Statistic	df	Sig.
Hostile sexism	Stranger	.945	47	.028
	Acquaintance	.946	47	.031
	Break up no info	.978	47	.513
	Physical violence	.950	47	.042
	Verbally abusive	.942	47	.021
	Relocation	.926	47	.005
	Affair	.885	47	.000
Benevolent sexism	Stranger	.951	47	.049
	Acquaintance	.944	47	.025
	Break up no info	.947	47	.032
	Physical violence	.937	47	.014
	Verbally abusive	.975	47	.394
	Relocation	.944	47	.025
	Affair	.944	47	.025

However, ANOVA is considered robust to violations of normality, particularly when the sample size is large and there are an even number of participants in each condition (Laerd Statistics, 2017), therefore the decision was made to proceed with the ANOVA.

Homogeneity of Variance

The assumption of homogeneity of variance relates to whether the variances between groups for the DV are equal (Laerd Statistics, 2017). The assumption was tested using the Levene's test of equality of variances. As

shown in table H2, Levene's test for HS and BS is not statistically significant ($p > .05$ for both HS and BS), therefore there are equal variances and the assumption of homogeneity of variance has been met.

Table H2

Levene's Homogeneity of Variance Test for HS and BS

	Levene Statistic	df1	df2	Sig.
Hostile sexism	.299	6	322	.937
Benevolent sexism	1.034	6	322	.403

Appendix I

SPSS Output Testing for Ordinal Logistic Regression's No Multicollinearity Assumption

The assumption of no multicollinearity was tested by consulting the "Tolerance" and "VIF" values in SPSS output for linear regression (Laerd Statistics, 2015b). Linear regression does not accept categorical variables directly into the model, therefore it was necessary to create dummy variables for the categorical independent variable, i.e. relationship condition and participant gender (Laerd Statistics, 2015b). It was not necessary to create a dummy variable for the affair condition as SPSS by default used it as the reference category. Laerd Statistics (2015b) provides guidance, that if the Tolerance value is less than 0.1 or the VIF value is 10 or greater, then it is possible there is a collinearity problem. As indicated in table I1 there was no multicollinearity between the relationship conditions, HS and BS scores; yet there was for participant gender. Therefore, participant gender was excluded from the analysis. The same Tolerance and VIF values for the IV's were produced for all of the DV's.

Table I1

SPSS Output Testing Multicollinearity

Model		Collinearity Statistics	
		Tolerance	VIF
1	Hostile sexism	.708	1.413
	Benevolent sexism	.721	1.386
	Male	.026	38.272
	Female	.026	37.761
	Stranger	.578	1.731
	Acquaintance	.576	1.737
	Breakup	.566	1.768
	Physical violence	.560	1.786
	Verbal abuse	.572	1.749
	Relocation	.580	1.725

Appendix J

SPSS Output Testing for Ordinal Logistic Regression's Assumption of Proportional Odds

The test of parallel lines was first used to test the assumption of proportional odds. If the assumption of proportional odds is met, you would expect the difference in model fit between the null hypothesis and general model to not be statistically significant (Statistics Laerd, 2015b). As shown in tables J3, J6 and J7 the test of parallel lines indicates the assumption of proportional odds has been met for 'to what extent is Jake responsible for his actions', 'to what extent does Jake's behaviour necessitates police intervention' and 'to what extent does the behaviour constitute rape'. Table J1, J2, J4 and J5 indicate the assumption of proportional odds has been violated for the DV's: 'to what extent was Ella in control', 'to what extent was Ella responsible', 'to what extent was Ella willing to engage in sexual activity' and 'how much is Ella traumatised by what happened to her'.

Table J1

Test of Parallel Lines for the DV: To What Extent was Ella able to Control the Situation

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	1406.481			
General	1274.945 ^b	131.536 ^c	72	.000

Table J2

Test of Parallel Lines for the DV: To what Extent was Ella Responsible for Encouraging the Behaviour

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	547.727			
General	484.529 ^b	63.199 ^c	32	.001

Table J3

Test of Parallel Lines for the DV: To what Extent is Jake Responsible for his Actions

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	296.140			
General	271.353 ^b	24.788 ^c	16	.074

Table J4

Test of Parallel Lines for the DV: To what Extent was Ella Willing to Engage in Sexual Activity

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	620.005			
General	418.980 ^b	201.025 ^c	32	.000

Table J5

Test of Parallel Lines for the DV: How much is Ella is Traumatized by what Happened

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	1025.435			
General	932.019 ^b	93.416 ^c	72	.046

Table J6

Test of Parallel Lines for the DV: To what Extent does Jake's Behaviour Necessitate Police Intervention

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	852.758			
General	764.169 ^b	88.589 ^c	72	.090

Table J7

Test of Parallel Lines for the DV: To what Extent does Jake's Behaviour Constitute Rape

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	735.959			
General	652.838 ^b	83.122 ^c	72	.174

The test of parallel lines is widely cited as being 'anti-conservative' and can flag violations that do not exist, particularly when there is a large sample size and when there is a continuous variable in the model (Allison, 1999). Therefore, the data suggesting a violation of the assumption of proportional odds according to the test of parallel lines, was examined using a set of separate binomial logistic regressions on cumulative dichotomous DV's (Statistics Laerd, 2015b). The odds ratio should be similar at the different thresholds/categories for each parameter if the assumption of proportional odds is to be met (Statistics Laerd, 2015b).

As shown in table J8, the odds ratios are not similar for the acquaintance, break up with no information and verbal abuse conditions. Therefore, the DV 'to what extent was Ella in control' was excluded from the analysis due to violating the assumption of proportional odds.

Table J8

Binomial Logistic Regressions Across Thresholds for the DV: To what Extent is Ella in Control of the Situation

IV	Odds Ratio									
	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6	Cat 7	Cat 8	Cat 9	Cat 10
Hostile sexism	3.97	1.54	1.76	2.13	2.27	2.04	2.08	2.03	1.67	1.66
Benevolent sexism	3.97	0.97	1.08	1.29	1.41	1.14	1.08	0.99	1.15	1.02
Stranger	1.47	0.95	0.61	0.39	0.35	0.21	0.37	0.70	0.56	0.63
Acquaintance	38327208.71	5.25	0.75	0.82	0.69	0.56	0.62	0.85	0.57	1.59
Break up no information	27508295.53	0.81	0.50	0.30	0.46	0.48	0.64	0.66	0.47	1.33
Physical violence	2.48	0.00	0.34	0.48	0.43	0.28	0.40	0.51	0.68	1.29
Verbal abuse	172645820.30	3.00	0.47	0.33	0.30	0.51	0.63	0.79	0.64	0.80
Relocation	1.88	2.92	0.46	0.47	0.31	0.32	0.58	0.54	0.54	1.19
Affair	0.00	0.01	0.04	0.03	0.03	0.14	0.16	0.28	0.70	1.17

Note. Cat = Category

As seen in table J9 and J10, there are fewer categories as no participants provided answers in the lower thresholds. From reviewing the separate binomial logistic regressions in table J9, J10 and J11 the odds ratios are reasonably similar. Therefore, meeting the assumption of PO is tenable for the DVs 'to what extent was Ella responsible', 'to what extent was Ella willing' and 'to what extent was Ella traumatised' and were therefore kept in the analysis.

Table J9

Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Responsible

IV	Odds Ratio				
	Cat 6	Cat 7	Cat 8	Cat 9	Cat 10
Hostile sexism	4.65	3.99	2.46	2.05	2.40
Benevolent sexism	1.27	1.08	1.35	1.74	1.58
Stranger	0.00	0.00	0.00	0.00	0.22
Acquaintance	0.00	0.00	0.00	0.03	0.09
Break up no information	0.07	0.17	0.37	0.67	1.02
Physical violence	0.00	0.00	0.00	0.00	0.16
Verbal abuse	0.49	0.44	0.70	0.69	0.95
Relocation	0.00	0.00	0.27	0.64	0.71
Affair	0.00	0.01	0.02	0.02	0.03

Note. Cat = Category

Table J10

Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Willing

IV	Odds Ratio				
	Cat 6	Cat 7	Cat 8	Cat 9	Cat 10
Hostile sexism	5.80	4.04	3.26	2.78	1.97
Benevolent sexism	1.16	2.10	2.03	1.91	1.57
Stranger	0.00	0.00	0.00	0.05	0.36
Acquaintance	0.00	0.00	0.00	0.00	0.31
Break up no information	0.00	0.30	0.95	0.50	0.90
Physical violence	0.00	0.00	0.00	0.00	0.33
Verbal abuse	0.63	0.61	1.19	0.73	0.71
Relocation	0.00	0.00	0.00	0.47	0.76
Affair	0.00	0.00	0.00	0.01	0.06

Note. Cat = Category

Table J11

Binomial Logistic Regressions Across Thresholds for the DV: To what Extent was Ella Traumatised

IV	Odds Ratio									
	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6	Cat 7	Cat 8	Cat 9	Cat 10
Hostile sexism	3.94	2.21	2.34	3.10	3.62	2.67	2.55	2.22	2.25	1.90
Benevolent sexism	1.41	1.06	1.38	1.00	0.89	1.08	1.34	1.36	1.31	1.30
Stranger	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.14	0.13	0.14
Acquaintance	0.00	0.00	0.93	0.24	0.24	0.33	0.27	0.23	0.30	0.25
Break up no information	0.68	0.72	4.22	0.86	1.31	0.87	0.62	0.64	1.05	1.10
Physical violence	0.00	0.00	0.00	0.52	0.83	0.41	0.29	0.21	0.24	0.34
Verbal abuse	0.00	0.00	0.94	0.53	0.53	0.97	0.61	0.51	0.65	0.61
Relocation	0.00	0.89	3.06	0.46	0.75	0.58	0.62	0.67	0.68	0.65
Affair	0.00	0.00	0.00	0.01	0.01	0.23	0.26	0.60	0.10	0.26

Note. Cat = Category

Appendix K

Search Syntax Used in Electronic Bibliographic Databases, Electronic Gateways and Grey Literature Search Engines

PsycINFO (OVID)

1. (adult\$ adj3 child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
2. (child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).mp.
[mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
3. ((surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or molest\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or (sex\$ adj2 (assault\$ or abus\$ or violen\$ or aggress\$ or crime\$)))).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
4. 1 or 2 or 3
5. exp Sexual Abuse/
6. exp Crime Victims/
7. 5 and 6
8. 4 or 7
9. ((psycho\$ adj3 (therap\$ or interven\$ or treat\$)) or psychosocial or psycho-social or "CBT" or (cognitiv\$ adj2 behav\$ adj2 therap\$) or

behav\$ therap\$ or "prolonged exposure" or systematic
 desensiti#ation or (eye movement adj2 desensiti#ation adj2
 reprocessing) or "EMDR\$" or cognitive therap\$ or relaxation or
 psycho\$ therap\$ or psychotherap\$ or psychoanaly\$ or psychoeducat\$
 or cognitive restructuring or progressive relaxation training or
 "seeking safety" or mentali#ation or Narrative Therap\$ or Schema
 Therap\$ or (emotion\$ adj2 focus\$ adj2 therap\$) or "imaginal
 confrontation" or (cognitive adj2 processing adj2 therap\$) or
 assertion training or "DBT" or (dialect\$ adj2 behav\$ adj2
 therap\$)).mp. [mp=title, abstract, heading word, table of contents,
 key concepts, original title, tests & measures]

10.exp PSYCHOTHERAPY/

11. 9 or 10

12. Exp well being

13.Exp distress

14.(PTSD or ((post trauma\$ or posttrauma\$ or post-trauma\$) adj2
 (stress or neuros#s or syndrome or distress)) or (delayed stress adj2
 (disorder or syndrome)) or trauma or anxiety or traumati#ation or
 suffering or depress\$ or guilt or (suicidal adj2 (ideation or thoughts or
 thinking)) or (self\$ adj2 (harm\$ or blam\$ or disgust or esteem)) or
 inferiority or helplessness or confidence or recovery or resilience or
 (locus adj2 control) or (substance adj2 (abuse or misuse)) or
 anger).mp. [mp=title, abstract, heading word, table of contents, key
 concepts, original title, tests & measures]

15. 12 or 13 or 14

16. 8 and 11 and 15

MEDLINE (OVID)

1. (adult\$ adj3 child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).ti,ab,kf
2. (child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).ti,ab,kf.
3. ((surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or molest\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or (sex\$ adj2 (assault\$ or abus\$ or violen\$ or aggress\$ or crime\$)))).ti,ab,kf.
4. 1 or 2 or 3
5. exp Sex Offenses/
6. exp Crime Victims/
7. 5 and 6
8. 4 or 7
9. ((psycho\$ adj3 (therap\$ or interven\$ or treat\$)) or psychosocial or psycho-social or "CBT" or (cognitiv\$ adj2 behav\$ adj2 therap\$) or behav\$ therap\$ or prolonged exposure or systematic desensiti#ation or (eye movement adj2 desensiti#ation adj2 reprocessing) or EMDR\$ or cognitive therap\$ or relaxation or psycho\$ therap\$ or psychotherap\$ or psychoanaly\$ or psychoeducat\$ or cognitive restructuring or progressive relaxation training or seeking safety or mentali#ation or Narrative Therap\$ or Schema Therap\$ or (emotion\$ adj2 focus\$ adj2 therap\$) or imaginal confrontation or (cognitive adj2 processing adj2 therap\$) or assertion training or DBT or (dialect\$ adj2 behav\$ adj2 therap\$)).ti,ab,kf.
10. exp Psychotherapy/

11. 9 or 10
12. (PTSD or ((post trauma\$ or posttrauma\$ or post-trauma\$) adj2 (stress or neuros#s or syndrome or distress)) or (delayed stress adj2 (disorder or syndrome)) or trauma or anxiety or traumati#ation or suffering or distress or depress\$ or guilt or (suicidal adj2 (ideation or thoughts or thinking)) or (self\$ adj2 (harm\$ or blam\$ or disgust or esteem)) or inferiority or helplessness or (quality adj2 life) or confidence or recovery or well being or "well-being" or resilience or (locus adj2 control) or (substance adj2 (abuse or misuse)) or anger).ti,ab,kf.
13. Stress, Psychological/ae, cl, di, ed, hi, pa, pc, px, rh, sn, th [Adverse Effects, Classification, Complications, Diagnosis, Education, History, Prevention & Control, Psychology, Rehabilitation, Statistics & Numerical Data, Therapy]
14. Mental Disorders/cl, co, di, ed, hi, lj, pc, px, rh, sn, tu, th [Classification, Complications, Diagnosis, Education, History, Legislation & Jurisprudence, Prevention & Control, Psychology, Rehabilitation, Statistics & Numerical Data, Therapeutic Use, Therapy]
15. 12 or 13 or 14
16. 8 and 11 and 15

PsycArticles (OVID)

1. (adult\$ adj3 child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)). Ti,ab,kw.

2. (child\$ adj2 (surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or assault\$ or sex\$ or abus\$ or violen\$ or aggress\$ or molest\$ or crime\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or p?edophil\$)).ti,ab,kw.
3. ((surviv\$ or victim\$ or suffer\$) adj2 (rape\$ or molest\$ or ((forc\$ or unlaw\$ or illegal\$) adj2 intercourse) or (sex\$ adj2 (assault\$ or abus\$ or violen\$ or aggress\$ or crime\$)))). Ti,ab,kw.
4. 1 or 2 or 3
5. ((psycho\$ adj3 (therap\$ or interven\$ or treat\$)) or psychosocial or "psycho-social" or CBT or (cognitiv\$ adj2 behav\$ adj2 therap\$) or behav\$ therap\$ or prolonged exposure or systematic desensiti#ation or (eye movement adj2 desensiti#ation adj2 reprocessing) or EMDR\$ or cognitive therap\$ or relaxation or psycho\$ therap\$ or psychotherap\$ or psychoanaly\$ or psychoeducat\$ or cognitive restructuring or progressive relaxation training or seeking safety or mentali#ation or Narrative Therap\$ or Schema Therap\$ or (emotion\$ adj2 focus\$ adj2 therap\$) or imaginal confrontation or (cognitive adj2 processing adj2 therap\$) or assertion training or DBT or (dialect\$ adj2 behav\$ adj2 therap\$)).ti,ab,kw.
6. (PTSD or ((post trauma\$ or posttrauma\$ or "post-trauma\$") adj2 (stress or neuros#s or syndrome or distress)) or (delayed stress adj2 (disorder or syndrome)) or trauma or anxiety or traumati#ation or suffering or distress or depress\$ or guilt or (suicidal adj2 (ideation or thoughts or thinking)) or (self\$ adj2 (harm\$ or blam\$ or disgust or esteem)) or inferiority or helplessness or (quality adj2 life) or confidence or recovery or well being or "well-being" or resilience or (locus adj2 control) or (substance adj2 (abuse or misuse)) or anger). Ti,ab,kw.

7. 4 and 5 and 6

Applied Social Sciences Indexes and Abstracts (ProQuest)

1. (adult* NEAR/3 child* NEAR/2 (surviv* OR victim* OR suffer*) NEAR/2 (rape* OR assault* OR sex* OR abus* OR violen* OR aggress* OR molest* OR crime* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR paedophil* OR pedophil*))
2. ((child* NEAR/2 (surviv* OR victim* OR suffer*) NEAR/2 (rape* OR assault* OR sex* OR abus* OR violen* OR aggress* OR molest* OR crime* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR p*edophil* OR pedophil*))
3. (((surviv* OR victim* OR suffer*) NEAR/2 (rape* OR molest* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR (sex* NEAR/2 (assault* OR abus* OR violen* OR aggress* OR crime*))))))
4. OR SU.EXACT.EXPLODE("Sexual abuse") AND SU.EXACT("Victims"))
5. ((psycho* NEAR/3 (therap* OR interven* OR treat*)) OR psychosocial OR psycho-social OR "CBT" OR (cognitiv* NEAR/2 behav* NEAR/2 therap*) OR behav* therap* OR prolonged exposure OR systematic desensiti?ation OR (eye movement NEAR/2 desensiti?ation NEAR/2 reprocessing) OR "EMDR*" OR cognitive therap* OR relaxation OR psycho* therap* OR psychotherap* OR psychoanaly* OR psychoeducat* OR cognitive restructuring OR progressive relaxation OR seeking safety OR mentali?ation OR Narrative Therap* OR Schema Therap* OR (emotion* NEAR/2 focus* NEAR/2 therap*) OR imaginal confrontation OR (cognitive NEAR/2 processing NEAR/2 therap*) OR assertion training OR "DBT" OR (dialect* NEAR/2 behav* NEAR/2 therap*))

6. OR SU.EXACT.EXPLODE("Interpersonal psychotherapy") OR
SU.EXACT.EXPLODE("Psychoanalytic supportive psychotherapy") OR
SU.EXACT.EXPLODE("Child analytical psychotherapy") OR
SU.EXACT.EXPLODE("Group psychotherapy") OR
SU.EXACT.EXPLODE("Forensic group psychotherapy") OR
SU.EXACT.EXPLODE("Cognitive behavioural psychotherapy") OR
SU.EXACT.EXPLODE("Existential psychotherapy") OR
SU.EXACT.EXPLODE("Forensic psychotherapy") OR
SU.EXACT.EXPLODE("Experimental psychotherapy") OR
SU.EXACT.EXPLODE("Experiential psychotherapy") OR
SU.EXACT.EXPLODE("Individual psychotherapy") OR
SU.EXACT.EXPLODE("Analytical psychotherapy") OR
SU.EXACT.EXPLODE("Behavioural psychotherapy") OR
SU.EXACT.EXPLODE("Dialogical psychotherapy") OR
SU.EXACT.EXPLODE("Psychoanalytic child psychotherapy") OR
SU.EXACT.EXPLODE("Analytical group psychotherapy") OR
SU.EXACT.EXPLODE("Cognitive psychotherapy") OR
SU.EXACT.EXPLODE("Child psychotherapy") OR
SU.EXACT.EXPLODE("Psychotherapy") OR
SU.EXACT.EXPLODE("Psychodynamic group psychotherapy"))
7. 5 OR 6
8. ("PTSD" OR ((posttrauma* OR post-trauma*) NEAR/2 (stress OR
neuros?s OR syndrome OR distress)) OR (post trauma* NEAR/2 (stress
OR neuros?s OR syndrome OR distress)) OR (delayed stress NEAR/2
(disorder OR syndrome)) OR trauma OR anxiety OR traumati?ation OR
suffering OR distress OR depress* OR guilt OR (suicidal NEAR/2 (ideation

OR thoughts OR thinking)) OR (self* NEAR/2 (harm* OR blam* OR disgust OR esteem)) OR inferiority OR helplessness OR "quality of life" OR confidence OR recovery OR well being OR "well-being" OR resilience OR (locus NEAR/2 control) OR (substance NEAR/2 (abuse OR misuse)) OR anger)

9. SU.EXACT.EXPLODE("Psychological distress") OR

SU.EXACT.EXPLODE("Emotional distress")

10. 9 or 10

11. 4 and 7 and 10

12. 3 and 7 and 10

13. 2 and 7 and 10

14. 1 and 7 and 10

Web of Science

1. TS=(adult* NEAR/3 child* NEAR/2 (surviv* or victim* or suffer*) NEAR/2 (rape* or assault* or sex* or abus* or violen* or aggress* or molest* or crime* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or p\$edophil*))

2. TS=(child* NEAR/2 (surviv* or victim* or suffer*) NEAR/2 (rape* or assault* or sex* or abus* or violen* or aggress* or molest* or crime* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or p\$edophil*))

3. TS=((surviv* or victim* or suffer*) NEAR/2 (rape* or molest* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or (sex* NEAR/2 (assault* or abus* or violen* or aggress* or crime*))))

4. 1 or 2 or 3

5. TS=((psycho* NEAR/3 (therap* or interven* or treat*)) OR psychosocial OR psycho-social OR CBT OR (cognitiv* NEAR/2 behav* NEAR/2 therap*) OR "behav* therap*" OR prolonged exposure OR "systematic desensiti?ation " OR (eye movement NEAR/2 desensiti?ation NEAR/2 reprocessing) OR "EMDR*" OR cognitive therap* OR relaxation OR psycho* therap* OR psychotherap* OR psychoanaly* OR psychoeducat* OR cognitive restructuring OR progressive relaxation OR "seeking safety" OR mentali?ation OR "Narrative Therap* " OR Schema Therap* OR (emotion* NEAR/2 focus* NEAR/2 therap*) OR imaginal confrontation OR (cognitive NEAR/2 processing NEAR/2 therap*) OR assertion training OR DBT OR (dialect* NEAR/2 behav* NEAR/2 therap*))
6. TS=((PTSD) OR ((posttrauma* or post-trauma*) NEAR/2 (stress or neuros?s or syndrome or distress)) OR (delayed stress NEAR/2 (disorder or syndrome)) OR trauma OR anxiety OR traumati?ation OR suffering OR distress OR depress* OR guilt OR (suicidal NEAR/2 (ideation or thoughts or thinking)) OR (self* NEAR/2 (harm* or blam* or disgust or esteem)) OR inferiority OR helplessness OR (quality NEAR/2 life) OR confidence OR recov11ery OR "well-being" OR resilience OR (locus NEAR/2 control) OR (substance NEAR/2 (abuse or misuse)) OR (anger))
7. 4 AND 5 AND 6

Cochrane Central Register of Controlled Trials (CENTRAL)

1. (adult* NEAR/3 child* NEAR/2 (surviv* or victim* or suffer*) NEAR/2 (rape* or assault* or sex* or abus* or violen* or aggress* or molest*

- or crime* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or p?edophil*)): ti,ab,kw
2. (child* NEAR/2 (surviv* or victim* or suffer*) NEAR/2 (rape* or assault* or sex* or abus* or violen* or aggress* or molest* or crime* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or p?edophil*)): ti,ab,kw
 3. ((surviv* or victim* or suffer*) NEAR/2 (rape* or molest* or ((forc* or unlaw* or illegal*) NEAR/2 intercourse) or (sex* NEAR/2 (assault* or abus* or violen* or aggress* or crime*)))): ti,ab,kw
 4. #1 or #2 or #3
 5. MeSH descriptor [Sex Offences] explode all trees
 6. MeSH descriptor: [Crime victims] explode all trees
 7. #5 and #6
 8. #4 OR #7
 9. ((psycho* NEAR/3 (therap* or interven* or treat*)) or psychosocial or psycho-social or "CBT" or (cognitiv* NEAR/2 behav* NEAR/2 therap*) or behav* therap* or "prolonged exposure" or systematic desensiti?ation or (eye movement NEAR/2 desensiti?ation NEAR/2 reprocessing) or EMDR* or cognitive therap* or relaxation or psycho* therap* or psychotherap* or psychoanaly* or psychoeducat* or cognitive restructuring or progressive relaxation or "seeking safety" or mentali?ation or Narrative Therap* or Schema Therap* or (emotion* NEAR/2 focus* NEAR/2 therap*) or "imaginal confrontation" or (cognitive NEAR/2 processing NEAR/2 therap*) or assertion training or "DBT" or (dialect* NEAR/2 behav* NEAR/2 therap*)): ti,ab,kw
 10. MeSH descriptor [Psychotherapy] explode all trees

11. #9 or #10
12. (PTSD or ((post trauma* or posttrauma* or post-trauma*) NEAR/2 (stress or neuros?s or syndrome or distress)) or (delayed stress NEAR/2 (disorder or syndrome)) or trauma or anxiety or traumati?ation or suffering or distress or depress* or guilt or (suicidal NEAR/2 (ideation or thoughts or thinking)) or (self* NEAR/2 (harm* or blam* or disgust or esteem)) or inferiority or helplessness or (quality NEAR/2 life) or confidence or recovery or "well-being" or resilience or (locus NEAR/2 control) or (substance NEAR/2 (abuse or misuse)) or anger): ti,ab,kw
13. MeSH descriptor psychological trauma explode all trees
14. MeSH descriptor suicidal ideation explode all trees
15. #12 or #13 or #14
16. #8 and #11 and #15
17. Limit to trials

ProQuest – Dissertation and Theses

1. (adult* NEAR/3 child* NEAR/2 (surviv* OR victim* OR suffer*) NEAR/2 (rape* OR assault* OR sex* OR abus* OR violen* OR aggress* OR molest* OR crime* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR paedophil* OR pedophil*))
2. ((child* NEAR/2 (surviv* OR victim* OR suffer*) NEAR/2 (rape* OR assault* OR sex* OR abus* OR violen* OR aggress* OR molest* OR crime* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR p*edophil* OR pedophil*))

3. (((surviv* OR victim* OR suffer*) NEAR/2 (rape* OR molest* OR ((forc* OR unlaw* OR illegal*) NEAR/2 intercourse) OR (sex* NEAR/2 (assault* OR abus* OR violen* OR aggress* OR crime*))))))
4. (SU.EXACT("Incest") OR SU.EXACT("Date rape") OR SU.EXACT("Sex crimes") OR SU.EXACT("Statutory rape") OR SU.EXACT("Rape")) AND SU.EXACT("Victims of crime"))
5. ((psycho* NEAR/3 (therap* OR interven* OR treat*)) OR psychosocial OR psycho-social OR "CBT" OR (cognitiv* NEAR/2 behav* NEAR/2 therap*) OR behav* therap* OR prolonged exposure OR systematic desensiti?ation OR (eye movement NEAR/2 desensiti?ation NEAR/2 reprocessing) OR "EMDR*" OR cognitive therap* OR relaxation OR psycho* therap* OR psychotherap* OR psychoanaly* OR psychoeducat* OR cognitive restructuring OR progressive relaxation OR seeking safety OR mentali?ation OR Narrative Therap* OR Schema Therap* OR (emotion* NEAR/2 focus* NEAR/2 therap*) OR imaginal confrontation OR (cognitive NEAR/2 processing NEAR/2 therap*) OR assertion training OR "DBT" OR (dialect* NEAR/2 behav* NEAR/2 therap*))
6. SU.EXACT("psychotherapy")
7. 6 OR 7
8. ("PTSD" OR ((posttrauma* OR post-trauma*) NEAR/2 (stress OR neuros?s OR syndrome OR distress)) OR (post trauma* NEAR/2 (stress OR neuros?s OR syndrome OR distress)) OR (delayed stress NEAR/2 (disorder OR syndrome)) OR trauma OR anxiety OR traumati?ation OR suffering OR distress OR depress* OR guilt OR (suicidal NEAR/2 (ideation OR thoughts OR thinking)) OR (self* NEAR/2 (harm* OR blam* OR disgust OR esteem)) OR inferiority OR helplessness OR "quality of life" OR

confidence OR recovery OR well being OR "well-being" OR resilience OR
(locus NEAR/2 control) OR (substance NEAR/2 (abuse OR misuse)) OR
anger)

9. SU.EXACT ("Emotional disorders")

10. 9 or 10

11. 11 and 8 and 4

12. 11 and 8 and 3

13. 11 and 8 and 2

14. 11 and 8 and 1

Google and Google Scholar

Psychotherapy adult survivor* "childhood sexual abuse"

University of Nottingham and University of Birmingham E-Theses

Keywords searched: sex abuse, sexual abuse, sex assault, sexual assault, rape,
crime victim

Appendix L

Study Eligibility Screening Form

Inclusion criteria	Criterion met?			Comment
	Y	N	U	
Population: Does the population consist of adult (18 years and above) victims of childhood sexual abuse (occurring under 16 years of age)				
Intervention: Is there a psychotherapeutic intervention for victims of sexual assault/rape? <u>AND</u> Does the comparator consist of a non-psychotherapeutic intervention or no intervention?				
Study design: Is the study a randomised control trial				
Outcome: Are there pre and post intervention outcome measures? <u>AND</u> Has some form of psychological distress or behaviour been measured by a validated instrument?				

Included? Yes No

Reason for exclusion (if applicable)

(Informed by Liberati et al., 2009)

Appendix M

Quality Assessment Form

Was the study described as randomised?

Yes No

Was the method of randomisation appropriate?

Yes No Unclear

Y = Yes, N = No, P = Partially, U = Unclear	Y	N	P	U	Comments
SAMPLING AND SELECTION BIAS					
Are the individuals selected likely to be representative of the target population? (case and controls)					
Were there important differences between groups prior to the intervention?*					
If yes to above, were relevant confounders controlled (either in design or analysis)?**					
Was the allocation concealed?					
Was there a power calculation to show enough cases were selected?					
<i>Risk of selection bias?</i>	<i>Low</i>	<i>Unclear</i>	<i>High</i>		
MEASUREMENT BIAS					
Were measurement methods the same for cases and controls?					
Were data collection tools valid/normed on this population?***					
Were data collection tools shown to be reliable?					
Are measures administered by the same person or trained individuals?					
If self-report is used, is it corroborated?					
Were participants aware of the research question?					
Were outcome assessors aware of the intervention status of the participants?					

Appendix N

Data Extraction Form

General Information	
Study number	
Date of data extraction	
Author(s)	
Article title	
Type of publication (e.g. journal)	
Year of publication	
Country of origin	
Language	
Re-verification of study eligibility	
Population?	
Intervention?	
Comparator?	
Outcome?	
Study characteristics	
Aim/objectives	
Design	
Study inclusion criteria	
Study exclusion criteria	
Recruitment procedures (details of blinding etc)	
Participant characteristics	
Treatment group characteristics (age, gender, ethnicity, diagnosis, type of sexual offence they were a victim of and by who)	
Control group characteristics (age, gender, ethnicity,	

diagnosis, type of sexual offence they were a victim of and by who)	
Treatment setting	
Sampling	
Sample size of treatment group at start	
Sample size of treatment group at finish	
Sample size of control group at start	
Sample size of control group at finish	
Was power analysis used to determine sample size	
Method used to generate allocation to treatment and control group	
Intervention data	
Type of intervention (for treatment and control)	
Setting of intervention	
Manuals used?	
Who delivered treatment	
Duration of intervention	
Outcome data	
Outcome measure(s) (baseline and follow-up)	
Outcome measures reliability and validity	
Administrator of measure	
Time interval between baseline and follow-up measure	
Results	
Dropout rates and reason	

Number excluded from analysis	
Statistical test(s)	
Statistical significance	
Does the statistics adjust for confounding variables? And how?	
How was missing data dealt with?	
Other	
Other notes	
Were authors contacted? If so, response received?	

(Informed by Higgins & Green, 2011)

Appendix O

Descriptions of Treatments Used in Studies

Alexander et al. (1989)

Interpersonal Transaction Group

Each week a new topic was introduced, focusing on feelings of being different, perceptions of self, feelings of helplessness, issues with trust, family secrets, and ambivalence towards parents. In pairs group members discussed the topic and afterwards rotated to a new partner to discuss with an emphasis on non-judgementally sharing common experiences. After discussions in pairs took place, participants engaged in a whole-group discussion where facilitators asked questions encouraging group members to notice reactions.

Process Group Format

Group members shared their incest histories. The topics covered were decided upon by group members and the facilitator helped facilitate interactions. The group focused on members interactions with the group as a way of developing a new perspective on incest, of understanding problematic interpersonal behaviours that perpetuate group members general victimisation and of experimenting with new ways of relating to the group and to people in general.

Chard (2005)

Cognitive Processing Therapy for Sexual Abuse Survivors (CPT-SA)

CPT-SA was adapted from Resick and Schnicke's (1993) cognitive processing therapy. CPT-SA addresses how fear processing, attachment, cognitions, and development create and maintain symptoms. Participants start with processing their traumatic events with the individual therapist. Within a group, participants are educated about PTSD, discuss their developmental history, examine rules that developed in their childhood and discuss the relationship among events, thoughts, and feelings. There is an exposure element where participants write an account of the most traumatic incident of childhood sexual abuse, read additional written narratives to the therapist in individual sessions and process the experience. Unhealthy cognitions are explored and challenged, with particular focus on their rules about safety, trust, power/control, self-esteem, communication, intimacy and social support.

Classen et al. (2001)

Trauma-Focused Treatment

The goal was to help survivors reconstruct their traumatic experiences, integrate emotions associated with the trauma, modify negative views of self that came about due to the abuse and integrate their traumatic history into conscious awareness. Survivors shared their memories of childhood trauma, helping them access elements of the memory and helping reconstruct meanings and beliefs derived from traumatic experiences into their conscious awareness.

Present-Focused Group

The goal was to help survivors identify and modify maladaptive patterns of behaviour that arose because of the trauma. The focus was on helping group

members become aware of their current internal affective and cognitive states, to become aware of triggers to their trauma symptoms, and how to manage them. If group members brought up their traumatic memories the facilitators were told to respond with empathy, but not to explore the memories.

Classen et al. (2011) and Ginzburg et al. (2009)

Trauma Focused Group Therapy (TFG)

TFG involves the activation and exploration of trauma memories to gain a better understanding of the impact of trauma on sense of self, interpersonal functioning and affect. The aim is to restructure cognitive and emotional understanding of these events so that it no longer impairs current experience or functioning.

Present Focused Group Therapy (PFG)

PFG examines current functioning and maladaptive patterns of relating. The aim is to learn more adaptive ways of interacting with others, restructure views of self and others and develop positive affect-regulation strategies.

Edmond et al. (1999)

For both EMDR and routine individual treatment, visualization, guided imagery, and hypnosis were used to create a safe place with group members.

Routine Individual Treatment

This included a combination of techniques (including psychoeducation, psychodynamic and CBT) that could reduce trauma symptoms.

EMDR

No further information is provided in the article about the sessions.

Freedman and Enright (1996)

Forgiveness Intervention

The intervention focused on psychological defence mechanisms to protect against pain. Topics that were covered included anger, shame and guilt, insight into the just world view, commitment to forgive, reframing, empathy and compassion towards offender, acceptance and absorption of pain, realisation that self has needed others forgiveness, decreased negative affect towards offender and awareness of emotional release.

Jung and Steil (2013)

Cognitive Restructuring and Imagery Modification (CRIM)

The characteristics of FBC (feelings of being contaminated) were explored, including what it feels like and what it means. The participant is instructed to use the internet to gather information about how frequently an individual's dermal cells in trauma-related body regions have been rebuilt since her last contact with the perpetrator (skin cells rebuild every 4–6 weeks). The therapist and participant discuss what this information means and that rationally they are no longer contaminated. The participant is asked to develop an idiosyncratic imagery representing the process of skin or cell renewal. The participant is asked to recall a situation the previous week where the FBC was present and was instructed to use their idiosyncratic imagery of skin renewal.

Participants are asked to listen to a tape of the guided imagery modification daily over a week. In the booster session the effects of the treatment, questions related to the intervention and problems in implementing the method are explored.

McDonagh et al. (2005)

CBT

The main components were prolonged exposure, in vivo exposure and cognitive restructuring. For prolonged exposure, participants recalled the traumatic event with as much vividness as possible, recounting the memory in the present tense and repeatedly went over the memory until the distress decreased. For the in vivo exposure, participants created a hierarchy of avoided situations to face between sessions. Cognitive restructuring involved identifying automatic thoughts accompanying distressing emotions, learning about cognitive distortions and working to challenge distress enhancing cognitions relating to abuse.

Present Centred Therapy (PCT)

PCT focused on addressing current life difficulties, by assisting participants to recognise how their present coping styles were influenced by their trauma history and teaching problem solving skills. The main elements are psychoeducation about PTSD, training in problem solving, and journal writing. PCT aimed to omit CBT techniques including prolonged exposure, vivo exposure, and cognitive restructuring. Although the role of trauma was acknowledged in assessing current difficulties, the trauma itself was not the focus.

Rieckert and Möller (2000)

Rational Emotive Behaviour Therapy (REBT)

Emphasis was placed on dysfunctional beliefs in safety, trust, power/control, esteem and intimacy. Participants discussed their experiences of sexual abuse and used examples from their own experiences, to understand the association between activating events (A), perceptions and evaluations of those events (B), and the consequences (C). Participants identified their dysfunctional beliefs, challenged them and replaced them with more rational beliefs. The sessions focused on different symptoms of CSA, including low self-esteem, anxiety, depression, guilt, anger and sexual problems.

Appendix P

Template of the Consent Form Jamal Signed Agreeing for his Information to be Used in the Case Study



Consent Form

University of Nottingham, Centre for Forensic & Family Psychology

Client consent form for case study

Name of Investigators: Rebecca Vines

Please read the statements below and sign if you agree:

- Rebecca would like to use information about me for her University work.
- Rebecca will not use my real name. This is so no one will know who I am.
- Rebecca might talk about her work with a psychologist who checks her work and with other people training to be psychologists.
- It is ok for Rebecca to keep, look at and write about my information.
- I know that information about me will be kept safe.
- It is up to me if I say yes or I can say no. I can say no without saying why. Nothing bad will happen to me if I do not want Rebecca to use my information in this way.
- I agree to Rebecca using information about me for her work.

Name of Client:

Client Signature:

Date:

Appendix Q

STABLE-2007 (Harris & Hanson, 2007) Scoring Sheet Pre-Treatment

Variable	Score
<i>Significant social influences</i> Jamal has pro-social supports particularly from his mother, siblings and fiancé. His father can be a negative influence as has been known to encourage Jamal to get into physical fights to resolve disputes.	0
<i>Capacity for relationship stability</i> Jamal is in a stable relationship with his fiancé, who he has been with for over one year. He has not lived with a partner previously, but it should be taken into account that he is still young.	1
<i>Emotional identification with children</i> There is no evidence to suggest Jamal relates better to younger children than those his own age.	0
<i>Hostility towards women</i> Jamal has not evidenced hostile attitudes towards women. He appears to be respectful towards women in his life including his mother, sister and fiancé.	0
<i>General social rejection/loneliness</i> Whilst Jamal has a close relationship with his fiancé and family, he reports having few friends, saying that '<i>people are a waste of time</i>'. He explained friends in the past have been racist towards him.	1
<i>Lack of concern for others</i> Whilst Jamal appeared to be indifferent to the victim of the offence, he appears to generally be emotionally responsive	0

and caring to significant others in his life. He reported not wanting to share his problems with his mother in the past as he does not want to burden her as she has her own mental health difficulties.	
<i>Impulsive acts</i> Jamal reported regularly getting into fights at school, stating he would start fights when there was just one of him and multiple other people. Aside from his sexual misbehaviour and his aggression at school, there was no other evidence suggesting Jamal had a problem with behaving in an impulsive manner.	1
<i>Poor cognitive problem-solving skills</i> Jamal has demonstrated he is able to identify and solve problems, particularly in relation to his employment, where he found an internship. Generally, Jamal has realistic long-term plans. His use of steroids for body building competitions highlights he is more interested in fast gains without concern for the impact it will have on his health in the long-term. Though he does seem to have researched the consequences of taking steroids.	1
<i>Negative emotionality/hostility</i> There is no evidence suggesting he feels overly hostile, victimised or resentful.	0
<i>Sexual pre-occupation</i> There is no evidence to suggest Jamal is currently preoccupied with sexual thoughts and activities, stating he now believes it is '<i>wrong</i>' to watch pornography every day.	0
<i>Sex as coping</i> There is no evidence Jamal uses sex as a coping strategy.	0

<i>Deviant sexual interests</i> As Jamal's victim was 13 years old, it is considered a deviant sexual interest and automatically renders a score of 1. There is no other evidence suggesting he has an interest in children or other deviant sexual interests.	1
<i>Cooperation with supervision</i> Jamal has been compliant with probation and his appointments so far for the sex offender treatment group.	0

Appendix R

STABLE-2007 (Harris & Hanson, 2007) Scoring Sheet After First Term in
Treatment

Variable	Score
<i>Significant social influences</i> Jamal's pro-social supports appear to come from his mother, sister and brother. His father encourages him to fight to sort out his problems, thus holds supportive attitudes to violent offending, but not sexual. He states that he avoids friends who are a negative influence.	0
<i>Capacity for relationship stability</i> Jamal has broken up with his fiancé and is currently single. He has not lived with a partner previously, but it should be noted that he is still young and it is not uncommon that someone of his age has not yet lived with a partner	2
<i>Emotional identification with children</i> There is no evidence to suggest Jamal relates better to younger children than those his own age.	0
<i>Hostility towards women</i> Jamal appears to be respectful towards important women in his life including his mother, sister and a female friend. Whilst he has expressed some prosocial views towards females; since the break-up of his relationship with his fiancé, he has expressed some negative attitudes towards white females, stating they are stuck up and cannot be trusted. He shared his belief that males are dominant and should provide for their family, not females.	1

<i>General social rejection/loneliness</i> Jamal reports having close relationships with his mother and sister. However, stated he has no long-term friends and has a tendency to avoid people he does not trust.	1
<i>Lack of concern for others</i> Whilst Jamal appears indifferent to the victim of the offence, he seems to be caring to members of his family. He reported not wanting to share his problems with his mother in the past as he does not want to burden her due to her mental health difficulties.	0
<i>Impulsive acts</i> Jamal has reported getting irritable of late and has recently been arrested for threatening behaviour and possession of a bladed article. His probation officer said he has been getting into fights at the gym and therefore asked to leave. Whilst Jamal has missed a number of days of work as he reports not enjoying it, he is continuing to persist and has not resigned as he has not got another job lined up.	1
<i>Poor cognitive problem-solving skills</i> Jamal has demonstrated he is able to identify and solve problems and largely seems to have realistic long-term plans. In some respects, he can manage his suicidal ideation and recognises going to the gym helps these thoughts subside. However, on the other hand, he is resistant in accepting alternative forms of help, such as individual psychology sessions, going to the GP, attending A&E if he feels his suicidal thoughts become unmanageable. His continued use of steroids for body building competitions, highlights he is more interested in fast gains without concern for the impact it will have on his health in the long-term. He	1

does seem to have researched the consequences of taking steroids, though it has not altered his use.	
<i>Negative emotionality/hostility</i> There is no evidence suggesting he feels excessively hostile, victimised or resentful given his current life situation.	0
<i>Sexual pre-occupation</i> There is no evidence to suggest Jamal is currently preoccupied with sexual thoughts and activities.	0
<i>Sex as coping</i> There is no evidence Jamal uses sex as a coping strategy.	0
<i>Deviant sexual interests</i> As Jamal's victim was 13 years old, it is considered a deviant sexual interest and automatically renders a score of 1. There is no other evidence suggesting he has an interest in children or other deviant sexual interests.	1
<i>Cooperation with supervision</i> Jamal is generally compliant with probation and the sex offender treatment group and actively contributes to the group. There is no evidence to suggest he is overly manipulative.	0