Moral development and juvenile sex offending

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Publication date
2011
Document Version
Final published version

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ISBN: 978-90-8891-344-0

Printed & lay-out by: Proefschriftmaken.nl || Printyourthesis.com
Published by: Uitgeverij BOXPress, Oisterwijk

Moral Development and Juvenile Sex Offending

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad van doctor
aan de Universiteit van Amsterdam
op gezag van de Rector Magnificus
prof. dr. D.C. van den Boom
ten overstaan van een door het college voor promoties
ingestelde commissie,
in het openbaar te verdedigen in de Aula der Universiteit
op vrijdag 9 december 2011, te 13.00 uur

door

Eveline Stefanie van Vugt

geboren te Papendrecht

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Table of Contents

Chapter 1:
General Introduction

1.1 Moral development

Morality and delinquency are inextricably linked, in a sense that they are both related to behaviors that have consequences for the rights and welfare of others (Turiel, 1983). Whereas morality can be defined as "the aspect of human thought, feeling, and action that pertains to the distinction between right and wrong (Bauman, 1993; p. 4), delinquency refers to acts that are considered morally wrong and therefore have been codified in terms of criminal law. Although immoral behavior is not necessarily criminal behavior, moral norms and legal norms (codified laws) do, generally, overlap. For this reason, criminal law could be considered an objective instrument that regulates moral principles in society by referring to some behavior as criminal behavior, encouraging individuals to desist from these behaviors (see Boutellier, 1993).

Morality is a complex concept, as it involves both emotive and cognitive capacities. Aspects that have been prominent in the literature on moral psychology are respectively moral judgment, empathy, guilt and shame.

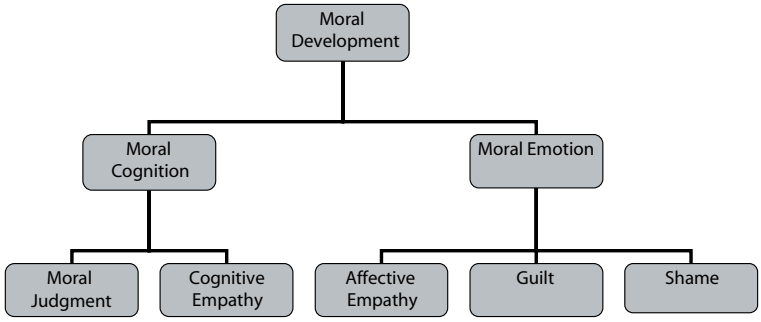

Figure 1: overview of cognitive and affective aspects of moral development

From these, the first two aspects, moral judgment and empathy, have been studied most (Jolliffe & Farrington, 2004; Tangney et al., 2007; Stams et al., 2006) and will occupy a central place in this dissertation (see figure 1).

Lawrence Kohlberg (1971), following Piaget (1936), was the first to provide the study of moral development with an empirical base in his famous essay "From is to ought: How to commit the naturalistic fallacy and get away with it in the study of moral development". Kohlberg (1984) proposed a model of moral development in terms of moral judgment consisting of six hierarchically ordered stages through which individuals progress by responding to moral issues from a more egocentric point of view at the lower immature stages to the needs of others and the needs of society at the higher more mature stages. As the cross-cultural validity of the stages 5 and 6 of Kohlberg's model of moral development has never been established, and these stages have only been found among individuals with a graduate education, Gibbs (1992) revised Kohlberg's model into a four-category model of sociomoral development. In this model stages 1 and 2 constitute immature moral judgment and stages 3 and 4 mature moral judgment. Although Kohlberg acknowledged the importance of social cognition in his model of moral development, it was Gibbs who examined how the content of social cognition, referred to as cognitive distortions, was related to an individual's moral judgment. Cognitive distortions are thoughts (e.g. arguments) that help to protect the self from blame or a negative self-concept facilitating aggressive, antisocial or delinquent behavior (Barriga & Gibbs, 1996; Barriga, Landau, Stinson, Liau, & Gibbs, 2000; Ward, Hudson & Marshall, 1995).

The models of moral development of Kohlberg and Gibbs have in common that they are justice oriented; meaning moral judgment is characterized by principles of justice and fairness instead of care[1] and empathy. In Gibbs' model, moral judgment refers to the reasons or justifications for moral decisions or values, and it is considered to be an aspect of moral cognition (Gibbs, 2010; p. 130). As moral judgment is dynamic in nature, under normal conditions, children and adolescents advance through stages of moral development assuming moral growth. Next to moral judgment, also cognitive empathy, the ability to understand and recognize other's emotions, is considered a moral cognitive capacity.

Moral emotions, unlike moral cognition, are less dynamic and already present in childhood. Aspects of moral emotions are affective empathy, guilt and shame. Affective empathy, the capacity to feel and share others' emotions, is together with

1 Other researchers have argued that this justice orientation in moral reasoning is more found among males than females, whose moral reasoning is assumed to be care oriented. However, research on care oriented moral judgment so far has only focused on positive morality and prosocial moral behavior instead of delinquent behavior and thus its relationship with delinquent behavior is unknown (Eisenberg, 1986; Eisenberg, Carlo, Murphy & Van Court, 1995).

cognitive empathy an important ability for moral signaling. In addition, shame and guilt are considered self-conscious emotions "providing immediate and salient feedback on our social and moral acceptability (Tangney, 2007; 347). Whereas guilt centers on the wrong behavior in relation to the violation of a society's moral values, shame, on the other hand, is more centered on the evaluation of the self in the situation (Lewis, 1971; Tangney et al., 1994).

1.2 Moral development and legal responsibility

In particular the dynamic nature of moral cognition is important in relation to juvenile criminal law and the question of legal responsibility. As children are still developing, socially, morally and intellectually, and are often unable to oversee the consequences of their behavior, children under age 12 cannot be held legally responsible in the Netherlands. Adolescents between age 12 and 18 fall under the Dutch juvenile court jurisdiction, which indicates that developmental differences that exist between adolescents and adults should be taken into account for court procedures as well as for sentencing decisions (Ash, 2006; Bartels, 2007; Weijers, 2004). However, if juvenile delinquents do not fully understand society's mores, meaning they are unable to discern right from wrong and are unable to share and understand emotional states in others, the question is whether they can be held accountable for the crimes they commit (Cohen & Strayer, 1996; Jollife & Farrington, 2004; 2006; Le Sage, 2005). This may in particular be the case for offenders with intellectual disabilities, who have difficulties understanding and coding complex social situations (Van Nieuwenhuijzen, Orobio de Castro, Wijnroks, Vermeer, & Matthys, 2004) and understanding others' perspectives, abilities that both affect moral functioning (Sigman & Erdynast, 1988; Sigman, Ungerer & Russell, 1983). Also other offender groups, such as offenders with psychopathic traits, should possibly be held limited accountable for the crimes they commit (Le Sage, 2005), as they may be delayed in their moral development due to emotional and cognitive deficiencies (Blair, Jones, Clark, & Smith, 1995).

Psychopathic traits and intellectual disability[2] are associated with moral deficiencies, but have not been accepted as grounds for insanity (e.g a mental illness) and infancy (e.g developmental delay) defenses, respectively (De Ruiter & Hildebrand, 2000; Moonen, De Wit & Hoogeveen, 2011). Brand (2001; p. 60), following Anglo-American law, provides a new model for accountability that excuses an offender who does not "possess the cognitive capacity to distinguish between right and wrong"

2 In the Netherlands, suspects with an intellectual disability are treated equally as suspects who are not intellectually disabled, as long as their equal position is not affected. In the latter case, when the offender's position is affected as a result of the severity of their disorder, a trustee is assigned to them to monitor the trial and to ensure a fair trial (Haffmans, 1989; Corstens, 2008).

(Feld, 1998; 98). Altogether, examining an individual's moral development may more objectively answer the question to what degree an offender should be held accountable and consequently could be considered responsible for the crime that he or she has committed. As moral deficiencies may also affect the course and goals of treatment, they should also be considered in treatment decisions.

The important role of moral development in sentencing as well as treatment decisions requires adequate assessment. However, the assessment of moral development is not yet structured and, to date, largely relies on unstructured clinical judgment of professionals. Sole reliance on unstructured clinical judgment, based on subjective interpretations of information that clinicians consider important for the examination of moral development, has been shown to be less accurate (Grove, Zald, Lebow, Snitz, & Nelson, 2000) and prone to biases (Lichtenberg, 2009) and seems consequently not that suitable to be the basis for juvenile court decisions and treatment decisions. The importance of moral development in general and adequate assessment of moral development in particular thus asks for development of new instruments, translation and validation of existing instruments, and creation of awareness among clinicians that validated assessment instruments are available that can be used to inform their clinical judgment of moral development.

1.3 Heterogeneity of offender samples

Offenders constitute a heterogeneous group. They can be adolescent and adult offenders, females and males, may commit a variety of offenses, such as shoplifting, robbery or assault, some only once, whereas others may repeatedly commit offenses. Studying large offender samples increases the possibility to detect significant relations because of increased statistical power. These relations, however, may be different or may not always be applicable to particular groups of offenders, such as sex offenders, and consequently of less use for the development of prevention and treatment programs that are responsive to the needs of specific groups. It is therefore important to also study specific offender groups, which are more or less comparable, such as sex offenders.

It is important to study juvenile sex offenders for at least two reasons. First of all, this group is treated differently from juvenile non-sex offenders with respect to sentencing decisions found in relatively harsher punishment of sex offenses and life-long exclusionary measures, such as registrations that prevent this group to occupy jobs that involve minors: e.g. teaching and childcare jobs (Hendriks, 2006). Secondly, as various subgroups of juvenile sex offenders have been identified based on differences in victim characteristics, personality traits, criminal history and recidivism patterns, this group receives specialized treatment.

The subgroups that have been theoretically and empirically distinguished among juvenile sex offenders are solo and group sex offenders, child and peer abusers, generalist and specialist offenders. Solo sex offenders commit their sexual offenses alone; group sex offenders on the other hand, perpetrate sexual offenses with at least one other offender. Additionally, a distinction is made between child and peer abusers. The child abuser's victim is at least five years younger than the offender, often pre-pubertal, whereas the victim of the peer abuser differs less than five years in age with the offender or, alternatively, the victim is older than the offender. Last, the generalist sex offender commits a variety of offenses, including sex offenses, whereas the specialist offender mainly commits sex offenses.

Although sexual offense recidivism rates have shown to be equally low for generalist and specialist offenders, general offense recidivism rates on the other hand tend to be much higher for both groups. Hissel, Bijleveld, Hendriks, Jansen and Collot d'Escury-Koenigs (2006) and Chu and Thomas (2010) showed in particular generalist offenders to have much higher recidivism rates. Moreover, generalist offenders were almost ten times more likely to engage in violent offense recidivism.

Research distinguishing between child and peer abusers showed peer abusers to have more prior nonsexual charges than child abusers (Kemper & Kistner, 2007). Child abusers compared to peer abusers frequently have both female and male victims and victimize within their family. Although sexual offense recidivism rates compared to non sexual offense recidivism rates were fairly low for the child (8.16%) and peer abuser group (1.32%), the percentages were significantly different from each other (Kemper & Kistner, 2007). To conclude, subgroup differences may warrant a different focus in treatment, in particular since the criminal careers of 'generalist' offenders and 'peer sexual abuse' offenders appear to have been affected by antisocial attitudes, whereas the criminal careers of 'child sexual abuse offenders' and 'specialist' offenders have been influenced by social-emotional problems (Hendriks & Bijleveld, 2008). It is therefore plausible to suggest that differences between these subgroups may also show in other characteristics, such as in moral functioning.

1.4 Moral development and juvenile sex offending

Most studies examining moral development of juvenile delinquents have focused on the delinquent group in its entirety. For instance, it has been shown that juvenile delinquents generally have a poorly developed moral conscience compared to their non-delinquents age mates. Juvenile delinquents do not only display lower stage moral judgment (Blasi, 1980; Smetana, 1990; Stams et al., 2006), but also show lower levels of empathy, in particular cognitive empathy compared to affective empathy

(Jolliffe & Farrington, 2004). Moreover, Tibbets (2003) showed guilt - but not shame - to be negatively related to self-reported delinquency.

Reviews and meta-analyses of moral development and delinquency have largely neglected the heterogeneity of offender populations. We therefore still have little knowledge about the moral development of many specific offender groups, including juvenile sex offenders. Research examining moral development of sex offenders has mainly focused on adult sex offenders, showing that moral functioning of sex offenders might be different from that of general offenders. For instance, Valliant, Pottier, Gauthier and Kosmyna (2000) showed adult rapists and child molesters not to be delayed in moral judgment compared to general offenders. In the case of empathy, Jolliffe and Farrington (2004) showed the relation between offending and empathy to be stronger for non-sex offenders than for sex offenders. A possible explanation for this weaker relation in sex offenders is to be found in specific rather than general moral deficits that are present in sex offenders (see Marshall, Hudson, Jones, & Fernandez, 1995). Fernandez, Marshall, Lightbody and O'sullivan (1999) and Fernandez and Marshall (2003), for instance, showed adult sex offenders to display lower levels of empathy in sexual situations and even lower levels when sex offenders had to consider their own abuse victims. No delays in general empathic responding were found. These deficiencies particularly occurred in the recognition and understanding of emotions of the victims, which suggests lack of cognitive empathic abilities (Marshall, Hamilton, & Fernandez, 2001). Further analyses indicated lower empathy scores to positively correlate with cognitive distortions, which are thoughts (e.g. arguments) that help to protect the self from blame or a negative self-concept facilitating aggressive, antisocial or delinquent behavior (Barriga & Gibbs, 1996; Barriga, Landau, Stinson, Liau, & Gibbs, 2000; Ward, Hudson & Marshall, 1995).

The question remains whether findings about moral judgment, empathy and cognitive distortions of adult sex offenders can be generalized to youngsters who are involved in sexual offenses. Because juveniles are still developing and are more capable of change, it is increasingly viewed as inadequate to employ theories for adults to explain juvenile sex offending. Thus, separate research is needed to understand and explain juvenile sex offending, and to verify to what extent theories that are valid for adults can also explain juvenile sex offending, or whether separate theorizing is necessary to adequately describe and explain the criminal careers of juvenile sex offenders.

For this reason the aim of this dissertation is to examine moral development of juvenile sex offenders. The dissertation comprises the following studies.

1.5 Outline of the research project

The studies that are discussed below, correspond with the order of the chapters of this dissertation.

Study 1

There is abundant empirical evidence showing that offenders reason at lower stages of moral judgment than do non-offenders (Gibbs, Basinger, Grime & Snarey, 2007; Palmer, 2003; Stams & Rutten, 2006). Moral development, however, should only then be a treatment target when it predicts recidivism and thus can be considered a criminogenic risk factor (Andrews & Bonta, 2010). Therefore, the first study of this dissertation focuses on the relation between moral development and recidivism by means of a meta-analytic study. The meta-analysis of moral development and criminal offense recidivism examines the degree to which moral judgment, empathy, guilt and shame predict recidivism, identifying factors that may moderate the effect, including age and gender of the offender, different aspects of moral development, and different types of instruments. Such information on the relation between moral development and recidivism is needed to be able to adequately match the intensity and other qualities of an intervention program to the risk level of the offender.

Study 2 & 3

Most studies neglect that offender populations are heterogeneous and that theories explaining adult offending are not necessarily applicable to juvenile offenders. The second study of this dissertation therefore examines moral development of juvenile sex offenders compared to non-offenders, focusing on general and specific deficits in moral development (moral judgment and empathy). Juvenile sex offenders are questioned about general, sexual and own abuse victim situations. Furthermore, we examine to what extent cognitive distortions are related to moral development. As several subgroups of juvenile sex offenders have been identified, the third study is an extended replication of the second study by distinguishing between child and peer abusers. Next to examining cognitive distortions, this study also examines implicit theories in juvenile sex offenders, which are "statements enabling individuals to explain and understand aspects of their social environment, and to make predictions about future events" (Ward, 2000; p. 495). For the purpose of this study we examined two types of implicit theories, respectively implicit theories comprising statements in which the child is seen as an instigator of sexual contact with the offender, and in which sexual contact between the offender and the child is considered harmless.

Study 4

There is an ongoing debate about the moral development of individuals with psychopathic traits. Where some claim psychopaths to have no moral conscience due to diminished emotional and cognitive capacities and deficiencies (Blair, Jones, Clark, & Smith, 1995), others argue that even psychopaths are able to make moral decisions and show empathic concern within particular contexts (Levy, 2008; Vargas & Nichols, 2008). It is important to establish whether psychopathic juvenile delinquents are able to make moral decisions, as the ability to do so may affect the extent to which they can be held accountable (Le Sage, 2005) as well as the course and goals of treatment. Most research on psychopathy in relation to moral development has focused on emotional problems (lack of empathy), whereas moral cognitive development (moral judgment) of psychopathic individuals is still an underresearched area, especially in the case of young delinquents. It is, however, important to study these two aspects in juveniles, as research indicates that they are interconnected in daily functioning (Gibbs, 2010).

The aim of the fourth study therefore is to examine the relation between psychopathy and moral development in young sex offenders, looking at both the relation between psychopathy and moral emotion, such as empathy, and psychopathy and moral cognition (moral judgment). As sex offenders are not deficient in empathic responding toward all people or in all situations, but lack empathy in sexual and own abuse victim situations (Fernandez, Marshall, Lightbody & O'Sullivan, 1999; Fernandez & Marshall, 2003), measures used in this study were extended with domain specific and context sensitive items that pertain to sexual situations and the offender's own abuse victim.

Study 5

There is empirical evidence showing that people with intellectual disabilities (ID) are overrepresented in the criminal justice system (Cullen, 1993; Holland, 2004; Holland et al, 2002; Lindsay et al, 2002). In particular higher incidence of intellectual disability has been found among sex offenders (Cantor, Blanchard, Robichaud & Christensen, 2005; Lund, 1990; Walker & McCabe, 1973). Although cognitive impairments could set limits to the development of mature moral judgment, little research has focused on moral development of offenders with ID. It is important to examine moral development of offenders with ID, as it is questionable whether offenders who do not fully understand that certain behavior is against the rules and mores of society (Lindsay, 2002), can be held accountable for their delinquent behavior (Le Sage, 2005). Moreover, moral development of offenders with ID should be examined in order to establish whether efforts to enhance their level of moral judgment can be successful. For the fifth study we examined a group of young sex offenders with ID (IQ < 85) and without ID (IQ

>85). As it is suggested that sex offenders with ID also have poorer sexual knowledge than individual without ID (Clare, 1993), possibly affecting their sexual mores, we furthermore examine moral judgment in sexual situations. Last, as all respondents committed a sexual offense, we also question the offenders about their own abuse victim.

Study 6

In the case of moral development few valid and reliable assessment instruments are available, and to our knowledge, these instruments are mostly used for scientific research rather than for clinical examination. Clinicians therefore mostly rely on subjective interpretations of information that they consider important for the examination of moral development. The aim of the sixth study is to examine whether unstructured clinical judgment and objective measurement of moral development are associated in a sample of young sex offenders, focusing on moral judgment and victim empathy. It seems important that clinicians can adequately judge moral development in young sex offenders, since it has been shown that (juvenile) sex offenders show lower levels of moral judgment when questioned about their victim and lack victim empathy (Fernandez & Marshall, 2003; Knight & Prentsky, 1993; Lakey, 1994; Marshall, Hudson, Jones, and Fernandez, 1995; Marshall, Hamilton, and Fernandez, 2001; Varker & Devilly, 2007, Van Vugt et al., 2008). Whereas a significant association between unstructured clinical judgment and independent objective measurement of moral development would support the adequacy of moral judgment, lack of an association would cast doubt on the adequacy of unstructured clinical judgment of moral development. Such lack of association would call for the use of well validated instruments to assess moral development in order to inform the clinical judgment of clinicians working with juvenile sex offenders. It is thus important to further study possible differences and commonalities between clinical judgment and test results, because referral decisions may have life-long consequences for clients, in particular in the case of forensic evaluations that concern sentencing decisions, such as length of incarceration and treatment type and duration.

Chapter 2: Moral Development and Recidivism: A Meta-Analysis[3]

3 Van Vugt, E.S., Gibbs, J.C., Stams, G.J.J.M., Bijleveld, C., Van der Laan, P.H., & Hendriks, J. *Moral development and recidivism: A meta-analysis*. International Journal of Offender Therapy and Comparative Criminology (2011), Advance online publication. doi:10.1177/0306624X10396441.

Abstract

A meta-analysis of 19 studies (N = 15.992 offenders) showed a significant inverse relation between more mature moral development and recidivism. Moderator analyses revealed a larger effect size for moral cognition (r = .20) than for moral emotion (r =.11). Effect sizes for production measures (r = .57) were much larger than for recognition measures (r = .16) and unstructured (clinical) judgment (r =.10). Larger effect sizes were found for female delinquents (r = .32) than for male delinquents (r = .21). Only small differences in effect-sizes were found between juvenile delinquents (r =.10) and adult delinquents (r = .16). Finally, self-report measures of recidivism revealed much larger effect sizes (r = .32) than official reports of recidivism (r = .09). The discussion focuses on the theoretical and practical meaning of the magnitude of the effect size for the relation between moral development and recidivism.

Moral Development and Recidivism: A Meta-Analysis

Delays or deficiencies in moral development could be meaningful to the accountability of delinquents as well their risk of reoffending. Relevant to the accountability question may be whether offenders evidence a delayed, immature or superficial understanding of right and wrong (moral judgment), and whether they evidence deficiencies in their experience of moral emotions (affective empathy, guilt, or shame) or understanding of emotional states in others (cognitive empathy) (Le Sage, 2005); at least in the judicial systems of some countries, such factors could mitigate accountability. Furthermore, it is important to study the possible relation between moral developmental factors and risk of recidivism. Such information could importantly inform efforts to match the intensity and other qualities of a given intervention program with the risk level of the offender (Andrews, Bonta, & Hoge, 1990; Andrews & Dowden, 1999, 2006; Lowenkamp & Latessa, 2005). Accordingly, we focus in this study on the following questions. How robust are reported inverse relations between moral development and recidivism? Are the relations substantial enough to contribute to risk assessments and selection of intervention programs?

Moral development is a broad concept that includes cognitive and emotional constructs; among these, moral judgment, empathy, guilt and shame have been prominent in the literature. A well established view of moral development and its relation to offending behavior is based on Kohlberg's cognitive developmental approach to moral judgment (Palmer, 2003). In Kohlberg's stage-oriented approach, lower stage moral judgment is dominated by external consequences, such as avoidance of punishment and concrete pragmatic or hedonistic considerations. Higher stage moral judgment, on the other hand, is characterized by reasoning that involves relations with others in which ideal reciprocity, mutual respect, trust and the social contract are emphasized (Gibbs, 2010; Kohlberg, 1984). It is assumed that higher stage moral judgment buffers against antisocial and delinquent behavior, because the well-being of relationships and society is taken into account (Gibbs, 2010; Kohlberg, 1984). In a comprehensive meta-analysis of moral judgment and juvenile delinquency, Stams et al. (2006) found a significant and large association between lower stage moral judgment and juvenile delinquency, even after controlling for socioeconomic status, cultural background, age, intelligence, gender and type of offense.

Moral development is not only conceptualized in terms of moral judgment but also in terms of its emotional facets such as empathy, shame, and guilt. Gibbs (2010) argued that emotional predispositions such as empathy are just as fundamental to moral development, motivation, and behavior as are Kohlbergian cognitive stage structures. Cohen and Strayer (1996) conceptualized empathy as encompassing cognitive and affective components: Empathy's cognitive component marks a

person's understanding of the actual or previous emotional states of others; the affective component indicates the person's ability to share others' emotional states. The ability to empathize is assumed to suppress antisocial, aggressive and other acting out behavior that is harmful (Tangney, Stuewig & Mashek, 2007). Jolliffe and Farrington (2004) conducted a meta-analysis of empathy and offending and showed cognitive empathy to be more strongly and negatively related to offending than affective empathy. Relations between empathy and offending were found to depend on age and type of offense (with larger effect sizes for adolescents compared to adult offenders and smaller effect sizes for sex offenders).

A narrative review by Tangney et al. (2007) discussed the conceptualization of guilt and shame. Although guilt and shame are both moral emotions, their origin seems to differ. Shame could be seen as a more public matter in which a person violates to some degree a society's social and cultural values. In contrast, guilt may be considered a private matter insofar as one reacts to a violation of one's own moral values (Tangney, Miller, Flicker & Hill-Barlow, 1996). Others researchers (e.g., Bradshaw, 1988; Lewis, 1971) have focused not on the situation (private-public) but on the role of the self within the experience. An individual who feels guilty is concerned about the wrongdoing itself and accordingly may seek to undo the violation with a restorative action. In contrast, an individual who feels ashamed is embarrassed and humiliated and concerned about one's own role within the experience resulting in avoidance of the situation that reflects the unpleasant experience. Consequently, shame is considered to be more devastating, in the sense that it focuses on one's self-concept and not on the incorrect behavior. In addition, Tibbets (2003) showed guilt - but not shame - to be negatively related to self-reported delinquency. Some researchers, moreover, even claim shame to be conducive to offending (Hosser, Windzio, & Greve, 2008).

Insofar as cognitive (moral judgment) and affective moral development (empathy, guilt and shame) have been shown to be associated with delinquency (Jolliffe & Farrington, 2004; Stams et al., 2006), one would expect moral development to be also associated with recidivism. The aim of the current study therefore is to add to the literature by examining this relation in order to understand its importance for increased risk for recidivism as well for effectiveness of treatments that aim to prevent delinquents from recidivating. Although several meta-analytic studies of criminal offense recidivism have been conducted to examine potential predictors of recidivism, none of these meta-analyses included studies that predict recidivism from delays or deficiencies in moral development (Bonta, Law & Hanson, 1998; Cottle, Lee & Heilburn, 2001).

This meta-analysis examines the relation between moral development, in terms of cognitive and emotional aspects, and recidivism. Because there are no studies that specifically aim at examining the relation between moral development

and recidivism, we included studies that were not explicitly designed for this purpose, but do report on a relation between moral development and recidivism. Examples of studies that are not designed to examine the tested relation, but from which we were able to extract statistical information, are studies that evaluate risk-assessment tools and interventions. The present study should therefore be considered a first systematic inquiry into the association between moral development and criminal offense recidivism. Meta-analytic studies are valuable, as they allow accurate evaluation of the researched area by analyzing and testing both the strength and direction of relations between constructs, providing opportunities to formulate new hypotheses that cannot be tested in any of the primary studies on which the meta-analysis is based (see Lipsey & Wilson, 2001; McCartney & Rosenthal, 2000).

Accordingly, this study uses meta-analytic techniques to evaluate the effect of moral development on recidivism. We also identify and study factors that might moderate the effect, such as type of moral development (moral emotion or moral cognition), type of instrument (production, recognition measure, or unstructured [clinical] judgment), type of study (cross-sectional vs. prospective study), type of recidivism report, publication status, year of publication, gender, and age.

Method

The present meta-analysis examines the degree to which moral judgment, empathy, guilt, and shame predict recidivism. To be included in the meta-analysis, each study had to (1) examine relations between moral development and recidivism (officially reported criminal offense recidivism or self-report of delinquency after arrest or conviction), and (2) focus within moral development on one or more of three referents. Moral development could refer to (2a) moral judgment in terms of justifying prescriptive social decisions or values by appeals to justice or fairness or related considerations of right and wrong (Gibbs, 2010; Kohlberg, 1958; Rest, 1975); (2b) empathy (cognitive or affective, i.e., the ability to understand or share another's emotional state) (Cohen & Strayer, 1996); or (2c) shame or guilt, two moral emotions that appear after a person attributes an incident to either the self (shame) or to a behavioural act (guilt) (Lewis, 1971) or when one's own (guilt) or others' values (shame) are violated (Tangney et al., 1996).

Multiple search methods have been used in order to avoid biased retrieval of studies published in the major journals, which may selectively publish only the results characterized by lower *p* values and larger effect sizes (Rosenthal, 1995). First, we conducted a computerized search of all relevant databases: PsycLIT, PsycInfo, ERIC, Medline, Psychological Abstracts, National Criminal Justice Reference Service, Cambridge Scientific Criminal Justice Abstracts databases, Dissertation Abstracts and

Google Scholar. No specific year of publication was indicated. The following key words, in varying combinations, were used for our search: moral*, moral judgment, moral reasoning, delinq*, (victim) empathy, guilt, shame, crime, criminal, offend*, offense, re-offense, relapse, recidivism. Second, reference lists from relevant reviews and meta-analysis were used, such as Blasi (1980), Bonta et al. (1998), Bradshaw and Roseborough (2005), Hanson and Morton-Bourgon (2005), Jolliffe and Farrington (2004), Schwalbe (2007), Stams et al. (2006), and Wilson, Bouffard, and Mackenzie (2005). The third step included a search in reference sections of those studies that were drawn from the databases to identify citations that did not appear so far. Last, to overcome the file-drawer problem (Rosenthal, 1991), authors in the field of moral development were contacted and were asked about possible recent studies, unpublished studies, doctoral dissertations, theses, and studies that did not show significant results.

The first and third author of this article coded the moderators that were distinguished for this meta-analysis independently, with a concordance of one hundred percent for both categorical and continuous variables. Beside moderators like gender and age of the delinquent group, we also coded measurement characteristics such as the type of instrument that was used to examine moral judgment, empathy, guilt or shame. We distinguished between production measures, assessing self-produced arguments or descriptions of emotional states by means of open questions, recognition measures with closed questions and unstructured (clinical) judgment. Furthermore, a distinction was made between moral cognition and moral emotion. We coded for type of study, distinguishing between cross-sectional studies comparing moral development of first offenders and repeat offenders, and longitudinal studies examining the relation between moral development and recidivism prospectively. For measuring recidivism, we distinguished between officially reported criminal offense recidivism and self-report of delinquency after a previous arrest or conviction. Finally, we coded publication status, distinguishing between published and unpublished studies (theses, doctoral dissertations and manuscripts) as well as year of publication.

Data Analysis

All statistics were transformed into the effect size *r*, the correlation between an independent variable (moral development) and dependent variable (recidivism), using Wilson's effect size determination program (2001) and formulas provided by Lipsey and Wilson (2001). When a study did not report the association between moral development and recidivism, but only the nonsignificance of the association, an effect size of zero was assigned. This is a commonly used but conservative strategy, which generally underestimates the true magnitude of effect sizes (Durlak & Lipsey, 1991). Assigning an effect size of zero is preferred to exclusion of the nonsignificant results

from the meta-analysis, as this would result in an overestimation of the magnitude of combined effect sizes (Rosenthal, 1995).

To assess the impact of moral development on recidivism, SPSS macros (Lipsey & Wilson, 2000) were utilized, and both fixed and random effect sizes were computed. The difference between fixed and random effect models concerns the way significance testing is executed. Significance testing in fixed effect models is based on the total number of participants, allowing greater statistical power, but limited generalizability. Significance testing in random effect models is based on the total number of studies included in the meta-analysis, resulting in lower statistical power, but greater generalizability (Rosenthal, 1995).

Homogeneity was tested in order to establish whether the individual study effect sizes are estimating the same population mean, that is, to detect to what extent effect sizes were constant across studies. In case of heterogeneity, there are differences among effect sizes that have some source other than subject-level sampling error, and the overall effect size is not a good descriptor of the distribution of individual study effect sizes. There are real between-study differences that may be associated with different study characteristics (Lipsey & Wilson, 2001, pp. 115-119). When the hypothesis of homogeneity was rejected, moderators were tested to help explain heterogeneity among the effect sizes.

Studies that report significant results are more often accepted for publication than studies that do not report significant results and are therefore less easy to be found. This so called publication bias could result into a file drawer problem, which suggests the sample of studies found for the researched area to be incomplete and not representative for the total sample of studies. To examine whether such publication bias or file drawer problem exists, we calculated the fail-safe number to estimate the number of unpublished studies that were not included in the meta-analysis but in case of inclusion could render the overall significant effect size nonsignificant (Durlak & Lipsey, 1991). Meta-analytic findings are considered to be robust if the fail-safe number exceeds the critical value obtained with Rosenthal's (1995) formula of $5 * k + 10$ in which k is the number of studies used in the meta-analysis. If the fail-safe number falls below this critical value, a publication bias or file drawer problem may exist.

Results

This meta-analysis of the relation between moral development and recidivism consisted of 19 studies reporting on $N = 15{,}992$ individuals. Table 1 shows an overview of all studies with effect sizes. For the interpretations of the magnitude of effect sizes, the criteria formulated by Cohen (1988) were used. Effect sizes are categorized as $r = .10$ (small), $r = .25$ (moderate) and $r = .40$ (large). In one case, the study by Kantner

(1985), an effect size estimate of r = 0.00 was assigned, because this study did not contain sufficient statistical information and reported nonsignificant results.

There did not appear to be an inflationary bias in the results attributable to non-publication of non significant results. Small to medium effect sizes of r = .11 (z = 13.95, p < .001) and r = .19 (z = 6,57, p < .001) were found for the relation between moral development and recidivism using the fixed and random effect model, respectively. The fail-safe number for the fixed effect model was N = 664, which means that more than 664 studies would need to be found to reduce the overall significant effect size to nonsignificance at p < .01. The fail-safe number for the random effect model was N = 132. The fail-safe numbers of the fixed and random effect model were both larger than Rosenthal's critical number of 105 (19 x 5 + 10= 105), suggesting that there was no file drawer effect.

Study	Year	N Del	Sex Del	Juvenile/ Adult	Age Del	Instruments	Production, Recognition & Unstructured (clinical) judgment	Type of Study	Registration of Recidivism	Moral Development	r	Status
Buttel	2002	91	F	A	30.7	Defining Issue Test	Recognition	Longitudinal	Official Report	Moral cognition	.32	Published
Barnoski	2004	9692	M/F	J	-	Empathy	Unstructured (clinical) judgment	Longitudinal	Official Report	Moral Emotion	.07	Unpublished
Ferwerda, Van Leiden, Arts, & Hauber	2008	824	M/F	J	14,7	Shame	Unstructured (clinical) judgment	Longitudinal	Self-Report & Official Report	Moral emotion	.15	Unpublished
Hosser, Windzio, & Greve	2008	157	M	A	21.2	EMO-16 –Week	Recognition	Longitudinal	Official Report	Moral emotion	.17	Published
Jackson & Bonacker	2006	69	M/F	A	30.7	Mehrabian Emotional Empathy Scale	Recognition	Longitudinal	Official Report	Moral emotion	.04	Published
Kendall, Deardorff, & Finch	1977	67	M	J	15.8	Hogan's Empathy Scale	Recognition	Cross-sectional	Official Report	Moral emotion	.03	Published
Kantner	1985	157	M	A	-	Defining Issue Test	Recognition	Longitudinal	Official Report	Moral cognition	.00	Published
Lauterbach & Hosser	2007	839	M	A	20,7	Interpersonal Reactivity index	Recognition	Longitudinal	Official Report	Moral emotion	.16	Published
Leenman, Gibbs, & Fuller	1983	57	M	J	16.0	Socialmoral Reflection Measure	Production	Longitudinal	Self-report & Official Report	Moral cognition	.75	Published
Little & Robinson	1989	115	M	A	36.6	Defining Issue Test	Recognition	Longitudinal	Official Report	Moral cognition	.24	Published
Lodewijks, Doreleijers, de Ruiter, & Borum	2008	66	M	J	15,4	Empathy and Remorse	Unstructured (clinical) judgment	Longitudinal	Official Report	Moral emotion	.31	Published
Mityagin	1986	78	M	A	31.2	Socialmoral Reflection Measure & Transgression Guilt Interview	Production	Cross-sectional	Official Report	Moral cognition & emotion	.25	Unpublished
Mulloy, Smiley, & Mawson	1991	68	M	A	36	Interpersonal Reactivity Index	Recognition	Longitudinal	Official Report	Moral Emotion	.14	Published
Priest & Kordinak	1991	72	M	A	29.9	Defining Issue Test	Recognition	Cross-sectional	Official Report	Moral cognition	.00	Published
Smith & Monastersky	1986	112	M	J	14.1	JSODP	Recognition	Longitudinal	Official Report	Moral emotion	.26	Published
Stouthamer-Loeber, Loeber, Wei, Farrington, & Wikström	2002	792	M	J	10.0	Guilt	Unstructured (clinical) judgment	Longitudinal	Self Report	Moral emotion	.32	Published
Van der Geest, Bijleveld & Blokland	2007	270	M	J	15,0	Empathy	Unstructured (clinical) judgment	Longitudinal	Official Report	Moral emotion	.22	Published
Van der Put	2008	1396	M/F	J	15,0	Moral Conscience	Unstructured (clinical) judgment	Longitudinal	Official Report	Moral cognition & emotion	.08	Unpublished
Visser	2004	31	M/F	J	16.0	Moral Orientation Measure	Recognition	Longitudinal	Self-Report	Moral cognition & emotion	.44	Unpublished

A homogeneity analysis yielded a significant result, Q (19) = 109.75, $p < .001$, meaning that there was a significant variability in effect sizes between studies. Hence, we conducted categorical and continuous moderator analyses in order to detect possible factors affecting the relation between moral development and recidivism (Mullen, 1989). The categorical moderators were gender, type of instrument (production, recognition measure or [unstructured] clinical judgment), type of moral development, type of study (cross-sectional or longitudinal), type of recidivism report (self-report or official report), and publication status. Age was treated as a categorical variable, juvenile versus adult samples, as it was dichotomously distributed. There was only one continuous moderator, namely year of publication.

We conducted fixed effect and random effect moderator analyses. For only one of the moderators, the random effect model yielded a significant result, which is described in the text below. Table 2 presents an overview of all fixed effect moderator analyses.

Univariate analyses of variance were conducted for the different moderator variables yielding the following results: First, a moderate effect size was found for the relation between moral cognition and recidivism ($r = .20$). The effect size for the relation between moral emotion and recidivism ($r = .11$), Q_b (1,14) = 3.93, $p < .05$, was much smaller. Second, effect sizes were much larger for production measures ($r_{fixed} = .57$, $r_{random} = .58$) than for recognition measures ($r_{fixed/random =} .16$) and unstructured (clinical) judgment ($r_{fixed} = .10$, $r_{random} = .17$), both in the fixed and random effect model, Q_b (2,16) = 37.34, $p < .001$, Q_b (2,16) = 14,08, $p < .001$. Third, the effect size for published studies ($r = .20$) was larger than the effect size for studies that were unpublished ($r = .08$), Q_b (1,17) = 45.85, $p < .001$. Fourth, larger effect sizes were found for female delinquents ($r = .32$) than for male delinquents ($r = .22$) and mixed gender groups ($r = .11$), Q_b (2,16) = 54.42, $p < .001$. Fifth, we found differences in effect sizes for juvenile delinquents ($r = .10$) and adult delinquents ($r = .16$): Q_b (1,17) = 9.42, $p < .01$. Lastly, self report recidivism generated larger effect sizes ($r = .32$) than official report ($r = .09$): Q_b (1,15) = 41.08, $p < .001$.

Table 2: Univariate analysis of variance for moderator variables (fixed effect model)

Moderator variables	***N*** Number of respondents	*K* Number of studies	Effect size *r* (fixed effects)	95% confidence interval (fixed effects)	*Q* statistic between studies	*Q* statistics within studies
Overall	15,992	19	.11***	.10 to .13		109.65.***
Publication status					45.85***	
Published (Journal)	3,971	14	.20***	.17 to .24		45.46***
Unpublished	12,021	5	.08***	.06 to .10		18.34**
Sex					54.42***	
Males only	3,889	13	.22***	.18 to .24		46.58***
Females only	91	1	.32**	.11 to .53		0.00
Mixed	12,012	5	.11***	.06 to .10		8.64
Age (dichotomous)					9.42**	
Juvenile	13,260	10	.10***	.08 to .12		84.61***
Adult	2,732	9	.16***	.13 to .20		15.60*
Conceptualization of moral development[1]					3.93*	
Moral cognition	492	5	.20***	.11 to .29		26.70***
Moral emotion	13,995	11	.11***	.09 to .12		66.54***
Method of assessment					37.34***	
Recognition	2,864	11	.16***	.12 to .20		14.15
Production	135	2	.57***	.40 to .74		3.02
Unstructured (clinical) judgment	12,993	6	.10***	.08 to .11		55.15***

Moderator variables	***N*** Number of respondents	*K* Number of studies	Effect size *r* (fixed effects)	95% confidence interval (fixed effects)	*Q* statistic between studies	*Q* statistics within studies
Registration of Recidivism[1]						
					41.08***	
Self-report	823	2	.32***	.26 to .39		0.39
Official Registration	14,288	15	.09***	.08 to .11		44.51***
Type of study					0.70	
Cross-sectional	217	3	.17*	.03 to .30		8.72*
Prospective	15,775	16	.11***	.09 to .13		100.24***

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

[1] As the mixed category of this moderator was excluded, the number of respondents does not add up to 15,992.

Discussion

This meta-analysis focused on the relation between moral development and criminal offense recidivism. Small to medium overall effect sizes of $r = .11$ and $r = .19$ were found for the fixed and random effect model, respectively. Moderator analyses revealed differences in effect sizes for moral cognition and moral emotion, with a larger effect size for moral cognition. Effect sizes for production measures were larger than for recognition measures and unstructured (clinical) judgment. Published studies generated larger effect sizes than unpublished studies. Effect sizes were relatively large for female delinquents compared to male delinquents and mixed gender groups. Larger effect sizes were found for adult delinquents than for juvenile delinquents. Finally, self-report recidivism resulted in much larger effect-sizes than official report.

Results from meta-analyses by Stams et al. (2006) and Joliffe and Farrington (2004) indicate that moral cognition is more strongly related to delinquency than moral emotion. The present study is consistent with these meta-analytic results, as a larger effect size was found for the relation between moral cognition and recidivism than for the relation between moral emotion and recidivism. However, Gibbs (2010) argues that moral cognition and moral emotion, although theoretically distinguishable, are intimately interrelated in daily functioning. In addition, Pizarro (2000) contends that although a person without moral emotions could make the same moral judgments as a 'normal' individual, he or she might not be able to recognize a moral situation as this person lacks affective empathy (i.e., sensitivity) to pick up morally relevant cues. Therefore, both moral cognition and moral emotion might be necessary conditions in order to behave morally. Future research should examine whether the integration of moral cognition and moral emotion better predicts recidivism.

Most studies that were included in the meta-analysis examined moral development by means of recognition measures. Recognition measures have been shown to elicit unrealistically high scores in delinquent samples (hence a serious risk of ceiling effects), whereas production measures better assess a proximate of the actual cognitive-affective processes underlying moral motivation, because respondents have to produce arguments or descriptions of emotional states themselves (Stams et al., 2006). It is therefore plausible to suggest that production measures may better predict delinquency and reoffending than recognition measures and unstructured (clinical) judgment. This suggestion is empirically supported by the present study as well as the meta-analysis of moral judgment and delinquency by Stams et al. (2006).

Gender differences were also examined in this meta-analysis. The incidence of delinquency in the male population is much larger than the incidence of delinquency in the female population (Mullis, Cornille, Mullis, & Huber, 2004; Snyder & Sickmund, 1999). Moreover, it is known that women are generally sentenced for less serious

and less violent offenses than men (Acoca, 1999). The somewhat larger effect size for female offenders compared to male offenders in this meta-analysis was based on only one study in which a group of female delinquents was examined who were charged for a relatively serious violent offense, namely, battering. There is empirical evidence showing that females who have entered the justice system suffer from more serious psychopathology than do male delinquents (Hendriks & Bijleveld, 2006; Hendriks & Slotboom, 2007; Mccabe, Lansing, Garland, & Hough, 2002). It is possible that the female delinquents of the study that was included in this meta-analysis had serious mental health problems, which may have negatively affected their moral functioning, making them vulnerable for recidivism. Therefore, one should be careful in interpreting the gender effect, here especially since the effect size for mixed groups (men and women) was lower than the effect size for the male group.

A larger effect for the relation between moral development and recidivism was found for adult delinquents than for juvenile delinquents. As adults are typically more advanced in moral development compared to adolescents (Gibbs, Basinger, Grime, & Snarey, 2007), possible ceiling effects in the adolescent group of offenders and greater diversity of scores in the adult group could be responsible for the larger effect size in studies examining adult offenders (Van der Put, 2008). Second, we expect adult delinquents to have longer and more chronic criminal careers, which could also have affected their level of moral development (e.g., resorting to pragmatic, instrumental, or egocentric appeals for justifying the committed criminal acts) resulting in larger effect sizes (Raaijmakers, Engels & Van Hoof, 2005). Altogether, these outcomes support the importance of interventions targeting moral development of adolescent offenders, given the greater prospects for developmental advance in moral functioning as most juvenile delinquents do not yet have a persistent and consolidated or intractable antisocial worldview and lifestyle. Since this meta-analysis showed moral cognition to better predict recidivism, interventions that target moral cognitive processes, such as Equip, might be promising in the reduction of recidivism (Gibbs, Potter, DiBiase, & Devlin, 2009).

The impact of several other variables was also investigated. In general, published studies tend to show somewhat larger effect sizes than unpublished studies (Lipsey & Wilson, 2001), which also proved to be the case for the present meta-analysis. Self-report recidivism showed larger effect sizes for the relation between moral development and recidivism than official report. First, in official crime reports, authorities only report on arrests or convictions. The large number of crimes that remain undetected by the criminal justice system is not represented in official reports, but may appear in self-reports of delinquency, which can therefore generate larger effects. Second, the larger effect size for self-report can be explained by the preservation of reputation hypothesis (Emler & Reicher, 1995), which holds

that juvenile delinquents want to present themselves as "tough" and "unemotional" in a society that is experienced to be hostile to their interests. Such antisocial identity formation in juvenile delinquents might be reflected in both lower levels of moral development and over reporting of delinquent behavior.

We found small to medium overall effect sizes for the relation between moral development and recidivism. One could question, however, what the magnitude of these effect sizes means in the context of recidivism research. A meta-analysis by Schwalbe (2007) showed risk assessment instruments for juvenile justice to predict recidivism with $r = .25$. Gendreau, Little and Goggin (1996) showed adult risk assessment instruments to predict recidivism with a somewhat higher but still moderate effect of $r = .30$. In comparison with these results, the small-to-medium effect sizes for the relation between moral development and recidivism of $r = .11$ (fixed effect model) and $r = .19$ (random effect model) that we found could be considered, if not robust, at least substantial, especially because risk assessment instruments do not predict recidivism from one single factor, but from several risk factors.

Some limitations of this meta-analysis should be mentioned. First, this meta-analysis is based on studies that were not explicitly designed to examine the relation between moral development and recidivism, which mitigate the power to detect moderating effects. Important moderators that could not be tested were the initial offense that led to the first officially registered conviction and the type of recidivism that was reported (e.g., violent offenses, petty crime or sexual offenses). Furthermore, because of the small number of studies reporting on the relation between guilt, shame and recidivism, we were not able to conduct separate moderator analyses for the individual moral emotion constructs.

Second, the results of this meta-analysis might have been affected by restriction of range problems in the level of moral development, as delinquents have been found to show a consistently substantial delay in moral judgment development (Gibbs et al., 2007; Joliffe & Farrington, 2004; Stams et al., 2006). However, there is much heterogeneity to delinquent behavior and the standard deviations, where reported, indicate an adequate range (Gibbs et al., 2007). As noted, lower levels of moral development may create a risk of reoffending, whereas higher stages may protect against adverse environmental influences associated with risk of reoffending (Cohen & Felson, 1979).

Third, the present meta-analysis included several older publications that might have reported with less precision owing to dated methods, using measures that were not designed to predict recidivism from moral development. This might have resulted in an underestimation of the total effect size. To interpret the strength of the effect sizes found in this study, these should be compared with the results of related

studies that theoretically or practically support the importance of the effect sizes (McCartney & Rosenthal, 2000).

Lastly, this study reports on a broad range of reoffending behavior: from shoplifting, assault, dangerous driving, to sex offending. Given such heterogeneity in the offense variable, it is remarkable that effects were found at all. A much stronger effect would possibly be found with a larger set of studies focusing on a more homogeneous set of behavioral outcomes.

We conclude that the inverse relation between moral development and recidivism is substantial and hence relevant to risk assessment, judicial sentencing decisions, and intervention program planning. It is plausible to suggest that the effect size that we found might be an underestimation of the true magnitude of the effect size for the relation between moral development and recidivism, because none of the studies included in this meta-analysis were specifically designed to examine the prediction of recidivism from moral development. Besides, small effects are to be expected when predicting multiple determined behaviors, such as delinquency, from a single predictor (Ahadi & Diener, 1989). Finally, a single factor, measured at a single point in time may underestimate the relation between moral development and recidivism, because both the effects of moral development and delinquency may accumulate over time (see Raaijmakers, Engels & Van Hoof, 2005).

This meta-analysis was a first inquiry into the association between moral development and recidivism showing a stronger effect size for the relation between moral cognition (moral judgment) than for moral emotion and recidivism. Furthermore, this meta-analysis supports the use of production measures for the assessment of moral development, because production measures may better reflect a person's moral performance. Future research is needed to examine whether inclusion of moral developmental constructs such as moral judgment, empathy, guilt and shame, may indeed have incremental value for the prediction of recidivism.

Chapter 3: Moral Development of Solo Juvenile Sex Offenders[4]

4 Van Vugt, E.S., Stams, G.J.J.M., Dekovic, M., Brugman, D., Rutten, E.A., & Hendriks, J. (2008). Moral development of solo juvenile sex offenders. *Journal of Sexual Aggression, 14, 99-109.*

Abstract

This study compared the moral development of solo juvenile male sex offenders (n = 20) and juvenile male non-offenders (n = 76), aged 13 to 19 years, from lower socioeconomic and educational backgrounds. The Moral Orientation Measure (MOM) was used to assess punishment- and victim-based moral orientation in sexual and non-sexual situations. Moral judgment was assessed with the Sociomoral Reflection Measure – Short Form (SRM-SF), with questions added on sexual offending and the offender's own victim(s). Offenders did not differ from non-offenders in victim-based orientation, but they showed weaker punishment-based orientation in sexual and non-sexual situations. No differences in moral judgment were found. However, lower stages of moral judgment were observed when the offenders' own victim was involved, confirming specific moral deficits in solo juvenile sex offenders. Delay in moral judgment proved to be associated with cognitive distortions. It was concluded that treatment of solo juvenile sex offenders should challenge own victim-related cognitive distortions.

Moral Development of Solo Juvenile Sex Offenders

Pedophilia and incest incite tremendous indignation and anger among members of our society. Notably, sex offenders, and child molesters in particular, have been labeled by the public as a group with a poorly developed moral conscience (Peterson, 2001). However, do sex offenders actually show deficiencies in moral judgment or lack of moral internalization, which may be evidenced by a relatively strong punishment-based orientation, and lack of victim-based, empathy-related responding (Hofmann, 2000)?

Moral judgment can be defined as 'the capacity to make judgments which are moral – i.e. based on internal principles – and to act in accordance with such judgments' (Kohlberg, 1964, p.425). Kohlberg (1984) posited an invariant sequence of six hierarchically ordered stages of moral judgment in which each stage is considered to be more adequate than the preceding stage in providing more universally acceptable solutions to moral issues.

At stage 1 (obedience and punishment orientation), individuals obey rules in order to avoid punishment (i.e. an action is perceived as morally wrong if the person who commits it is punished). At stage 2 (instrumental orientation), right behavior is defined by what is in one's own best interest (i.e. an action is morally justified if personal gains outweigh the costs). These first two stages are common in school-aged children. Stage 3 (interpersonal orientation) becomes the modal moral judgment stage in adolescence (Gibbs, Basinger, Grime, & Snarey, 2007). At this stage individuals behave morally in order to gain approval from other people, while the morality of an action is judged by evaluating its consequences for interpersonal relationships. Stage 4 (social system orientation) extends the stage 3 interpersonal orientation to complex social interactions within social institutions. It is important to obey authorities (laws, dictums and social conventions) because of their importance of maintaining society. Finally, the two highest stages, stages 5 (social contract) and 6 (universal ethical principles), constitute forms of meta-ethical judgment. Gibbs (1979) argued, however, that these two stages should be omitted from Kohlberg's model, as they are not reached spontaneously, but by means of formal education at the university level.

In Kohlberg's view, delinquency would seem to be morally acceptable at the lower, self-centred stages, whereas the higher stages (stages 3-6) may function as a buffer against delinquent behavior, as it is imperative that the well-being of others be taken into account. There is indeed abundant empirical evidence showing that offenders reason at lower stages of moral judgment than do non-offenders (Gibbs et al., 2007; Palmer, 2003). A recent meta-analysis showed that the relation between lower-stage moral judgment and juvenile delinquency holds even after controlling for socioeconomic status, cultural background, age, intelligence and gender (Stams et al., 2006). Most studies of moral judgment have focused upon the delinquent group in its

entirety. Offender populations, however, are extremely heterogeneous. For instance, Valliant, Pottier, Gauthier, and Kosmyna (2000) found significant group differences between general offenders, child molesters, incest offenders and rapists, with incest and general offenders displaying less mature levels of moral judgment than rapists and child molesters. Unexpectedly, both the rapists and child molesters did not show a delay in moral judgment.

Most research on empathy has been conducted with adult samples. A meta-analysis by Jolliffe and Farrington (2004) showed empathy to be related to offending, with larger effect sizes for adolescent than for adult offenders, and smaller effect sizes for sex offenders. It has been proposed, however, that sexual offending is associated with specific rather than general empathy deficits (see Marshall, Hudson, Jones, & Fernandez, 1995), which might explain why Joliffe and Farrington only found a weak association between empathy and sexual offending, as their meta-analysis focused on general empathy deficits.

Fernandez, Marshall, Lightbody, and O'Sullivan (1999) found adult sex offenders not to be deficient in empathy toward all people. The authors examined empathy in child molesters, rapists, non-sex offenders, and a comparison group of non-offenders in three different conditions by questioning offenders about their feelings towards a victim of a car accident, a general abuse victim and the offender's own abuse victim. No differences in empathy toward a victim of a car accident were observed between child molesters and non-offenders. However, child molesters rated lower in empathy toward a general abuse victim, with the least empathy exhibited toward their own abuse victim. Comparing the rapist group with a group of non-sex offenders, the rapist group demonstrated higher empathy for the victim who had been in a car accident than did the non-sex offender group. No differences in empathy toward a general abuse victim were found. Similar to child molesters, rapists demonstrated least empathy toward their own abuse victim. Findings from the study by Fernandez et al. indicate that sexual offending may not be explained by a general lack of empathy. In contrast, lack of empathy rather seems to be specific, appearing only when sexuality is involved and strongest when the offender considers his own abuse victim (see Fernandez & Marshall, 2003).

Similar to the set-up of their previous studies, Marshall, Hamilton, and Fernandez (2001) examined differences between child molesters, non-sex offenders and community offenders in cognitive empathy (recognition of harm) and affective empathy (the offender's feeling of concern and compassion) for either the victim of a car accident, a general abuse victim or the offender's own abuse victim. No group differences were found in affective empathy. Also, no differences in cognitive empathy were found towards the victim of a car accident, but Marshall et al. did find differences in the case of a general abuse victim, with child molesters showing most deficits.

Greatest cognitive empathy deficits, however, were found when child molesters were asked to answer questions about their own abuse victim(s). Thus, cognitive empathy may be related more strongly to sexual offending than affective empathy, which is in line with meta-analytical findings by Jolliffe and Farrington (2004), especially when questions concern the offender's own victim(s).

Additional analyses indicated that only in child molesters, lower empathy scores correlated positively with greater cognitive distortions. Marshall et al. (2001; p. 124) therefore claim the apparent empathy deficit to be "another species of distorted processes sex offenders engage in". Cognitive distortions protect the self from blame, negative self-concept and confrontations with negative judgments of others, which allow offenders to justify their previous (or future) offending acts. These cognitive distortions hamper the suppression of antisocial behavior and obstruct the positive impact of mature moral judgment and empathy (Barriga, Landau, Stinson, Liau, & Gibbs, 2000; Lardén, Melin, Holst, & Långström, 2006; Marshall et al., 2001; McCrady et al., 2008).

However, the question remains as to whether these findings about cognitive distortions, moral judgment and empathy of adult sex offenders can be generalized to youngsters who are involved in sexually abusive behaviors. First of all, Lakey (1992) identified cognitive distortions in juvenile male sex offenders, such as blaming others ("females dress to invite rape"), which play a role in avoiding responsibility for sexual offending. Ashkar and Kenny (2007) examined moral judgment in adolescent male sex and non-sex offenders, using sexual and non-sexual offending contexts. Although no overall differences in moral judgment competence were found, offenders did show offense-specific moral judgment deficits. Lindsey, Carlozzi and Eells (2001) examined differences in the dispositional empathy of juvenile sex offenders, juvenile non-sex offenders, and non-offending youth. No differences in empathic concern and perspective taking were found between offending and non-offending youth. However, juvenile non-sex offenders scored higher than juvenile sex offenders on empathic concern.

Our literature review shows that sex offenders display deficits in moral judgment and empathy. Although the relation between moral judgment and empathy may be complex, it is evident that egocentrism is a feature of both lower-stage moral judgment and lack of empathy. Pizarro (2000) argues that the capacity to experience empathy (moral emotion) and the ability to regulate empathy efficiently (moral cognition or moral judgment) are necessary for moral action. A person who is incapable of experiencing moral emotions may reason adequately about moral issues, but might not be able to respond adequately in a real life situation, since he or she is not signaled by others' distress. There is indeed empirical evidence showing that

moral behavior depends on both affective (empathy) and cognitive (moral judgment) aspects that function together (Greene & Haidt, 2002; Wagar & Thagard, 2004).

The Moral Orientation Measure (MOM) is probably the first instrument assessing both moral emotion (empathy) and moral cognition (moral judgment) in an integrated manner, as it invokes emotion-laden judgment of moral transgressions (Brugman, Rutten, Stams, Hendriks, & Tavecchio, 2008). The MOM assesses punishment- and victim-based moral orientation, presenting respondents with a number of morally relevant situations, each including a perpetrator and a victim. The respondent is asked to evaluate how serious the consequences are for each person involved. Punishment-based orientation reflects the degree to which someone identifies with the perpetrator's interest to avoid punishment, and victim-based orientation reflects the degree to which someone is concerned with, can identify with, and understands the victim's situation, feelings and perspective. Stams et al. (2008) showed the MOM to have construct validity and to predict morally relevant behavior in delinquent and non-delinquent youth.

The present study compares moral development (moral judgment as well as punishment- and victim-based moral orientation) of juvenile male sex offenders and juvenile male non-offenders from lower socioeconomic and educational backgrounds. It should be noted that adolescents who commit sexual offenses constitute a heterogeneous population that can be categorized into several subtypes (Andrade, Vincent, & Saleh, 2006; Hendriks, 2006; Van Wijk et al., 2006). The focus of this study is on solo juvenile sex offenders. In comparison with juvenile group sex offenders, solo juvenile sex offenders have experienced more sexual abuse victimization; they have been shown to have more psychological problems, to be more neurotic and impulsive, to display poorer social skills, and to have a greater need for arousal (Bijleveld & Hendriks, 2003).

We hypothesize that solo juvenile sex offenders will be more punishment-oriented, will show less victim-based empathy-related responding and will display lower-stage moral judgment than juvenile non-offenders. We expect differences between juvenile sex offenders and non-offending juveniles to be larger when items have a sexual content, and largest when juvenile sex offenders consider their own abuse victim, as cognitive distortions could interfere with moral judgments.

Method

Participants

In total, 96 juvenile males participated in this study. The non-offending sample consisted of 76 subjects, aged 13-19 years ($M = 15.09$; $SD = 1.40$). The offending sample consisted of 20 offenders, aged 13-19 years ($M = 16.00$; $SD = 1.72$), who were sampled

from a forensic outpatient treatment facility. Although juvenile sex offenders were slightly older, both groups could be classified as adolescents: $t(94) = -2.46$, $p < .05$. All juvenile offenders were convicted solo sex offenders.

The ethnic background of the adolescents was defined by the criteria of the International Statistical Institute (ISI). An adolescent was considered to belong to an ethnic minority group if at least one of his parents was a native from a country that is or has been part of the Dutch policy on minorities or integration. The non-offending (32% non-natives) and offending (10% non-natives) samples differed significantly with respect to cultural background.

The juvenile non-offenders' and offenders' level of formal education was predominantly low to middle, with percentages of 80% and 87%, respectively. Socioeconomic status (SES) was a combination of the educational and occupational background of both parents (Van Westerlaak, Kropman, & Collaris, 1990) and was computed on the basis of sample-specific factor loadings and standard deviations. Mean scores corresponded to socioeconomic strata in the following way: up to 9 = lower socioeconomic background; 9 to 12 = middle socioeconomic background; 12 or higher socioeconomic background (Bernstein & Brandis, 1970). The mean score for the non-offending participants was $M = 8.72$ ($SD = 2.40$), which indicated that the sample had a lower socioeconomic background. The mean score for the juvenile sex offenders was significantly lower – $M = 7.27$ ($SD = 2.84$): $t(94) = .2.31$, $p < .05$ – but the sample was also categorized as having a lower socioeconomic background.

Measures

The *Moral Orientation Measure (MOM)* has been developed as an easy-to-administer instrument for forensic diagnostics that integrates the cognitive (moral judgment) and affective (empathy) component of morality. The MOM contains ten vignettes describing morally relevant situations with hypothetical outcomes reflecting punishment- and victim-based moral orientations (Stams et al., 2008). The instrument has been adapted for the purpose of the present study, adding items that involve a situation of sexual misconduct. The respondent evaluates the outcome of the situations, each including one or more victims and at least one perpetrator, by choosing response options ranging from (1) not serious to (4) very serious. For example, at school Eric hands out nude photos of Karin: (a) Karin doesn't dare to come to school anymore (victim-based); (b) Eric is suspended for handing out the nude photos (punishment-based).

Stams et al. (2008) examined the reliability and validity of the MOM, which was administered to 75 juvenile delinquents and 579 nondelinquent adolescents from lower socioeconomic and educational backgrounds. Confirmatory factor analysis of a two-factor model, with punishment- and victim-based moral orientation as factors,

showed an adequate fit to the data, indicating construct validity of the MOM. The scales for punishment- and victim-based orientation showed satisfactory internal consistency reliabilities of α =- .81 and α = .82, respectively. Moderate associations between punishment- and victim-based moral orientation and sociomoral reasoning, as well as empathy, were also considered indicative of construct validity. Additional evidence for construct validity was found in only small associations between punishment- and victim-based orientation and social desirability and verbal intelligence.

In the current study, a confirmatory factor analysis was conducted in order to test a four-factor model after extending the MOM with items containing a situation of sexual misconduct. Since the items of the MOM were not distributed normally, a solid estimator was used for infringement of normality. Pairs of items were allowed to correlate within similar situations. The adapted version of the MOM showed with RMSEA = .04, CFI/TLI = .97, X^2 (150) = 175.31, p = .08 a good fit to the data (Hu & Bentler, 1999). All factor loadings were significant. Reliabilities for punishment- and victim-based orientation in a general situation were α =.62 and .70, respectively, whereas reliabilities for punishment- and victim-based orientation in a sexual situation were somewhat higher, that is, α =.77 and .79, respectively.

The *Sociomoral Reflection Measure-Short Form (SRM-SF)* was used to assess moral judgment (Gibbs, Basinger, & Fuller, 1992). The SRM-SF contains 11 questions addressing sociomoral values. The areas of moral value, which are distinguished, are contract and truth, affiliation, property and law, life, and legal justice. For the purpose of the present study, five questions about sexual situations in the value domains of life and legal justice were added and used in the interviews with the juvenile sex offender group. The first three questions consider juvenile sex offenders' moral judgment focusing upon situations that involve sexuality in general. The last two questions were added particularly to measure juvenile offenders' responses when asked to keep in mind their own abuse victim(s). One of the questions dealt with the importance of the therapy for the offender. The other question was concerned with the victim's well-being and health (Fernandez et al., 1999; Fernandez & Marshall, 2003; Marshall et al., 2001).

All 16 questions were ascribed to one of the four stages of morality by a blind scoring procedure. The first and second stage constitute the immature and pre-conventional level, in which judgments are successively unilateral-physicalistic (i.e. one-sided and reflecting the tendency to focus on perceptually impressive and concrete features of a situation: "a child who accidentally breaks 15 cups is naughtier than a child who breaks one cup while stealing a candy bar") and instrumental. The third and fourth stages comprise a more mature and conventional level of morality. These stages emphasize the reciprocal-prosocial as well systemic–standard aspect of moral judgments (Gibbs et al., 1992). The responses of the participants were recorded

on audiotape. The interviews were transcribed and scored according to the response options given by Gibbs et al. (1992) (see also Zwart-Woudstra, Meijer, Fintelman, & Van IJzendoorn, 1993).

The reliability of the SRM-SF was satisfactory (α = .81). The inter-rater agreement between the second author of this article and a well-trained research assistant was established by using ten moral interviews. The correlation was r = .99 (norm r = .80, p < .001) and the mean sociomoral reflection maturity score discrepancy was only 0.03 (norm = .20). The global stage agreement within one interval was 100% and the exact global stage consensus was 94%. Inter-rater agreement proved to be reliable according to the criteria as formulated in the manual (Gibbs et al., 1992, p.57).

All responses to the SRM-SF were coded according to the four-category typology of self-serving cognitive distortions developed by Gibbs and Potter (1992): "self-centered" (according status to one's own views, expectations, needs, rights, and immediate feelings to such an extent that the legitimate views of others are scarcely considered or disregarded altogether), "minimizing/mislabeling" (depicting antisocial behavior as causing no real harm or as being acceptable or even admirable, or referring to others with belittling or dehumanizing labels), "assuming the worst" (gratuitously attributing hostile intentions to others, considering a worst-case scenario for a social situation, as if it were inevitable, or assuming that improvement is impossible in one's own or other's behavior) and "blaming others" (misattributing blame for one's harmful actions (or victimization) to outside sources or momentary aberration, such as being drunk) (see Barriga et al., 2000; Gibbs, 2003). All SRM-SF interviews were reliably scored by the first and second author of this article, with a 90% agreement. If the coders disagreed, classification was established in consensus agreement after discussion.

Results

We expected juvenile sex offenders to score higher on punishment-based orientation and lower on victim-based empathy than their non-offending age mates. In addition, we expected juvenile sex offenders to show lower levels of moral judgment. These differences were expected to be larger in sexual situations and largest when SRM-SF questions concern the offender's own victim, as cognitive distortions could interfere with moral judgments.

A series of *t*-tests were conducted in order to inspect differences in moral orientation and moral judgment between juvenile sex offenders and juvenile non-offenders. Significant results were controlled for socioeconomic status and age. In order to preserve statistical power, both variables were included in analysis of covariance (ANCOVAs) only when related significantly to either moral orientation or moral judgment.

The mean moral orientation and moral judgment scores of the juvenile non-offenders and sex offenders are presented in Table 1. Unexpectedly, juvenile non-offenders showed stronger punishment-based orientation in both sexual and non-sexual situations than juvenile sex offenders. Consistent with the main hypothesis, a significant effect was found on moral judgment when the juvenile sex offenders' own victim was involved, t (94) = 2.17, $p < 0.05$.

Socioeconomic background was not associated significantly with moral orientation and moral judgment. As only age correlated with moral judgment ($r = .25$, $p < .05$), an ANCOVA was conducted for moral judgment, entering age as a covariate. Results, however, remained significant: F (1, 93) = 7.16, $p < .01$. A paired t-test confirmed the finding that juvenile sex offenders showed lower scores on moral judgment in situations concerning their own victim than in general sexual situations, t (19) = 2.42, $p < .05$.

Cognitive distortions, found in the SRM-SF transcripts of six of the 20 juvenile sex offenders, were classified as "minimizing/mislabeling" and "blaming the victim". For example: "My victim was very young, I do not think he/she will have any thoughts about what happened. I am sure he/she will not suffer from the abuse" (minimizing), "She might have been twelve years of age but the girl, together with some of her girl friends, was manipulating me to have sex with her" (blaming the victim).

Table 1: Differences in Punishment-Based Orientation, Victim-based Orientation and Moral Judgment between Juvenile Non-Offenders and Juvenile Sex Offenders.

	Juvenile Non-Offenders (n = 76)		Juvenile Sex Offenders (n = 20)		t	d
	M	*SD*	*M*	*SD*		
Punishment-based orientation						
General Situation	1.35	0.42	1.15	0.18	3.15**	.52
Sexual situation	1.30	0.46	1.10	0.19	3.00**	.48
Victim-based orientation						
General situation	3.14	0.59	3.36	0.49	-1.52	.39
Sexual situation	3.12	0.66	3.29	0.59	-1.07	.26
Moral Judgment						
General versus general	2.57	0.41	2.62	0.41	-0.50	.12
General versus sexual[1]	-	-	2.64	0.46	-0.69	.17
General versus own victim[1]	-	-	2.33	0.59	2.17*	.53

Note. [1] not applicable for non-offenders.
* $p < .05$. ** $p < .01$ (one-tailed significance).

Further analyses showed a significant relation between cognitive distortions and moral judgment. Juvenile sex offenders who displayed cognitive distortions had significantly (t (18) = -2.53, $p < .05$) lower scores on moral judgment, $M = 1.88$ ($SD = .63$), than juvenile sex offenders not showing cognitive distortions, $M = 2.52$ ($SD = .47$).

Discussion

This study focused upon moral development of solo juvenile sex offenders in a Dutch sample of 96 male adolescents, between 13 and 19 years of age, from lower socioeconomic and educational backgrounds. In comparison with juvenile non-offenders, solo juvenile sex offenders were expected to show lower stage moral judgment, stronger punishment-based orientation and less victim-based, empathy-related responding. We expected differences to be larger in sexual than in non-sexual situations, and largest in case juvenile sex offenders were asked to consider their own abuse victim, as cognitive distortions could interfere with moral judgment. Lower-stage moral judgment was found only in situations where the focus was shifted from a general sexual situation to the offender's own victim. The offenders who displayed cognitive distortions in answering questions about their victim rated lower in moral judgment than the offenders not displaying cognitive distortions. Contrary to our expectation, juvenile sex offenders did not differ from juvenile non-offenders in victim-based orientation, showing even weaker punishment-based orientation.

Our results suggest that solo juvenile sex offenders do not show lack of moral internalization in terms of punishment- and victim-based moral orientation, which requires an explanation. First, having a strong punishment-based orientation may not be characteristic of juvenile offenders. For instance, Gibbs et al. (2007) conducted a comprehensive review of studies using the SRM-SF, showing predominance of stage 2 pragmatic-instrumental judgments among juvenile offenders instead of stage 1 punishment- and obedience-based judgments and stage 3 empathic judgments. Secondly, the empathy measure used in the present study (victim-based orientation) is more an affective than a cognitive construct. Cognitive empathy, however, has been shown to be more strongly associated with (sexual) offending than affective empathy (see Jolliffe & Farrington, 2004). Although the MOM distinguishes between sexual and non-sexual situations, the instrument cannot be used to test differences in punishment- and victim-based moral orientation in situations involving the offender's own victim. Notably, Marshall et al. (2001) found cognitive empathy deficits to be largest when child molesters were asked to consider their own abuse victim(s). In the present study, lower-stage moral judgment was observed in juvenile sex offenders, but only when questions concerned their own victim. Thus, findings from several studies point to the existence of a specific delay in moral functioning in solo juvenile sex offenders.

The juvenile sex offenders in our study showed cognitive distortions that were related to moral judgment about their own sexual abuse victim, but we should bear in mind that solo juvenile sex offenders might also display cognitive distortions when questions concern a victim of a non-sexual offense. Notably, there is empirical evidence to suggest that (juvenile) sex offenders' cognitive distortions may not be restricted to sexual areas (Burn & Brown, 2006). Moreover, most sexual delinquents, including solo and group offenders, have been shown to commit both sexual and non-sexual offenses (Fortune & Lambie, 2006).

The results of the present study may be considered inconsistent with Kohlberg's theory of moral judgment, as he assumed moral judgment to be content-independent. Kohlberg argued that all individuals process moral information through "structures of a whole", a developmental stage like process in which older structures become transformed and replaced by new structures; but why, then, did juvenile sex offenders display immature levels of moral judgment only when considering their own victim? In contrast to displacement of previous moral judgment structures, our findings suggest flexibility of stage use. Krebs and Denton (2005) found evidence for flexible stage use in several studies, which led them to conclude that moral development should be defined more by an expansion in the range of structures of moral judgment available to people, than by the final structure they acquire. However, they did acknowledge that people prefer not to fall back on lower stages of moral judgment.

Some limitations of the current study should be mentioned. First, the limited number of 20 solo juvenile sex offenders results in low statistical power. It should be noted, however, that solo juvenile sex offenders constitute a very small group in forensic clinical practice. In that perspective, the number of 20 solo offenders may be considered substantial. Second, social desirability may have influenced responses given by the juvenile sex offender group. However, both moral judgment and moral orientation have been shown previously to be affected only marginally by social desirability (Stams et al., 2006). Third, all juvenile sex offenders were sampled from a forensic outpatient treatment center. Although treatment did not focus explicitly on moral development, moral judgment as well as punishment- and victim-based moral orientation may have been affected positively by therapy (Fanniff & Becker, 2006) or by role taking opportunities provided in therapy settings (Gibbs, 2003; Stams et al., 2006). Finally, adequate matching for age, socioeconomic status, and educational level may increase the risk of selecting juveniles in the comparison group who already have a criminal record, or who committed a criminal offense, but have not yet been caught (Stams et al., 2006). Therefore, the relatively favorable scores on moral orientation of the sex offender group might be explained by the at-risk status of the non-offending comparison group.

The present study is unique to the extent that specific delays in moral development of juvenile sex offenders have not been studied so far. We replicated results from a study examining victim-specific deficits in both cognitive and affective empathy of adult sex offenders (Fernandez et al., 1999; Fernandez & Marshall, 2003; Marshall et al., 2001). Moreover, our findings may be considered in line with results from studies conducted by Brugman and Aleva (2004) and Gregg, Gibbs and Basinger (1994), who found greater delay in juvenile non-sex offenders' level of moral judgment in the value area of 'property and law' than in other value areas, such as 'affiliation' and 'life'.

The findings of the present study may have several implications for clinical diagnosis and intervention programs targeting juvenile sex offenders. Most standardized instruments used in clinical practice measure either moral judgment or empathy, assuming consistency across contexts and content-independency. When assessing juvenile sex offender's moral cognition, however, it seems more appropriate to assess moral judgment by using instruments that focus upon the type of offense and the victim(s) involved, taking into account the mediating (Barriga, Morrison, Liau, & Gibbs, 2001) and moderating (Lardén et al., 2006; this study) effects of cognitive distortions on the relationship between moral judgment and sexual delinquency.

As our results suggest, specific delays in moral judgment appear to be connected with cognitive distortions. Therefore, if treatment of solo juvenile sex offenders is directed at moral functioning, it should particularly challenge own victim-related cognitive distortions (Calley, 2007). This can be achieved through cognitive behavioral treatment (Fanniff & Becker, 2006; Walker, McGovern, Poey, & Otis, 2004) or victim offender mediation, but only if it is adapted to fit the needs of the abuse victim, the needs of the community, and the abilities of the juvenile sex offender (Bradshaw, Roseborough, & Umbreit, 2006).

Acknowledgments

A special thanks to Prof. dr. J.C. Gibbs for his helpful comments on earlier drafts of this paper.

Chapter 4: Moral Judgment, Cognitive Distortions and Implicit Theories in Young Sex Offenders[5]

5 Van Vugt, E.S., Hendriks, J., Stams, G.J.J.M., Van Exter, F.F, Bijleveld, C., Van der Laan, P.H., & Asscher, J.J. (2011). Moral Judgment, Cognitive Distortions and Implicit Theories in Young Sex Offenders. *Journal of Forensic Psychiatry and Psychology, 22, 603-619.*

Abstract

This study focused on moral judgment, cognitive distortions and implicit theories in 77 young sex offenders of whom 56 were child abusers and 21 were peer abusers. The Sociomoral Reflection Measure – Short Form (SRM-SF) was used to assess moral judgment, and was extended with questions about sexual situations and the offenders' abuse victim(s). Lower stage moral judgment was only found in peer abusers responding to own victim situations. The sex with children is justifiable scale (SWCH) was used to measure implicit theories, which are beliefs justifying sex with children. No significant differences were found between the child and peer abuser group. Neither significant relations were found between the implicit theories and the level of moral judgment. In addition, all SRM-SF responses were coded according to Barriga and Gibbs' (1996) four-category typology of self-serving cognitive distortions. Cognitive distortions concerning the abuse victim were associated with lower stage moral judgment, but only in the peer abuser group.

Moral Judgment, Cognitive Distortions and Implicit Theories in Young Sex Offenders

Extensive research has been conducted on the relation between moral development and moral behavior. Kohlberg (1984), following the work of Jean Piaget (1932), focused on moral judgment, which can be defined as reasons or justifications for decisions that pertain to just or benevolent social action (see Gibbs, 2010). Kohlberg's developmental stage model of moral judgment consists of six hierarchically ordered stages that consecutively provide more universally acceptable solutions to moral issues. At stage 1 (obedience and punishment orientation), the evaluation about what is right and wrong is based on the occurrence of negative consequences for oneself (e.g. punishment) or on rules of authority figures. At stage 2 (instrumental and exchange orientation), the distinction between right and wrong depends on personal benefits that can be achieved or on exchange of favors. Conformity to social expectations and positive intentions of behavior are important at stage 3 (interpersonal relationships orientation), whereas maintenance of social order in society is important at stage 4 (member-of-society orientation). At stage 5, right is defined by the degree to which rules meet the needs of most people (social contract orientation). Finally, at stage 6 (universal principles orientation), right is grounded in principles of justice securing that moral decisions are based on equality and full respect for each individual (Kohlberg, 1984). Individuals are assumed to reach higher stages of moral judgment when they cognitively mature and thus moral judgment is not only related to age, but also to educational level and intelligence (Langdon, Clare, & Murphy, 2010; Langdon, Murphy, Clare, & Palmer, 2010).

Kohlberg (1984) believed that once an individual reaches a certain stage of moral judgment, he or she cannot fall back on previous stages of moral judgment. Also, Kohlberg's (1984) model implied consistency of moral judgment across various contexts (and domains). Krebs and Denton (2005), however, reviewed the empirical literature on context- and domain-specific moral judgment, and concluded that moral judgment is better understood from a dimensional perspective, meaning that individuals have access to a range of moral judgment structures (flexibility of stage use), and that the actual level of moral judgment depends on the situation a person is in.

Kohlberg's (1984) moral judgment model was also criticized for the non-universality of the highest stages (stage 5 and 6). None of the participants in Kohlberg's (1984) longitudinal study reached stage 6, and only a small percentage of the participants, who all received a form of graduate education, reached stage 5. Consequently, Gibbs, Basinger and Fuller (1992) revised Kohlberg's (1984) theory and developed a new model consisting of four stages in which stage 3 and 4 are believed

to represent the second order thoughts that occur in more mature moral judgment. Moreover, this new model is believed to specifically measure moral judgment competence instead of verbal competence in the higher stages (Gibbs, 2010).

Research has repeatedly shown that delinquents display lower levels of moral judgment (primarily stage 1 and 2) than non-delinquents (Gibbs, Basinger, Grime, & Snary, 2007; Palmer, 2003; Stams et al., 2006). For example, a meta-analysis by Stams et al. (2006) showed that juvenile delinquents display lower stage moral judgment, even after controlling for intelligence, age, gender and socioeconomic status. In addition, Van Vugt et al. (2011) found lower levels of moral judgment to also predict criminal offense recidivism. However, an important limitation of both meta-analyses is that a broad variety of offender types were included, varying from first offenders and shoplifters to more severe offender types, including violent offenders, which hamper the ability to gain insight in moral development of specific offender groups, such as sex offenders.

The need to study more homogeneous offender groups is best illustrated in a study by Valliant, Pottier, Gauthier, and Kosmyna (2000), who found general and incest offenders to display less mature levels of moral judgment than child molesters and rapists, who did not show lower levels of moral judgment. According to Van Vugt et al. (2008), this unexpected finding in the child molester and the rapist group can best be explained by the fact that general, instead of domain-specific moral judgment, was examined. In addition, Van Vugt et al. (2008) found juvenile sex offenders not to be deficient in general moral judgment, but to show domain specific moral judgment delays. Lower stage moral judgment was only found in solo juvenile sex offenders when questions focused on the offender's abuse victim. Moreover, it was found that these moral judgment deficits were related to cognitive distortions (Barriga, Landau, Stinson, Liau, & Gibbs, 2001; Lardén, Melin, Holst, & Långström, 2006; Van der Velden, Brugman, Boom, & Koops, 2010; Van Vugt et al., 2008).

Although several definitions of cognitive distortions exist, the general notion is that cognitive distortions are statements that justify (e.g. by denial of one's own contribution to the situation or minimization of the consequences) a criminal act (Abel, Becker, & Cunningham-Rathner, 1989; Maruna & Mann, 2006). Moreover, these statements are believed to be self-serving in a sense that they help to protect the self from blame or a negative self-concept facilitating aggressive, antisocial or delinquent behavior (Barriga & Gibbs, 1996; Barriga, Landau, Stinson, Liau, & Gibbs, 2000; Ward, Hudson & Marshall, 1995). It is the offender's statements (cognitive distortions) that help to reduce the cognitive dissonance that arises when negative or criminal behavior is conflicting with an individual's moral standards.

Cognitive distortions have been acknowledged to play an important role in sex offending. However, there is still discussion whether cognitive distortions arise after

perpetration of the sexual abuse act, to maintain one's self image (Barriga, Sullivan-Cosetti, & Gibbs, 2009; Burn & Brown, 2006) or already exist before the initiation of the abuse and subsequently contribute to sexual offending (implicit theories), as proposed in adult sex offender research. Ward (2000) states that sex offenders' information processing of social (sexual) situations is in line with their distorted beliefs, also referred to as implicit theories. Implicit theories "enable individuals to explain and understand aspects of their social environment, and, therefore, to make predictions about future events" (p. 495). For example, child molesters' implicit theories comprise statements in which the child is seen as an instigator of sexual contact with the offender, or in which sexual contact between the offender and the child is considered harmless (Mann, Webster, Wakeling, & Marshall, 2007; Ward, 2000). Rapist's implicit theories, on the contrary, include statements that reflect hostility and violence towards women: for example, the idea that women provoke sexual contact (Ward, 2000). Five implicit theories have been identified by Ward and Keenan (1999), namely: children as sexual objects, entitlement, dangerous world, uncontrollability, and nature of harm. Much sex offender research has focused on implicit theories of child molesters. However, whereas some research reported child molesters to show more distorted beliefs regarding child sexual contact in comparison with rapists and controls (Mann et al., 2007), other research found opposite results, which was suggested to be caused by socially desirable answering by the child molester group (Gannon & Polaschek, 2005).

Summarizing, both cognitive distortions and beliefs supporting sexual abuse (implicit theories) affect the way social information is processed and they permit delinquents to offend while maintaining a positive self-image. It has been proposed that moral judgment delay alone does not automatically result in antisocial or delinquent behavior (Gibbs, 1991; 2010), unless cognitive distortions or beliefs supporting sexual abuse are present. Cognitive distortions or beliefs supporting sexual abuse may reduce the cognitive dissonance that arises when the offender's moral beliefs (e.g that it is important not to violate other's values) and behavioral acts (e.g forcing someone to have sex) conflict, and are thought to obstruct higher levels of moral judgment in offenders (Gibbs, Potter, Barriga, & Liau, 1996; Ward, Gannon & Keown, 2006).

Although much attention has been paid to cognitive distortions and implicit theories in adult sex offenders, in particular with respect to differences between child molesters and rapists, to our knowledge, differences in cognitive distortions and implicit theories between empirically established typologies of young sex offenders have not been studied yet. Such examination seems important, because many juvenile sex offender treatment programs are modeled after adult sex offender treatment programs, and also based on outcomes of adult sex offender research (Letourneau & Miner, 2005).

Given the relevance of this topic for treatment programming of sex offenders, it is important to establish whether young sex offenders show specific deficits in moral development, whether they show cognitive distortions or beliefs that justify child sexual abuse, and whether these potential deficits are situation-specific or not. Moreover it is important whether results are different for two subgroups of juvenile sex offenders, namely child abusers and peer abusers (Hendriks & Bijleveld, 2004).

A juvenile sex offender is considered a child abuser when the victim is at least 5 years younger and or prepubertal. A juvenile sex offender is classified a peer abuser when the age of the offender and the victim differs less than 5 years or when the victim is older than the offender. Peer abusers mostly commit a variety of offenses (Hendriks & Bijleveld, 2004), whereas child abusers more often tend to specialize in sex offenses (Hissel, Bijleveld, Hendriks, Jansen, & Collot-d'Escury-Koenigs, 2006). It is important to study both child and peer abusers, as the etiology of delinquency is different in these groups. For instance, the criminal careers of peer abusers are more affected by their antisocial attitudes, whereas the criminal careers of child abusers rather need to be understood from social-emotional problems, such as a negative self-image and difficulties to connect with peers, resulting in social isolation (Hendriks & Bijleveld, 2008).

The present study can be seen as an extension of the study by Van Vugt et al. (2008), who examined moral judgment stage in general life-, sexual-, and own abuse victim situations in a group of juvenile sex offenders. The aim of the current study is to distinguish between two identified subgroups of juvenile sex offenders, namely child- and peer abusers, and to examine differences between child and peer abusers' level of moral judgment, the existence of distorted beliefs supporting child sexual abuse and the degree of cognitive distortions displayed in sexual and own abuse victim situations. Furthermore, we examine the relation between cognitive distortions, coded according to the four-category typology of Barriga and Gibbs (1996), implicit theories, and the level of moral judgment of child and peer abusers in sexual and own abuse victim situations.

As there is empirical evidence showing that antisocial attitudes seem to be more a characteristic of peer abusers than of child abusers, we expect peer abusers to show lower levels of moral judgment than child abusers. Furthermore, we expect to find lower levels of moral judgment when the offender focuses on his own abuse victim. As child abusers are more often specialist offenders, who are specialized in one particular offense, we hypothesize this group to show more distorted beliefs, that is, implicit theories facilitating child sexual abuse. Furthermore, we expect young sex offenders with cognitive distortions to display lower levels of moral judgment than those who do not show cognitive distortions.

Method

Sample

A total of 77 Dutch male sex offenders from three juvenile correctional facilities (Den HeyAcker, Harreveld, Rentray) and six offices of a forensic outpatient treatment center, De Waag, participated in this study. The sex offender group was classified according to typologies that are used in clinical practice and scientific research.

The majority of the sample ($n = 56$) was identified as child abusers, with a mean age of $M = 17.23$ ($SD = 2.20$), ranging from 13 to 22 years of age. Most child abusers attended a form of (lower) vocational education (71.40%), which prepares students for careers in (non-academic) manual labor jobs or practical jobs. A small percentage (12.90%) of the child abusers attended special education. Most participants (75%) were Caucasian and almost all offenders perpetrated sexual abuse alone (96.40%). The child abuser group was acquainted to their victim – meaning the victim was a family member, neighbor or classmate – in 91.10% of the cases. Most victims were females (53.60%), 21.40% were males, and 25% of the offenders had both female and male victims.

A total of $n = 21$ male offenders were classified as peer abusers with a mean age of $M = 18.29$ ($SD = 2.24$), ranging from 15 to 23 years of age. Approximately 42.90% of the peer abusers attended a form of special education and 33.30% attended vocational education. Again, most peer abusers were Caucasian (85.70%) and a large group was classified as solo sex offenders (95.20%) as they committed the sexual offense alone. In 66.70% of the cases, the victim was familiar with the offender, meaning victim and the offender knew each other from before the abuse took place. Most victims were females (52.40%), 19.00% were males, and 28.6% of the offenders had both female and male victims.

As offender characteristics and risk factors of the child and peer abuser group may account for possible differences in moral judgment, cognitive distortions and implicit theories, we examined a variety of offender characteristics and static and dynamic risk factors by studying the offender's case files. No significant differences were found between the child and peer abuser group in ethnicity, intellectual disability, psychopathology, criminal history, history of sexual abuse, victimization of bullying behavior, and type of treatment. The child and peer abuser group, however, significantly differed in familiarity with their victims, as the peer abuser group abused more unknown victims than did the child abuser group (for an overview, see Table 1a). We also examined differences between peer and child abusers in age, treatment duration, psychopathic traits, psychosocial problems, empathy, and socially desirable answering. Peer abusers were significantly longer in treatment at the moment the research took place (for an overview, see Table 1b).

Table 1a: Differences between child and peer abusers in offender characteristics and static and dynamic risk factors (categorical variables)

Categorical variables	Categories	Child abuser	Peer abuser	X^2
Ethnicity	Native Dutch	75.00%	85.70%	1.02
	Other ethnical background	25.00%	14.30%	
Intelligence	IQ < 80	32.70%	45.00%	.96
	IQ > 80	67.30%	55.00%	
Psychopathology	Present	28.6 %	14.30%	1.68
	Absent	71.40%	85.70%	
Criminal history	Yes	37.50%	33.30%	.12
	No	62.50%	66.70%	
History of sexual abuse	Yes	62.50%	71.40%	.54
	No	37.50%	28.60%	
Victim of bullying	Yes	33.30%	23.80%	.65
	No	66.70%	76.20%	
Victim known to offender	Yes	94.40%	77.80%	4.27*
	No	5.60%	22.20%	
Treatment	Residential	48.20%	66.70%	2.09
	Ambulatory	51.80%	33.30%	

Note. * $p < .05$.

Table 1b: Offender characteristics and static and dynamic risk factors (continuous variables)

Continuous variables	Child abuser	Peer abuser	*t*
Age	17.23	18.20	-1.86
Educational level	4.67	4.24	1.20
Psychosocial problems (SDQ[1])	1.51	1.62	-1.67
Psychopathic Traits (ICU[2])	1.75	1.66	.86
Psychopathic Traits (APSD[3])	2.03	1.89	1.46
Cognitive empathy (general)	3.88	3.99	-.75
Affective Empathy (general)	3.15	3.37	-1.51
Cognitive empathy (sexual)	4.78	4.86	-.72
Affective empathy (sexual)	4.63	4.80	-1.49
Cognitive empathy (victim empathy)	4.25	4.23	.11
Affective empathy (victim empathy)	4.34	4.20	.70
Social Desirability	1.40	1.44	-.69
Treatment Duration	3.95	5.16	-2.32*

Note. * $p < .05$.

1 Strength and Difficulty Questionnaire
2 Inventory Callous Unemotional
3 Antisocial Process Screening Device

Procedure

All respondents signed a consent form to declare that they voluntarily participated in this research and gave the researchers permission to analyze their psychological and criminal records. In case the participant had not yet reached the age of 16 years, a parent or a caregiver had to co-sign the consent. We explained to the respondents that withdrawal from the research did not have any consequences, neither on treatment (evaluation) nor for their actual or future detention situation. All SRM-SF interviews were recorded on audiotape and later transcribed and scored by the first and third author of this article. Each respondent received a unique code to guarantee their anonymity, and received a reward of 5 Euro's for their cooperation.

Instruments

Moral judgment was measured with the *Sociomoral Reflection Measure– Short Form (SRM-SF)*, a structured interview that contains eleven items on which the respondent has to evaluate issues that comprise the core universal value domains of morality, that is, life, affiliation, law, legal justice, contract, and truth (Gibbs et al., 1992, 2007). "How important is it for judges to send people who break the law to jail?" is an example of one of the eleven original (general life situation) questions of the SRM-SF.

As previous research conducted on adult sex offenders showed this group of offenders not to be deficient in empathic responding toward all people or in all situations, but to specifically lack empathy in sexual and own abuse victim situations (Fernandez & Marshall, 2003; Fernandez, Marshall, Lightbody, & O'Sullivan, 1999), we developed two additional scales for the SRM-SF, including four questions about moral values in the domain of sexuality, and another four questions to measure the juvenile offenders' evaluations about moral situations that concern their own abuse victim(s). An example of an item with sexual content is: "Imagine two people kissing. How important is it that someone stops kissing if the other person says no? Could you explain why?" An example of an own abuse victim question is: "How important is it that your own abuse victim receives help?" (Van Vugt et al., 2008) (see Appendix 1).

The SRM-SF interviews were transcribed and the answers containing justifications indicative of stage 1-4 of Gibbs' model of moral judgment development were summed and divided by the number of scorable answers (Gibbs et al., 1992). By multiplying the final scores by 100, the mean scores can be compared with the global moral stage index of Gibbs et al (1992). See Appendix 2 for an overview of the global stages.

All SRM-SF interviews were scored reliably by the first and third author of this paper, with inter-rater agreement above $\kappa = .90$ (Landis & Koch, 1977). If the coders disagreed, classification was established in consensus agreement after discussion.

Four moral interviews were not included in the analysis, since they had more than five unscorable answers. Internal consistency reliability analyses were performed for the three situations, yielding $\alpha = .67$ for the original general life situation questions, $\alpha = .59$ for the questions concerning sexuality in general, and $\alpha = .63$ for questions pertaining to the offenders' abuse victim(s).

All SRM-SF questions were coded according to the *four-category typology of cognitive distortions* of Barriga and Gibbs (1996), which is a categorization of rationalizations that 'neutralize' feelings of guilt or rationalizations that reduce stress resulting from the perceived harm done to the other. The first category, "self-centered cognitive distortions", constitutes the primary cognitive distortions, meaning the offender interprets the situation according to his own views or needs. In this case the perspective of the other person is hardly considered or paid attention to. The other three categories, "blaming others", "minimizing/mislabeling" and "assuming the worst", constitute secondary cognitive distortions, which serve to support the primary distortions. When an offender is "blaming others" (second category), he/she is misattributing blame to an external source, such as another person, group, or a temporary state he/she was in (e.g. intoxication); or he/she is misattributing blame for one's own victimization or unfortunates in life. In the third category "minimizing/mislabeling", the offender refers to antisocial behavior as causing no real harm, considers antisocial behavior as acceptable or admirable; or refers to a person in a belittling or in a dehumanizing manner. In the last category, "assuming the worst", the offender shows a hostile attribution style; or continuously expects social events to have a negative outcome (worst case scenario); or believes one's own behavior or that of others is incorrigible. The transcripts were scored for cognitive distortions by the first and fourth author independently, with a concordance of Cohen's Kappa above .80 after training.

Implicit theories were measured with the *Sex With CHildren (SWCH) scale*, an instrument that is used in both prison and community settings in the United Kingdom. Mann et al. (2007) acknowledge that offenders who identify themselves with the beliefs that are measured with the SWCH are more likely to generate distorted statements about their own abuse victim(s). The SWCH was translated into Dutch and adapted for the use among young sex offenders by simply removing the word adult(s). The SWCH consists of 18 items, which are responded to on a five-point Likert type scale ranging from 1= strongly disagree to 5 = strongly agree. Higher scores on the SWCH indicate stronger beliefs that justify sexual contact with children. The SWCH consist of two factors with the first factor (F1) reflecting beliefs that sexual abuse of children is harmless and the second factor (F2) reflecting beliefs that children are sexual beings who provoke sexual activities. An example of an F1 question is: "Having sex with a child is not really all that bad because it doesn't really harm the child". An example of an F2

question is: "Children who do not wear underwear and who sit in a way that is revealing are suggesting sex". Both factors match with two of Ward and Keenan's (1999) implicit theories, subsequently: "nature of harm" (F1) and "children as sexual objects" (F2). Both factors F1 and F2 proved to be reliable (α =.86 and α =.87).

Results

The results section contains four subsections. In the first section (preliminary analyses), we examine whether risk factors on which child and peer abusers significantly differed were significantly associated with moral judgment, cognitive distortions and implicit theories in order to test whether these risk factors may operate as possible confounders. In the second section, we examine differences between child and peer abusers in cognitive distortions and implicit theories. In the third section, differences in moral judgment in general life situations, sexual situations and own victim situations are examined within both the child and peer abuser group. In the fourth section, we examine the associations between cognitive distortions, implicit theories and moral judgment.

Preliminary analyses

We conducted a *t*-test and correlational analyses to examine whether risk factors on which the child and peer abusers significantly differed (familiarity with the victim and treatment duration) were associated with moral judgment, cognitive distortions and implicit theories, but no significant associations were found.

Differences in implicit theories and cognitive distortions between child and peer abusers

Independent *t*-tests did not reveal significant differences between child and peer abusers in implicit theories (see Table 2). A Fisher exact test was performed to examine whether the distribution of cognitive distortions differed significantly between the child and peer abuser group in both sexual and own victim situations. The test did not produce any significant results, which indicated that both groups did not differ in the degree to which they showed cognitive distortions in sexual and own abuse victim situations. A total of 17.19% of the child abusers, and 23.80% of the peer abusers showed cognitive distortions when questioned about sexual situations, whereas 30.40% of the child abusers and 28.60% of the peer abusers showed cognitive distortions when questioned about their own abuse victim(s).

Table 2: Group differences between child and peer abusers' level of offense supportive beliefs

	Child Abuser Group			Peer Abuser Group			
	n	M	SD	n	M	SD	*t*
Harmless sex with children	56	1,38	.56	21	1.65	.88	-1.32
Provocative sexual children	56	1.60	.73	21	1.77	.96	-.84

Differences in moral judgment in general life, sexual and own victim situations

No significant differences were found between child and peer abusers in moral judgment regarding the three situations. However, a series of paired *t*-tests showed the peer abusers' level of moral judgment in the own victim situation to be significantly lower than their level of moral judgment in general life situations, t (19) = 2.30, p = .02, d = 1.06 (one-tailed) (see Table 3).

Table 3: Means scores of moral judgment stage in general life, sexual and own abuse victim situations, of child and peer abusers

	General Life Situations (original items)			Sexual Situations			Own Victim Situations		
	n	M	SD	n	M	SD	n	M	SD
Child abuser group	53	2.29	.38	55	2.26	.44	55	2.25	.37
Peer abuser group	20	2.36	.37	21	2.29	.51	21	2.22	.35

Relations between implicit theories, cognitive distortions and moral judgment

Correlational analyses were conducted in order to examine whether implicit theories were inversely related to moral judgment in general life, sexual and own abuse victim situations, but no significant associations were found. A series of *t*-tests were performed to examine differences in moral judgment stage between child and peer abusers with and without cognitive distortions in both sexual and own abuse victim situations. A significant relation was found in the peer abuser group between cognitive distortions toward the offenders' abuse victim and moral judgment, indicating that peer abusers with cognitive distortions showed lower levels of moral judgment: t (17.79) = -2.36, p = .02, d = -.91, one-tailed (see Table 4).

Table 4: Differences in the level of moral judgment between child and peer abusers who do show and do not show cognitive distortions

	Cognitive distortions						
	Yes			No			
	n	M	SD	n	M	SD	*t*
Moral judgment regarding own victim (child abusers)	17	2.19	.49	38	2.29	.31	-.71
Moral judgment regarding own victim (peer abusers)	6	2.04	.10	15	2.30	.39	-2.36*

Note. * $p < .05$.

Discussion

This study focused on moral judgment, implicit theories and cognitive distortions in a sample of 77 young sex offenders of whom 56 were identified as child abusers and 21 as peer abusers. Significant differences between child and peer abusers were found neither in beliefs supporting child sexual abuse (implicit theories) nor in percentages of cognitive distortions displayed in either the sexual abuse or own abuse victim situations Additionally, no significant differences in moral judgment were found between child and peer abusers regarding the three situations. However, we did detect significant lower stage moral judgment for the own abuse victim situation compared to the general life situation, but only in the peer abuser group. Peer abusers who displayed cognitive distortions when questioned about their own abuse victim showed lower stage moral judgment. No significant relations were found between the implicit theories and moral judgment.

Although literature shows peer abusers to generally have more antisocial attitudes, which is assumed to affect their level of moral judgment (Hendriks & Bijleveld, 2004), we did not find any differences in moral judgment between child and peer abusers in the three situations. The juvenile sex offenders in our sample generally used transition stage 2-3 moral judgment, meaning that the importance of interpersonal relationships were considered in their justifications.

The present study showed moral judgment not to be consistent in all situations and under all circumstances, since the peer abusers' level of moral judgment in general life situations proved to be different from the level of moral judgment in own abuse victim situations. This result is in line with assumptions about the flexibility of stage use made by Krebs and Denton (2005). Moreover, the results of this study are in line with the study by Van Vugt et al. (2008), which showed cognitive distortions to obstruct higher levels of moral judgment. Interestingly, we did not find a relation between cognitive distortions and moral judgment in the child abuser group. As

differences between the child and peer abuser group were independent of age, intelligence and education type, a possible explanation for this result is to be found in the more specialized treatment the child abusers receive compared to the peer abusers (Hendriks & Bijleveld, 2004; Hendriks, Bullens & Van Outsem, 2002). Positive treatment effects in child abusers may, therefore, specifically appear in outcomes that are closely connected with the sexual offense they committed, such as victim related cognitive distortions or domain-specific moral judgment.

Implicit theories have so far only been examined in adult sex offenders. This study included juvenile sex offenders and showed no significant differences between child and peer abusers regarding beliefs justifying sexual contact with children. Inspection of the means of the two SWCH factors indicated that juvenile sex offenders may not have distorted beliefs regarding their own victim (Mann et al., 2007). Since research on adult child molesters suggested that these offenders may tend to "fake good" on questionnaires measuring offense supportive beliefs, and that this might be found in faster item response time (Gannon & Polaschek, 2005), we (post hoc) examined the response times of the child and peer abusers on the SWCH. No significant differences, however, were found, which rules out this alternative explanation. Although this study only examined two of five implicit theories identified in adult sex offenders, it was the first to examine these two implicit theories in juvenile sex offenders, indicating that juvenile sex offenders might be different from adult sex offenders regarding these types of beliefs and may not have these underlying distorted schema's that exist prior to the offense. As these results were based on small samples, the results of this study should be carefully considered and need to be replicated.

Some limitations of this study should be mentioned. First, this study is based on a small sample, which limits the possibility of generalizing our results. However, small sample sizes are common in sex offender research due to low base rates (McCann & Lussier, 2008). Second, the small sample size did not allow a formal test of interactions by means of a factorial ANOVA design (Landsheer, Van den Wittenboer, & Maassen, 2006). Differences in moral judgment between child and peer abusers in general, sexual, and own abuse victim situations could not be tested appropriately in this study, and should therefore be interpreted with great care. Furthermore, we lacked a comparison group of adult sex offenders in order to be able to directly compare the results of our juvenile sample with an adult sample. Third, the cognitive distortions were identified by coding the SRM-SF interviews. Although satisfactory intercoder reliability was established, this does not guaranty validity of the coding system. Future research should therefore demonstrate the validity of the cognitive distortions coding system that we devised. Fourth, the additional SRM-SF scales to assess moral judgment in sexual and own abuse victim situations have not yet been tested against the original SRM-SF items. Last, the SWCH examines only two of five implicit theories

found among sex offenders. Furthermore the SWCH, like other instruments assessing implicit theories, has been developed and validated on adult sex offenders instead of juvenile offenders. Its validity for use in adolescent samples has to be demonstrated in future research.

Given the often devastating impact of sexual abuse on victims in the first place, but also on society as a whole, and the debate about the effectiveness of treatment of sex offenders, it is essential that research focuses on identifying the factors that are associated with maintenance of sexual misconduct among young sex offenders (Tierney & McCabe, 2002). Although moral judgment, cognitive distortions have been shown to be important in the continuation of (sex) offending, they constitute only one of many explanations.

This study was a first attempt to explore differences in moral development, implicit theories and cognitive distorted thinking in two specific subgroups of juvenile sex offenders, showing some differences between child and peers abusers' level of moral development when displaying cognitive distortions towards their abuse victim. Peer abusers are more often generalists than specialists, meaning that they also commit other types of offenses. In many cases they are, therefore, treated like generalists. Targeting their general distorted beliefs, however, may be less effective for the breakdown of thinking errors in sexual abuse situations and towards their abuse victim. An alternative explanation for domain specific moral deficits that were found in the peer abuser group can be found in what Ward et al. (1997) call the process of cognitive deconstruction. Cognitive deconstruction is considered a self serving state characterized by short term, egocentric and superficial thinking, resulting in impulsive behavior. The target of treatment, should, in this case, then focus on the offenders' affect regulation and attentional bias instead of on cognitive distortions, as these are only a result of the cognitively deconstructed state.

Appendix 1: Additional SRM-SF items regarding sexual situations and own abuse victim situations.

Sexual items	Own abuse victim items
1. How important is it that victims of sexual abuse receive help?	1. How important is it to tell the truth about the sex offense you committed?
2. How important is it that rapists are being punished?	2. How important is it that your victim(s) receive help?
3. Imagine two people kissing. How important is it that someone stops kissing if the other person says no?	3. How important is it that you receive (involuntary) treatment or imprisonment for the sexual abuse act you committed?
4. How important is it that parents talk with their children about sex?	4. How important is it that your victim(s) receive(s) support from their family and friends?
5. How important is it that people don't cheat (sexually)?	

Appendix 2: The total scores of the sociomoral reasoning measure related to their moral stages

Total scores	Moral stage
100 - 125	Stage 1
126 - 174	Transition stage 1/2
175 - 225	Stage 2
226 - 274	Transition stage 2/3
275 - 325	Stage 3
326 - 374	Transition stage 3/4
375 - 400	Stage 4

Chapter 5: The Relation between Psychopathy and Moral Development in Young Sex Offenders[6-7]

6 Van Vugt, E.S. , Asscher, J.J. , Hendriks, J., Stams, G.J.J.M., Bijleveld, C.C.J.H. & Van der Laan, P.H. *The relationship between psychopathy and moral development in young sex offenders*. Psychology, Crime & Law, (2011), Advance online publication. doi: 10.1080/1068316X.2010.533177.

7 This study was converted into American English for this dissertation

Abstract

This study examined the relation between psychopathic traits and moral development (moral judgment and empathy) in 85 Dutch male sex offenders between 13 and 23 years of age. Questions were asked about general life situations, sexual situations with morally relevant features, and questions about the offender's own abuse victim. A weak negative association was found between psychopathy and mature moral judgment, but only when questions involved the offender's own abuse victim. Weak to moderate negative associations were found between psychopathy and cognitive and affective empathy in general and sexual situations, but not in the own abuse victim situations. Further analysis revealed moderate negative associations between psychopathy and affective empathy in the own abuse victim situations, but only when an unfamiliar victim was involved. This is the first study, to our knowledge, showing that juvenile sex offenders with high levels of psychopathy have context specific moral deficits, and that in this group both cognitive and affective empathy are related to psychopathy.

Psychopathy and Moral Development in Young Sex Offenders

There is an ongoing debate about the moral development of individuals with psychopathic traits. Where some claim psychopaths have no moral conscience due to diminished emotional and cognitive capacities and deficiencies (Blair, Jones, Clark & Smith, 1995), others argue that even psychopaths are able to make moral decisions, and show empathic concern within particular contexts (Levy, 2008; Vargas & Nichols, 2008). It is important to establish whether psychopathic juvenile delinquents are able to make moral decisions, as the ability to do so may affect the course and goals of treatment. The present study focuses on the relation between psychopathy and moral development in young sex offenders.

Research on psychopathy in children and adolescents has identified psychopathy as a persistent trait throughout adulthood (Frick, Cornell, Barry, Bodin, & Dane, 2003; Lynam, Caspi, Moffitt, Loeber & Stouthamer-Loeber 2007). Furthermore, psychopathy has been shown to predict juvenile delinquency and repeated offending in adolescents and adults (Frick et al., 2003; Gretton, McBride, Hare, O'Shaughnessy & Kumka, 2001; Salekin, 2008).

The criteria for psychopathy best fit the criteria that meet antisocial personality disorder (ASPD), ASPD and psychopathy, however, cannot be regarded as fully interchangeable. The ASPD DSM-IV-TR (American Psychiatric Association, 2000) criteria primarily focus on behavior problems and less on affective and interpersonal traits (Cunnigham & Reidy, 1998; Hare, Hart & Harpur, 1991), characteristics that are traditionally seen as the core dimensions of psychopathy (Salekin, Rogers & Sewill, 1996). In addition, affective traits, such as cold and egocentric behavior, cunning, and the manipulation of others and interpersonal traits, characterized by lack of remorse/empathy, callousness and shallowness have been found to remain stable throughout the life span in individuals with psychopathic traits (Hare, 1993). Behavior problems, such as impulsivity, risk taking, thrill seeking, and irresponsible (anti-social) behavior, on the other hand are usually less stable (Harpur & Hare, 1994). It is thus important to distinguish psychopathy from antisocial personality disorder in (juvenile) delinquents, as the unique characteristics of these might have different causes and develop differently and therefore ask for different treatment modalities. Nevertheless, caution should be exercised in labeling juveniles as psychopathic as psychopathy measures also include more normative traits of adolescence such as impulsive and egocentric behavior, which may result in false positive evaluations (Seagreave & Grisso, 2002). Furthermore, labeling juveniles as psychopathic has been suggested to lead to negative sentencing decisions in that these are more punitive and less care based (Edens, Skeem, Cruise & Cauffman, 2001; Zinger & Forth, 1998).

The vast majority of research studies on psychopathy in relation to moral development has focused on emotional problems (lack of empathy), whereas the moral cognitive development (moral judgment) of psychopathic individuals is still an under researched area, especially in the case of young delinquents. It is, however, important to study these two aspects in juveniles, as research indicates that they are interconnected in daily functioning (Gibbs, 2010). Moreover, there are indications that delays in moral cognitive development are associated with psychopathy. Chang (2001), for example, found that moral judgment, the ability to define right from wrong, measured with the sociomoral reflection measure, was negatively related to psychopathy in a young adult sample. Chandler and Moran (1990) found similar results for a juvenile delinquent population. Stams et al. (2006) conducted a meta-analysis of moral development and delinquency, and found lower stage moral judgment in juvenile delinquents with psychopathic traits. Moreover, Trevathan and Walker (1989) found juvenile delinquents who were identified as psychopathic, compared to non-psychopathic juvenile delinquents, to show lower stage moral judgment on real life dilemmas, which are dilemmas about personal experiences, but not hypothetical dilemmas. However, the results do not all point into the same direction. Recently, Holmqvist (2008) analyzed the relation between ratings on a psychopathy checklist with ratings on a moral maturity measure in a juvenile delinquent sample, but did not find significant correlations. A possible explanation for these opposite results could be the heterogeneity of their offender sample, hampering the detection of important relations that are hypothesized to exist between moral development and (correlates of) delinquency (see van Vugt et al, 2008).

Another issue that arose in previous research on the relation between psychopathy and empathy was the exclusive focus on affective empathy, the ability to feel with others, whereas cognitive empathy, the ability to recognize others' emotions, might be equally important. Chang (2001), Holmqvist (2008) and Kimonis et al. (2008) found a significant inverse relation between psychopathy and affective empathy. None of these authors, however, assessed cognitive empathy. Jolliffe and Farrington (2006) explained this focus on affective empathy by suggesting that interpersonal traits of psychopathic individuals, like superficial charm, imply that cognitive (role-taking) abilities are well developed, whereas the neglect of another person's feelings is often thought to be the result of deficiencies in affective empathy (Strayer, 1987; Tangney & Stuewig, 2004). The selective attention for affective empathy does not seem to be warranted given that the capacity to feel other people's emotions (affective empathy) is closely related with the understanding of their emotions (cognitive empathy) (e.g., Hoffman, 1987; Marshall, Hudson, Jones, & Fernandez, 1995; Strayer, 1987), which supports the need to examine both cognitive and affective structures in moral development.

Research on the relation between psychopathy and cognitive empathy is rare and the limited research available was based on community samples only. For example, Nelson, Salekin, and Leistico (2006) examined both cognitive and affective empathy by using, respectively, the perspective taking and empathic concern scales of the Interpersonal Reactivity Index (IRI) (Davis, 1983), but found only a significant inverse relation between psychopathy and empathic concern (affective empathy). Contrarily, Dadds et al. (2009) did find children high on psychopathic traits to show lower cognitive empathy. Interestingly, these cognitive empathy deficits diminished during adolescence in the male group, suggesting these males were either able to improve their cognitive empathic skills or able to learn to cover up these deficiencies.

The present study aims to overcome the shortcomings of previous research by focusing on the relation between psychopathic traits and moral development in a specific, more homogenous group of delinquents, namely, juvenile sex offenders. The present study is one of few studies examining the relation between psychopathy and moral development by means of self-report of psychopathy. It is believed that self-report is a more adequate way to examine psychopathy in adolescence and early adulthood than parent or teacher report are, especially because young people may suppress antisocial tendencies and attitudes openly in interaction with parents or (significant) others (Frick, Barry & Bodin, 2000; Poythress et al, 2006). Moreover, this study examines psychopathy in relation to moral development in terms of both moral cognition (moral judgment) and moral emotion (empathy), since moral emotions are especially important for moral signaling and the motivation for moral action (Pizarro, 2000).

It has been shown that Sex offenders are not deficient in empathic responding toward all people or in all situations, but lack empathy in sexual and own abuse victim situations (Fernandez, Marshall, Lightbody & O'Sullivan, 1999; Fernandez & Marshall, 2003). Furthermore these empathy deficits are mainly visible in cognitive empathy, the ability to understand others' emotional states, rather than in affective empathy, the ability to share another's emotional state (Cohen & Strayer, 1996; Jolliffe & Farrington, 2004; Marshall, Hamilton & Fernandez , 2001). In addition, Van Vugt et al. (2008) showed juvenile sex offenders to be deficient only in moral judgment (a cognitive capacity) with regard to their own abuse victim. Altogether these results indicate that in particular cognitive structures of moral development may play an important role in the initiation and continuation of sex offending and that these may differ dependent on the situation. Therefore, the measures used in this study were extended with domain specific and context sensitive items that pertain to sexual situations and the offenders' own abuse victim.

We hypothesize that psychopathy will be related to both moral cognition (moral judgment) and moral emotion (empathy). We expect stronger associations

for questions involving sexuality and questions in which the juvenile sex offender's own abuse victim is considered (Fernandez et al., 1999; Fernandez & Marshall, 2003; Marshall, Hamilton & Fernandez, 2001; Marshall et al., 1995; Van Vugt et al, 2008).

Method

Sample

A total of 85 male sex offenders between 13 and 23 years of age (M = 17.54; SD = 2.22) from three juvenile correctional facilities and six forensic outpatient treatment centers in the Netherlands participated in this study. The majority of the participants attended special education schools (22.4%) or vocational education schools (61.2%), which prepares students for careers in (non-academic) manual labor jobs. Most participants (77.6%) were Caucasian white. We classified the sex offender group according to typologies that are used in clinical practice and scientific research. Most offenders were classified as solo sex offenders (87.1%), as they committed the sexual offense alone. Only 2.4% of the sample could be designated as group sex offenders, while 7.1% of the sample committed both solo and group sex offenses. For 3.4% of the total sample this information was unavailable. Approximately 65.9% of our sample was classified as child abusers, meaning the victim was at least five years younger than the offender. Twenty four point seven percent of our sample was identified as peer abusers, meaning the victim differed less than five years with the offender or was older than the offender. The smallest group (9.4%) was treated or sentenced for both child and peer abuse offenses or for hands-off offenses (exhibitionism). The offender knew his victim – being a family member, neighbor or classmate – in 71.8% of the cases. Fifty five point three percent abused female victims only, 20% had only male victims, and 24.7% of the offenders had both female and male victims.

Measures

Moral judgment was measured with the *Sociomoral Reflection Measure– Short Form (SRM-SF)*, which is a structured interview that contains 11 questions about a set of core values that are considered important in most societies: contract and truth, affiliation, life, property and law, and legal justice (Gibbs, Basinger, Grime & Snary, 2007; Gibbs, Basinger & Fuller, 1992). For the purpose of this study, we added four questions with sexual content. An example is: "Imagine two people kissing. How important is it that someone stops kissing if the other person says no? Could you explain why?" Another set of four questions was designed to measure the offenders' evaluations about situations that concern their own abuse victim(s). For example: "How important is it that your own abuse victim receives help?" (see Van Vugt et al, 2008). The answers to these questions were scored for their stage of moral judgment (Gibbs et al., 1992). Internal consistency

reliability analyses were performed for the three sets of questions, yielding α =.67 for the standard SRM-SF questions, α =.59 for the questions concerning sexuality, and α = .63 for questions about the offenders' own abuse victim(s). The global stage inter-rater agreement in terms of Cohen's Kappa was .83, which is satisfactory according to the SRM-SF manual (Gibbs et al., 1992, p. 57).

The basic empathy scale (BES) was used in order to examine cognitive and affective empathy, that is, the cognitive ability to recognize someone else's emotional state and the affective ability to sympathize with and share the other person's emotional state (Cohen & Strayer, 1996; Jollife & Farrington, 2006). The BES contains 11 affective empathy items and nine cognitive empathy items. All items have to be responded to on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The items of the BES are based on four basic universal emotions: fear, sadness, anger and happiness. An example of an affective empathy item is: "I get caught up in other people's feelings easily". An example of a cognitive empathy item is "I can often understand how people are feeling even before they tell me" The BES was translated into Dutch and validated for use in The Netherlands in a study by Van Langen, VanVugt & Stams (2009), who replicated the positive validation results of the original validation study by Jolliffe and Farrington (2006). In the present study, we found internal consistency reliability coefficients of α = .68 for affective empathy and α = .67 for cognitive empathy.

For the purpose of this study 19 additional cognitive and affective empathy items were developed from which nine questions concerned situations with sexual content and 10 questions concerned the offender's own abuse victim. An example of an affective empathy item with sexual content is: "I feel sorry for someone who is forced to have sex". An example of a cognitive empathy item with sexual content is: "I understand that people disapprove of having sex with children". The internal consistency reliability for the sexual affective empathy scale (5 items) was α = .67, while the reliability for the sexual cognitive empathy scale was α = .65 (4 items). Examples of own abuse affective and cognitive empathy items are: "I am concerned about the well-being of my victim" (affective) and "I understand my victim did not like what I did" (cognitive). The reliabilities for the own abuse empathy scales were α = .67 (affective) and α = .84 (cognitive).

The Psychopathy Measure was composed of two self-report measures, namely the APSD (Antisocial Process Screening Device) and the ICU (Inventory of Callous-Unemotional traits). Both measures were originally designed to identify psychopathic traits in school-aged children, age 6-13, but are increasingly used as self-report measures of psychopathy for adolescents and young adults. The APSD (Frick & Hare, 2001) consists of 20 three-point Likert-type items assessing three factors that represent core features of psychopathy, namely, callous/unemotional, narcissism and impulsivity.

An example of an item of the callous/ unemotional factor is "I feel bad and guilty when I do something wrong". Examples of items of the narcissism and impulsivity factors are respectively, "I act charming and nice to get the things I want" and 'I get bored easily". Poythress et al. (2006) showed that item 19 ("I hide my feelings and emotions from others") and item 20 ("I keep the same friends") proved to be unreliable in various samples. We therefore decided to remove both items from the APSD. The ICU (Essau, Sasagawa & Frick, 2006; Kimonis, 2008) consists of 24 four-point Likert-type items and three subscales: callousness, uncaring and unemotional. An example of a "callousness" item is "I do not care when I get in trouble", an example of an "uncaring" item is "I apologize ("say I am sorry") to persons I hurt", and an example of an "unemotional" item is "I hide my feelings from others".

After removing overlapping items from the APSD and ICU, the psychopathy self-report measure consisted of 37 four-point Likert-type items, ranging from "strongly disagree" (1) to "strongly agree" (4) and 6 subscales (see Table 1). The internal consistency reliabilities for the subscales ranged from $\alpha = .57$ (callousness) to $\alpha = .80$ (uncaring). A principal component analysis was performed on the 6 psychopathy subscales, which resulted in a one-dimensional solution, explaining 53% of the variance. Cronbach's alpha of the psychopathy scale was .78. Lastly, we inspected all psychological records of the juvenile sex offenders and found 11 sex offenders who were reported to have psychopathic traits. These $n = 11$ sex offenders with clinically established psychopathy scored significantly higher ($M = 2.08$, $SD = .55$) on the psychopathy measure (ICU/ APSD) than the $n = 74$ sex offenders without clinically established psychopathy ($M = 1.85$, $SD = .34$): $t\,(83) = -1.95$, $p < .05$.

Table 1: An overview of the items of the psychopathy list composed of the ICU and APSD

1.	I express my feelings openly (r)	Unemotional	ICU
2.	What I think is right and wrong is different from what other people think	Callousness	ICU
3.	I care about how well I do at school or work (r)	Uncaring/ Callous-unemotional	ICU/APSD
4.	I do not care who I hurt to get what I want	Callousness	ICU
5.	I feel bad or guilty when I do something wrong (r)	Uncaring/ Callous-unemotional	ICU/APSD
6.	I do not show my emotions to others	Unemotional	ICU
7.	I do not care about being on time	Callousness	ICU
8.	I am concerned about the feelings of others (r)	Callousness/ Callous-unemotional	ICU/ APSD
9.	I do not care if I get into trouble	Callousness	ICU
10.	I do not let my feelings control me	Callousness	ICU
11.	I do not care about doing things well	Callousness	ICU
12.	I seem very cold and uncaring to others	Callousness	ICU
13.	I easily admit to being wrong (r)	Uncaring	ICU
14.	It is easy for others to tell how I am feeling (r)	Unemotional	ICU
15.	I always try my best (r)	Uncaring	ICU
16.	I apologize (say I am sorry) to persons I hurt (r)	Uncaring	ICU
17.	I try not to hurt others' feelings (r)	Uncaring	ICU
18.	I do not feel remorseful when I do something wrong	Callousness	ICU
19.	I am very expressive and emotional (r)	Unemotional	ICU
20.	I do not like to put the time into doing things well	Callousness	ICU
21.	The feelings of others are unimportant to me	Callousness	ICU
22.	I hide my feelings from others	Unemotional	ICU
23.	I work hard on everything I do (r)	Uncaring	ICU
24.	I do things to make others feel good. (r)	Uncaring	ICU
25.	I blame others for my mistakes	Impulsivity	APSD
26.	I act without thinking of the consequences	Impulsivity	APSD
27.	My emotions are shallow and fake	Narcissism	APSD
28.	I brag a lot about my abilities, accomplishment or possessions	Narcissism	APSD
29.	I use or con other people to get what I want	Narcissism	APSD
30.	I tease or make fun of other people	Narcissism	APSD
31.	I act charming and nice to get the things I want	Narcissism	APSD
32.	I get angry when corrected or punished	Narcissism	APSD
33.	I think I am better or more important than other people	Narcissism	APSD
34.	I do risky or dangerous things	Impulsivity	APSD
35.	I do not plan ahead or leave things until the "last minute'	Impulsivity	APSD
36.	I get bored easily	Impulsivity	APSD
37.	I am good at keeping promises (r)	Callous-unemotional	ICU

Note. Items that require reverse scoring before calculation of the total score are indicated with r

Procedure

A consent form was signed by the respondents to declare voluntary participation and to give the researcher permission to analyze psychological and criminal records. In case the participant had not yet reached the age of 16 years, a parent or a caregiver had to sign for consent as well. We explained to the respondents that withdrawal from the research did not have any consequences for their treatment or detention situation. Each assessment started with the Sociomoral Reflection Measure Short Form (SRM-SF) that was recorded on audiotape and transcribed and scored by the first and fourth author of this article. In the second part of the assessment the respondent had to answer questions that were programmed on notebooks. Numbers were assigned in order to maintain anonymity. After full participation, all respondents received a reward of 5 Euros for their cooperation.

Results

We conducted simple correlational analyses to test the hypothesized inverse relation between higher levels of psychopathy and less mature moral development in terms of moral cognition (moral judgment) and moral emotion (cognitive and affective empathy). The strongest inverse relations were expected in sexual and own abuse victim situations. For the interpretation of the strength of the correlations, we used the criteria that were formulated by Cohen (1988): $r = .10$ to .30 is weak, $r = .30$ to .50 is moderate and $r > .50$ is strong. Since some of the scales of the instruments that were used were only marginally reliable, the correlations have also been corrected for the reliabilities of the scales. These adjusted correlations are reported as r^a (Jensen, 1998).

Table 2: The relation between psychopathy and moral judgment (N =79) in general, sexual and own abuse victim situations.

	Moral judgment (general)	Moral judgment (sexual)	Moral judgment (own victim)
	r	*r*	*r*
Psychopathy	.03	-.08	-.24*
	r^a	r^a	r^a
Psychopathy	.04	-.12	-.33*

Note. * $p < .05$. r^a correlation adjusted for reliabilities of the scales.

Table 2 shows that negative weak to moderate associations were found between psychopathy and moral judgment in situations involving the offender's own abuse

victim (r = -.24; r^a = -.33, p < .05), which indicates that higher levels of psychopathy were related to less mature moral judgment in own abuse victim situations. Weak to moderate negative associations were found between psychopathy and cognitive (r = -.25; r^a = -.35, p <.05) and affective (r = -.30; r^a = -.41, p <.01) empathy in general life situations. We also found moderate to strong associations between psychopathy and cognitive empathy (r = -.35; r^a = -.49, p <.01) and affective empathy in sexual situations (r = -.50; r^a = -.69, p <.001), which indicates that higher levels of psychopathy were related to lower levels of cognitive and affective empathy in both general life and sexual situations. Unexpectedly, we did not find a significant relation between psychopathy and cognitive or affective empathy in the own abuse victim situation, indicating that higher levels of psychopathy were not associated with lower cognitive and affective empathy towards the own abuse victim (see Table 3).

Table 3: The relation between psychopathy and empathy (N = 85) in general, sexual and own abuse victim situations.

	Cognitive Empathy (general)	Affective Empathy (general)	Cognitive Empathy (sexual)	Affective Empathy (sexual)	Cognitive Empathy (own victim)	Affective Empathy (own victim)
	r	*r*	*r*	*r*	*r*	*r*
Psychopathy	-.25*	-.30**	-.35**	-.50***	-.16	-.15
	r^a	r^a	r^a	r^a	r^a	r^a
Psychopathy	-.35*	-.41**	-.49**	-.69***	-.20	-.21

Note. * p < .05. ** p < .01. *** p < .001. r^a correlation adjusted for reliabilities of the scales.

Further analyses were performed to examine the effect that familiarity with the victim might have. No significant associations were found between psychopathy and cognitive and affective empathy in the case of a familiar victim. However, moderate to strong negative associations (r = -.44; r^a = -.61, p <.05) were found between psychopathy and affective empathy in the situation where the offender abused one or more unfamiliar (instead of familiar) victims (see Table 4).

Table 4: The relation between psychopathy and own victim empathy toward an unknown victim (N=17)

	Cognitive Empathy (own victim)	Affective Empathy (own victim)
	r	*r*
Psychopathy	-.36	-.44*
	r^a	r^a
Psychopathy	-.45	-.61*

Note. * $p < .05$. r^a correlation adjusted for reliabilities of the scales.

Discussion

This study examined the relation between psychopathy and moral development in terms of moral judgment and empathy among young male sex offenders. We asked questions about general life situations, sexual situations with morally relevant features, and questions about the offender's own abuse victim. A weak negative association was found between psychopathy and mature moral judgment for situations involving the offender's own abuse victim. Weak to moderate negative associations were found between psychopathy and cognitive and affective empathy in both general life and sexual situations. Further analyses revealed a moderate inverse relation between psychopathy and affective empathy for the own abuse victim situations, but only in case of an unfamiliar victim.

The present study showed that there was a significant relation between psychopathy and moral judgment for the own abuse victim situation, but not for the general life situation and sexual situation. Young sex offenders, who show high levels of psychopathy, seem to be able to make a distinction between various moral situations, which shows their ability to use different levels of moral judgment depending on the situation. Van Vugt et al. (2008) recently revealed deficiencies in moral development in a group of juvenile sex offenders, and showed this group to only display lower levels of moral judgment when responding to questions about their own abuse victim(s). The present study again indicates that young sex offenders constitute a special group of delinquents that may be different from offenders who commit non-sexual crimes, and should, therefore, indeed be studied separately. These findings are contrary to the findings reported by Stams et al. (2006), who found young delinquents with psychopathic traits to score extremely low on measures of moral judgment, meaning that moral judgment was dominated by external consequences, such as avoidance of punishment and concrete pragmatic or hedonic considerations. One explanation

for the differences between the current study and the study by Stams et al. is that, in the latter study, no distinction could be made between different types of juvenile delinquents, whereas the present study focuses on a specific group of young sex offenders. Although one may suggest that even the sex offender population could be further subdivided (including generalist and specialist offenders), we note that our sample of young sex offenders mainly consisted of solo sex offenders who had abused younger children, a type of sex offender known to commit relatively many sexual offenses over their criminal career (Hissel, Bijleveld, Hendriks, Jansen & Collot d'Escury-Koenigs, 2006).

We found significant inverse relations between psychopathy and both cognitive and affective empathy in general life situations and sexual situations. Contrary to our expectations, we did not find a relation between psychopathy and cognitive and affective empathy when the offender had to consider his own abuse victim. However, it is important to note that 71.8% of the offenders who participated in our study knew their victim(s) from either school, their neighborhood or were acquainted with one or more of their victims, and that higher levels of empathy are expected when victim and offender are familiar to each other, since the offender is more often confronted with the negative impact of the abuse on the victim (Braithwaite & Mugford, 1994; Fromm, 1973; Kirsch & Becker, 2007). The importance of victim-offender familiarity in the relation between psychopathy and empathy was further supported by the significant relationship that was found for a small subgroup of young sex offenders in our dataset that abused an unknown victim, and for whom we found a negative association between psychopathy and affective empathy.

Some limitations of this study should be mentioned. First, no norm scores for psychopathy were available to establish whether juvenile sex offenders did show increased psychopathy in comparison with juveniles who did not commit an offense. However, we did find concordance between the individual mean scores found on the psychopathy measure and the clinically established test results of psychopathic traits that were reported in the young sex offenders' psychological records that we examined. Second, given the marginal reliability of some measures, Cohen's criteria for strength of correlations should be interpreted with care. We tried to solve this problem by adjusting the correlations for the reliabilities of the scales. Third, we were only able to examine the data cross-sectionally. In order to be able to determine causality and to be able to understand the course and stability of psychopathy, longitudinal research is needed (Edens et al, 2001).

Notwithstanding these limitations, to our knowledge, this is the first study showing that young sex offenders who rate high on psychopathic traits have context specific moral deficits. Apparently, they are able to make moral decisions, and show empathic concern within particular contexts, and therefore cannot be considered to

be 'morally insane' (Blair et al., 1995). In specific contexts, young sex offenders rating high on psychopathy appear to turn their capacity to act 'morally' into their own favor (Porter, Demetrioff & Ten Brink, in press). Given some overlap between the concepts of moral development and psychopathy situation specific deficiencies in moral development seem to contradict the general notion that psychopathy is considered a stable trait. It should be noted, however, that not only the degree of psychopathy varies among individuals with psychopathic traits, but also the extent to which individuals with psychopathic traits "openly" act in psychopathic ways across different situations, as they learn to cover up their deficiencies (Dadds et al., 2009).

Although the effectiveness of treatment for psychopathic offenders is called into question (Harris, Rice & Cormier; 1991; Seto & Barbaree, 1999), promising guidelines that are based on principles of self management and preventive skills have been developed for treatment of psychopathic offenders (Wong & Hare, 2005). The present study suggests that treatment targeting moral development of young sex offenders with psychopathic traits should focus on specific and not on general moral deficits, and on delays in cognitive empathic responding, and that general empathy training might be ineffective.

Further research should focus on the relations between cognitive empathy, affective empathy and psychopathic traits longitudinally, with a focus on situation specificity, and should verify whether situation specificity can also be found in other groups of juvenile delinquents. Lastly, the long term consequences of moral cognitive deficits and their relation to psychopathy in juvenile sex offenders should be considered.

Chapter 6: Moral Judgment of Young Sex Offenders with and without Intellectual Disabilities[8]

8 **Van Vugt, E.S.,** Asscher, J.J., Hendriks, J., Stams, G.J.J.M., Bijleveld, C. & Van der Laan, P.H. (2011). Moral Judgment of Young Sex Offenders with and without Intellectual Disabilities. *Research in Developmental Disabilities, 32,* 2841-2846

Abstract

This study examined differences in moral judgment between juvenile sex offenders with and without intellectual disabilities. The Sociomoral Reflection Measure – Short Form (SRM-SF) was used to assess moral judgment, and was extended with questions referring to general sexual situations and to the offenders' abuse victim(s). Juvenile sex offenders with and without ID significantly differed in moral judgment stage regarding general life, sexual and own abuse victim situations. Juvenile sex offenders with ID generally showed stage 2 moral reasoning, which indicated that their justifications for moral decisions were dominated by instrumental and pragmatic reciprocity, whereas juvenile sex offenders without ID used reasons and justifications representing transitional moral stage 2/3 moral judgment, indicating that the maintenance of interpersonal relationships was considered to a certain extent in their justifications for moral decisions. Future research should examine to what extent moral judgment of offenders with ID should be targeted in treatment.

Moral Judgment of Young Sex Offenders with and without Intellectual Disabilities

Moral judgment, which pertains to the "reasons or justifications for moral decisions or values" (Gibbs, 2010; p. 130), is considered to be related to delinquent behavior. Although it is widely acknowledged that moral emotions, such as empathy, are important for moral functioning (Gibbs, 2010; Hofmann, 2000), it is moral cognition, in particular immature moral judgment, that has been shown to be most strongly related to delinquent behavior (Stams et al., 2006; Van Vugt et al., in press). Given the link between moral cognition and delinquent behavior, people with intellectual disabilities (ID) may be at increased risk for delinquency, as their cognitive impairments could set limits to the development of mature moral judgment. Although there is indeed empirical evidence showing that people with ID are overrepresented in the criminal justice system (Cullen, 1993; Holland, 2004; Holland et al, 2002; Lindsay et al, 2002), especially with respect to sexual offending (Cantor, Blanchard, Robichaud & Christensen, 2005; Lund, 1990; Walker & McCabe, 1973), little research has focused on moral development of offenders with ID. It is important to examine moral development of offenders with ID, as it is questionable whether offenders who do not fully understand that certain behavior is against the rules and mores of society (Lindsay, 2002) can be held accountable for their delinquent behavior (Le sage, 2005). Moreover, moral development of offenders with ID should be examined in order to establish whether efforts to enhance their level of moral judgment can be successful.

Langdon, Clare and Murphy (2010) recently discussed the literature regarding moral development of individuals with ID. This review showed individuals with intellectual disabilities to have lower levels of moral judgment than their chronologically aged comparison group. When individuals with ID were compared with typically developing individuals of the same mental age, these differences disappeared (Blakey, 1973; Lind & Smith, 1984). However, there are indications that individuals with ID, compared to typically developing persons, have difficulties understanding the motive of the actor and more frequently focus on the consequences of an act in their judgments (Abel, 1941; Bender, 1980; Blakey, 1973). In addition, moral judgment of individuals with ID develops with age, but only progresses at a slower pace, and this progress is not as marked as in their peers (Mahaney & Stephens, 1974; Moore & Stephens, 1974; Stephens & McLaughlin, 1974).

It is still equivocal which level of moral judgment stage individuals with ID can obtain. For example, Sigman, Ungerer and Russell (1983) found some stage 3 moral judgments in a small group of adolescents with borderline intellectual functioning, although the majority of this group showed preconventional (immature) levels of moral judgment. Recently, Langdon, Murphy, Clare and Palmer (2010) showed a group

of adult men with IQ's under 70 to show preconventional levels of moral judgment, indicating that their scores fell within stage 1 and 2. It is questionable if individuals with ID, and in particular offenders with ID, are able to reach mature levels of moral judgment that have been shown to protect against criminal behavior (Stams et al, 2006; Van Vugt et al., 2011).

Moral judgment has been identified as an important risk factor for recidivism in both adolescent and adult offender samples (Van Vugt et al., 2011). Although, according to the "what works" principles of judicial interventions, treatment should address criminogenic risk factors, such as moral judgment, risk factors also need to be dynamic in the sense that they are changeable over time (Andrews & Bonta, 2010). Even though there seems to be some progress in the level of moral judgment of individuals with ID, these progresses are small and inconsistent. This may mean that in specific groups of individuals, such as offenders with ID, moral judgment should not be a target for treatment because of its relatively static nature. Nevertheless, as the risk-need-responsivity model (RNR model) suggests, it is all about fitting general models to individualistic cases (Doyle & Dolan, 2002), signifying that moral judgment as a risk factor should not be addressed as a changeable criminogenic factor (needs principle) in treatment, but needs to be addressed to as a rather unchangeable factor (responsivity principle) that should be taken into account in treatment that targets desistance from crime.

Langdon, Clare and Murphy (2011) recently suggested moral judgment in individuals with ID to be curvilinear, meaning that the lowest levels of moral judgment may protect against criminal behavior, as this stage reflects the obeying of authorities and law. Individuals who have borderline intellectual functioning and whose moral judgment falls into stage 2, meaning their reasons for moral decisions are dominated by the fulfillment of own needs and instrumental exchange of favors, would be at risk for antisocial and delinquent behavior.

For the purpose of this study, we examined a group of young offenders with and without ID who have a history of sexual offending. To our knowledge, no research has yet focused on differences in moral judgment between young sex offenders with and without ID. For the purpose of this study the Sociomoral Reflection Measure Short Form (SRM-SF) was used. As it is suggested that sex offenders with ID also have a poorer sexual knowledge than individuals without ID (Clare, 1993), possibly affecting their sexual mores, we added questions to the SRM-SF regarding moral judgment in sexual situations. Lastly, as all respondents committed a sexual offense, we also added questions about the offender's own abuse victim (see Van Vugt et al., 2008). The expectation was that juvenile sex offenders with ID would show lower-stage moral judgment in all three moral judgment situations; general-life (original items), sexual and own abuse victim situation than those without ID.

Method

Sample

All sex offenders were sampled from three juvenile correctional facilities (one special facility for offenders with ID) and six forensic outpatient treatment centers in the Netherlands. The sex offenders were subdivided into two groups according to the standard criteria that are used in the Netherlands for the classification of mental retardation. All individuals with a total IQ between 50 and 85, additional adaptive behavior problems or psychiatric problems, and who are in need of long-term support were designated as individuals with intellectual disability (Moonen & Verstegen, 2006). The group with an IQ over 85 was designated as the non ID group.

The first group consisted of n = 32 male sex offenders with (borderline) intellectual disability (IQ < 85): the total IQ scores ranged from 57 to 84, M = 72.26; SD = 7.03. The mean age of the offenders at the time of the index offense was M = 14.27, SD = 1.59, and at the time of the assessment M = 17.94, SD = 2.12. The majority of the participants attended special education schools (46.9%) or were enrolled in pre-vocational secondary education (43.8%), which prepares students for careers in (non-academic) manual labor jobs. One of the respondents was still enrolled in primary education and one respondent was enrolled in secondary vocational education. This information was not available for one of the participants. Most participants (81.3%) were native Dutch. We classified the sex offender group according to typologies that are used in clinical practice and scientific research. Most offenders were classified as solo sex offenders (90.6%), as they committed the sexual offense alone. Only one participant was a group sex offender (3.1%) and two respondents committed both solo and group sex offenses (6.3%). Approximately 56.3% of our sample was classified as child abusers, meaning that the victim was at least five years younger than the offender. Twenty eight point one percent of our sample was identified as peer abusers, which means that the victim differed less than five years with the offender or was older than the offender. The smallest group (9.4%) was treated or sentenced for a combination of offenses (child, peer abuse offenses and hands-off offenses such as exhibitionism). For two participants (6.3%) this information was unavailable. The offender knew his victim – being a family member, neighbor or classmate – in 71.9% of the cases. Fifty six point three percent abused female victims only, 15.6% had only male victims, and 28.1% of the offenders had both female and male victims.

The second group (n = 45) consisted of male sex offenders who were classified with an IQ over 85, further referred to as the non-ID group. The total IQ of this group of offenders ranged from 85 to 128, with M = 95.14, SD = 14.97. The mean age of this group at the time of the index offense was M = 14.16, SD = 1.73 and at the time of the assessment M = 17.44, SD = 2.35. Two participants were enrolled in special education

(4.4%) and two were still enrolled in primary education (4.4%). The majority of the participants were enrolled in pre-vocational secondary education (73.4%), which prepares students for careers in (non-academic) manual labor jobs. Six participants were enrolled in secondary vocational education (13.3%), and two participants were enrolled in senior general secondary education (4.4%). Most participants (71.1%) were native Dutch. The majority of the offenders were classified as solo sex offenders (97.8%), as they committed the sexual offense alone. Again only one participant was a group sex offender (2.2%). Approximately 75.6% of this sample was classified as a child abuser, whereas 22.2% of our sample was identified as a peer abuser. For one participant this information was unavailable. The offender knew his victim – being a family member, neighbor or classmate – in 84.4% of the cases. Fifty five point six percent abused only female victims and 20% only male victims. Twenty four point four percent of the offenders had both female and male victims.

We did not find any significant differences between the two groups with regard to the type of sex offender (child versus peer abuser and solo and group offender), age at the time of the offense or at the time of assessment, ethnicity, familiarity to the victim, type of treatment (community or institutional setting), treatment duration and psychopathology. As expected significant differences were found for educational level, with juvenile sex offenders with ID being enrolled in lowers levels of education, t (74) = -3.85, $p < .001$, $d = -.90$ (one-tailed).

Measures

Moral judgment was measured with the *Sociomoral Reflection Measure– Short Form (SRM-SF)*, which is a structured interview that contains 11 questions about a set of core values that are considered important in most societies: contract and truth, affiliation, life, property and law, and legal justice (Gibbs, Basinger & Fuller, 1992). The SRM-SF has been shown be cross-culturally valid (Gibbs, Basinger, Grime & Snary, 2007). Recently, the psychometric properties of the SRM-SF were examined for individuals with ID, showing satisfactory internal consistency and good test-retest reliability (Langdon et al., 2010a).

For the purpose of this study, we added four questions with sexual content. An example is: "Imagine two people kissing. How important is it that someone stops kissing if the other person says no? Could you explain why?" Another set of four questions was designed to measure the offenders' evaluations about situations that concern their own abuse victim(s). For example: "How important is it that your own abuse victim receives help?" (see Van Vugt et al, 2008, and Appendix A).

The SRM-SF interviews were transcribed and the answers containing justifications indicative of stage 1 to 4 of Gibbs' model of moral judgment development

were summed and divided by the number of scorable answers (Gibbs et al., 1992). By multiplying the final scores by 100, the mean scores can be compared with the global moral stage index of Gibbs et al. (1992). Appendix B presents an overview of the global stages.

Internal consistency reliability analyses were performed for the three sets of questions, yielding α =.67 for the standard SRM-SF questions, α =.59 for the questions concerning sexuality, and α = .63 for questions about the offenders' own abuse victim(s). The global stage inter-rater agreement in terms of Cohen's Kappa was .83, which is satisfactory according to the SRM-SF manual (Gibbs et al., 1992, p. 57).

Procedure

A consent form was signed by the respondents to declare voluntary participation and to give the researcher permission to analyze psychological and criminal records. In case the participant had not yet reached the age of 16 years, a parent or a caregiver had to sign for consent as well. We explained to the respondents that withdrawal from the research did not have any consequences for their treatment or detention situation. Each assessment started with the Sociomoral Reflection Measure Short Form (SRM-SF) that was recorded on audiotape and transcribed and scored by the first and third author of this article. In the second part of the assessment the respondent had to answer questions that were programmed on notebooks. Participant numbers were assigned in order to preserve anonymity. After full participation, all respondents received a reward of 5 Euros for their cooperation.

Results

We conducted several independent T-tests to detect differences in mean scores on the five individual domains of the original (general life) SRM-SF questions as well as on the total SRM-SF scores for the three situations: general life, sexual and own abuse victim situation. First, significant differences were found between the ID group (M = 2.07, SD = .51) and the non ID group (M = 2.37, SD = .46) on the domain of contract and truth, t (75) = -2.69, p = .00, d =.62 (one-tailed). Last, we found significant differences on the domain of property and law, t (73) = - 1.81, p < .04, d = .43 (one-tailed), the ID group scoring M = 2.15, SD = .50 and the non ID group scoring M= 2.39, SD = .61. Unexpectedly, no significant differences were found on the domains of affiliation, life and legal justice (see Table 1).

Table 1: Mean scores of juvenile sex offenders with ID and without ID on the domains of the SRM-SF

	Offenders with ID			Offenders without ID			
	n	M	SD	n	M	SD	*t*
Contract and Truth	32	2.07	.51	45	2.37	.46	-2. 69**
Affiliation	32	2.36	.63	44	2.57	.59	-1.48
Life	24	2.30	.61	41	2.59	.70	-1.64
Property and Law	31	2.15	.50	44	2.39	.61	-1.81*
Legal Justice	27	2.07	.78	37	2.36	.83	-1.42

*Note. *p < .05; **p< .01*

Secondly, we inspected whether there were significant differences on the total SRM-SF scores regarding the three situations. On the general life domain (total scores based on the original SRM-SF items), we found sex offenders with ID to show a significantly lower moral judgment stage, M = 2.16, SD = .31, than the non-ID group, M = 2.42, SD = .37, t (75) = -3.16, p < .001, d =.76 (one-tailed). Next, we examined differences between juvenile sex offenders with and without ID on the general sexual situation and regarding the offender's abuse victim. Significant differences were found, with juvenile sex offenders with ID showing lower mean scores (M^{sexual} = 2.05, SD= .36/ M^{victim}= 2.11, SD= .31) than the non ID offenders (M^{sexual}= 2.45, SD= .47/ M^{victim}=2.37, SD=.33) for the sexual situation, t (75) = -3.97, p < .001, d = .96 (one tailed) and the own abuse victim situation, t (75) = -3.54, p < .001, d = .81 (one-tailed) (see Table 2).

Table 2: Means scores of moral judgment stage in general life, sexual and own abuse victim situations, of juvenile sex offenders with and without ID

	General Life Situations (original items)			Sexual Situations			Own Victim Situations		
	n	M	SD	n	M	SD	n	M	SD
Offenders with ID	30	2.16	.31	30	2.05	.36	30	2.11	.31
Offenders without ID	47	2.42	.37	47	2.45	.47	47	2.37	.33

These results indicate that juvenile sex offenders with ID generally showed stage 2 moral reasoning, which indicated that their justifications for moral decisions were dominated by instrumental and pragmatic reciprocity (tit for tat), whereas juvenile sex offenders without ID used reasons and justifications representing transitional moral

stage 2 /3 judgment, meaning that the maintenance of interpersonal relationships was considered to a certain extent in their justifications for moral decisions (do as you would be done by) (Gibbs, 2010; p. 38).

Discussion

This study showed juvenile sex offenders with and without ID to significantly differ in moral judgment stage regarding general life, sexual and own abuse victim situations. Also for the domains of contract and truth and property and law of the original SRM-SF (the general life situation questions), significant differences were found between the two groups; the ID group showing stage two moral judgment and the non ID group showing transitional moral stage 2 /3 judgment.

Individuals with ID have a lower moral judgment stage than individuals without ID. Moreover, their lower moral judgment stage was also present when moral situations reflected general sexual situations or the offender's abuse victim. As suggested by Langdon, Murphy, et al. (2010) and Langdon et al. (2011), in particular individuals with borderline ID whose moral judgment falls within stage 2 are at risk for delinquent behavior, as their moral judgment is dominated by the fulfillment of their own needs or by instrumental exchange of favors. The juvenile sex offenders included in our study had a mean IQ score of approximately 72, and would accordingly be classified showing borderline intellectual functioning (American Psychiatric Association, 2000; Moonen & Verstegen, 2006).

The non ID group of young sex offenders' fell into transitional moral stage 2 /3, which indicates that their moral judgment reflected to a certain extent the maintenance of interpersonal relationships (do as you would be done by) (Gibbs, 2010; p. 38). This level of moral judgment is in line with various studies (Gibbs et al., 2007) showing moral judgment of juvenile delinquents to generally fall into transitional moral stage 2 /3. Possibly, non ID juvenile sex offenders do not differ so much in moral judgment stage from other adolescent offenders. However, it should be kept in mind that the offenders who participated in our study were generally somewhat older than the adolescents in most studies, and therefore their level of moral judgment is expected to be somewhat higher.

No significant differences between juvenile sex offenders with and without ID were found on the domains of affiliation, life and legal justice of the original SRM-SF questions. Several studies have reported that (juvenile) delinquents generally show less mature moral judgment than their peers (Gibbs et al., 2007), and show lower moral judgment stage where it concerns values in the areas of law and legal justice (Palmer & Hollin, 1998; Peterson, 2001).

A remarkable finding is that offenders with ID displayed relatively higher levels of moral judgment on the domain of affiliation compared to their moral judgment stage on other domains, and compared to the level of moral judgment of the non-ID group. It has been shown that offenders with ID have difficulty in understanding hypothetical situations (see Abel, 1941; Bender, 1980; Blakey, 1973). Although some of the SRM-SF questions, due to their more hypothetical character, may have been more difficult to relate to for the ID group, at least one of the affiliation questions, "How important is it that children help their parents?", can be considered a more concrete situation that is experienced in daily life. The concreteness of this question may have triggered a higher level of moral judgment on the domain of affiliation. This might indicate that treatment of juvenile sexual offenders with ID should aim to be as concrete as possible. As some juvenile sexual offenders with ID might never be able to reach higher levels of moral reasoning, it seems worth focusing on the concrete question of what is allowed and what is not allowed rather than on reasons or justifications for moral decisions.

Some limitations of this study should be mentioned. The small sample size did not permit examining subgroups of offenders with ID, such as offenders with IQ's between 50 and 70 and those with and IQ's between 70-85. Second, despite the fact that the SRM-SF showed good reliability in previous studies, reliability in this study was relatively low for the standard SRM-SF questions and only marginally reliable for the questions concerning sexuality and the offenders' own abuse victim(s). The level of concreteness of the sexual and own victim questions might have negatively influenced the reliability of the SRM-SF.

Although juvenile sex offenders have been shown to be delayed in moral judgment in general, sexual and own abuse victim situations, it is questionable whether juvenile sex offenders' moral judgment, due to small and inconsistent progress, could be enhanced, and should be a target in treatment. It is possible that higher stages of moral judgment can be achieved by improving social information processing abilities and social skills of offenders with ID, as individuals with ID generally have difficulties with the coding and understanding of complex social situations (Sigman, Ungerer & Russell, 1983; Sigman & Erdynast, 1988; Van Nieuwenhuijzen, Orobio de Castro, Wijnroks, Vermeer & Matthys, 2004). As this research provides some evidence that juvenile sex offenders have difficulties in understanding more profound moral rules, treatment should also focus on social conventions and moral rules regarding sexual situations in order to prevent sexual recidivism (Lindsay, 2002), as a lack of sexual mores may increase the risk of sexual trespassing behavior.

Appendix A: Additional SRM-SF items regarding sexual situations and own abuse victim situations.

Sexual items	Own abuse victim items
1. How important is it that victims of sexual abuse receive help?	1. How important is it to tell the truth about the sex offense you committed?
2. How important is it that rapists are being punished?	2. How important is it that your victim(s) receive help?
3. Imagine two people kissing. How important is it that someone stops kissing if the other person says no?	3. How important is it that you receive (involuntary) treatment or imprisonment for the sexual abuse act you committed?
4. How important is it that parents talk with their children about sex?	4. How important is it that your victim(s) receive(s) support from their family and friends?
5. How important is it that people don't cheat (sexually)?	

Appendix B: The total scores of the sociomoral reasoning measure related to their moral stages

Total scores	Moral stage
100 - 125	Stage 1
126 - 174	Transition stage 1/2
175 – 225	Stage 2
226 – 274	Transition stage 2/3
275 – 325	Stage 3
326 – 374	Transition stage 3/4
375 – 400	Stage 4

Chapter 7: Assessment of Moral Judgment and Empathy in Young Sex Offenders: A Comparison of Clinical Judgment and Test Results[9]

9 Van Vugt, E.S., Asscher, J.J., Hendriks, J., Stams, G.J.J.M., Bijleveld, C. & Van der Laan, P.H. (in revision). *Assessment of moral judgment and empathy in young sex offenders : A comparison of clinical judgment and test results.* International Journal of Offender Therapy and Comparative Criminology (2011), Advance online publication. doi:10.1177/0306624X11420083

Abstract

Professional decision making in forensic clinical practice may have lifelong consequences for offenders. Although information on moral development is important for prediction of re-offending and referral to adequate treatment, conclusions regarding moral development are still largely based on unstructured clinical judgment instead of assessment instruments. For this study, the authors examined to what extent unstructured clinical judgment of both moral judgment and victim empathy concurred with test results in a group of young sex offenders. Moral judgment was measured with the Sociomoral Reflection Measure Short-Form (SRM-SF), whereas victim empathy was measured with an extended version of the Basic Empathy Scale (BES). No significant associations were found between clinical judgment of moral judgment and the mean scores on the SRM-SF. However, clinical judgment of victim empathy was significantly associated with victim empathy on the Victim Empathy Scale, but not consistently in the expected direction. Juvenile sex offenders, who were judged by clinicians to show little victim empathy, displayed lower mean scores on the Victim Empathy Scale than juvenile sex offenders who were evaluated to lack victim empathy or to have intact victim empathy. This study showed unstructured clinical judgment of moral development not to concur with test results. To improve decision making processes regarding moral development, clinicians are advised to rely on instruments that assess moral development to inform clinical judgment. Further research is needed to examine which predictions are more accurate and to establish the predictive validity of moral development evaluations.

Assessment of Moral Judgment and Empathy in Young Sex Offenders: A Comparison of Clinical Judgment and Test Results

Clinical judgments are conclusions drawn by clinicians regarding the client's health condition (e.g., psychopathology) and/or required treatment, and are based on actual observation of a client combined with clinical experience, theoretical knowledge and, if available, test results obtained with appropriate assessment instruments. In the case of moral development, however, few valid and reliable assessment instruments are available, and to our knowledge, these instruments are mostly used for empirical research rather than for clinical examination. Therefore, clinicians mostly rely on subjective interpretations of information that they consider important for the examination of moral development.

In general, mechanical predictions, which are statistical, actuarial or automatic assessments, further referred to as structured assessments, are assumed to be more accurate than clinical judgment (Grove, Zald, Lebow, Snitz, & Nelson, 2000). The predictive validity of mechanical assessments has been shown to be high, which may first of all be ascribed to the use of scientific concepts that have attained empirically established construct validity (e.g., Gibbs, Basinger, Grime & Snary, 2007). For example, Grove et al. (2000) showed mechanical predictions to account for 10% more accurate predictions of educational and health outcomes than clinical judgments. The lower accuracy of clinical judgment might be explained by its proneness to a variety of possibly occurring biases (Lichtenberg, 2009).

First, there are biases that occur in the interaction with clients, such as mislabeling behavior of clients or patients due to the fact their behavior is being compared with clinical populations instead of normal populations (Garb, 1998; 2005; Langer & Abelson, 1974; Rosenhan, 1973). Second, biases exist that are related to (more) static characteristics of clients, such as race and gender biases, resulting in inaccurate assumptions or beliefs about a client's race or gender affecting the eventual diagnosis (Garb, 1997). Third, clinical judgment can be affected by biases that occur during the collection of information, such as "confirmatory bias", meaning that clinicians tend to gather information that coincides with already earlier formed beliefs and assumptions. Consequently, important information refuting earlier beliefs and assumptions is left out (Lichtenberg, 1997; 2009; Garb, 1998; 2005). Other cognitive biases that are known to exist are "hindsight bias" and "anchoring or adjustment bias", which are the tendency to outweigh information that is consistent with a clinician's final evaluation and the tendency to insufficiently adjust initial judgments when additional information is available, respectively (Lichtenberg, 1997; 2009).

On the other hand, assessment instruments are also limited in the sense that they may ignore case-specific information that is important for the development of

individual treatment plans (Doyle & Dolan, 2002). This is in particular the case when dynamic personality factors are concerned, such as impulsivity and moral functioning, which change during life and often can only be understood in the context of an individual's history or by gathering additional information (Groth-Marnot, 2009). In other words, assessment instruments may yield objective information, but cannot take into account the uniqueness of each individual case, which limits the validity, reliability, and usefulness of assessment instruments in clinical practice (Hart, Cook & Michie, 2007).

In the field of moral development, treatment and referral decisions are generally based on unstructured clinical judgments rather than on structured clinical judgment that is informed by results obtained with assessment instruments (Hendriks, Rutten, Stams, & Brugman, 2006). Thus, it is important to further study possible differences and commonalities between clinical judgment and test results because referral decisions may have life-long consequences for clients, in particular, in the case of forensic evaluations that concern sentencing decisions, such as length of detention and treatment type and duration.

Two widely researched constructs of moral development are moral judgment and empathy, that is, the reasons or justifications individuals give for decisions or values that pertain to just or benevolent social action (Gibbs, 2010) and the ability to share (affective empathy) and understand (cognitive empathy) emotional states of others (Cohen & Strayer, 1996; Jolliffe & Farrington, 2004; 2006), respectively.

Moral development has been shown to be important for delinquency per se, including first offending, as well as for criminal offense recidivism. Significant associations have been found between moral judgment and (first) offending (Stams et al., 2006) as well as between empathy and offending, with stronger associations for cognitive empathy than for affective empathy (Jolliffe & Farrington, 2004). Moreover, a recent meta-analysis found significant inverse relations between moral judgment, empathy, shame and guilt, and general offense recidivism in both juvenile and adult offenders. Interestingly, much larger effect sizes were found for the relationship between moral development and general offense recidivism when assessment instruments were used (r =. 57) than when evaluations were based on unstructured clinical judgment (r = .10) (Van Vugt et al., in press).

Adequate assessment of moral development is not only important to correctly refer offenders to the appropriate interventions according to their risk level (Andrews & Bonta, 2010) but also to assess improvements in moral functioning of offenders who are enrolled in interventions targeting moral development. This seems, in particular, important as more and more attention is being directed toward the theoretical and empirical foundation of judicial interventions.

The aim of this study is to examine whether unstructured clinical judgment and objective measurement of moral development are associated in a sample of young sex offenders, focusing on moral judgment and victim empathy. It seems important that clinicians can adequately judge moral development in young sex offenders because it has been shown that (juvenile) sex offenders show lower levels of moral judgment when questioned about their victim and lack victim empathy (Fernandez & Marshall, 2003; Knight & Prentsky, 1993; Lakey, 1994; Marshall, Hudson, Jones, and Fernandez, 1995; Marshall, Hamilton, and Fernandez, 2001; Varker & Devilly, 2007, Van Vugt et al., 2008). Although we do not yet know whether lower levels of moral judgment and victim empathy are predictive of sexual offense recidivism in juvenile sexual offenders, a meta-analytic study, consisting of adult and juvenile sex offenders, did show lack of victim empathy to contribute to the continuation of violent non-sexual and general offense recidivism (Hanson & Morton-Bourgon, 2004). There is no reason to expect that this relation would be different for juvenile sex offenders. As juvenile sex offenders largely recidivate to non-sexual offenses instead of sexual offenses (Hendriks, 2006; McCann & Lussier, 2008), it is questionable whether sex offender treatment should primarily target risk factors predicting sexual offense recidivism. From this perspective, moral judgment and empathy may be important targets in treatment that focuses on nonsexual offenses, especially because juvenile sex offenders do not differ from juvenile non sex offenders where it concerns risk factors for general offense recidivism (Hanson & Bussière, 1998).

Although a significant association between unstructured clinical judgment and independent objective measurement of moral development would support the adequacy of moral judgment, lack of an association would cast doubt on the adequacy of unstructured clinical judgment of moral development. Such lack of association would call for the use of well-validated instruments to assess moral development to inform the clinical judgment of clinicians working with juvenile sex offenders.

Method

Sample

A total of 85 male sex offenders between 13 and 23 years of age, at time of examination (*M* = 17.54, *SD* = 2.22), from three juvenile correctional facilities and six forensic outpatient treatment centers in the Netherlands participated in this study, with a response rate exceeding 90%. The majority of the participants attended special education schools (22.4%) or lower vocational education schools (61.2%), which prepares students for careers in (nonacademic) manual labor jobs. Most participants (77.6%) were native Dutch. We classified the sex offender group according to typologies that are used in clinical practice and scientific research. Most offenders were classified as solo sex offenders (87.1%), as they committed the sexual offense alone. Only 2.4% of the sample was identified as group sex offenders, whereas 7.1% of the sample committed both solo and group sex offenses. For 3.4% of the total sample this information was not available. Approximately 65.9% of the sex offenders were classified as child abusers, and 24.7% as peer abusers, with the remaining group (9.4%) treated or sentenced for both offenses or for hands-off offenses (exhibitionism). The offender was familiar to the victim – being a family member, neighbor or classmate – in 71.8% of the cases. Most offenders had female victims (55.3%), 20% males, and 24.7% of the offenders had both female and male victims.

A total of 22 clinicians participated in our study, who were working as clinicians either for the juvenile correctional facilities or for the outpatient treatment centers that participated in our study.

Procedure

All respondents declared to voluntary participate in this study and gave the researcher permission to analyze psychological and criminal records by signing an informed consent. In case the participant had not yet reached the age of 16 years, a parent or guardian was asked to sign for consent as well. We explained to the respondents that they were allowed to withdraw from the research at any time and that withdrawal did not have any consequences for their treatment or detention situation. Each assessment started with a sociomoral interview (Sociomoral Reflection Measure - Short Form [SRM-SF]), which was recorded on audiotape, transcribed, and scored by the first and fourth author of this article. In the second part of the assessment, the respondent had to answer questions concerning victim empathy that were programmed on laptops. All respondents received a number to preserve anonymity and received a reward of 5 Euros for their cooperation after full participation.

Measures

Moral judgment was measured with the *SRM-SF*, which is a structured interview that contains 11 questions about a set of core values that are considered important in most societies: contract and truth, affiliation, life, property and law, and legal justice. The answers to these questions were scored for their stage of moral judgment (Gibbs et al., 2007; Gibbs, Basinger & Fuller, 1992). "How important is it for judges to send people who break the law to jail?", is an example of one of the 11 questions of the SRM-SF. Internal consistency reliability analyses for the SRM-SF questions yielded α =.67.

For the purpose of this and other studies an extended version of the Basic Empathy Scale (BES) was used to measure *victim empathy*. The BES is a validated questionnaire examining both cognitive and affective empathy, that is, the cognitive ability to recognize someone else's emotional state and the affective ability to sympathize with and share the other person's emotional state (Cohen & Strayer, 1996; Jollife & Farrington, 2004; 2006). A validation study of the BES for use in The Netherlands (Van Langen, Stams, & Van Vugt, 2009), replicated the positive validation results of the original validation study by Jolliffe and Farrington (2006). The items of the Victim Empathy Scale are responded to on a 5-point Likert-type scale, ranging from 1 = strongly disagree to 5 = strongly agree. Examples of affective and cognitive victim empathy items are: "I am concerned about the well-being of my victim" (affective) and "I understand my victim did not like what I did" (cognitive). The internal consistency reliabilities for the own abuse empathy scales were α = .67 (affective) and α = .84 (cognitive). As clinicians were asked to evaluate to what extent the referred juvenile sex offender(s) showed victim empathy, and were not specifically asked to distinguish between affective or cognitive empathy, we examined the strength of the association between the two subscales. We found a high and significant correlation of r = .70 and therefore merged the two subscales into one subscale, measuring victim empathy.

In order to measure *clinical judgment* of moral development in young sex offenders, we used an additional questionnaire (see Appendix 1), that was completed by clinicians who treated the juvenile delinquents who participated in our study. The clinical judgment questions were derived from the standard psychological and psychiatric assessment used in juvenile court in The Netherlands (pro justitia examination; see also Le Sage, 2006). The following items were used: (a) How would you evaluate the level of moral judgment of the referred youngster? The following response options were given: 1 = *little developed*, 2 = *well developed* and 3 = *strongly developed* and (b) To what extent does the referred youngster show victim empathy? The following response options were given: 1 = *victim empathy is lacking*, 2 = *victim empathy is slightly present*, and 3 = *victim empathy is present*.

Results

Relationship between clinical judgment and moral judgment

We examined to what extent clinical judgment and test results of moral judgment and victim empathy in young sex offenders were related. To examine the relationship between moral judgment measured with the SRM-SF and clinical judgment regarding moral judgment (see item 1, appendix), we performed a one-way ANOVA to examine differences in mean scores on the sociomoral reflection measure for the three clinical judgment evaluations of "little", "well" and "strongly developed" moral judgment. No significant differences were found, even when controlled for type of treatment (residential vs. ambulatory), treatment duration, age of the offender and type of sex offenders (child vs. peer abuser).

Relationship between empathy and clinical judgment

We also examined the association between victim empathy, measured with the victim empathy scale, and clinical judgment of victim empathy (see item 2, appendix). A one-way ANOVA was performed to identify differences in mean scores on the victim empathy measure for the three clinical judgment categories, respectively "victim empathy is present", "victim empathy is slightly present", and "victim empathy is lacking". The mean scores on the Victim Empathy Scales significantly differed for the three clinical judgment evaluations, (F (2) = 5.48, p< .01), treatment type, treatment duration, age of the offender and type of sex offenders (child vs. peer abuser) did not affect these results. Post hoc comparisons using the Student-Newman-Keuls test indicated that the mean score for the "victim empathy is slightly present" category (M = 3.96, SD = 1.01) was significantly lower than the "victim empathy is lacking" (M = 4.45, SD = .49) and "victim empathy is present" (M= 4.59, SD = .41) categories. The effect sizes for these differences were Cohen's d = -.60 and Cohen's d = -.75, respectively. The "victim empathy is lacking" category did not significantly differ from the "victim empathy is present" category. These results indicate that clinical judgment regarding victim empathy was not associated according to expectation with test results on the Victim Empathy Scale, as juvenile sex offenders who were evaluated to show "little" victim empathy had lower mean scores on the victim empathy scale than juvenile sex offenders who were evaluated to lack victim empathy or who were thought to have intact victim empathy.

Discussion

Altogether, this study showed that unstructured clinical judgment of moral development did not concur with the scores on measures of moral judgment and victim empathy. Although several studies reported structured assessment to

outperform unguided clinical judgment in the prediction of recidivism of offenders, even in the case of moral development (Bengtsen & Långström, 2007; De Vogel, De Ruiter, Hildebrand, Bos & Van de Ven, 2004; Graig, Beech & Browne, 2006; Van Vugt et al., in press), this study did not examine the predictive validity of either clinical judgment or structured assessment instruments of moral development. It therefore cannot be automatically deduced that unguided or unstructured judgment of moral development yields invalid information.

Because clinical judgment can easily be distorted by irrelevant client characteristics and cognitive therapeutic biases (Garb, 1997; 1998; 2005; Langer & Abelson, 1974; Lichtenberg, 1997; 2009; Rosenhan, 1973), it is recommended that clinicians also rely on multiple sources of information and objective assessment instruments when examining dynamic risk factors for delinquency as targets for effective treatment (see also Andrews & Bonta, 2010; Ward, Melser & Yates, 2007). The use of objective assessment instruments makes clinicians less vulnerable to therapeutic biases and transforms their unstructured clinical judgment (Hendriks et al., 2006), which is informed by non-scientific concepts of morality, into a structured clinical judgment of moral development that is based on well-validated scientific concepts that have empirically been tested (Gibbs, et al., 2007). Another advantage of the use of assessment instruments is that these are replicable and controllable.As moral judgment and (victim) empathy have been shown to play an important role in the continuation of offending (Hanson & Morton-Bourgon, 2004; Van Vugt et al., in press) and may be important treatment targets for sex offenders, moral judgment and victim empathy should be assessed correctly. According to the 'what works' principles of effective interventions (Andrews & Bonta, 2010), interventions should target dynamic risk factors, such as moral development (Van Vugt et al., in press), as these factors can be modified. In the case of dynamic risk factors, clinical judgment remains important, as clinicians are expected to weigh the seriousness of these factors (e.g. in the case of risk assessment evaluations) and their possible interplay. The emphasis should therefore be on the development of valid and reliable instruments that promote "systemization and consistency yet are flexible enough to account for case-specific influences and the contexts in which assessments are conducted" (Doyle & Dolan, 2002, p. 652).

To summarize, clinical judgment remains relevant as it contextualizes structured information based on assessment instruments. Clinicians should attend to the individual circumstances of clients and interpret test results in the context of additional information, their particular observations and clinical experience (see Ward, Melser & Yates, 2007). For example, if test results are not in line with the clinician's view regarding the problem of the referred client, he or she should ascertain whether the assessment took place correctly, whether he or she owns complete information

concerning the client and whether additional information is needed to be able to understand the conflicting information.

Some limitations of this study should be mentioned. Firstly, it is possible that our instrument that was used to assess clinical judgment does not adequately capture clinical judgment. However, clinicians were handed questions which they were familiar with from forensic psychological and psychiatric examinations that are conducted in the Netherlands to inform the judge or prosecutor about the offender's health and personality (see Le Sage, 2006). Secondly, the assessment of clinical judgment did not include the kind of sources the clinicians used to evaluate the juveniles' level of moral development. Clinical judgment may have been based on observations and conversations during treatment, or on other available information regarding moral development of the client. Possibly, clinicians may have included important information in their evaluations of the young sex offenders' moral development that is not captured by the instruments. Third, the SRM-SF showed relatively low internal consistency reliability, which could have affected the outcomes. Finally, our findings were based on cross-sectional data and it was therefore not possible to establish the predictive validity of either clinical judgment or assessment instruments regarding moral development. Future research should focus on the decision-making processes of clinicians, and examine which information regarding moral development is focused on and which is not.

To conclude, there are few instruments available in the Netherlands to assess moral development with adequate assessment instruments, and thus, forensic clinical practice, due to unfamiliarity with the available instruments, is still largely relying on unstructured clinical judgment. Although this study was unable to provide insight into neither the correctness of clinical judgment nor the correctness of structured assessment of moral development, we showed that clinical judgment of moral development was not associated with scores on measures of moral development. This study indicates that clinical judgment and structured assessment are important topics in clinical practice, in particular in the case of moral development. Especially given the possible long-term consequences of decisions made by clinicians and other professionals in the domain of moral development, it is important to validly and reliably assess moral development of juvenile offenders. More research is needed to understand why clinical judgment and structured assessment of moral development are not associated, which information clinician's include in their judgments and how assessment instruments can best be used by clinicians to produce a valid and reliable judgment of moral development.

Appendix: clinical judgment questionnaire on moral development.

1. How would you evaluate the level of moral judgment of the referred youngster?

☐ little developed
☐ well developed
☐ strongly developed

2. To what extent does the referred youngster show victim empathy?

☐ victim empathy is lacking
☐ victim empathy is slightly present
☐ victim empathy is present

Chapter 8:
General Discussion

8.1 Results per study

The main focus of this dissertation was to examine moral development of juvenile sex offenders. A meta-analysis (the first study of this dissertation) showed small to medium overall effect sizes for the relation between moral development and criminal offense recidivism. However, the relation was stronger for moral cognition, including moral judgment, than for moral emotions, such as empathy, guilt and shame. Moreover, the effects were stronger for assessment instruments than for unstructured clinical judgment. In particular, production measures that assess a proximate of the individual's cognitive-affective processes underlying moral motivation showed the largest effects. Overall, smaller effect sizes were found for juvenile than for adult delinquents.

The second study was conducted to establish to what extent moral development was situation specific in juvenile sex offenders. Lower-stage moral judgment was found only in situations where the focus was shifted from a general sexual situation to the offender's own victim. Offenders who displayed cognitive distortions in answering questions about their victim showed lower levels of moral judgment than offenders not displaying cognitive distortions.

The third study replicated these findings, and extended the previous study by distinguishing between child and peer abusers. Juvenile sex offenders constitute a heterogeneous group with respect to the victims they abuse and their criminal profile. For instance, the etiology of the criminal careers of peer abusers, in contrast with child abusers, could be explained by their antisocial attitudes and is expected to affect their level of moral judgment. Lower stage moral judgment was found for the own abuse victim situation compared to the general life situation, but only in the peer abuser group: peer abusers who displayed cognitive distortions when questioned about their own abuse victim showed lower stage moral judgment. Interestingly, no significant differences were found between child and peer abusers in their level of moral judgment in general life, sexual and own abuse victim situations, neither for beliefs supporting child sexual abuse (implicit theories) nor in the prevalence of cognitive distortions displayed in either the sexual abuse or own abuse victim situations. However, peer abusers who displayed cognitive distortions when questioned about their own abuse victim showed lower stage moral judgment. As peer abusers are mostly treated like general offenders, treatment primarily focuses on their distorted (criminogenic) beliefs in general instead of thinking errors that pertain to their victims. Focusing on general distorted thinking is probably less effective for the breakdown of thinking errors in situations concerning the offender's abuse victim.

The fourth study focused on moral development of juvenile sex offenders with psychopathic traits. A weak negative association was found between psychopathy and mature moral judgment for situations involving the offender's own abuse victim. Weak

to moderate negative associations were found between psychopathy and cognitive and affective empathy in both general life and sexual situations. Further analyses revealed a moderate inverse relation between psychopathy and affective empathy for the own abuse victim situations, but only in case of an unfamiliar victim. The results indicate that offenders with psychopathic traits are able to respond morally under certain circumstances.

The fifth study examined moral development of juvenile sex offenders with intellectual disabilities (ID). Differences in moral judgment were found between juvenile sex offenders with and without ID for general life, sexual and own abuse victim situations, which indicated that the ID group's justifications for moral decisions were primarily dominated by instrumental and pragmatic reciprocity ('tit for tat'), whereas the non-ID group used justifications in which the maintenance of interpersonal relationships were much more considered ('do as you would be done by'). In sum, offenders with ID show lower stage moral judgment. It is therefore questionable whether interventions should directly target moral judgment in juvenile sex offenders with ID, in particular as it has been shown that there is little and inconsistent progress in their level of moral judgment.

Finally, the sixth study focused on the relationship between unstructured clinical judgment and assessment instruments of moral development. This study showed that unstructured clinical judgment of moral development did not concur with scores on measures of moral judgment and victim empathy. Consequences of this finding for clinical practice were discussed. It was argued that clinical judgment should be combined with information from instruments that assess moral development in order to arrive at a more comprehensive, and more objective and scientifically-based structured clinical judgment of moral development.

8.2 Discussion of the results

Summarizing, the meta-analysis that laid the basis for this dissertation was the first study to synthesize the empirical evidence for a relation between moral development and criminal offense recidivism. Moral development, in particular low moral cognition (i.e. low moral judgment), should be considered a criminogenic factor, as it was shown to predict criminal offense recidivism. Although, in general, criminogenic risks should be targeted in treatment to reduce criminal offense recidivism (Andrews & Bonta, 2010), the question remains how deficits in moral development of offenders can or should be approached in clinical practice, since offender populations are rather heterogeneous. Moreover, some offenders may suffer from additional problems that not only could affect their moral development, but also could hamper effective treatment of deficits in moral development, including developmental delays in moral judgment and lack

of empathic responding. For this reason, this dissertation not only examined deficits in moral development in a specific group of offenders, namely juvenile sex offenders, but also mechanisms that have been shown to affect moral functioning, such as cognitive distortions, and offender characteristics that may affect moral development, including psychopathic traits and intellectual disabilities. Moreover, deficits in moral development, as suggested in adult sex offender research, may particularly show in specific situations, such as sexual situations and own abuse victim situations, which asks for further examination.

Following the meta-analysis of moral development and criminal offense recidivism and findings from research on moral development of adult sex offenders, five studies were conducted in order to examine if and how current knowledge on moral development and delinquency can be applied to juvenile sex offenders who may recidivate both sexually or non-sexually (violent or general recidivism). Risk factors for general recidivism have shown to be the same for both juvenile non-sex offenders and juvenile sex offenders (Hanson & Bussière, 1998), although Van der Put, Vugt, Stams, Deković and Van der Laan (2011) recently showed that most risk factors were more strongly associated with general recidivism in juvenile sex offenders than in juvenile non-sex offenders. These results indicate that juvenile sex offender treatment that targets risk factors for general recidivism may produce relatively large effects in juvenile sex offenders compared to juvenile non-sex offenders. It has not yet been examined whether this also holds for moral cognition (moral judgment) as a risk factor for general recidivism. It is particularly important to examine the relation between moral cognition and general offense recidivism in juvenile sex offenders, as research showed that only about 12% of the juvenile sex offenders recidivate to a sexual offense, whereas the majority of this group (42%) recidivates to a non-sexual offense (McCann & Lussier, 2008). In addition, Dutch research even showed lower percentages of sexual offense recidivism among juveniles of about 10%, while substantial higher percentages of non sexual violent recidivism were found, amounting to 27%. Any offense recidivism amounted to 70% after a follow-up period of 7 years (Hendriks, 2006; Hendriks & Bijleveld, 2008). Finally, given the seriousness of sexual offenses, it should be examined whether (specific) deficits in moral cognition predict sexual offense recidivism in juvenile sex offenders. Low base rates of sexual offense recidivism, however, hamper research due to lack of statistical power, but can partly be overcome by aggregation of juvenile sex offender samples and using sufficiently long follow up periods (McCann & Lussier, 2008).

Another reason to address elements of moral cognition, such as moral judgment, in juvenile sex offender treatment is the greater advance in moral judgment that is possible in juvenile delinquents compared to adult delinquents, as they are still developing and have shorter and less chronic criminal careers than adult delinquents

have. In the case of juvenile sex offenders, this dissertation showed in line with research on empathy (Marshall, Hudson, Jones & Fernandez, 1995; Fernandez & Marshall, 2003) that lower levels of moral judgment were found when the offender was asked to consider his own abuse victim. As cognitive distortions were found to be related to lower stage moral judgment, and are thought to hamper the translation of higher stage moral judgment into moral behavior, enhancement of moral judgment is probably not enough and should be combined with elimination of cognitive distortions. This especially seems to be the case in peer abusers; juvenile sex offenders who sexually abuse age mates or victims who are older than themselves.

Most sex offender research has been conducted, due to low base rates, on the sex offender population in its entirety, despite acknowledgement of the marked heterogeneity of the sex offender population and of the importance of examining to what extent criminogenic factors may have different outcomes for specific subgroups of sex offenders. This dissertation showed that two of the most frequently identified subgroups of juvenile sex offenders, namely child and peer abusers, did not differ in moral judgment and cognitive distortions. Moreover, no differences between child and peer abusers were found in implicit theories, that is, beliefs justifying sexual contact with children (Ward, 2000; p. 495).

With the exception of the present dissertation, implicit theories have been examined only in adult sex offenders. Juvenile sex offenders, compared to adult sex offenders, may not have underlying scripts that justify sexual contact with children prior to the offense. Moreover, adolescents are still developing their sexual identity (Green, 1978), which could explain why young sex offenders may show less marked preferences for abusing a child of a particular age or sex than is the case with adult sex offenders (Worling, 2001). Notably, the instrument that was used in this dissertation to assess implicit theories in juvenile sex offenders has been developed and validated for adult sex offenders and only assessed two of five implicit theories. Further research is therefore needed on both the developing sexual identity of juvenile sex offenders and on instrument development to assess sexually related problems in this group.

The Risks-Needs-Responsivity model (Andrews & Bonta, 2010) is currently one of the most important models of effective offender treatment. The risk principle refers to the risk of reoffending and determines the intensity of the intervention. The needs principle implies that dynamic (changeable) criminogenic factors should be targeted in offender treatment in order to effectively reduce the risk of recidivism. The responsivity principle, finally, addresses offender characteristics that may affect the course and goals of treatment. Results of this dissertation may be relevant for the application of the RNR-model in juvenile sex offender treatment targeting moral development for at least two reasons. First, risk assessment of recidivism may be improved by incorporating moral development in risk assessment tools. Second,

results show that delays in moral development need to be addressed to in treatment from either a needs perspective or a responsivity perspective, depending on particular offender characteristics that could set limits to moral growth.

In some specific offender groups, such as juvenile sex offenders with intellectual disabilities, morality should be approached as an unchangeable (responsivity) factor instead of a needs factor in treatment targeting desistance from offending, because it is not likely that moral cognition can be further enhanced. Even though there can be some progress in the level of moral judgment of individuals with ID, this progress has shown to be small and inconsistent, limiting developmental prospects (Mahaney & Stephens, 1974; Moore & Stephens, 1974; Stephens & McLaughlin, 1974).

In the case of offenders with psychopathic traits there is still little knowledge on how to treat these individuals. Although many researchers claim that individuals with psychopathic traits are untreatable or get out of treatment worse (Blackburn, 1993; Harris & Rice, 2006; Suedfeld & Landon, 1978), a recent review by Salekin (2010) shed some positive light on the treatability of juveniles with psychopathic traits, with 75% of the studies showing positive outcomes. The results for treatment of adult offenders with psychopathic traits, on the other hand, were less convincing, with only 38% of the studies showing positive outcomes. Although it should be admitted that most of the studies lacked methodological rigor, in particular with respect to lack of randomization, Salekin's review provides some preliminary empirical evidence that juvenile offenders with psychopathic traits react better to treatment than adult offenders with psychopathic traits, and may therefore be considered more receptive to treatment than adult offenders.

This dissertation showed that juvenile sex offenders with higher levels of psychopathic traits were able to make moral decisions and show empathic concern, which does not lend support to the assumption that all psychopaths are 'morally insane' (Blair et al., 1995). It appears that juvenile sex offenders with psychopathic traits do have a moral capacity, but only use this capacity in situations they can benefit from (this dissertation). It is, however, questionable whether instrumental use of their moral capacity (i.e., to their own benefit) should count as moral, given that morality is concerned with the wellbeing of others in stead of personal gratification.

Although the majority of the available treatment programs have not been designed for individuals with psychopathic traits, at least some aspects of these programs for juvenile delinquents seem to respond to the needs of juvenile offenders with psychopathic traits. Future research is needed to examine which aspects of interventions are effective for the treatment of moral deficits in juveniles with psychopathic traits, and how these aspects affect both general as well as sexual recidivism. Furthermore, it should be examined whether treatment techniques that are recommended for adult offenders with psychopathic traits, such as improvement in

self-regulation, cost-benefit analysis and identification of situations that may increase the risk to reoffend, could increase the effectiveness of treatment for adolescent offenders with psychopathic traits (Wong & Hare, 2005).

This dissertation showed juvenile sex offenders with psychopathic traits or intellectual disabilities to be delayed in moral development, at least in certain contexts (study 5 and 6). As these offender characteristics have not been accepted as grounds for insanity and infancy defenses (De Ruiter & Hildebrand, 2000; Moonen, De Wit, & Hoogeveen, 2011), but do affect the ability of these offenders to understand right from wrong, it is questionable whether they should be held accountable for the crimes they committed. Possibly, an offender's moral understanding should be included as a criterion for sentencing decisions pertaining to the question of accountability and whether or not an offender should be considered responsible for the criminal act (Brand, 2001; Feld, 1998).

Last, the finding of this dissertation that unstructured clinical judgment of moral development does not predict criminal offense recidivism (study 1) and is not associated with objective assessment of moral development (a strong predictor of recidivism if adequately measured – study 6), emphasizes the need for structured clinical judgment of moral development that is informed by objective assessment of scientifically-based concepts of moral development. This seems in particular important as more and more attention is directed to the theoretical and empirical foundation of judicial interventions. Together with the development of evidence-based judicial interventions, objective theory-based assessment of risks of recidivism, criminogenic needs and responsivity factors becomes increasingly important in order to be able to adequately refer juvenile delinquents to evidence-based interventions and monitor their progress (Van der Put, 2011). To date, however, few instruments (such as the SRM-SF) are available or being used for the objective assessment of moral development in clinical practice.

Summary

This dissertation first showed moral development, more specifically moral cognition, to be a criminogenic factor. Second, it was shown that certain offender characteristics, such as psychopathic traits and intellectual disability, are associated with lower levels of moral development, and indicate whether or not moral development should be a treatment target. Third, the present dissertation showed that treatment should address moral deficiencies in a context sensitive way, as moral deficiencies were found to be context and situation specific. Finally, in order to support sentencing and treatment decisions, the examination of moral development may be improved by inclusion of objective assessment of scientifically based concepts of moral development to inform the clinician's judgment of the juvenile offender's level of moral development.

Chapter 9: References

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Nederlandse Samenvatting
Dankwoord (Acknowledgments)
Curriculum Vitae
List of Publications (Publicaties)

Nederlandse Samenvatting

Zedendelicten roepen in de maatschappij veel verontwaardiging en boosheid op. Vanwege de ernst van het delict worden zedendelinquenten vaak gezien als gewetenloze personen. De vraag is echter, in hoeverre zedendelinquenten gewetenloos zijn? Daarnaast rijst de vraag wat er eigenlijk gezegd kan worden over de gewetensontwikkeling van jongeren die betrokken raken bij een dergelijk delict, en van wie het geweten nog in ontwikkeling is. Is de morele ontwikkeling van deze jongeren heel anders dan die van niet delinquente jongeren? Tevens zijn er binnen de groep jeudige zedendelinquenten verschillende groepen te onderscheiden, zoals jeugdigen die jonge kinderen seksueel misbruiken, maar ook jeugdigen die leeftijdsgenoten misbruiken. In hoeverre zijn er tussen deze groepen verschillen zichtbaar in morele ontwikkeling? Een vraag die hier uit voortvloeit, is in hoeverre en op welke manier morele ontwikkeling een plaats zou moeten krijgen binnnen de behandeling van jeugdige zedendelinquenten? Zou behandeling gericht op het vergroten van morele ontwikkeling kunnen bijdragen aan vermindering van algemene en seksuele recidive (het terugvallen in delinquent gedrag)? Al deze vragen gaven aanleiding tot het onderzoek waarvan dit proefschrift verslag doet.

Morele ontwikkeling bestaat uit verschillende concepten die enerzijds een beroep doen op de cognitieve vaardigheden van een persoon en anderzijds op zijn of haar affectieve vaardigheden (regulatie van emoties). De vier belangrijkste constructen van morele ontwikkeling zijn achtereenvolgens: moreel redeneren (de overwegingen over hoe men in moreel opzicht dient te handelen), empathie (het herkennen van emoties en meeleven met gevoelens van anderen), schuld en schaamte. Uit eerdere studies naar morele ontwikkeling van delinquentie bleek al dat delinquenten in vergelijking met niet delinquenten, een lager niveau van morele ontwikkeling laten zien dat gericht is op het ontlopen van straf en/of bereiken van persoonlijk voordeel, waarbij weinig rekening wordt gehouden met anderen (Stams et al., 2006; Jolliffe & Farrington, 2006). In de eerste studie (Hoofdstuk 2) van dit proefschrift is gekeken in hoeverre het niveau van morele ontwikkeling van delinquenten tevens voorspellend is voor algemene recidive (het terugvallen in delinquent gedrag na een eerder delict). Uit dit onderzoek bleek dat met name morele cognitie (waaronder moreel redeneren valt, de overwegingen over hoe men in moreel opzicht dient te handelen) sterker gerelateerd is aan algemene recidive dan morele emoties, zoals empathie (meeleven met emoties van anderen), schuld en schaamte. Dit betekent dat, aangezien morele ontwikkeling een risicofactor is die veranderbaar is, behandeling gericht op tekortkomingen in de morele ontwikkeling de potentie heeft om bij te dragen aan de verlaging van het risico op recidive.

Het probleem bij onderzoek naar delinquentie is dat de diversiteit tussen dadergroepen groot is. Daarnaast laat steeds meer onderzoek zien dat gedrag, en dus ook moreel gedrag, afhankelijk is van de situatie waarin een persoon zich bevindt. Het is dan ook van belang om vast te stellen hoe het zit met de morele ontwikkeling van specifieke dadergroepen en in hoeverre moreel functioneren per situatie kan verschillen. De studies 2 tot en met 6 waren gericht op een specifieke dadergroep, namelijk jeugdige zedendeliquenten. De morele ontwikkeling van deze jongeren werd gemeten in situaties die mogelijk invloed hebben op het morele functioneren van deze jongeren, zoals seksuele situaties (bv. hoe belangrijk is het om te stoppen als de ander nee zegt) en in situaties die betrekking hebben op het eigen zedenslachtoffer (hoe belangrijk is het dat je slachtoffer hulp krijgt).

Zowel studie 2 als 3 lieten zien dat morele tekorten met name gevonden worden wanneer jeugdige zedendelinquenten bevraagd worden over hun delictsituatie, vragen die betrekking hebben op het eigen slachtoffer in plaats van algemene en seksuele situaties. Bovendien laten beide onderzoeken zien dat er bij een deel van de jongeren cognitieve vertekeningen optreden (dit zijn argumenten die jongeren aandragen om bijvoorbeeld hun betrokkenheid bij het delict te minimaliseren) die het niveau van moreel redeneren drukken. Het lijkt van belang om in behandeling deze denkfouten om te buigen om zo het niveau van moreel redeneren van de jongere te verhogen.

Het is niet alleen belangrijk onderzoek te doen naar meer vergelijkbare groepen daders, die hetzelfde type delict hebben gepleegd, maar ook specifieke daderkenmerken in ogenschouw te nemen die van invloed kunnen zijn op risicofactoren voor delinquentie en recidive, zoals morele ontwikkeling. De daderkenmerken die in een tweetal studies van dit proefschrift onderzocht zijn, zijn psychopathische trekken en intellectueel functioneren.

In studie 4 (hoofdstuk 5) werd de relatie tussen morele ontwikkeling en psychopathische trekken onderzocht. Onder psychopathische trekken vallen onder meer het weinig oog hebben voor gevoelens van anderen, manipulatief, berekenend en leugachtig gedrag, maar ook impulsief en antisocial gedrag. Dit onderzoek liet zien dat jeugdige zedendelinquenten met meer psychopathische trekken alleen lagere niveaus van moreel redeneren (meer gericht op eigen behoefte) laten zien wanneer vragen betrekking hadden op het zedendelict. Daarnaast waren deze jongeren minder empathisch in algemene en seksuele situaties. Opvallend genoeg waren de jeugdige zedendelinquenten die meer psychopathische trekken lieten zien niet minder empathisch naar hun slachtoffer toe. Dit resultaat werd zowel gevonden op het gebied van cognitieve empathie (het herkennen van gevoelens van het slachtoffer) als affectieve empathie (het kunnen inleven in/meeleven met gevoelens van het slachtoffer). Een verklaring hiervoor lijkt te kunnen worden gevonden in het

feit dat de meeste slachtoffers bekenden waren van de dader, bv. een kind/jongere uit de buurt of van school. Mogelijk zorgt confrontatie met het slachtoffer ervoor dat het lastig is voor deze jongeren om weinig empathie te tonen. Meer psychopathische trekken bij de jongeren hing daarentegen wel samen met het minder kunnen inleven in en meeleven met de gevoelens van het slachtoffer wanneer het slachtoffer een onbekende van de dader was.

Uit dit onderzoek blijkt dat jeugdigen met psychopathische trekken niet alleen beperkingen laten zien op het gebied van morele emoties (zoals het in geringe mate meeleven met gevoelens van het slachtoffer), zoals tot nu toe werd verondersteld, maar ook op het gebied van morele cognitie (moreel redeneren en cognitieve empathie, het herkennen van emoties bij anderen). Dit onderzoek laat tevens zien dat jeugdige zedendelinquenten die meer psychopathische trekken hebben niet gewetenloos zijn, maar afhankelijk van de situatie waarin zij verkeren morele tekorten vertonen.

In studie 5 (hoofdstuk 6) onderzochten we een tweede daderkenmerk in relatie tot morele ontwikkeling, namelijk intellectueel functioneren. Hierbij werden twee groepen jeugdige zedendelinquenten onderscheiden; een groep jongeren met een licht verstandelijke beperking en een groep zonder verstandelijke beperking. Uit dit onderzoek bleek dat jeugdige zedendelinquenten met een licht verstandelijke beperking lagere niveaus van moreel redeneren lieten zien dan jeugdige zedendelinquenten zonder een licht verstandelijke beperking. Dit gold niet alleen voor algemene situaties van moreel redeneren, maar ook voor moreel redeneren in seksuele situaties en met betrekking tot het eigen slachtoffer. Dit betekent dat argumenten voor morele keuzes die jongeren met een verstandelijke beperking aandragen, in vergelijking met jongeren zonder een verstandelijke beperking meer worden gekenmerkt door het verkijgen van persoonlijk voordeel en/of bevrediging van eigen behoeften. De vraag hierbij blijft echter, gezien de cognitieve beperkingen van deze jongeren, of het niveau van morele ontwikkeling van deze jongeren kan worden verhoogd of dat behandeling zich meer moet richten op het aanleren van wat wel en niet moreel geaccepteerd is.

Morele ontwikkeling speelt niet alleen een belangrijke rol bij het ontstaan van delinquentie, maar ook bij het opnieuw plegen van delicten; recidive. Daarnaast heeft dit proefschrift laten zien dat er sprake kan zijn van tekorten in morele ontwikkeling van jeugdige zedendelinquenten, afhankelijk van de situatie en van specfieke daderkenmerken. Daar interventies meer en meer gebouwd zijn op theoretisch en empirisch geïdentificeerde concepten, lijkt het van belang ook bij onderzoek naar bepaalde risicofactoren instrumenten te gebruiken die op dezelfde concepten zijn gebaseerd. Tot op heden werd onderzoek naar morele ontwikkeling in de klinische praktijk gedaan op basis van (ongestructureerde) klinische indrukken. Studie 6 (Hoofdstuk 7) liet zien dat gestructureerde meting van morele ontwikkeling (met

behulp van instrumenten) niet gerelateerd was aan ongestructureerde klinische oordelen (indruk van clinici) van morele ontwikkeling. Waarom beide niet gerelateerd zijn, behoeft verder onderzoek. Echter, daar bekend is dat gestructureerde klinische oordelen betrouwbaarder zijn dan ongestructureerde klinische oordelen, wordt geadviseerd objectieve maten mee te nemen in het onderzoek naar morele ontwikkeling van jongeren.

Dankwoord/Acknowledgments

Een proefschrift schrijven doe je niet alleen. Zo ook ik niet. Hier heb je niet alleen het vertrouwen en de steun van je pro- en co-promotores voor nodig, maar ook dat van collega's, studenten, vrienden en familie. Om deze reden wil ik een aantal mensen speciaal bedanken, daar zij mede verantwoordelijk zijn voor het eindproduct dat hier ligt.

Allereerst Geert Jan Stams, die de docent/wetenschapper al in mij had ontdekt, nog voordat ik me hier zelf bewust van was. En je had het goed gezien Geert Jan, ik heb nog steeds geen spijt dat ik uit de "praktijk" ben gestapt. We delen inmiddels een lange geschiedenis samen. Ik vind het meer dan bijzonder dat ik niet alleen bij je heb mogen afstuderen tijdens mijn studie Orthopedagogiek aan de Universiteit Utrecht, maar ook bij je heb kunnen promoveren! Het is heel fijn om te weten dat je altijd vertrouwen in me hebt, zeker ten tijde dat ik dit zelf soms even kwijt ben!!!! (uitroepteken uitroepteken)

Een vergelijkbare loopbaan had ik met mijn andere promotor, Catrien Bijleveld, waar ik eerst les van kreeg tijdens mijn studie Criminologie aan de Vrije Universiteit van Amsterdam en door wie ik ontdekte dat onderzoek doen ook leuk kon zijn! Je lessen "methoden en technieken van criminologisch onderzoek" waren erg inspirerend en zodoende had ik het bijbehorende boek dan ook zo uit. Hoe druk je ook was, je had altijd tijd voor me om mijn werk (maar ook presentatie op de ASC) nog net even een niveautje hoger te krijgen.

Zonder Jan Hendriks, mijn co-promotor, had ik nooit binnen een jaar al mijn data kunnen verzamelen. Gelukkig zijn we allebei heerlijk praktisch aangelegd, zodat er nooit tijd verloren gaat. Daarnaast kon ik altijd bij je terecht over adviezen voor de klinische praktijk. Dit heeft mijn artikelen enorm verreikt! Ik vind het ontzettend leuk dat ik al zo lang met je mag werken en dat je inmiddels ook een "echte" collega van me bent ☺.

Jessica Asscher, mijn andere co-promotor, heeft veel in mijn dagelijkse begeleiding betekend. Het laatste half jaar, in de ik-nader-het-einde-van-mijn-proefschrift fase, heb je me enorm veel peptalks moeten geven, maar het resultaat is er….alles is gepubliceerd. Wat moet ik toch zonder je! Jes, ik wil je heel erg bedanken dat je altijd voor me klaar staat en ervoor zorgt dat ik te allen tijde gefocused blijf ☺. Ik kan niet wachten om weer met je aan de slag te gaan met andere artikelen.

Peter van de Laan heeft ook een belangrijke rol gespeeld in mijn professionele ontwikkeling. Jouw visie op ons werkveld heeft me enorm geinspireerd en geholpen om het onderwijs aan onze studenten verder te verfijnen. Daarnaast heb je me ook altijd de mogelijkheid gegeven de dingen te doen die ik leuk vind. Toen ik de zedendelinquenten even "zat" was, kon ik met je verder werken aan het Moord en

Doodslag onderzoek. Een samenwerking die me enorm heeft geholpen (en nog steeds helpt) mijn paden te verbreden. Ik hoop dan ook nog meer leuke projectjes met je te doen in de toekomst!

Special thanks go to John Gibbs. Already during my studies, I have been reading your work on moral development with so much pleasure and interest. You are able to make, what I personally think is one of the most complex processes of cognitive psychology, understandable for everyone. You are a great inspiration for a lot of scientists working on moral development. Thank you so much for your contribution to my work!

Ik ben niet alleen blij om elke dag weer dit werk te mogen doen, maar ook om al mijn lieve college's te zien, die altijd voor me klaar staan (zelfs met koffie, taart of anders lekkers ;). Ik heb het team de afgelopen jaren van 5 leden naar 12 leden zien groeien, en ondanks enorm drukke periodes is en blijft iedereen altijd heel erg betrokken bij elkaar en zorgt iedereeen ervoor dat iedereen het maximale uit zichzelf kan halen. Lieve Machteld, Inge, Arna, Chrissy, Sanne, Mark, Xavier, Marita, Peer en Hanneke, jullie zijn toppers!

Twee van mijn collega's wil ik speciaal bedanken. Channa en Claudia, mijn lieve paranimfen, die mij bijzonder goed ondersteund hebben bij de organisationale taken van mijn promotie. Wat moest ik toch zonder jullie. Channa, ik zal je straks erg missen als je weg bent. Onze Coffee Company koffie breaks doen me altijd enorm goed! Claudia, nooit trotser was ik op je dan tijdens je promotie. Je bent een kanjer. Daarnaast sta je altijd voor me klaar en hoe gezellig is het om bij jullie thuis regelmatig aan te mogen schuiven ☺.

Mijn promotietraject had ik nooit zo snel kunnen doorlopen zonder de hulp van mijn studenten. Inmiddels student af, en werkzaam als (forensisch) orthopedagogen in de praktijk, dank ik, Alwine Essens, Anneke Wensink, Anouk ten Barge, Bea Groenendal, Caroline van Breda, Eileen Bodde, Florentine van Exter, Judith Blokker, Michelle Snoek, Petra Snip, Petra van Putten, Saskia Snikkers, en Teske Everhardus. Bedankt voor al jullie harde werken! Suzan, hoewel je nog niet zo betrokken was bij het zedenproject, heb je me wel met allerlei andere projecten geholpen, veel dank daarvoor!

Verder wil ik alle vestigingen van De Waag bedanken, die mij met open armen hebben ontvangen. Ook Rentray, Harreveld en Den HeyAcker wil ik bedanken voor hun hulp bij mijn onderzoek.

Tot slot, dank ik mijn lieve vader en moeder voor het meegeven van mijn "organsatie skills", it runs in the family! Mede door jullie onvoorwaardelijke steun heb ik dit alles in zo'n korte periode kunnen bereiken. Last, but not least, mijn broer, je hebt mijn afgelopen jaren goed getraind met alle leuke discussies die we altijd hebben, over welk onderwerp dan ook. Hopelijk is deze training van nut bij mijn promotie.

Curriculum Vitae

Eveline van Vugt was born on November, 21st, 1982 in Papendrecht, The Netherlands. She studied Educational Sciences and Criminology, and since 2007 she is working as a researcher and lecturer at the department of Forensic Child and Youth Care Sciences at the University of Amsterdam, The Netherlands. Her Ph.D. project focused on moral development and juvenile sex offending. Moreover, she conducted studies in the field of adolescent motherhood, sexual abuse victimization, juvenile homicide offending, psychopathy, and effectiveness of interventions. Van Vugt has clinical expertise in social skills training, and home-based family intervention targeting developmental and child-rearing problems.

Eveline van Vugt werd op 21 November 1982 geboren in Papendrecht. Ze studeerde Orthopedagogiek en Criminologie en is sinds 2007 werkzaam als docent/onderzoeker bij de sectie Forensische Orthopedagogiek aan de Universiteit van Amsterdam. Naast haar promotieonderzoek naar morele ontwikkeling van jeugdige zedendelinquenten doet zij ook onderzoek naar jongeren die betrokken zijn bij levensdelicten, tienermoeders, slachtoffers van seksueel misbruik, psychopathie en effectiviteit van interventies. Verder heeft Eveline klinische ervaring in het trainen van sociale vaardigheden aan bijzondere doelgroepen (o.a. jongeren met een autisme spectrum stoornis) en in het begeleiden van gezinnen waarbij sprake is van een problematische opvoedingssituatie.

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