
This Thesis is submitted for the completion of a Master of Psychology (Forensic) at the University of New South Wales.

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Certificate of Originality

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgment is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work, even though I may have received assistance from others on style, presentation and language expression.

Signature: __________________________

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The NSW Police provided invaluable data from their files.

Thanks to Annie Cossins for helping me establish the levels of intrusiveness.
Dear Mr. Wolfe,

Please find attached a manuscript for review prior to submission to your edited journal. This study was supervised by the University of New South Wales alongside the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). The study investigated self-disclosure in intra-familial child sex offenders.

This manuscript has not been previously published, and is not under simultaneous review.

Please feel free to contact me if you require further information.

I look forward to receiving your feedback.

Kind regards,

Jessica Pratley

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Increases in disclosure by intra-familial child sex offenders.

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Abstract

Acceptance of intra-familial child sex offenders into a treatment program generally requires that the offender admit and accept responsibility for the crimes with which he was charged. Once this level of disclosure has been reached, it is rare for him to be challenged regarding other offences that he may have committed. However, anecdotal clinical reports describe these offenders as disclosing a higher level of abuse than that provided by the victim. This study built on the limited empirical research on this topic. Participants were 67 males accepted into treatment at the NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) between 1989 and 2003. 43 participants successfully completed the treatment program while 24 participants breached or withdrew from the program. Twenty-two percent of participants disclosed victims beyond the individual for whom they were referred to the program. All offenders revealed significantly more details regarding their offending behaviour, regarding victim age when offending began, the duration and frequency of offending, the number of locations where abuse occurred, and the range and intrusiveness of abusive acts committed. Participants who completed the program did not disclose more than those who failed to complete the program. The level of disclosure provided did not impact on recidivism. These results suggest that the extent and nature of abuse by intra-familial child sex offenders are underestimated in the early stages of detection, and that refusal of offenders into treatment programs based on denial and minimisation is a practice that needs to be reviewed.

Key words: incest, sexual abuse, child sex offenders, disclosure
Increases in Self-Disclosure by Intra-Familial Child Sex Offenders

The proclivity of many child sex offenders to deny their offences is not disputed in the literature. The same body of empirical literature indicates that denial can be decreased with treatment (Marshall, Serran, Marshall, & Fernandez, 2005). However, acceptance into a treatment program often requires that the offender admit and accept responsibility for the crimes with which he has been charged. Once this level of disclosure has been reached, it is rare for him to be challenged regarding other offences that he may have committed. Whether an offender has fully disclosed the extent of his abusive behaviour is indeterminate, due to a dearth of corroborating evidence.

Disclosure among incest offenders is particularly low, due to the secretive nature of the abuse. In families where intra-familial sexual abuse has occurred, there are factors present that are not an issue when abuse has been perpetrated by a stranger or acquaintance. Where the offender is the main source of income, the consequences of removing him from the family can have a significant negative impact on the family’s living arrangements and lifestyle. When siblings who have not been abused are present, they can pressure the child victim to let their father return to the home. Furthermore, it is not uncommon for mothers to feel torn in her loyalties towards her child and her partner. The child victim often experiences ambivalence too, in their relationship with the offender being defined by love and positive affection in some circumstances, and abuse in others (Herman, 1981).

For these reasons and others, there is a high risk that child victims will refuse to testify against their abusers, requiring the Director of Public Prosecutions to drop the charges against the offender. In 2006, the New South Wales Bureau of Crime Statistics and Research (BOCSAR) reported that in 13.6% of all cases in the Supreme or District Court involving at least one count of a

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2 Because the majority of sexual offenders are male, and all of the participants in this study are men, offenders shall be referred to in the male gender.
sexual assault against a child, the charges were dropped (most frequently due to applications by the Crown for no further proceedings), and in 5.7% of cases, the accused failed to appear. In half of the cases, the accused pleaded guilty. Of those cases that went to trial, 45.2% of the offenders were acquitted of all charges, while 54.7% were found guilty of at least one charge (BOCSAR, 2007a).

Considering these statistics, for offenders against whom the evidence is not strong, chances are high that the charges will be dropped if they can convince the child victim to retract their statement, or if the case proceeds to trial, that they will be acquitted. In sum, incentives for them to deny all charges in these circumstances are strong. Of those offenders who were found guilty between 2002 and 2006, approximately 30% did not receive custodial sentences (BOCSAR, 2007b).

There is a high risk associated with returning incest offenders to the home with no conviction, or of a sentence to a prison term without treatment (Brown, Farrier, Egger, McNamara, & Steel, 2006). For this reason, in 1989 the *Pre-Trial Diversion of Offenders Act* 1985 became operational. Offenders sentenced under this Act enter a treatment program rather than be incarcerated. Upon referral to the Pre-Trial Diversion Program, offenders are encouraged to provide a full disclosure of their abusive conduct. There is an initial eight week assessment period throughout which the Director of the program determines if the referred individual is suitable for the program, and the man who has been referred assesses the program for its ability to suit his requirements. Legal proceedings are adjourned until the assessment period is over and the referral is either accepted or rejected.

If participants disclose further information regarding their offending behaviour during this assessment period, they are encouraged to provide an updated statement to the police, and any offences disclosed within this period are dealt with under the Pre-Trial Diversion Program legislation. Once the assessment period ends, further offences that are revealed are reported to the police (by either the program participant or the therapist), and, if new charges are laid, they are addressed upon the participant’s successful completion or breach of the program. Program participants are informed about these limits to confidentiality within which the program operates.
The mixed message sent to offenders at this stage is striking: as a prerequisite to acceptance into the program, the offender must plead guilty to all charges, and provide an account of the abuse that matches, if not exceeds, the victim’s statement. Acceptance into the program is not guaranteed. Accused persons are likely to weigh the low likelihood of conviction, coupled with a strong chance of not being incarcerated, against the certain outcome that will follow a guilty plea and disclosures that exceed the victim’s statement. Offenders who plead guilty face not only legal consequences, but social consequences such as stigmatisation, loss of friends and employment opportunities, and family breakdown (O’Donohue & Letourneau, 1993).

Denial

“Denial has always been the incestuous father’s first line of defence” (Herman, 1981, p. 22). Not only are there legal motivations that encourage incest offenders to deny their abuse after it is reported, but denial is integral to the offender’s modus operandi. Denial and minimisation are important features of the early stages of child sexual abuse, crucial in allowing offenders to overcome their own internal inhibitions, as well as external inhibitions, such as resistance by the victim. Minimisation is observed when offenders deny part, but not all of, their offence. For example, offenders may admit to fewer incidents and range of abusive acts, a shorter duration of abusing, or committing the abuse less frequently than they actually did (Beech & Fisher, 2002; Salter, 1988). Offenders learn to avoid taking responsibility for, or to deny the harmfulness of their actions (Schneider & Wright, 2004). By repeatedly denying their offences, or the harm caused by their offences, offenders learn to justify their actions, and eventually come to believe their own excuses (Wright & Schneider, 2004).

Following conviction, denial, of either the abuse as a whole or critical components of the abuse, often persists into the beginning stages of treatment (Salter, 1988; Schneider & Wright, 2004). In a 17-year period of monitoring, denial of all or part of a sexual offence was demonstrated in 87% of first interviews of offenders referred to a treatment centre in Oregon (Maletzky, 1991). Another study revealed that 66% of incarcerated child sexual abusers denied commission of an offence, and
when the authors examined both minimisation and denial, this percentage rose to 98% (Barbaree, 1991).

An offender can rarely be classified as entirely either a “denier” or “admitter. Rather, denial tends to fluctuate depending on both internal and external factors (Brake & Shannon, 1997). The degree to which sex offenders deny and minimise their offences has been shown to decrease as they progress through treatment (Wright & Schneider, 2004), indicating that denial is a dynamic factor that can be targeted in treatment.

Researchers in the field of child sexual abuse agree that disclosure of sexual abuse by child victims is a process, rather than an event (e.g. Lewis, 2006; Sorenson & Snow, 1991). Similarly, disclosure as a process for offenders is a phenomenon that has been observed anecdotally by treatment providers. One early study provided a brief structured treatment program to 17 child sex offenders who denied their offences. After seven group sessions, 65% of these offenders changed status from that of “denier” to “admitter” (O'Donohue & Letourneau, 1993). Precisely what contextual features facilitate disclosure by offenders has not been systematically studied. When provided with a face-saving way in which to reveal details of offending, offenders are often able to recall previously “forgotten” aspects of the abuse. One such technique has been used effectively with convicted sex offenders in Canada. A group of 22 offenders who could not recall details of their offending was given two to four weeks of instruction in a memory recovery technique based on empirical memory research. Thereafter, 90.9% were able to provide an account of their assault that matched official statements (Marshall et al., 2005).

Disclosure beyond the child victim’s account

Admitting the offences with which an offender is charged is different, however, from admitting further offences that have not been previously disclosed by a victim. The experience of clinicians who work with sex offenders tends to be that offenders do not disclose the full extent of their offending until several months into treatment (O'Donohue & Letourneau, 1993; Reid, 1998). This phenomenon may be due to a number of factors, including cognitive distortions regarding the
offending, concern about attracting further legal implications, shame about the offending, and denial about their level of offending (Baker, Tabacoff, Tornuscio, & Eisenstadt, 2001). These factors may be heightened when the offender has committed abuse against related victims, young children, and same-sex victims (Baker et al., 2001). This delay observed clinically is not surprising, considering that this type of offender spends years learning to minimize the harm that his actions are causing or laying responsibility elsewhere (e.g., with an “unresponsive” wife).

Practitioners with clinical experience at sex offender treatment facilities describe intra-familial sex offenders as individuals who generally enter treatment admitting to the bare minimum of offences; presumably sufficient to ensure their acceptance into the diversion program so they can avoid incarceration (Reid, 1998). However, throughout treatment, the abuse admitted by the offender increases, and in some cases, surpasses that disclosed by the victim. This effect was demonstrated with juvenile sex offenders in New York State (Baker et al., 2001). A qualitative study conducted in New South Wales provided further support for this observed trend (Reid, 1998).

Contrary to this clinical observation, some researchers imply that there is no value in probing sex offenders about further undisclosed offences. In part, this is because they view sex offences against children as primarily opportunity-motivated rather than internal factors being the driving force (Wortley & Smallbone, 2006). This theory about situational offending is supported by research conducted with incarcerated child sex offenders which demonstrated that sexual offending against children generally has a later onset (mean age 32.4 years) than generalist offenders. Despite acknowledging that this later age is when many offenders first experience increased contact with potential child victims through their parental and social roles, these researchers concluded that the later age of onset of offending indicated that many offenders were successfully able to resist their inappropriate sexual attraction to children for a number of years (Smallbone & Wortley, 2001; Wortley & Smallbone, 2006).

The same report identified a low incidence of repeated sexual offending among the participants, measured by prior convictions for sexual offences, and self-reported number of victims
(Smallbone & Wortley, 2001; Wortley & Smallbone, 2006). Incarcerated incest offenders report the lowest mean number of sexual offence victims \((M = 1.53)\) compared to extrafamilial \((M = 6.12)\) and mixed-type \((M = 17.48)\) offenders (Smallbone & Wortley, 2004).

The level of disclosure provided by an offender of the abuse he has perpetrated is likely to have important consequences for other family members. An offender who denies or minimises his offences will reduce the support that the non-offending parent is able to provide (Lambie, Seymour, Lee, & Adams, 2002; Saywitz, Mannarino, Berliner, & Cohen, 2000), as well as increasing the likelihood that the child victim will make internal attributions about the abuse (Brake & Shannon, 1997). Denial has also been demonstrated to affect treatment progression (O'Donohue & Letourneau, 1993), and in incest offenders, denial has been suggested to increase the likelihood of recidivism (Nunes et al., 2007).

The influence of denial on recidivism in sex offenders is much-debated in the literature (Lund, 2000). While some studies have suggested that denial leads to an increased risk of recidivism (Schneider & Wright, 2001; Ward, Hudson, & Marshall, 1995), the majority of available evidence suggests that denial does not in fact impact the likelihood of reoffending (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005). However, recent research indicated that while denial is not associated with increased risk of recidivism in offenders who abuse unrelated victims, it does increase the risk of reoffending in incest offenders (Nunes et al., 2007). The authors suggest that this may be because denial asserted by incest offenders is effective in convincing others of their innocence, “thereby reducing the barriers to offending that would be expected from having a known sexual offender in the family,” (Nunes et al., 2007, p. 102).

Self-disclosure is further seen as beneficial for the offender from a relapse-prevention perspective (Frost, 2004). Increased self-disclosure and low denial have been demonstrated to assist offenders successfully through a treatment program (Levenson & Macgowan, 2004). Successful treatment completion has been identified as a protective factor against recidivism (Hanson & Bussiere, 1998).
In a study of 47 juvenile male sex offenders aged 12-17 years, researchers found that after 6-36 months in treatment, 30% of offenders admitted to new offences with the victims of offences for which they were adjudicated (either a greater number of the same offences against that victim, additional types of offending against the known victim, or both), and 31.9% of offenders disclosed sexual offences they had committed against victims other than those already known to therapists and law enforcers (Baker et al., 2001). In total, 53.2% of participants disclosed a new offence, a new victim, or both. This study provides strong empirical evidence in support of clinical observations that offenders do not disclose the full extent of their offending in the initial stages of treatment.

However, young sexual offenders may differ from adult offenders with regards to disclosure in a number of ways. First, they do not necessarily face the same threat of incarceration as adult sexual offenders (Salter, 1988), so the motivation to deny their offences may not be as strong. They have also spent less time denying their offences, and thus may be less resistant to attempts by therapists to gain a full understanding of the abusive behaviour.

Reid (1998) hypothesised that by the end of a two or three year treatment program, the degree of disclosure provided by intra-familial sex offenders with regards to the severity and duration of offending would exceed that provided by their victim/s at the beginning of treatment. Her in-depth study of ten offenders revealed that eight participants expanded their original account of the sexually abusive acts they perpetrated. In four of the eight cases, the offenders disclosed abusive behaviour that exceeded the victims’ level of disclosure. Seven of the ten offenders disclosed that their abusive behaviour had lasted longer than they originally admitted. In five of these cases, the offender’s further disclosure led their account to more closely match that of their victim/s. Related to this was the finding that seven offenders admitted abusing children who were younger than they had originally stated. Unfortunately, the small sample of offenders studied by Reid (1998) makes it difficult to draw conclusions regarding the frequency with which intra-familial sex offenders provide further disclosures in treatment.

The current study
This study aims to determine whether the effects reported by Baker et al. (2001) are replicated in Australian adult offenders, and whether a larger sample size provides statistical significance to the results observed by Reid (1998). Specifically, it is hypothesized that:

1. Incest offenders undergoing a sex offender treatment program will increase their level of disclosure about a number of aspects of their abusive behaviour, either by disclosing that it:

   a. began with victims younger than initially stated;
   b. occurred in a greater number of incidents than initially stated;
   c. lasted for a longer period of time than initially stated;
   d. was more frequent than initially stated;
   e. occurred in more locations than initially stated;
   f. included a greater range of abusive acts than initially stated; and
   g. included acts more severe than initially described.

2. Offenders who complete treatment will disclose significantly more of the conduct listed in items a through g above than will similarly-situated offenders who are not accepted into treatment or who do not complete the treatment program.

3. Participants who disclose further information throughout their treatment are less likely to sexually reoffend than those who do not disclose further information.

Context of the research

The research was conducted with data gathered at the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). Pursuant to Section 2A of the NSW Pre-Trial Diversion of Offenders Act (1985), Cedar Cottage provides treatment for offenders who pleaded guilty to a sex offence against their own or their partner’s child/ren. Treatment consists of individual therapy and group sessions. The treatment is cognitive-behavioural in theory, and clinicians at Cedar College follow a scientist-practitioner model.
To be accepted into the program, participants must provide statements about their offending behaviour that matches the statement about that conduct provided to the police by the victim. Participants are encouraged to provide as much detail as possible regarding their abusive behaviour. Over an eight week assessment period, the program director determines if the potential participant is suitable for the program, and the potential participant decides whether the program is suitable for him.

Program participants have a minimum of two years to complete the program, with the possibility of an extension of up to one year. Upon entry into the program, participants sign a Treatment Agreement which stipulates guidelines that they will abide by for the duration of their treatment. These guidelines include, but are not limited to, no contact with the victim, no contact with the victim’s siblings under the age of 18, no contact with any children under the age of 18, all accommodation and employment must be approved by the Director, and an ‘exclusion zone’ surrounding the victim’s house is implemented. Those who fail to complete the program within the maximum three year period, or who breach their Treatment Agreement, return to the courts for sentencing.

Method

Participants

The participants were 67 men accepted into the NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) between 1989 and 2003. Of these, 43 participants successfully completed the treatment program (completers). A comparison group was comprised of 24 participants who commenced the treatment program but failed to complete it (23 who breached their Treatment Agreement and 1 who withdrew). Participants were not randomly assigned to groups; all participants who were accepted into the program in the stated timeframe were eligible for the study, those who did
not complete the program were eligible if they had completed at least eight months of treatment. Eight participants were excluded from the study due to there being insufficient information available in their case files to allow meaningful data collection.

The majority of participants (89.6%) reported only female victims, and more participants were stepfathers (including defacto stepfathers) (54%) than biological fathers (43%) (see Table 1). The participants ranged in age from 24 to 55 years ($M = 39.75, SD = 7.21$). On average, participants who completed the program were slightly older than those who breached (mean age of 40.49 versus 38.42 years). The largest differences between the groups were seen in the gender of victims (participants who failed to complete the program were more likely to have male victims only).

The participants’ descriptions of their offences were examined at up to six points in time to assess their level of disclosure: (1) the offender’s initial statement to the police (pre-assessment); (2) the end of the preliminary eight-week assessment period; (3) 8 months; (4) 16 months; (5) 24 months; and for participants who required an extension, (6) the participant’s final crime description, written upon completion of the program. Although the initial phases of treatment are uniform, each individual progresses through the treatment program at a different pace. Analyses investigating overall disclosures were conducted using each participant’s final statement, regardless of the amount of time they spent in the program, as this was the optimal time to measure propensity to disclose. Victims’ accounts, contained in the police statements, were scored in the same manner.

Table 1

Victim-offender relationship, victim gender information, and participant status (percentages)

<table>
<thead>
<tr>
<th>Victim-offender relationship</th>
<th>Completed</th>
<th>Breached</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological father</td>
<td>41.9</td>
<td>45.8</td>
<td>43.3</td>
</tr>
<tr>
<td>Stepfather</td>
<td>55.8</td>
<td>50.0</td>
<td>53.8</td>
</tr>
<tr>
<td>Adoptive father</td>
<td>2.3</td>
<td>4.2</td>
<td>3.0</td>
</tr>
<tr>
<td>Classification</td>
<td>Female victims only</td>
<td>Male victims only</td>
<td>Male and female victims</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>88.4</td>
<td>91.7</td>
<td>89.6</td>
</tr>
<tr>
<td></td>
<td>2.3</td>
<td>8.3</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>9.3</td>
<td>-</td>
<td>6.0</td>
</tr>
<tr>
<td>Average time spent in program (months)</td>
<td>30.6 (SD = 4.78)</td>
<td>20.04 (SD=8)</td>
<td>26.82 (SD=7.93)</td>
</tr>
<tr>
<td>Total n</td>
<td>43</td>
<td>24</td>
<td>67</td>
</tr>
</tbody>
</table>

Procedure and Measures

The participants’ descriptions of their offences were examined at up to six points in time to assess their level of disclosure: (1) the offender’s initial statement to the police (pre-assessment); (2) the end of the preliminary eight-week assessment period; (3) 8 months; (4) 16 months; (5) 24 months; and for participants who required an extension, (6) the participant’s final crime description, written upon completion of the program. Although the initial phases of treatment are uniform, each individual progresses through the treatment program at a different pace. Analyses investigating overall disclosures were conducted using each participant’s final statement, regardless of the amount of time they spent in the program, as this was the optimal time to measure propensity to disclose. Victims’ accounts, contained in the police statements, were scored in the same manner.

At each assessment time, the participants’ descriptions of the abusive conduct were scored on seven dimensions of abuse: (1) age of victim at first instance of abuse; (2) number of instances of abuse; (3) duration of abuse; (4) frequency of abuse; (5) location of abuse; (6) type of abuse perpetrated; and (7) the degree of intrusiveness of the abusive acts (Table 2 outlines the criteria used to score intrusiveness).

Table 2

<table>
<thead>
<tr>
<th>Intrusiveness Score</th>
<th>Impact on victim</th>
<th>Examples of type of conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Non-physical, no exposure</td>
<td>* exposure to pornography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* peeping</td>
</tr>
<tr>
<td>Score</td>
<td>Description</td>
<td>Examples</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>1.5</td>
<td>Attempted exposure</td>
<td>• exposure/exhibiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• offender masturbated in front of victim</td>
</tr>
<tr>
<td>2.0</td>
<td>Non-physical, exposure</td>
<td>• touching/fondling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• kissing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• offender forced victim to touch him</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• genital to genital contact without penetration</td>
</tr>
<tr>
<td>2.5</td>
<td>Attempted physical contact</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Non-penetrative physical</td>
<td>• oral abuse by offender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• digital-vaginal penetration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• digital-anal penetration</td>
</tr>
<tr>
<td>3.5</td>
<td>Attempted non-penile penetration</td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>Non-penile penetration</td>
<td>• penile-oral penetration by offender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• penile-vaginal penetration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• penile-anal penetration</td>
</tr>
<tr>
<td>4.5</td>
<td>Attempted penile penetration</td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>Penile penetration</td>
<td></td>
</tr>
</tbody>
</table>

Where information regarding the duration and frequency of the abuse was not obvious, estimates were obtained using other available information (e.g., if number of instances of abuse was not stated, it was estimated from the frequency and duration information provided). The locations coded included the victim’s bedroom, offender’s bedroom, lounge room, bathroom, other room in house, car, holiday location, and other.

The data was collected using a systematic examination of historical case records maintained at Cedar Cottage. This information was coded by the author and four other postgraduate student from the University of New South Wales. Inter-rater reliability was assessed between the two primary coders as a percentage of agreed-upon outcomes recorded on data collection forms, using 9% of the sample. Reliability was high, with the coders agreeing on 90% of the data points. Disparities were resolved using a re-examination of the case files and discussion between the primary coders.

Change scores were calculated for each participant by recording increases or decreases on each aspect of the abuse from the time of the pre-assessment account to the final account. When the
participant did not provide details in the pre-assessment account, information provided in the account at the end of the assessment period was used to compute change scores. Change scores were not computed for participants who provided less than three accounts of an aspect of abuse. One participant was excluded from number of locations, seven participants were excluded from duration of offending, two were excluded from age of victim at first abuse, and nine were excluded from both frequency of offending and number of instances of abuse.

A decrease in information provided was scored -1, no change scored 0, and an increase in information was scored as 1. An overall disclosure score for each of the assessment times was computed, ranging from -7 (maximum an account could decrease in disclosure) to 7 (the maximum increase in information). Only 18 participants had second, third, and fourth index victims (n = 13, 4, and 1 respectively). All analyses were conducted with regard to information provided about the first index victim.

Data obtained from the Computerised Operational Policing System (COPS) indicated whether participants had reoffended following their contact with Cedar Cottage. This database has existed since 1994. Information about offences prior to 1994 is sometimes included with less detail, or is available from microfiche records. The New South Wales Police used a list of participant names, dates of birth, and Central Names Index numbers (where available) to locate criminal history records for these individuals.

Recidivism was classified as reoffending that resulted in a report being made to the police, or a charge or conviction, for any criminal offence. The observation period to assess recidivism was the time between the participant’s final contact with Cedar Cottage and the 1st of October, 2007, when the NSW Police began providing data on participant offenses. Where incident dates were recorded, these were used as the date of reoffending. Alternative dates used were the date the crime was reported or the date the offender was charged. The observation period ranged from 1.8 to 15.8 years.

Criminal offences were classified into one of three groups: sexual offences (hands-off sexual offences, indecent assault, and sexual assault), violent offences, and non-sexual non-violent offences.
Information regarding an Apprehended Violence Order taken against a participant was recorded as an offence where it accompanied a violent event. Although a breach of the Pre-Trial Diversion Program is technically an offence, to avoid inflating the final recidivism rate in the current study, breaches were not coded as recidivism.

Results

Number of victims

At the time of the participants’ pre-assessment account, a total of 85 victims were identified. The majority were the stepchildren (58.3%) or biological children (43.3%) of the participant. The remainder of victims were adoptive children (2.4%), or victims who were not in the offender’s immediate family: two siblings and one cousin (3.5%). The majority of participants did not disclose further victims throughout treatment. Twenty-two percent \((n = 15)\) of the participants disclosed sexual offences against other victims. One participant disclosed a total of 16 further victims (two biological children and 14 family friends). Other than this participant, of those participants who did reveal information regarding previously unknown victims, 46.7% revealed one additional victim, 26.7% revealed two additional victims, and 20% disclosed three further victims. Of this group, one third \((n = 5)\) of the participants reported starting their sexual offending in adolescence (ages 11-15 years), and another third were in early adulthood (ages 21-25 years) at the time their offending commenced. Figure 1 shows the range of relationships between offenders and victims before and after treatment.
Figure 1. Offender and victim relationships disclosed at commencement and end of treatment

Changes in disclosure

The intercorrelations between the seven dimensions of disclosure ranged in strength and direction (see Table 3). As expected, age of victim at first abuse was negatively correlated with all other variables. The strongest positive correlation emerged between age of victim at first abuse and duration of offending. Number of incidents of abuse displayed the lowest correlation scores with all other variables.

Table 3

Intercorrelations between raw change scores on seven dimensions of abusive behaviour

<table>
<thead>
<tr>
<th>Change in:</th>
<th>Age victim of</th>
<th>Number of incidents</th>
<th>Duration</th>
<th>Frequency</th>
<th>Locations</th>
<th>Abusive acts</th>
<th>Intrusiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of victim</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of incidents</td>
<td>-.15</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>-.89**</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>-.43**</td>
<td>.07</td>
<td>.48**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Independent-samples t-tests revealed no statistically significant differences between disclosure by the completers and non-completers in their pre-assessment accounts. Disclosure change was assessed at Time 1 (pre-assessment) and Time 2 (post-assessment), in order to assess the scope of disclosure that occurred during the participants’ initial contact with Cedar Cottage personnel.

Although there was some variation over the period of 14 years in the number of sessions afforded participants during the assessment phase, these differences were minor (at the program’s inception, the assessment phase consisted of fewer sessions), and the goals of the assessment phase remained constant throughout this period. Bonferroni-adjusted paired sample t-tests were conducted on mean disclosure scores for each of the seven dimensions of the abuse descriptions noted above, with alpha levels set at .007. Results of these analyses revealed that participants disclosed significantly more information about all aspects of their offending behaviour at the end of the assessment period, with two exceptions: number of incidents of abuse and frequency of abuse. Although the mean number of incidents of abuse disclosed doubled in this period, this increase was not statistically significant. Effect sizes were generally large (see Table 4).

Table 4

Mean changes in disclosure pre-assessment versus post-assessment

<table>
<thead>
<tr>
<th></th>
<th>Pre-assessment mean (SD)</th>
<th>Post-assessment mean (SD)</th>
<th>t</th>
<th>df</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of victim</td>
<td>9.40 (2.62)</td>
<td>8.61 (3.03)</td>
<td>3.18*</td>
<td>61</td>
<td>.14</td>
</tr>
<tr>
<td>Incidents of abuse</td>
<td>46.11 (107.02)</td>
<td>92.87 (237.84)</td>
<td>-1.63</td>
<td>52</td>
<td>.05</td>
</tr>
<tr>
<td>Duration</td>
<td>625.43 (771.55)</td>
<td>870.65 (879.50)</td>
<td>-2.89*</td>
<td>53</td>
<td>.14</td>
</tr>
</tbody>
</table>
This trend of expanded disclosure continued after the assessment phase throughout treatment. A similar comparison of mean disclosure scores on all seven dimensions of abuse at the end of the assessment phase and those scores derived from the offenders’ final description upon completion of the program indicated that participants revealed significantly more information regarding their abusive behaviour on all dimensions, except for number of incidents of abuse (see Table 5).

Table 5

Mean changes in disclosure post-assessment versus completion of treatment

<table>
<thead>
<tr>
<th></th>
<th>Post-assessment mean (SD)</th>
<th>Final description mean (SD)</th>
<th>T</th>
<th>df</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of victim</td>
<td>8.58 (3.06)</td>
<td>8.05 (3.07)</td>
<td>3.31*</td>
<td>64</td>
<td>.14</td>
</tr>
<tr>
<td>Incidents of abuse</td>
<td>68.88 (137.77)</td>
<td>175.46 (549.63)</td>
<td>-1.51</td>
<td>55</td>
<td>.03</td>
</tr>
<tr>
<td>Duration of offending</td>
<td>841.32 (867.58)</td>
<td>1099.47 (941.80)</td>
<td>-3.91*</td>
<td>56</td>
<td>.19</td>
</tr>
<tr>
<td>Frequency</td>
<td>6.65 (2.98)</td>
<td>7.67 (2.83)</td>
<td>-3.61*</td>
<td>51</td>
<td>.17</td>
</tr>
<tr>
<td>Locations</td>
<td>2.78 (1.71)</td>
<td>3.65 (2.12)</td>
<td>-4.24*</td>
<td>64</td>
<td>.21</td>
</tr>
</tbody>
</table>
Finally, comparisons of participants’ final accounts of their offences were compared with victim accounts provided to police. Results revealed that participants disclosed that they began abusing when the victim was younger than he or she had stated, that they offended for longer than disclosed by the victim, that they committed a wider range of abusive acts in a wider range of locations, and that those abusive acts were more intrusive than those disclosed by the victim. However, statistically significant differences (using a Bonferroni-adjusted paired-samples t-test) emerged only for the number of locations where abusive acts occurred, and the range of abusive acts committed (see Table 6).

Table 6

Comparisons between means of victims’ accounts and mean participants’ final accounts

<table>
<thead>
<tr>
<th></th>
<th>Victim’s account (SD)</th>
<th>Participant’s final account (SD)</th>
<th>t</th>
<th>df</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of victim at first offence</td>
<td>8.77 (2.84)</td>
<td>8.16 (3.0)</td>
<td>2.59</td>
<td>60</td>
<td>0.09</td>
</tr>
<tr>
<td>Incidents of abuse</td>
<td>140.05 (244.16)</td>
<td>131.76 (202.96)</td>
<td>0.22</td>
<td>40</td>
<td>0.001</td>
</tr>
<tr>
<td>Duration of offending (in days)</td>
<td>915.33 (859.12)</td>
<td>1157.27 (1012.47)</td>
<td>-2.38</td>
<td>50</td>
<td>0.08</td>
</tr>
<tr>
<td>Frequency of offending</td>
<td>7.66 (3.9)</td>
<td>7.51 (2.95)</td>
<td>0.26</td>
<td>40</td>
<td>0.01</td>
</tr>
<tr>
<td>Number of locations</td>
<td>2.45 (1.60)</td>
<td>3.67 (2.12)</td>
<td>-5.75*</td>
<td>63</td>
<td>0.33</td>
</tr>
</tbody>
</table>
As expected, participants displayed some level of minimisation at their first contact with Cedar Cottage personnel. By the time they provided their final account at the completion of the treatment program 2-3 years later, the scope of disclosure in the descriptions of abusive behaviour that they provided that exceeded that provided by the victims (see Figure 2). This difference was evident on all seven dimensions of abuse.

* p < 0.007, one-tailed

![Figure 2](image)

**Figure 2.** Mean disclosure by victims, participants prior to assessment and following treatment.

**Disclosure by program completers and non-completers**

As expected, program completers spent significantly longer in the treatment program than those who breached (31.3 months versus 20.5 months), $t (32.3) = 6.251, p < .001$. However, a low correlation was found between time in the program and disclosure $r = .96, n = 67$, ns, indicating that the amount of disclosure by participants is independent of the amount of time spent in the program. This low correlation was maintained within the two groups, completers: $r = .28, n = 43$, ns;
comparison: $r = -0.02, n = 24, ns$. Thus further analyses of disclosure by participants in each group were conducted without controlling for the amount of time spent in the program.

Overall, although program completers achieved slightly higher disclosure scores than non-completers ($M = 3.16$ and $2.88$, respectively), this difference did not reach significance, $t (65) = -0.15, ns$. A one-way between-groups multivariate analysis of variance on changes scores for the seven distinguished aspects of disclosure revealed a similar trend of completers achieving slightly higher changes scores, but there were no significant differences between the groups on any aspects of disclosure.

**Impact of disclosure on recidivism**

Of the 67 participants, $34.3\% (n = 23)$ came to the attention of the New South Wales Police following their contact with Cedar Cottage. Of these, $69.6\%$ were convictions (including Apprehended Violence Orders) and the balance were reports to the NSW police and charges that did not result in a conviction. The most common reoffence was non-sexual, non-violent crime, which included offences such as drink driving, drug offences, and fraud. Fourteen participants reoffended in this way, $57.1\%$ of these participants were men who had completed the program, while $42.9\%$ were non-completers. Four men who completed the program had AVOs taken against them following their completion of the program. In each of these cases, the AVO was pre-emptive to a violent or intimidating event. One of these cases is excluded from analyses of recidivism, as the participants had no subsequent reoffences. The remaining three committed other offences following their contact with Cedar Cottage. One participant who breached was the subject of an AVO following his last contact with the program. This participant is included in recidivism analyses for other reoffending.

Three participants (two non-completers, one completer) reoffended with a hands-off sexual offence, while two completers committed a further indecent assaults and sexual assaults (the same two participants reoffended with both types of sexual offences). A total of seven participants (3 completers and 4 non-completers) reoffended violently.
Due to the low number of sexual and violent recidivism, in order to explore the relationship between disclosure and interpersonal reoffending, sexual and violent offences were grouped together and compared with other general offences. A total of twelve participants came to the attention of the NSW Police for a violent or sexual offence following contact with Cedar Cottage personnel. These participants were divided equally between the two groups.

In order to calculate the length of time participants took to reoffend, time spent in custody was calculated, and subtracted from the time between the study start date (1st October, 2007) and the participant’s last contact with the program (either through completing or breaching/withdrawing). Participants who reoffended during their contact with Cedar Cottage were scored as reoffending in zero days.

Participants reoffended in an average of 2258.9 days (range = 0 to 5774). Those who did not complete reoffended within a shorter period of time than those who completed the program (1826.9 days and 2456.2 days respectively). This difference was not significant ($t$ (65) = 1.56, $ns$). Looking at interpersonal recidivism only, participants reoffended violently or sexually within an average of 1168.6 days (range = 0 to 3001). Those who completed the program reoffended interpersonally before those who did not complete (mean = 1048.9 days and 1378.3 days respectively), but this difference did not reach significance ($t$ (9) = -0.46, $ns$).

A Cox proportional hazards regression was conducted to determine the effect of disclosure on sexual or violent recidivism. This measure was chosen as it makes no assumptions regarding the distribution of the sample. This analysis demonstrated that increases in disclosure made no significant impact on the likelihood of participants reoffending. This lack of significance was maintained when interpersonal recidivism was examined separately.
Discussion

The results of this study demonstrate that the information provided by intra-familial child sex offenders at the time of their apprehension is not an accurate representation of their abusive conduct. Throughout the course of a treatment program, incest offenders are likely to provide further disclosures relating to the victim’s age at the first abuse, number of incidents of abuse, duration and frequency of offending, the number of locations at which they offended, the range of abusive behaviours committed, and the intrusiveness of their abusive acts.

The level of disclosure demonstrated in this study is striking considering the legal ramifications for participants. Disclosures made by participants during the assessment period were incorporated into the charges for which they were referred to the Pre-Trial Diversion Program. However, during the assessment period, there is no guarantee that referrals will be accepted into the treatment program. This puts the men referred to the program in the difficult position where if they make further disclosures and are not accepted into the program, they may face further charges and harsher penalties when they return to the courts for trial.

That participants continued to make disclosures during treatment, when they were no longer protected by the Pre-Trial Diversion of Offenders legislation, suggests that something in the treatment program structure provides a motivation for offenders to disclose that is greater than fear of the legal consequences. It is possible that this motivation is related to the program’s focus on victim empathy, impact, and responsibility.

The changes in the amount of disclosure in this study did not differ significantly between participants who completed the treatment program and those who did not successfully complete the program; increased disclosure was seen in all participants. This finding is supported by previous research demonstrating that a brief treatment program focussed on denial was beneficial in reducing denial (Marshall et al., 2005). These findings reinforce earlier research from the Pre-Trial Diversion Program which demonstrated an increase in self-disclosure provided by program participants (Reid,
and suggest that similar effects seen with juvenile sex offenders (Baker et al., 2001) are not unique to young offenders. The similarity in rates of disclosure across the two groups of participants suggests that the message from practitioners at Cedar Cottage that encourages disclosure operates from early on in treatment, and is well-received by participants. The disclosure scores demonstrated by program completers was slightly higher than those of the non-completers, suggesting that there may be a relationship between disclosure and successful completion of an incest offender treatment program, however, these results are not conclusive at this stage.

Increased disclosure did not have an impact on an incest offender’s likelihood of either sexual/violent or general reoffending. An increase in self-disclosure by the offender provides other benefits, primarily relating to victim recovery. The impact of an offender’s denial on the child victim can be substantial. When offenders deny the allegations that are made against them, they remove responsibility from themselves and promote self-blame and feelings of shame in the victim (Brake & Shannon, 1997). Shame, in particular, has been linked to poorer victim outcomes, and it is possible for victims to experience shame in the absence of self-blame (Cohen & Mannarino, 2002). Furthermore, if the offender minimises the abuse by admitting to some aspects of the offence but denying others, this may leave the victim doubting him or herself (Reid, 1998).

One factor that has been identified as mitigating the impact of sexual abuse is the role of social, and particularly parental, support for the victim. The best mental health outcomes for child victims of sexual assault are seen in children who are believed and supported throughout disclosure and its aftermath (Lambie et al., 2002; Wilcox, Richards, & O'Keefe, 2004). Studies of sexually abused children highlight that the best outcomes are seen when non-offending parents or caregivers are involved in the treatment process and able to provide appropriate support (Saywitz et al., 2000).

When an offender discloses the full extent of the abuse he has perpetrated, by providing the non-offending parent with full details regarding what the child victim has experienced, he places her in a better position to provide support for the victim. Some types of abuse (e.g., penetration, abuse that occurs over an extended period of time) are associated with poorer victim outcomes (Wilcox et
al., 2004). Therefore, knowing the full extent of the abuse is helpful in allowing the non-offending parent to be aware of the increased risk of negative psychological outcomes and to be vigilant towards warning signs of these outcomes. In families where sexual abuse is present, there is a strong likelihood that the offender will have created an atmosphere of conflict between the non-offending parent and the child victim, in order to allow him to continue offending undetected (Herman, 1981). This highlights the importance of the offender’s further disclosures in assisting the non-offending parent to understand what the child has experienced and work on re-building her relationship with the victim.

A second mitigating factor which decreases the likelihood of a victim experiencing psychopathology following sexual abuse is the victim’s attributions about the abuse and why it happened. When victims make internal attributions for the abuse that place themselves at blame, there is an increased likelihood that they will display negative psychological symptoms, such as depression and PTSD. Increased self-disclosure by the offender has been suggested to assist victims to make external attributions about their abuse and remove feelings of self-blame (Feiring, Taska, & Chen, 2002).

**Practical implications**

Treatment programs that require incest offenders to provide an account that matches the child victim’s statement based on a single session prior to acceptance may be operating under a faulty premise. Denial and minimisation are dynamic and fluid factors (Brake & Shannon, 1997); a measurement conducted at one time point is problematic when assessing an individual for suitability for treatment. The data reported on in this study combined with the results presented by Marshall et al. (2005) and similar findings from a juvenile population (CITE) present a strong case for the implementation of an assessment period that allows potential program participants time and the necessary cognitive tools to expand their account of their abuse to a point that matches the experience described by the victim.
The finding that offenders’ disclosure often exceeds the victims’ initial accounts suggests that clinicians who provide treatment to victims of intra-familial sexual abuse should be aware that their client may not be revealing the true extent of their abusive experience. In this situation, psychoeducation for victims may help remove feelings of self-blame that are exacerbated by the offenders’ minimisation. Psychoeducation regarding this phenomenon of increased self-disclosure by the offender over time would also assist non-offending parents to provide appropriate support to the child victim.

Policy implications

As the full extent of the abusive conduct is not known at the time the incest offender is apprehended and charged, it is likely that the charges laid are not representative of the victim’s experience. It would be in the victim’s best interests for police to postpone laying charges in order to allow either a court-appointed or independent assessor consult with the offender to develop a coherent and representative account of his abusive actions.

Previous research has demonstrated that the manner in which police officers interview suspects in sexual assault cases impacts on the likelihood of the suspect confessing (Kebbel, Hurren, & Mazerolle, 2006). Police interviewers can use techniques such as minimisation and maximisation, to increase the likelihood of a confession. For example, a police officer might minimise the crime (e.g., others have done worse things) or maximise the impact that the offence has had on the victim (Kebbel et al., 2006). These techniques combined with knowledge about the cognitive distortions that intra-familial child sex offenders likely hold and the fact that most incest offenders do not reveal the full extent of their offending will assist police officers elicit further information from the offender, and increase the chances of a confession.

Education about the benefits of increased disclosure for victims may prove helpful for offenders who have been charged or convicted with an intra-familial child sexual offence. For those charged, but not yet convicted, it may provide motivation to either provide further information about their abusive conduct to the non-offending parent or police, or enter a guilty plea. For those who have
been convicted and who are maintaining minimisation or denial, an opportunity to come forward with any extra information could be provided within a certain time period that would help the victim receive appropriate support without further legal consequences for the offender.

Research implications

Increases in disclosure provided by participants throughout the course of the treatment program provide a strong argument for researchers to exercise caution when interpreting results from studies conducted with child sex offenders who have not undergone treatment. This study has demonstrated that child sex offenders are likely to provide details of further abusive behaviour if given time and treatment. Data collected from offenders early in the stages of treatment, or those who are incarcerated without treatment, is likely to be only partially correct.

Disclosure by one-third of participants of victims beyond the index victim/s, including extra-familial victims, casts doubt on the situational theory of child sexual offending. Although access to potential victims does increase as the offenders raise families, it is likely that thoughts of abuse, if not abusive conduct, began at a much earlier age.

Strengths and limitations

This is the first study investigating self-disclosure by intra-familial child sex offenders. It provides strong empirical support for a phenomenon that has previously been recognised anecdotally by treatment providers. This study provides valuable support to Reid’s (1998) study which utilised a small sample size, and Baker et al.’s (2001) report which investigated similar findings with a juvenile population.

Recidivism may have been underestimated in this study, as COPS was only able to provide information from within NSW, which means that participants who moved interstate or internationally were not identified if they reoffended. Furthermore, the measure of recidivism used may have been insensitive to participants who continued their abusive behaviour following contact with Cedar Cottage, but were not reported.
Participants were not randomly selected for the study, however, ethical issues arise when randomly selecting offenders for treatment, and it can be argued that the value of using a real-life sample rather than laboratory findings outweighs selection biases that may arise.

Future directions

Further research is needed in order to determine whether the increases in disclosure during assessment that are demonstrated among program participants are replicated in a sample of participants who are not accepted into treatment. It is possible that participants who do not provide an acceptable level of disclosure during the assessment period at Cedar Cottage would expand their account over a longer time period. Research conducted at different treatment centres and with extra-familial offenders would establish whether this phenomenon extends to other offenders or is specific to Cedar Cottage. It is also vital that the therapeutic techniques that encourage disclosure are identified.

There is a clear need for research which incorporates victim data with offender data to investigate the relationship between expanded self-disclosure by offenders with victim outcomes and experiences. Although previous research has suggested that this will be the case, the depth of data regarding increased disclosure by offenders available at Cedar Cottage provides a rich and unique possibility to confirm this theory.

With regards to the situational theory of child sexual abuse, research investigating the cognitions of child sex offenders, specifically looking at the onset of abusive thoughts, would provide clarity to this debate. Participants in such a study would need to have either completed or started a sex offender treatment program, as they would unlikely identify abusive thoughts without first developing an accurate account of the abusive behaviour.

Conclusions

The New South Wales Pre-Trial Diversion of Offenders Act 1985 was implemented with a goal to providing protection for victims by keeping offenders out of prison. Victims of intra-familial
child sexual abuse may experience further victimisation through the experience of testifying in court or when the offender is imprisoned and unable to provide financial support to the family. Although disclosure cannot yet be linked to a reduced risk of recidivism, the expanded disclosure demonstrated in the current study provides potential further benefits to index victims, and certainly to previously unknown victims who have never received validation or support following their abusive experiences.
References


This Thesis is submitted for the completion of a Master of Psychology (Forensic), University of New South Wales.

Submission date: 5th November 2007

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Program Director: Dr. Brett Hayes
Supervisor: Associate-Professor Jane Goodman-Delahunty, School of Psychology, University of New South Wales
External Supervisor: Dale Tolliday, Program Director, New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage)
ACKNOWLEDGEMENTS

I would firstly like to thank my supervisor Jane, for her guidance, help and enthusiasm throughout the year. In particular thank you for your prompt feedback on what was often very short notice!

Dale at Cedar Cottage; thank you for your time, but most importantly thank you for allowing us access to such a valuable data source.

To the whole team at Cedar Cottage; Thanks for accommodating us and making us feel so welcome.

To the students who helped Jess and I code the data – we really appreciate it. If it weren’t for your help we may still be there!

Thanks to all those from the NSW Police and BOCSAR who helped to gather the recidivism data.

Lastly, thanks to Jess who helped me trawl through endless pages of files, drink copious amounts of coffee, and shared my frustrations throughout the year. Most of all though, thanks for your help and support. It would not have been half as much fun without you!
Dear Mr Wolfe,

Please find attached a copy of a manuscript titled ‘Family Reunification in Incestuous Families’ for submission to your edited journal. The intention of the study was to investigate family reunification in families where incest had occurred. Predictor variables and recidivism data were examined.

This study was completed as part of a Masters Degree in Forensic Psychology for the University of New South Wales. The study was supervised by Associated Professor Jane Goodman-Delahunty, School of Psychology, University of New South Wales and Dale Tolliday, Program Director, New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage).

This manuscript has not been published previously and is not currently being considered for publication elsewhere. It is 32 pages in length (including title page, text and references). It is set out in the required APA format and APA ethical standards were followed throughout the conduct of the study.

Please do not hesitate to contact me should you have any queries regarding the study.

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Email: kathryn_wakely@hotmail.com

Regards,

Kathryn Wakely
Family Reunification in Incestuous Families

Kathryn Wakely

University of NSW

ABSTRACT
Objective: The objective of the current study was to examine post treatment reunification in families where incest has been perpetrated by a father figure. Reunified and non-reunified families were compared on potential predictors of reunification and measures of recidivism.

Method: The current sample included 73 men who were accepted into a Pre-trial Diversion Program for incest offenders. All of these men were biological or step-fathers who had sexually abused one or more of their children. In the sample, 47 men successfully completed treatment and the remaining 26 men breached their treatment conditions and were suspended from the program. Initial data was gathered from treatment files of the men. This was paired with re-offence data from the Police and the Bureau of Crime Statistics and Research.

Results: Results revealed that when the child disclosed directly to the mother, families were more likely to separate. Age of the child at disclosure and non-offending parent treatment did not predict reunification. When reunification views at both the beginning and end of treatment were taken into account, only the non-offending parents view was predictive of reunification. Offender’s levels of commitment to treatment and post-treatment reunification status had no impact at all on recidivism.

Conclusions: Familial support had no effect on recidivism for incest offenders in the current sample. Non-offending parents play a key role in the ultimate decision to reunify. Treatment and policy should aim to educate parents of the potential risks associated with reunification.

Key Words: incest, child sexual abuse, reunification, recidivism

Family Reunification in Incestuous Families

The occurrence of incest is a far too common problem which has existed for centuries (Herman, 1981). Incest is typically defined as any kind of sexual contact between a child
under 18 years of age and a relative (Russell, 1983). The present study examined incest between a father figure and child.

Currently, there are no reliable statistics on the incidence and prevalence of father-child incest in Australia. In other communities, research attempts to estimate the incidence and prevalence of incest have produced rates that vary according to the target population, ranging from 5 to 15% of the population (Forseth & Brown, 1981). A slightly higher rate emerged in a study of a random sample of 930 adult women in San Francisco: 16% reported experiencing intra-familial sexual abuse prior to 18 years of age (Russell, 1983). The sample was selected from San Francisco because researchers believed that women in this city would be more willing to disclose experiences of sexual abuse. Participants were selected by means of a probability sample of households drawn from a respected public opinion polling organisation in San Francisco. Detailed interviews of the participants were conducted by trained interviewers. This type of research examining experiences of sexual abuse is rare and provides valuable insight into the extent of the problem. However, the researchers reported a high refusal rate (50%), which limits the generalizability of the findings, and provided no evidence as to why San Francisco residents would be more likely to disclose sexual abuse. Other research on childhood experiences of incest has indicated prevalence rates ranging between 10 and 30% (Forseth & Brown, 1981; Godbey & Hutchinson, 1996; Salter, 1995). These estimates came from a variety of sources including random sampling surveys and interviews of offenders, victims and treatment professionals.

Despite these variations, researchers concur that any estimated rate of occurrence for intra-familial sexual abuse is likely to be a gross under-representation. The first random sample survey of sexual abuse in the United States revealed that only 2% of intra-familial child sexual abuse was reported to police (Russell, 1983). Recently the Personal Safety Survey collected data from 16, 400 people who were personally interviewed about the nature
and extent of interpersonal violence in Australia. Only 18.9% of those surveyed who had experienced sexual assault in the preceding twelve months reported the offences (Australian Bureau of Statistics, 2006; Gelb, 2007). Moreover evidence from Australian self-report data of adult males serving sentences for sexual offences against children suggests that most sexual offences are committed in the home, by persons responsible for the care of a child (Smallbone & Wortley, 2004; Wortley & Smallbone, 2006). Clearly, estimated rates of incest are only the tip of the iceberg in what appears to be an unspoken family secret with potentially damaging and long-lasting effects.

**Effects of Intrafamilial Incest**

The effects of incest can be extremely damaging and protracted for the victim (Faust, Runyon, & Kenny, 1995). Problems commonly reported in victims of incest include interpersonal difficulties, suicidal gestures, depression, anxiety and feelings of guilt and blame (Bagley & LaChance, 2000; Godbey & Hutchinson, 1996; Johnson & Kenkel, 1991). Sadly, victims of child sexual abuse also have a higher incidence of later re-victimization (Salter, 1995). Possibly the most serious and lasting effect for victims, however, is the betrayal of trust that they experience in relation to within-family abuse. Survivors of parent-child sexual abuse have commonly reported that dealing with the betrayal of trust in what is one of their most important life relationships, was the most devastating factor related to the abuse (Godbey & Hutchinson, 1996).

Incest places severe stressors on the structure of the family unit and individual family members. Family members may each experience conflict and confusion surrounding the abuse (Giarretto, 1982). In families in which an incestuous relationship has occurred between a father figure and child, boundaries become blurred and relationships between family members are often severely strained, if not permanently damaged (Giarretto, 1982). Secrecy plays a significant role in the maintenance of the abuse and leads to distorted and deceptive
family practices and relationships (DeYoung, 1994; Jones & Parkinson, 1994). This is particularly evident in cases of intra-familial abuse that has occurred over a long period of time. The non-offending parents, mothers in most cases, are placed in a very difficult situation.

Non-offending parents experience their own unique range of emotions in relation to the disclosed abuse. These can include disbelief, depression, anxiety, anger, and guilt (Corcoran, 2004). Following a disclosure of sexual abuse, the non-offending parent is faced with a decision regarding whether or not to maintain a relationship with their partner, the offender. Rarely is this a simple decision. Loyalties are often torn between the partner and the child. Other factors, including financial difficulties, support, the potential loss of their partner, and husband, and loss of the family unit as they know it, also affect their decision (Bolen & Lamb, 2004; Jones & Parkinson, 1994; Sirles & Lofberg, 1990).

The Role of the Non-Offending Parent

The role of the non-offending parent following disclosure in cases of father-child sexual abuse has consistently been shown to impact the child’s development and relationships (Bolen & Lamb, 2004; Gil, 1996; Kendall-Tackett, Williams & Finkelhor, 1993). A review of 45 studies that included comparisons of abused and non-abused children consistently showed that children who are believed and who experience higher levels of maternal support following their disclosure of sexual abuse, report lower levels of adverse effects. These effects include depression, anxiety, inappropriate sexualised behaviours and somatic complaints (Kendall-Tackett, Williams & Finkelhor, 1993). Johnson and Kenkel (1991) examined the experiences of adolescent girls who were sexually assaulted by their fathers. Girls who thought their mothers were less supportive of them were more likely to experience heightened distress and adjustment problems relating to the abuse.
Ledray (1984) speculated that young children disclose abuse to and are believed by their mothers when a secure attachment to them exists. To date, limited research has tested this theory. The available research indicates that maternal support varies according to a number of factors. For example Bolen (2002) found two variables affecting the level of support mothers gave to their children following a disclosure of intra-familial abuse: secure attachments between the mother and child victim, and direct disclosure of the abuse to the mother were associated with positive maternal support.

Further, involvement in child sexual abuse counselling for both the victim and the non-offending parent, has been positively linked with levels of support for the victim. A review of 15 studies on the treatment of child sexual abuse which included a parent treatment component revealed that non-offending parents who are engaged in treatment are typically more supportive of their child (Corcoran, 2004). Treatment was associated with a number of benefits. Non-offending parents were presented with the opportunity to address their own feelings surrounding the abuse, for example feelings of ambivalence toward the abuser, resultant legal issues, and attributions of fault and responsibility. In addition, treatment gave these parents the chance to develop a greater awareness of the problems their children may experience, such as anxiety, depression and reactive or sexualised behaviours. Treatment also allowed them the opportunity to develop skills to help them deal with these problems (Corcoran, 2004). Despite promising support for the inclusion of non-offending parents in child sexual abuse treatments, methodological limitations of the studies revealed the need for further examination of parental treatment benefits. Most notably, of the 15 studies examined, high drop out rates, small sample sizes and a lack of a control group were common (Corcoran, 2004). Further research is needed to understand the role that non-offending parental treatment has on individuals and families where incestuous abuse has occurred.

The Role of Social Support
Social support has consistently been shown to impact levels of risk for re-offending in known offenders (Gelb, 2007; Vander Mey, & Neff, 1984). Research examining 46 intact families who experienced intrafamilial abuse revealed that the majority of families within this study were socially isolated and lacking in social support prior to the disclosure of abuse (Trepper, Niedner, Mika, & Barrett, 1996).

Research has shown social isolation to be a consistent dynamic risk factor in re-offending for male sexual offenders (Wong, Olver, Nicholaichuk, & Gordon, 2003). However, offenders who are engaged in an intimate relationship, i.e. a marriage, are viewed as a lower risk for re-offending because this relationship is seen as a social support factor. Therefore, family reunification in incest cases presents a unique contradiction, the effects of which on recidivism remain unknown.

The prominent role that social isolation is suggested to play in incestuous families, increases the likelihood that social support will be critical for the non-offending parents in families following the disclosure of abuse. Previous research on stressful parenting conditions has highlighted the protective function of social support in families (Banyard, Englund, & Rozelle, 2001). Interventions aimed at helping non-offending parents can be a valuable source of social support and information, particularly for parents who have been socially isolated (Banyard, Englund, & Rozelle, 2001). In incestuous families, the non-offending parents sole support has frequently come from the offender, this poses problems for reunification due to the potential for increased risk of re-victimisation for the child should the situation remain unchanged.

If recent theories regarding ‘opportunistic’ sexual offenders are confirmed, reunification may prove to be extremely risky in cases of incest. Wortley and Smallbone (2006) have proposed that for some sex offenders, the causes of child sexual abuse may be somewhat similar to causes of crime in general. Specifically, they speculate that opportunity
structures and environmental cues play a role in sexual offending against children. Should this be the case, reunification of offenders with their families may be far too risky given the difficulty in monitoring domestic settings (Wortley & Smallbone, 2006). When non-offending parents are socially isolated and unquestionable in their support of the offender and reunification, children are dangerously at risk for further victimization.

Some preliminary findings demonstrate the benefits of providing support to the non-offending parent in the form of sexual abuse counselling and support. For example, researchers who reviewed the treatment progress of 46 maternal caregivers of sexually abused children over a one-year period compared the mothers’ psychological status at months one and twelve. They reported a significant drop in symptoms over this period which was directly related to both the length and number of treatment sessions in family therapy. Other research revealed that social support significantly reduced the development of post traumatic stress disorder (PTSD) in 172 victims of child sexual abuse. In particular, a treatment model that included self-esteem and appraisal support had the most significant effects on the reduction of PTSD symptoms (Hyman, Gold, & Cott, 2003). Similar outcomes of treatment are likely in the non-offending parent when self esteem and appraisal support are included. It is thought that this will positively impact on parental support and understanding for the victim, thus potentially having an impact on reunification status (Reid, 2005). This will be investigated in the current study.

**Post-Disclosure Reunification**

Following the disclosure of abuse within the family, some families remain intact while others separate. Existing research indicates that approximately one half of the families who experience intra-familial abuse stay together and the other half separate. Little is known about what differentiates the two groups (Sirles & Lofberg, 1990).
Sirles and Lofberg (1990) examined 128 families in which intra-familial abuse was reported. Of these, 48% either separated or divorced following disclosure. This was interpreted as an indicator of support for the victim by the non-offending parents. Comparisons between the two groups (those that stayed together versus those that separated) revealed differences in the age of the victim, and to whom the child disclosed. Families were more likely to separate when a pre-school age child disclosed the abuse directly to the mother. Of the families with pre-school aged victims, 72.7% divorced compared to only 33.8% of families with teenage victims. Separation rates of the parents reduced by half when the child disclosed directly to a friend as opposed to when the child disclosed directly to the mother, 61.4% of couples divorced when the abuse was disclosed directly to the mother, and only 33.3% of couples divorced when the abuse was disclosed directly to a friend. Some limitations of the study are noteworthy. Firstly, generalizability of results relating to pre-school aged children may be limited due to the small sample size for this group (n=11). Secondly, all information gathered was collected upon intake. Content areas included characteristics of the victim, circumstances surrounding the reporting of the abuse, family functioning, and marital status following disclosure. The researchers conducted no follow-up to determine whether the reunification status of the families changed following treatment. No information was gathered regarding any counselling that the victim and non-offending parent may have received. As noted above, the availability of counselling and support for the victim and non-offending parent may have had a significant influence on the separation status of the families.

Following disclosure of intrafamilial sexual abuse and the ramifications that this entails, many offenders remain with their families in which the abuse occurred. Others join new families or start a family with a new partner. Whether ongoing family relationships are
beneficial, neutral or harmful for all those involved is unknown (CCOSO 2002; Horton, Johnson, Roundy, & Williams, 1990). This factor will be examined in the current study.

Despite uncertainty regarding the effects of reunification, reunification remains a goal for many courts and welfare agencies in cases of child abuse and neglect (CAPSAC 1993; Karoll & Poertner, 2002; Miller, Fisher, Fetrow & Jordan, 2006; Wulczyn, 2002). In child welfare cases and court proceedings, support for reunification stems from theories about the importance of parent-child attachments, family settings and biological connectedness (Berliner 1993; Maluccio & Ainsworth, 2003). However, the complexity of incest cases may render them unsuitable for reunification (Gilligan & Bumby, 2005).

Cases of child sexual abuse are uniquely different from other types of child abuse in that the parent-child relationship and the other relationships within that family are transformed and distorted in an often irreversible way by the abuse and its disclosure (Jones & Parkinson, 1994). Nonetheless, courts are reluctant to deny offending parents contact with their children (Jones & Parkinson, 1994). Many treatment centres include family reunification as a goal of the program (Forseth & Brown, 1981; Gilligan & Bumby, 2005). The number of treatment programs continuing to advocate for reunification is steadily reducing, however research on the topic of reunification in cases of incest abuse by a parent is limited. Accordingly, there is a lack of evidence-based policy-making on this topic (Kinder, Matthews, Raymaker & Speltz, 1991).

Data from research on reunification in families where children were removed following abuse or neglect revealed that the best predictor of successful reunification was early treatment progress of the parents (Fein & Staff, 1993). In one study, goals and action plans were devised by families and case workers. Treatment progress was then assessed by a team of caseworkers each month using a three point scale (no progress, little progress or much progress). By examining treatment progress in the first three months, the researchers
distinguished families successful or unsuccessful in reunification efforts. To date, treatment progress of the offending parent in cases of incest has not been examined as a predictor of reunification. Anecdotal information suggests that early reunification goals may impede treatment progress of the offender and may also negatively affect the healing process of the victim (Jones & Parkinson, 1994; O’Connell, 1986).

Offenders who enter treatment aiming for reunification generally have more to lose by making further disclosures and expanding their accounts of the abuse, both of which are features relevant to positive treatment outcomes (Reid & Tolliday, 1993). One unresolved question is whether offenders who seek reunification from an early stage in treatment are less likely to fully engage in treatment because of perceived losses if reunification fails, for example, loss of the family home, loss of contact with immediate and extended family, loss of financial support, and loss of social networks (Gilligan & Bumby, 2005). A lack of engagement in treatment may impede progress and place these offenders at greater risk of recidivism. Minimal or inadequate engagement in treatment may be evident through unmet or limited treatment goals and slow treatment progress. This will be examined in the current paper.

**The Current Study**

The current study examined reunification in families where the father figure perpetrated intra-familial sexual abuse. The paucity of research on the benefits or detriments of family reunification in incest cases is disturbing given the prevalence of incest, the prevailing legal view on reunification, and the number of treatment programs advocating for family reunification in incest cases (Forseth & Brown, 1981). The few studies on the topic stem mostly from the United States, and little information is available regarding Australian incest offenders and their families. No research relating to early treatment goals and their effect on later outcomes for reunification in family incest was located. Overall, little is known
about the differences between families who reunify following disclosure of incest and those
that divorce (Sirles & Lofberg, 1990). Information regarding separation and reunification in
families where incest has occurred may have valuable, far-reaching implications for the
families, treatment providers and policy-makers addressing this aspect of sexual offending.

The present study examined the following hypotheses:

1. Family separation is more likely when (a) children are younger at the time of
disclosure; (b) the child victim discloses directly to the mother; (c) the non-offending parent
receives counselling following disclosure.

2. Offenders who enter treatment aiming for reunification will be less committed to
treatment than offenders who do not seek this goal.

3. Offenders who are more committed to treatment are less likely to re-offend than
offenders who are less committed to treatment.

The available research is unclear as to whether family reunification is a protective
factor, based on the social support which it affords, or a risk factor, based on increased victim
access and the potential power imbalance within the family unit between the offender and the
victim. Following from Wortley and Smallbone’s (2006) theory of ‘opportunistic’ offenders,
the following exploratory hypothesis was included:

4. Offenders who reunify with their families following treatment are more likely to
sexually re-offend than those who separate from their families (increased victim access may
override the benefits of social support provided by marital partners in incestuous families).

METHOD

Cedar Cottage Pre-Trial Diversion Program

Participants were drawn from the NSW Cedar Cottage Pre-Trial Diversion of
Offenders Program. Cedar Cottage began operation in 1989 as a result of the Pre-Trial
Diversion of Offenders Act (Child Sexual Assault) 1985. The program is managed by the NSW Department of Health and provides an integrated treatment program for incest offenders and their families. It is an alternative form of prosecution intended to alleviate common problems associated with prosecuting sex offenders, in particular intra-familial offenders. For example, participation in the Pre-Trial Diversion Program requires offenders to enter a plea of guilty, thus reducing time spent in court and costs associated with potentially lengthy trials and court appearances. In addition, a guilty plea not only alleviates the need for the victim and family to take the stand but also guarantees a conviction for the prosecution without having to rely on witnesses who often recant allegations of abuse in cases of incest (Gelb, 2007).

Entry into the program requires that the offender be over 18 years of age, and have no prior conviction for a sexual offence. Offenders must have been in a parental role with the victim, i.e. biological father, step-father, de-facto or adoptive father. Because all program participants to date have been male, offenders are referred to as male or ‘father’ throughout this paper. The victim must be under 18 years of age at the time of the offence(s) and the offence must not have been accompanied by acts of violence or committed in the presence of a third party.

Once offenders have entered a plea of guilty to the given charges, they have a period of eight weeks in which they are assessed for suitability for participation in the program. If assessed as suitable and accepted into the program, a conviction is recorded against the offender’s name. Treatment lasts for two years, with the option of a one year extension, if granted by the court. Treatment consists of one fortnightly group therapy session and one fortnightly individual therapy session, held on alternating weeks. Treatment is cognitive-behaviourally based with a strong emphasis on relapse prevention. Offenders must satisfactorily complete the treatment requirements of the program within the maximum three
year period. Offenders who are not accepted into the program, choose not to take part in the program, or do not satisfactorily complete within the required time, are directed back to court for alternate sentencing.

During their time in the program offenders are required to move out of the family home and cease contact with their victim, and any siblings or children under the age of 18 years. Restrictions are also placed on the location and nature of their employment and lifestyle.

Participants

In all, 215 men have entered the Cedar Cottage treatment program since its inception in 1989. A total of 73 participants were included in the present study, of whom 50 successfully completed the treatment and a further 23 were suspended for breaching treatment conditions. A number of selection criteria were imposed for participation in the study. First, only offenders who entered treatment between 1989 when the program commenced and 2001 were eligible. The end date of 2001 was selected to ensure that participants would have completed the program by the end of 2004, allowing a minimum period of three to four years post-treatment to examine hypotheses relating to reunification and recidivism. This cut-off date was supported by past studies showing that most sexual re-offences occur within the first two years post release (Gelb 2007).

The second criterion for inclusion in the study was that participants who breached the program had to have completed at least one year of treatment. This criterion ensured that sufficient data were available for coding to assess the variables of central interest in the study. Participants were not randomly sampled: all referred offenders who entered treatment at Cedar Cottage and met the foregoing criteria were included in the study.

Of the sample, 56.2% were step-fathers and 43.8% were the biological fathers of the victims. Participants ranged in age from 24 to 55 years, with a mean age of 39.75 years.
Offenders who completed the treatment program were slightly older, on average, than those who breached the program (M = 40.49 versus 38.42 years).

Materials

Data were collected from three separate sources: Cedar Cottage case records, NSW Police records, and records maintained by the NSW Bureau of Crime Statistics and Research (BOCSAR).

1. Cedar Cottage records: Paper records maintained by Cedar Cottage personnel in participant treatment files were reviewed and the following information extracted: dates of commencement and completion or breach of treatment, relationship to the victim, the age of victim at the start of the abuse and at the time of disclosure, to whom the victim disclosed, reunification views of the offender, non-offending parent and victim, reunification status at the time of treatment completion or breach, information relating to the presence, duration and amount of sexual abuse counselling to the non-offending parent, the offender’s early level of commitment to treatment.

Reunification was operationalized as evidence that the offender and non-offending parent lived together after the offender completed the treatment program.

Reunification views for each of the three participants of interest were coded on a five-point scale ranging from strongly opposed to strongly in favour of reunification. This information was gathered for two times points, the first at the beginning of treatment and the second at completion or breach of treatment. Reunification views were measured over time in order to measure the possible effect of treatment. This information was extracted from the treatment files. Reunification status between family members following completion or breach of treatment was obtained either from information contained within the treatment files or from staff members who worked with the families.
Information relating to sexual abuse counselling for the non-offending parent was contained within treatment files. The number of individual sessions was recorded as well as the number of months they remained in treatment.

Cedar Cottage conducts formal treatment reviews for each participant on a four monthly basis. Each participant is required to list his goals at the beginning of the period. Progress is rated according to whether these goals are met, and an overall rating of unsatisfactory or satisfactory is recorded for each period.

Four monthly treatment reviews were used in the present study to examine the offender’s level of early commitment to treatment. Individual goals were rated on a five point scale ranging from zero (no progress) to four (achieved goal). The goals and overall ratings for each period were averaged for the first two formal reviews (i.e., at four and eight months) to derive a total score indicating early level of commitment to treatment for each participant.

2. NSW Police Database: Information relating to re-offending was obtained from the NSW Police Database (Computerised Operational Policing System – COPS). Participants were matched according to their name, date of birth and CNI (police generated Central Name Index). The police database was operationalised at the lowest possible level and included information relating to subsequent reports, charges, convictions and penalties. Data were contained within an ‘Access’ spreadsheet which was then converted to SPSS.

3. BOCSAR Database: Recidivism data were also obtained from the BOCSAR Re-offending database (ROD). The database contains all finalised criminal appearances in NSW local courts, higher criminal courts (District and Supreme) and the Children’s Court from 1994 onwards. Participants were matched using five sets of criteria through a data matching system. If two court appearance records match according to at least one of these five sets of criteria, they are deemed a match to the individual in question. Each of the five sets includes a combination of surname, middle name, first name, date of birth (or two components of) and
CNI (Hua & Fitzgerald, 1995). Research has indicated high rates of success for correct matching of court records to offenders. A false positive rate (i.e. linking two separate offenders) of 0.057% was found, and a false negative rate (failing to link two records belonging to the same offender) of 6.2% was identified (Hua & Fitzgerald, 1995).

The records obtained from the ROD database for the current sample were then compared with records obtained from the NSW Police database. Data were obtained within an ‘Excel’ spreadsheet and converted into an SPSS file. Across both the Police and ROD databases, re-offence data were unable to be located for two participants within the study. They were withdrawn from analyses for hypotheses relating to recidivism.

Procedure

The present study was an archival study. Ethics approval was granted by both the University of NSW Human Research Ethics Committee and the Sydney Western Area Health Service Ethics Committee. Data were coded by the researcher and four other post-graduate students from the University of NSW. Inter-rater reliability was assessed by two primary researchers using a randomly selected sample of 9% of the records. Reliability was assessed as high with 90% of the data points falling within agreeable limits. Discrepancies were resolved through discussion and re-examination of this sample of case files.

Once recidivism data were obtained from the COPS and the BOCSAR ROD databases, they were paired with the original data and compressed into an SPSS file. The first two hypotheses were examined using logistic regression with reunification status as the dependent variable. This was coded zero for “did not reunify” and one for “did reunify.” All categorical predictor variables were recoded zero and one (where one indicated the presence of the variable of interest) and entered into the model together.

Hypotheses relating to recidivism were analysed using survival analysis. Survival analysis is a method used to examine the period of time until an event takes place. The start
date for each participant was the date they completed or were breached from the treatment program. The end date was either the closing date of the study (1\textsuperscript{st} October, 2007), or the date of their first re-offence following treatment completion or breach. Recidivism status was coded zero for “no re-offence” and one for “re-offence”. Type of offence was coded into six separate categories (three of these relating to sexual offences, violent offences, non-sexual/non-violent offences and AVO related offences). The impact of a number of covariates on recidivism was examined using the Cox proportional hazards model. This allowed for examination of the impact of one variable upon recidivism while holding the other variables constant. A hazard ratio of one indicated the variable of interest exerted no effect on recidivism, a ratio less than one indicated that the variable made recidivism less likely and a ratio greater than one indicated the variable made recidivism more likely.

RESULTS

Predictors of Reunification

The minimum age of the child victim at the time of disclosure was 4 years and the maximum was 18 years. The average age of the victim at the time of disclosure was 11.55 years. 54.8\% of victims disclosed directly to the mother (or non-offending parent) while 45.2\% of victims disclosed to another person (a sibling, friend, relative or teacher). Most of the non-offending parents (78.1\%) received sexual abuse counselling from either Cedar Cottage or another treatment service; the remaining 21.9\% received no counselling at all. Length of the counselling ranged from 0 to 54 months, and the mean duration of counselling was 26.5 months. The number of sessions ranged from 1 to 100 with a mean of 27 sessions.

Upon entering treatment, 72.6\% of offenders were strongly in favour and 11\% were somewhat in favour of reuniting with their families. For non-offending parents, 32.9\% were strongly in favour and 8.2\% were somewhat in favour of reunifying. For victims at the
beginning of treatment, 16.4% were strongly in favour and 6.8% were somewhat in favour of reunifying.

Commitment to treatment was measured for each offender for the first eight months of the program. 45.2% of offenders had unsatisfactory progress, 34.3% showed adequate progress and the remaining 18.6% showed good progress. Information on treatment progress was missing for 4.1% of participants. Of the 73 participants included in the study, most (75.3%) of the participants did not reunify with their families. One quarter of the group (24.7%) reunited with their families following either completion or breach of the treatment program.

Interest in reunification before and after treatment

Reunification interest for offenders, non-offending parents and victims was measured at two separate time points: the beginning of treatment (after the assessment period ended - month 3) (BT) and end of treatment (months 24-36) (ET). Higher numbers signified more interest in reunification. Figure 1 displays the mean interest in each group at time points one and two. As shown, mean interest for offenders and non-offending parents who reunified is roughly equivalent at both time points. A discrepancy between the victims’ views on reunification at times one and two is evident in both the reunified and non-reunified groups. The large discrepancy between the victim’s views and the offenders and non-offending parent’s views in reunified families should also be noted.
Figure 1  Interest in reunification by victims, offenders and non-offending parents

Paired sample t-tests were conducted to examine differences in reunification interest at the beginning and the end of treatment in individuals whose families reunified or separated. A Bonferroni adjustment was calculated, alpha levels were reduced to .008 to control for error rates. With the exception of the offenders at the beginning of treatment, whose interest in reunification remained very high irrespective of whether the families ultimately reunited or separated, all other comparisons were significant. Individuals in reunified groups had significantly different views on reunification at both time points to when compared to individuals in non-reunified groups (see Table 1 below).

Table 1. Comparisons of reunification interest in reunified and separated families

<table>
<thead>
<tr>
<th>Reunified versus separated families</th>
<th>T</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender interest BT</td>
<td>-1.98</td>
<td>71</td>
<td>.051</td>
</tr>
<tr>
<td>Offender interest ET</td>
<td>-4.70</td>
<td>70</td>
<td>&lt;.01*</td>
</tr>
<tr>
<td>Non-offending parent interest BT</td>
<td>-5.93</td>
<td>70</td>
<td>&lt;.01*</td>
</tr>
<tr>
<td>Non-offending parent interest ET</td>
<td>-12.89</td>
<td>69</td>
<td>&lt;.01*</td>
</tr>
<tr>
<td>Victim interest BT</td>
<td>-3.29</td>
<td>66</td>
<td>&lt;.01*</td>
</tr>
<tr>
<td>Victim interest ET</td>
<td>-3.34</td>
<td>65</td>
<td>&lt;.01*</td>
</tr>
</tbody>
</table>

* p < .008 (two-tailed)

Logistic Regression
Logistic regression was conducted to examine results relating to the first three hypotheses regarding predictors of family reunification. Categorical variables were recoded (0,1), with 1 indicating the presence of the variable. The model was fitted in a single block which included reunification status as the dependent variable (coded 0,1), and to whom the child disclosed (coded 0,1), whether the non-offending parent had sexual abuse counselling (coded 0,1) as well as age of the child at disclosure (continuous variable) as the predictor variables. Chi-square statistics revealed the overall model to be an adequate fit ($\chi^2 = 13.23$ df = 4, $p = .01$). Mixed results emerged for predictors relating to reunification. A non-significant result emerged for the hypothesis that separation was more likely when children were younger at the age of disclosure. The age of the child at disclosure did not have a significant effect on reunification status (Wald $\chi^2 = .01$, df = 1, $p = .89$).

Counselling had no effect on reunification status (Wald $\chi^2 = .47$, df = 1, $p = .48$). Non-offending parents who received counselling were not found to be more likely to separate. Significant results were found for whom the child disclosed the abuse to (Wald $\chi^2 = 4.45$, df = 1, $p = .03$). The odds ratio ($\beta = -.139$) indicates that when children disclosed the abuse directly to the non-offending parent (mother), the families were less likely to reunify (95% confidence interval lies between 0.06 and 0.90). This result suggests that if the child disclosed directly to the non-offending parent, the family was between 1.10 and 14.71 times less likely to reunify than if the child disclosed directly to someone other than the mother.

Commitment to Treatment

Logistic regression was carried out to examine whether offenders who enter treatment aiming for reunification show lower levels of early commitment to treatment than those who have low interest in reunification. A non-significant result was found ($F = .318$, df = 1, $p = .57$), indicating that an offender’s view on reunification measured at the beginning of treatment was not associated with their early commitment to treatment.
Recidivism

Recidivism reports revealed that approximately two-thirds of the offenders in the study did not re-offend (64.4%), and the remaining one third (32.9%) of the participants re-offended after completing/or breaching treatment. Of the re-offenders, 62.5% successfully completed treatment and the remaining 37.5% were breached. The minimum time in which a participant re-offended was 64 days; the maximum 5774 days (15.82 years); and the mean was 2894 days (7.92 years). Table 2 displays the type of offences committed by those participants. Information from the NSW Police/BOCSAR databases for 2.7% or 2 participants was not available for analysis within the required time frame for the study, so these individuals were excluded from this analysis.

<table>
<thead>
<tr>
<th>Type of re-offence</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sexual, non-violent</td>
<td>10</td>
<td>13.7</td>
</tr>
<tr>
<td>Violent offence</td>
<td>6</td>
<td>8.2</td>
</tr>
<tr>
<td>AVO</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Hands off sexual offence</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Indecent assault</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>32.9</strong></td>
</tr>
</tbody>
</table>

Table 2 Frequency and Type of Recidivism Observed

Survival analysis using Cox Regression was performed to examine the two recidivism related hypotheses, namely whether offenders who show lower levels of early commitment to treatment are more likely to re-offend than those who are less committed to treatment, and whether offenders who reunify with their families following treatment are more likely to re-offend than those who separate.

Of the 24 participants who re-offended following treatment, 25% or six had reunified with their families. One half of these re-offences for the reunited men were sexual (one aggravated sexual assault, one indecent assault and one hands-off sexual offence). As shown
in Table 3, recidivism was not significantly predicted by either reunification status or commitment to treatment.

<table>
<thead>
<tr>
<th>Predictor of recidivism</th>
<th>Hazard (Exp β)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>.852</td>
<td>p = .746</td>
</tr>
<tr>
<td>Commitment to Treatment (unsatisfactory)</td>
<td>.720</td>
<td>p = .434</td>
</tr>
<tr>
<td>Commitment to Treatment (adequate)</td>
<td>.823</td>
<td>p = .681</td>
</tr>
<tr>
<td>Commitment to Treatment (satisfactory)</td>
<td>.433</td>
<td>p = .197</td>
</tr>
</tbody>
</table>

Table 3 Survival Analysis

Family reunification reduced the likelihood of re-offence by 14.8%, however this did not attain statistical significance. Satisfactory commitment to treatment reduced the likelihood of recidivism by 56.7%. This measure was also not statistically significant.

**DISCUSSION**

The results of the current study indicate that little is known about what factors affect the likelihood of reunification in families where incest abuse has occurred between a father figure and a child. Age of the child at disclosure was not found to affect whether or not families in the current sample reunified. This finding does not support past research indicating that when children are younger at the age of disclosure, families are more likely to separate (Sirles & Lofberg, 1990).

Whether the non-offending parent engaged in sexual abuse counselling, and how long they maintained this counselling for, also had no effect on reunification status of families. Past research has linked non-offending parent treatment to increased levels of support for the victim and higher levels of separation in the families (Bolen 2002). The present study did not support these findings.
Who the child disclosed the abuse to had a significant effect on reunification outcome of the family. If the child victim disclosed directly to the mother, the family were between 1.10 and 14.71 times more likely to separate. This finding is congruent with past literature indicating that family separation rates doubled when the abuse was disclosed directly to the mother (Sirles & Lofberg, 1990).

Though research examining reunification in families of incest is extremely limited, researchers have speculated that when a strong bond exists between the mother and child, the child is more likely to disclose the abuse to the mother, the mother is more likely to believe the child and the family is then more likely to separate. Previous research has found that families are more likely to separate when the child is younger at the age of disclosure. They have suggested this is because younger children experience a closer maternal bond (Ledray, 1984; Sirles & Lofberg, 1990). As this study did not find that age of the child had any effect on reunification, the current results may indicate that it is not the child’s age that makes the difference but the bond that exists between the mother and child, regardless of age.

Incest offenders typically invest vast amounts of time and energy into conditioning or ‘grooming’ their victims, leaving the child in a very difficult and frightening position with regard to disclosure (Reid, 2005). It is therefore likely that children who disclose directly to their mothers have a stronger bond with them to begin with. It also follows that if the parent and child had a stronger bond, the mother would be more likely to believe the child upon disclosure, and therefore be more likely to place the needs of the child above that of the offenders and their own resulting in increased separation rates. Further research is needed to confirm the role that parent-child attachment plays in relation to family reunification following disclosure.

Offender’s early commitment to treatment was examined in relation to reunification interest. Results of the current study showed no differences in levels of early commitment to
treatment for offenders with differing levels of reunification interest. In the past, researchers have suggested that offenders aiming for reunification have more to lose and would therefore be less likely to engage in treatment (Gilligan & Bumby, 2005; Reid & Tolliday, 1993). Despite non-significant findings for this in the current study, it must be noted that the majority of offenders were either “somewhat in favour” or “strongly in favour” of reunification. The small number of offenders in groups who were reluctant to seek reunification may have limited the ability of the analysis to reveal significant differences.

When views on reunification for offenders and the non-offending parents were examined at both the beginning and end of treatment, it was not surprising to find significant differences between the group who reunified versus the group who did not reunify. On average, views for offenders remained moderate to high (i.e. in favour of reunification) and did not change significantly throughout treatment. Interestingly, the view on reunification for victims in both the reunified and non-reunified groups remained in the lower levels over both time points. Even in the reunified group, victim’s preferences for reunification with the offender never past an ‘unsure’ or ‘neutral’ level. It seems that on average, neither the offenders nor the victims view on reunification at the beginning or end of treatment has a significant impact on ultimate reunification status. In the present study it was only the non-offending parent’s views on reunification that were significantly related to the ultimate decision.

When variables relating to recidivism were examined, neither lower levels of early commitment to treatment for offenders, nor reunification increased the likelihood of recidivism. However, it should also be noted that neither of these variables significantly reduced the likelihood of recidivism either. In essence, commitment to treatment and reunification had no significant positive or negative effect on re-offending at all.
Previous research has continually indicated that social and family support is a crucial factor in preventing recidivism (Hanson & Harris, 2000). Of the men in the current sample who re-offended after treatment, 25% had reunited with their families. In the total sample of recidivists, reunited men contributed to half of the sexual re-offences. Given the small percentage of re-offenders who did reunite, this is extremely concerning. Due to the small number of recidivists in the overall sample, limited power prevented any further meaningful analysis from being conducted. Further research with a larger sample should aim to re-examine recidivism with reunited and non-reunited families to determine any significant differences between these groups in types of re-offences committed, and the likelihood of each group in committing them.

The current findings indicate that familial support has no impact on recidivism for men in the sample. Further research is needed to examine whether this finding can be generalised to all types of crime or whether, given the nature of the crime, this is specific to incest. This finding also holds implications for Risk Assessment measures currently being utilised with sexual offenders.

Risk assessment tools such as the Violence Risk Scale: Sexual Offender Version (VRS: SO; Wong, Olver, Nicholaichuk & Gordon, 2003) and the Sex Offender Need Assessment Rating (SONAR; Hanson & Harris, 2000) include sections relating to intimate relationships or familial support. When an offender is seen to be engaged in an intimate relationship they are rated as a lower risk of re-offending in this area of assessment. The current research indicates that incest offenders may present a unique group of sexual offenders whereupon an intimate relationship may not significantly reduce their risk of recidivism. Instead this relationship may create increased opportunities for access to victims and re-offending. This also, is an avenue for further investigation.
The results of the study are suggestive of a number of practical and policy implications for professionals working with offenders, non-offending parents and victims. In all cases of incest, safety of the child should remain paramount (Jones & Parkinson, 1994). Results indicate that, regardless of the victims view, it is primarily the view of the non-offending parent that determines reunification outcome in incestuous families. Where possible and appropriate, the child victim’s view of reunification should be taken into consideration when making decisions regarding reunification. Treatment and counselling should educate parents of the risks relating to reunification. Education of relapse prevention strategies and individual risk factors is crucial in families aiming to reunify. The importance of a period of time in which the child can be free from the offender following disclosure should be emphasised in both legal and treatment domains. A period of time where the victim of abuse can begin to heal, without the constant threat of a nearby perpetrator, is crucial to the commencement of a child’s recovery (Jones & Parkinson, 1994). The availability of a trained, independent support person for the victim, particularly in families where the non-offending parent seeks reunification and the child does not or is unsure about this, may be crucial in preventing or alleviating some of the well-documented post disclosure problems experienced by victims who are not fully supported by non-offending parents (for examples see Corcoran, 2004; O’Connell, 1986).

At a general level, the public need to be educated on the existence and prevalence of incest. Policy makers should aim to quash myths regarding typical ‘stranger danger’ offences that are characteristically uncommon, and focus education and resources on increasing public awareness of sexual offences committed most commonly by family members in domestic settings. These offences are just as potentially harmful (Gelb, 2007; Wortley & Smallbone, 2006). Resources spent on early awareness, detection and treatment could significantly reduce victimisation and subsequent costs to the community (Wortley & Smallbone, 2006).
Several limitations of the current research should be noted. Whilst the overall sample size of the study was adequate, when broken down, the small sample size of groups for both reunified offenders and recidivist’s, limited available power for analyses. It is possible that this prevented any real differences between these groups from being identified.

The present sample included information from an archival sample of treated offenders in a community-based pre-trial diversion program for incest offenders. Entry into the program is somewhat restrictive. Results need to be replicated with other types of sexual offenders, as well as incest offenders who were not accepted into the program, to determine whether results are generalizable to similar populations, or specific to this group of offenders. It must also be noted that while the NSW Police COPS and BOCSAR ROD databases both provide very accurate information with regard to recidivism, they can still only provide information relating to offences that have been reported. Research estimates that only 18.9% of all sexual assaults are reported to police (Gelb, 2007). It is therefore likely that the recidivism data obtained for the current sample may be somewhat conservative in its estimates of re-offences.

Further research should aim to re-examine variables relating to reunification and recidivism in families of incest with a larger sample. Follow up research examining victim outcomes in families who have and have not reunified would be extremely beneficial and could significantly contribute to policy making in this area.

Findings of the present study demonstrate how little is truly known with regard to reunification and recidivism in families where incestuous abuse has occurred. Due to the all too common occurrence of intra-familial abuse and its potential to have lasting and detrimental effects on victims and family members, further research is of paramount importance in this area.
REFERENCES


Treatment Attrition

This thesis was submitted for the completion of a Master of Psychology (Forensic) at the University of New South Wales.

Submitted 23rd October, 2008

Forensic Psychology Program Director: Dr Richard Kemp
Supervisor: Associate-Professor Jane Goodman-Delahunty, School of Psychology, University of New South Wales

Submitted by Luke Brabant (3061527)
Certificate of Originality

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgement is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work, even though I have received assistance from others on style, presentation and language expression.

Signature: ____________________
Student’s Name: Luke Brabant
I would first like to thank Associate-Professor Jane Goodman-Delahunty for her guidance throughout the past year. I also extend my gratitude Dale Tolliday, Karen Parsons, and everyone else at Cedar Cottage for their assistance and support.

I would like to express my appreciation to Kevin Bird for his time and advice regarding statistical analyses.

Thank you to Patrycja Luketic, Jessica Pratley, Katherine Wakeley and Thea Gumbert for their assistance with data collection. Last I would like to thank Sophie Purcell for her support and friendship.
23rd October, 2008

Psychiatry, Psychology and Law
GPO Box 655E
Melbourne
VIC 3001
Australia

Dear Mr Freckelton,

Please find attached a manuscript for review prior to submission to your edited journal. This study was supervised by the University of New South Wales alongside the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). It investigates predictors of attrition amongst a sample of intrafamilial child sexual offenders from a community based treatment program.

This study was completed as part of a Masters Degree in Forensic Psychology for the University of New South Wales. The study was supervised by Associated Professor Jane Goodman-Delahunt, School of Psychology, University of New South Wales and Dale Tolliday, Program Director, Cedar Cottage.

This manuscript has not been previously published, and is not under simultaneous review.

Please feel free to contact me if you require further information.

I look forward to receiving your feedback.

Kind regards,

Luke Brabant
0417211589
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Predictors of treatment attrition for intrafamilial child sexual offenders

Luke Brabant

University of New South Wales
Abstract

Treatment attrition from sex offender treatment programs is high. Given the elevated risk of recidivism for treatment dropouts, there has been an increase in interest within psychological literature in the development of models that aid in predicting treatment attrition so that early intervention can occur. However, there has been considerable discrepancy in what factors are considered to classify sexual offenders as being high risk of attrition. One explanation for this discrepancy is the heterogeneity of sexual offender types. Intrafamilial child sex offenders differ in many respects to other sexual offenders and thus need to be considered separately. The current study aimed at identifying whether intrafamilial child sexual offenders in a community based treatment program who failed to complete treatment (‘noncompleters’) were at a higher risk of reoffending than offenders who completed treatment (‘completers’) or those who never received treatment at all (‘declined’). Moreover variables that fall under the Risk, Need and Reponsivity principles were examined to determine if they could reliably predict treatment attrition. Results indicated that treatment noncompleters reoffended at a comparable rate to treatment completers and offenders who were declined treatment. Logistic regression analyses revealed that one demographic and two responsivity variables reliably predicted whether offenders completed treatment. These findings are discussed with reference to current psychological theories and research, and practical implications, limitations, and suggestions for future research are provided.

Key words: treatment attrition, incest, child sexual offenders

Predictors of Treatment Attrition for Intrafamilial Child Sexual Offenders
Treatment attrition from sexual offender programs

Recent evaluation studies indicate that sexual offender treatment programs can be effective in reducing sexual, violent and general recidivism (e.g., Browne, Foreman, & Middleton, 1998; Hanson & Bussiere, 1998; Marques, Day, Nelson, & West, 1994). Of growing concern is the high rate of participant attrition that these treatment interventions experience. Research suggests that dropout rates for juvenile and adult sexual offender treatment programs range from 19.8% to 50.4% (Abel, Mittleman, Becker, Rathner, & Rouleau, 1988; Barbaree, Seto, & Maric, NP; Craissati & Beech, 2001; Hunter & Figueredo, 1999; Kraemer, Salisbury, & Spielman, 1998; Marques, 1999; Moore, Bergman, & Knox, 1999). Moreover, treatment attrition is experienced in both correction-based programs as well as community treatment settings.

Problems associated with attrition

The elevated rate of attrition is problematic given the detrimental effect of dropping out of treatment for the offender, treatment providers, other offenders within the treatment program, and the wider community. Individuals who prematurely leave treatment can be left with feelings of incompleteness and failure (McCullum, Piper, & Joyce, 1992). In addition, there is concern that they will be treated more harshly by the criminal justice system (Fridell, 1991). Furthermore, their exit from the program has the potential to disrupt the process of remaining participants (McCullum, Piper, & Joyce, 1992) and may be disheartening for treatment providers (Robinson & Little, 1982). At the program delivery level, treatment attrition is problematic as it wastes limited resources and scarce treatment slots (Greer,
Becker, Gray & Krauss, 2001; Stalans, 2004). However, of greatest concern is the relationship between attrition and recidivism. Research suggests that sexual offenders who do not complete treatment experience higher rates of sexual and general recidivism than those who do complete (Cook, Fox, Weaver, & Rooth, 1991; Hanson & Bussiere, 1998; Hamberger & Hastings, 1988; Hanson & Harris, 2000; Marques, 1998; Marques et al., 1994; Miner & Dwyer, 1995; Owen & Steele, 1991). This is not unexpected, given that dropouts do not obtain the full benefit of therapeutic intervention (Bowen & Gilchrist, 2006). Surprisingly, Marques et al (1994) found that treatment dropouts also have higher rates of reoffending than offenders who did not receive treatment at all. Whilst the relationship between treatment attrition and recidivism is not yet known, these studies highlight the need to explore attrition from sexual offender treatment programs in greater detail (Beyko & Wong, 2005).

**Predictors of treatment attrition from sexual offender treatment programs**

There has been increased focus in the psychological literature on the factors that can predict which offenders are most likely to drop out of sex offender treatment programs. The results of these studies have enabled treatment providers to develop a typical profile of a treatment dropout, which has been used to screen these individuals out of treatment during the assessment phase (Greer, Becker, Gray & Krauss, 2001; Stalans, 2004), or provide additional services aimed at maintaining offender participation (Bowen & Gilchrist, 2006; Buttell & Carney, 2008).

Four broad groups of attrition predictors have been identified including demographic, mental health, offence related, and treatment process variables. Considering demographic variables first, research indicates that unmarried (Craissati & Beech, 2001; Miner & Dwyer, 1995; Moore et al., 1999) young offenders (Abel et al., 1988; Craissati & Beech, 2001; Miner
& Dwyer, 1995; Moore et al., 1999) with an extensive criminal record (Barbaree et al., NP; Beyko & Wong, 2005; Browne, Foreman & Middleton, 1998; Geer, Becker, Gray, & Krauss, 2001; Nunes & Cortoni, 2008), low levels of education (Geer et al., 2001), poor reading and writing skills (Gully et al., 1990; Moore et al., 1999), a history of substance abuse (Abel et al., 1988; Browner et al., 1998; Marques et al., 1994), unstable employment (Abel et al., 1988; Browne et al., 1998; Marques et al., 1994), and childhood victimisation (Craissati & Beech, 2001; Geer et al., 2001) are at a higher risk of attrition.

In relation to mental health variables, a diagnosis of Antisocial Personality Disorder (Abel et al., 1998), any contact with mental health services as an adult (Craissati & Beech, 2001), general psychopathology (Hunter & Figueredo, 1999), impulsivity (Kraemer et al., 1998; Kravitz et al., 1999; Pelissier, Camp, & Motivans, 2003), higher levels of aggression (Abel et al., 1988; Browne et al., 1998; Marques et al., 1994) and sexual maladjustment (Hunter & Figueredo, 1999) are factors that predict premature termination from sex offender treatment programs.

Considering offence related factors, offenders who commit a diverse range of paedophilic acts (Abel et al., 1998), have victims of both genders (Abel et al., 1998), deny their offences (Geer et al., 2001; Gully et al., 1990; Moore et al., 1999), attempt to justify their crimes (Barbaree et al., NP), and have violence associated with their index offence (Browne et al., 1998) are more likely to drop out of treatment.

Finally, treatment process variables predictive of attrition include negative attitudes towards treatment (Barbaree et al, NP; Wormith & Olver, 2002), poor treatment engagement (Beyko & Wong, 2005), aggressive and disruptive behaviour during treatment (Abel et al., 1988; Beyko & Wong, 2005; Marques et al., 1994; Pelissier et al., 2003), violation of treatment conditions (Browne et al., 1998), poor attendance (Wormith & Olver, 2002),
incomplete homework (Wormith & Olver, 2002), and poor improvement as rated by therapists (Wormith & Olver, 2002). High levels of each of these variables are associated with treatment non-completion.

Whilst there is some consistency in the literature regarding the factors that predict attrition, the findings have been largely inconclusive. For example, Beyko and Wong (2005) were unable to find a relationship between marital status and treatment attrition. This finding differs from previous research (e.g., Craissati & Beech, 2001). Other factors found to be unrelated to treatment attrition include criminal history (Moore et al., 1999), APD diagnosis (Shaw, Herkov, & Greer, 1995), denial of offences (Craissati & Beech, 2001), intellectual abilities (Beyko & Wong, 2005; Kraemer et al., 1998), level of education (Beyko & Wong, 2005; Moore et al., 1999), childhood victimisation (Browne et al., 1998) and age (Gully et al., 1990; Moore et al., 1999). These findings are inconsistent with the aforementioned research. These discrepancies raise concerns regarding the presence of any reliable conclusions drawn in relation to predictors of treatment attrition from sex offender programs.

Explanation of the discrepancy in the literature

Many of the aforementioned studies drew from different populations of sexual offenders (e.g., rapists, sex killers, exhibitionists, extrafamilial child sexual offenders and intrafamilial child sexual offenders) across a variety of treatment settings (e.g., prison-based programs and residential community treatment centers) to examine treatment attrition. This is problematic given the heterogeneity of sexual offenders and treatment approaches. In relation to age, rapists and sex killers tend to be younger than extrafamilial child molesters (Barbaree et al., NP) and intrafamilial child sexual offenders (Lung & Huang, 2004). Intrafamilial child sexual offenders are more likely to be married and have fewer years of formal education than
other sexual offenders (Lung & Huang, 2004). Furthermore they are more likely to have a history of drug and alcohol abuse (Lung & Huang, 2004). In relation to criminal history, intrafamilial child sexual offenders have the lowest number of prior criminal offences (Barbaree et al., NP, Firestone, 1999; Lung & Huang, 2004) whilst rapists have the highest number of non-violent and violent criminal convictions (Barbaree et al., NP). Regarding mental health, fewer intrafamilial child sexual offenders have diagnoses of mental disorders (Lung & Huang, 2004). Deviant indices (as measured by phallometric testing) are higher for extrafamilial and intrafamilial child sexual offenders than rapists and sex killers (Barbaree et al., NP). Moreover exhibitionists are more developmentally immature than intrafamilial child sexual offenders (Miner & Dwyer, 1997).

In relation to risk of reoffending, intrafamilial child sexual offenders have a lower level of initial risk than sex killers, rapists and extrafamilial child sexual offenders (Barbaree et al., NP). They also have the lowest rates of recidivism (Firestone et al, 1999; Hanson, Steffy & Gauthier, 1993), whilst rapists have the shortest survival time (i.e., time to recidivism) compared to any other sexual offender type (Barbaree et al., NP). Considering treatment factors, research suggests that rapists are more disruptive during treatment and have poorer attitudes towards the process than other sexual offenders (Beyko & Wong). Incest offenders tend to be the least responsive to treatment (Barbaree, NP). Finally, predictors of recidivism differ for all sexual offender types (Firestone et al., 1999).

These differences suggest that sexual offender subtypes should not be combined for research purposes (Firestone et al., 1999). This is especially the case for research into predictors of treatment attrition as many of the predictor variables identified are the exact traits that differentiate these subtypes (e.g., marital status, age, criminal history). Therefore, any results regarding treatment attrition may only be comparable to populations similar to that which the study drew from. Applying the findings of one subtype to another could have
detrimental ethical and financial consequences. For example, incorrectly screening out an offender denies the offender their right to therapeutic intervention. Moreover, providing additional support to an offender that has been incorrectly identified as high risk of dropout wastes important financial resources. Thus, there is a practical need to look at different subtypes of sexual offenders individually to develop profiles of typical treatment dropouts within these populations (Nunes & Cortoni, 2008).

_Treatment attrition for intrafamilial child sex offenders_

Chaffin (1992) investigated predictors of treatment attrition for intrafamilial child sexual offenders alone. Thirty-six regressed intrafamilial child sexual offenders in an outpatient treatment program were classified as either treatment completers (those who remained until the end of treatment) or treatment noncompleters (those who disappeared from treatment, terminated from treatment against recommendations, or were dismissed for insufficient progress/rule violations). Three variables were considered in the analysis. Results indicated that the only variable predictive of attrition was personality disturbance. Criminal charges and alcohol/drug dependence were unrelated to attrition. Whilst Chaffin’s study has clinical importance as it is the only study to investigate intrafamilial child sexual offenders alone, there are some obvious limitations. The small sample size may not provide the study with enough power to detect an effect. Of greater concern is the limited number of variables considered in the analyses. Given only one variable was predictive of attrition, this leaves open the opportunity to consider additional predictors so the practical implications of this type of study can be increased.
Traditionally, research into treatment attrition has focused on identifying offender shortcomings, which has then been used to develop a profile to screen out offenders most at risk of dropping out. In contrast, Beyko and Wong (2005) have focused their research on identifying predictors of treatment attrition as indicators for program improvement. This was done by organizing attrition predictors under the domains of risk, need and responsivity (RNR; Andrews & Bonta, 2003). These three principles have been derived from a body of evidence known as the “What Works” literature, and guide correctional programs towards effective treatment delivery. Research suggests that treatment programs that conform to these principles have the greatest effect in reducing recidivism (Andrews, Zinger, Hodge, Bonta, Gendreau & Cullen, 1990). The risk principle asserts that the intensity of treatment should be matched to the offender’s risk of recidivism. Treatment should also address the criminogenic needs (i.e., attributes of offenders that are directly linked to criminal behavior) of the offender. This is known as the needs principle. Last, the responsivity principle states that treatment delivery should be adjusted so that it matches the responsivity characteristics of the offender. These include, for example, the offender’s intellectual abilities, motivation for treatment, and insight into his offending behavior.

Beyko and Wong (2005) argue that treatment programs that do not accommodate the appropriate risk level, criminogenic needs, and responsivity factors of offenders will experience higher levels of attrition. Taking criminogenic needs for example, an intervention that is not equipped to target impulsivity will have attrition predictors associated to impulsivity. Moreover, a program that is only equipped to treat low-risk offenders will find that high-risk participants are more likely to drop out (providing that high-risk offenders are not screened out during assessment). Conversely, a properly designed and implemented intervention will have few reliable predictors of attrition as the risk, need and responsivity
factors of the offenders will be sufficiently attend to by the program.

_The current study_

The present study aims to build upon the research by Chaffin (1992) by identifying predictors of treatment attrition for intrafamilial child sexual offenders. Consistent with the theoretical basis of Beyko and Wong’s (2005) research, the predictor variables to be examined fall under the principles of risk, need and responsivity. Given the inconsistencies in the literature relating to predictors of attrition from sexual offender programs, and the lack of research investigating intrafamilial child sexual offenders alone, no specific hypotheses can be made regarding which variables predict attrition. Rather an exploration of possible variables will be undertaken.

An additional aim of the study is to compare the recidivism rates of intrafamilial child sexual offender’s that complete treatment with those who prematurely terminate from treatment. Consistent with research into reoffending rates of sexual offenders, it is hypothesised that treatment completers will have a lower rate of recidivism than treatment noncompleters. Moreover, in an attempt to replicate the findings of Marques et al (1994), treatment noncompleters will be compared with offender’s who have never received treatment. It is hypothesized that treatment noncompleters will recidivate at a higher rate than untreated offenders.

_Method_

_Deinition of completers and non-completers_
The literature concerning predictors of treatment attrition has been inconsistent in its definition of treatment completers. Some studies have attempted to compensate for the extremely high rates of attrition (and thus unequal group size when compared to treatment completers) by conceptualising program participants as completers if they fulfil some portion of the prescribed treatment (e.g., Kraemer, Salisbury, & Spielman, 1998). This definition equates participants who complete only a fraction of the program with those who remain in treatment until the end. Such a definition is problematic given these groups may differ in the degree of benefit obtained from treatment. An effectively designed and implemented program would operate under the assumption that all material covered during the program is important for modifying criminal behaviour. Thus to complete the program a participant should be required to remain until the end of treatment. Consequently, this study will define these participants as “completers”, with offenders who terminate from the program prior to this stage as “noncompleters”. This approach is consistent with that in other current research in the field (e.g., Bowen & Gilchrist, 2006; Buttell & Pike, 2002; Buttell & Carney, 2008; Carney, Buttell, & Muldoon, 2006;)

participants

The participants were 214 intra-familial child sexual offenders referred to the NSW Pre-Trial Diversion (Child Sexual Assault) Program (Cedar Cottage) between 1989 and 2003. This is a community based program that provides intensive therapy for men who have committed a sexual offence against their own or their partner’s child/ren. As an alternative to being processed by the traditional Court system, offenders have the opportunity to plead guilty to their offence/s and be diverted into Cedar Cottage. Offenders referred to the program participate in an eight week assessment period whereby their suitability for
placement within the program is determined. Men who are deemed unsuitable return to the Courts and standard prosecution procedures ensue. Offenders who are accepted sign a Treatment Agreement which specifies the conditions which they are required to abide by whilst participating in the program (e.g., no contact with children under the age of 16).

Treatment involves both group and individual therapy sessions conducted at Cedar Cottage. In addition, participants are required to complete further work independent of these therapy sessions including sex-logs (i.e., journals relating to sexual thoughts and feelings), relapse prevention plans, and “face-ups” (i.e., meetings between offenders and victims in which the offender provides a full account of the abusive acts). Offenders receive periodic evaluations of their progress within the program, which takes place approximately once every four months. Successful completion of the program occurs between two and three years after signing the Treatment Agreement. Offenders can be removed from the program at any time as a result of breaching this agreement, insufficient progress through the program, or voluntary withdrawal. A more extensive explanation of the program is contained in a recent evaluation study of Cedar Cottage (Goodman-Delahuntly & Pratley, 2008).

Of the 214 men referred to Cedar Cottage, 121 participants were not found suitable to be accepted into the program (“declined”). Of the 93 who were accepted, 53 successfully completed the program, whilst 40 participants commenced treatment but failed to complete. One of the participants declined from the program was excluded from the study as he was incorrectly referred to Cedar Cottage (i.e., he was not an intra-familial child sexual offender). Moreover one of the participants who failed to complete was excluded from the analysis due to the reason for his removal (i.e., he suicided whilst participating in treatment). The final sample consisted of 120 declined, 39 noncompleters, and 53 completers.
Treatment attrition variables

Treatment attrition predictor variables were grouped according to the risk, need and responsivity principles.

Table 1. Percentage, Mean and Standard Deviation for Predictor Variables

<table>
<thead>
<tr>
<th></th>
<th>Non-completer</th>
<th>Completers</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(n = 39)</td>
<td>(n = 53)</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Static-99</td>
<td>.59</td>
<td>1.02</td>
</tr>
<tr>
<td>Need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of substance abuse (%)</td>
<td>46.2</td>
<td></td>
</tr>
<tr>
<td>High diversity of paedophilic acts (%)</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>Number of victims</td>
<td>1.31</td>
<td>.61</td>
</tr>
<tr>
<td>High degree of sexual contact (%)</td>
<td>87.2</td>
<td></td>
</tr>
<tr>
<td>Victims of both genders (%)</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>Duration of offending (years)</td>
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<td>3.03</td>
</tr>
<tr>
<td>Evidence of offence planning (%)</td>
<td>74.4</td>
<td></td>
</tr>
<tr>
<td>Responsivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty maintaining employment (%)</td>
<td>15.4</td>
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Denial I – Minimisation of offence (%) 46.2 17.0
Denial II – Justification of offence (%) 15.4 15.1
Satisfactory progress in treatment (%) 12.8 47.2
Satisfactory progress in face-ups (%) 17.9 54.7
Number of face-ups completed .69 1.11 1.11 1.73
Number of breaches 1.84 2.58 .86 1.83

Demographic

<table>
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<th>Age</th>
<th>37.1</th>
<th>5.77</th>
<th>41.3</th>
<th>7.55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of physical/emotional sexual abuse (%)</td>
<td>66.7</td>
<td>64.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (%)</td>
<td>20.5</td>
<td>9.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk

Risk was measured using the Static-99 (Hanson & Thornton, 1999). This actuarial assessment tool estimates long-term risk potential for sexual and violent offenders. It consists of 10 items relating to static (unchangeable) factors known to be predictive reoffending (e.g., number of prior sex offences, number of prior sentencing dates, age, and marital status). Static-99 scores range from zero to seven, with a higher score indicated a higher level of risk. The Static-99 has moderate predictive accuracy for both sexual recidivism ($r = .33$, ROC area $= .71$) and violent (including sexual) recidivism ($r = .32$, ROC area $= .69$).

Need

Need variables were based upon dynamic (changeable) factors identified in the literature as predictive of sexual reoffending and treatment attrition, and can be found in Table 1. Sexual deviancy was indexed by measuring the diversity of paedophilic acts...
performed by the offender (two or less paedophilic acts vs. three or more paedophilic acts), number of victims (1, 2, 3 etc.), evidence of offence planning (i.e., the offence was somewhat planned vs. the offence was clearly planned), degree of sexual contact (penetration vs. sexual touching/exposing), duration of offending (years), and whether the offender had victims of both genders (i.e., male/female only victim vs. both male and female victims).

Responsivity

Difficulties in maintaining employment (i.e., difficulty maintaining stable employment vs. no difficulty maintaining stable employment), denial, and treatment motivation were measured as a means of indexing responsivity. Given that a full validation of the victim’s account of the offence is a requirement of being accepted into the Cedar Cottage program, categorical denial of the offence could not be used as a variable. Moreover, a dichotomous definition of denial (i.e., deny vs. admit) has been criticised in the literature as being too crude of a measure to be useful in statistical analyses (Langton, Barbaree, Harkins, Arenovich, Peacock, Dalton, Hansen, Luong, & Marcon, 2008). As an alternative, different forms of denial and acceptance were measured. These include minimisation of the offence (i.e., that the offender minimised aspects of the offence including occasions, duration, nature of the abusive acts etc.), and justification of the offence (i.e., that the victim consented).

Motivation was assessed by considering behaviour during the initial stages of therapy. Research indicates that factors including attendance, promptness, and level of participation are effective means of measuring motivation for treatment (Jenkins-Hall, 1994). The current study utilised the results of each offender’s initial evaluation session (approximately four months into treatment) as a measure of treatment compliance. These evaluations consist of an overall progress score (i.e., unsatisfactory vs. satisfactory), a progress score relating to face-ups (i.e., unsatisfactory vs. satisfactory), the number of face-ups completed (i.e., 0, 1, 2,
3, etc.) and the number of breaches of the Treatment Agreement that occurred within the evaluation period (i.e., 0, 1, 2, 3 etc.).

Demographic characteristics that have been identified by the literature as predictive of attrition but that do not fall under the risk, need and responsivity principles were also collected. These included age (years), whether the offender had been a victim of physical/emotional/sexual abuse as a child (victim of physical/emotional/sexual abuse vs. not a victim of physical/emotional/sexual abuse), and marital status (single vs. legal/common law marriage).

Procedure

The data was collected by the author and five other postgraduate psychology students from the University of New South Wales who performed archival file review of offender case files maintained at Cedar Cottage. Each file consists of individual/group session notes, therapist notes, offender review reports, assessment notes and homework completed by program participants. Information was extracted from the files in accordance with three coding instruments (Appendix A, B and C) and the Static 99 (Appendix D). All coding was undertaken with researchers blind to recidivism and treatment outcome.

To determine the extent of consistency on the use of the coding instrument by all six researchers, interrater reliability was calculated. Twenty-five case files (11.6% of the total sample) were double-coded by randomly chosen researchers. Consistency was calculated by dividing the number of agreements by the total number of observations. The researchers
agreed on 84.75% of the observations (mode = 90.8%, median = 85.7%, range = 71.4 – 91.6%), indicating a high level of interrater reliability.

Recidivism data was obtained from the Computerised Operational Policing System (COPS). Although this database has only been in existence since 1994, any offences which occurred prior to this date are sometimes included in lesser detail, or are available from microfiche records. This information indicated whether offenders had recidivated following their last contact with Cedar Cottage. Recidivism was operationalised as any offence (general, sexual, violent, or non-sexual/non-violent) that resulted in a report being made to the police, a charge being laid, or a conviction. Non-sexual/non-violent offences included drink driving, drug offences, fraud and the breaking of Apprehended Violence Orders.

Data analysis

Recidivism

The differential effect of group status (declined, noncompleters, completers) on recidivism (general, sexual, violent and non-sexual/non-violent) was explored using survival analysis. This is a statistical analysis where the outcome measure of interest is the period of time until a specific event occurs (in this case recidivism). This procedure was chosen over other statistical methods as time to reoffend is more sensitive than a simple dichotomous measure of offence/no offence. Moreover it avoids the problem of censorship (i.e., where observations cannot be included in the analysis if they do not fall within a set follow-up period). The impact of each covariate (group status) on the survival function was assessed using the Cox proportions hazards model.

Predictors of treatment attrition
Utilizing the risk, need, responsivity and demographic variables, logistic regression was applied to establish which variables may predict treatment attrition. Logistic regression was employed over discriminate function analysis because: (i) it does not demand the assumptions of equal variance-covariance matrices or multivariate normality across groups, and (ii) it effectively includes categorical independent variables.

Results

Recidivism

Time at risk (i.e., time available to reoffend) ranged from 1.8 years to 15.8 years. This was calculated by determining the period of time between the offender’s last contact with Cedar Cottage (assessment completion, treatment completion, treatment withdrawal/breach) and their first reoffence or the final observation date (October 1, 2007). Any time spent in custody was subtracted from this observation period to accurately represent the amount of time available for each offender to reoffend. This approach is consistent with other recidivism studies (e.g., Duwe & Donnay, 2008).

As shown in table 2, a total of 65 offenders (30.5%) came to the attention of NSW Police for any offence of any type following their contact with Cedar Cottage. Forty of these were not accepted into the program (declined treatment), 12 were completers, and 13 had not completed the program. Twenty-two offenders (10.3%) reoffended sexually. This group consisted of 15 offenders who were declined treatment in the program, four completed, and three did not complete. Nineteen offenders (8.9%) came to the attention of NSW Police for a violent offence, consisting of 11 declined participants, three completers, and five noncompleters. Nonsexual/nonviolent offences were committed by 45 of the offenders
This group consisted of 30 offenders who were declined treatment, six completers, and nine noncompleters.

Table 2. General, sexual, violent, and nonsexual/nonviolent (NSNV) estimated lifetime reoffence rates

<table>
<thead>
<tr>
<th>Offence Type</th>
<th>N</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declined</td>
<td>120</td>
<td>61.5</td>
<td>40</td>
<td>68.2</td>
<td>15</td>
<td>57.9</td>
<td>11</td>
<td>66.7</td>
<td>30</td>
</tr>
<tr>
<td>Noncompleters</td>
<td>39</td>
<td>20</td>
<td>13</td>
<td>13.6</td>
<td>3</td>
<td>26.3</td>
<td>5</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Completers</td>
<td>53</td>
<td>18.5</td>
<td>12</td>
<td>18.2</td>
<td>4</td>
<td>15.8</td>
<td>3</td>
<td>13.3</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>30.5</td>
<td>65</td>
<td>10.3</td>
<td>22</td>
<td>8.9</td>
<td>19</td>
<td>21.1</td>
<td>45</td>
</tr>
</tbody>
</table>

A series of Cox proportional hazards regression analyses were executed to determine the differential effect of program non-acceptance, noncompletion, and completion on recidivism. This measure was chosen, as it makes no assumptions concerning the distribution of the sample. Analyses revealed that there was no significant difference between the impact of treatment noncompletion, completion or non-acceptance on recidivism of any type. Survival curves for each type of recidivism can be found in Figures 1, 2, 3 and 4.
Figure 1. Survival curve for general recidivism

Figure 2. Survival curve for sexual recidivism
Predictors of treatment attrition
Analyses of potential risk, need, responsivity and demographic effects on treatment attrition were conducted using logistic regression, which allowed for simultaneous entry of the independent variables. Missing values within the data were accounted for by substituting the series mean for each variable for the corresponding missing data. Whilst this is not ideal, it was necessary given the manner in which logistic regression usually copes with missing values (i.e., removing cases with missing data, and using the remaining full data set to calculate logistic parameters resulting in a considerably smaller sample size).

Table 3. Logistic regression analysis of treatment completers and drop-outs.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logistic coefficients</th>
<th>SE</th>
<th>Wald $\chi^2$</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>3.328</td>
<td>3.027</td>
<td>1.209</td>
<td>27.895</td>
</tr>
<tr>
<td>Static-99</td>
<td>.227</td>
<td>.289</td>
<td>.618</td>
<td>1.255</td>
</tr>
<tr>
<td>History of substance abuse</td>
<td>-.963</td>
<td>.789</td>
<td>1.491</td>
<td>.382</td>
</tr>
<tr>
<td>Number of victims</td>
<td>.856</td>
<td>.628</td>
<td>1.856</td>
<td>2.353</td>
</tr>
<tr>
<td>High degree of sexual contact</td>
<td>.797</td>
<td>.865</td>
<td>.849</td>
<td>2.218</td>
</tr>
<tr>
<td>Victim of both genders</td>
<td>-1.411</td>
<td>1.478</td>
<td>.911</td>
<td>.244</td>
</tr>
<tr>
<td>Duration of offending</td>
<td>.183</td>
<td>.122</td>
<td>2.231</td>
<td>1.200</td>
</tr>
<tr>
<td>Evidence of offence planning</td>
<td>-.971</td>
<td>9.13</td>
<td>1.130</td>
<td>3.79</td>
</tr>
<tr>
<td>Difficulty maintaining employment</td>
<td>-.104</td>
<td>1.332</td>
<td>.006</td>
<td>.902</td>
</tr>
<tr>
<td>Denial I – Minimization of offence</td>
<td>2.069**</td>
<td>.733</td>
<td>7.962</td>
<td>7.914</td>
</tr>
<tr>
<td>Denial II – Justification of offence</td>
<td>.843</td>
<td>.881</td>
<td>.915</td>
<td>2.323</td>
</tr>
<tr>
<td>Satisfactory progress in treatment</td>
<td>-.966</td>
<td>.814</td>
<td>1.407</td>
<td>.381</td>
</tr>
<tr>
<td>Satisfactory progress in face-ups</td>
<td>-1.684*</td>
<td>.792</td>
<td>4.526</td>
<td>.186</td>
</tr>
<tr>
<td>Number of face-ups completed</td>
<td>-.100</td>
<td>.337</td>
<td>.07</td>
<td>.905</td>
</tr>
<tr>
<td>Number of breaches</td>
<td>.304</td>
<td>.177</td>
<td>2.956</td>
<td>1.355</td>
</tr>
<tr>
<td>Age</td>
<td>-.114*</td>
<td>.051</td>
<td>4.992</td>
<td>.892</td>
</tr>
<tr>
<td>Victim of</td>
<td>.537</td>
<td>.512</td>
<td>1.101</td>
<td>1.710</td>
</tr>
</tbody>
</table>
emotional/physical/sexual abuse

<table>
<thead>
<tr>
<th>Single</th>
<th>-1.415</th>
<th>.917</th>
<th>2.379</th>
<th>.243</th>
</tr>
</thead>
</table>

Log likelihood

80.888

Model chi-square

44.512***

n = 92. *df = 18. *p<.05** p<.01. ***p=.000

Table 3 displays the effect of each independent variable on the indicators of treatment attrition for the model. The overall fit of the model was significant (χ² = 44.512, df = 18, p = .000). When treatment attrition was modeled to be dependent on the 16 factors, three of the predictive variables were significant. Offender age (Wald χ² = 4.992, df = 1, p = .05), receipt of a satisfactory evaluation in relation to face-ups (Wald χ² = 4.526, df = 1, p = .05), and minimization of sexual offences (Wald χ² = 7.962, df = 1, p < .01) significantly contributed to the prediction of treatment attrition in this sample of intrafamilial child sexual offenders.

The predictive efficacy of the model refers to the agreement between expected and observed values. As the expected and observed values become increasingly approximate, the predictive efficacy of a measure is maximized. In this case, the model was able to correctly predict 84.9% of completers (n = 45), and 74.4% of noncompleters (n = 29), resulting in the correct classification of 80.4% of the sample.

Discussion

The current study aimed to investigate treatment attrition among a sample of intrafamilial child sexual offenders participating in a community-based treatment program. Between the
inception of the program in 1989 and the final observation date in December 2003, 42.39% of the offenders who were accepted in to the program prematurely terminated by breaching their treatment conditions or through voluntary withdrawal. This is comparable to various other treatment programs (e.g., Craissati & Beech, 2001; Hunter & Figueredo, 1999; Pelissier, 2007), and underscores the importance of examining treatment attrition for this unique subtype of sexual offenders.

Results indicated that there was no difference in the rates of sexual, violent, general, and nonsexual/nonviolent reoffending between offenders who completed, failed to complete, or were not accepted in to the Cedar Cottage treatment program. However, results of a logistic regression analysis revealed that three client specific variables reliably predicted whether offenders participating in the program completed treatment or not. Specifically, younger offenders who initially minimised aspects of their index offence and experienced performance difficulties in the initial stages of treatment were more likely to prematurely terminate from the program. No other risk, need, responsivity or demographic variables significantly contributed to the classification of treatment outcome.

Treatment attrition and recidivism

Inconsistent with previous literature, no difference was found in the rates of recidivism for offenders who dropped out of treatment and those who completed. This was observed across all types of reoffending involving general, sexual, violent, and nonsexual/nonviolent offences. The same results were found when offenders who did not complete treatment were compared to offenders who did not receive treatment at all, which fails to replicate the findings of Marques et al (1994). Whilst this may indicate that there is no detrimental effect of treatment attrition on reoffending, the results should be interpreted with caution given the extremely low rates of recidivism amongst this subtype of sexual offenders. Intrafamilial child sexual offenders have been shown to be at a lower risk of reoffending (Barbaree et al., 2002) and have lower recidivism
rates (Firestone et al, 1999; Hanson at al., 1993) when compared to sexual killers, adult rapists, and extrafamilial child sexual offenders. This was observed with the current sample, which scored an average of 0.5 out of 7 on the Static-99 indicating a “low” risk of reoffending. Moreover the recidivism rates were 30.5%, 10.3%, 8.9%, and 21.1% for general, sexual, violent, and nonsexual/nonviolent offences respectively. Low reoffending rates such as these make it difficult to detect differences between the groups examined.

Moreover, there is concern in the literature that evaluation studies relying on samples of offenders from non-custodial community based programs will experience difficulties in finding significant results when compared to custodial settings due to the nature of assignment of offenders to treatment interventions (Killias & Villetaz, 2008; Villetazz, Killias & Zoder, 2006). That is, high-risk offenders are more likely to be assigned to custodial-based treatment than non-custodial programs as a result of the level of supervision that is required for these individuals. As a result, treatment effects will be easier to detect in custodial programs, as they will experience higher rates of reoffending. In contrast, treatment effects will be difficult to detect in community-based programs, as referrals are likely to be low-risk offenders. This may explain the current study’s inability to replicate the findings of previous research into attrition and recidivism, the majority of which utilised custodial samples (e.g., Seager et al., 2004).

Predictors of treatment attrition

It could be argued that without evidence of a detrimental effect of treatment attrition on recidivism that there is no longer a need to examine the variables that make an offender more likely to prematurely terminate from treatment. However, attrition is problematic for reasons beyond risk of reoffending, including its potential to leave the offender with feelings of incompletion and failure (Ogrodniczuk. Piper & Joyce, 2006), the concern that the offender will be treated more harshly by the criminal justice system (Fridell, 1991), the detrimental effect that their exit from the program can have on remaining participants and treatment providers
(McCullum et al., 1992; Robinson & Little, 1982) and the potential waste of limited resources and scarce treatment slots (Geer et al., 2001; Stalans, 2004). Whilst examining the relationship between these outcomes and attrition was beyond the scope of the current study, it does support the need to examine predictors of treatment attrition. Future research should focus on the various problematic outcomes for intrafamilial child sexual offender treatment dropouts.

Logistic regression analyses identified two responsivity variables and one demographic variable as reliable predictors of treatment noncompletion. Offenders who minimised aspects of their offences (e.g., the number of occasions, duration of offending) were less likely to complete treatment. Fully validating the victim’s account of the offences is a treatment target at Cedar Cottage. Given that this requires the elimination of minimisations, it is possible that it may have caused cognitive dissonance in some of the offenders, contributing to a lower completion rate for these individuals (Geer et al., 2001).

In addition to minimising the index offence, a negative evaluation regarding face-ups during the first evaluation stage was predictive of treatment attrition. Face-ups are multidimensional tasks requiring the offender to do much of the preparation between treatment sessions (i.e., homework), and well as with the aid of their therapist, and finally with the intended audience (e.g., victim, non-offending parent, sibling). It is possible that early response to this primary treatment goal is an indication of how much the offender will benefit from overall treatment. For example, a negative response to initial treatment tasks and goals may be a reliable indication that the participant will inadequately engage in treatment goals and tasks throughout the remainder of treatment. This relationship between early treatment compliance (mainly regarding homework fulfilment) and treatment progress has been observed in other samples including anxious, depressed and obsessive-compulsive disordered patients participating in Cognitive-Behavioural Therapy (Hubbert, Ledley & Foa, 2006; Westra, Dozois & Marcus, 2007).

Finally, supporting the findings of numerous other researchers (Abel et al., 1988; Craissati & Beech, 2001; Miner & Dwyer, 1995; Moore et al., 1999), young age was found to be
predictive of treatment attrition. Several explanations have been provided to explain this relation between premature termination and age, most of which originate in drug and alcohol treatment research. It is possible that younger offenders have more distractions in their lives that may interfere with treatment compliance (Walker & Clarke, 2001). Moreover, some researchers have suggested that younger participants have interests that are incongruent with the treatment goals of therapy, leading to a lack of motivation (Hadley, Reddon & Reddick, 2001). Lastly, poor relationships amongst therapy group members as a result of differences in their ages could contribute to a participant’s decision to drop out of treatment (Chang & Saunders, 2002). Additional explanations have been given for why older offenders have greater compliance. Specifically, they may be more motivated for treatment, attribute greater priority to treatment, see restoring good health as having more importance, and have more positive attitudes towards treatment providers (Ogrodniczuk et al., 2006).

Implications: The Risk/Need/Responsivity principles and improving treatment design and implementation

Beyko and Wong (2005) have suggested that research into predictors of treatment attrition should be used to inform programs of ways in which they can improve and modify treatment interventions. In accordance with this line of reasoning, it would appear that the Cedar Cottage program is operating relatively successfully as analyses revealed few reliable predictors of treatment attrition. The Static-99 (which was used to index the risk principle) was unable to distinguish treatment completers from treatment noncompleters. This suggests that the program is either adjusted to treat offenders of all risk levels, or successfully screens out offenders with a level of risk that is not appropriate for treatment at Cedar Cottage. Moreover, no variables that fall under the need principle were predictive of treatment attrition. It is possible that the program
is adequately addressing the criminogenic needs of offenders participating in treatment. However, Beyko and Wong (2005) warn that nonsignificant results do not necessarily indicate that a program is a well-designed and well-run. For example, the program could be making no demands whatsoever on its participants, thus leaving them with very few if any reasons to drop out. Discerning the role of the level of demand and treatment attrition warrants further consideration in future research.

In relation to the responsivity principle, a negative evaluation for face-ups during the first evaluation, and minimisation of the index offence were associated with treatment noncompletion. These findings suggest that the program is not adequately equipped to deal with responsivity issues in some participants including; (i) the propensity towards minimisation (or denial) and, (ii) performance issues early on in treatment. In addition to these two variables, age was able to reliably distinguish noncompleters from completers. This suggests that Cedar Cottage may not be designed to cope with the specific needs of younger intrafamilial child sexual offenders.

**Implications: Improving treatment retention**

The findings from the logistic regression analyses are encouraging because they suggest ways in which offenders who have a propensity towards dropping out of treatment can be identified within the initial stages of intervention, with an eye towards enhancing retention. This is an important step towards improving the effectiveness of sexual offender treatment. Several researchers have suggested that results such as these can be used as a screening tool to identify specific offenders who are appropriate candidates for treatment (e.g., Geer et al., 2001). However, a more appropriate approach would be to provide identified individuals with additional support. For example, pre-treatment workshops could be provided that concentrate on increasing offender motivation. Motivational Interviewing involves a series of strategies aimed at confronting the offender in a way that induces a commitment to change without making them defensive and more likely to withdraw from treatment (Wormith and Olver, 2002). This has been shown to be
effective in retaining patients participating in substance abuse treatment (Miller & Rollnick, 1991). Additional strategies include increasing treatment structure, and providing offenders with further guidance or help with everyday living situations such as employment and stress management (Stalans, 2004). Regardless of the intervention strategy, the outcomes of the current study have the potential to forewarn staff and suggest various means of intervention.

Limitations and future directions

The findings of this study must be considered along with its limitations. The sample utilised was a specific subtype of sexual offenders being treated at a unique community based treatment centre in the greater Sydney metropolitan area. As explained earlier, intrafamilial child sexual offenders differ in many aspects to other sexual offender subtypes. Moreover, Cedar Cottage is an intensive community-based intervention that differs significantly to other programs such as those that occur within custodial settings. Furthermore, the jurisdiction in which the program exists could vary from many other areas on a variety factors relevant to attrition such as mobility, unemployment levels, and legal policies (Rooney & Hanson, 2001). As such, generalisation of the results to other populations, treatment programs, and jurisdictions is somewhat limited. This lack of generalisation underscores the need for future research to consider the factors that are associated with treatment attrition for specific sexual offender subtypes, jurisdictions, and treatment interventions separately.

The sample size may have affected the ability of the analyses to detect an effect. Given that the group of noncompleters consisted of only 39 offenders, it would be favourable for the current findings to be replicated with a larger sample, or with the same sample at some point in the future once additional offenders have come in contact with Cedar Cottage. In addition to sample size, the low base rate of reoffending for intrafamilial child sexual offenders could have affected the studies ability to obtain statistically significant results. As such, the possibility of an
extended follow-up period in which offenders have more opportunity to reoffend appears advantageous.

A further limitation of the current study is the method by which data was collected. Archival file review lacks the rigorous control evident in other techniques, such as direct contact with offenders. Moreover, the way in which the variables were operationalised could have affected the outcome of the current study. When nonsignificant results are found, researchers need to consider the adequacy of their measures. As direct contact with offenders and the administration of reliable and valid psychometric assessments was beyond the scope of the current study, variables had to be operationalised in creative ways. These definitions and measures have unknown validity. As such, future research should use more defined methods of variable operationalisation and data collection.

Lastly, the outcome of the current study could be limited by the definition of treatment noncompleters. That is, offenders who voluntarily withdrew from treatment were grouped with those who were forced to leave as a result of breaching their treatment agreement. Whilst this was necessary given the small sample size of the withdrawing group (n = 8), it is possible that these two groups differ in relation to risk of recidivism and predictors of treatment attrition. Similarly, the use of a dichotomous completed versus noncompleted variable as a measure of outcome could be problematic given that treatment noncompletion may not be a uniform phenomenon. That is, offenders who prematurely terminate from treatment after only a few sessions may differ significantly from those who drop out at a later stage (Scott, 2004). A more sensitive outcome measure which integrates the phase of treatment at which offenders terminate warrants further consideration. Future research should aim to differentiate withdrawers from those forced to leave treatment, and use a continuous rather than dichotomous measure of treatment status (such as time elapsed before treatment termination).

Conclusions
Sexual offender treatment programs are invaluable in assisting offenders in addressing their offending behaviour and in decreasing the possibility of future recidivism. However, for these programs to be delivered effectively, the underlying causes of attrition from these programs must be addressed. Whilst the findings of the current study do not help to clarify the confusing relationship between client specific variables and treatment attrition present in the literature, this was never the authors aim. Rather the results highlight the requirement of future research to focus on specific sexual offender subtypes separately, so that early interventions tailored to the particular needs of these groups of individuals can occur.
References


Reunification interest in families of intrafamilial abuse

Debbie Case

Student Number 3178360

Thesis submitted in partial completion of a Master of Psychology (Forensic) University of New South Wales.

September 2008

Supervisor: Associate Professor Jane Goodman-Delahunty
I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgment is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work even though I may have received assistance from others on the style, presentation and language expression.

Signature:

______________________________

Name: Debbie Case

Date: _________________________
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And as always, thanks to Rod.
Mary Roth,
Managing Editor

*Child Abuse & Neglect, The International Journal*

Editorial Office

205 Whitney Avenue, Ste. 100

New Haven, CT 06410, USA

September 2008

Dear Ms. Roth,

Please find enclosed a manuscript entitled “Reunification interest in families of intrafamilial abuse” authored by Debbie Case. This manuscript reports the findings of a study conducted at the University of New South Wales in Sydney, Australia to investigate the influence of disclosure and other key variables such as length of relationship between offender and nonoffending parent, relationship of offender, age of child victim on reunification desires of offenders, their children, and the non–offending parents. This study utilized a unique sample of incest offenders who had participated in Cedar Cottage treatment program as part of the NSW pre trial diversion of offenders program, which offers participation in a community based treatment program as an alternative to traditional prosecution and sentencing. Families and victims are encouraged to participate in treatment also, allowing this study access to a unique sample of participants.

This manuscript is approximately 40 pages in length, and includes one figure and three tables. The manuscript has not been previously published, and is not under simultaneous review. I will be most appreciative if you will submit the manuscript for peer review. Please address all correspondence to the corresponding author at the address below.

I look forward to hearing from you.

Kind regards,

Debbie Case

Debbipecase@hotmail.com

Running head: REUNIFICATION
Reunification interest in families of intrafamilial abuse

Debbie Case

School of Psychology

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Abstract

Reunification where intrafamilial abuse has occurred is a posttreatment goal for many families. Given the acknowledged difficulties in studying intrafamilial child abusers and their families, there is a paucity of research on factors that affect the ultimate decision to reunify. This study examined the influence of length of relationship between the offender and nonoffending parent, relationship between offender and victim, age of victim at time of abuse, age of victim at time of disclosure, impact of treatment, and additional disclosures of abuse on interest in reunification by the offender, nonoffending parent and victim following treatment of the offender. The relationship between interest and attempted reunification was also examined. Participants were 73 males accepted for treatment at the New South Wales Pre-Trial Diversion of Offenders Program between 1989 and 2003, and their families. For victims, the additional disclosure of abuse details by the offender during a face-up significantly decreased interest in reunification. For mothers, the disclosure of additional offences/victims significantly decreased interest in reunification. Interest by mothers in reunification was lower when the victim was younger at the time of abuse. Overall, interest difference scores before and after treatment suggested that treatment had no significant impact on interest in reunification by any of the parties. Victims consistently reported low levels of interest in reunification at all stages of treatment. The interest of the offender, and in particular, the nonoffending parent, in reunification following treatment were determining factors in family attempts to reunify. The limitations of the study and suggestions for further research are discussed.

Reunification interest in families who have experienced intrafamilial abuse
Introduction

Sexual abuse prevalence estimates

Sexual abuse prevalence studies estimate that as many as 50% of females and 33% of males have been victims of unwanted sexual acts, with four-fifths of these incidents occurring in childhood (Greenberg, Bradford, Firestone & Curry, 2000). Similarly, meta-analyses of randomised studies using a narrower definition of sexual abuse estimate childhood sexual abuse (CSA) rates to be 30-40% for females and 13% for males (Corcoran, 2004). Research indicates that most sexual offences committed against both children and adults are perpetrated by male family members and acquaintances (Gelb, 2007). Similar results have been reported by the Australian Bureau of Statistics (2005); 45% of victims of child sexual abuse were abused by a parent, 32% by an acquaintance and only 11% of victims were abused by a stranger. Findings in previous studies have indicated that as many as 50% of all perpetrators are family members (Chung, O’Leary, & Hand, 2006) and that 75-95% of offenders are known or related to the child (Kenny, 1999). These perpetrators operate under the façade of a normal caring or mutual relationship.

Difficulties in identification and prosecution of sexual offenders

Underreporting is a common problem in sexual abuse and cases that are reported to the police represent only a fraction of actual assaults. Research has shown that only 12.6% of all assaults disclosed in victims’ surveys are reported to the police. True rates of sexual offending are therefore likely to be significantly higher (Greenberg et al., 2000). Only one in ten cases reported to the police continues through the justice system, with less than one percent of all sexual assault cases resulting in a conviction and sentence (Gelb, 2007). The minuscule number of cases of substantiated abuse that result in a charge or sentence is due to factors such as low reporting rates, delays in reporting, the age of victims, problems with the
initial investigation, poor inter-agency cooperation, the complexity of the legal process, the level of proof required, and the absence of corroboration (Chung, O’Leary & Hand, 2006; NSW Child Protection Council, 1996). In those cases that do proceed to trial, the costs to victims may be enormous (Herman, 1981).

Underreporting is particularly problematic in the area of intrafamilial offending with extensive research showing that victims are much less likely to report to the police if the offender is known to them (Chung, O’Leary & Hand, 2006; Faller, 1993; Gelb, 2007; Greenberg et al., 2000; Kenny, 1999; Terry & Tallon, 2004; Salter, 1995). Some of the factors reported by Gelb (2007) which may hinder reporting of this type of crime can include fear of retribution, fear of not being believed, fear of family separation, belief that the incident was not a crime, fear of the legal process, or a lack of supportive avenues and access to help. Extensive research highlights the devastating effects of CSA on victims. These may include heightened fears, posttraumatic stress disorders, conduct problems, poor self-esteem, feelings of worthlessness, guilt and self-blame, self-harm behaviours, depression, substance use, and interpersonal difficulties relating to males (Cocoran, 2004; Johnson & Kenkel, 1991; Kenny, 1995). In addition, somatic disorders, eating or body-image distortions, higher rates of revictimisation, and difficulties with trust and intimacy are not uncommon (Bagley & LaChance, 2000; Corcoran, 2004; Faust, Runyon & Kenny, 1995; Godbey & Hutchinson, 1996; Johnson & Kenkel, 1991; Salter, 1995).

Lower rates of recidivism have been cited for intrafamilial versus extrafamilial offenders (Eher & Ross, 2006; Harris & Hanson, 2004; Salter, 1995) i.e., average recidivism rates of 4-10% (Studer & Aylwin, 2006). Given these low recidivism rates, some offenders are assumed to be low risk and their treatment needs are targeted as such (Hanson & Harris, 2004; Studer & Alywin, 2006). Many of the recidivism studies fail to take into account clinical and criminological data which suggest that intrafamilial offenders have a higher
relative risk of reoffending than is often assumed. For example, in 1995, Salter reviewed studies of sex offenders who were assured anonymity and immunity for their disclosures and reported that offenders consistently demonstrated a high level of crossover offending and much higher rates of offending than are captured by measures of index offences or charges. Ample evidence to support claims that intrafamilial offenders also offend against biologically unrelated children has been cited by researchers such as Heil, Ahlmeyer and Simons (2003) who found that 64% of a sample of inmates known to victimise related children also admitted to victimising unrelated children. Another study revealed half of a group of 328 child molesters who were known to have committed incest also admitted to offences against extrafamilial children (Studer & Alywin, 2006).

These studies and the devastating aftermath of sexual abuse highlight the dangers of approaching intrafamilial offenders as a low risk group, yet they often receive minimal sentences, early release or return to families untreated (Salter, 1995). Given the current problems in ensuring a conviction and sentence for offenders who commit sexual abuse, a more promising approach to sexual offending is court-mandated rehabilitation and treatment (Herman, 1981). In response to the prosecutorial difficulties a pretrial diversion program was proposed in Australia. The aim of the program is to undertake the rehabilitation of offenders, protect their victims and establish a more satisfactory way to deal with intrafamilial child sexual abuse than the traditional criminal justice system. The NSW Pre-Trial Diversion of Offenders (Child Sexual Assault) Act (1985) was implemented in 1989, when Cedar Cottage opened to intrafamilial child sex offenders referred by the court. Offenders who are diverted avoid the traditional criminal justice procedures associated with a trial. They remain under the control of the criminal justice system and traditional prosecution is resumed if the offender breaches the program. Cedar Cottage offers treatment to sex offenders and their families (Goodman-Delahunty & Pratley, 2008).
While the incidence of intrafamilial offending in the community remains a serious social problem, remarkably little is known about intrafamilial abuse. Due to the low reporting and conviction rates studying intrafamilial offenders is particularly problematic. In addition, few incarcerated offenders, from whom most data about sexual offending have been derived, are intrafamilial offenders. The current study utilises this unique sample to address some of these gaps in the literature.

**Family reunification in intrafamilial abuse**

Family reunification is the process by which an offender returns to a home in which actual or potential victims may reside. Often offenders reunite with the family in which children whom they abused live, or they go on to establish new families (California Coalition on Sexual Offending, 2002). Family reunification is an extremely controversial issue in the field of sex offender management (Centre for Sex Offender Management, 2005). According to the CSOM the process of family reunification and preservation is difficult when any form of abuse or neglect has occurred, but is further complicated and obscured by the dynamics involved in intrafamilial sexual abuse. For some families affected by intrafamilial sexual abuse, reunification is thought to be a critical process that can enhance healing (Association for the Treatment of Sexual Assault 2005). In excess of half the families in which intrafamilial child sex offending occurs choose reunification as a goal (Beeler, Cooper, Dine Fitch, King & LeSure, 1999; Roundy & Horton, 1990). The desire to reunify may be natural for some parents, siblings or other relatives who have sexually abused a child within the family. Similarly, many family members have a strong desire to maintain ongoing relationships with intimates or relatives who have committed a sex offence. According to therapists at Cedar Cottage (1998) issues of child protection and re-offending are present in all cases. A successful reunification effort is defined as one in which the victim feels safe and the safety and the well-being of the victim is ensured (CSOM, 2005).
The success of some treatment program reunification efforts is currently debated, with recidivism rates as high as 30% being observed in reunified families, indicating that reunification may increase the likelihood of recidivism (Beeler, Cooper, Dine Fitch, King & LeSure, 1999; Faust, Runyon, & Kenny, 1995). Little empirical research supports the claims of effective reunification or family preservation (Gelles, 1993). A paucity of empirical research exists to indicate the circumstances in which family reunification is either helpful or detrimental. Little is known about the welfare of children involved in preservation and reunification programs (CCOSO, 2002; Gelles, 1993; Mathews, Raymaker, & Speltz, 1991). No long-term follow up studies of families reunited following treatment have been published (Reid, 1998).

The current assumption underlying child protection policies is that children fare better when raised by their natural parents. A bias favouring natural parents is reflected in law, and underpins the focus on family reunification (Wulczyn, 2002). However, a dearth of rigorous scientific research supports the assumption that children fare better when raised by the parents, or with regular contact with both birth parents even if one parent engages in abuse or neglect (Gelles, 1993). What is clear is that the well-being of the victim or potential victims should be the paramount consideration when reunification is desired (Reid, 1998; CCSOM, 2005; Faller, 1993). Therapists can gain an understanding of the victim’s best interests by ascertaining the victim’s wishes and giving due weight to these wishes, depending on the victim’s age. An understanding of the victim’s wishes is crucial to ensuring optimal outcomes for the victim given that a fundamental trauma resulting from sexual abuse is a sense of powerlessness (Faller, 1993). This study aims to address this gap by specifically investigating victim interest in reunification.

Some scholars submit that reunification should depend on the willingness and readiness of the victim (Beeler, Cooper, Dine Fitch, King, & LeSure, 1999). They maintain
that reunification should never be attempted if the victim does not favour it, and should never occur as a result of pressure from the offender or the family. Findings in studies that have examined reunification revealed that the victim’s view is not necessarily considered by families that choose reunification. For example, an in-depth analysis of five families of incest abuse revealed that the wishes of only two of the five victims regarding reunification were taken into account (Mathews, Raymaker, & Speltz, 1991). Two victims believed that their negative feelings about reunification would be ignored even if voiced. Four of the five victims reported that their emotional pain continued after reunification. Of further concern were the victims’ admissions of many instances in which they sacrificed their own feelings to avoid hurting other family members, and placed their own needs second, even after treatment.

Given the frequency with which offenders reunify with families and the complexity of intrafamilial offending, it is vital to ensure that treatment programs effectively manage reunification to protect victims from ongoing abuse. To date, there is a dearth of research examining reunification in incestuous families and little is known about the forces that motivate or support reunification. While treatment programs such as Cedar Cottage do not advocate reunification, for many families reunification is a reality. Presently, we know very little about the influence of treatment on the interest in reunification for victims and their families as many treatment programs do not include victims among their clientele.

The current study sample allowed the simultaneous examination of interest in reunification for victims, nonoffending parents and offenders. The aim of the study was to examine some of the factors that may affect the parties’ desire for reunification following completion of the treatment program. Examination of the views expressed by members of families in which intrafamilial sex abuse has occurred can assist in the development of child focused reunification policies.
The role of the nonoffending parent

A fundamental factor influencing reunification and victim well-being is the nonoffending parent, predominantly the victim’s mother. A common phenomenon in intrafamilial child sexual abuse is that the nonoffending spouse denies that the offender abused the child (CSOM, 2005). Explanations for the lack of support for the victim by the mother are numerous. For example, Everson and colleagues (1989) claim that a current relationship with the offender places the nonoffending parent in a significant conflict of roles, attributable to extensive emotional investment in the relationship with the offender. Supports for this notion come from studies by De Young (1994) who cites family systems literature highlighting the blurred generational roles, secrecy, power imbalances and deceptive communication, which often characterise incestuous families. This denial can cause serious psychological and physical harm to the victim, such as the continuation of trauma, recanting, minimising of the abuse, and withholding of additional or future disclosures (CSOM, 2005).

Treatment professionals at Cedar Cottage (Reid, 1998) argued that lack of support for the victim may be a function of the vulnerability of the mother to the offender’s tactics and influence. The mother may have mixed emotions or mourn the loss of an offender’s presence (Sheinberg, Fraenkel & Kendall-Tackett, 2002). The offender may use tactics that lead mothers to view disclosure by a child as a means for the child to gain attention, manipulate or retaliate for recent restrictions (Corcoran, 2004). Furthermore, adolescents may be less likely to receive maternal support due to misconceived ideas that the child is lying, played a role in initiating the abuse, or seduced the offender, resulting in jealousy and competition for the mother (Faller, 1993; Corcoran, 2004; Professional Academy of Custody Evaluators, 2008).

Among victims who are supported and believed by the nonoffending parent, outcomes may still vary considerably. Research findings clearly indicate that mothers are more
accepting of allegations of abuse when the child is younger and has limited knowledge of sexual behaviours (Corcoran, 2004), or when the child disclosed directly to the mother (Bolen, 2002). Families in which mothers had primary attachments to their young children were more likely to divorce following disclosure (48% of 128 families studied by Sirles & Lofberg, 1990). In this sample, families with preschool-age children comprised the largest percentage of families that separated or divorced. Direct disclosure to the mother was significantly associated with subsequent divorce.

The decision to divorce or separate is often accompanied by financial hardship as families ultimately pay living expenses for two households simultaneously. Other unforeseen financial expenses are likely, given the possible legal action, necessary treatment, and potential job losses that result from these criminal behaviours (Banyard, Englund, & Rozelle, 2001; Conte, 1991). The financial burdens affect not only the offender but the entire family.

Despite variations in responses of the nonoffending parent to a child’s disclosure of abuse, research has consistently shown their reaction to be critical for victims’ future well-being (Banyard, Englund, & Rozelle, 2001; Corcoran, 2004). Parental support and positive parenting are significantly related to the child’s adjustment post abuse. For instance, the reaction of mothers to adolescent victims appears to play a significant role in a victim’s future well-being. One study of victim recovery revealed that parental support was a better predictor of long-term psychological adjustment than was the duration and severity of the abuse (Johnson & Kendel, 1991). Significant levels of distress in parents of child abuse victims, such as depression, were related to higher levels of distress in the victim and their siblings (Banyard, Englund, & Rozelle, 2008). Maternal lack of support had negative effects on the overall functioning of CSA victims (Corcoran, 2004). The outcomes for CSA victims are more positive when their parents recognise the symptoms of trauma and respond more appropriately (Bole & Lamb, 2004). Given these findings and their potential to impact on
family reunification and subsequent child safety, it is imperative that mothers are supported, educated and involved in treatment programs and interventions to ensure optimal outcomes for the child (Corcoran, 2004; Morris, 2003).

Little empirical research has examined the factors that impact a mother’s desire for reunification. Given the importance of the role of the nonoffending parent and the influence of a mother’s desire for reunification on family outcomes, research that identifies factors to assess in treating nonoffending parents is warranted. Identification of these factors can provide guidance to practitioners to support the family and promote an optimal outcome for the victim. The current study explores issues that affect the desire of the nonoffending parent for reunification.

**Offender relationship with victim**

Studies comparing rates of sexual abuse perpetrated by biological versus nonbiological fathers (e.g., stepfathers) have yielded conflicting results. Langevin and Watson (1991) cite research by Gordon and Creighton (1988) which suggested that biological fathers were more likely than stepfathers to engage in intercourse with their daughters. Subsequent reports by Gordon (1989) indicated that stepfathers were more likely to sexually abuse their children and to engage in more serious types of abuse than biological fathers. More recent research by Greenberg and colleagues (2005) revealed no significant differences between biological and nonbiological fathers in the number or age of victims, threats or force, type of penetration, or substance use, and no significant differences between the two groups on tests diagnosing psychological disorders.

Coupled with the difficulties in underreporting that are particularly problematic in incest cases come difficulties in identifying potential offenders. As Salter (1995) pointed out, the lack of a profile of a typical child sex offender together with the findings that many sex
offenders have no diagnosable pathology which is revealed by generic psychological tests, makes this group of offenders appear normal from a diagnostic point of view. Therefore, it is unlikely that current rates of detection reflect an accurate picture of the relationship of sexual offenders to their victims.

Gordon (1989) hypothesised that biological fathers have stronger emotional ties to their children, and as such, are more likely to have a greater commitment and desire to maintain a father role and deny abuse. This hypothesis may account for the low rate of disclosures of intrafamilial abuse (Coulborn Faller, 1990). Approximately half of a sample of 65 natural fathers and 62 stepfathers studied by Faller (1990) made some level of admission of sexual abuse, and more than a third of the noncustodial fathers withdrew from their relationship with the child following detection and treatment. The remainder may have been motivated by the fact that a child was a member of their household and the desire to stay in a relationship with the mother impelled the offender to acknowledge the problem, thereby allowing him to receive help. One study suggested that the relationship between the offender and the victim did not influence decisions about family separation post-disclosure (Sirles & Lofberg, 1990), however, clinicians suggest that the desire of nonoffending parents and victims to reunify or remain intact is greatly influenced by the relationship of offender (O’Connell, 1986). This study demonstrated that in families where abuse was perpetrated by a father the victim experienced considerable pressure from the non-victim siblings and offenders to remain intact. Little research to date has considered the impact of the relationship of the offender and the victim on desire for reunification of all parties following treatment. This study aims to address this gap in the research literature.

The influence of additional disclosures of abuse on reunification
Offenders are known to withhold information about the extent of their sexually abusive behaviour (Heil, Ahlymeyer, & Simons, 2003). This may be a function of the legal sanctions or cognitive distortions of the offender (Salter, 1995). Offenders characteristically deny their offences, or at a minimum, admit to the single offence with which they are charged (Salter, 1995). A clinical phenomenon which has been consistently reported by treatment professionals is the emergence of increased disclosures of abusive sexual behaviours following treatment (Salter, 1995; Baker, Tabacoff, Tornusciolo, & Eisenstadt, 2001; Pratley, 2007). For example, in a sample of 47 juvenile sex offenders, 30% of the youths reported committing new offences against the known victim following treatment (Baker et al., 2001). In addition, 31% admitted new offences with new victims; a total of 53.2% reported either a new offence or a new victim. Similar results emerged in a study of 67 adult sex offenders who during the course of treatment increased their disclosures about the victim’s age, number of incidents, duration, frequency, number of locations, intrusiveness and the range of abusive behaviours committed (Pratley, 2007). The phenomenon of expanded disclosure may be a function of treatment or of the legal consequences to admitting guilt. Abel and colleagues (1987) found that a sample of 561 sex offenders provided with anonymity and immunity reported a total of 291,737 paraphilic acts with a total of 195,407 victims. The intrafamilial child sex offenders in the group committed 15,668 acts against a total of 361 victims. Similar findings were replicated by Weinrott and Saylor (1991) in one sample of incarcerated sexual offenders that included 67 child sex offenders, official records for these offenders disclosed abuse of 136 victims with a median of one victim per offender. When assured anonymity, the group admitted to more than 8000 instances of sexual contact with 99 children. The number of actual victims ranged from 1-200, with a median of 7 per offender. To date, no studies have examined the impact of increased disclosure on subsequent reunification in intrafamilial families. Given the opportunity for further victimisation in these families, it is crucial to
examine whether treatment and acceptance of responsibility evidenced through increased
disclosure impacts the desire for reunification.

**Interest in reunification following treatment**

One area of particular importance for future research to address is the interest of
nonoffending parents, victims and offenders in reunification following treatment. Cedar
Cottage clinicians assert that the process of involving nonoffending parents and victims in
treatment is essential and assists in their ability to make informed decisions free of the
influence of the offender (Reid & Tolliday, 1993). In addition, some scholars assert that
participation in treatment encourages offenders to take responsibility and accountability for
their actions (Pratley, 2007); as a result of this increased awareness and insight into their
offending behaviour their enthusiasm for reunification may decrease. As little research to
date has examined the factors that influence interest in reunification, very little is known
about the impact of treatment on interest in reunification. This study aims to provide partial
redress to this issue and in line with views that treatment will reduce denial and enhance
decision making and protective parenting from the nonoffending parent (Reid & Tolliday,
1993), this study hypothesises that interest in reunification by all parties will diminish as
treatment progresses.

*The current study*

The current study aims to provide redress to the paucity of research examining factors
influencing family reunification following treatment for intrafamilial sexual offenders
(Maddock, Larson & Lally, 1991). The findings have important implications for treatment
programs and reunification policies. The study examines factors that impact on reunification
desire, such as relationship of offender, length of relationship between the offender and the
nonoffending parent, age of victims and additional disclosures of abuse.
New South Wales Pre-Trial Diversion of Offenders Program

In 1989, the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage) commenced, in Westmead, Sydney, governed by the Pre-Trial Diversion of Offenders (Child Sexual Assault) Act 1985. Offenders eligible for the program are referred for treatment by the NSW Police, the NSW Director of Public Prosecutions and Local and District Courts. Eligible offenders must be over 18 years of age, and must have been in a parenting role with the victim at the time of offence. Offenders who plead guilty to the charged offences are diverted from traditional sentencing to complete a minimum of two years of group and individual therapy sessions. In addition, they undertake to adhere to restrictions on residency, employment and association with children. The program is an integrated treatment program for offenders and their families, and provides an alternative to prosecution and is designed to benefit victims and alleviate problems associated with prosecuting sexual offenders. Applicants are assessed for their suitability over an eight-week period, and on acceptance to the program, begin treatment. Offenders who are not accepted into the program or do not successfully complete the program within a maximum of three years are referred back to court for sentencing.

Family reunification is not a goal of the Cedar Cottage treatment program due to the high rates of revictimisation and risks posed to other children. Staff at Cedar Cottage monitor and work with families to increase the safety of the victim when reunification is a personal goal of the parties. In addition to the therapy provided to the offender, the nonoffending parent and victim/s are invited to participate in treatment in varying capacities and at varying stages. Central to the treatment program are scheduled opportunities at which the offender appears in person before the family and victim to accept responsibility for the acts committed, the harm suffered, and tactics employed to abuse the victim. These treatment milestones, called “face-ups” are assumed to empower the victims and nonoffending parents.
to make choices independent of the offender’s influence, and provide them with information to challenge denial, self-blame and minimisation of the offences (Reid, 1998).

The present study examined the following five hypotheses:

1. Interest by all parties in reunification will be positively correlated with length of relationship at the time of offence between the offender and the nonoffending parent.

2. Interest by the offender, victim and nonoffending parent in reunification will be greater in families where the offender is a biological parent;

3. Interest by mothers in reunification will be positively correlated with the age of the victim, i.e., when the victims are under ten years of age, interest in reunification will be lower than when victims are adolescents.

4. Interest by all parties in reunification will diminish as a consequence of treatment

5. At the end of treatment, interest by the mother and victim in reunification treatment will be negatively correlated with increases in disclosure of abuse by the offender.

**Method**

**Participants**

A total of 73 participants accepted for treatment at Cedar Cottage between the date the program commenced in 1989 and December 31, 2003 and who completed a minimum of 12 months of treatment comprised the study sample. Over a 12-month period sufficient data were compiled in treatment files to test the variables of interest. Twelve months of treatment was selected for analysis as records for this cohort of individuals were available throughout this period.

**Procedure and Measures**
Ethical approval to conduct the study was obtained from the University of New South Wales Human Research Ethics Committee Panel (063155) and the Sydney Western Area Health Service Ethics Committee (JH/TG HREC2006/12/4.23(2485)). Data were extracted from Cedar Cottage treatment files by means of a systematic audit of treatment records using a coding instrument adapted from previous evaluations of sex offender treatment programs (Wong & Gordon, 1999, 2000) and purposefully designed for this task in the context of an evaluation of the effectiveness of the treatment program (Goodman-Delahunty & Pratley, 2008). The case files were audited and manually coded by seven postgraduate students from the University of New South Wales. Coding each treatment file took approximately three to four hours. Interrater reliability was assessed by dual coding 25 case files (11.6% of total sample). The raters agreed upon 84.7% of the observations indicating a high level of interrater reliability (Goodman-Delahunty & Pratley, 2008).

Data regarding views on reunification for each party at three time points (referral, assessment and treatment) were collected by reviewing treatment files (Wakely, 2007). Interrater reliability for the reunification and disclosure variables was assessed by dual coding of a randomly selected sample of 9% of the records. Interrater reliability on these variables was high with agreement occurring for 90% of the data and disparities resolved by re-examination and discussion of the case files (Pratley, 2007; Wakely, 2007). The encoded information was compiled in an electronic database for analysis.

The following variables were extracted from the electronic database for the purpose of this study:

(a) age of offender at time of offence computed from his recorded date of birth;
(b) relationship of offender to victim (nonbiological/biological father),
(c) gender of victim (male/female)
(d) age of victim at time of offence (in years)
(e) age of victim at disclosure (in years)

(f) number of victims

(g) duration of offending (years)

(h) number of abusive acts

(i) to whom victim disclosed abuse (mother, sibling, friend, other, unknown)

(j) marital status of the offender and nonoffending parent. Marital status of offender at the time of offence (common law/defacto marriage, legal marriage, separated/divorced).

(k) duration of relationship between parents (months)

(l) whether the nonoffending parent, victim and offender attempted to reunify following treatment completion (yes, no, or unknown).

(m) in-person participation of the offender in face-ups (with the victim, siblings and nonoffending parent), at two time points: assessment and end of treatment (yes/no).

(n) match between face-up and the victim’s account of the abuse at assessment or end of treatment (yes/no).

(o) whether the face-up extended the victim’s account of the abuse at assessment or end of treatment (yes/no).

(p) additional sexual offences disclosed over and above the index charge during assessment or end of treatment (yes/no).

(q) Interest in reunification by the offender, nonoffending parent and the victim at three points in time: (i) during the eight-week assessment prior to the commencement of treatment; (ii) at the beginning of treatment (no less than 8 weeks after assessment) and (iii) the end of treatment. Responses were coded on a five-point scale ranging from 1-5 (1= strongly opposed to reunification, 5= strongly in favour of reunification).
A change score was computed for interest in reunification (pretreatment score minus posttreatment score) to assess any change in interest as a result of the treatment process.

**Results**

**Demographics, victim and offence characteristics**

Of the 73 participants in the study sample, 68.5% successfully completed the program (completers), and 31.5% commenced the treatment program but did not complete due to breaching treatment conditions (noncompleters). Offenders who completed the program were somewhat older (mean age = 40.5 years) than those who breached the program (mean age = 38.4 years). The offenders ranged in age from 24 to 55 years with a mean age of 39.8 years. Significantly more offenders ($t(72) = 26.71, p<0.00$) (56.2%) were nonbiological than biological fathers (43.8%) of their victims.

At the time of offence 72.6% of offenders were legally married, 15.1% offenders were in a common-law marriage/defacto relationship and 12.3% offenders were separated or divorced from their partner. The mean length of the relationship between the nonoffending parent and the offender was 12.5 years with a range of less than one to 44 years. More than half of the victims (54.8%) initially disclosed the abuse to their mother, 39.7% initially disclosed to a friend and 5.5% initially disclosed the abuse to a sibling. Most participants (90.4%) had female victims only, 4.1% had male victims only, and 5.5% had both male and female victims.
Preliminary analyses showed that the dependent variables relating to interest in reunification by offender, nonoffending parent and victim violated the necessary assumptions to perform parametric statistical analyses. Accordingly, nonparametric statistical tests were conducted to address the research questions.

The influence of length of relationship between parents at the time of index offence on interest in family reunification

The relationship between interest in reunification and length of relationship at the time of offence between parents was investigated using Spearman correlation analyses. No significant correlation was observed between interest in reunification at the end of treatment and length of relationship between parents at the time of the index offence for any of the parties.

The influence of the relationship between offender and victim on interest in family reunification
The influence of the relationship between offender and victim on interest in reunification following treatment was examined. At the end of treatment nonbiological fathers on average reported a positive but somewhat favourable interest in reunification ($M=4.00$). Biological fathers expressed strong interest in reunification on average ($M=5.00$). A Mann-Whitney test revealed no statistically significant differences in interest by biological versus nonbiological fathers in reunification following treatment ($Md=5.00, n=32$) and ($Md=4.00, n=39$) respectively, $U=625.50, z=-.22, p>.05$. A Mann-Whitney test revealed no statistically significant differences in interest by mothers in reunification following treatment when the offender was a biological father ($Md=1.00, n=32$) or a nonbiological father ($Md=1.00, n=39$), $U=552.50, z=-.98, p>.05$. A Mann-Whitney test revealed no statistically significant differences in interest by victims in reunification following treatment when the offender was a biological father ($Md=1.00, n=32$), or a nonbiological father ($Md=1.00, n=35$), $U=463.50, z=-1.59, p>.05$. These results did not reveal any association between the relationship of the offender to the victim on interest in family reunification by mothers, offenders or victims.

**The influence of the age of the victim on interest in family reunification**

The influence of the age of the victim on interest in family reunification was investigated using two time points; age of victim at the time of abuse and age of victim at time of disclosure. The relationship between interest by victims following treatment and victim age at the time abuse commenced was investigated using a Spearman correlation coefficient. The results were nonsignificant ($r=-.039, n=67, p=.76$). A Spearman correlation coefficient used to explore the relationship between interest by victims in reunification following treatment and age at disclosure of abuse was nonsignificant ($r=-.149, n=67, p=.23$). A Spearman correlation coefficient between interest by mothers in family reunification following treatment and age of victims at the start of abuse revealed significant moderate
positive correlation($r=.285, \ n=71, \ p=.02$). A Spearman correlation coefficient between interest by mothers in family reunification following treatment and age of victims at time of disclosure was nonsignificant ($r=.208, \ n=71, \ p=.08$). When the victims were older at the time of abuse, mothers expressed higher levels of interest in reunification following treatment. Age of the victim at the time of abuse did not appear to be associated with victims’ interest in reunification.

**The influence of treatment on interest in reunification**

Overall, treatment diminished interest in reunification in all groups, as is shown in Figure 1. Mean interest in all groups before treatment exceeded that following treatment. On average, only the offenders expressed a positive interest in reunification. Nonoffending parents were more likely to remain neutral or somewhat negative on the topic, and victim interest in reunification was negative.

Figure 1. *Mean interest in reunification by offenders, nonoffending parents and victims.*
Of the 73 families in the sample, three-fourths (74%) did not attempt reunification following treatment. A Kruskal-Wallis test on change scores (interest pretreatment minus interest posttreatment) revealed no significant differences in the three participant groups in interest in family reunification following treatment (mothers: n=70; offenders: n=71; victims: n=64, $\chi^2 (2, 205) = 2.227$). All participant groups had a change score of less than one on average reflecting little change in interest in reunification before and after treatment.

**The influence of further disclosure of abuse by the offender on interest in family reunification**

Increases in an offenders’ disclosure of any sexual abuse perpetrated was examined separately for the disclosure of further victims of sexual abuse in beyond those identified in the index charge and the disclosure of additional abusive acts perpetrated against the known victim in addition to those acts specified in the index charge/s. Increased disclosure was also measured by any disclosure of abuse during a face-up that exceeded the victims’ original account of the abuse. Results showed that approximately two-thirds of the participants made additional disclosures of abusive conduct after referral to Cedar Cottage. Most of these disclosures occurred during the assessment period prior to treatment (31.5%).

![Mean Interest in Reunification](image-url)
Table 2. *Additional disclosures of sexual offences*

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further disclosures</td>
<td>24</td>
<td>32.9</td>
</tr>
<tr>
<td>Disclosed additional offences at Referral and/or assessment</td>
<td>23</td>
<td>31.5</td>
</tr>
<tr>
<td>Disclosed additional offences at Treatment</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td>Disclosed additional offences at multiple time points during treatment</td>
<td>18</td>
<td>24.7</td>
</tr>
<tr>
<td>Total</td>
<td>N=73</td>
<td>100</td>
</tr>
</tbody>
</table>

During assessment, 41.1% of the offenders faced up to the mother and 1.4% faced up to the victim. At the treatment stage, 93.2% of the offenders faced up to the mother, while 76.7% faced up to the child victim. During treatment, two-thirds (65.8%) of offenders participated in a face-up with their victim and one-third of the offenders (32.9%) did not. Overall, the majority of the offenders engaged in a face-up with the nonoffending parent (78.1%) and one in five offenders (20.5%) did not. Of those offenders who did participate in a face-up with the victim, 79.5% of their disclosures matched the information contained in the report of the complaint by the victim while 20.5% did not. Of these, 67% of the face-ups exceeded the account provided by the victim, while 33% of face-ups did not.

The relationship between increases in offender disclosures of abuse (measured by whether the offender extended the victim’s account of abuse during the face-up) and interest by all parties in reunification following treatment and was investigated by means of Mann-Whitney analyses. No significant differences were found in the interest levels of reunification
following treatment for offenders who extended the face-up ($Md= 5, n=49$) and those that did not extend the face-up disclosure ($Md=4.00, n=23$), $U=485.00$, $z= -1.02$, $p=.31$. No significant differences were found in the interest levels of reunification following treatment for nonoffending parents who received an extended face-up ($Md=1.00, n=48$) and those who did not receive an extended face-up ($Md= 1.00, n=23$), $U= 486.50$, $z= -.95$, $p=.34$. An offender’s extension of the victim’s account during a face-up had a significant impact on a victim’s interest in reunification following treatment $U= 343.00$, $z= -.48$, $p=.01$. For victims who witnessed an extended disclosure during a face-up, the mean interest in reunification at the end of treatment was lower (1.48) than among victims who did not witness an extended disclosure during the face-up (2.52).

A Mann-Whitney test revealed no significant differences in the interest of the nonoffending parent for reunification following treatment when the victim had a face-up with the offender ($Md=1.00, n=47$) and when the victim did not have a face-up with the offender ($Md=1.00, n=23$), $U= 511.50$, $z= -.428$, $p=.67$. No significant differences in the interest of victims for reunification following treatment were found when the victim was provided with a face-up ($Md=1.00, n=43$) and when they were not ($Md=1.00, n=23$), $U= 456.50$, $z= -.67$, $p=.50$. No significant difference was found in interest in reunification by offenders following treatment among those who provided the victim with a face-up ($Md= 4.50, n=48$) and those who did not ($Md=3.00, n=23$), $U= 438.50$, $z= -1.50$, $p=.13$. No significant differences were found in interest in reunification following treatment by victims after the offender disclosed additional sexual offences ($Md= 1.00, n=45$) compared to cases in which no additional disclosures were made ($Md=1.00, n=22$), $U=446.50$, $z= -.85$, $p=.40$. No significant differences were found in interest in reunification following treatment by offenders who made disclosures of additional sexual offences ($Md= 4.00, n=48$) versus offenders who made no additional disclosures ($Md=5.00, n=24$), $U=453.00$, $z= -1.58$, $p=.11$. A significant difference
was found, however in mothers’ interest in reunification following treatment when additional sexual offences/victims were disclosed by the offender $U=3432.00, z=-3.12, p=.00$. Significantly lower mean levels of interest in reunification following treatment were reported by mothers when offenders disclosed additional victims/sexual offences in addition to the index offence (1.79) compared to when no additional victims/sexual offences were reported (3.12). Exploratory analyses using Spearman correlation coefficients revealed that the relationship between interest in reunification by victims following treatment and interest in reunification by mothers following treatment was strongly positively associated ($r=.465, n=65, p<.0005$), higher levels of interest in reunification by victims were associated with higher levels of interest in reunification by mothers.

The influence of all parties’ interest in reunification at the end of treatment on attempted reunification

Exploratory analyses were conducted to assess whether reunification attempts were related to interest by any one party more than another. To assess this possibility, an analysis of positive interest at the end of treatment (scores exceeding 3) and attempted reunification was conducted. 100% (n=16) of offenders, 100% (n=16) of nonoffending parents and 47% (n=8) of victims who reunified with their families had a positive interest in reunification. See Table 3 for descriptive statistics.

Table 3. Positive interest in reunification by all parties (percent, number) and attempted reunification

<table>
<thead>
<tr>
<th>Attempted reunification at end of treatment</th>
<th>Offender</th>
<th>Nonoffending parent</th>
<th>Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100.0 (16)</td>
<td>100.0 (16)</td>
<td>47.0 (8)</td>
</tr>
</tbody>
</table>
Further statistical analyses were precluded due to inadequate numbers in each cell.

**Discussion**

The results of the current study indicate that little is known about what factors influence the desire of mothers, victims and offenders to reunify after treatment for intrafamilial offending. Neither the length of the relationship between the offender and the nonoffending parent nor the relationship of the offender to the victim had any significant impact on interest by any of the parties in reunification following treatment. While these findings are contrary to the current study’s hypothesis, an alternative explanation has been offered by Reid and Tolliday (1993), who suggest that the closeness of the relationship between the mother and the offender makes the mother more vulnerable to the offender’s tactics and influence rather than the length or recency of the relationship.

Neither age of victim at time of abuse nor age at disclosure had any bearing on the interest of victims in reunification. As expected, mothers expressed a higher level of interest in reunification following treatment when the victims were older at the time of the abuse. These results lend support to previous research and may indicate that mothers of older children ascribe less responsibility to the offender than mothers of younger children or they may minimise the impact of the abuse on the child due to their older age (Faller, 1993; Cocoran, 2004). Interest in reunification by all parties was not affected by the treatment provided at Cedar Cottage. This finding directly challenges the assumption that participation of nonoffending parents and victims in treatment enables them to make decisions independently of the offender’s influence. Explanations have been offered by Reid and
Tolliday (1993) who found that mothers were sometimes impressed by the work and sincerity expressed by an offender, which increased the trust that they have in him. Reid and Tolliday (1993) warn of the dangers of assuming that a mother’s participation in treatment or in a face-up completely frees her from the influence of an offender. In light of these findings, further research is needed to determine whether participating in treatment actually increases the ability of the victim and mother to act independently of the offender’s influence, and the implications that such perceptions may have for the safety and well being of the victim and their family.

Extended disclosure about the tactics used to abuse the victim and acknowledgement of the harm caused during face-ups resulted in lower levels of interest in reunification for victims following treatment. The process of witnessing the offender acknowledge the extent of the harm inflicted may empower victims. Providing victims with an opportunity to confront the offender has been described as therapeutic, with victims reporting feeling a sense of control and an ability to place the blame and responsibility back onto the perpetrator (Welfare, 1999). The offender’s acknowledgement of harm caused may enable victims to voice their needs and interests above that of the offender or the family.

For offenders, the provision of a face-up to the child victim alone had no significant impact on their interest in reunification following treatment. For offenders the occurrence of a face-up may be perceived as an indicator that the offender has been ‘treated’ or has taken responsibility for his actions. It may be assumed that the expression of responsibility lowers the future risk of the offender reoffending. Some clinicians argue however that there is no evidence to suggest that the process of facing-up results in the offender ceasing his abusive practices (Reid & Tolliday, 1993). Alternatively, offenders who are most interested in reunification may be more motivated to provide a face-up to their victim than those who do not desire to reunite with the family.
The disclosure of additional sexual offences or additional victims of sexual abuse by the offender resulted in a decreased interest in reunification for mothers following treatment. The disclosure of additional sexual offences may assist in breaking down any denial that exists in the mind of a nonoffending parent and assist them to process the full extent of the harm suffered and the risk the offender poses to children. Interestingly, disclosure of further sexual offences in general had no bearing on victims’ desires to reunify following treatment. An association appeared between the mothers and victims, such that when the victim’s desire for reunification was higher, the mother’s was more likely to be higher. Although no causal relationship can be inferred from this association, one possible explanation may be that victims maintain a desire to please their parents. Given victims’ interest in reunification remained low at all stages throughout treatment but was observed to increase as the mothers’ interest increased, this explanation seems plausible and is supported by research which has shown that victims often deny their true feelings about reunification for numerous reasons (Mathews et al., 1991).

For families who have experienced intrafamilial abuse, responding to disclosure and making decisions about reunification are difficult. The complexity of the family dynamics, particularly the emotional isolation that the offender purposely crafts between the mother and the child, add to the difficulty in successfully responding to intrafamilial abuse. Although the number of families that attempted reunification in this study was relatively low (17 families), reunification is a serious issue and has important implications for effective treatment and child protection policies.

Interest in reunification for victims remained low at all times during the treatment process and it is imperative to note that victims’ interest in reunification at the end of treatment appears to have little bearing on whether the family actually attempt reunification. Rather it appears that the offenders’ and in particular the nonoffending parents’ interest in
reunification at the end of treatment is the determining factor. This has grave implications for a victim’s recovery and well being. These results are consistent with previous research which has suggested that victims’ interest in reunification is rarely considered (Mathews, Raymaker, & Speltz, 1991). While research clearly highlights the importance of victims receiving support to ensure optimal recovery (Cocoran, 2004), it is likely that reunification against a victim’s wishes will result in increased psychological harm and difficulties for the victim. These results have serious implications for treatment programs and family reunification policies. These findings need to be considered by clinicians working with nonoffending parents, as the safety of the child is paramount. Further exploration is necessary into the impact on a child’s long-term recovery for families that reunify despite the victim’s lack of desire to do so.

Given the conflicting research to date on the benefits of reunification, and the inconsistencies between existing treatment programs in their views and approaches to reunification, further research is necessary to build on this study and address these issues. In particular, future research would benefit in clarifying whether other treatment programs affect reunification interest to determine whether the lack of effect observed here is replicated, to determine whether any differences in the type and nature of the abuse experienced by victims differs for different types of victims and the subsequent implications for treatment programs and reunification policies further explored.

Several limitations of the current research should be noted. Whilst the overall sample size was adequate, when further divided into subgroups to assess the variables of interest limited power was available for analysis. It is possible that this prevented some real differences from being identified. As the sample was non-random and entry into the program is somewhat restrictive, results should be replicated with other types of programs to ensure that the results are generalisable across intrafamilial offenders and their families. While follow up research examining these issues is of the utmost importance to reduce the well
documented trauma and negative long term impacts of intrafamilial abuse on victims and their families the current study provides a unique contribution to that end. To date, no research has specifically addressed the impact of increased disclosure on interest in reunification. The unique sample utilised in this study, lack of previous studies addressing interest in reunification, consideration of the influence of additional disclosures and the simultaneous examination of interest in reunification by all parties begins to provide a unique contribution to empirical research into intrafamilial abuse and reunification. The results of this study are beneficial in guiding reunification and child protection policies and begin to shed some light on the mystery surrounding reunification in families were intrafamilial abuse has occurred.
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Pre-Trial Diversion of Offenders Act 1985 (NSW)

Pre-Trial Diversion of Offenders (Child Sexual Assault) Act 1989 (NSW)


Conference convened by the Australian Institute of Criminology. Melbourne, Sydney.


This thesis is submitted for the completion of a Master of Psychology (Forensic) at the University of New South Wales.

Submitted October 24th, 2008.

Forensic Psychology Program Director: Dr Richard Kemp

Supervisor: Associate-Professor Jane Goodman-Delahunty, School of Psychology, University of New South Wales

Submitted by Patrycja Agnieszka Luketic (3100891)
Certificate of Originality

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgment is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work, even though I may have received assistance from others on style, presentation and language expression.

Signature: __________________________

Student’s Name: Patrycja Agnieszka Luketic
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23rd of October, 2008

David A. Wolfe
Editor-in-Chief
Child Abuse & Neglect

Dear Mr Wolfe,

Please find attached a manuscript for review prior to submission to your edited journal. This study was supervised by the University of New South Wales alongside with Cedar Cottage, the New South Wales Pre-Trial Diversion of Offenders Program. The study investigated the offending attributions of intrafamilial child sex offenders and the nature of the victim-offender relationship as predictors of sexual recidivism.

This manuscript has not been previously published, and is not under simultaneous review. Please feel free to contact me if you require further information.

I look forward to receiving your feedback.

Kind regards,

Patrycja Luketic

p.luketic@student.unsw.edu.au
Attributions of Intrafamilial Offenders who Re-offend.

Patrycja Agnieszka Luketic

University of New South Wales
Abstract

Sexual offences against children are a significant societal, legal and community problem and more information is needed to better understand which factors are important in sexual recidivism. Sexual offending attributions and the nature of the victim-offender relationship were assessed as predictors of sexual recidivism in a sample of 214 adult male intrafamilial offenders attending a pretrial diversion treatment program. Offender attributions about their sexually abusive conduct were classified as internal, stable and uncontrollable or external, unstable and controllable. Offenders who made internal, stable and uncontrollable attributions were more likely to recidivate than offenders who made external, unstable and uncontrollable causal attributions for their conduct, but these differences were not statistically significant. Nonbiological parents were more likely to make internal, stable and uncontrollable attributions than biological parents and more likely to sexually recidivate. The results suggested that causal attributions which were internal, stable and uncontrollable were more difficult to modify, and appeared to help maintain the offending behaviour. Both the attribution model and a competing behavioural model were equally able to account for observed recidivism rates in the sample of intrafamilial offenders. Practical implications and suggestions for future research are discussed.
Attributions of Intrafamilial Offenders who Re-offend.

Sexual offences against children have long been a significant and complex societal, legal and community problem. The psychological and emotional costs to victims and their families are profound, while the high rate of recidivism and associated financial cost of incarceration highlight the need to understand and effectively treat child sexual abuse (Australian Institute of Family Studies, 2007; Furby, Weinrott, & Blackshaw, 1989; Hanson, Steffy, & Gauthier, 1993; McNulty & Wardle, 1994; Oates, 1992; Prentky, Lee, Knight, & Cerce, 1997c; Romans, Martin, Anderson, Herbison, & Mullen, 1995; van der Kolk, Perry, & Herman, 1991; Wolfe, Sas, & Wekerle, 1994). Although psychological theories into sexual offending continue to focus on the factors that potentially lead to and maintain sexually abusive behaviour, intrafamilial offenders as an offender group have been generally overlooked in psychological research (Marshall, 1999). For this reason, knowledge about the processes involved in the sexual recidivism of intrafamilial offenders remains incomplete.

Despite the limited knowledge that exists about child sexual offenders, theorists have proposed two competing theoretical models which aim to account for sexual recidivism in this sample. The attribution model posits that cognition is paramount in the etiology, maintenance and treatment of sexual offenders (Lurigio, Jones, & Smith, 1995, Marshall & Barbarée, 1990). The MTC:CM3 model is a competing theoretical account contending that behavioural personalities are crucial in predicting recidivism (Knight, 1992; Knight & Prentky, 1990).

Attribution theoretical model

When offenders commit sexually deviant acts, they frequently attempt to diminish any feelings of guilt, shame and responsibility through rationalising, reasoning, minimising and denying the true nature of their offending (Abel et al., 1984; Sykes & Matza, 1957). The terms “reasons” and “causes” are often used to refer to “attributions”, and in the literature, the three terms are frequently substituted for one another. Attributions not only allow offenders to validate their behaviour through cognitive defences, but research has also consistently revealed that child molesters hold views and beliefs that support and maintain their offending behaviour (Abel et al., 1989; Blumenthal, Gudjonsson, & Burns, 1999; Pollock & Hashmiall, 1991; Ward Hudson,

Traditionally, causal attributions have been classified into four dimensions: internality, stability, controllability and globality (Benson, 1989). Applied to child molesters, internality refers to a cause of offending seen as originating within the offender, or, conversely, originating from external sources i.e., victim forced the situation or sexual dysfunction. Stability refers to the period of time in which the cause of the event was present, i.e., whether the offending behaviour is perceived to be enduring or volatile over time (for example, mood swing or due to bad character). Controllability focuses on the degree to which an outcome could have been controlled, i.e., whether a cause was either volitional or beyond an offender’s control. Finally, the globality dimension addresses whether the causes are localised or spread out over most activities engaged by the person. In other words, is the reason for offending confined to particular situations, or is it generalisable to all areas of behaviour i.e., bad character when children are present or with all people. However, according to Weiner (1979, 1985), only attributions which are internal, stable and uncontrollable, and not global, are important for reinforcement. Thus, the identification of attributions that are internal, stable and uncontrollable may be more central in the treatment of intrafamilial offenders.

Research has confirmed that causal attributions that are internal, stable and uncontrollable are more difficult to modify than attributions categorised as external, unstable and controllable (Connolly, Hudson & Ward, 1997; Russell, 1982). However, these studies have for the most part ignored the cognitive processes involved in an offender’s search for causal attributions for behaviour, the emotional and behavioural consequences of such attributions, and the link between causal attributions and cognitive distortions. An exception is the work of Pithers and his colleagues who demonstrated that offenders’ attributions about their offending are significantly related to whether they actually engage in another sexual assault (Pithers, Kashima, Cumming & Beal, 1988). This highlights that there appears to be a link between causal attributions and sexual recidivism. Although this link is still preliminary, more research is required to attain a better understanding of the nature of this relationship in a sample of intrafamilial offenders.
Some research has demonstrated that child sexual offenders are distinguishable from other offender and non-offender groups on the basis of attitudes towards sexual conduct with children. Specifically, child molesters are less likely to make external attributions for their conduct (Gudjonsson & Singh, 1988). Similarly, a study of 50 offenders revealed that child molesters attributed their offending to stable, uncontrollable and internal causes (McKay, Chapman, & Long, 1996). In contrast, rapists, violent offenders and property offenders attributed their offending to external, unstable and controllable causes. Moreover, when making attributions about their offending, child molesters adamantly maintained that altering or stopping child molestation is incredibly difficult, if not impossible. This finding has important implications regarding practice, policy and research. Specifically, the finding highlights that attributions play a crucial role in the maintenance of sexual offending and for this reason, it is important that unconstructive attributions are targeted and restructured in treatment.

Research by Larsen, Hudson, and Ward (1995) confirmed that by undergoing treatment, child molesters were able to improve their attributions about their offending. Prior to treatment, 15 intrafamilial offenders judged the cause of their sexual offending to be less controllable and more stable. Following treatment, offenders judged their behaviour to be more controllable, and less stable. Although the small sample size may limit the generalisability of the result to other intrafamilial offenders, the finding suggests that while causal attributions maintain offending behaviour, they have the potential to be restructured in treatment. For this reason, this study hopes to determine whether the relationship between attributions and recidivism holds for a larger sample of intrafamilial offenders and if so, the results would highlight the need to identify and target these unconstructive attributions in treatment.

Attributions biased by cognitive distortions

The way in which sexual offenders make attributions about their own actions, as well as the behaviour of others, is determined by the cognitive distortions that person holds (Berliner and Conte, 1990; Milner & Webster, 2005). Recently, the underlying structure of cognitive distortions has been explored suggesting that cognitive distortions emerge from an individual’s underlying implicit theory or schema, and not from unrelated, independent beliefs (Ward & Keenan, 1999). Ward derived this theory from research in developmental psychology. One approach, the “theory theory” view, advocates that cognitive development is
determined by a child’s acquisition of implicit theories in a given domain (Drake, Ward, Nathan, & Lee, 2001). Essentially, a child acts like a scientist; forming hypotheses, testing them, and discarding those that fail to predict behaviour. With time, a child develops a succession of increasingly sufficient theories, or implicit theories. However, sometimes the implicit theories that an individual acquires may be connected to an underlying maladaptive belief about the self and the environment.

Although the reasons why some individuals develop implicit theories remain unclear, implicit theories can explain a vast array of interpersonal phenomena, including sexual abuse. Ward (2000, 2003) outlined a five-factor developmental taxonomy that collectively accounts for the cognitive distortions of child sex offenders. These factors are described below:

1. The “children as sexual objects” implicit theory refers to the belief that children are sexual beings motivated by pleasure. Persons espousing this implicit theory believe that children can identify their sexual needs and are capable of enjoying, participating or even seeking out sexual relations with adults.

2. The “entitlement” implicit theory posits that some individuals (predominately men) are entitled to behave in certain ways towards inferior individuals (typically women and children). Such persons believe that they are entitled to have sexual relations with whomever they please, and that the desires of the victim are of secondary importance.

3. According to the “dangerous world” implicit theory, the world is perceived as a threatening place. An individual who possesses such a schema may believe that he must fight back against hostile persons, including children, or he may perceive only adults as dangerous and unreliable beings, and children as safe persons that offer comfort and acceptance.

4. The “uncontrollability” implicit theory eventuates from repeated experiences of perceived loss of control over one’s own sexual or emotional drives. Individuals who adopt this implicit theory believe that they are unable to exert any influence over their behaviour or the environment. Sexual desire in particular, is perceived as inexorable and this enables a person to minimise their role in the sexual behaviour.

5. In the fifth implicit theory, the “nature of harm”, the offender argues that there are varying degrees of harm and that sexual behaviour alone is unlikely to hurt another person. There are two core components of this implicit theory. Firstly, if an offence does not cause the maximum possible level of harm, an offender with such an implicit theory may believe he
respected the victim. The second component centres on the perception of sexual relations as beneficial, even if the recipient is a child.

Recently, researchers have tested Ward’s implicit taxonomy (Gannon, Keown, & Polaschek, 2007; Hanson, Gizzarelli, & Scott, 1994; Stermac & Segal, 1989). For example, Marziano, Ward, Beech, and Pattison (2006) demonstrated that 80% of 2660 cognitive distortions held by child molesters fitted into one or more of Ward’s five implicit theories. This finding suggested that Ward’s proposed five-factor taxonomy was efficient and captured the majority of identifiable cognitive distortions.

The Significance of a Genetic Tie

In the preponderance of reported child sexual abuse cases, the perpetrator is a parental figure within the family (Finkelhor, 1979). Research has consistently shown that stepfather and foster-parent child sexual abuse is disproportionately higher than the occurrence of step or foster fatherhood in the general population (Julian, Mohr & Lapp, 1980; Maisch, 1972; Sagarin, 1977; Vander Mey & Neff, 1984; Weinberg, 1955). For instance, Gordon (1989) looked at reported cases of sexual abuse from 17 American states in 1983. There were 4,132 reported cases of sexual abuse perpetrated by biological fathers, and 2,241 cases involving stepfathers. Providing one child in ten resides in a household containing a stepparent, the author concluded that stepfathers are disproportionately over represented among the abuser population.

Although some researchers have hypothesised that the cognitions of biological fathers differ from those of nonbiological fathers the cognitions proffered by biological and nonbiological fathers have largely been ignored (Gordon, 1989). An exception is Phelan (1995) who examined the perspectives of 14 natural fathers and 26 stepfathers. Two-thirds of the participants in the study explicitly referred to sexual gratification as the causal factor for their abuse. Additionally, stepfathers included themes of control, power and anger as causal factors, whereas, biological fathers did not speak in these terms. This finding suggests that stepfathers make attributions that are internal, uncontrollable and stable for their sexual offending, whereas biological fathers speak in terms of uncontrollability. While this study provides some preliminary understanding into the cognitions of biological and nonbiological parents, the small sample size may limit the generalisability to other intrafamilial offenders. More research is needed to not only better understand the cognitions of biological and nonbiological parents, but also to whether this has any bearing on sexual recidivism.
Some researchers propose that nonbiological fathers may be more apt to sexually abuse their stepchildren because despite moral and legal obstacles to child sexual abuse, nonbiological fathers are not violating one of mainstream society’s most profoundly held incest taboos (Gordon, 1989). Another factor that may play a causal role is the level of involvement in child-rearing. For instance, Gordon (1989) found that stepfathers were less involved in child rearing than biological fathers. An absence of an incest taboo and less child-rearing involvement for nonbiological parents may mean that it is easier for nonbiological parents to cognitively validate their sexual abuse. If these assumptions are true, it suggests that nonbiological parents hold attributions which are more likely to support their offending behaviour.

**MTC:CM3**

The Massachusetts Treatment Centre (MTC) for Sexually Dangerous Persons developed the MTC:CM3 model which focuses on the role of behavioural personalities in predicting recidivism (Knight, Carter, & Prentky 1989). On Axis 1, paedophilic fixation and social competence are independent dimensions, each with distinct developmental antecedents and adult adaptation. The second behavioural dimension, Axis 2, categorises child molesters into six behavioural personalities: interpersonal, narcissistic, exploitative, muted sadistic, nonsadistic aggressive and sadistic. This axis has become a powerful discriminator with respect to re-offence risk (Prentky, Knight, & Lee, 1997a, 1997b). Of interest, the axis categorises offenders by their victim-offender relationship. Known relationships represent familiar persons to the victim and can be applied to intrafamilial offenders. Offenders with a known relationship with the victim can be classified into either the interpersonal (Type 1) or narcissistic (Type 2) behavioural personality type. An interpersonal offender attempts to establish a relationship (not exclusively sexual) with the victim, whereas a narcissistic offender seeks contact with the victim purely to satisfy his sexual needs (Prentky et al., 1989). On the basis of their behavioural personality makeup, narcissistic offenders with their complete disregard of the needs and desires of the child victim, are believed to have greater re-offence risk (Prentky et al., 1997a, 1997b).

Table 1

*The MTC:CM3 classification of child sex offenders applicable to intrafamilial offenders*
Although the two-axis typology has been validated in extrafamilial offenders, intrafamilial offenders were omitted from the model due to the low incidence of intrafamilial sexual abuse (Knight et al, 1989). The authors hypothesised that the inclusion of intrafamilial offenders may have required the design of the MTC:CM3 model to be revised and reconceptualised. Although the authors believed that different processes may be involved with intrafamilial offenders, this question has not been explored. Although the model is in contrast to the attribution model by ignoring the role of cognitions in re-offending, it is unknown whether the interpersonal and narcissistic behavioural personalities from the MTC:CM3 typology can potentially be useful tools in the identification of high risk sexual re-offenders.

**Context of the research**

The research was conducted with data gathered from Cedar Cottage, the New South Wales Pre-trial Diversion of Offenders Program. Pursuant to Section 2A of the *Pre-Trial Diversion of Offenders Act* (1985), Cedar Cottage provides treatment for intrafamilial offenders who have pleaded guilty to a sexual offence against a child with whom he is in a parental relationship. The aim of the program is to divert intrafamilial offenders from the traditional criminal justice system, and instead, rehabilitate the offenders whilst protecting the victims of the sexual abuse (Goodman-Delahunty & Pratley, 2008).

Cedar Cottage follows a scientist-practitioner model that is heavily focused on addressing offender attributions and cognitions. To be judged suitable for the program, applicants currently undertake an eight week assessment period, at the end of which the clinical team decide whether the treatment program is a suitable and viable option for the offender. Program participants have a minimum of two years to complete the program, with the possibility of an extension of up to one year. Participants who do not successfully complete the program within the maximum three year period return to the courts for sentencing.
In recognition of the fact that incest occurs in the family environment, the principles on which the treatment program is based are victim and family oriented. They include: the safety of the victim, assisting the non-offending parent and the child victim to re-create a bond following the abuse, and the participant taking full responsibility for their actions. A key component of taking responsibility involves identifying and addressing the offender’s abuse-related thoughts, feelings and beliefs. This requirement of taking responsibility may be a problem for those participants whose attribution style and implicit theory prevents them from taking ownership of their sexually abusive behaviour.

The current study

This study aims to explore the degree to which attributions and victim-offender relationship predict the rate of recidivism in intrafamilial offenders. Specifically, in relation to attributions it is hypothesised that:

1. Nonbiological parents of victims will be more likely to make internal, stable and uncontrollable attributions for their sexual offending than biological parents.

The hypotheses dealing with recidivism are:

2. Nonbiological parents will be more likely than biological parents to sexually re-offend.

3. Intrafamilial offenders who make internal, stable and uncontrollable attributions for their sexual offending will be more likely to recidivate than offenders who make external, unstable and controllable attributions.

4. The MTC-CM3 behavioural typology will not predict recidivism as well as offender cognitions.

Method

Participants

The participants were 214 males who were referred and assessed for entry into Cedar Cottage, the NSW Pre-Trial Diversion Program from the date of its inception in 1989 to December 31st, 2003. The cut-off rate of 2003 was chosen to allow a sufficient follow-up period ranging from three to eighteen years within the community following final contact with Cedar Cottage. Of these offenders, 57.0% were found unsuitable for the program at the conclusion of an 8-week assessment period (non-accepted) and 43.0% were accepted into the
program (accepted). Of those that were accepted, 57.0% of offenders successfully completed the treatment program (completers) while 43.0% breached or withdrew from treatment (non-completers). Of the 214 offenders in the study, 55.1% of offenders were the nonbiological parents of their victims while 44.9% were the biological parents.

**Procedure and Measures**

Data were collected by systematically examining historical case records of each participant maintained at Cedar Cottage. Using a coding instrument, information was extracted by the author, a Psychology Honours student and five other postgraduate students from the University of New South Wales. Interrater reliability was assessed by double-coding twenty-five files (11.6% of the total sample). The number of agreements between raters was divided by the total number of observations. Interrater reliability was high, with the coders agreeing on 84.75% of the observations. Reliability estimates ranged from 71.43% to 91.56% agreement (Goodman-Delahunt & Pratley, 2008).

At the end of the preliminary eight-week assessment, the attributions that the offenders gave for their sexual offending were recorded. The offenders’ descriptions of the abusive conduct at this point in time were scored on 12 dimensions: (1) sexual gratification/deviation; (2) jealousy; (3) rejection; (4) heated argument; (5) revenge; (6) economic motive; (7) claims innocence; (8) intoxicated, drug/alcohol abuse; (9) angered by someone/something; (10) claims victim consented; (11) love/emotional needs, loneliness; (12) not perceived of as wrong/harmful.

To test the alternative model of recidivism (MTC:CM3), offenders were coded on the five characteristics outlined by Prentky et al (1997a, 1997b) representative of the two personality types (interpersonal and narcissistic) applicable to intrafamilial offenders (see Table 2). No sexual contact was scored as 0, sexual touching was scored as 1 and penetrative sexual acts were scored as 2. In relation to victim physical injury, minimal physical injury was scored as 0, some evidence of physical injury was scored as 1, and substantial physical injury was scored as 2. Finally, low, medium and high levels of offence premeditation were scored 0, 1 and 2 respectively.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>Child Contact</th>
<th>Sexual Acts (0-2)</th>
<th>Victim-offender Relationship</th>
<th>Victim Physical</th>
<th>Offence Planning</th>
</tr>
</thead>
</table>

Table 2

*MTC:CM3 classification (scoring) for Interpersonal and Narcissistic personalities*
Independent Variables

Four independent variables were created by combining items from the coding instrument to reflect the theoretical concerns of this study. The attribution, volition and permanence variables were based on criteria outlined by Benson (1989) and Weiner (1979), and were derived from offenders’ descriptions of their abusive conduct at the conclusion of the eight-week assessment (refer to Table 3). Data for the fourth variable, victim-offender relationship, were gathered from historical case records at Cedar Cottage.

1. Attribution

Attributions of the sexual offence were accredited to internal or external causes. This variable had two levels: internality referred to those reasons which could be ascribed to coming from within the offender while externality applied to those reasons which could be assigned to external sources.

2. Volition

Volition refers to the perceived controllability and uncontrollability of the offending. Controllability refers to whether the cause could be restricted or contained by the offender and uncontrollability refers to causes which occurred without the influence of the offender whereby, the cause was irrepressible.

3. Permanence

The permanence variable was composed of stability and instability. Stability refers to the degree to which an offender accepted that his sexual offending was caused by an enduring, relatively unalterable factor. Instability reflects the degree to which the offender believed that his offending was caused by factors which were variable and modifiable from time to time.

4. Victim-offender relationship

The victim-offender relationship refers to whether the offender was the biological or nonbiological parent of the victim. Biological offenders were offenders who were the natal and genetic parents of the victim. Nonbiological parents were categorised in three
subtypes: (1) stepfathers; (2) offenders in a defacto relationship with the victim’s mother; (3) other offenders related to the victim (grandfathers, uncles, brothers).

Table 3

*Three Factor Attribution Developmental Taxonomy*

<table>
<thead>
<tr>
<th>Offending Attributions</th>
<th>Attribution Dimension</th>
<th>Volition</th>
<th>Permanence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Gratification/Deviation</td>
<td>Internality</td>
<td>Uncontrollability</td>
<td>Stability</td>
</tr>
<tr>
<td>Jealousy</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Rejection</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Heated Argument</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Revenge</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Economic Motive</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Claims Innocence</td>
<td>Externality</td>
<td>Uncontrollability</td>
<td>Stability</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse</td>
<td>Externality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Angered by something</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Victim Consented</td>
<td>Externality</td>
<td>Uncontrollability</td>
<td>Instability</td>
</tr>
<tr>
<td>Love/Emotional Needs Loneliness</td>
<td>Internality</td>
<td>Controllability</td>
<td>Instability</td>
</tr>
<tr>
<td>Not Perceived as Harmful</td>
<td>Externality</td>
<td>Uncontrollability</td>
<td>Stability</td>
</tr>
</tbody>
</table>
Dependent Variable

The major dependent variable was recidivism, defined as time to re-offend. Data on re-offending following contact with Cedar Cottage were obtained from the New South Wales (NSW) Police and the NSW Bureau of Crime Statistics and Research Re-offending Database (ROD). Both agencies utilised a list of participant names, dates of birth, and Central Names Index numbers (CNI) where available to locate criminal history records for these individuals. Recidivism and criminal history data were obtained from the Computerised Operational Policing System (COPS) which is maintained by the NSW Police. COPS is the primary database employed to record information pertaining to criminal events and it includes information on criminal charges recorded in New South Wales (Goodman-Delahunty & Pratley, 2008).

Re-offending was defined as a police report, charge or conviction against the participant, for any criminal offence. Goodman-Delahunty and Pratley (2008) in their evaluation of Cedar Cottage classified criminal offences into one of three groups: sexual offences (hands-off sexual offences, indecent assault, and sexual assault), violent offences (i.e., assault, domestic violence), and non-sexual non-violent offences (i.e., drink driving, drug and alcohol related offences, larceny, fraud).

Data Analysis

A survival analysis using a Cox proportional-hazards regression allowed an estimate of the predictive validity of the independent variables. This analysis was chosen because it is sensitive to whether members of each group commit subsequent crimes and also to the length of time between last contact and criminal activity. Furthermore, this analysis yields a statistical summary of all cases regardless of the length of time each offender was followed and whether or not they re-offended during the study period.

Data used to conduct the survival analysis included Survival Start which was the date the observation commenced on the participant’s final contact with Cedar Cottage. Stop was the closing date of the observation (1st of October, 2007), when the NSW Police stopped providing data on participant offences. Recidivism status (d) was zero if no re-offence was recorded and one if there was a re-offence. Total observation time (T) equalled stop minus start where d = 0, or date of re-offence minus start where d = 1.

In order to establish the start date (survival start) for those offenders who spent time in prison (and were theoretically unable to offend during that time), the amount of
time that offender spent in custody was deducted from their total observation time to accurately represent the time spent in the community where they were technically able to offend.

Results

Attribution type

A bivariate correlational analysis using Spearman’s rho revealed that the intercorrelations between the three dimensions of attributions ranged in strength and direction (see Table 4). The strongest correlation was positive and emerged between attribution and permanence, suggesting that internal causal attributions were associated with greater levels of stability. A binomial analysis was conducted to determine the type of causal attributions made by offenders (Table 5). As expected, offenders were significantly more likely to attribute their offending to uncontrollable rather than controllable sources. However, offenders made significantly more unstable than stable attributions for their offending. Offenders were equally likely to make internal and external attributions.

Table 4

<table>
<thead>
<tr>
<th>Attribution Dimension</th>
<th>Attribution</th>
<th>Volition</th>
<th>Permanence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attribution</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volition</td>
<td>.142*</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Permanence</td>
<td>.372**</td>
<td>-.300**</td>
<td>-</td>
</tr>
</tbody>
</table>

** p < .01 (2-tailed).
* p < .05 (2-tailed).

A logistic regression analysis revealed that both nonbiological and biological fathers were more likely to make causal attributions which were more internal, uncontrollable and unstable than external, controllable and stable. Nonbiological parents were more likely than biological parents to make internal and uncontrollable causal attributions, while biological parents made more unstable attributions than nonbiological parents.
Table 5

Preferred attribution style of offenders

<table>
<thead>
<tr>
<th>Attribution Dimension</th>
<th>Number</th>
<th>Test Proportion</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal</td>
<td>105</td>
<td>.51</td>
<td>.838</td>
</tr>
<tr>
<td>External</td>
<td>109</td>
<td>.49</td>
<td></td>
</tr>
<tr>
<td>Volition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable</td>
<td>178</td>
<td>.31</td>
<td>.000**</td>
</tr>
<tr>
<td>Unstable</td>
<td>36</td>
<td>.69</td>
<td></td>
</tr>
<tr>
<td>Permanence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>148</td>
<td>.83</td>
<td>.000**</td>
</tr>
<tr>
<td>Controllable</td>
<td>66</td>
<td>.17</td>
<td></td>
</tr>
</tbody>
</table>

**p < .01 (2-tailed).

Recidivism

The observation period for offenders following their last contact with Cedar Cottage ranged from 3.78 to 17.96 years. There were 67 offenders (1 in 3 or 31.2%) who committed an offence since the time of their last contact with Cedar Cottage. Of these, 24 offenders (1 in 9 or 11.2%) had committed a sexual offence.

Cox proportional-hazards regression analyses examined the relationship between recidivism, victim-offender relationship and attribution type (see Table 6). Nonbiological parents were more likely to recidivate generally, non-sexually and sexually than biological parents. Specifically, the hazard ratio reveals that nonbiological parents were 1.3 times more likely to sexually recidivate.

Offenders who made internal, stable and uncontrollable causal attributions had an increased likelihood of re-offending generally, non-sexually and sexually, compared to those offenders who made attributions which were external, unstable and controllable. Specifically, the hazard ratio revealed that offenders who made causal attributions which were internal, stable and uncontrollable were respectively 1.3, 2.5 and 1.7 times more likely to sexually re-offend. The results which proved to be significant were the relationship between internal attributions and non-sexual recidivism $\chi^2 (1, N = 214) = 4.389$, $p < .05$, and between stable attributions and general recidivism $\chi^2 (1, N = 214) = 5.345$, $p < .05$.

Analysis of the two models
To compare the proposed *attribution* model of recidivism with the alternative behavioural model (i.e. *MTC:CM3*), a series of logistic regression analyses were performed.
<table>
<thead>
<tr>
<th></th>
<th>Sexual Recidivism</th>
<th>Non-sexual Recidivism</th>
<th>General Recidivism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazard ratio</td>
<td>p</td>
<td>Lower</td>
</tr>
<tr>
<td>Victim-offender</td>
<td>1.318</td>
<td>.509</td>
<td>.581</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attribution</td>
<td>1.280</td>
<td>.546</td>
<td>.574</td>
</tr>
<tr>
<td>Volition</td>
<td>1.701</td>
<td>.260</td>
<td>.675</td>
</tr>
<tr>
<td>Permanence</td>
<td>2.537</td>
<td>.089</td>
<td>.866</td>
</tr>
</tbody>
</table>

* p < .05 (2-tailed)
Table 6 displays the effect of each independent variable on the indicators of recidivism for the *attribution* model. The Hosmer-Lemeshow goodness of fit statistic indicates a poor fit if the significance value is less than 0.05. The overall fit of the model was not significant ($\chi^2 = 2.922$, df = 4, ns) indicating that the *attribution* model adequately fitted the data. When recidivism was modelled to be dependent on the factors of attribution, volition and permanence, the *attribution* model of the predictive variables were not significant. Specifically, the three attribution variables did not significantly contribute to the prediction of recidivism in this sample of intrafamilial child sex offenders: attribution (Wald $\chi^2 = .018$, df = 1, ns), volition (Wald $\chi^2 = .414$, df = 1, ns), and permanence (Wald $\chi^2 = 1.438$, df = 1, ns).

Table 6

**Logistic regression analysis of the attribution model**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logistic coefficients</th>
<th>SE</th>
<th>Wald $\chi^2$</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-2.096</td>
<td>.217</td>
<td>91.214</td>
<td>.126</td>
</tr>
<tr>
<td>Attribution</td>
<td>.065</td>
<td>.560</td>
<td>.018</td>
<td>1.067</td>
</tr>
<tr>
<td>Volition</td>
<td>.361</td>
<td>.636</td>
<td>.414</td>
<td>1.434</td>
</tr>
<tr>
<td>Permanence</td>
<td>.763</td>
<td>.527</td>
<td>1.438</td>
<td>2.145</td>
</tr>
</tbody>
</table>

Log Likelihood 146.998
Model chi-square 2.922

n = 214, df = 4, p = .571

Table 7 displays the effect of each independent variable on the indicators of recidivism for the *MTC:CM3* model. The Hosmer-Lemeshow goodness of fit statistic was not significant ($\chi^2 = 7.723$, df = 6, ns) indicating that the estimates of the *MTC:CM3* model adequately fitted the data. When recidivism was modelled to be dependent on the factors of victim physical injury, degree of sexual act, offence planning and behavioural personality, the first three predictor variables of the *MTC:CM3* model were not significant. Only the behavioural personality variable (interpersonal and narcissistic personalities) significantly contributed to the prediction of sexual recidivism in the sample of intrafamilial offenders: behavioural personality (Wald $\chi^2 = 10.034$, df = 1, p < .01),

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logistic coefficients</th>
<th>SE</th>
<th>Wald $\chi^2$</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-2.096</td>
<td>.217</td>
<td>91.214</td>
<td>.126</td>
</tr>
<tr>
<td>Attribution</td>
<td>.065</td>
<td>.560</td>
<td>.018</td>
<td>1.067</td>
</tr>
<tr>
<td>Volition</td>
<td>.361</td>
<td>.636</td>
<td>.414</td>
<td>1.434</td>
</tr>
<tr>
<td>Permanence</td>
<td>.763</td>
<td>.527</td>
<td>1.438</td>
<td>2.145</td>
</tr>
</tbody>
</table>

Log Likelihood 146.998
Model chi-square 2.922

n = 214, df = 4, p = .571
victim physical injury (Wald χ² = .686, df = 1, ns), degree of sexual act (Wald χ² = .000, df = 1, ns), and offence planning (Wald χ² = .036, df = 1, ns).

Table 7

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logistic coefficients</th>
<th>SE</th>
<th>Wald χ²</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-2.096</td>
<td>.221</td>
<td>89.944</td>
<td>.123</td>
</tr>
<tr>
<td>Victim physical injury</td>
<td>.004</td>
<td>.005</td>
<td>.686</td>
<td>1.004</td>
</tr>
<tr>
<td>Degree of sexual act</td>
<td>20.001</td>
<td>40192.970</td>
<td>.000</td>
<td>1.434</td>
</tr>
<tr>
<td>Offence planning</td>
<td>.002</td>
<td>.012</td>
<td>.036</td>
<td>1.002</td>
</tr>
<tr>
<td>Behavioural personality</td>
<td>-1.501</td>
<td>.474</td>
<td>10.034</td>
<td>.223</td>
</tr>
</tbody>
</table>

Log Likelihood 135.062
Model chi-square 7.723

n = 214 df = 5 p = .172

A comparison of the predictive accuracy of the attribution and MTC:CM3 models, each with its own predictor variables, was conducted. The predictive efficacy of the model refers to the agreement between the expected and observed values. Overall, both models equally predicted sexual recidivism by 89%, resulting in the correct classification of 89% of the sample.

Discussion

The aim of the current study was to explore the relationship between offender attributions, the victim-offender relationship and sexual recidivism. Developing a better understanding of these factors is important as knowledge on which variables have the greatest impact on the maintenance of
sexually abusive behaviour is limited. Secondly, by comparing the attribution model and the MTC:CM3 model, the study was able to explore whether cognitive or behavioural factors were better able to account for the sexual recidivism in intrafamilial offenders. Overall, the results were statistically insignificant, however the trends in the data supported the majority of the study hypotheses.

**Attributions and the role of the genetic tie in intrafamilial sexual abuse**

The first two hypotheses of the study predicted that nonbiological parents would be more likely to attribute their offending behaviour to internal, uncontrollable and stable causes than biological parents, and that nonbiological parents would be more likely to sexually re-offend than biological parents. Firstly, a logistic regression analysis revealed that while both nonbiological and biological parents were more likely to make internal and uncontrollable attributions, they made more unstable than stable attributions. Furthermore, nonbiological parents made internal and uncontrollable attributions more often than biological parents. In relation to the second hypothesis, there was a trend for nonbiological parents to sexually recidivate over that of biological parents.

These results add to the large body of research demonstrating that nonbiological parents are disproportionately represented in the sample of intrafamilial offenders compared to the occurrence of nonbiological parenthood in the general population (Julian et al., 1980). Many researchers have attempted to identify the factors which place nonbiological parents at greater risk of intrafamilial sexual abuse. While authors like Gordon (1989) have hypothesised that cognitions are at the core of the problem, the cognitions and meanings of incestuous activity related to kinship relationship have largely been ignored. With exception, Phelan (1995) using a small sample of 40 intrafamilial offenders, found that nonbiological parents were more likely to speak in terms of internality, uncontrollability and stability.

It is likely that offenders made more unstable than stable attributions because the type of participants who were seeking treatment were those who wanted help with their offending behaviour and those who believed that the factors surrounding their offending behaviour were changeable and not enduring. Indeed, research has suggested that stable attributions are important in the maintenance of re-offending behaviour and since only 24 participants re-offended sexually, it is understandable that offenders on the whole made unstable attributions (Russell, 1982). Secondly, the finding that nonbiological parents made internal and uncontrollable attributions more often than biological parents suggests that it is not the type of attributions made, but rather the intensity of such attributions which may be related to increased likelihood of sexual re-offending. Particularly, these
results indicate that nonbiological parents have a stronger bias towards making internal and uncontrollable attributions and it is this bias which may place nonbiological parents at greater risk of sexually re-offending than biological parents.

Not only are nonbiological fathers more likely to sexually abuse their children than biological fathers, but the circumstances of their abuse may be different depending on the victim-offender relationship. The current study suggests that the attributions made by nonbiological fathers distinguish them from biological fathers. The results can possibly be extended towards the theories of the absence of an incest taboo and lower child rearing involvement (Gordon, 1989). Specifically, both a low level of child rearing involvement and a lack of the incest taboo may mean it is easier for nonbiological parents to cognitively validate their sexual abuse, and for this reason, the causal attributions they hold for their sexual abuse may actually maintain that sexually abusive behaviour.

Attributions as a predictor of recidivism

The third hypothesis predicted that intrafamilial offenders who made internal, stable and uncontrollable attributions would be more likely to recidivate. Although the results were non-significant, there was a trend in support of the study hypothesis. Offenders who attributed their sexual offending behaviour to internal, stable and uncontrollable causes, rather than external, unstable and controllable sources, were more likely to re-offend generally, non-sexually and sexually.

The results of the current study add support to past research which demonstrated that not only do cognitions play an important role in the maintenance of sexual re-offending, but also that attributions that are internal, stable and uncontrollable are important in the reinforcement of such sexual behaviour. For instance, McKay et al (1996) found that not only do child molesters attribute their offending behaviour to internal, uncontrollable and stable causes, but they also regard their offending behaviour as difficult to modify. These results indicate that offender attributions are important not only in the commission of the index offence, but also in the commissioning of further offences. Importantly, an offender who internalises the cause of the offence, and who believes the cause is enduring in time and occurred without their control is likely to continue to hold such beliefs in the future. For this reason, treatment needs to target the unconstructive attributions of internality, stability and uncontrollability as soon as possible in order to break the maladaptive belief system and sexual offending cycle.
Of note, although offenders were more likely to make unstable attributions, offenders who made stable attributions were more likely to sexually recidivate. This suggests that an offender who holds a belief about their sexual offending which is enduring is more likely to return to this belief over time and adopt this belief when sexually re-offending. While attributions which are internal and uncontrollable are more likely to be made by offenders in general and those offenders who had sexually re-offended, attributions that are stable are more likely to be found in intrafamilial offenders who go onto sexually re-offend. For this reason, stable attributions may serve as a useful discriminator between those offenders who are likely and unlikely of re-offending.

The results of the current study suggest that attributions are important in the maintenance of sexual offending. As mentioned in the introduction, cognitive behaviourists propose that attributions are biased by the cognitive distortions, or implicit theories, an offender holds (Ward, 2003). In other words, attributions are not independent beliefs, but rather they are connected to a fundamental implicit theory, which depending on the process of acquisition, may be maladaptive. Validated for a sample of child molesters, the five-factor developmental taxonomy suggests that therapists not only have to target the attributions that an offender possesses, but also the implicit theories that underlie them. While many treatment programs address the beliefs an offender has about their sexual offending, the underlying implicit theories which form those attributions are often ignored (Ward, Gannon, & Yates, 2008). The failure to target both offender attributions and their underlying implicit theories may explain why attributions have been shown to be obstinate against modification (McKay et al., 1996).

**Comparison of the competing models**

The fourth hypothesis predicted that the proposed *attribution* model would be better able to account for recidivism compared to the *MTC:CM3* behavioural typology. In opposition to the hypothesis, the *attribution* model and the *MTC:CM3* model had equal predictive efficacy, suggesting that the cognitive approach is not superior to the behavioural approach. As mentioned in the introduction, the *MTC:CM3* model argues that behavioural personalities can predict recidivism (Knight et al., 1989). While the *MTC:CM3* model has yet to be validated on a sample of intrafamilial offenders, the results of the current study demonstrate that both the *attribution* model and the *MTC:CM3* model adequately fitted the data. However, a comparison of the two competing models found that only the behavioural personality variable from the *MTC:CM3* model significantly contributed to the prediction of sexual recidivism in the sample of intrafamilial offenders.
The results of the study recommend the development of a new model which encompasses elements of both the attribution model and the MTC:CM3 model, as it is likely to possess greater predictive efficacy than the cognitive and behavioural approaches alone. As suggested by results, the classification of offenders into interpersonal and narcissistic behavioural personalities may prove particularly viable. Interpersonal offenders view the child-victim as an appropriate companion in a personal relationship. The offender believes that they are giving something to the child (for example teaching the child on some level), and that the interpersonal relationship is mutually satisfying. For instance, the offender believes that the child is benefiting from the sexual abuse. Narcissistic offenders on the other hand, use the child-victim to meet their self-interest. The sole purpose of the child is to meet the sexual gratification of the offender to the degree that there is little or no concern with the interests and needs of the child (Knight et al., 1989). On the basis of their behavioural personality characteristics, narcissistic offenders are considered to be more likely to sexually re-offend (Prentky et al., 1997a). Incorporating this behavioural personality distinction in therapy and targeting the behavioural characteristics which comprise a narcissistic offender may serve as an effective treatment tool.

Statistical significance for custodial and non-custodial sanctions

Although the results in the study were statistically insignificant, the trends of the scores were in the expected direction. An extensive review by the Campbell Collaboration investigated the differences in recidivism rates in the United Kingdom for custodial versus non-custodial sentences (Villetaz, Killias, & Zoder, 2006). According to the Campbell reviewers, frequently observed nonsignificant results for non-custodial sanctions were most likely a result of the lack of control of pre-existing differences between prisoners and those serving non-custodial sentences. Similarly, in a systematic review of 23 studies, the Campbell reviewers confirmed that non-custodial sentences were associated with lower recidivism rates than custodial sanctions (Killias & Villetaz, 2008). However, this disparity is most likely due to pre-intervention differences between the offenders given custodial and non-custodial sanctions; offenders with a worse prospect for rehabilitation will more likely receive a custodial sentence compared to those offenders who have greater prospects and who are more likely to receive rehabilitation. Given this trend, it is not surprising that the survival analyses in the current study failed to produce statistically significant results. Indeed, the statistically insignificant results were more likely due to a Type I error, meaning that there was a failure to detect the effect. This is probably a result of the low power of the study, low base rate of offending and intrafamilial offenders as a low risk group (Kenny, 1997).
Limitations to the current study

Re-offence rates may have been underestimated in this study. Firstly, the data provided by COPS only covers re-offending in NSW, meaning that offenders who had moved interstate or overseas would not have been identified if they had re-offended. Secondly, the measure of recidivism utilised in the study may have been insensitive to those cases where the offenders continued their sexually abusive behaviour following their last contact with Cedar Cottage, but who were not reported by the victim. Furthermore, measuring re-offence through the simple prevalence (“yes/no”) of arrests and convictions may not be a sensitive measure and may mask important differences between groups.

Secondly, offenders were unable to be randomly selected and assigned to study groups. However, there are ethical concerns when randomly selecting offenders for treatment and it can be argued that a real life sample, as opposed to a laboratory setting, far outweighs any potential selection biases that may exist.

Thirdly, the lack of psychometric tools has to be acknowledged. The fact that the treatment program utilises therapists’ self report and team judgment in deciding an offender’s acceptance into the program and their progress means there is a subjective, rather than an objective measure of the independent variables measured in this study.

Research Implications

More than any other group of criminals, sexual offenders are subjected to discretionary decisions by the criminal justice system. The efficacy of such decisions is directly related to knowledge about an offender’s dangerousness. Although dangerousness may be conceptualised in different ways, the central concern is usually re-offence risk. Thus, questions about whether to leave an offender in the community on probation, whether to recommend treatment and whether to parole an offender are all driven by underlying assumptions about re-offence risk. For this reason, the need to clarify which factors influence re-offence rates is of significant importance.

The results of the current study confirm that the causal attributions that an intrafamilial offender holds are a key etiological factor in the development and maintenance of sexual offending behaviour. These results can guide the type and manner in which treatment is provided to intrafamilial offenders. Internal, uncontrollable and stable attributions can be utilised as important discriminators between those intrafamilial offenders who are at higher risk of re-offending and those who are unlikely of re-offending. By identifying these ‘at risk’ attributions, researchers and
practioners can offer a specialised form of treatment by targeting and addressing these attributions with the offender. This would ultimately consist of targeting offence specific cognitions; challenging distorted attitudes, and assisting the offender to understand their pattern of offending and to recognise that their sexual offending behaviour is controllable rather than uncontainable and permanent (Marshall, 1999). Specifically, treatment would need to follow the Relapse Prevention model outlined by Pithers (1990) which outlines that an offender must understand how they shift from having restraint over their sexually abusive behaviour to those high risk situations, and ultimately, to committing another sexual offence. Thus, a key component would involve endowing offenders with the necessary skills to counteract offence supportive cognitions and desires. For this reason, intervention measures designed and targeted towards cognitively restructuring attributions that are internal, uncontrollable and stable may be more effective than interventions geared towards general factors associated with sexual recidivism.

Secondly, although cognitive distortions and the role cognition in sexually abusive behaviour are in the forefront of psychological research, the heterogeneity of sex offenders is often ignored (Bumby, 1996; Johnston & Ward, 1996). Although child sexual abuse overwhelmingly involves perpetrators who are related to the victim, research tends to classify all child sex offenders as “child molesters” or it looks solely at extrafamilial offenders (Australian Institute of Criminology, 2001). Additionally, the victim-offender relationship and its relationship to cognitions and recidivism have received comparatively little attention. The results of the current study highlight that there are many more questions which need to be answered and additional research into intrafamilial offenders can impart valuable information as to which factors are predictive of sexual recidivism and the relationship between these factors. Clarifying those factors that are most in need of intervention would also streamline existing treatment programs and improve treatment effectiveness by specifically targeting the most pertinent areas of intervention.

Finally, further research is needed regarding the explanatory abilities of the attribution and MTC:CM3 models. Given that both models were equally able to account for sexual recidivism, it is recommended that further research be carried out on developing a new model; an amalgamation of the attribution model and the MTC:CM3 model. This new model can perhaps offer greater insight into the processes and variables involved in the etiology, maintenance and treatment of intrafamilial abuse.
Conclusions

Although intrafamilial offenders are in a known relationship with the victim prior to the first episode of abuse, at some point the nature of this relationship changes from “parent” to “sexual abuser”. The current research contributes to the expanding body of research focused on clarifying the processes that may lead to child sexual abuse. The results of the current study have significant ramifications regarding practice, policy and research. Specifically, the study demonstrated that the attributions that an intrafamilial offender makes for their offending behaviour are important in the etiology, maintenance and treatment of sexual offenders.
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October 24th, 2008.

Forensic Psychology Program Director: Dr Richard Kemp

Supervisor: Associate Professor Jane Goodman-Delahunt, School of Psychology, University of New South Wales

Submitted by: Sophie Purcell (3210867)
Certificate of Originality

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgement is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work, even though I may have received assistance from others on style, presentation, and language expression.

Signature: ______________

Student’s name: Sophie Purcell
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Dear Dr Canter,

Re: Manuscript for publication

Please find attached a manuscript for review prior to submission to your edited journal: Journal of Investigative Psychology and Offender Profiling. This study was supervised by the University of New South Wales alongside the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). This study investigates the impact of denial on treatment acceptance and recidivism in intra-familial child sexual offenders.

The study was completed as part of a Masters of Psychology (Forensic) and was supervised by Associate Professor Jane Goodman-Delahunt, School of Psychology, University of New South Wales.

This manuscript has not been previously published, and is not under simultaneous review. It is set out in the required APA format and APA ethical standards were followed throughout the conduct of the study.

Please feel free to contact me if you require further information.

I look forward to receiving your feedback.

Kind regards,

Sophie Purcell

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The influence of denial on treatment acceptance and recidivism in intrafamilial child sexual offenders
Abstract

Following conviction for a sexual offence, many offenders persist in denying the extent of their involvement in the offence or that it even took place. Previous research suggested that across all sexual offenders, denial was unrelated to sexual or violent recidivism. Research specifically on intrafamilial child sexual offenders revealed that denial was associated with increased sexual recidivism. The current study explored the stage at which denial is measured; the effect of denial on treatment; and the heterogeneity of the sexual offender sample. The current study involved 214 intrafamilial child sexual offenders assessed for treatment at the NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) between 1989 and 2003. Four levels of pretreatment denial were distinguished. Although increased levels of denial significantly diminished the likelihood of being accepted into the treatment program, pretreatment denial was unrelated to recidivism rates. Exploration of demographic, offence and treatment variables raised concerns about inappropriate limitations of treatment options offered to offenders who initially deny their offence. A broader, more fluid definition of denial is recommended to inform treatment amenability. Denial assessment should serve as a treatment tool rather than an exclusion criterion for program acceptance.

Key words: Intrafamilial sexual abuse, denial, child sexual offenders
The influence of denial on treatment acceptance and recidivism in intrafamilial child sexual offenders

The conceptualisation and role of denial within the sexual offender population has been a topic of interest to researchers examining amenability to treatment, treatment compliance, and recidivism. However, the research findings have been mixed, due in part, to the heterogeneity of the group of sexual offenders, differing definitions of denial and variations in measurement timing. One study found that 98% of sexual offenders denied or minimised their offence/s to some degree (Barbaree, 1991). Another found that one-third of treatment participants denied involvement in their offences (Kennedy & Grubin, 1992). Further, approximately one-third significantly minimised aspects of their offending and another third denied having offended at all (Marshall, 1994). The influence of such a common process within the sexual offender population therefore warrants further research and attention.

Conceptualisations of Denial

Denial has often been conceptualised as an all-or-nothing, binary phenomenon, in light of which, sexual offenders either admit or deny the conduct comprising an index offence. However, a number of researchers suggested an alternative view (Cooper, 2005; Langton & Marshall, 2000; Lord & Willmot, 2004; Marshall et al, 2005; Nunes, Firestone, Wexler, Jensen, Bradford, 2007a; Nunes et al., 2007b; Rogers & Dickey, 1991; Schneider & Wright, 2001). Namely, that denial is a malleable concept, broadly reflected in three distinct sub-categories (Marshall, Fernandez, Marshall & Serran, 2005).

The most extreme form of denial is manifested by individuals who deny their presence at the scene of the crime (termed “physical denial”) (Salter, 1988). These offenders often blame the victim, or the police for what they commonly regard as a conspiracy to get them convicted. In a study of
convicted rapists, this group was labelled “outright deniers”, although it was found that some might admit to witnessing someone else committing the crime, or to committing a non-sexual crime such as robbery (Scully, 1990).

“Partial deniers” are defined as those who typically admit that they engaged in sexual activity, but deny that the act was abusive and often attribute shared responsibility for the offence to the victim. This type of denial is typically rationalised by means of cognitive distortions to the effect that the victim consented, enjoyed, deserved, or in some way, benefited from the experience (Marshall et al, 2005). Salter (1988) described this rationalization process as “psychological denial”.

The third category entails minimised responsibility, details of the offence, harm, planning or fantasizing. This group are often referred to as “admitters” in that they accept that an offence took place, but nonetheless minimise or deny aspects that may cause negative evaluation, for example, claimed they were intoxicated or denied using violence (Scully, 1990). Many offenders who admit significant details of an offence will still minimise the overall severity of their behaviour and therefore reject the need for treatment (Salter, 1988).

Many other researchers have similarly argued that denial is not a dichotomous construct present or absent in the offender, but is more realistically described as a set of mental processes that form a continuum and encompass multiple phenomena throughout treatment (e.g., Andrews & Bonta, 2003; Beyko & Wong, 2005; Brake & Shannon, 1997; Hanson & Harris, 2000; Langton, 2007; Winn, 1996; Wright & Schneider, 2004). An instrument entitled the Facets of Sexual Offender Denial (FoSOD; Schneider & Wright, 2001) in child molesters was developed to measure multiple cognitive dimensions that are inversely related to an individual’s willingness to assume responsibility for his or her actions. The greater the number of denial-related cognitions evidenced by an individual, the less responsibility the person is likely to accept for his or her behaviour. The FoSOD allows clinicians to examine functions of denial both in the commission of the offence and
throughout treatment and aims to distinguish between: (a) denial as intentional deceit designed to avoid unwanted consequences; (b) denial as an entrenched defense mechanism; and (c) denial as a manifestation of embedded cognitive distortions associated with deviant sexual interests (Schneider & Wright, 2001). It’s conceptualisation of denial includes refutation of the offence, denial of extent, denial of intent, assertion of victim desire, denial of planning and denial of risk of relapse.

Other measures of denial include Brake and Shannon’s (1997) four level version, with three categories, ranging from admitters of fact to deniers of fact; and the Denial and Minimisation Checklist (DMCL-III; Langton, Barbaree & McNamee, 2003). The DMCL-III has three broad categories – (i) the offender completely denies committing a sexual offence, (ii) admits an offence occurred but minimises aspects of the offence or (iii) fully acknowledges the nature and details of the offence (Langton et al, 2003). All three of these instruments attempt to gauge the multiplicity of denial used by sexual offenders; an issue further explored within the current study.

Research around sexual offenders who initially denied their offence but went on to later acknowledge it, have explored the role denial played for these offenders (Lord & Willmott, 2004). The reasons why they denied committing their offences were categorized as indicative of three psychological processes: (1) low motivation or a lack of insight, (2) threats to self-esteem and self-image, and (3) fear of negative, extrinsic consequences such as losing their family and friends (to whom they had previously maintained their innocence). These reasons have also been documented within clinical settings (Marshall et al., 2005).

**The Relationship between Denial and Recidivism**

Two meta-analyses by Hanson and colleagues (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005), determined that neither denial nor minimisation of sexual offending behaviour predicted sexual recidivism. Nevertheless, considerable emphasis is placed on targeting denial and minimisation within treatment programs for both juvenile and adult sexual offenders (e.g., Barbaree
& Cortoni, 1993; Beech & Fisher, 2002; Maletzky, 1996; McGrath, Cumming & Burchard, 2003; Salter, 1988). Indeed, the presence of denial has been construed as a risk factor for sexual recidivism with variables encompassing types of denial and/or various minimisations being included in a number of sexual offender risk-assessment protocols (e.g. Boer, Hart, Kropp, & Webster, 1997; English, Retzlaff, & Keinsasser, 2002; Prentky, Harris, Frizzell, & Righthand, 2000; Wong, Olver, Nicolaichuk, & Gordon, 2004). Furthermore, denial has been found to influence the decisions of risk assessors in applied settings (Amenta, 2006), resulting in adjustments to the actuarial risk level (Barbaree, Langton & Peacock, 2006; Gore, 2004).

Hanson and colleagues’ findings on denial have not gone unchallenged. Limited conclusions should be drawn considering the heterogeneity in the studies used to examine the association between denial and sexual recidivism, the low base rates of recidivism and the high probability of Type II error within each (Lund, 2000) (see Table 1). This concern was borne out in Hanson’s second meta-analysis (Hanson & Morton-Bourgon, 2005) in which denial was not significantly associated with sexual or violent recidivism. However a significant relationship was found with general recidivism: deniers were more likely to reoffend in general. However, all effect sizes were extremely small and did not suggest an important link between denial and recidivism in sexual offenders (per Cohen, 1992, $d = 0.2$ is small; sexual $d = 0.02$ (9 studies), violent $d = 0.13$ (5 studies) and general $d= 0.12$ (7 studies)).

Table 1: Denial and Minimisation Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Operationalisation of Denial</th>
<th>Scale for Denial</th>
<th>Timing of Assessment</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith &amp; Monastersky (1986)</td>
<td>Complete denial vs externalise blame</td>
<td>Dichotomous</td>
<td>Pretreatment</td>
<td>112</td>
</tr>
</tbody>
</table>
Another concern was that in the majority of the studies reviewed by Hanson and Morton-Bourgon (2005), denial and minimisation were operationalised as dichotomous variables (rated by clinical observation). Furthermore, with the exception of one study, all assessments were undertaken pretreatment. The complexity of denial and the differential association of its various facets and components within stages and progress in treatment suggest that dichotomous variables fail to reflect
important aspects of offenders’ clinical presentations and unduly restrict the range of variables in statistical analyses (Bumby, Marshall & Langton, 1999; Dempster & Hart, 2002; Jung, 2004; Langton et al, 2008; Maruna & Mann, 2006; Wright & Schneider, 2004). Further investigation of denial and minimisation using continuous measures is warranted: for example, exploring denial and its influence at a set time-frame or period in the treatment process in order to explore denial’s impact on treatment and later recidivism.

Another failing of the existing research is the lack of exploration of the association between denial and recidivism between distinct groups of sexual offenders (e.g. extrafamilial versus intrafamilial offenders). Ignoring this may have masked distinct relationships that are particular to one group but not others. For instance, some research has reported higher levels of complete denial among rapists and significant differences in the types of denial and minimisation between rapists and child molesters (Kennedy & Grubin, 1992; Nugent & Kroner, 1996), whilst other studies have found no significant differences between sexual offender types (Gibbons, de Volder, & Casey, 2003; Jung, 2004). Accordingly, it is important to consider offender type in future prediction studies, although past studies provide no evidence to reliably predict outcomes associated with denial.

One study which has explored the differences between sub-types of sexual offenders in relation to denial and recidivism found that for intrafamilial offenders, rates of sexual recidivism were 16.7% among deniers compared to 6.3% among admitters (Nunes et al., 2007b). In a group of extrafamilial offenders, sexual recidivism was 14.8% for deniers versus 24.2% for admitters (with denial scored as a dichotomous variable). That is, there was a significant interaction between risk and denial such that denial increased the sexual recidivism rates in low-risk offenders, and decreased the risk of recidivism in high-risk offenders. Low-risk offenders who denied their offences were more likely to sexually reoffend than low-risk offenders who admitted their offences (Nunes et al., 2007b). Within this sample, the low-risk category encompassed intrafamilial offenders. In all samples, intrafamilial offenders were more likely to sexually reoffend if they denied their offences.
compared to intrafamilial offenders who admitted their offences. Among the extrafamilial offenders, there was no consistent relationship between denial and sexual recidivism. The overall interaction between relationship to victims and denial on sexual recidivism was statistically significant (Nunes et al., 2007b).

From this, it was concluded that denial could be a real, but minor, risk factor (Lund, 2000; Nunes et al, 2007b). If few other factors are present, denial could indicate increased recidivism risk. However, when compared to major risk factors such as sexual deviance and general criminality found in high-risk offenders, denial may lose relevance. Another possible explanation considered by Nunes et al (2007b) is that denial by intrafamilial offenders may ‘work’: intrafamilial offenders may be able to convince others of their innocence; thereby reducing the barriers to offending that are expected with a known sexual offender in the family. For offenders with extrafamilial victims, however, denial may not have the same impact on sexual recidivism because maintaining or regaining trust in the family of the index victims is not required for reoffending; they simply move on to a new victim. There were limitations, however, around when denial was measured (i.e. pre or post treatment) and the use of a dichotomous measure of the denial variable. Further, Nunes et al.’s (2007b) study did not provide information about the impact of incarceration on treatment and on the denial/recidivism relationship.

The Role of Denial in Treatment

Treatment providers have argued that offenders are not likely to fully participate in treatment or work toward changing their behaviour without acknowledging their own responsibility for the offence and their problem sexual behaviours (O’Donohue & Letourneau, 1993; Salter, 1988; Schlank & Shaw, 1996). Research conducted across a range of settings have previously found that offenders who disavow the commission of an offence or deny accountability are likely to be noncompliant with treatment tasks, resistant to accepting ownership of treatment goals, and more likely to fail to
complete treatment (Brake & Shannon, 1997; Hunter & Figueredo, 1999; O’Donohue & Letourneau, 1993; Salter, 1988). Accordingly, accountability is viewed as an essential component of treatment and denial is considered a central obstacle that stands in the way of accepting responsibility for the offence (Blumenthal, Gudjonsson & Burns, 1999; Marshall et al, 2003; Schneider & Wright, 2004). Treatments that primarily focus on denial tend to view clients in terms of readiness for treatment, exploring how to prepare clients to be sufficiently motivated to engage in the treatment process (e.g. O’Donohue & LeTourneau, 1993). In contrast, treatments that emphasise responsibility typically bypass the issue of readiness and focus on interventions that attempt to modify distorted attitudes and beliefs to improve motivation to control deviant behaviour (Mann, Ginsburg & Weekes, 2002; Prochaska & DiClemente, Norcross, 1992; Salter, 1988).

Although research on the topic of denial has been expanded, confusion persists as to what is meant by ‘denial’, ‘minimisation’ and ‘responsibility’. Some researchers have used the term ‘denial’ to refer only in a restricted sense to the disavowal of commission of an offence, whereas others used denial to refer to a broader range of explanations provided by offenders to justify or minimise offence related behaviour. The impact of the narrower definition of denial is problematic for a number of reasons. First, by focusing exclusively on complete deniers and methods to eliminate complete denial in advance of standard treatment, the perceived relevance of denial has been largely discounted in all later stages of treatment (Marshall, Thornton, Marshall, Fernandez, Mann, 2001). Second, the work of those who adopted a broader view of denial has been overshadowed by the focus on eliminating complete denial on the one hand and characteristics ascribed to cognitive distortions on the other. As a result, for many, denial has come to be narrowly associated with intentional deceit, despite empirical support suggesting that denial is also likely to be grounded in distorted cognitions (Langton & Marshall, 2000; Maruna & Mann, 2006; Schneider & Wright, 2004; Ward, Fon, Hudson, McCormack, 1997).
Third, many researchers subscribing to the narrow view of denial have interpreted the complete disavowal of an offence to indicate poor amenability to treatment. Accordingly, offenders who deny their conduct have been excluded from treatment (Frenken, 1994; McGrath, 1990). Practitioners reasoned that if offenders denied their offences, they were not motivated to learn self-management skills, because they did not view themselves as having a problem or believe that they had done something wrong (Marshall et al, 2001; O’Donohue & Letourneau, 1993; Schlank & Shaw, 1996). Moreover, some providers were concerned that if these offenders were allowed to remain in programs without admitting to their offence, clinicians were in effect reinforcing the illusion that offenders can benefit from treatment without taking responsibility for their offence (Maletzky, 1996; Wright & Schneider, 2004). This latter argument is inconsistent with practice standards that include acceptance of responsibility as a fundamental goal of treatment (Association for the Treatment of Sexual Abusers, 2005). From this viewpoint, requiring that offenders must be out of denial before starting treatment is tantamount to requiring them to (at least partially) ‘cure’ themselves before they can receive treatment. Contradictory views of the role of offender accountability (as a prerequisite to treatment versus a treatment goal) have not been resolved and continue to affect how denial is conceptualized and utilised; leaving open the question of whether one should admit or exclude deniers.

Previously, Beckett, Beech, Fisher and Fordham (1994) and Kennedy and Grubin (1992) both concluded that denial and minimisation has not reliably been demonstrated to predict treatment gains. Further, Hanson and Harris (2000), Marshall et al (2001, 2005) and Levenson and Macgowan (2004) all found that treatment for sexual offending has been shown to be effective regardless of denial; suggesting that treatment does not need to produce changes in offender denial in order to be effective.

To date, few studies have assessed changes in denial and minimisation throughout treatment. This dynamic variable is difficult to measure due to differences between treatment programs and the
settings in which they are undertaken. More exploration of the dynamic role of denial is needed; in the meantime, it is important when studying denial to confine the measurement to a certain time period.

An evaluation of the New South Wales Pre-Trial Diversion of Offenders Program (PTDP), also known as Cedar Cottage, produced an interesting result regarding participants’ acceptance of responsibility at the end of their treatment (Goodman-Delahunty & Pratley, 2008). Participants who were accepted into the program and underwent some treatment were coded as either accepting full responsibility for their abusive behaviour or not. Participants who did not accept full responsibility for their abusive behaviour at the point of their last contact with the NSW PTDP (25%) had a higher number of reoffences than participants who accepted full responsibility (75%). This trend was demonstrated with respect to general, sexual and non-sexual recidivism, as shown in Table 2. However, the difference was statistically significant only for general recidivism ($\chi^2 = 4.81$, $df = 1$, $N = 214$).

Table 2: Acceptance of responsibility and estimated lifetime rate of recidivism (percent, n)

<table>
<thead>
<tr>
<th>Type of Recidivism</th>
<th>Accepts responsibility*</th>
<th>Does not accept responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>General recidivism</td>
<td>14</td>
<td>20.6</td>
</tr>
<tr>
<td>Sexual recidivism</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>Nonsexual recidivism</td>
<td>12</td>
<td>17.6</td>
</tr>
<tr>
<td>Total N*</td>
<td>68</td>
<td></td>
</tr>
</tbody>
</table>

- excludes 4 participants for whom no data on acceptance of responsibility were recorded

Although this is an interesting result, it included only those offenders who had been accepted into the program and evaluated responsibility categorically based on a review of case files and treatment notes. Further exploration of this finding is necessary.
Context of the Research

The research was based on treatment records maintained by Cedar Cottage personnel. The *Pre-Trial Diversion of Offenders Act 1985 (NSW)* outlines in Section 2A that Cedar Cottage provides treatment for offenders who plead guilty to a sexual offence against their own or their partner’s child/children. The program is designed as an alternative form of prosecution intended to alleviate common problems associated with prosecuting sexual offenders, especially intrafamilial offenders. A guilty plea alleviates the need for the victim and family to take the stand, and guarantees a conviction for the prosecution without having to rely on witnesses who often recant allegations of abuse in cases of intrafamilial offences (Gelb, 2007).

Clinicians at Cedar Cottage follow a scientist-practitioner model. Treatment consists of individual and group sessions. To be accepted into the program, applicants must make acknowledgments about their offending behaviour that match the victim’s statement provided to the police. Applicants are encouraged to provide as much detail as possible regarding their abusive conduct. Over the eight-week assessment period, the Program Director determines if the applicant is suitable for the program, and the applicant decides whether the program is suitable for them. According to the *Pre-Trial Diversion of Offenders (Child Sexual Assault) Act 1989 (NSW)* the decision is made by taking into account:

a. Any statement made to a police officer in relation to the alleged offence

b. Relevant information held by other government agencies which are or have been involved in the treatment of the person charged with the offence or of a member of the that person’s family or household;

c. Interviews conducted by the Director or officer making the assessment with the person, the person’s spouse or de facto spouse and child concerned;

d. Whether the person accepts responsibility for the sexual assault of the child;
e. Whether the person demonstrates some understanding of the impact of the offence on the child and on other members of the child’s family or household;

f. Whether the person’s spouse or de facto partner is prepared to participate in the Program as required by the Director;

g. Whether the person and the person’s spouse or de facto partner have sufficient interactive skills to be able to participate in any group therapy aspects of the Program;

h. Whether participation in the Program by the person, the person’s spouse or de facto partner and the child concerned is in the best interests of the child.

Program participants have a minimum of two years to complete the program, with the possibility of an extension of up to one year. Upon entry into the program, participants sign a Treatment Agreement which stipulates conditions of treatment. These conditions include, but are not limited to, no contact with the victim/s, no contact with the victim’s siblings, no contact with any children under the age of 16, all accommodation and employment must be approved by the Director, and an “exclusion zone” around the victim’s house and school. Offenders who do not complete the program successfully within the maximum three year period return to the courts for sentencing.

The Current Study

The current study aimed to determine whether, within a homogenous group of intrafamilial child sexual offenders, pretreatment denial of offences influences both their acceptance into the Cedar Cottage treatment program and their future recidivism. Two hypotheses were tested:

1. Intrafamilial child sexual offenders with more extensive levels of pre-treatment denial are less likely to be accepted into the Cedar Cottage program.

2. Given that denial is a dynamic treatment goal, levels of denial pretreatment in intrafamilial child sexual offenders do not predict future sexual, non sexual or general recidivism.
A further aim of the study was to explore pretreatment denial in relation to a range of demographic, offence and treatment variables.

**Method**

**Participants**

Participants were 214 male intrafamilial child sexual offenders who were referred to Cedar Cottage from the date of the program’s inception in 1989 until December 31, 2003. Participants who were not deemed suitable for treatment (56.5%, n = 121) are referred to as the ‘Not Accepted’ group. Participants accepted into the program for treatment (43%, n = 93) are referred to as the ‘Accepted’ group. Participants who successfully completed the treatment program (24.8%, n = 53) are referred to as ‘Completers’, whereas participants in the accepted group who terminated treatment prior to completion, either voluntarily (3.7%, n = 8), or because they breached the treatment agreement (15%, n = 32), are referred to as Noncompleters (18.7%, n = 40).

**Procedure and Measures**

The data were collected by means of a systematic examination of historical case records maintained at Cedar Cottage (refer to Appendix A and B for coding forms). Information was coded by the author and five other postgraduate psychology students from the University of New South Wales. For the coding of denial, individual participant data were collected from the historical case records on:

1. How the participant progressed through assessment
2. How many assessment sessions were conducted
3. Their account of the offence/s.
4. Reasons why they were/ were not accepted into the program provided by the clinician.

Based on this data, denial was coded at one of four levels:
0  Match and extend the victim’s account
1  Minimise or deny aspects of the offence (e.g. claim that they were intoxicated or can’t remember)
2  Share responsibility or do not see the need for treatment (e.g. sexual contact was “mutual”, was initiated by the victim, or was no longer a problem)
3  Completely or adamantly deny the offence (e.g. contend they have a drug related problem and did not sexually offend)

The foregoing categories were discussed with Calvin Langton (personal communication, 26/07/2008), William Marshall (personal communication, 29/07/2008) and Kevin Nunes (personal communication, 22/07/2008). All agreed this was a meaningful and appropriate way to operationalise denial. Insufficient information was available for four participants who were excluded from the study.

Interrater reliability was calculated to establish the extent of consensus on the use of a coding instrument. Different raters double-coded 11.6% of the total sample (25 cases). Consensus was measured by the number of agreements divided by the total number of observations. The raters agreed on 84.75% of the observations, yielding a high level of interrater reliability. Reliability estimates ranged from 71.4-91.6% agreement (mode = 90.8%; median = 87.5%) (Goodman-Delahunty & Prately, 2008).

Data obtained from the Computerized Operational Policing System (COPS) and the Bureau of Crime Statistics and Research (BOCSAR) indicated whether participants reoffended following their contact with Cedar Cottage.

Recidivism was defined as reoffending which led to a report to the police, a charge or a conviction, for any criminal offence. Recidivism was observed from the time between the participant’s final contact with Cedar Cottage and October 31st 2007 when the NSW Police began
providing data on participant reoffences. If incident dates were recorded, these were used as the date of reoffending. If this data was not available, alternative dates were the date the crime was reported or the date the offender was charged. The observation period ranged from 1.8 to 15.8 years.

Criminal offences were classified into one of three groups: sexual offences (hands-off sexual offences, indecent assault, and sexual assault), violent charges, and nonsexual nonviolent offences. Information regarding an Apprehended Violence Order taken against a participant was recorded as an offence where it accompanied a violent event.

Analyses were conducted in three stages:

1. A correlation matrix was used to explore the denial variable.

2. The effect of denial was explored in relation to whether participants were accepted into treatment or not using binary logistic regression. Logistic regression can be used to predict a dependent variable on the basis of continuous and/or categorical independents and to determine the percent of variance in the dependent variable explained by the independents. The impact of predictor variables is usually explained in terms of odds ratios.

3. The effect of denial on all types of recidivism was determined using survival analyses. A survival analysis using a Cox proportional-hazards regression allowed an estimate of the predictive validity of the independent variables. This analysis is sensitive to whether members of each group commit subsequent crimes and also to the length of time between last contact and criminal activity (Wright, 2000). Data used to conduct the survival analysis included: Start was the date the observation commenced and it was the participant’s final contact with Cedar Cottage. Stop was the closing date of the observation (October 31st, 2007). Recidivism status (d) is zero if no reoffence has been recorded and one if there has been a reoffence. Total observation time (T) equals stop minus start where d = 0, or date of reoffence minus start where d = 1. A Cox proportional analysis allowed an estimate of the linear relationship between the independent variables (denial and treatment group)
and recidivism. This model allowed for the examination of the impact of one variable upon recidivism while holding other variables constant.

**Results**

Sufficient information was available in the official records to code level of denial for 211 child sexual offenders referred to Cedar Cottage. Of these, 43.6% were eventually accepted into the program.

**Offender denial strategies**

Approximately one quarter of those referred accepted responsibility for their conduct \( (n = 51) \), and their statements matched and/or extended the victim’s account of the abusive behaviour. Almost all of the offenders who accepted responsibility for their offending conduct, (98% of this group) attended more than four assessment sessions with Cedar Cottage personnel, and were accepted into the program. Of this group, the majority went on to attend the treatment program, while 5.9% voluntarily withdrew during the assessment phase. In all, 70.6% of the offenders who fully accepted responsibility for their conduct completed the treatment program in two or three years.

Overall, 75.8% \( (n = 160) \) of offenders demonstrated some form of denial of responsibility for their abusive behaviour. Only 26.3% of these were accepted into treatment. One third (33.6%) of all offenders referred to Cedar Cottage \( (n = 71) \) used the lowest form of denial i.e. minimisation and justification for their conduct. Of these 62% were declined, 12.7% voluntarily withdrew and 35.2% had four or fewer assessment sessions. Of the group who were accepted (38%), two thirds did not complete \( (n = 18) \) and one third completed treatment \( (n = 9 \) of 27 accepted).

Nearly a quarter of offenders shared responsibility for the offence (24.6%, \( n = 52 \)) or did not see the need for sexual related treatment. Within this group of 52, 26.9% were accepted and 15.4%
went on to complete the program. Over forty percent of offenders within this group (42.3%) had fewer than five assessment sessions and 5.9% voluntarily withdrew from assessment.

Finally, 17.5% \((n = 37)\) of the offenders completely or adamantly denied their offences. Offenders in this group attended fewer assessment sessions: only one individual (2.7%) attended more than four assessment sessions and was accepted into treatment; however he did not complete the treatment program. Most offenders in this group (91.2%) had four or fewer assessment sessions. The majority, 54.1\% \((n = 20)\) voluntarily withdrew during the assessment period.

**Table 3: Offender level of denial by treatment group and assessment variables (percent, n)**

<table>
<thead>
<tr>
<th>Level of Denial</th>
<th>Match or extend account</th>
<th>Minimise or justify offences</th>
<th>Partial denial</th>
<th>Complete denial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.2</td>
<td>33.6</td>
<td>24.6</td>
<td>17.5</td>
</tr>
<tr>
<td>Withdrew from assessment</td>
<td>8.8</td>
<td>26.5</td>
<td>5.9</td>
<td>58.8</td>
</tr>
<tr>
<td>(\leq 4) assessment sessions</td>
<td>3.6</td>
<td>29.8</td>
<td>26.2</td>
<td>40.5</td>
</tr>
<tr>
<td>Completed assessment</td>
<td>27.1</td>
<td>35.0</td>
<td>26.2</td>
<td>9.6</td>
</tr>
<tr>
<td>Declined treatment</td>
<td>0.8</td>
<td>37.0</td>
<td>31.9</td>
<td>30.3</td>
</tr>
<tr>
<td>Accepted</td>
<td>54.3</td>
<td>29.3</td>
<td>15.2</td>
<td>1.1</td>
</tr>
<tr>
<td>• Non-completers</td>
<td>35.9</td>
<td>46.2</td>
<td>15.4</td>
<td>2.6</td>
</tr>
<tr>
<td>• Completed Treatment</td>
<td>67.9</td>
<td>17.0</td>
<td>15.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

An exploratory study of denial expressed by the offenders in relation to demographic variables, offence characteristics and treatment variables was carried out. The results suggested that level of denial had a strong positive relationship with demographic variables such as intellectual disability, experiencing a thought disorder and having a juvenile offending history. Negative
correlations were found between level of denial and whether the offender had experienced physical, emotional or sexual abuse. In terms of offence characteristics, there were significant negative correlations between the number of abusive acts completed, the range of sexual offending and the participant’s level of denial. More extreme denial (e.g. claimed innocence or failure to perceive the offence as wrongful or harmful) was more likely when offenders had committed fewer abusive acts, and a narrower range of abusive acts (e.g. offenders who admitting to all or the majority of the offences disclosed more information regarding the range and number of abusive acts committed). A significant positive relationship was observed between the extent of reported physical force used in the commission of the index offence and level of denial, suggesting that perpetrators who used violence were more extreme deniers ($r = .24, p = .006$).

Denial was most highly correlated with treatment group (accepted, completed then not completed) and whether the offender was accepted for treatment at Cedar Cottage or not. Higher levels of denial were associated with declination of treatment, and if the offender was accepted for treatment, with dropping out or breaching from the treatment program. Once within treatment, offenders who expressed higher levels of denial were less likely to provide face-ups (offenders disclose the planning of and offence to family members, supports), and were less likely to be perceived as accepting responsibility for their offending conduct at the end of their treatment. More extreme levels of denial were not significantly correlated with any recidivism measures.

Table 4: Correlates of Denial
<table>
<thead>
<tr>
<th>Variable</th>
<th>Level of Denial</th>
<th>Number of cases (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Characteristics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual functioning (0=no history, 1=some intellectual handicap)</td>
<td>.262*</td>
<td>52</td>
</tr>
<tr>
<td>History of affective disorder (0=no history, 1= history but in remission, 2=presence of thought disorder medicated or not)</td>
<td>.392**</td>
<td>51</td>
</tr>
<tr>
<td>Participant was a victim of physical/emotional abuse</td>
<td>-.143*</td>
<td>211</td>
</tr>
<tr>
<td>Participant was a victim of sexual abuse</td>
<td>-.305**</td>
<td>211</td>
</tr>
<tr>
<td>Participant was a victim of any abuse</td>
<td>-.293**</td>
<td>211</td>
</tr>
<tr>
<td>Participant has a juvenile offending history</td>
<td>.197*</td>
<td>118</td>
</tr>
<tr>
<td>Participant has a juvenile and adult offending history</td>
<td>.113</td>
<td>211</td>
</tr>
<tr>
<td>No history of prior offending vs. history of offending (adult and juvenile)</td>
<td>.145*</td>
<td>211</td>
</tr>
<tr>
<td>Offence Characteristics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range of sexual offending (0=little variation in offence behaviour, 1= limited number of acts, 2= variety of offences)</td>
<td>-.169*</td>
<td>173</td>
</tr>
<tr>
<td>Kissing (0=no 1=completed 2=attempted)</td>
<td>-.152*</td>
<td>210</td>
</tr>
<tr>
<td>Digital penetration (0=no 1=completed 2=attempted)</td>
<td>-.128*</td>
<td>210</td>
</tr>
<tr>
<td>Number of abusive acts completed</td>
<td>-.180**</td>
<td>210</td>
</tr>
<tr>
<td>Degree of physical injury to the victim (0=minor physical harm, 1= moderate physical harm, 2= substantial physical harm)</td>
<td>.237**</td>
<td>112</td>
</tr>
<tr>
<td>Claims innocence</td>
<td>.213**</td>
<td>210</td>
</tr>
<tr>
<td>Not perceived as wrong/harmful</td>
<td>.212**</td>
<td>210</td>
</tr>
<tr>
<td>Treatment Factors:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted</td>
<td>-.572**</td>
<td>211</td>
</tr>
<tr>
<td>Treatment group (0=not accepted, 1=completed, 2=</td>
<td>-.484**</td>
<td>211</td>
</tr>
</tbody>
</table>
breached/withdrew)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Kendall's tau-b</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated vs. untreated (0=treated, 1=untreated)</td>
<td>-.463**</td>
<td>211</td>
</tr>
<tr>
<td>Length of time in program (months)</td>
<td>-.531**</td>
<td>211</td>
</tr>
<tr>
<td>Did the participant complete treatment (0=no, 1=yes)</td>
<td>-.419**</td>
<td>211</td>
</tr>
<tr>
<td>Group (0=not accepted, 1=non completers, 2= completed)</td>
<td>-.565**</td>
<td>211</td>
</tr>
<tr>
<td>Face-up to child victim (0=no 1=yes)</td>
<td>-.307**</td>
<td>89</td>
</tr>
<tr>
<td>Face-up to non-offending parent (0=no 1=yes)</td>
<td>-.288**</td>
<td>89</td>
</tr>
<tr>
<td>Face-up to victim’s siblings (0=no 1=yes)</td>
<td>-.211*</td>
<td>89</td>
</tr>
<tr>
<td>Face-up to offender’s parents (0=no 1=yes)</td>
<td>-.215*</td>
<td>89</td>
</tr>
<tr>
<td>During treatment: face-up to siblings (0=no 1=yes)</td>
<td>-.277**</td>
<td>96</td>
</tr>
<tr>
<td>Face-up matched victim’s complaint (0=no 1=yes)</td>
<td>-.195*</td>
<td>96</td>
</tr>
<tr>
<td>Face-up extended victim’s complaint (0=no 1=yes)</td>
<td>-.193*</td>
<td>96</td>
</tr>
<tr>
<td>Acceptance of responsibility (0=accepts responsibility for offence, 1=accepts partial responsibility for offence, 2=fails to accept responsibility for offence)</td>
<td>.412**</td>
<td>91</td>
</tr>
<tr>
<td>Categorical acceptance of responsibility (0=no 1=yes)</td>
<td>-.396**</td>
<td>89</td>
</tr>
</tbody>
</table>

**Recidivism:**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Kendall's tau-b</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant generally reoffended</td>
<td>.065</td>
<td>211</td>
</tr>
<tr>
<td>Participant sexually reoffended</td>
<td>.062</td>
<td>211</td>
</tr>
<tr>
<td>Participant reoffended nonsexually</td>
<td>.057</td>
<td>211</td>
</tr>
<tr>
<td>Participant violently reoffended</td>
<td>.04</td>
<td>211</td>
</tr>
<tr>
<td>Participant reoffended with a nonsexual non violent offence</td>
<td>.097</td>
<td>211</td>
</tr>
</tbody>
</table>

1 Kendall’s tau-b correlation used for non-parametric data

* p<.05  ** p<.01
Influence of Denial on Treatment Acceptance

In order to explore hypothesis one, whether increasing denial negatively influenced offenders’ acceptance into treatment, a logistic regression was conducted, with level of denial as a categorical variable (where the predictor is dummy coded by SPSS). The dependent variable was acceptance for treatment (0= accepted, 1= not accepted). The extent of agreement between the expected and observed values conveys the predictive efficacy of the model. As the expected and observed values become increasingly approximate, the predictive efficacy of a measure is maximized. The values of the dependent variable (not being accepted) based on the full logistic regression model correctly predicted that 118 cases would not be accepted for treatment, with one case incorrectly predicted to be accepted; 99.2% percent of the group declined treatment were correctly predicted. Fifty (50) cases were correctly predicted to be accepted for treatment and 42 were incorrectly predicted to be declined treatment when they were accepted resulting in 54.3% correct predictions. The overall percentage of cases correctly predicted by the full model is 79.6%, which is an increase from 56.4% correct in the null model.

As denial increased from full admission to minimising or justifying the offence, the odds of being declined treatment increased by 81.48. When compared to matching and extending the victims account, sharing responsibility for the offence increased the odds of not being accepted by 135.71. Completely denying the offence compared to matching and extending the victim’s account lead to an increase in the odds of declination of 1800. In this model, denial of responsibility for the offending behaviour significantly predicted whether an offender would be accepted for treatment ($\chi^2 = 115.11$, $df=3$, $p < .001$).
Table 5: Logistic regression predicting treatment acceptance

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E</th>
<th>Wald</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall model</td>
<td>30.437*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denial level 1 vs. level 0</td>
<td>4.40</td>
<td>1.039</td>
<td>17.933*</td>
<td>81.481</td>
</tr>
<tr>
<td>Denial level 2 vs. level 0</td>
<td>4.911</td>
<td>1.057</td>
<td>21.573*</td>
<td>135.714</td>
</tr>
<tr>
<td>Denial level 3 vs. level 0</td>
<td>7.496</td>
<td>1.431</td>
<td>27.436*</td>
<td>1800.000</td>
</tr>
</tbody>
</table>

* p<.001

Figure 1: Level of denial in treatment completers and noncompleters

After the screening period for acceptance into the program, pretreatment denial continued to interact with whether the participant completed or did not complete treatment. Only one participant who completely denied the offence prior to treatment was accepted, but he failed to complete treatment, as shown in Figure 1.

Influence of Denial on Recidivism
Survival analyses confirmed the predictions of hypothesis two. Taking into account the offender’s status of treatment (i.e. was not accepted, a noncompleter or a completer), more extensive levels of pretreatment denial did not differ significantly from lower levels of pretreatment denial on general recidivism, sexual recidivism, violent recidivism, or non-sexual, non-violent recidivism, as illustrated in Table 6. Of the offenders who admitted to the offences, nearly three quarters (72.5%) did not reoffend while 7.8% of these offenders reoffended sexually. Offenders who minimised or justified aspects of their offence had a slightly higher general reoffence rate, with 31.0% reoffending generally and 11.3% sexually reoffending. The reoffence rate for offenders who shared responsibility with the victim was 28.8% for general offences and 9.6% for sexual reoffending. The more extreme deniers had higher levels of reoffending with 40.5% reoffending and 16.2% reoffending sexually. Differences in reoffending by the number of reoffences (via a logistic regression) and by the survival time were not statistically significant across the different levels of denial, accounting for treatment.

Within the survival analysis, there was a nonsignificant tendency in the group of offenders who had completely or adamantly denied their offence pretreatment: this group was more likely to reoffend across all types of reoffences except non sexual reoffences and reoffending at an earlier time than all other groups. Across both general reoffending and sexually reoffending, those who minimised their offences appeared to take longer and recidivate less than those offenders who made full admissions. There was no overall statistically significant difference in this finding, see Figures 2, 3, 4 5, and 6.
Table 6: Results of Cox proportional-hazards regression

<table>
<thead>
<tr>
<th>Variable</th>
<th>All recidivism</th>
<th>Sexual Recidivism</th>
<th>Nonsexual recidivism</th>
<th>Violent recidivism</th>
<th>Nonsexual, non violent recidivism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazard ratio</td>
<td>Hazard ratio</td>
<td>Hazard ratio</td>
<td>Hazard ratio</td>
<td>Hazard ratio</td>
</tr>
<tr>
<td>Denial (reference category = 0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>.870</td>
<td>.788</td>
<td>1.130</td>
<td>.873</td>
<td>.709</td>
</tr>
<tr>
<td>Level 2</td>
<td>.768</td>
<td>.835</td>
<td>.852</td>
<td>.421</td>
<td>.841</td>
</tr>
<tr>
<td>Level 3</td>
<td>.738</td>
<td>.835</td>
<td>.769</td>
<td>.362</td>
<td>.764</td>
</tr>
<tr>
<td>Treatment group (reference category = not accepted)</td>
<td>Non-completers</td>
<td>1.542</td>
<td>1.564</td>
<td>2.161</td>
<td>1.789</td>
</tr>
<tr>
<td></td>
<td>Completers</td>
<td>1.660</td>
<td>.960</td>
<td>2.279</td>
<td>2.934</td>
</tr>
</tbody>
</table>
Figure 2: Cox proportional-hazards
survival for all reoffences

Figure 3: Cox proportional-hazards
survival for sexual reoffences

Figure 4: Cox proportional-hazards
survival for nonsexual reoffences

Figure 5: Cox proportional-hazards
survival for nonsexual, nonviolent reoffences
Figure 6. Cox proportional-hazards survival for violent reoffences

Discussion

The purpose of this study was to examine the role of denial in a homogenous population of intrafamilial child sexual offenders. The results suggest that initial denial of offences within this group reduces their chances of being assessed as suitable for the Cedar Cottage treatment program. Their pretreatment denial does not, however, impact on future recidivism of any type, either the time taken to reoffend or the level at which they do reoffend. This was to be expected; as it was postulated that denial is a dynamic factor malleable to treatment and other factors; so measuring denial pretreatment or incarceration will not relate to future reoffending, whereas maintaining more extensive denial post treatment appears to. These findings are consistent with the hypotheses.

Further explorative examination of offender denial revealed a range of variables which were significantly correlated with it. This suggests that pretreatment denial may have some relationship with demographic factors such as prior criminal history, history of affective disorder, intellectual
level and being a victim of abuse as a child. The offenders with more extensive levels of denial were also less likely to complete the eight week assessment period, and if accepted for treatment they spent less time in the program. Finally, this group performed fewer face-ups, were less likely to match the victim’s account and were less likely to have accepted full responsibility for their offence at their last contact with Cedar Cottage. The findings have several implications which are now discussed.

**Research implications**

The range of levels of denial expressed by participants is unsurprising considering the stigma and consequences of admitting to the offenses for which they are charged. These results echo Nunes et al (2007b) study which found higher denial in intrafamilial offenders and postulated that this group may suffer more severe consequences for admitting their guilt. Furthermore, it re-inforces the importance of examining denial as a continuous variable in future research.

Another novel implication of the current research is that it only examined pretreatment denial (as opposed to denial measured either after or throughout treatment). Denial may be conceived of as a dynamic process as offenders move through the legal process of being charged and subsequently prosecuted for the offence, being assessed for treatment and then potentially incarcerated (Marshall et al, 2005; Langton et al, 2008; Wright & Schneider, 2004). Therefore, the malleability of this factor requires further exploration, especially if denial is a factor which prevents acceptance into treatment. The current study found that those with more extensive pretreatment denial appeared to have lower acceptance of responsibility at their point of last contact with Cedar Cottage. However, this relationship may be impacted by the offender’s response and engagement in treatment. The finding that pretreatment denial did not relate to recidivism yet acceptance of responsibility at the end of treatment did supported this notion (Goodman-Delahunty & Pratley, 2008).
Having access to a wide range of information about the offenders from the Cedar Cottage database (Goodman-Delahunty & Pratley, 2008) allowed exploration of denial in relation to numerous other variables. This has highlighted some interesting relationships which would benefit from further exploration. The correlation found between denial, intellectual functioning and affective disorders could not be given much weight within the current research due to the variable process of initial assessment. This suggests the need to incorporate a more comprehensive assessment of these factors upon intake into the program.

Another finding is the offender’s previous criminal history. Those offenders with more denial were more likely to have past adult and juvenile offences, indicating previous involvement with the criminal justice system. Future research could explore whether those offenders who have not previously been incarcerated are more eager to avoid this path and so instead are more invested in the assessment process and being accepted into the program and therefore participate more fully by offering more information around the offences.

Policy implications

Cedar Cottage has attempted to allow for the gradual nature of admission to offences by extending their assessment process into an eight week period. The finding that offenders with more extensive denial have fewer assessment sessions, along with the fact that 34 offenders voluntarily withdrew from assessment (after many were told that they were not progressing satisfactorily) suggests that there are a range of other factors in the assessment process that interact with denial. It is concerning that those who initially minimise or share responsibility for their offences/s may not be given the same opportunity within the assessment period as those offenders who admit more information.

While the program stipulates in the Act certain factors to consider when determining whether an offender is accepted into treatment, it does not indicate how these factors (such as responsibility
and understanding of impact) are operationalised and measured. Introducing a more objective measure of denial (for example using the FoSOD or the DMCL-III) and measuring this before assessment and then again after the eight week period may help to determine how an offender has progressed through assessment and this can also be used to gauge their treatment gains if they are accepted.

**Practical implications**

Realistically, denial of the extent, harm, planning, and other aspects of the offence/s is expected within the early stages of assessment when there is no guarantee of acceptance into treatment. If offenders disclose additional information during assessment they can face serious legal ramifications including increasing charges and harsher penalties. This is especially true if they are found unsuitable for the program. Based on the preliminary findings of the present study, it may be more beneficial to treat denial as a fluctuating and dynamic factor and utilise the full eight week assessment period to equip offenders with the cognitive skills to move out of denial and focus on reducing victim harm and increasing empathy. This may have benefits for the family and victim within the context of family functioning.

**Strengths and limitations**

This study has several strengths. First, as discussed above, denial was operationalised as a continuous variable allowing us to account for a range of denial behaviours including minimising the extent of the offences, justifying the consequences of the offence, sharing responsibility for the offence/s and externalizing blame. Second, the role of denial was explored within a homogenous population of intrafamilial offenders, which allowed for a more thorough examination of the type and possible profiling of these offenders. Third, denial was explored at a specific point of time for all participants. This allowed research into the impact of treatment for those who were accepted into
the program and also demonstrated the malleability of denial over time and throughout treatment and its influence on future reoffending. Previous studies have lacked a time-constant measure of denial.

However, the single time measurement has also proved to be a limitation of the study as further information regarding the progress and outcomes of these offenders is not available. Another limitation stems from the requirements of the Cedar Cottage program that they must accept responsibility for the sexual assault of a child and fully validate the victim’s account of the offence in order to be accepted into treatment. As offenders are aware of this, it means that those who are adamantly denying the offence are less likely to apply for the program. Therefore, the sample population may not reflect the broader population of intrafamilial offenders. Further, other participants may pretend they have accepted responsibility for their offence/s in order to avoid possible incarceration. An examination of the prior offending history revealed that those with previous offences have more extensive denial, suggesting that those who have no prior involvement with the criminal justice system may be more motivated to avoid incarceration.

Another limitation of the current study is the operationalisation of recidivism. There is much documented evidence about the under-reporting of sexual abuse, especially intrafamilial abuse (Gelb, 2007) and so recidivism, as examined in this study, may be an insensitive measure of reoffending. Within this small sample of low-risk sexual offenders, there is a low base rate of reoffending and relatively low power within the study, as well as a non-custodial setting which does not accommodate for offenders who are at higher-risk of reoffending. Studying trends within recidivism rather than recidivism as a dichotomous variable has been suggested as an alternative approach (The Campbell Collaboration Crime and Justice Group; Killias & Villetaz, 2008).

Suggestions for Future Research

This research endorses the notion of denial as a common obstacle which can be worked with therapeutically. Prior to any treatment for their sexually abusive behaviour, offenders who deny their
offences may have more experience of the criminal justice system or may have developed different coping strategies and cognitions around potential negative evaluation of their behaviour. Therefore, exploring the profile of deniers more thoroughly warrants further research as does evaluation of the potential role of using denial measurement as a treatment tool.

Another area to explore is the impact of pretreatment denial in other settings, such as, corrections based settings, other jurisdictions and other treatment programs. The judicial powers at play for individual offenders may affect their level of denial and minimisations around the offence/s. Finally, future research would benefit from taking an extended period of time to observe recidivism. Goodman-Delahunty and Pratley (2008) found that, on average, it took three years from the time the abuse started to the time that the offender was charged with the offence. This, along with the low level of reporting of sexual abuse by victims (Gelb, 2007; Greenberg, Bradford, Firestone & Curry, 2000), may lead to a lower rate of reported reoffending and thus decreases the sensitivity of recidivism as an outcome measure.

Conclusions

Providing treatment to intrafamilial child sexual offenders is a valuable and functional process; one which attempts to reduce the harm caused to the victim of the crime and prevent further ongoing trauma. Cedar Cottage has been found to be successful in reducing the estimated life time reoffending rates for sexual reoffending from 13.2% to 7.5% over the period since its inception in 1989 (Goodman-Delahunty & Pratley, 2008). Extending this opportunity to offenders who initially deny their offences and providing deniers with the tools necessary to move out of denial and make therapeutic gains may prevent further damage to the child victim/s and their families, and reduce costs within the legal system, the government and the community at large.
References


*Pre-Trial Diversion of Offenders Act 1985 (NSW)*

*Pre-Trial Diversion of Offenders (Child Sexual Assault) Act 1989 (NSW)*


Appendix B: Coding Form 2 (for Denial)

Coded by:

CC File Number:

Found suitable:

Therapist:

Number of Sessions:

Referred by:

Reasons NOT accepted: (tick and write order)

<table>
<thead>
<tr>
<th>Whether the person accepts responsibility for the sexual assault of the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whether the person demonstrates some understanding of the offence on the child and on other members of the child’s family or household</td>
</tr>
<tr>
<td>Whether the person’s spouse or de facto partner is prepared to participate in the program as required by the director</td>
</tr>
<tr>
<td>Whether the person and the person’s spouse or de facto partner have sufficient interactive skills to be able to participate in any group therapy aspects of the Program</td>
</tr>
<tr>
<td>Whether participation in the Program by the person, the person’s spouse or de facto partner and child concerned is in the best interests of the child</td>
</tr>
</tbody>
</table>

Other:

Thesis is submitted for the completion of a Master of Psychology (Forensic)
at the University of New South Wales.

Submitted October 23rd, 2009.

Forensic Psychology Program Director: Dr Richard Kemp
Supervisor: Professor Mark Dadds, School of Psychology, University of New South Wales
External Supervisor: Professor Jane Goodman-Delahunty
Australian Graduate School of Policing, Charles Sturt University

Submitted by Amanda Mason (3020970)
22nd of October, 2009

David A. Wolfe
Editor-in-Chief
Child Abuse & Neglect

Dear Mr Wolfe,

Please find attached a manuscript for review prior to submission to your edited journal. This study was supervised by the University of New South Wales alongside the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). The study investigated incidents of disclosure and reporting of intrafamilial child sexual abuse.

This manuscript has not been previously published, and is not under simultaneous review.

Please feel free to contact me if you require further information.

I look forward to receiving your feedback.

Warm regards,

Amanda Mason

a_j_mason@hotmail.com
Certificate of Originality

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgment is made in the text.

I also declare that the intellectual content of this thesis is the product of my own work, even though I may have received assistance from others on style, presentation and language expression.

Amanda Mason
Acknowledgements

Thank you to Professor Jane Goodman-Delahunty and Dale Tolliday for giving me the opportunity to conduct this research, I am extremely grateful I was able to explore a topic of such importance and relevance.

Thank you to the staff at Cedar Cottage for their help and kindness while I went through those endless files.

To Professor Mark Dadds, your help was invaluable, thank you.
Factors Influencing Disclosure and Reporting of Intrafamilial Child Sexual Abuse

Amanda Mason

School of Psychology

University of New South Wales
Abstract

Objective: Investigate factors that influence to whom children disclose intrafamilial child sexual abuse, and how children’s choice of disclosure recipients influences the reporting of child sexual abuse to appropriate authorities.

Method: Data were extracted from clinical files of 248 victims of intrafamilial child sex offenders referred for treatment to the NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage). Seven variables proposed to influence to whom children disclose, and the impact of this choice on reporting of sexual abuse were coded: children’s age at abuse onset and disclosure, severity and duration of abuse, the victim’s relationship to the perpetrator, the perpetrator’s residence, and whether the abuse was occurring when disclosure was made.

Results: Victim age at abuse onset and disclosure, and the duration of the abuse, contributed significantly to a child’s choice of a disclosure recipient. The person to whom children disclosed abuse significantly influenced whether child sexual abuse was reported by the disclosure recipient, the agency where the abuse was reported, and the time between disclosure and reporting.

Conclusions: Children’s age and the duration of abuse are critical variables in the disclosure and reporting of child sexual abuse. The influence of these variables on children’s decisions about the person to whom to disclose abuse has significant practical implications for the likelihood that the abuse will be officially reported to investigative authorities.

Keywords: intrafamilial child sexual abuse, disclosure, reporting, children
The number of child sexual abuse (CSA) cases within the criminal justice system represents a small fraction of the overall incidence rate of this abuse. For the purposes of this article, CSA is defined as acts of sexual assault, indecent assault, or acts of indecency committed against a child under the age of 16 years. Within New South Wales, more than 2000 incidents of CSA are reported to the Police annually (NSW Bureau of Crime Statistics and Research, 2009). Approximately 28% of these cases proceed to a criminal trial, of which fewer than half result in a conviction (Fitzgerald, 2006). To better understand this attrition rate, numerous inquiries and investigations have been conducted regarding CSA and the criminal justice system (Cashmore & Horsky, 1987; NSW Parliament Legislative Council, 2002; Royal Commission into the NSW Police Service, 1997 (the Wood Royal Commission)). These studies highlighted three main contributors to the low prosecution and conviction rates of CSA: (a) the low incidence of abuse disclosure and reporting to police (NSW Parliament, 2002; Wood Royal Commission, 1997); (b) difficulties encountered within the investigative process (Wood Royal Commission, 1997); and (c) difficulties within the prosecution process (Cashmore & Horsky, 1987; NSW Parliament, 2002; Wood Royal Commission, 1997). This study focuses on factors surrounding the first of those three issues and examines the inherent challenges regarding the disclosure and reporting of intrafamilial CSA to authorities when the abuser is someone in a parenting role.

Concern regarding low rates of disclosure and reporting of CSA is particularly pertinent in intrafamilial cases. There is consensus in the scientific literature that most incidents of CSA are perpetrated by someone known to the victim (Anderson, Martin, Mullen, Romans & Herbison, 1993; Cashmore & Horsky, 1987; Stein & Nofziger, 2008). Information compiled by the NSW Bureau of Crime Statistics and Research (BOCSAR), based on incidents reported to NSW Police, confirms that over the past five years over 85% of sexual abuse incidents committed against a child under the age of 16 were perpetrated by someone known to the victim (see Table 1). Available data revealed that on average, 37% of the perpetrators were members of the victim's immediate family or household, of whom
approximately one half (17%) were persons in a parenting role, i.e., the parent or guardian of the child (NSW BOCSAR, 2009).

Table 1: Incidents of sexual abuse* reported to NSW Police 2004–2008 (percent, number).

<table>
<thead>
<tr>
<th>Perpetrator relationship to victim</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Known to victim</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (no family relationship)</td>
<td>35.4</td>
<td>34.3</td>
<td>32.3</td>
<td>34.2</td>
<td>34.9</td>
</tr>
<tr>
<td>Parent/guardian</td>
<td>16.6</td>
<td>14.5</td>
<td>18.6</td>
<td>17</td>
<td>16.2</td>
</tr>
<tr>
<td>Other family member</td>
<td>11.8</td>
<td>11.7</td>
<td>13.5</td>
<td>13.5</td>
<td>14.3</td>
</tr>
<tr>
<td>Boy/girlfriend</td>
<td>8.8</td>
<td>12.3</td>
<td>12.1</td>
<td>10.7</td>
<td>11.4</td>
</tr>
<tr>
<td>Sibling</td>
<td>4.2</td>
<td>3.9</td>
<td>4.0</td>
<td>4.2</td>
<td>4.7</td>
</tr>
<tr>
<td>Household member</td>
<td>2.4</td>
<td>2.1</td>
<td>2.4</td>
<td>2.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Child (incl step/foster)</td>
<td>1.7</td>
<td>1.9</td>
<td>1.5</td>
<td>2.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Person in authority</td>
<td>1.4</td>
<td>1.2</td>
<td>2.6</td>
<td>3.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Carer</td>
<td>0.9</td>
<td>2.3</td>
<td>1.0</td>
<td>1.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Spouse/partner</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>83.8</td>
<td>84.7</td>
<td>88.4</td>
<td>88.5</td>
<td>88.4</td>
</tr>
<tr>
<td><strong>Not known to victim</strong></td>
<td>7.6</td>
<td>7.9</td>
<td>6.7</td>
<td>6.1</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Not stated/missing</strong></td>
<td>8.5</td>
<td>7.4</td>
<td>4.9</td>
<td>5.4</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

* Sexual abuse includes sexual assault, indecent assault and acts of indecency

This proportion of intrafamilial perpetrators is likely an underestimate. Victims of intrafamilial CSA are more reluctant to disclose and report their experiences of abuse than are victims of extrafamilial perpetrators (Anderson et al., 1993; Cashmore & Horsky, 1987; Mian, Wehrspann, Klijner-Diamond, LeBaron & Winder, 1986; Priebe & Svedin, 2008). Low levels of disclosure and reporting to relevant authorities represent a significant obstacle to the prosecution of intrafamilial CSA, necessitating a greater understanding of factors that affect the disclosure and reporting of intrafamilial CSA.

Factors influencing to whom children disclose child sexual abuse

Clear consensus exists within the scientific literature regarding CSA disclosure that not all abuse is disclosed by victims in either childhood or adulthood. Within Australia, the disclosure patterns of CSA victims were investigated in a sample of adult women randomly selected from electoral roles. Of those women who experienced CSA, approximately 16% disclosed whilst the abuse was current (Fleming, 1997). Disclosure over the course of one’s life was more common, with 40% of the sample disclosing at some stage before their involvement in the study (Fleming, 1997). However, almost 50% of the sample had not disclosed their experience of CSA prior to their participation in the study, suggesting that a significant amount of CSA is never disclosed. A substantial proportion of CSA research has focused on gaining a greater understanding of the circumstances surrounding children’s disclosure and nondisclosure. Characteristics of the victim, the perpetrator, and the abuse itself have been found to influence the likelihood that a child will disclose incidents of abuse.

Children are more likely to disclose CSA when they experience a later onset of abuse and are older at the time they disclose abuse (Hershkowitz, Horowitz & Lamb, 2005; Sjöberg & Lindblad, 2002; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000). Disclosure occurs at a higher rate amongst female compared to male victims (Hanson, Kievit, Saunders, Smith, Kilpatrick, Resnick et al., 2003; Hershkowitz et al., 2005); and the likelihood of disclosure is greater when children perceive themselves as the victim (Bottoms, Rudnicki & Epstein, 2007). Additionally, children are more prone to
disclose abuse when abuse experiences involve physical threats (Hanson, Resnick, Saunders, Kilpatrick & Best, 1999). In contrast, factors found to inhibit or delay disclosure include feelings of responsibility for the abuse (Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003), a close relationship to the perpetrator (e.g., a parental figure) (Goodman-Brown et al., 2003; Hershkowitz et al., 2005; Smith et al., 2000), more protracted duration of the abuse (Arata, 1998), and by association, greater numbers of abuse incidents (Bottoms et al., 2007). Although this body of research demonstrates how these characteristics impact the likelihood of disclosures occurring, investigators have rarely considered their impact on children’s decisions regarding the recipient of the abuse disclosure.

Knowledge regarding the person to whom children disclose intrafamilial CSA yields important insight into the support available to children as they deal with the aftermath of abuse. Previous research revealed that children’s decisions to disclose CSA to their mothers or guardians increased the support they received from their mothers/guardians, as measured by the Parental Reaction of Incest Disclosure Scale (PRIDS) (Bolen & Lamb, 2002). Support from disclosure recipients and victim’s family members is critical to the well-being of the victim. Better outcomes for victims were observed when they were believed and supported throughout the disclosure and recovery process (Elliott & Carnes, 2001). Consequently, the person to whom the child first reveals CSA may have ramifications for the support network available to the child thereafter.

Children most commonly disclose incidents of CSA to their mother or to their own friends. In a representative sample of high school seniors drawn from five Swedish cities, the victim’s friend was the recipient of approximately 60% of abuse disclosures made by adolescent victims (Priebe & Svedin, 2008). Family members were the second most common recipients of disclosures with mothers receiving 26.4% of disclosures, and other family members, such as fathers and siblings, receiving 27.5%. Disclosures were made to professionals such as teachers, social workers, and nurses by 8.3% of the sample (Priebe & Svedin, 2008). These results were replicated in an American sample of adolescents who had been sexually abused by their peers (Stein & Nofziger, 2008). However, within the same sample, when the perpetrator of abuse was a parent or step-parent, mothers received the majority of
disclosures from victims (Stein & Nofziger, 2008). The findings from these two studies indicate that children’s decisions regarding to whom they disclose CSA can be influenced by a single factor, namely, their relationship to the perpetrator.

Though there is limited research on this topic, one study produced differences in disclosure recipients dependent on the victim’s relationship to the perpetrator: children who were abused by a friend were most likely to disclose the abuse to another friend. Disclosures to mandatory reporters were most likely when children were abused by adults to whom they were unrelated to (such as coaches or medical doctors), or by other children with whom they had no friendship or family relationship. When the perpetrator was a member of the family, most children disclosed to someone within their family, predominantly their mother (Stein & Nofziger, 2008). To date, the impact of the child’s relationship to intrafamilial perpetrators on the choice of a disclosure recipient has not been directly investigated. However, mothers were more likely to believe an allegation of intrafamilial CSA when the perpetrator was the biological father as opposed to a stepfather or de facto spouse (Sirles & Franke, 1989). The current study will build on previous research by examining how children’s relationships with the perpetrator affects their decision regarding the person to whom they choose to disclose incidents of intrafamilial CSA. Greater disclosure to mothers is expected amongst children abused by their biological fathers.

Recent studies have indicated that other factors beyond the victim’s relationship to the perpetrator can influence a child’s choice of a disclosure recipient. For example, the victim’s age at abuse onset has been demonstrated to influence to whom victims disclose to (Kogan, 2004). Abuse onset between the ages of seven and ten years produced more disclosures to adults than peers, whilst abuse commencing between 14 and 17 years of age was associated with more disclosure to adolescent peers than to adults (Kogan, 2004). The severity of the abuse incidents has also been shown to influence children’s choice of disclosure recipient (Priebe & Svedin, 2008). The majority of abuse incidents that involved physical sexual contact or penetration were disclosed to friends (Priebe & Svedin, 2008). The current study will attempt to replicate these findings in an Australian sample of intrafamilial CSA.
victims, and will build on this knowledge base by investigating the possible influence of abuse duration on children’s choice of disclosure recipients.

Most existing research on factors that influence to whom children disclose abuse has been limited to an examination of the impact of the characteristics of the abuse itself, as outlined previously. Factors pertinent to the timing of a child’s disclosure of CSA are also likely to have an influence on the choice of disclosure recipient but have received less research attention. These factors include the age of the victim at the time of disclosure, the residence of the perpetrator, and whether the abuse was still occurring when the disclosure was made. For example, disclosures made when the victim was an older adolescent (14-17 years) were more likely to be made to friends, whereas adults were the main disclosure recipient amongst pre-adolescents (Kogan, 2004). From this research, one can predict that victims who disclose to friends will be older on average than CSA victims who disclose to other individuals. Recent evidence regarding the impact of the location of the perpetrator’s residence on disclosure recipients suggest that mothers were more likely to believe intrafamilial CSA disclosures when they were not involved in a current sexual relationship with the alleged perpetrator (Pintello & Zuravin, 2001). From this research, one can extrapolate that children will not disclose CSA to their mothers when the perpetrator resides with the mother.

Whether CSA is current at the time of disclosure may also influence to whom the victim discloses. Inhibition of CSA disclosures has been attributed to children’s perception that disclosure will fail to assist them (Fleming, 1997). One suggestion in response to this finding is that children may choose a disclosure recipient based on their perceptions of that individuals’ ability to intervene to stop the abuse. Accordingly, one might predict more disclosure of ongoing abuse to adults instead of to siblings or friends of the CSA victim. To date, no study has explored this question. The current study aims to fill this gap in the literature.
Reporting of child sexual abuse to supportive agencies

Few victims of CSA disclose directly to relevant authorities such as police and child protection services, placing a burden on disclosure recipients to ensure that the information is passed on to these agencies. Estimates are that as few as 10% of Australian women who experience CSA disclose to police, doctors, or another agency at any point during their lifetime (Fleming, 1997). Similar figures have been observed amongst adult women in the United States of America (Bottoms et al., 2007; Smith et al., 2000). Estimates of CSA reporting to supportive agencies by adolescents are higher, at approximately 34% (Hanson et al., 2003). Knowledge regarding the reporting of abuse to appropriate authorities by non-victims is very limited. Exceedingly little is known about the factors that motivate disclosure recipients to report abuse, their likely choice of a supportive agency, or how quickly CSA is reported once it has been disclosed. This study aims to advance our understanding of the impact of children’s choice of disclosure recipient on the subsequent reporting of CSA to appropriate agencies.

Research regarding the identity and role of individuals who report CSA to authorities is very limited. Previous investigators largely focused on the rates of reporting and not the identity or role of the individual who reported the CSA. The most recent study examining the identity of persons making official reports of CSA used data gathered in a National Survey of Adolescents in the United States (Stein & Nofziger, 2008). Findings indicated that mothers who received abuse disclosures reported to authorities more frequently than friends, other family members, or mandatory reporters. However, the highest rate of reporting to authorities emerged among individuals such as clergy members and other adults who were not immediate family members or relatives of the victim (Stein & Nofziger, 2008).

The person to whom children choose to disclose abuse can have significant ramifications for the likelihood that the abuse will be reported to official relevant agencies. The Wood Royal Commission (1997) acknowledged that numerous factors prevent disclosed abuse being reported to authorities. Amongst family members, unwillingness to risk the break-up of the family (Wood Royal Commission, 1997), or a desire to protect the perpetrator (Parkinson, Shrimpton, Swanston, O’ Toole & Oates, 2002)
often acted as barriers to reporting. However, research investigating the reporting behaviours of non-family members revealed that CSA was more likely to be reported to child protection agencies or police when the child sustained a physical injury (Bensley, Simmons, Ruggles, Putvin, Harris, Allen et al., 2004).

Common barriers to reporting CSA included uncertainty about the existence of the abuse and the reporter’s relationship to the perpetrator (e.g., friend or relative) (Bensley et al., 2004). Concerns regarding the accuracy of abuse disclosures also act as a strong disincentive to report abuse amongst mandatory reporters. Psychologists licensed to practice in two states of the United States were less likely to report cases of CSA when their confidence that the abuse occurred was low (Kalichman, Craig & Follingstad, 1990). Similar findings emerged in Australia amongst teachers and school personnel. A lack of solid evidence and difficulty in defining the symptoms of CSA were identified as factors that contributed to decisions not to report, though the influence of these factors was eliminated by undergoing mandatory notification training (Hawkins & McCallum, 2001). This synopsis of past relevant research suggests that numerous factors can influence whether recipients of CSA disclosures go on to report the abuse. This study will build on the prior studies by exploring the possible influence of victim, perpetrator, and abuse-related characteristics on the likelihood to report the alleged abuse to appropriate authorities. Of specific interest in this study is the influence of the duration and severity of the abuse, the victim’s age at the onset of the abuse, the relationship between the perpetrator and the victim, and the perpetrator’s residence at the time of disclosure.

Low rates of CSA reporting to authorities such as police and child protection agencies have been widely documented (Anderson et al., 1993; Fleming, 1997; Smith et al., 2000). However, few studies have explored the rates of reporting to agencies uninvolved in formal investigations of CSA. Common reasons underlying the failure to report CSA to investigative authorities such as the NSW Police and the Department of Community Services (DoCS) include reluctance to subject the victim to further trauma through the process of the criminal justice system (Wood Royal Commission, 1997), or a desire to protect the perpetrator from the legal process (Parkinson et al., 2002). These findings raise the possibility that cases of CSA may be reported to non-investigative agents, such as medical doctors or
religious leaders, to avoid the negative consequences perceived to follow from reports to police or child protection agencies. The current study will explore the extent to which intrafamilial CSA is reported to non-investigative agents and agencies. Greater reporting to non-investigative agencies is expected from those disclosure recipients who have a personal relationship with the victim as they are more likely to be motivated to protect the victim. Due to mandatory reporting laws, police and DoCS are expected to receive most of their reports from professionals (e.g., teachers or medical professionals) to whom children disclose abuse.

The investigative process was identified as the point in the criminal justice system where the largest number of CSA incidents drop out (Fitzgerald, 2006). A major contributor to this attrition is the quality of the victim’s account of the abuse. Over time, the victim’s memory of the abuse is likely to fade or change as the victim discusses the abuse with parents, untrained interviewers and counsellors (Wood Royal Commission, 1997). The current study investigates whether children’s choice of disclosure recipient influences the time interval following disclosure until the abuse is reported to the Police.

The current study

The current study investigates factors that contribute to the disclosure and reporting of CSA in an intrafamilial sample of victims where the claim is substantiated. Of specific interest is whether children’s decisions regarding a CSA disclosure recipient are influenced by abuse and disclosure related characteristics. From the foregoing literature review, it was hypothesized that intrafamilial CSA victims will be more likely to disclose to their mothers in circumstances where the abuse onset occurred when they were young, they disclosed abuse before reaching adolescence, the perpetrator was their biological father and did not reside with their mother, the abuse did not involve penetration, and disclosure was made whilst abuse was current. The influence of abuse duration will also be explored. In relation to the reporting of CSA by disclosure recipients, numerous aspects of the reporting process are expected to be influenced by the identity of the disclosure recipient. It was hypothesized that mothers would be responsible for the majority of reports, that professionals who received abuse disclosures
would report to police or DoCS, that more individuals with a personal relationship with the victim would report to other agencies, and that the time taken to report CSA to the police would vary across different groups of disclosure recipients.

**Context of the research**

This research was conducted using archival data gathered from case files maintained by the New South Wales Pre-Trial Diversion of Offenders Program (Cedar Cottage). Pursuant to Section 2A of the *Pre-Trial Diversion of Offenders Act* (1985), Cedar Cottage provides treatment for offenders who plead guilty to an intrafamilial sex offence against a child over whom they have parental caregiving responsibilities. Offenders wishing to enter the Diversion Program are subject to the eligibility criteria of the NSW Director of Public Prosecutions (DPP), i.e., the victim must be younger than 18 years of age when the matter is first brought before the Court, the offender must be over 18 years old, and must be the victim’s parent, step-parent, or parent’s *de facto* spouse. Offenders are deemed ineligible if violence was involved in the act of sexual assault, they have a prior conviction for sexual assault, or were previously offered a place in the treatment program (Goodman-Delahunty, 2009). If deemed eligible, offenders are referred to Cedar Cottage for an eight-week clinical assessment. Four clinical criteria applied by the Director determine acceptance into the Program. Once accepted for treatment, offenders are diverted from traditional sentencing. The treatment is aimed at the offender, the victim, and other members of the victim’s family. The goal is to enable victims and other family members to resolve any emotional or psychological concerns that have arisen as a consequence of the abuse (Goodman-Delahunty, 2009).

**Method**

**Participants**

Participants were 248 victims of 211 male intrafamilial sex offenders referred for treatment to the NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) between 1989 and 2003. All
participants had been subjected to sexual abuse whilst under the age of 16 years. The majority of the participants (92.3%) were female children (n=229). The average age of participants at the onset of the abuse was 8.8 years ($SD=3.30$). Participant age at the time the abuse was reported ranged from 3 to 22 years ($M=12.40$, $SD=3.73$). Approximately one half of the participants were abused by a non-biological parent (53.6%), either a step-father, de facto stepfather, adoptive or foster-father, or a boyfriend of the child’s biological mother. The remaining victims were abused by their biological fathers.

**Procedure**

Client files maintained by Cedar Cottage staff for 211 intrafamilial sex offenders were systematically audited. Information extracted from these files included details pertaining to the victim’s disclosure of abuse, and the reporting of abuse whether to an individual or an organisation. Most data were extracted from transcripts of police interviews with victims or from statements taken from collateral sources such as the victim’s mother and the disclosure recipient. No information was directly obtained through communication with abuse victims or their parents.

**Dependent Measures**

Dependent variables pertained to either (a) aspects of the abuse, (b) disclosure of the abuse, or (c) reporting of the abuse as follows:

*(a) Abuse characteristics:* Abuse characteristics were derived solely from information provided by victims in their interview or statement to police regarding the index offence for which the offender was referred to Cedar Cottage. Abuse-related characteristics extracted from the files included the victim’s age at abuse onset, the victims’ gender, the relationship to the perpetrator, the duration of the abuse, and the severity of the abuse.

*Victim age:* Victim age at the onset of abuse was recorded in years to the closest six month interval. Victims often provided multiple values when asked to specify the age of onset (e.g., stating the first incident occurred when they were “nine or ten”). In these circumstances, the greater value was
recorded. The data were grouped in age ranges reflective of: preschool (0-4.5 years), primary school (5-11.5 years), adolescence (12-17.5 years), and adulthood (18 years and over).

**Relationship to perpetrator:** Five categorical descriptors of the perpetrator from the point of view of the victim were distinguished: biological father, stepfather, adoptive or foster father, *de facto* stepfather, and the mother’s boyfriend. These categories were not ranked in any order for analyses.

**Abuse severity:** The most invasive act committed by the offender throughout the duration of the index offence was recorded. Nine levels of severity were distinguished, ranging from less severe non-contact offences to penile penetration, as shown in Table 2.

**Abuse duration:** The reported duration of abuse was recorded in days.

---

**Table 2: Ratings of severity of abuse**

<table>
<thead>
<tr>
<th>Severity Rating</th>
<th>Type of Abuse</th>
<th>Examples of type of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Non-contact, no exposure</td>
<td>Exposure to pornography, peeping</td>
</tr>
<tr>
<td>2.0</td>
<td>Attempted exposure</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Non-contact, exposure</td>
<td>Exposure/exhibiting, perpetrator masturbated in front of victim</td>
</tr>
<tr>
<td>4.0</td>
<td>Attempted physical contact</td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>Non-penetrative contact</td>
<td>Touching/fondling, kissing, perpetrator forced victim to touch him, genital to genital contact without penetration</td>
</tr>
<tr>
<td>6.0</td>
<td>Attempted non-penile penetration</td>
<td></td>
</tr>
<tr>
<td>7.0</td>
<td>Non-penile penetration</td>
<td>Oral abuse by perpetrator, digital penetration</td>
</tr>
<tr>
<td>8.0</td>
<td>Attempted penile penetration</td>
<td></td>
</tr>
<tr>
<td>9.0</td>
<td>Penile penetration</td>
<td>Penile-oral penetration by perpetrator, penile-vaginal penetration, penile-anal penetration</td>
</tr>
</tbody>
</table>

(b) Disclosure characteristics: Sources of information about disclosure characteristics included transcripts of victim interviews, victim statements to police, and statements made to police by the disclosure recipient. Specific information collected included the victim’s age at the time of the first disclosure of the occurrence of abuse to another individual, the date the first disclosure was made, whether the disclosure was prompted by another individual in some manner, the relationship between the child and the individual to whom the first disclosed was made, the gender of the disclosure recipient, whether the disclosure was made whilst abuse was current, and the location of the perpetrator’s residence when the victim disclosed.

Date of disclosure: First disclosure was defined as the first instance of a verbal communication by a child of his or her abuse experience to another individual. This definition incorporated circumstances where the child was questioned about the possibility of CSA by an individual and answered affirmatively. Whilst this circumstance was coded as the first disclosure, it was also noted that the disclosure had been elicited. Where an exact date could not be determined from the information provided, the most precise time frame given was recorded.

Victim age: Victim age at the time of disclosure was recorded in years to the nearest six months. The victim’s age at disclosure was also encoded in the same four developmental stages as were used for victim age at the onset of abuse (see above).

Current abuse: Whether abuse was current at the time of disclosure was coded dichotomously. A determination as to whether abuse was current was obtained by comparing the abuse duration to the time period that lapsed between the age of abuse onset and the age of disclosure. As abuse onset and duration of abuse were frequently estimated by children and potentially subject to error, a leeway of six months was applied to counter the possibility of errors. For example, abuse within six months of the time between abuse onset and disclosure age was considered current.

Perpetrator residence: The location of the perpetrator’s residence was coded dichotomously as either (i) living with the mother, or (ii) not living with the mother.
Relationship to the disclosure recipient: For each victim, the relationship to the disclosure recipient was recorded as described by the victim during the police investigation.

(c) Reporting of the abuse to authorities: Reporting characteristics were extracted from a range of sources, predominantly the statement of the individual reporting, statements from police officers, or police facts sheets. Information collected included the victim’s age when abuse was reported, the agency to whom abuse was first reported, the exact date when the abuse was reported to an agency, the relationship between the child and the individual who reported the abuse, and the exact date when abuse was reported to the Police.

Victim age: Victim age at reporting was recorded in years to the nearest six months.

Date of reporting: The first incident of reporting was coded as the first time an agency external to the victim’s family was notified of the abuse. Where exact dates could not be determined, the most precise time frame available was applied.

Relationship to reporter: The child’s relationship to the individual who reported CSA to an agency was recorded as described in records of interviews with police.

Agency: Recipients of abuse reports are collectively referred to as agencies or organisations throughout this article. The agency contacted about each case of CSA was recorded as described in police statements except in the following instances: Reports made to police encompassed all reports made to NSW Police and interstate police forces. Reports made to DoCS included notifications made to the DoCS Helpline and to Joint Investigative Response Teams (JIRT). Delay: The delay between disclosure and reporting to an agency was calculated for each participant using the dates for disclosure and reporting to any agency and recorded in days. To determine the number of days between disclosure and reporting to Police, the dates for disclosure and reporting to Police were used.
Results

Characteristics of victims and abuse experiences

Preliminary analyses indicated no significant differences regarding the abuse experience for male and female victims. The samples were therefore combined for all further analyses.

At the time of the first abuse incident, children’s ages ranged from one to 16 years. Approximately two-thirds of the children reported that the abuse commenced when they were of primary school age (64.9%), followed by adolescence (23.4%), and pre-school age (11.3%). Just more than half of perpetrators were non-biological fathers (53.6%, n=133) though biological fathers comprised the largest group of perpetrators, abusing 46.4% of victims (n=115). Table 3 displays the relationship between child victims and perpetrators.

Table 3: Child victim’s relationship to abuse perpetrator (number, percent)

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological father</td>
<td>46.4</td>
<td>115</td>
</tr>
<tr>
<td>Stepfather</td>
<td>36.7</td>
<td>91</td>
</tr>
<tr>
<td>De facto stepfather</td>
<td>14.5</td>
<td>36</td>
</tr>
<tr>
<td>Adoptive/foster father</td>
<td>1.6</td>
<td>4</td>
</tr>
<tr>
<td>Mother’s boyfriend</td>
<td>0.8</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>248</strong></td>
</tr>
</tbody>
</table>

The abuse experienced by the children in this sample was characterised by penetrative acts and a protracted duration, an average of 2.5 years. Table 4 displays the range of abusive acts committed and the number of victims who experienced these acts, in order of increasing severity. Penetrative acts such as digital and penile penetration were experienced by 62.5% (n=155) of the victim sample, the majority
of which consisted of penile penetration (46%, n=114). The duration of abuse ranged from one day to 14 years, and on average, lasted 899.73 days (SD= 1016.70).

Table 4: Severity of abuse reported by victims (number, percent)

<table>
<thead>
<tr>
<th>Severity of abuse</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-contact / exposure</td>
<td>0.8</td>
<td>2</td>
</tr>
<tr>
<td>Non-penetrative contact</td>
<td>16.1</td>
<td>40</td>
</tr>
<tr>
<td>Attempted digital penetration</td>
<td>1.2</td>
<td>3</td>
</tr>
<tr>
<td>Attempted oral abuse</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td>Digital penetration</td>
<td>16.5</td>
<td>41</td>
</tr>
<tr>
<td>Oral abuse</td>
<td>12.9</td>
<td>32</td>
</tr>
<tr>
<td>Attempted penile penetration</td>
<td>5.6</td>
<td>14</td>
</tr>
<tr>
<td>Penile penetration</td>
<td>46.0</td>
<td>114</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>248</td>
</tr>
</tbody>
</table>

Characteristics of Disclosure

For three participants the files indicated that no disclosure was made by the victim prior to police involvement, and no disclosures were made during the police interviews. These three cases were omitted from the disclosure analyses.

Children were on average 11.64 years old (SD= 3.38) when they first disclosed intrafamilial CSA to another individual. The earliest disclosure in the sample occurred at age three, and the latest at 19 years. Disclosure occurred most frequently between the ages of 10 and 15 years (55.9% of the total sample). Overall, more disclosures were made by adolescents (51.8%) than by preschool of primary
school-aged children (40.8%). Only two individuals disclosed abuse as an adult (0.8%), and 4.1% disclosed under the age of five years. In six cases (2.4%) the child’s age at the time of disclosure could not be determined.

Amongst 15.9% of the victims, disclosure occurred more than six months after the abuse had ceased, whilst the majority of disclosures (81.2%, n=199) were made whilst the abuse was current or within six months of it ending. In a few cases (2.9%; n=7) there was insufficient information to determine if the abuse was current when the child disclosed. Children’s disclosure of intrafamilial CSA was prompted by another individual in 13.1% of cases (n=32). In the majority of those cases (n=26), the child’s mother questioned the child about the possibility of abuse after (a) witnessing some abusive conduct; (b) in response to a sibling’s disclosure of abuse; or (c) observing sexualised behaviour in the child victim.

The majority of disclosures were made whilst the perpetrator was living with the victim’s mother (75.9%, n=186).

The range of individuals to whom children chose to disclose intrafamilial CSA varied widely, as is displayed in Table 5. The victim’s mother received the most disclosures (47.3%), followed by peers whom they regarded as friends (20.4%). Children rarely made their first disclosure of abuse to investigative authorities such as Police and DoCS: 6.9% of disclosures. The majority of disclosure recipients were female, receiving 85.7% of disclosures. The gender of the disclosure recipient was unknown in four cases.
Table 5: Child victim’s relationship to disclosure recipient (number, percent)

<table>
<thead>
<tr>
<th>Disclosure Recipient</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>47.3</td>
<td>116</td>
</tr>
<tr>
<td>Friend</td>
<td>20.4</td>
<td>50</td>
</tr>
<tr>
<td>Immediate family member</td>
<td>9.8</td>
<td>24</td>
</tr>
<tr>
<td>Police/Department of Community Services</td>
<td>6.9</td>
<td>17</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>3.7</td>
<td>9</td>
</tr>
<tr>
<td>Extended family member</td>
<td>3.7</td>
<td>9</td>
</tr>
<tr>
<td>School staff</td>
<td>2.4</td>
<td>6</td>
</tr>
<tr>
<td>Medical professionals</td>
<td>2.0</td>
<td>5</td>
</tr>
<tr>
<td>Family friend</td>
<td>2.0</td>
<td>5</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td>Youth worker</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>245</td>
</tr>
</tbody>
</table>

Influences on the victim’s choice of disclosure recipient

For further analysis, disclosure recipients were reclassified into one of four categories: mother (47.5%), friend/boyfriend (24.2%), other personal relationship (16.4%), and professional (11.9%). Cases where the identity of the disclosure recipient was unknown were omitted from these analyses. Family members, family friends, acquaintances, and perpetrators comprised the category of other persons
holding a personal relationship with the victim. The professional category consisted of the remaining disclosure recipients.

The influence of abuse and disclosure characteristics on children’s choice of disclosure recipient was investigated by means of two analyses. A one-way between groups multivariate analysis of variance (MANOVA) investigated the effect of dimensional characteristics on disclosure recipients in a sample of 237 victims. The four groups of disclosure recipients were entered as the independent variables and the victim’s age at abuse onset (in years), victim’s age at disclosure (in years), the duration of the abuse (in days), and the severity of the abuse were entered as dependent variables. An overall significant effect of disclosure recipient was present for the combined set of characteristics ($F(12,609)= 3.87$, $p<0.01$, Wilks’ Lambda= 0.82). The victim’s age at abuse onset and at first disclosure, and the duration of the abuse significantly differed across disclosure recipients. Post-hoc comparisons using the Tukey HSD test were performed to determine the nature of these differences.

The average age of victims when they first disclosed intrafamilial CSA significantly influenced to whom they made abuse disclosures ($F(3, 233)= 11.98$, $p<0.01$). Figure 1 depicts the average age of child victims at the time of the first CSA disclosure by category of disclosure recipient. Disclosures made to mothers occurred at a younger age compared to all other disclosure recipients. The oldest age at disclosure was observed amongst victims who disclosed to friends ($M= 13.60$, $SD= 2.12$), and similar ages were observed amongst disclosures made to the other personal relationship category ($M= 11.97$, $SD= 3.19$) and professionals ($M= 12.03$, $SD= 3.79$). Post-hoc comparisons using the Tukey HSD test revealed the average age when children disclosed to their mothers ($M=10.54$, $SD= 3.40$) was significantly younger than the average age of children disclosing to their friends or boyfriends ($M= 13.60$, $SD= 2.12$). No other significant differences for age at the time of disclosure were observed.

The average age of victims at the onset of abuse significantly influenced to whom they disclosed incidents of intrafamilial CSA ($F(3, 233)= 3.60$, $p<0.01$). The average age of abuse onset ranged between eight and ten years for all disclosure recipients. The earliest age of abuse onset occurred for disclosures
made to mothers ($M=8.26$, $SD=3.34$). Disclosures made to friends had the latest age of onset ($M=9.87$, $SD=2.81$). Post hoc comparisons revealed that children who disclosed abuse to mothers experienced the onset of sexual abuse at a significantly earlier age than children who disclosed CSA to their friends. No other significant differences regarding age at abuse onset were observed. Figure 2 depicts the average age of the child when abuse commenced, across categories of disclosure recipients.

**Figure 1. Average age of child victim at first CSA disclosure to disclosure recipient (years).**

![Figure 1](image1.png)

**Figure 2: Average age of abuse onset by disclosure recipient (years).**

![Figure 2](image2.png)
Abuse duration had a significant impact on the person to whom children chose to disclose CSA($F(3, 233)= 3.57, p<0.02$). Figure 3 depicts the average duration of abuse across categories of disclosure recipients. The duration of sexual abuse was most protracted—on average more than 3.5 years or 42 months—amongst disclosures made to friends ($M= 1291.70, SD= 1110.80$). Abuse duration was exceeded two years on average when a child made a disclosure to his or her mother ($M= 765.32, SD= 1007.99$) or to a professional ($M= 799.41, SD= 768.62$). Post hoc comparisons using the Tukey HSD test revealed that the average duration of abuse was significantly shorter when children disclosed to their mothers compared to the duration underlying disclosures made to their friends. No other significant differences in abuse duration were observed.

Figure 3: Average duration of abuse by disclosure recipient (days).

The influence of the remaining abuse and disclosure characteristics on children’s decisions of disclosure recipients were investigated using a multinomial logistic regression. The four categories of
disclosure recipients were entered as the dependent variable with mothers as the reference group. The residence of the perpetrator, the victim’s relationship to the perpetrator, and whether abuse was current at disclosure were entered as predictors. The Deviance Goodness of Fit Test indicated the model was a good fit for the data ($\chi^2 = 26.57$, df= 21, $p=.19$). Only one predictor was significant at the 0.05 level. Inverted odds ratios indicate disclosures made to the victim’s mother rather than to a friend was 2.3 times more likely when the perpetrator was a stepfather, rather than a biological father, controlling for all other variables in the model.

Factors influencing reports of childhood sexual abuse to agencies

In most cases, the victims’ mother reported the suspected intrafamilial CSA to relevant agencies (43.5%, n=108). The range of other individuals who reported abuse to organisations is shown in Table 6. Of significance is the low number of friends who reported abuse to agencies (0.8%, n=2), despite the fact that this group comprised the second largest category of disclosure recipients.

Table 6: Child victim’s relationship to the individual who reported the abuse

<table>
<thead>
<tr>
<th>Reporter of abuse</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>43.5</td>
<td>108</td>
</tr>
<tr>
<td>School staff</td>
<td>10.5</td>
<td>26</td>
</tr>
<tr>
<td>Victim</td>
<td>7.3</td>
<td>18</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>5.6</td>
<td>14</td>
</tr>
<tr>
<td>Immediate family member</td>
<td>4.0</td>
<td>10</td>
</tr>
<tr>
<td>Extended family member</td>
<td>2.0</td>
<td>5</td>
</tr>
<tr>
<td>Friend's parents</td>
<td>2.0</td>
<td>5</td>
</tr>
<tr>
<td>Medical professionals</td>
<td>1.6</td>
<td>4</td>
</tr>
<tr>
<td>Friend</td>
<td>0.8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Family friends</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>21.8</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

To simplify further analyses, the individuals who reported abuse were allocated to one of five categories: victim, mother, friend, other personal relationship, and professional. All cases where the identity of the individual who reported abuse was unknown were removed from these analyses, leaving a sample of 194. The professional category (15.5%, n=30) included school staff and medical professionals; all other individuals who reported abuse to an agency were grouped in the category of “other personal relationship” (18.6%, n=36).

In fewer than half of the cases (45.3%, n= 86) the disclosure recipient went on to inform an agency about the intrafamilial CSA. To determine if abuse and disclosure characteristics could predict whether disclosure recipients reported CSA to agencies, a binary logistic regression was conducted. The predictor characteristics included the duration of the abuse, the victim’s age at abuse onset, the location of the perpetrator’s residence, five dummy variables coding abuse severity, four dummy variables coding the victim’s relationship to the perpetrator, and three dummy variables coding disclosure recipients. The Hosmer-Lemeshow Goodness of Fit Test indicated the model was a good fit for the data ($\chi^2 = 1.78$, df= 8, $p$=.99). The model was able to correctly predict 84.7% of those disclosure recipients who went on to report CSA, and 81.6% of those who did not.

Table 7 shows the logistic regression coefficient, Wald test, and odds ratio for each of the predictors. Numerous dummy variables were significant at the 0.05 level. The abuse severity variable was dummy coded using penile penetration as the reference group. Inverted odds ratios indicate the odds of the disclosure recipient reporting CSA when penile penetration was involved were 1.25 times
higher than when attempted penile penetration was perpetrated. No other dummy variables for abuse severity were significant.

The relationship between the victim and perpetrator was dummy coded using biological fathers as the reference group. Inverted odds ratios indicate the odds of reporting by disclosure recipients were 5.89 times higher when the biological father was the perpetrator, rather than de facto stepfathers. No other dummy variables for the victim’s relationship to the perpetrator were significant.

Categories of disclosure recipients were dummy coded using the victim’s mother as the reference group. Reporting of CSA by disclosure recipients was significantly more likely when the mother was the disclosure recipient, compared to all other disclosure recipients. Inverted odds ratios suggest the odds of the disclosure recipient reporting when mothers were the recipient were 90.91 times higher than when friends were the recipient, 33.33 times higher than when other personal relationships were the recipient, and 8.0 times higher than recipients who were professionals.
Table 7: Predictors of reporting by disclosure recipients

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>S.E</th>
<th>Wald $\chi^2$</th>
<th>df</th>
<th>Sig.</th>
<th>Odds Ratio</th>
<th>95% C.I for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>0.00</td>
<td>0.00</td>
<td>1.04</td>
<td>1</td>
<td>.31</td>
<td>1.00</td>
<td>0.99 - 1.00</td>
</tr>
<tr>
<td>Abuse onset</td>
<td>-0.06</td>
<td>0.08</td>
<td>0.59</td>
<td>1</td>
<td>.44</td>
<td>0.94</td>
<td>0.81 - 1.10</td>
</tr>
<tr>
<td>Perpetrator residence</td>
<td>-0.74</td>
<td>0.51</td>
<td>2.15</td>
<td>1</td>
<td>.14</td>
<td>0.48</td>
<td>0.18 - 1.28</td>
</tr>
<tr>
<td>Abuse severity$^a$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure</td>
<td>-1.12</td>
<td>1.55</td>
<td>0.52</td>
<td>1</td>
<td>.47</td>
<td>0.33</td>
<td>0.02 - 6.82</td>
</tr>
<tr>
<td>Touching</td>
<td>-0.63</td>
<td>0.66</td>
<td>0.91</td>
<td>1</td>
<td>.34</td>
<td>0.53</td>
<td>0.15 - 1.94</td>
</tr>
<tr>
<td>Attempted non penile penetration</td>
<td>-0.85</td>
<td>1.75</td>
<td>0.24</td>
<td>1</td>
<td>.63</td>
<td>0.43</td>
<td>0.01 - 13.29</td>
</tr>
<tr>
<td>Non penile penetration</td>
<td>0.17</td>
<td>0.50</td>
<td>0.12</td>
<td>1</td>
<td>.73</td>
<td>1.19</td>
<td>0.45 - 3.14</td>
</tr>
<tr>
<td>Attempted penile penetration</td>
<td>-2.53</td>
<td>0.94</td>
<td>7.18</td>
<td>1</td>
<td>.01</td>
<td>0.08</td>
<td>0.01 - 0.51</td>
</tr>
<tr>
<td>Perpetrator$^b$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepfather</td>
<td>-0.30</td>
<td>0.51</td>
<td>0.34</td>
<td>1</td>
<td>.56</td>
<td>0.74</td>
<td>0.27 - 2.02</td>
</tr>
<tr>
<td>Adoptive/foster father</td>
<td>0.40</td>
<td>2.41</td>
<td>0.03</td>
<td>1</td>
<td>.87</td>
<td>1.49</td>
<td>0.01 - 167.37</td>
</tr>
<tr>
<td>De facto stepfather</td>
<td>-1.77</td>
<td>0.64</td>
<td>7.59</td>
<td>1</td>
<td>.01</td>
<td>0.17</td>
<td>0.05 - 0.60</td>
</tr>
<tr>
<td>Mother's boyfriend</td>
<td>-22.12</td>
<td>26410.21</td>
<td>0.00</td>
<td>1</td>
<td>.99</td>
<td>0.00</td>
<td>0.00 - 0.00</td>
</tr>
<tr>
<td>Disclosure recipient$^c$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>-4.49</td>
<td>0.84</td>
<td>28.51</td>
<td>1</td>
<td>.01</td>
<td>0.01</td>
<td>0.00 - 0.06</td>
</tr>
<tr>
<td>Other personal</td>
<td>-3.50</td>
<td>0.67</td>
<td>27.18</td>
<td>1</td>
<td>.01</td>
<td>0.03</td>
<td>0.00 - 0.11</td>
</tr>
<tr>
<td>Professional</td>
<td>-2.08</td>
<td>0.65</td>
<td>10.25</td>
<td>1</td>
<td>.01</td>
<td>0.13</td>
<td>0.04 - 0.45</td>
</tr>
</tbody>
</table>

$^a$ Penile penetration was the reference category for abuse severity
$^b$ Biological fathers were the reference category for perpetrator
$^c$ Mothers were the reference category for disclosure recipient
Follow up chi-squared analyses confirmed that disclosure recipients differed significantly in their reporting of CSA ($\chi^2 = 17.01, \text{ df} = 12, p<0.01$). Figure 4 displays the individuals responsible for reporting CSA by category of disclosure recipient. Mothers were responsible for reporting three-quarters of the abuse disclosures they received, and professionals reported two-fifths (40%) of the disclosures they received. Friends reported a marginal amount of abuse disclosed to them. More than half of the disclosures made to persons in the other personal relationship category were reported to agencies by the victim’s mother.

**Figure 4: Individuals who reported CSA by disclosure recipient.**

![Figure 4: Individuals who reported CSA by disclosure recipient.](image)

**Agencies to whom intrafamilial child sexual abuse was reported**

Most commonly, disclosure recipients contacted DoCS first to report intrafamilial CSA (35.9%, n=89). Table 8 displays the range of agencies who received notice of intrafamilial CSA in this sample. Police were the first organisation to receive reports of abuse for 27.0% (n=67) of victims. Almost 40% of the reports were first made to an agency without responsibility for formal investigations of CSA.
The wide range of organisations contacted to receive reports of intrafamilial CSA was simplified for additional analyses. Four categories were used to represent the agency types that were the most commonly selected: police, DoCS, mandatory reporters, and others. After removing the unknown cases from the sample, reports to the police occurred in one third (32.7%; n=67) of the cases, and to DoCS in 43.4% (n=89) of the cases. Mandatory reporting agencies were those agencies required by section 27 of the Children and Young Persons (Care & Protection) Act 1998 to report instances where a child is suspected of being at risk of harm (abuse agencies, school staff, and medical professionals) and comprised 15.6% (n=32) of the cases. Agencies in the Other group (church members, crisis lines, and other agencies) received 8.3% (n=17) of the CSA reports.

Table 8: Organisations to whom intrafamilial CSA was reported

<table>
<thead>
<tr>
<th>Organisation where abuse was reported</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoCS</td>
<td>35.9</td>
<td>89</td>
</tr>
<tr>
<td>NSW Police</td>
<td>27.0</td>
<td>67</td>
</tr>
<tr>
<td>Medical professional</td>
<td>5.6</td>
<td>14</td>
</tr>
<tr>
<td>Sexual abuse agency</td>
<td>3.2</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>3.2</td>
<td>8</td>
</tr>
<tr>
<td>School staff</td>
<td>2.8</td>
<td>7</td>
</tr>
<tr>
<td>Church</td>
<td>2.4</td>
<td>6</td>
</tr>
<tr>
<td>Child abuse agency</td>
<td>1.2</td>
<td>3</td>
</tr>
<tr>
<td>Crisis line</td>
<td>1.2</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>17.3</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(100)</td>
<td><strong>248</strong></td>
</tr>
</tbody>
</table>

Chi-squared analyses revealed a significant difference between the identity of disclosure recipients and the agencies to whom they reported abuse ($\chi^2 = 19.56, p<0.02$). Figure 5 illustrates the agencies whom disclosure recipients reported CSA. A clear distinction emerged between reports made to investigative authorities such as the police and DoCS, and non-investigative agencies: the majority of reports were made to investigative authorities by all groups of disclosure recipients. Professionals were the group of disclosure recipients least likely to proceed to report the abuse to a non-investigative
agency (5.3%); mothers were the group of disclosure recipients the most likely to report to investigative authorities, with 33.7% of reports made to mandatory reporters or other agencies.

**Figure 5. Agencies to whom disclosure recipients reported CSA.**

![Figure 5: Agencies to whom disclosure recipients reported CSA.]

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**Delay between disclosure and reporting**

On average, the delay between the time that intrafamilial CSA was disclosed and the time of reporting to any agency was approximately nine months, or 264.82 days ($SD=774.14$). By comparison, the average time lapse between disclosure and reporting to police was approximately ten months or 296.18 days ($SD=752.44$). A paired samples t-test determined that the time to report CSA to any agency was significantly shorter than the delay between disclosure and reporting to police ($t=-2.13$, $df=217$, $p<0.01$).

To investigate whether the average delay between disclosure and reporting differed significantly between categories of disclosure recipients, a one-way analysis of variance (ANOVA) was conducted. Results revealed a significant difference amongst disclosure recipients ($F(3, 214)=2.92$, $p<0.05$).
Figure 6 displays the average delay between disclosure and reporting by category of disclosure recipient. Individuals with a personal relationship to the victim delayed reporting to authorities longer than all other groups, averaging 19 months or 571.71 days ($SD=1160.74$) between disclosure and reporting. Reporting by mothers and friends was delayed by approximately one year. Professionals who received CSA disclosures made the most prompt reports following disclosure, with an average delay of 55.81 days ($SD=230.85$). Post-hoc comparisons using the Tukey HSD test revealed that the delay to report by recipients in the Other Personal Relationship group ($M=571.71$, $SD=1160.74$) exceeded that by professionals ($M=55.81$, $SD=230.85$) by 17 months, a statistically significant difference.

**Figure 6. Average delay before reporting by recipients of child sexual abuse disclosures (days)**

![Diagram showing average delay before reporting by recipients of child sexual abuse disclosures (days)](image)

**Discussion**

Factors influencing to whom children choose to disclose intrafamilial CSA and the likelihood that disclosure recipients will report CSA to investigative authorities were examined to gain further insight into the low rates of disclosure and reporting of intrafamilial CSA. The findings revealed that the identity of the person whom children chose as the disclosure recipient was significantly influenced by the age of
abuse onset, the age of the child at the time of disclosure, the duration of the abuse experience, and the victim’s relationship to the perpetrator.

The finding that mothers were the principal recipients of intrafamilial abuse disclosures replicated previous research conducted in the United States of America (Stein & Nofziger, 2008). The victim’s friend or boyfriend was the second most popular choice of disclosure recipient. The high proportion of disclosures made to friends observed within the current study extends the existing literature by demonstrating that the preference among adolescents to share this information with a friend was not limited to circumstances in which the abuse was perpetrated by a peer (Stein & Nofziger, 2008). Disclosures to investigative authorities such as the police and DoCS was the preference amongst 6.9% of victims, occurring at a rate similar to that of disclosures made to investigative authorities over the course of one’s life (10%; Fleming, 1997). Whether this parallel finding is due to sample characteristics or other factors is unclear.

The influence of age on children’s choice of disclosure recipient is well-documented in the literature (Kogan, 2004; Priebe & Svedin, 2008; Stein & Nofziger, 2008) and was replicated in this sample. Children who chose their mother as their disclosure recipient were younger at abuse onset and disclosure, experienced abuse of a shorter duration, and, contrary to the hypothesis, were abused by a step father. Disclosures made to friends were characterised by later onset of abuse, older age at the time of disclosure, longer abuse duration, and abuse perpetrated by a biological father. Explanations for this differential preference include fewer opportunities for young children to disclose abuse outside the family home due to restricted social interactions (Smith et al., 2000), and the increasing importance of friends during adolescence (Priebe & Svedin, 2008).

Intrafamilial CSA victims who chose to disclose abuse to their mothers had significantly shorter abuse durations than victims who disclosed to friends. As this is the first study to investigate the influence of abuse duration on choice of recipient, the motivations behind these choices are unclear. Findings from previous research suggest maternal belief may play a role. Maternal belief of CSA
disclosures has been found to decrease in proportion to the duration of the abuse (Pintello & Zuravin, 2001). It may be posited from this research that the influence of abuse duration on children’s choice of disclosure recipient may be due to children’s desire to disclose to those individuals most likely to believe their allegations.

An impact of abuse severity could not be replicated within this study. The absence of a significant influence of abuse severity in the current study may be due to the use of specific categories of disclosure recipients. Previous research on the influence of the person to whom children disclosed assessed only the impact of abuse severity on disclosing to adults versus friends (Kogan, 2004; Priebe & Svedin, 2008). The distribution of adult recipients into three different categories within this study may have served to negate the influence of abuse severity on whom children chose as recipients of CSA disclosures. No characteristics of the abuse predicted disclosures to professionals or other persons outside of the family with whom the child had a personal relationship.

The majority of disclosure recipients failed to go on and report CSA to an agency. However, differences in reporting practices emerged amongst the four categories of disclosure recipients. Mothers were more likely to report CSA than all other disclosure recipients, confirming previous findings of stronger support from guardians to whom disclosures are made (Bolen & Lamb, 2002). Perhaps barriers faced by non-family members and mandatory reporters are harder to overcome. Alternatively, mothers may feel more responsible for protecting their children and are therefore more motivated to report (Stein & Nofziger, 2008).

Though friends were the second most common recipient of CSA disclosures, they were responsible for the lowest rate of reporting to agencies. This finding is consistent with previous research showing that friends were unlikely to seek outside help when they were the recipient of abuse disclosures (Stein & Nofziger, 2008). The theory that most friends fail to report because they lack knowledge on how to address incidents of abuse (Stein & Nofziger, 2008) was supported by the current finding that only one in twenty CSA cases were reported to an agency by the victim’s friend.
The finding that for the majority of victims, investigative authorities such as the police or DoCS were the first agency contacted to report CSA effectively refutes the suggestion that disclosure recipients may report CSA to non-investigative agencies in order to avoid the negative consequences associated with investigations into intrafamilial CSA. However, the majority of reports made to non-investigative agencies were from disclosure recipients who had a personal relationship with the victim (mothers, friends, and other persons). This finding may indicate a lack of knowledge amongst lay people regarding where to report incidents of intrafamilial CSA.

All cases of intrafamilial CSA in the current sample were referred to Cedar Cottage, thus had advanced within the criminal justice system to the point of prosecution. Nonetheless, in a substantial number of these cases, approximately 40%, neither DoCS nor the police received the first notice directed to authorities of intrafamilial CSA. This finding suggests that the process of reporting abuse to investigative authorities is protracted for many victims. The length of the delay was most significant when disclosures were made by a child victim to an individual in the other personal relationship category, i.e., family members other than the mother, extended family members, family friends. Abuse disclosures to these individuals took approximately 1.5 years to come to the attention of police. The implications for the victims of such delayed reports of abuse to the police or DoCS are significant.

**Implications for research, practice and public policy**

Mothers play a significant role in the disclosure and reporting of abuse, and in supporting the victim’s adjustment after abuse. The findings of this study indicate that mothers are a critical link in the prosecution of intrafamilial CSA as they are most likely to receive disclosures and report them. This finding highlights the importance of educating mothers and ensuring that children feel comfortable confiding abuse to their mothers, and the need for professionals to support mothers who receive these disclosures. The implications for children’s adjustment after abuse are also significant as research has consistently emphasised the role of positive maternal support in children’s adjustment after abuse.
(Elliott & Carnes, 2001; Ullman, 2003). The high rate of disclosures made to mothers in the current study suggests that children perceive their mothers as positive sources of support.

Delays in the reporting of CSA to the police can significantly impact the likelihood that a CSA case will proceed to prosecution. More immediate reporting will ensure that children’s memories of the abuse are clearer and less influenced by discussions with others, making the investigative and prosecutorial process more straightforward (Wood Royal Commission, 1997). To minimise the number of cases that fail to proceed to prosecution, disclosure recipients must be aware of the importance of acting promptly to report CSA to the police.

The low rate of CSA reporting by friends who received abuse disclosures has significant implications for the reporting of CSA. The fact that the majority of disclosures made to the victim’s friend were ultimately reported by another individual necessitates that the victim or friend inform another individual before the abuse is reported. Should the friend fail to do this, the likelihood is that the disclosed abuse will remain unreported. Consequently, children need to be informed of the importance of telling an adult if a friend discloses abuse to them. In addition, CSA may remain unreported due to scepticism from individuals who learn of the abuse from a secondary source. Adults who learn of abuse disclosures from a child other than the victim must take the report seriously.

To increase the overall prosecution rate of CSA cases in the criminal justice system, interventions are needed to increase the disclosure and reporting of intrafamilial CSA amongst young victims. By promoting more early disclosure, children will be more likely to confide in their mothers, who are the more likely disclosure recipients to report CSA. The sooner the investigative authorities are involved, the better the outcomes for the abused children.

**Strengths and limitations of the findings**
This research built on limited research investigating the journey between disclosure and reporting of intrafamilial CSA. It is the first study to investigate factors that influence whether disclosure recipients proceed to report CSA, thus makes a unique contribution to the literature on this topic.

The sample used in this study was both a strength and limiting feature. Because all of the reports were uncontested and substantiated, and the data were gathered from official police intelligence, the reliability of the information exceeds that reported in retrospective studies that rely on adult memories of childhood events rather than official records. The accuracy of those reports is often contested, whereas in this sample, the cases were investigated, prosecuted and the offenders had entered guilty pleas and admitted to the abusive behaviour in issue. Another concern regarding the accuracy of information reported in retrospective studies arises because of the extensive time lapse between the experience of abuse and details reported during the research inquiry (London, Bruck, Wright, & Ceci, 2008). All of the abuse incidents within this sample were reported to the police within 18 months of the abuse disclosure, significantly shortening the time lapse between the experience of abuse and formal description of the abuse details. However, the sample used in this study was highly selective. Only those cases of intrafamilial CSA that came to the attention of police were included, thus the findings must be distinguished from those addressing cases of intrafamilial CSA which are undisclosed and unreported. These findings may not generalize to samples that have disclosed abuse (Lawson & Chaffin, 1992). Moreover, since eligibility for referral to the Cedar Cottage program is restricted to nonviolent sexual offences, and to offenders without prior convictions for sexual offending these findings may not apply to incidents of CSA involving violence, or abuse perpetrated by convicted offenders. Finally, the range of intrafamilial offenders included in this sample was narrow, i.e., only family members in a parenting role were included. The circumstances of disclosure and reporting may differ when a sibling or more distant relative is the perpetrator. Consequently, these caveats apply in extending the findings to other cases of CSA.

Future research directions
Further research is needed to determine whether characteristics found to influence the likelihood that disclosure recipients will report CSA in this study extend to other types of intrafamilial CSA, extrafamilial CSA and abuse that involves violence. Typically, where violence is associated with CSA, reporting rates are higher, particularly when the child is physically injured, and the disclosure recipient believes the abusive parent intends to harm the child (Bensley et al., 2004).

These findings implied that the low level of reporting by certain categories of disclosure recipients was due to differences in overcoming barriers to reporting. Further investigations that focus on the reasons for reporting or failing to report will assist in understanding whether mothers encountered fewer of those barriers than did other disclosure recipients. More insight into the motivations that underlie the mothers’ willingness to report the abuse will also be informative about the support mothers can provide victims in the period following the abuse experience. Whilst the role of positive maternal support in children’s adjustment is well-documented (Elliott & Carnes, 2001; Ullman, 2003), the degree of support provided by other disclosure recipients remains unclear. Since a large proportion of disclosures were not made to mothers, and some research suggests that mothers are less likely to support CSA victims when they are not the disclosure recipients (Bolen & Lamb, 2002), it is important to understand if a child’s decision not to disclose to their mother has an important bearing on their future functioning. Thus additional research is needed that further explores the relationship between the person to whom children disclose CSA and their subsequent adjustment and well-being after the abuse has ended.

Conclusions

Low rates of prosecution for CSA within the criminal justice system have been attributed to a number of factors. The insight obtained through this study in the influences on children’s choice of disclosure recipient and why disclosure recipients fail to report CSA comprise an important step in increasing the disclosure and reporting of intrafamilial CSA. However, to significantly increase the proportion of CSA
cases within the criminal justice system, issues related to the investigation of CSA and children’s experience of the prosecutorial process need to be addressed.
References


Children and Young Persons (Care and Protection) Act 1998 (NSW).


*Pre-Trial Diversion of Offenders Act 1985 (NSW).*


