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Implicit Theories and Personality Patterns in Child-Victim Sex Offenders

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Abstract

Research has suggested that child sex offenders hold thematically distinct cognitive distortions, which Ward and Keenan (1999) call Implicit Theories. The aim of this preliminary study was to investigate the relationship between offenders' Implicit Theories and their personality related cognitions. The variables were measured using the Implicit Theory Questionnaire and Millon's (1990) MCMI-III personality scales. Subjects were 28 male sex offenders against children serving a custodial sentence in New Zealand, who elected to participate in a treatment program. A majority of participants had personality scale scores that reached the clinical threshold. Results found that dependant, depressive and schizoidal personality patterns significantly correlated with Implicit Theories. Clinical and theoretical implications are discussed.

Introduction

The deviant thoughts of sex offenders have been labelled as cognitive distortions and refer to the blaming, minimising, excusing and rationalising of sexually abusive behaviour (Ward, 2000). Cognitive distortions, also described as "offence-endorsing statements" (Ward, Gannon, & Keown, 2006, p. 324), are purported to facilitate and maintain offending behaviour (Gannon, Ward, & Polaschek, 2004; Ward & Keenan, 1999). Cognitive distortions have been regarded as a critical feature in the etiology and maintenance of child sex offending behaviour (Hall & Hirschman, 1991, 1992; Marshall & Barbaree, 1990; Ward & Seigert, 2002). As a result, challenging sex offenders' cognitive distortions has become a key component of their treatment. However, conceptualising cognitive distortions has been difficult, in part due to their complex nature.

In an early study of cognitive distortions as a concept, Abel, Becker and Cunningham-Rathner (1984, p. 98), described cognitive distortions as "a set of cognitive beliefs that support sexual involvement with children". These authors suggested that child-victim sex offenders experience a state of cognitive conflict generated by the incongruence between their deviant thoughts and social norms. The impact of this conflict generates aversive levels of anxiety and complex emotions, including shame and guilt. By using Festinger's (1957) Cognitive Dissonance Theory, Abel et al., suggested that child sex offenders distort their cognitions to align them with their deviant thoughts, fantasies and behaviour. This process alleviates the conflict and subsequent distress. These cognitive distortions then facilitate continued sexually deviant behaviour.

Choudhry (1995) investigated the cognitive distortions of intra-familial and extra-familial child-victim sex offenders, assessing their attitudes and beliefs surrounding adult-child sexual interactions. Their results showed no significant differences in cognitions between these two types of offenders. These findings suggested that cognitive distortions of child-victim sex offenders are not thematically bound by the relationship to the victim. Instead it was suggested that cognitive distortions are a reflection of something more fundamental to the offender.

Implicit theories

More recently, Ward (2000) proposed that cognitive distortions stem from underlying maladaptive assumptions or beliefs and the tendency to biased information processing. The proposition of biased perceptions based on maladaptive beliefs or assumptions parallels the schemas of Beck's Cognitive Theory (1963). Negative schemas are generated as a result of developmental adversity, are deeply entrenched, and provide a lens through which neutral information is filtered as negative. Ward and Keenan's (1999) conceptualisation viewed the cognitive distortions of sex offenders as products of a much larger network of interlocking and underlying schemas (or beliefs). Ward (2000) called these beliefs 'Implicit Theories'. These beliefs function to explain the actions of self, others, and the world in general, and assist in developing expectations relating to the social environment. Unlike Abel et al.'s (1984) Cognitive Distortion Hypothesis that views cognitive distortions as independent or isolated distorted thoughts, the

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cognitive distortions generated from Implicit Theories are pervasive, stemming from a larger belief structure.

Marziano, Ward, Beech and Pattison (2006) examined the cognitive distortions in child-victim sex offenders' offence narratives to identify thematically distinct distortions that clustered together to form a larger belief network. The results of their qualitative analyses identified distinct clusters of cognitive distortions related to five Implicit Theories. These include:

Children as sexual objects

This Implicit Theory is the belief that children both enjoy and desire the pleasure that comes from sexual connection, and that children have the capacity to make informed decisions about sexual behaviour. These offenders also believe that sexual contact with children is unlikely to be harmful, and in fact is beneficial for the child (Ward & Keenan, 1999). Sanctioning this experience is viewed as denying offenders' and their victims' natural expression of sexuality. Cognitive distortions generated by this Implicit Theory may include "children are curious about sex and enjoy it" and "the child was trying to arouse me by walking in front of me with skimpy clothes on".

Entitlement

Offenders who hold the Entitlement Implicit Theory believe they are in a superior category than others, placing themselves in a position of special consideration and treatment. Due to this special status, offenders believe their sexual needs deserve to be met by whomever and whenever they desire. Ward and Keenan (1999) suggest that child-victim sex offenders holding this Implicit Theory believe they are above laws and morals, which ought to be acknowledged by others who hold a lower status. Cognitive distortions generated by this Implicit Theory may include "people do what I tell them and that includes sex" and "men are entitled to have sex with whomever they like whenever they like".

Dangerous world

According to Ward and Keenan (1999), there are two strands to the Dangerous World Implicit Theory. The first strand emphasises the offenders' need to assert their dominance and control over others to ensure their status or position is strengthened. This can involve punishment or retribution against others who are perceived to have harmed them in some way. This punishment can involve the sexual abuse of a child as retribution for perceived wrongs by their mother. Another key feature of the first strand is that sex offenders believe the world and those in it to be inherently hostile (Marziano, et al., 2006). Cognitive distortions generated by this implicit theory may include "I did it to get revenge on her and her mother".

The second strand of the Dangerous World Implicit Theory emphasises the offenders' view that the world is a threatening place. A key feature is the offenders' belief that adults are threatening, untrustworthy and rejecting while children are more dependable, acceptable and less likely to take unfair advantage (Ward & Keenan, 1999). Unlike the retributive stance of the first strand, child-victim sex offenders holding beliefs from the second strand do not perceive themselves as capable to retaliate against others. Cognitive distortions generated by this implicit theory may include "you can't trust adults" and "kids really know how to love you".

Uncontrollability

Offenders who hold the Uncontrollability Implicit Theory believe that events in the world, including their own emotions, sexual feelings and thoughts, are uncontrollable. Ward and Keenan (1999) state that exposure to traumatic events such as a death of a parent or sexual abuse is likely to generate a feeling of having no control over the world and others. Cognitive distortions generated by this implicit theory may include "I was high on drugs and alcohol at the time" and "I did it because I was sexually abused as a child" and, "Some people are not 'true' child molesters – they are just out of control and made a mistake".

Nature of harm

The key belief related to this Implicit Theory is that harm is on a dimension of severity and that sexual contact is beneficial and unlikely to cause any harm. Offenders believe that harm to the child depends on circumstances. This can be due to the offenders' perception that without the use of force or penetration, or if the child was asleep at the time and is unaware of what is taking place, the child is unharmed. Child-victim sex offenders who hold this Implicit Theory also believe that sex is inherently pleasurable and thus, beneficial. Cognitive distortions generated by this implicit theory may include "we were only touching, it wasn't really sex" or "if something is enjoyable, how can it be harmful?"

Implicit theories and personality

Buschman and van Beek (2003) proposed that offence related cognitive distortions are part of a larger underlying belief system based on personality traits. Millon (1981, p. 8), defines personality as: "A complex pattern of deeply embedded psychological characteristics that are largely unconscious, cannot be eradicated easily and express themselves automatically in almost every facet of functioning." Millon also argues that personality provides the foundation for an individual's "distinctive pattern of perceiving, feeling, thinking and coping" (p. 8). Similar to Millon (1981) and Millon and Davis (1996), Beck, Freeman and Davis (2004) propose that underlying the development of personality are evolutionary generated strategies that facilitate survival and reproduction. Beck et al.

suggested that disorders such as depression, anxiety and personality disorders are manifestations of exaggerated strategies. At the core of this exaggeration is how individuals process affective and cognitive information, that is, emotions and thoughts.

Personality characteristics have been identified in etiological theories as important factors in sex offending behaviour against children (Hall & Hirschman, 1991, 1992, 1996; Marshall & Barbaree, 1990; Millon, 1981; Millon & Davis, 1996). Hall and Hirschman (1991, 1992, 1996) identified four causal variables in their Quadripartite Model, which they proposed were motivational precursors of sexual aggression against women or children. These include: physiological sexual arousal, cognitive distortions, affective dyscontrol and developmentally related 'personality problems'.

Personality is empirically linked with distinct coping strategies used during stressful situations (Bijttebier & Vertommen, 1999; Lussier, Proulx, & McKibben, 2001). Millon and Davis (1996) suggest that dysfunctional coping strategies can help distinguish adaptive from maladaptive personality functioning. While adaptive personality functioning uses flexibility of thought and problem focused coping, personality disorders are characterised by vicious cycles of inflexible, narrowed and maladaptive ranges of coping responses. Moreover, Millon and Davis claim that an individual's range of coping skills and adaptive flexibilities determines his or her ability to master the demands of the environment.

Ward (2000) proposed that child sex offenders have difficulties regulating their emotions. More specifically, they may have difficulty in identifying emotions, adjusting negative emotions to better cope with distress or may be unable to approach others for social support. Lussier et al., (2001) explored the link between personality and coping strategies in adult-victim and child-victim sex offenders using Millon's Clinical Multi-Axial Inventory (MCMI). Their cluster analyses revealed two MCMI profiles: dramatic and anxious. Those in the dramatic group showed higher personality trait scores on the histrionic, narcissistic, and compulsive scales. The anxious group revealed higher personality trait scores on the schizoid, avoidant, passive-aggressive, schizotypal and borderline scales. The anxious profile group had more offenders with deviant sexual preferences, as measured by phallometric assessment, and more paraphilia diagnoses than the dramatic profile group.

Personality disorders in child sex offenders

Studies examining personality disorders in child sex offenders have shown that a high proportion of sampled offenders meet the Diagnostic and Statistical Manual of Mental Disorders (4th Ed, Text Revision, DSM-IV-TR, American Psychiatric Association, 2000) criteria for one or more personality disorders (Bogaerts, Daalder, Vanheule, Desmet, & Leeuw, 2008; Bogaerts, Declercq, Vanheule, & Palmans, 2005; Chantry & Craig, 1994; Madsen, Parsons, & Grubin, 2006). However, personality disorders identified within child sex offender samples have varied between offenders and between studies. Madsen et al. (2006) found that 48% of their sample met criteria for at least one personality disorder, and that of these, 11% met criteria for two personality disorders and 14% met the criteria for three or more. Antisocial, avoidant, depressive, paranoid and obsessive-compulsive disorders were most frequent.

Bogaerts, Vanheule, Leeuw and Desmet (2006) investigated personality disorder prevalence and attachment differences between 84 child-victim sex offenders and a matched control group of 80 non-offenders using the Assessment of the DSM-IV Personality Disorders (ADP-IV). Their results showed that the sex offenders' personality pattern scores were higher than the control group on all of the personality scales. Bogaerts et al. also conducted a logistic regression which showed that schizoid and antisocial personality trait scores significantly predicted sex offender group membership. Additionally, insecure attachment styles also significantly predicted sex offender group membership.

Chantry and Craig (1994) conducted a study using the MCMI (Millon, 1983) to distinguish between child-victim sex offenders, adult-victim sex offenders, and violent (non-sexual) offenders. The child-victim sex offenders' mean MCMI personality pattern scores were significantly higher than both adult-victim sex offenders and violent offenders on the passive-aggressive personality scale. The child-victim sex offenders' mean personality trait scores were significantly higher on schizoid, dependent, and borderline compared to the violent offender group. Dependant personality pattern scores were the highest among the child-victim sex offender group. Chantry and Craig described the clinical picture of the child sex offender group as showing, "significant problems with dependency combined with psychic distress (anxiety and depression). They appear to be passive; submissive; insecure; docile; placating; and lacking in initiative, acquiescing to a strong adult authority figure for nurturance, affection, protection, and security" (p. 433).

Similar results were obtained by Ahlmeyer, Kleinsasser, Stoner and Retzlaff (2003) when they examined MCMI personality data in 472 child sex offenders, 233 adult victim sex offenders and 7,226 general population offenders within a U.S.A. penal institution. Their analyses showed that specific personality scale scores could significantly predict child sex offender group membership when compared to the

scores of adult sex offenders and general population offenders. The MCMI personality scales that predicted child sex offender group membership were schizoid, avoidant, depressive, dependent and self-defeating (masochistic) types. Dependent personality was the personality pattern most predictive of child sex offender group membership. The prominence of the dependant personality is consistent with Chantry and Craig's (1994) earlier data.

Personality and cognitive distortions

Ward and Keenan's (1999) Implicit Theories provide a useful framework to understand child sex offenders' perceptions of themselves and their victims. Buschman and van Beek (2003) proposed that cognitive distortions are a representation of offenders' underlying explanatory theories and general interpersonal tendencies. On a theoretical level, offence related cognitive distortions may be part of a global underlying personality structure that shares a thematically similar cognitive style. Furthermore, thematically distinct cognitive distortions may underlie child sex offenders' motivations for their offending. The current study examined whether the cognitive distortions that proposed by Ward and Keenan's Implicit Theories are associated with personality related cognitions. Tentative predictions were made based on the qualitatively similar cognitions found between the Implicit Theories and DSM-IV-TR (American Psychiatric Association, 2000) personality disorder criteria. The Dangerous World Implicit Theory was predicted to positively correlate with paranoid personality trait scores; the Entitlement Implicit Theory was predicted to positively correlate with narcissistic personality trait scores; and the Uncontrollability Implicit Theory was predicted to positively correlate with antisocial personality trait scores. An examination of the relationships between both Nature of Harm and Children as Sexual Beings Implicit Theories and personality pattern scores were exploratory.

Method

Participants

Participants consisted of 30 male child sex offenders, of whom 28 provided valid data. At the time of recruitment the participants were serving a custodial sentence for sexual offence/s against child victim/s under the age of 16. Participants were recruited from two Department of Corrections special treatment units, one in the North Island (Te Piriti) and one in the South Island (Kia Marama) of New Zealand. The 30 offenders who participated in the study were aged between 19 and 80 with a mean age of 44 years. A one-way ANOVA was conducted which identified the mean ages from both units differed at a significant level ($F(1,26) = 7.06$, $p < .05$). The 20 participants recruited from the Te Piriti Special Treatment Unit were significantly older (M=50.5, SD=15.6) than the 10 participants recruited from Kia Marama special treatment unit (M=34.2, SD=15.4). The total sample consisted of 12 New Zealand Europeans (43%), 13 Maori (46%), one Pacific Islander and two British offenders. Ten of the 13 Maori and the one Pacific Islander participants were recruited from the Ti Piriti programme, along with seven of the 12 New Zealand European participants.

Eligibility to undertake treatment in either of these programmes includes admitting their offending, an absence of a mental illness that would interfere in treatment, volunteering for the treatment, and being 20 years of age or older. In addition to the special treatment units' eligibility criteria, the current study required participants to possess a sufficient reading ability to complete the questionnaires without assistance.

Instruments

The Implicit Theory Questionnaire (ITQ)

The relevant cognitive distortions are measured with Ward and Keenan's (1999) Implicit Theories Questionnaire (ITQ, Goddard, 2006). The ITQ comprises 204 items which make up the five Implicit Theory subscales (Children as Sexual Beings, Entitlement, Nature of Harm, Dangerous World, and Uncontrollability). Each item is presented as a statement to which a level of agreement or disagreement on a four-point scale is required. The ITQ has yielded high internal reliability, with Cronbach's alphas ranging from .79 to .93 for all subscales. Test-retest reliability also yielded strong correlations for each subscale ranging between .84 and 1.00 (Goddard, 2006). The ITQ is used as a measure of attitudes and beliefs relating to the involvement of children in sexual activities and takes approximately 45minutes to one hour to complete.

The Millon Clinical Multiaxial Inventory (MCMI-III)

Personality trait scores were measured using the Millon Clinical Multiaxial Inventory (MCMI-III; Millon, 1994). The MCMI-III consists of 175 items that are consistent with Axis II personality disorders in the DSM-IV, seven subscales consistent with Axis I disorders and four validity scales. The MCMI-III scales have yielded moderate to high internal reliability, with Cronbach's alphas ranging from .66 to .89 for the personality scales. High test-retest reliability has also been established for each personality scale ranging between .85 and .93 (Millon, 1994).

Procedure

All offenders arriving at both Kia Marama and Te Piriti special treatment units were invited to participate in the current study. Offenders arrived at the units sporadically according to their sentence completion dates and unit space availability. The collection of the Implicit Theory data coincided with the offenders' arrival at their respective treatment units in order to mitigate the likelihood of any treatment effects on cognitive distortions. A standard battery of psychometric testing is routinely conducted with offenders at both units immediately prior to the commencement of their treatment, and includes the MCMI-III.

Results

An alpha level of 5% was used for all statistical analyses in this study. Means and standard deviations for Implicit Theory endorsement and MCMI-III personality pattern scores are located in Tables 1 and 2, respectively. Participants' data was removed if they responded to less than two thirds of the ITQ items. As a result, two participants' data were removed from the ITQ dataset leaving a functional sample of 28. These two participants also provided invalid MCMI-III data due to disclosure scores below 34.

Distribution of implicit theory endorsement

Table 1: Mean endorsement scores and standard deviations according to each Implicit Theory

Implicit Theory	Min	Max	Mean	Standard Deviation
Children as Sexual Beings	1.00	3.33	1.47	0.50
Dangerous World	1.00	3.11	2.36	0.50
Entitlement	1.09	2.32	1.69	0.30
Nature of Harm	1.05	3.18	1.33	0.44
Uncontrollability	1.00	3.05	1.94	0.54

The Implicit Theory Questionnaire asked participants to evaluate statements, where 1 = strongly disagree, 2 = somewhat disagree 3 = somewhat agree and 4 = strongly agree. The highest mean score of Implicit Theory endorsement was the Dangerous World subscale as shown in Table 1.

MCMI-III distribution

According to Millon (1994), the threshold for the clinical *presence* of clinical personality pattern is a base rate score of 75, while the threshold for clinically *prominent* personality patterns is 85. Table 2 shows that 23 (82%) of the participants reached the threshold

Table 2: MCMI-III mean scores, standard deviations

Personality Disorder	Min	Max	Mean	Standard Deviation	Freq. of Presence (75-84)	Freq. of Prominence (85+)
Paranoid	1	88	59.29	19.64	1	2
Borderline	1	82	53.39	22.01	2	0
Schizotypal	0	82	53.36	25.58	4	0
Masochistic	0	85	54.29	27.30	9	1
Negativistic	1	90	57.93	28.45	7	3
Compulsive	21	83	48.50	14.54	1	0
Sadistic	5	89	52.54	22.53	2	1
Antisocial	16	95	66.11	20.18	7	4
Narcissistic	9	82	49.18	16.93	2	0
Histrionic	5	73	41.96	16.77	1	0
Dependent	30	92	62.11	17.89	5	2
Depressive	0	110	65.43	23.94	7	4
Avoidant	1	99	55.75	28.25	5	3
Schizoid	1	106	56.71	22.82	5	1
Disclosure[a]	14	98	62.97	19.86	2	5
Desirability[b]	15	94	67.28	21.41	5	4
Debasement[c]	0	85	50.10	23.90	1	1

[a] Scores below 34 and above 178 considered invalid responding (2 participants' data removed).

[b] Scores above 75 may conceal aspects of psychological or interpersonal difficulties.

[c] Scores above 75 suggest strong inclination to depreciate.

for the presence of patterns consistent with at least one DSM-IV-TR personality disorder. On average, each participant scored between 75 and 84 on two MCMI-III personality scales (M=2.04, SD=1.73), ranging between zero and six, respectively. Of the 23 participants reaching the cut-off for the clinical presence of personality traits, over half (57%) also had one or more personality scale that reached clinical prominence (i.e., 85 or greater).

The masochistic personality scale showed the greatest frequency count of scores between 75 and 84, with nine of the twenty-eight participants scoring in this range. The next most frequently observed personality scales reaching clinical presence threshold were passive-aggressive, antisocial and depressive personality scales, each with seven participants scoring between 75 and 84 on these scales. The two highest frequency counts of clinically prominent personality traits were passive-aggressive and antisocial with 4 participants each scoring 85 or greater on these personality scales.

Implicit theory & personality trait score correlations

No significant relationships were revealed between endorsement scores of Children as Sexual Beings Implicit Theory and the MCMI-III personality scales. The results showed a significant positive correlation between Dangerous World Implicit Theory endorsement and dependent personality trait scores (r=28, 0.387, p<0.05). Also reaching significance was the positive relationship between Dangerous World endorsement scores and depressive personality trait scores (r=28, 0.399, p<0.05). The positive trend between Dangerous World endorsement and paranoid personality trait scores approached significance (r=28, 0.366, p=0.06).

No significant relationships were revealed between the endorsement scores of Entitlement and Nature of Harm Implicit Theories and the MCMI-III personality scales. However, the results showed a significant positive correlation between Uncontrollability Implicit Theory endorsement and schizoid personality trait scores (r=28, 0.404, p<0.05). Also reaching significance was the positive relationship between Uncontrollability endorsement scores and depressive personality trait scores (r=28, 0.499, p<0.01).

Discussion

This study represents a preliminary investigation into the relationships between personality patterns and implicit theories in child-victim sex offenders. Results partially supported the tentative predictions relating personality traits with cognitive distortions generated by the five Implicit Theories. As offenders' dependent and depressive personality traits increased, so too did

their level of endorsement of the Dangerous World Implicit Theory. Those who hold the Dangerous World Implicit Theory appear to believe the world is a hostile and malevolent environment filled with people who are prepared and willing to harm them. Those with dependent traits perceive themselves as weak, helpless, and fragile, and they fear being alone to care for themselves. They may have childlike impressions of others and limited competencies in managing and resolving stressful situations. Those with dependent traits also entrust others to carry out the adult functions and responsibilities in their lives, with underdeveloped abilities to function independently. Those with dependent traits may endorse the fearful strand of Ward and Keenan's (1999) Dangerous World Implicit Theory. That is, offenders endorse the belief that the world is a threatening place where adults are untrustworthy and rejecting, while children are more dependable.

Those with depressive personality traits are described as dispirited individuals with a sense of permanent hopelessness. Within their social environment they perceive themselves as defenseless, with feelings of being vulnerable and assailable. Those with depressive personality traits will demand assurances of affection, steadfastness and protection, and in this way are not dissimilar to those of dependant personality traits. The results suggest that the depressive personality traits correlate with the beliefs generated by the Dangerous World Implicit Theory. The nature of this relationship may relate to the pessimistic perceptions of self, others and the world in general.

A relationship between paranoid traits and Dangerous World endorsement was tentatively predicted, however, the results only demonstrated an association approaching significance. This may be due to the small sample size of the current study. Only three participants in the current study had scores showing the presence or prominence of paranoid traits.

The Uncontrollability Implicit Theory was the only other Implicit Theory to reveal relationships with personality traits. As offenders' levels of schizoid and depressive personality traits rose, so too did their endorsement of the Uncontrollability Implicit Theory. Those who hold the Uncontrollability Implicit Theory believe the world is uncontrollable and one is powerless in managing or exerting influence over their lives, including emotions, sexual urges or behaviours. Beliefs of this nature provide a lowered sense of responsibility and heightened sense of victimisation. The relationship with schizoid personality traits was not predicted. The central traits of the schizoid personality relate to apathy, indifference and social isolation. However, Millon & Davis (1996) propose there are four subtypes of schizoid personalities; affectless, remote, languid and depersonalised. The depersonalised subtype describes

the individual as dislocated from others as well as the self. The depersonalised schizoid personality may provide a tentative explanation of the relationship between schizoid trait scores and the Uncontrollability Implicit Theory; the schizoidal sex offender believes the mind has no control over emotions or behaviour, including sexual urges.

Depressive personality traits were also correlated with Uncontrollability Implicit Theory. Millon (1994) describes the cognitive style of an individual with depressive personality traits as "fatalistic". This may be the central cognitive trait that intersects the depressive traits with Uncontrollability Implicit Theory. A fatalistic attitude may foster a sense of disempowerment and a lack of influence over one's life and environment. This may be the common cognitive trait linking the two.

Consistent with previous findings in the literature (Bogaerts, et al., 2008; Bogaerts, et al., 2005; Chantry & Craig, 1994; Madsen, et al., 2006), the majority of child-victim sex offenders in the current sample showed evidence to support the clinical presence of at least one type of maladaptive personality type as measured by Millon's MCMI-III (1994). A majority of participants also showed evidence for more than one type. This suggests that as a group, the prevalence rate for the clinical presence and prominence of disordered personality traits is high. Also consistent with the mixture of personality types identified in previous research, masochistic, passive-aggressive, antisocial and depressive were most frequently observed within the sample.

A number of methodological factors limit the current results. The primary limitation is the small sample size, which lowers statistical power and the capacity to detect significant associations among variables. The current study's sample included only those child sex offenders who elected to take part in treatment, so that those offenders who did not elect to take part in treatment are not represented. Also not represented in the current sample are the child-victim sex offenders whose offences evade detection, conviction and a custodial sentence. The implications of the current results may therefore only apply to child sex offenders who volunteer for treatment within a custodial environment. More generalisable results could be obtained with more diverse samples of sex offenders.

The current findings tentatively suggest that offenders' personality traits may have a measurable association with their offence related cognitions. This implies that assessing personality traits and related cognitions may allow us to better understand their offending behavior and provide treatment that is better tailored to personality differences. Such developments would assist the field in moving forward to overcome current obstacles to treatment readiness and responsivity.

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