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Chapter 8: General Discussion

8.1 Results per study

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

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

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

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

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

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

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

8.2 Discussion of the results

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary

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