

Moral Disengagement Strategies in Sex Offenders

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Sexual abuse is a heterogeneous phenomenon. The literature on sexual offenders considers risk factors in the individual and familial history as well as precursors such as cognitive distortions, defence mechanisms and moral disengagement (MD) mechanisms. This study investigates the MD in sex offenders and non-sex offenders in a sample of 362 males comprising a control group of 268 non-offenders, a group of 42 detained sex offenders and a group of 52 detained non-sex offenders. Participants were administered a semi-structured interview and the Moral Disengagement Scale (MDS). The results show a significant difference between the jailed participants (non-sex offenders and sex offenders) and controls; offenders were found to generally display overall higher levels of MD. Among the jailed participants, sex offenders seem to make more use of MD mechanisms than non-sex offenders.

Key words: harmful conduct; moral disengagement; sex offender.

Introduction

In the literature, many authors have analysed cognitive distortions in sex offenders as specific or general beliefs, mechanisms of moral disengagement (MD) and/or motivational precursors that violate commonly accepted norms of rationality and that have been shown to be associated with the onset and the relapse of sex offending (Hall & Hirschman, 1991; Ò Ciardha & Gannon, 2011; Ò Ciardha & Ward, 2013; Ward & Casey, 2010; Ward, Gannon, & Keown, 2006; Ward & Keenan, 1999). The present study investigates the MD mechanisms that can lie behind abusive behaviour through comparing a sample of male sex offenders to male non-sex offenders (both jailed and a control group).

Moral Disengagement and Harmful Conduct

Breaking the law seriously challenges the view that the offender has of himself or herself and therefore creates a large number of conflicting thoughts. For this reason, justifications for criminal acts are repeated over and over again in the offender's mind (self-talk) and eventually can become firm beliefs (not just simple excuses). These justifications aim essentially to give the person permission to go ahead and repeat the offence.

Bandura (1986, 1990, 1991) introduced the concept of MD mechanisms, which refer to the social cognitive processes by which a wrongful, harmful and antisocial form of behaviour is psychologically transformed so that it no longer has these negative qualities

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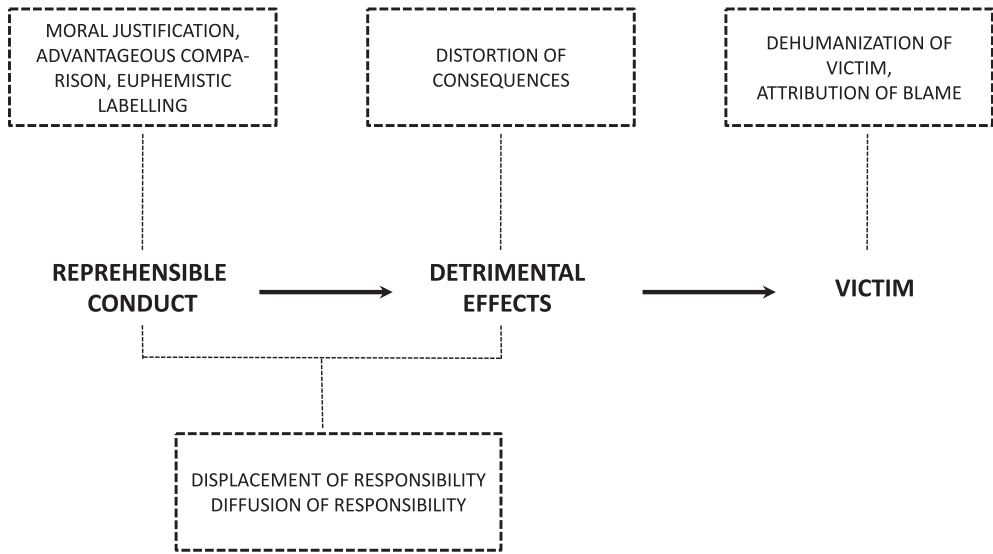


Figure 1. Mechanism through which moral self-sanctions are selectively activated and disengaged from detrimental behaviour at different points in the self-regulatory process (adapted from Bandura, 1986).

which previously deterred the individual from engaging in such behaviour. Figure 1 summarizes the four main points in the self-regulatory system at which internal moral control can be disengaged from detrimental conduct. A first set of disengagement practices operates on the construct of injurious behaviour itself by means of mechanisms such as moral justification, advantageous comparison, and euphemistic labelling. A second set of dissociative practices operates by obscuring or distorting the agentive relationship between actions and the effects they cause by means of mechanisms such as the displacement and diffusion of responsibility. A third set of disengagement practices operates by disregarding or distorting the consequences of a detrimental action: as long as the detrimental results of one's conduct are ignored, minimized, distorted, or disbelieved, there is little reason for self-censure to be activated. The fourth and final set of disengagement practices operates on the victim of detrimental acts by way of dehumanizing and/or blaming him or her.

Thus MD refers to a set of self-regulatory mechanisms intended to justify one's own damaging or immoral actions and to preserve self-esteem (Bandura, 2002; Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Overall, MD may be considered similar to cognitive distortions (Gibbs, Potter, & Goldstein, 1995), being a bias through which individuals may view their own aggressive behaviour and its negative consequences in a socially and morally favourable – or at least acceptable – way. This transformation of social understanding functions increases the probability that an individual who has morally disengaged will be able to act aggressively without requiring the abandonment of shared personal and social norms (Crane-Ross, Tisak, & Tisak, 1998; Huesmann & Guerra, 1997).

The disinhibitory effects of the various forms of MD are registered largely in the perpetration of inhumanities (Keen, 1986; Kelman & Hamilton, 1989; Rapoport & Alexander, 1982; Reich, 1990). Some studies have confirmed that conditions conducive to

the disengagement of moral self-sanctions heighten punitive behaviour (Bandura, Underwood, & Fromson, 1975; Diener, 1977; Diener, Dineen, Endresen, Beaman, & Fraser, 1975; Milgram, 1974; Tilker, 1970; Zimbardo, 1969).

Several scales for measuring MD in different contexts have been devised, giving rise to a large body of research that has demonstrated the power of MD and its strong associations with several forms of harmful conduct across different domains of functioning, such as the aggressive and transgressive behaviour of children and adolescents (Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001; Bandura et al., 1996), corporate transgression and organizational corruption (Bandura, Caprara, & Zsolnai, 2000; Barsky, Islam, Zyphur, & Johnson, 2006; Beu & Buckley, 2004; Moore, 2008), violations of legal and moral rules in producing harmful practices and products (Brief, Buttram, & Dukerich, 2001), violation of safety rules at work (Barbaranelli & Perna, 2004; Petitta, Probst, & Barbaranelli, 2015), cheating behaviours in academic contexts (Farnese, Tramontano, Fida, & Paciello, 2011) and methods of coping with stressful situations (Caprara, Alessandri, & Eisenberg, 2012).

Shulman, Cauffman, Piquero, and Fagan (2011) found that a reduction in MD helps to speed the decline in self-reported antisocial behaviour, even after adjusting for the potential confounding effects of callous, unemotional traits. Failures in MD are also associated with a declining likelihood of offending, based on official records. Given that both MD and offending tend to decrease over time, these findings suggest that changing attitudes toward antisocial behaviour contribute to desistance from offending among delinquent youth.

The literature, indeed, shows that children and adolescents, who are involved in more aggressive behaviour against peers, are significantly more likely to use MD mechanisms (Obermann, 2011; Paciello, Fida, Tramontano, Lupinet, & Caprara, 2008). Specifically,

the relationship between aggressive behaviour, or bullying, and MD appears to be stronger in adolescence than in childhood (Paciello et al., 2008).

Research studies with adult participants show that a significant positive relationship exists between MD and various forms of aggressive and delinquent attitudes (Bandura, 2001, 2002; South & Wood, 2006). In particular, MD is considered a crucial element in aggressive behaviour – especially in bullying behaviour, including overt, covert and cyber forms (Gini, Pozzoli, & Hymel, 2014; Hymel, Schonert-Reichl, Bonnano, Vaillancourt, & Roche Henderson, 2010).

Bandura et al. (1996) concluded from their study that MD decreases one's perceived inhumanity of aggressive attitudes. Specifically with regard to studies on sex offenders, the review by Page and Pina (2015) emphasizes that the mechanisms of MD used by sex offenders are relevant factors in making their deviant actions more acceptable to them. Also, Carroll (2009) reports that higher levels of MD in male students are predictive of rape-supportive attitudes.

However, consistent with the literature (Fontaine, Fida, Paciello, Tisak, & Caprara et al., 2014; Hyde, Shaw, & Moilanen, 2010; Paciello et al., 2008; Shulman et al., 2011), DeLisi et al. (2014) indicate that MD represents an important key factor in the implementation of criminal behaviour (e.g. sexual abuse). Also, Kiriakidis (2008) shows that delinquent adolescents report a higher level of MD compared to non-delinquent adolescents.

In recent studies, MD has been associated with higher levels of self-reported overt aggression and has often mediated the concurrent association between antisocial aims and higher levels of aggressive behaviour (Bussey, Quinn, & Dobson, 2015; Visconti, Ladd, & Kochenderfer-Ladd, 2015).

Some research studies have drawn attention to the absence of empathy in sex offenders; the victim is deprived of his or her dignity and therefore does not evoke any

feeling of identification and empathy in the perpetrator, or blame is attributed to the victim. As a consequence, responsibility for the damaging event is asserted to be due to provocative behaviour on the part of the victim (McCrary et al., 2008).

The Current Study

Murphy and Carich (2001) observed that sex offenders use self-statements that allow them to deny, minimize, rationalize and justify their behaviour using mechanisms of moral justification via a distortion of consequences and the attribution of blame. For this reason the Moral Disengagement Scale (MDS; Caprara, Bandura, Barbaranelli, & Vicino, 1996) was chosen to use in this investigation since it is based on the well-established theory.

The aims of this study are to examine the following research hypotheses:

- Jailed persons (both sex offenders and non-sex offenders) show a higher degree of MD than non-jailed persons without a criminal record (Kiriakidis, 2008);
- Jailed sex offenders attain higher MD scores than jailed non-sex offenders (Carroll, 2009).

Method

Participants and Procedures

The participants for the jailed group were volunteers from two jails in the province of Rome comprised of 42 male sex offenders and 52 male non-sex offenders. The non-sex offenders were convicted of crimes other than those against the person. No significant differences between the two groups emerged as far as demographic variables are concerned. Much of the information included in the semi-structured interview is not reported in this article because it is not relevant.

The mean age of the offenders was 41.6 years ($SD = 10.5$), 33% were unmarried, 39.4% were married or cohabitating, 25.5%

were separated and 1% was widowed. In relation to education, 16% only completed primary school, 53% completed junior high school, 22% completed high school, and 10% hold a university degree. Statistically significant differences between the two groups emerged in respect of several variables. In relation to institutionalization (orphanage, boarding school, etc.), 10% of sex offenders had been institutionalized compared to 31% of non-sex offenders. In relation to repeat offences, 52% of sex offenders had offended previously compared to 87% of non-sex offenders, with repeat offenders making up 29% of the sex offenders and 64% of the non-sex offenders. No difference emerged as to physical and sexual abuse suffered, insecurity in childhood, and childhood trauma/poverty. After a semi-structured interview, the MDS was individually administered to all participants.

The control sample of non-offenders consists of 268 adult male volunteers recruited by university psychology students as part of course requirements. They were individually administered a battery of several scales measuring psychological characteristics, including the MDS. The age of the non-offenders ranged from 23 to 48 years, with a mean of 34.8 ($SD = 7.6$). Concerning occupational status, 13.4% of the participants were students, 46.6% were employees in private or public companies, 8.2% were skilled or unskilled workers, 10% were professionals, 3.4% were traders, 2.7% were managers of private or public companies, 1.5% was unemployed, and 14% did not report their professional status.

Ethical procedures concerning privacy, anonymity and confidential treatment of data were respected: an informed consent sheet was signed by all participants before the questionnaire and interview were administered. All participants were allowed to leave the study at any time. All procedures were performed in accordance with the ethical standards of the institutional and/or national research committee and with the 1964

Helsinki declaration and its later amendments or comparable ethical standards.

Measures

The semi-structured interview – the administration of which takes about 30 minutes – was extrapolated and structured using a template based on a research form model for collecting information relating to an offence, developed by De Leo, Petruccelli, and Pedata (2004). It is not a diagnostic instrument but rather a form of data collection previously used in several research areas. The data collected relate to family, social and medical histories and the manner in which the deviant act was carried out.

The Italian version of the MDS was used (Caprara et al., 1996); it comprises 32 items evaluated on a 5-point Likert-type scale (where 1 = *totally disagree* and 5 = *totally agree*). The scale was developed by the researchers based on the theoretical definition of the eight MD mechanisms (Bandura, 1990). Each MD mechanism is measured by 4 different items. A reliable total score obtained by the sum of the 32 items is obtainable as an overall indicator of MD. Scores for each of the eight mechanisms can only be used for descriptive purposes and with great caution, as noted below.

Results

Before examining the differences between the three groups of participants, the psychometric properties of the MDS for the three combined samples were first checked.

Factorial Structure

Due to substantial diversity in the variables, the factorial structure was analysed using a WLSMV (Weighted Least Squares Mean and Variance Adjusted) extraction method in Mplus 7 (Muthén & Muthén, 2012). A series of exploratory factor analyses revealed that only the single-factor solution could be

interpreted. This solution is consistent with what has consistently emerged in the research on MD measurement, where a single-factor solution has always been considered the best fit for explaining the commonality between MD items. This single-factor solution explains 35.1% of variance, with factor loadings varying from .36 to .79 ($M = .58$, $SD = .11$).

Reliability

The reliability of the scale was assessed by means of Cronbach's alpha coefficient, which was found to be very high with a value of .92. The corrected item-total coefficients vary from .28 to .65 ($M = .50$, $SD = .10$). The reliability of each of the eight subscales referring to the MD mechanisms is as follows: .69 for Moral Justification, .71 for Displacement of Responsibility, .74 for Attribution of Blame, .68 for Diffusion of Responsibility, .56 for Euphemistic Labelling, .48 for Distortion of Consequences, .74 for Advantageous Comparison, and .69 for Dehumanization of Victim. It is important to underline that the eight subscales – although reaching an adequate level of internal coherence most of the time – only address face-validity requirements, as they are not supported by evidence as far as the factorial structure of the scale is concerned. Accordingly, the use that is made of these scores throughout the article is only of a descriptive nature.

Analysis of Differences between Groups on Total MD Scores

An analysis of covariance (ANCOVA) was conducted to investigate the differences in MD between the three groups. Age was considered as a covariate to control for possible differences in MD. Although the covariate is statistically significant, $F(1, 349) = 2.26$, $p = .014$, it explains only 1.7% of MD variance. The main effect of group membership is statistically significant, $F(2, 349) = 12.02$, $p < .001$, explaining 15.7% of MD variance. The

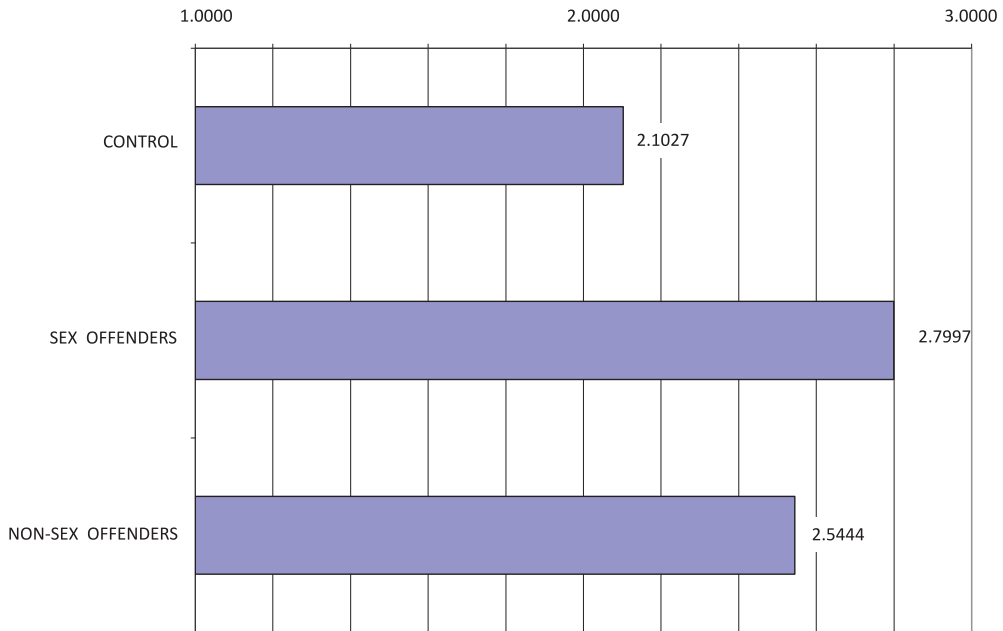


Figure 2. Mean scores on the MD scale in the three groups.

Levene test for the homogeneity of variance is significant, $F(2, 350) = 28.91, p < .001$, due especially to a higher variance of the sex offenders group (variance = 1) compared to the control group ($SD = .54$) and the non-sex offenders ($SD = .60$). In fact, when the sex offenders group is excluded, the Levene test is not statistically significant. Both Brown-Forsythe and Welsh corrections, however, confirm the significant effects.

Planned comparisons were conducted to further investigate the group differences in MD using the Helmert contrast, which operationalizes the theoretical hypotheses. In particular, a first contrast compares the control versus jailed participants, with a set of coefficients that contrasts the mean of the control participants versus the aggregated mean of the sex offenders and non-sex offenders. This contrast gives a statistically significant result, $F(1, 349) = 63.66, p < .001$, and explains about 15.4% of MD variance. The second contrast compares sex offenders and non-sex offenders and also proved to be statistically significant, $F(1, 349) = 1.79, p = .029$, but it explains only 1.4% of MD variance. Figure 2

shows the observed means in the three groups. Mean scores were obtained by summing all MD scale items for each group and then dividing by the total number of items in order to obtain a total mean score that remains in the same metrics of the original items (ranging from 1 to 5).

Analysis of Differences between Groups on MD Mechanism Scores

As mentioned above, the analysis of the eight MD mechanism scores is mainly of a descriptive nature since the validity of the subscales is not supported by factorial evidence. Thus, the following results must be interpreted with caution. To examine the differences between the three groups in the mechanism scales, a multivariate analysis of covariance (MANCOVA) was conducted with group as an independent variable, age as a covariate, and the eight mechanism scores as multiple dependent variables. The results of the multivariate test evidence an almost significant multivariate effect of age, Wilk's $\Lambda = .958, F(8, 342) = 1.89, p = .06, \eta^2 = .042$, and a

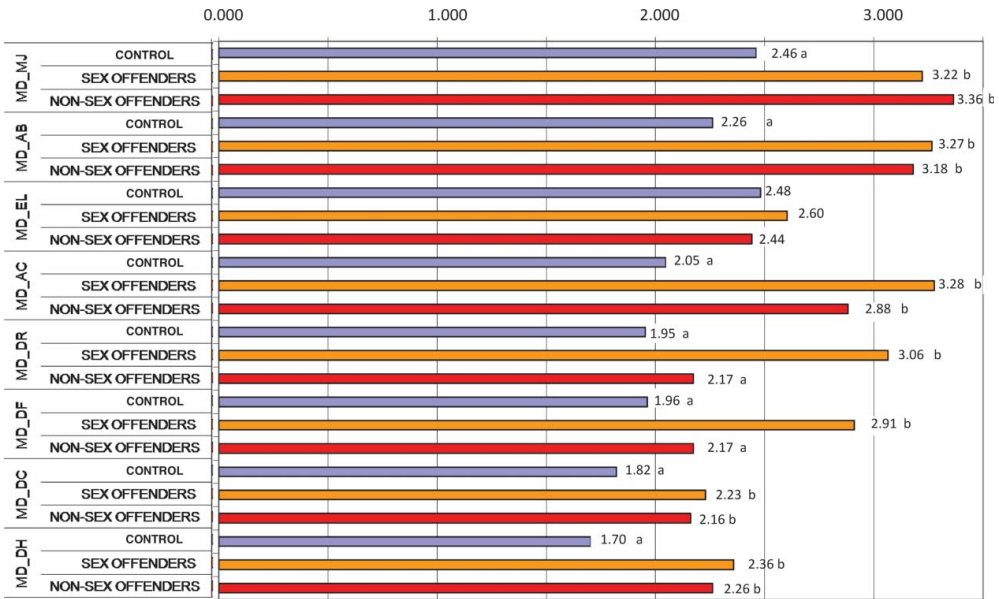


Figure 3. Mean scores on the MD mechanisms in the three groups. Note: MD_AB = Attribution of Blame; MD_AC = Advantageous Comparison; MD_DC = Distortion of Consequences; MD_DF = Diffusion of Responsibility; MD_DH = Dehumanization of Victim; MD_DR = Displacement of Responsibility; MD_EL = Euphemistic Labelling; MD_MJ = Moral Justification. Different letters in the same subscale indicate significant differences between scores in the Sidak *post hoc* test.

significant multivariate effect of group, Wilk’s $\Lambda = .624, F(16, 684) = 1.39, p < .001, \eta^2 = .21$. To understand these differences further, univariate tests were conducted, which evidence significant differences between the three groups in all MD mechanisms with the exception of Euphemistic Labelling, for which the means of the three groups do not differ. The significant univariate effects range from $\eta^2 = .052-.189$. Figure 3 shows the group means as well as the results of the *post hoc* comparisons performed using the Sidak approach to control for capitalization on chance due to multiple comparisons. In Moral Justification, Attribution of Blame, Advantageous Comparison, Distortion of Consequences and Dehumanization of Victim, the control participants show significantly lower scores than the jailed participants, and the scores of the two jailed groups do not differ. However, it is interesting to note that in Displacement of Responsibility and Diffusion of

Responsibility, the scores of the control participants are not significantly different from those of the non-sex offenders, and the scores of these two groups are significantly lower than those of the sex offenders.

Discussion and Conclusion

The results show a significant difference between the jailed participants (non-sex offenders and sex offenders) and the controls, with offenders generally display higher levels overall of MD. Among the jailed participants, sex offenders seem to make more use of MD mechanisms than non-sex offenders. Regarding the single mechanisms, the analysis of differences between groups shows that only for Euphemistic Labelling is there no difference between the controls and the jailed participants. For all other MD mechanisms there is a statistically significant difference; specifically, for Moral Justification, Attribution of Blame, Advantageous Comparison, and Dehumanization of

Victim there is a significant difference between the controls and the jailed participants, while the two jailed groups (sex offenders and non-sex offenders) show no significant differences.

Nunes and Jung (2012) found that in sex offenders greater denial/minimization of guilt and deviance, victim harm, need for treatment, and responsibility prevail; this is supported by the results of the present study, in which a significant difference emerges between the jailed participants and the controls as to the mechanism of the distortion of consequences. However, the two mechanisms where the sex offenders' scores are significantly higher than the scores of the other two groups are Diffusion of Responsibility and Displacement of Responsibility; moreover, for these two mechanisms, the control group and the non-sex offenders do not show significant differences. From these results, it is clear that sex offenders make more use of MD mechanisms based on a mostly external attribution of responsibility, such as the displacement and diffusion of responsibility.

Hanson (2010) defines sex offenders as being characterized by the following prototypical cognitive schema containing specific images of themselves, of the sexual act and of the victim: the offender perceives himself and interacts with others in a strictly self-centred way; sees the sexual act as a useful means of achieving happiness and dealing with and managing stress; and identifies a legitimated and predestined victim who is perceived as provocative and thus has to be punished sexually.

Regarding the idea that the woman is an instigator who enjoys the physical or sexual abuse, it is worth stressing that the results of this study do not show significant differences between the three groups with respect to this specific item (DC-MD10) of the MD scale. All three groups share this irrational belief to the same degree. This, in the authors' opinion, suggests the need for primary prevention addressed specifically to the general male population in order to counter common cognitive distortions due to cultural and social

factors. Primary prevention should be aimed at assisting male individuals to become aware of and re-elaborate their prejudices about women.

The main limitation of this study is the low number of jailed participants. However, recruiting convicted sex offenders is no easy task. Also, the scores of the eight MD mechanisms have a chiefly descriptive value because, although they are supported by an adequate reliability index, they are not supported by the internal validity of factorial structure to the same degree. Future studies should involve larger samples and use instruments that can investigate cognitive distortions in such a way as to link them specifically to the MD mechanisms observed as being used by the sex offenders in this study. Another limitation is the fact that social desirability is not taken into consideration; in any case, social desirability has not distorted the general outcome. In future work, measures of social desirability could be introduced such as those developed by Paulhus (1991).

This study shows that jailed offenders have higher levels of MD mechanisms than non-offenders, specifically in regard to Moral Justification, Attribution of Blame, Advantageous Comparison and Dehumanization of Victim; in future work it would be useful to verify the impact of MD on different kinds of offenses. Further research aims could address the assessment of stereotypes and prejudices in gender MD schemas (males vs females) as well. It would also be interesting to include specific instruments that also study cognitive distortions (CDs) in order to empirically evaluate the possible relationship between MD mechanisms and CDs. In fact, CDs and MD – although having been developed within different theoretical frameworks – seem to have the same basic function, especially in the case of offenders and specifically in sex offenders, as their function is to make criminal conduct acceptable so that the person's sense of self-worth and sense of self-respect are not undermined. It would be interesting to

look for correlations between these two constructs.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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