

City University of New York (CUNY)

CUNY Academic Works

All Dissertations, Theses, and Capstone
Projects

Dissertations, Theses, and Capstone Projects

5-2015

Effectiveness of Psychological Techniques in Increasing Deviant Sexual Fantasy Self-Disclosures

Christian Maile

Graduate Center, City University of New York

[How does access to this work benefit you? Let us know!](#)

More information about this work at: https://academicworks.cuny.edu/gc_etds/1031

Discover additional works at: <https://academicworks.cuny.edu>

This work is made publicly available by the City University of New York (CUNY).
Contact: AcademicWorks@cuny.edu

EFFECTIVENESS OF PSYCHOLOGICAL TECHNIQUES IN INCREASING DEVIANT
SEXUAL FANTASY SELF-DISCLOSURES

by

CHRISTIAN PATRICK MAILE

A dissertation submitted to the Graduate Faculty in Psychology
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy, The City University of New York

2015

© 2015

CHRISTIAN P. MAILE

All Rights Reserved

The manuscript has been read and accepted for the
Graduate Faculty in Psychology in satisfaction of the
Dissertation requirements for the degree of Doctor of Philosophy

Elizabeth Jeglic
(Print) _____

Date

(Signature) _____
Chair of Examining Committee

Joshua C. Brumberg
(Print) _____

Date

(Signature) _____
Executive Officer

Maria Hartwig
(Print) _____

Cynthia Calkins
(Print) _____

Virgina Barber-Rioja
(Print) _____

Charles Amrhein
(Print) _____

Supervisory Committee

Abstract

EFFECTIVENESS OF PSYCHOLOGICAL TECHNIQUES IN INCREASING DEVIANT
SEXUAL FANTASY SELF-DISCLOSURES

by

CHRISTIAN PATRICK MAILE

Advisor: Professor Elizabeth L. Jeglic

The assessment of deviant sexual fantasy and interests is an important component in sex offender risk assessment and subsequent treatment planning. However, clinicians and researchers have long acknowledged that sex offenders often distort or underreport details related to their sex offenses, particularly details relating to offense-related deviant sexual fantasy and interests. Some of the common methods used to minimize underreporting of deviant sexual fantasy and interests include the use of phallometry (or plethysmography) and polygraphy; however, not all assessment/treatment facilities or private practitioners providing services to sex offenders have access to such resources. Thus, the development of more efficient, cost-effective and less invasive methods for the assessment of deviant sexual fantasy and interests would be valuable. As a first step in a program of research attempting to address this issue, the current research project sought to determine if techniques derived from clinical, social, and marketing psychology—Foot-in-the-Door (FITD), Door-in-the-Face (DITF), Normalization (Norm), and Bogus Pipeline (BPL)—could be adapted for use with a self-report questionnaire to increase disclosure rates of deviant sexual fantasy among non-offenders. It was hypothesized that participants exposed to these adapted techniques would endorse greater rates of deviant sexual fantasy than participants in the control condition. Six hundred seventy eight undergraduate participants were recruited and randomly assigned to one of five conditions (control, FITD, DITF, Norm, or BPL). Each participant completed a battery of questionnaires online, including

sexual fantasy and detailed demographic questionnaires. A between-groups design was utilized to assess the effectiveness of these techniques. Overall, no significant differences between groups were found and results indicated equivalent disclosure rates across all experimental conditions. Potential reasons for the obtained results are offered and future directions for this line of research are proposed.

Acknowledgements

I would first like to thank my incredibly patient mentor, Dr. Elizabeth Jeglic, for her many, many years of guidance and support. You, without a doubt, made my graduate school experience a pleasure! Thank you to Dr. Cynthia Calkins and Maria Hartwig, both of whom contributed greatly to my dissertation project and were just fun to work with! I would also like to thank Drs. Michelle Galietta and Bill Gottdiener for their tireless efforts and dedication as the Clinical Directors of our program. I must thank my family, particularly my brother, Damien, and my Mom and Dad for their all of their support, in all ways imaginable. Safe to say, I would not have reached this hallmark without them! Finally, to my best friends who went through the entire process with me (you know who you are), we're finally done!!

TABLE OF CONTENTS

TITLE.....	i
COPYRIGHT.....	ii
APPROVAL.....	iii
ABSTRACT.....	iv
ACKNOWLEDGEMENTS.....	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	ix
LIST OF APPENDICES.....	x
CHAPTER 1: INTRODUCTION.....	1
CHAPTER 2: ISSUES WITH SELF-REPORT DATA.....	5
Validity of Self-Report Data of Sex Offenders.....	6
CHAPTER 3: METHODS TO INCREASE SELF-REPORT ACCURACY.....	11
Improving Accuracy of Self-Report in Sex Offenders.....	12
Polygraphy.....	12
Polygraphy and Sex Offenders.....	14
Phallometry.....	15
CHAPTER 4: PSYCHOLOGICAL TECHNIQUES TO INCREASE SELF-DISCLOSURE OF DEVIANT SEXUAL FANTASY.....	19
Normalization.....	20
Foot-in-the-Door/Door-in-the-Face.....	21
Bogus Pipeline.....	22
Summary.....	23
Study Hypotheses.....	24
CHAPTER 5: METHOD.....	26
Participants.....	26
Procedure.....	28
Measures.....	34
Data Analysis.....	36
CHAPTER 6: RESULTS.....	42

CHAPTER 7: DISCUSSION.....	49
TABLES.....	62
APPENDICES.....	65
REFERENCES.....	79

LIST OF TABLES

Table 1.1: Intercorrelations Between Questionnaire- and Subscale-Level Outcome Variables and Potential Covariates.....	62
Table 1.2: Intercorrelations Between Fantasy Theme-Level Outcome Variables and Potential Covariates.....	62
Table 2: Means and SDs of Outcome Variables by Condition.....	63
Table 3: Incidence Rates by Condition.....	64

LIST OF APPENDICES

Appendix A: Normalization Script (Manipulation).....	65
Normalization Manipulation Check.....	66
Appendix B: Bogus Pipeline Script (Manipulation).....	68
Bogus Pipeline Manipulation Check.....	69
Appendix C: Sexual Fantasy Questionnaire (SFQ).....	70
Appendix D: Sexual Opinion Survey (SOS).....	74
Appendix E: Marlowe-Crowne Short Form version C (M-C Form C).....	78

CHAPTER 1: INTRODUCTION

Sexual abuse is a significant social problem (Briere & Elliott, 2003; Finkelhor, 1994), with estimates suggesting that between 7-36% of women and 3-29% of men report experiencing some form of childhood sexual abuse throughout their lives. Moreover, research suggests that approximately 12.7% of adult women will be sexually assaulted at some point in their lives (Resnick, Holmes, Kilpatrick, & Jager, 1999). Many victims of sexual abuse suffer long-lasting emotional and psychological issues secondary to sexual abuse, such as depression, substance abuse, and Posttraumatic Stress Disorder (Chapman, Dube, & Anda, 2007). Given the prevalence and serious consequences of sexual abuse, sexual offenders have been the subject of much empirical investigation, with many researchers endeavoring to understand the etiology of sex offending behavior in an effort to develop effective treatment.

Clinicians and researchers involved in the study of sexual offending have long posited that sexual fantasy has played an important role in the etiology and maintenance of sexual offending behavior (Greendlinger & Byrne, 1987; Langevin & Lang, 1985; Marshall & Serran, 2000; McGuire, Carlisle, & Young, 1965). However, despite decades of research exploring the link between deviant sexual fantasy and sexual offending, the precise nature and/or magnitude of the role that sexual fantasy plays in the onset and maintenance of sexual offending behavior remains unclear. This lack of clarity can be largely attributed to discrepancies in prevalence rates of self-reported offence-related sexual fantasy found among sex offenders, with some research demonstrating very high prevalence rates—e.g., rates between 65-83% (Abel & Rouleau, 1990; Dandescu & Wolfe, 2003; Gratzner & Bradford, 1995; Laws & Marshall, 1990; MacCulloch, Snowden, Wood, & Mills, 1983; McGuire, Carlisle, & Young, 1965; Meloy, 2000; O'Donohue, Letourneau, & Dowling, 1997), and other research demonstrating much lower prevalence rates—

e.g., rates between 31-53% (Daleiden, Kaufman, Hilliker, & O'Neil, 1998; Langevin, Lang, & Curnoe, 1998; Looman, 1995; Marshall, Barbaree, & Eccles, 1991).

Of note, much of the research in this area has failed to address an important and widely acknowledged methodological issue with the self-report method that may provide a plausible explanation for such descriptions: the validity of the data. Studies examining the role of deviant sexual fantasy in sex offending have almost exclusively relied on self-report method to collect data regarding prevalence rates of deviant sexual fantasies among sex offenders. However, research demonstrates that self-report data is vulnerable to contamination by factors such as social desirability, particularly when questions are of a sensitive nature (King & Brunner, 2000; Tourangeau & Yan, 2007; van de Mortel, 2008). Further complicating collection of accurate data from sex offenders, is that honest disclosure of particular kinds of information, such as offence-related deviant sexual fantasy, can have serious repercussions for the offender such as higher security/risk classifications, denial of parole and possible post-sentence civil commitment.

Despite the lack of consensus regarding the precise role of deviant sexual fantasy in sex offending, sexual fantasy remains a major consideration in modern diagnostic, assessment, and treatment paradigms of sexual offending (Dwyer, 1990; Langevin, Lang, & Curnoe, 1998; Marshall, Marshall, Serran, & Fernandez, 2006; Marshall, O'Brien, & Marshall, 2009). The presence of persistent sexual fantasy is one of the primary diagnostic criteria for many of the paraphilia-related diagnoses. In some cases, acting upon these fantasies would constitute sexual offending behavior (child molestation; non-consensual sadism, voyeurism, exhibitionism, etc.). For example, the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists "sexually arousing fantasies" involving children as one of the diagnostic criteria for a diagnosis of pedophilia [American Psychiatric Association (APA), 2013, p. 697]. In

addition, deviant sexual fantasy is a major component of both risk and pre-treatment assessments for sex offenders (Conte, 1985; Ward, Hudson, & Keenan, 2004). More specifically, deviant sexual interest—a meta-variable comprised of several factors, including deviant sexual fantasy—has been consistently found to be one of the most robust predictors of sexual recidivism among sex offenders, particularly among child molesters (Bartels & Gannon, 2011; Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). As such, the modification of deviant sexual fantasy is often an important treatment target, particularly in current evidence-based sex offender treatment programs (Abel & Blanchard, 1974; Dwyer, 1990; Howitt, 2004; Laws & Marshall, 1990; Marshall, O'Brien, & Marshall, 2009; Marshall, Marshall, Serran, & Fernandez, 2006).

Given the importance that deviant sexual fantasy is afforded in sex offender assessment and treatment, techniques to enhance the accuracy of information used to conduct such assessments would be very valuable. This study represents an attempt to take an important initial step toward developing efficient and cost-effective methods of assessing the presence of deviant sexual fantasy. This study will determine if psychological techniques derived from the clinical and counseling psychology (normalization, Knox, Hess, Petersen, & Hill, 1997) and social cognition and influence literature (Foot-in-the-Door and Door-in-the-Face techniques, Cialdini et al., 1975; Bogus Pipeline procedure, Jones & Sigall, 1971) can be incorporated into sexual fantasy questionnaires to increase rates of deviant sexual fantasy self-disclosures in a sample of undergraduates. Although the effectiveness of these techniques will be tested on an undergraduate sample, the practical applications of such techniques, should they be demonstrated to be effective, have important implications. Questionnaires incorporating such techniques could be developed, refined, and used to facilitate disclosure of other domains of sensitive information from members of the general population (e.g., drug/alcohol use, sexual behavior, etc.).

Furthermore, development of such questionnaires would constitute an important step in providing cost-effective and efficient methods of enhancing disclosure of sensitive information from forensic populations known to underreport or deny certain behaviors and/or thoughts. For instance, questionnaires employing these techniques could potentially be used to facilitate disclosure of deviant sexual fantasy in sex offenders, allowing for rapid and more accurate assessment, diagnosis, and treatment.

CHAPTER 2: ISSUES WITH SELF-REPORT DATA

Many domains of social science research rely on self-report survey data to inform their research questions. For instance, sex researchers and epidemiologists studying the transmission patterns of sexually transmitted infections (STIs) collect sensitive information on drug use behaviors and sexual practices linked to increased rates of HIV and AIDS infection through the use of self-report surveys (Catania, Gibson, Chitwood, & Coates, 1990; Osmond, Pollack, Paul, & Catania, 2007). Likewise, researchers studying sex offenders often rely on the self-report method to collect data vital to the development and continuing evolution of assessment and treatment protocols. The self-report method is a powerful tool in the “toolkit” of social scientists; however, as mentioned previously, self-report survey methodology is subject to systematic measurement error. Many potential participants fail to participate in surveys altogether or when they do participate, they fail or refuse to respond to important questions or items (i.e., nonresponse error), while other survey respondents may provide inaccurate data when responding to items concerning socially undesirable behaviors (reporting error).

A large and varied body of research has accumulated over the years attesting to the difficulties social scientists experience in obtaining accurate self-report data (Tourangeau & Yan, 2007). It has been noted that survey respondents tend to over report socially desirable behaviors, such as exercising (Adams et al., 2005; Tourangeau, Smith, & Rasinski, 1997), voting (Burden, 2000; Traugott & Katosh, 1979), religious service attendance (Hardaway, Marler, & Chaves, 1993; Presser & Stinson, 1998), energy conservation (Fujii, Hennessy, & Mak, 1985), seat belt use (Stulginskas, Verreault, & Pless, 1985) and number of sexual partners (among men; Smith, 1992). Furthermore, survey respondents tend to underreport socially undesirable behaviors, such as abortion (Jones & Forrest, 1992; Jones & Kost, 2007; Lara, Strickler, Olavarrieta, & Ellertson,

2004), alcohol consumption (Aquilino, 1994; Duffy & Waterton, 1984; LaBrie & Earleywine, 2000; Lemmens, Tan, & Knibbe, 1992), drug use (Anglin, Hser, & Chou, 1993; Fendrich & Vaughn, 1994; Johnson, Hougland, & Clayton, 1989; Johnson & O'Malley, 1997), drunk driving (Locander, Sudman, & Bradburn, 1976); risky sexual behavior (LaBrie & Earleywine, 2000), sexual behavior (among women; Meston, Heiman, Trapnell, & Paulhus, 1998), eating disordered behaviors and attitudes (Anderson, Simmons, Milnes, & Earleywine, 2007), smoking behavior (Patrick et al., 1994), engagement in anti-gay hate crimes (Rayburn, Earleywine, & Davison, 2003), and number of previous arrests (Wyner, 1980). In sum, research consistently demonstrates that concerns regarding data validity are an issue endemic to social science research examining sensitive topics.

Validity of Self-Report Data of Sex Offenders

Although all research using self-report survey methodology is subject to response error, research utilizing the self-report method with sex offenders may face particular challenges that may further impact the validity of self-report data collected on this population. The research noted above pertains to members of the general population completing research surveys, some of which contain relatively sensitive questions that often activate social desirability demands. That is, respondents may actively attempt to respond in ways that portray them in a positive light (e.g., questionnaires asking about attitudes toward visible minority groups). However, members of the general population completing such research typically face no long-lasting or serious consequences for their disclosures. However, self-report data collected from sex offenders for the purpose of research is conducted under much different circumstances. The vast majority of data is collected while sex offenders are involved with the criminal justice system, and as will be

outlined below, many sex offenders are understandably reluctant to disclose the kinds of information asked of them for fear of serious negative repercussions.

The issue of inaccurate self-report data of sex offenders may have become increasingly salient over the last few decades. Changes in clinical practice with sex offenders over the last few decades may have inadvertently facilitated underreporting of deviant sexual fantasy given that deviant sexual fantasy has been increasingly targeted for intervention and can impact dispositional decisions (Marshall, O'Brien, Marshall, 2009; Marshall, Marshall, Serran, & Fernandez, 2006). There has been a well-established shift in sex offender treatment paradigms over the last few decades. As sex offender treatment efficacy research has amassed, treatment approaches have moved from use of idiosyncratic treatments based on clinician experience, training, and preference, to more evidence-based CBT/social learning-based treatment. Indeed, with the extensive empirical support generated for the latter treatment approach, particularly the Risk, Needs, Responsivity Model (RNR; Andrews & Bonta, 2007), and the more recent Good Lives Model (Ward, Mann, & Gannon, 2007), and their subsequent widespread dissemination, sex offender treatment approaches have become increasingly homogeneous. One of the unintended consequences of this treatment paradigm shift, despite its necessity, is that offenders may have become increasingly savvy to the factors that are routinely assessed and/or targeted for treatment. More specifically, many sex offenders may be well aware that disclosure of deviant sexual fantasy during an assessment will likely increase their perceived risk and lead to less favorable determinations (e.g., higher security classification, longer sentences, decreased likelihood of being granted parole, post-sentence civil commitment determinations, etc.). As such, sex offenders may, understandably, be reluctant to endorse the presence of deviant sexual fantasy, given the potential consequences of such admissions.

Clinicians and researchers acknowledge that sexual offenders often intentionally minimize, distort, or withhold information related to their crimes (Abel, Becker, Murphy, & Flanagan, 1981; Barbaree, 1991; Happell & Auffrey, 1995; Maletzky, 1991; Quinsey, 1986). Moreover, according to one study, even after successful completion of a sex offender treatment program, when offenders are believed most likely to be truthful regarding their crimes, 82% of sexual offenders still deny some aspects of their crimes (Barbaree, 1991). Aylwin and colleagues (2005) conducted a study requiring male adolescent sex offenders to track their sexual fantasies in a daily log and found that after several months in therapy, admissions regarding the prevalence rates of deviant sexual fantasy nearly quadrupled. The authors suggested these male adolescent sex offenders were not completely honest in their disclosures of deviant sexual fantasy until sufficient rapport and trust had been built with their therapists. Given that most research or assessment relationships do not have the luxury of developing trust and intimacy over a period of months, one could plausibly argue that most sexual offenders may underreport their experiences of deviant sexual fantasy in research and assessment contexts, regardless of assurances of anonymity and confidentiality.

Some researchers have also pointed out that the veracity of crime-related disclosures may be linked to level of adjudication, with many offenders carefully weighing what they do and do not say to all individuals whom they believe, correctly or not, may have an impact on the outcome of the adjudication process (Lanyon, 1991; Wasyliv, Grossman, & Haywood, 1994). Consequently, sexual offenders may be reluctant to be completely forthright with evaluators and treatment providers owing to the potential impact such disclosures may have on their access to treatment or release hearings (Looman, 1995; McGovern & Nevid, 1986). Given that many sex offenders may want to present themselves in the best possible light, it would follow that social

desirability and other self-presentation biases may misinform any research efforts attempting to ascertain the true prevalence rates of deviant sexual fantasy in sexual offenders (Looman, 1995).

Research conducted utilizing polygraphy with sex offenders has provided some evidence supporting this assertion. Emerick and Dutton (1993) conducted a study examining the effect of polygraphy on offense-related self-disclosures of 76 adolescent sex offenders at an in-patient hospital treatment facility. They found that the use of polygraphy significantly increased admissions regarding number of victims, victim selection processes, pornography use, degree of intrusion and violence used during their offenses. For instance, offenders admitted to nearly triple the number of hands-on assaults when administered a polygraph test than they had admitted to at initial intake. Harrison and Eliot (1999) conducted a similar study investigating the effect of polygraphy use on adolescent sex offenders' disclosures of offense-related details. Their findings indicated that the use of polygraphy significantly increased disclosure of offense-related details. Furthermore, the authors found that the offenders were even more likely to disclose additional offense-related details when they were merely told they would be administered polygraph tests. These studies suggest that the polygraph procedure (or anticipation of polygraph tests) induces more honest disclosure regarding offense-related information in sex offenders, supporting the assertion that the veracity of many sex offenders' self-reports are dubious at best and should not necessarily be accepted at face-value (Harrison & Eliot, 1999).

Finally, researchers have pointed out that many clinicians are understandably reluctant to accept the self-reports of patients as truthful in a clinical context (Marshall & Serran, 2000). In contrast, many researchers are willing to accept the veracity of sex offenders self-reported rates of deviant sexual fantasy within a research context (see Daleiden, Kaufman, Hilliker, & O'Neil, 1998; Langevin, Lang, & Curnoe, 1998; Looman, 1995; Marshall, Barbaree, & Eccles, 1991).

Such uncritical acceptance of these self-reports has allowed these same researchers to support assertions that deviant sexual fantasy is only minimally or not at all etiologically related to sexual offending behavior simply because sex offenders, a population with demonstrated motivation to underreport, minimize or deny the experience of deviant sexual fantasy.

Given that many treatment providers/sites and researchers do not have convenient access to techniques such as polygraphy or phallometry to facilitate disclosure of deviant sexual fantasy and behavior, research endeavoring to devise cost-effective and efficient methods of increasing such disclosures would prove extremely valuable.

CHAPTER 3: METHODS TO IMPROVE SELF-REPORT ACCURACY

Over the last several decades, in an effort to increase the accuracy of sensitive survey data, social scientists have developed techniques to help reduce respondent reporting error. Although participant confidentiality and anonymity are among the most basic requirements of ethical research in the social sciences, there is some experimental evidence demonstrating that merely assuring participants of the anonymity and confidentiality of their responses increases—albeit modestly—the accuracy of their self-reports (Singer, Hippler, & Schwarz, 1992; Singer, von Thurn, & Miller, 1995). Survey methodologists have also found that numerous study design elements, such as survey format (interview vs. computerized vs. self-report) influence data validity (Catania, McDermott, & Pollack, 1986; Knapp & Kirk, 2003; LaBrie & Earleywine, 2000; Mangione, Hingson, & Barrett, 1982; Newman et al., 2002; Rasinski, Willis, Baldwin, Yeh, & Lee, 1999; Richman, Kiesler, Weisband, & Drasgow, 1999; van der Heijden, Ger van Gils, Jan Bouts, & Joop, 2000). Finally, experimental techniques have also been created, such as the Bogus Pipeline (Jones & Sigall, 1971), that have been demonstrated to increase the accuracy of respondent data.

Although these techniques have been demonstrated to often increase the validity of self-report data collected from members of the general population in the community, they may be less practical when conducting research with forensic populations. For instance, in some circumstances, the same assurances of confidentiality and anonymity cannot be made when conducting forensic research. Likewise, even simple alternate survey formats may not be feasible. For example, many correctional facilities, where forensic research is conducted, may not have the infrastructure to support computer-administered questionnaires, particularly for the purposes of research. Even interview modalities can prove difficult with the numerous

operational issues often encountered in institutions (e.g., offender movement restriction, limited time with institutional programs competing for researchers' time, etc.). Finally, many experimental techniques like the Bogus Pipeline require elaborate set-up and training of administrators, rendering it impractical for use on a large scale. Despite these potential issues, several techniques, some quite sophisticated and resource-intensive in comparison, are commonly used to assist in the assessment and treatment of sex offenders.

Improving Accuracy of Self-Report in Sex Offenders

As mentioned previously, sex offenders are often motivated to underreport aspects of their offending process, including any offence-related sexual fantasy, owing to the potential consequences of such disclosures. The criminal justice system and the forensic mental health profession, in an effort to better assess and manage risk of sex offenders, have developed and routinely use techniques to enhance the accuracy of information obtained from sex offenders. As noted, deviant sexual interest (of which sexual fantasy is an important component) is one of the most robust predictors of sexual recidivism (Bartels & Gannon, 2011; Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). Particular techniques have been used to overcome sex offenders' potential self-presentation bias during the assessment process: polygraphy and phallometry (also referred to as plethysmography). Each of these methods has been used extensively to improve assessment of sex offenders; however, both methods have declined in popularity over the last 10-15 years.

Polygraphy

Polygraphy is a technique that is often used to determine whether an individual is being truthful or deceptive. Although polygraphy is not able to detect "lying" directly, it measures the

physiological correlates of arousal (i.e., changes in respiration, heart rate, skin conductance, etc.) believed to be associated with lying. During the polygraph procedure, changes in these physiological correlates are recorded and results are interpreted by a trained polygraph technician (Grubin & Madsen, 2005). Polygraphy, at least historically, enjoyed wide-spread acceptance and use as a valuable deception detection method; however, the technique has come under increasing scrutiny over the years, with critics questioning the accuracy of the procedure (National Research Council, 2003; Gannon, Beech, & Ward, 2008).

In an effort to provide a systematic and scientific investigation into the utility of polygraphy, the National Research Council (2003) commissioned a scientific review of the literature regarding the validity and reliability of polygraphy. The review concluded that polygraphy produces unacceptably high rates of false positives (individuals being detected as having been deceptive when, in fact, they were not) and false negatives (individuals being detected as having been truthful when they, in fact, were not). Furthermore, Gannon and colleagues (2008), report that among the studies they examined, polygraphy was able to correctly identify guilt 83-89% of the time, but was only able to identify innocence correctly 53-78% of the time. Other researchers have pointed out that other factors including young age, presence of intellectual impairment, and mental illness can also impact the accuracy of obtained polygraph test results (Blasingame, 1998). Other opponents point to serious theoretical flaws underlying the classification process in polygraphy. The polygraph test assumes that increases in physiological reactivity indicate “guilt” or “deception;” however, critics assert that such increased physiological responses could just as easily indicate a guilty subject’s fear of detection as it could an innocent subject’s fear of being wrongfully convicted (Lykken, 1998). Overall,

there appears to be significant evidence pointing to serious methodological concerns regarding the use of polygraphy as an means of detecting deception among individuals.

Polygraphy and Sex Offenders

Typically, polygraphy is used with a subject to detect deception related to a single, specific incident (e.g., a specific criminal offense). However, polygraphy is usually used in two contexts with sex offenders: to assess the veracity of self-reports regarding historical or current behavior, typically at the beginning of a sentence of treatment program, or to monitor compliance with community supervision conditions following release into the community (English, Jones, Patrick, & Pasini-Hill, 2003). As noted previously, there has been a significant amount of research investigating the reliability and validity of the polygraph test; however, very little research has examined this technique's reliability and validity when used in the contexts mentioned above (Laws, 2009). Two studies examined sex offenders' self-reports regarding the accuracy of polygraph testing from 599 polygraph tests administered across 221 sex offenders. Overall, they found 19-21% of the sex offender participants reported being incorrectly classified as being deceptive, and five to six percent reported being incorrectly classified as truthful (Grubin & Madsen, 2006; Kokish, Levenson, & Blasingame, 2005). Although difficult to formulate conclusions based on only two studies (again, based on self-report), these preliminary data seem to suggest that concerns regarding the validity of polygraphy results may extend to numerous populations, including sex offenders.

Some researchers have also argued that the repeated use of polygraph tests as a method of assessing compliance with community supervision conditions introduces another potential confound: habituation (Honts & Amato, 2002). That is, repeated exposure to the polygraph test

may lead to suppressed physiological reactivity with repeated testing, rendering test results less valid or interpretable. In addition, repeated testing sessions may provide sex offenders with ample opportunity to practice and refine countermeasures (e.g., thinking about emotionally-arousing topics during non-sensitive questions), allowing them to obscure test results.

Proponents of polygraphy have argued that the value of polygraphy lies not in its ability to detect deception, rather in its ability to enhance the likelihood that an individual will provide honest responses. Indeed, research has demonstrated that even the expectation of polygraph testing can increase the amount of information sex offenders disclose during pre-test interviews (Grubin, Madsen, Parsons, Sosnowski, & Warberg, 2004). Critics have been quick to counter that although polygraphy may increase the amount of information disclosed, the veracity of the information collected may be questionable, as subjects may create false stories to mollify examiners or to obscure the actual reason(s) for flagging as deceptive (Meijer, Verschuere, Merkelbach, & Crombez, 2008).

Phallometry

Another technique typically used in the assessment/treatment of sex offenders is Phallometry (also called Plethysmography). Phallometry is the measure of genital response to various sexual stimuli. Originally developed by Kurt Freund (1963) in the 1960s as a physiological means of differentiating between homosexual and heterosexual erotic preferences, it was quickly adopted as the favored method for the assessment of sexual preference in sex offenders. There are two general procedural variations in phallometry. The first is volumetric phallometry, which involves placing an air-tight tube over the offender's penis; volumetric displacement of air as the penis increases/decreases in size in response to sexual stimuli is

measured and used as an indicator of sexual arousal. The second is circumferential phallometry, which entails having the offender place a rubber strain gauge over his penis; changes in penis girth, as measured by changes in electrical conductance in the strain gauge, in response to sexual stimuli is used as an indicator of sexual arousal. In both procedures, offenders are exposed to normative (e.g., same-age sexual partners, consensual sex, etc.) and deviant (e.g., underage sexual partners, non-consensual sex, etc.) sets of sexual stimuli and relative arousal to each set are compared to produce an arousal preference profile (Kalmus & Beech, 2005).

With limited methods to assess sexual preference, phallometry remains a viable and supported assessment technique (Fernandez, 2009; Marshall & Fernandez, 2000; Seto, 2001); however, issues regarding the validity and reliability of phallometry have been identified that warrant some consideration. First, many clinical researchers have lamented the lack of standardization in phallometric procedure. Indeed, O'Donohue and Letourneau (1992) found at least 17 different variations in administration procedures across studies incorporating the phallometric method. Among the most commonly identified variations in administration procedure was mode of stimuli presentation (video, audio recordings, pictures, written text written from various viewpoints—i.e., first-, second-, or third-person—and even fantasy inducement). The need for standardization of stimulus sets and procedural guidelines has since been acknowledged and recommended (Marshall, 2014; Marshall & Fernandez, 2000; Seto, 2001), and the Association for the Treatment of Sexual Abusers (ATSA) created guidelines for phallometric assessment in 2003 and provides annual updates to their recommendations regarding use of phallometric assessment with sex offenders (Association for the Treatment of Sexual Abusers, 2014).

A second criticism commonly leveled against the use of phallometry is the lack of conclusive evidence demonstrating its ability to reliably discriminate between sex offenders and non-sex offenders (i.e., discriminative validity). Research regarding the discriminative validity of phallometry has been mixed. While phallometry has been demonstrated to some ability to discriminate between child molesters and non-offenders (Barbaree & Marshall, 1989; Quinsey & Chaplin, 1998), some argue that its use continues to produce unacceptably large numbers of incorrect classifications (McConaghy, 1999). Similarly, phallometry has not fared favorably when making comparisons between other groups, with some research questioning the procedure's ability to discriminate reliably between rapists and non-offenders, as well as between child molesters and rapists. Looman and Marshall (2001) reported phallometric assessment procedures producing discriminative error rates between 23-65% (i.e., rapists being classified as child molesters, and vice versa).

A third criticism of phallometric assessment relates to test-retest reliability. Under the assumption that sexual preference should be a relatively stable characteristic, phallometric assessment, if valid, should produce similar erotic preference profiles for an offender across multiple testing sessions. Only a few studies have examined the test-retest reliability of phallometry, and the results have not been promising, indicating test-retest coefficients ranging from $r=.29$ to $r=.53$. Such results indicate that only 8-28% of the variance in initial phallometric results are accounted for in follow-up testing results (Barbaree, Baxter, & Marshall, 1989; Wormith, 1986).

A fourth concern often espoused by critics of phallometry is the technique's susceptibility to countermeasures. As mentioned previously, given the ramifications of sex offender-specific assessment, whether risk- or treatment-related), sex offenders are often motivated to engage in

efforts to present themselves in the most favorable light. In the case of phallometry, this includes attempts to manipulate penile response during testing (Marshall, 2014; Kalmus & Beech, 2005). Research has indicated that close to 80% of non-offender research participants were able to manipulate penile response (typically suppress, but in some cases, increase—e.g., Freund, Watson, & Rienzo, 1998) through the use of physical and/or mental strategies, when instructed to do so (Golde, Strassberg, & Turner, 2000; Howes, 1998; Mahoney & Strassberg, 1991). Typical strategies employed include intentional blurring of vision, focusing on non-sexual parts of stimuli (when visual stimuli are used), engaging in mental distraction tasks (e.g., “mental math”), or engaging in alternative fantasy during testing (Fernandez, 2001). It should be mentioned that advances have since been made in combating the use of countermeasures. For example, researchers have shown that having examinees provide ongoing verbal commentary of the stimuli as they are presented, or using semantic tracking—having examinees identify particular violent or sexual characteristics of the stimuli—can increase accuracy of phallometry testing results (Marshall & Fernandez, 2000). Despite these advances, researchers and clinicians have generally agreed that it often remains difficult or impossible to detect or counteract more sophisticated mental strategies (Marshall & Fernandez, 2000).

CHAPTER 4: PSYCHOLOGICAL TECHNIQUES TO INCREASE SELF-DISCLOSURE OF DEVIANT SEXUAL FANTASY

As discussed in the previous section, controversial techniques such as polygraphy and phallometry have been the primary techniques used to enhance the accuracy of self-report data collected from sex offenders. However, as noted, these techniques have been criticized on numerous theoretical and methodological grounds. Examination outside the realm of forensic psychological research, and more specifically sex offender research, reveals potential alternative strategies or techniques for improving data validity. For instance, research in the areas of social influence and clinical/counseling psychology have produced and attested to the effectiveness of several techniques in eliciting desired behaviors across a variety of experimental/clinical situations. To provide just two examples, Foot-in-the-Door (FITD) has been demonstrated to increase questionnaire completion rates (Yu & Cooper, 1983), while Bogus Piepline (BPL) has been demonstrated to increase endorsements of pro-offending beliefs among child molesters (Gannon, 2006, 2007). Given the findings demonstrating the robust effectiveness of these techniques (Beaman, Cole, Preston, Klentz, & Steblay, 1983; Dillard, 1991; Dillard, Hunter, & Burgoon, 1984; O'Keefe & Hale, 2001; Pascual & Guéguen, 2005; Roese & Jamieson, 1993; Yu & Cooper, 1983), it would seem reasonable to believe techniques such as these would be effective in enhancing disclosures of deviant sexual fantasy as well.

An extensive review of various bodies of psychological literature, including social psychology, marketing psychology, as well as counseling and clinical psychology was conducted in an attempt to identify empirically-supported techniques that could be adapted for use in the present study. Although numerous potential candidate techniques were identified, four techniques: Normalization, Foot-in-the-Door (FITD), Door-in-the-Face (DITF), and Bogus

Pipeline (BPL) were selected due to their considerable empirical support. In addition, it was believed that each of these techniques could be relatively easily adapted for use in questionnaire format. To the author's knowledge, no research to date has attempted to empirically test the effectiveness of incorporating these techniques into questionnaires assessing the presence of deviant sexual fantasy and behavior. The following section will present a brief review of the research on each of the aforementioned techniques in order to provide a rationale for their use in the present study.

Normalization

Normalization is a technique commonly utilized in clinical and counseling psychology to improve the therapeutic alliance (Knox, Hess, Petersen, & Hill, 1997). Although normalization can come in many forms depending on the context in which it is utilized, the basic premise is to reassure individuals that their behavior, thoughts, emotions, or symptoms, which they perceive to be “abnormal” are, in fact, more common than they might suppose. It is believed that through universalizing their “abnormal” experience, the level of distress they experience will be decreased. Further, normalization has been shown to be a useful tool in many different situations. In addition to improving therapeutic alliance (Knox, Hess, Peterson, & Hill, 1997), normalization has also been identified as an essential technique in treating patients suffering from post-traumatic stress disorder (Ochberg, 1991), and helping families with children suffering from chronic conditions, such as AIDS, cope (Rehm & Franck, 2000). Although some researchers have suggested that normalizing attitudes or behaviors that may be perceived as abnormal or deviant may encourage honest responding (Sudman & Bradburn, 1983), there has been scant experimental research investigating this assertion. To date, only one study (Catania et al., 1996) has experimentally tested the utility of normalization as a means of enhancing

disclosure rates of sensitive information on questionnaires (in this case, admissions of marital infidelity). It was found that norm-setting, an analogous procedure designed to make more extreme behaviors and/or attitudes appear more normative than they actually are, resulted in increased disclosures of marital infidelity (Catania et al., 1996). Therefore, it would seem that this technique may be useful in increasing rates of disclosure of other types of sensitive information including deviant sexual fantasy.

Foot-in-the-Door and Door-in-the-Face

The Foot-in-the-Door Technique (FITD; also referred to as the sequential request technique), introduced by Freedman and Fraser (1966), is a social psychological method of enhancing behavioral compliance. By having an individual agree to comply with a smaller or easier request, it is believed that one can increase the likelihood that this same person will comply with a subsequent larger or more complex request (Freedman & Fraser, 1966; Pascual & Guéguen, 2005). Numerous studies have demonstrated empirical support for the effectiveness of this technique in increasing desired behaviors (Dillard, 1991), such as: increasing verbal agreement to organ donation (Carducci & Deuser 1948; Girandola, 2002), attending one-hour seminars (Rodafinos, Vucevic, & Sideridis, 2005), agreement to abstain from smoking (Joule, 1987), completion rates of research questionnaires (Yu & Cooper, 1983), and consenting to fill out questionnaires of a sensitive nature (see Swanson, Sherman, & Sherman, 1982).

Door-in-the-face (DITF) is a technique very similar to Foot-in-the-Door, and operates using a similar mechanism, however, in the opposite direction. This technique involves making an initial large request of a person—a request so large that it will be almost universally refused—followed by a smaller, more reasonable target request (Cialdini, Vincent, Lewis, Catalan, Wheeler, & Darby, 1975). As with FITD, this technique has been found to be effective in

increasing behavioral compliance (Cialdini et al., 1975; Rodafinos, Vucevic, & Sideridis, 2005). Additionally, several meta-analyses have supported the effectiveness of FITD/DITF as a technique for increasing rates of self-disclosure (Beaman, Cole, Preston, Klentz, & Steblay, 1983; Dillard, 1991; Dillard, Hunter, & Burgoon, 1984; O’Keefe & Hale, 2001; Pascual and Guéguen, 2005; Yu & Cooper, 1983)

To date, no research has attempted to utilize the FITD or DITF techniques to increase disclosures of sexual fantasies (deviant or otherwise). It stands to reason that incorporating a technique analogous to FITD/DITF into a questionnaire would allow individuals to admit to the presence of deviant sexual fantasies in a graduated fashion, reducing psychological stress associated with such admissions, and thereby increasing rates of disclosure.

Bogus Pipeline

The Bogus Pipeline (BPL) technique was originally devised by Jones and Sigall (1971) as a technique for circumventing the problem of self-presentation bias. The procedure entails having participants believe that their reported attitudes or behaviors will be subject to verification through physiological measurement devices (i.e., sophisticated lie detection devices like the polygraph test described earlier, urinalysis, nicotine detectors, etc.), when in fact no such verification occurs. The expectation that the veracity of their self-reported beliefs, attitudes, values and behavior will be subjected to scrutiny is believed to lead to a reduction in self-presentation bias, resulting in more honest disclosures (Alexander & Fisher, 2003; Quigley-Fernandez & Tedeschi, 1978; Sabini, Siepmann, & Stein, 2001). Proponents of this technique have posited that BPL engenders a “self-protection” bias that overrides the ubiquitous positive self-presentation bias (Alexander & Fisher, 2003). That is, participants favor presenting themselves as honest over presenting themselves in the best possible light. Several studies have

provided support for the use of the bogus pipeline in increasing honest disclosures across a variety of self-report domains including: racist attitudes (Jones & Sigall, 1971; Schlenker, Bonoma, Hutchinson, & Burns, 1976), endorsement of stereotypes (Sigall & Page, 1971; Sigall & Page, 1972), stranger-prejudice (Page & Moss, 1975), drug use (Murray & Perry, 1987; Hill, Dill, & Davenport, 1988), alcohol use during pregnancy (Lowe, Windsor, Adams, Morris, & Reese, 1986), cigarette smoking among adolescents (Evans, Hansen, & Mittelmark, 1977), sexual behavior (Alexander & Fisher, 2003; Tourangeau, Smith, & Rasinski, 1997), and most pertinent to this study, offense-supportive beliefs in child molesters (Gannon, 2006; Gannon, Keown, & Polaschek, 2007). Moreover, a meta-analysis examining 31 studies employing the bogus pipeline procedure supported the effectiveness of this technique as a reliable method for increasing the veracity of self-disclosure of sensitive information (Roese & Jamieson, 1993). However, to date no experimental research has examined the utility of the BPL technique in increasing honest disclosure of sexual fantasies.

It should also be mentioned that the BPL procedure has been criticized for both its ethicality and practicality. Critics argue that the BPL procedure is extremely coercive, forcing participants to reveal sensitive information about themselves they may not otherwise reveal, and that it is expensive and time-consuming to implement and use in a research context due to the extensive training required of researchers. Therefore, the present study will use a modified version of the BPL procedure (BPL-expectation) designed to address these issues.

Summary

Deviant sexual fantasy is believed to be an important contributing factor to sexual offending behaviour. However, the accurate assessment of deviant sexual fantasy is difficult due to the potential repercussions of such disclosures by offenders. Current techniques to enhance

accuracy of information obtained from offenders, such as polygraphy and phallometry, are cumbersome, resource-intensive, and fraught with concerns regarding their validity and ethicality. Research demonstrates that there are numerous psychological techniques that have been used across a variety of contexts to increase behavioural compliance, and more importantly, the accuracy of data collected regarding sensitive topics. A thorough review of the relevant literature, particularly within the social, clinical/counselling, and marketing psychological literature identified several potential candidate techniques (i.e., Normalization, Foot-in-the-Door, Door-in-the-Face, and Bogus Pipeline). This study will attempt to adapt these techniques for use in a simple questionnaire format, to test the viability of developing and using cost-effective methods for assessing the presence of deviant sexual fantasy. As first step toward achieving this goal, the current project focused on testing the effectiveness of these techniques on an undergraduate sample.

Study Hypotheses

The current study examined the effect of various psychological techniques (adapted for use with online questionnaires) on rates of self-disclosure of deviant sexual fantasies. Four primary hypotheses were forwarded:

It was predicted that:

1. participants in the *Normalization* condition will report experiencing higher rates of deviant sexual fantasy than their Control condition counterparts, as measured by:
 - a. frequency (greater deviant sexual fantasy frequency scores)
 - b. incidence (greater number of deviant sexual fantasies)

2. participants in the *Foot-in-the-Door (FITD)* condition will report experiencing higher rates of deviant sexual fantasy than their Control condition counterparts, as measured by:
 - a. frequency (greater deviant sexual fantasy frequency scores)
 - b. incidence (greater number of deviant sexual fantasies)
3. participants in the *Door-in-the-face (DITF)* condition will report experiencing higher rates of deviant sexual fantasy than their Control condition counterparts, as measured by:
 - a. frequency (greater deviant sexual fantasy frequency scores)
 - b. incidence (greater number of deviant sexual fantasies)
4. participants in the *Bogus Pipeline (BPL)* condition will report experiencing higher rates of deviant sexual fantasy than their Control condition counterparts, as measured by:
 - a. frequency (greater deviant sexual fantasy frequency scores)
 - b. incidence (greater number of deviant sexual fantasies)

CHAPTER 5: METHOD

Participants

Previous research has demonstrated that deviant sexual fantasy is relatively common among non-offenders, with approximately 87% of a 258-undergraduate sample endorsing experiencing at least one type of deviant sexual fantasy at least once (Maile & Jeglic, 2009). Therefore, it was hypothesized that an undergraduate sample would be an appropriate initial sample on which to test these adapted techniques. The study was divided into two phases: *Phase One* comprised the FITD and DITF questionnaire construction phase—see Procedure section for further detail; *Phase Two* comprised the experimental portion of the study (i.e., testing the utility of the identified techniques in facilitating disclosure of deviant sexual fantasy).

Phase 1

One hundred and forty-nine participants were recruited for this phase of the study. Participants in Phase 1 of our study comprised an ethnically and racially diverse sample with 47.5% of participants identifying as Latino ($n = 67$), 13.5% as Black ($n = 19$), 21.3% as White ($n = 30$), 7.1% as Asian/Pacific Islander ($n = 10$), and the remaining 10.6% identifying as either American Indian/Alaska Native ($n = 1$) or Other ($n = 14$). Data regarding ethnicity was missing for eight participants. In terms of gender, 71.5% of participants identified as female ($n = 103$), 27.8% as male ($n = 40$), and 0.7% as male-to-female transgendered ($n = 1$). Data regarding gender was missing for five participants. Age of participants in Phase 1 ranged from 17-32; however, the sample consisted of primarily young adults with the mean age of participants equaling approximately 20 ($SD = 2.18$). Data regarding age was missing for seven participants. Lastly, 94.2% of the sample identified as heterosexual ($n = 129$), 0.7% as homosexual ($n = 1$),

3.6% as bisexual ($n = 5$), and 1.5% as unsure of their sexual orientation ($n = 2$). Data regarding sexual orientation was missing for 12 of our Phase 1 participants.

Phase 2

Phase 2 comprised the experimental portion of our study. A power analysis conducted using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) indicated that to achieve a power of approximately .80, anticipating an effect size of .18 (between a small and medium effect size) a minimum sample size of 511 would be required.

In order to allow for missing/incomplete data, 678 participants were recruited for this phase of the study. All introductory psychology undergraduate students are required to participate in research as a part of their course requirement. Participants received research credit in exchange for their participation. Only participants who endorsed a criminal history involving sexual offenses were excluded from the study.

As with participants in Phase 1 of the study, participants in Phase 2 comprised an ethnically and racially diverse sample with 42.9% of participants identifying as Latino ($n = 291$), 18.2% as Black ($n = 123$), 17.3% as White ($n = 117$), 10.4% as Asian/Pacific Islander ($n = 70$), and the remaining 11.1% identifying as either American Indian/Alaska Native ($n = 2$) or Other ($n = 73$). Data regarding ethnicity was missing for three participants. In terms of gender, 66.2% of participants identified as female ($n = 447$), 33.3% as male ($n = 225$), and 0.3% as female-to-male transgendered ($n = 2$). Data regarding gender was missing for four participants. Age of participants ranged from 17-54; however, the sample consisted of primarily young adults with the mean age of participants equally approximately 20 ($SD = 3.79$). Data regarding age was missing for eight participants. Lastly, 87.3% of the sample identified as heterosexual ($n = 580$),

3.3% as homosexual ($n = 22$), 6.8% as bisexual ($n = 45$), and 2.6% as unsure of their sexual orientation ($n = 17$). Data regarding sexual orientation was missing for 14 participants.

Procedure

Each time a student signed up online to participate in the study via the college research experience program, the author received an automatically generated message notifying him of the enrolment. The author then randomly assigned the participant to one of the five experimental conditions (Control, Normalization, FITD, DITF, and BPL) by using a computer generated random number table. Each participant received an email from the author providing them with a unique 4-digit identification code and the online link unique to their assigned experimental condition (there were five unique web links, one for each condition). Four-digit identification codes were used, rather than having participants provide their name and/or electronic signatures to ensure anonymity and confidentiality. Questionnaire packages (representing each unique condition) were completed via [surveymonkey.com](https://www.surveymonkey.com). Participants were prompted to enter their unique 4-digit code at the beginning and end of the questionnaire package. This allowed the author to monitor completion rates of questionnaires and to award research credit appropriately.

All participants were administered the questionnaires online regardless of condition assignment. Previous research suggests that administration format (i.e., in-person pencil-and-paper versus online) does not significantly affect rates of disclosure of deviant sexual fantasy (Maile, Maile, & Allwood, 2009) or behavior (Maile, Maile, & Jeglic, 2009) among undergraduates. Furthermore, the privacy afforded through computer-administration of questionnaires may increase honest responding to questions of a sensitive nature (Waterton & Duffy, 1984).

Phase One:

One hundred thirty two participants (132) were administered the list of 93 sexual fantasies from the Sexual Fantasy Questionnaire (SFQ; Gray, Watt, Hassan, & MacCulloch, 2003) and asked to rate each sexual fantasy item in terms of perceived deviance on a 100-point scale (0 = not at all deviant, 100 = extremely deviant). Scores were summed and averaged for each fantasy item across all participants, providing a mean perceived deviance score for each fantasy item. These mean perceived deviance scores were then used to develop the Foot-in-the-Door (SFQ-Foot) and Door-in-the-Face (SFQ-Door) versions of the SFQ.

Construction of SFQ-Foot: The SFQ-Foot questionnaire was created by regrouping the fantasy items into four categories based on their mean perceived deviance scores. The fantasy items were divided into quartiles based on their mean perceived deviance score as follows: the 1st quartile (lowest quartile) was categorized as “Very Low Deviance”, the 2nd quartile as “Low Deviance”, the 3rd as “Moderate Deviance”, and the 4th as “High Deviance.” The questionnaire items were reordered in blocks of four items, with each block containing one item from each deviance category in ascending order of perceived deviance. Eighty-four items were chosen from the original 93 to create 21 blocks, each consisting of 4 items. In other words, participants received approximately 21 blocks of four items, with each block beginning with a fantasy item of “very low deviance”, followed by an item of “low deviance,” followed by an item of “moderate deviance”, and ending with an item of “high deviance”. Order of block presentation was counterbalanced according to four pre-generated random sequences to control for potential order effects.

Construction of SFQ-Door: The SFQ-Door questionnaire was created in a similar manner as the SFQ-Foot. However, with this questionnaire, each block contained one item from each deviance category in descending, rather than ascending, order of perceived deviance. In other words, participants received 21 blocks of items, with each block beginning with a fantasy item of “high deviance”, followed by an item of “moderate deviance,” and so on, ending with an item of “very low deviance”. As with the SFQ-Foot, order of block presentation was counterbalanced according to four pre-generated random sequences to control for potential order effects.

It was hypothesized that by reordering fantasy items in terms of mean perceived deviance scores, the effects of these two techniques (FITD and DITF) could be effectively simulated. For example, the SFQ-Foot would allow individuals to admit to the presence of deviant sexual fantasies in a graduated fashion, reducing psychological stress associated with such admissions, and thereby increasing rates of disclosure.

Construction of SFQ-Control: The 84 fantasy items identified for use in the SFQ-Door and SFQ-Foot were retained and left in the original random order as the original questionnaire (with the 9 items removed to create the 21 four-item blocks also deleted).

Phase Two:

An independent sample of 678 participants was recruited for the second phase of this study. Each participant was randomly assigned to one of five experimental conditions (Control, Normalization, FITD, DITF, Bogus Pipeline) described below.

All participants completed the following questionnaires (hereafter referred to as the standard questionnaire battery, unless otherwise noted): Demographics, SFQ-Control, MC-Short Form, and SOS.

Control Group: One hundred thirty nine (139) participants completed the standard questionnaire battery and served as the control/comparison group.

Foot-in-the-Door: One hundred twenty eight (128) participants completed the standard questionnaire battery, with one exception: participants in this condition completed the restructured SFQ-Foot questionnaire (rather than the SFQ-Control).

Door-in-the-Face: One hundred thirty five (135) participants completed the standard questionnaire battery, with one exception: participants in this condition completed the restructured SFQ-Door questionnaire (rather than the SFQ-Control).

Normalization: One hundred forty one (141) participants completed the standard questionnaire battery. However, participants in this condition were required to read a passage intended to normalize the experience of fantasies that are commonly perceived as deviant (e.g., rape-related and pedophilic fantasy) prior to completing the SFQ-Control. The passage provided participants with factual statistics regarding the actual prevalence rates of such fantasies among non-offending undergraduates (e.g., Leitenberg & Henning, 1995). It is believed that by providing participants with statistics that demonstrate that deviant sexual fantasy (in this case, rape-related fantasy) is more common than they might believe, the psychological “risk” associated with endorsing the presence of such fantasies will be reduced, resulting in increased rates of disclosure.

Bogus Pipeline (BPL): The 134 participants in the bogus pipeline condition completed the standard questionnaire battery. However, prior to completing the SFQ-Original, BPL participants were required to read a special set of instructions (Appendix B). The instructions were left

intentionally vague so as not to provide a selection rationale to participants, however, no participants were actually contacted to undergo such a procedure.

This method, although not a prototypical bogus pipeline procedure, was believed to have several advantages over the typical BPL experiment procedure. First, it addresses a concern regarding the impracticality of the BPL procedure espoused by some researchers (Lykken, 1979; Ostrom, 1973). In this experimental setup, no actual physiological measurement device will be used or even seen by participants. It was hypothesized that *inducing the expectation* that their answers may be subjected to verification would be effective in producing the decrease in self-presentation bias. Previous research has demonstrated that the lie-detection-expectation procedure is effective in increasing honest responding (Arkin & Lake, 1983; Riess, Kalle, & Tedeschi, 1981). This type of procedural setup circumvents issues of logistics and practicality as it eliminates the need for researchers to set up a convincing lie detection machine to which participants would be connected while completing questionnaires. Additionally, because this modified BPL procedure was administered online, the expense and time involved in training research assistants to carry out the “lie detection procedure” was eliminated.

Second, it was hoped that this modified BPL procedure would address some of the ethical concerns regarding the use of the BPL (Ostrom, 1973). Ostrom (1973) and others have argued that the BPL is a method of forced compliance as all participants are connected to a device they believe capable of verifying the veracity of their self-reports; such a procedure may force participants to answer sensitive questions honestly, despite their wishes, in order to avoid being perceived as a liar by the experimenter should they fail the lie detection phase. However, by employing our particular setup, the participant was not actually connected to a “lie detection device” while completing questionnaires, rather the participant was lead to believe that there was

a possibility that the veracity of his behavioral and attitudinal self-reports may be subjected to verification at a later time. In essence, any “pressure” that the participant may have experienced to answer the questions honestly for fear of being revealed as a liar would have been internally rather than externally generated. As the experimental setup did not even involve a false “verification” phase, no explicit external pressure was ever exerted on participants to answer questions in an honest manner.

Finally, the use of a “random” selection criterion did not infer a selection procedure contingent upon a participant’s responses. That is, if the selection criterion was not specified as random, participants may have inferred that particular responses may lead to selection for the “lie-detection” verification stage, and therefore, may have altered response patterns.

Consent/Debriefing

Prior to completing any study questionnaires, participants were required to read the Informed Consent Page and to select a box indicating that “I have read and understand all of the above and have consented to participate in this study.” As a means of ensuring anonymity, participants were not required to enter their name online at any time. In addition, to further enhance anonymity and confidentiality, collection of participants’ IP addresses was manually disabled via the surveymonkey.com website; this ensured there would be no way to trace participants’ responses.

Upon completion of the study, participants were provided with a brief message thanking them for their participation, and explaining the nature and purpose of the study (as approved by the John Jay College IRB). Of note, participants in the Bogus Pipeline condition (BPL) were provided with a unique debriefing form, outlining the nature and rationale for the use of

deception (i.e., leading them to believe that the veracity of their responses may be subjected to verification in an effort to increase honest responding).

Measures

Demographics: Demographic information collected for this study included participant age, gender, primary language, length of residence in the United States, ethnicity, sexual orientation, marital status, and education. In addition to this basic demographic information, the following data was gathered: prior criminal history (including arrests and convictions) and prior psychiatric history (and reason for referral, if applicable).

Sexual Fantasy Questionnaire (SFQ; Gray, Watt, Hassan, & MacCulloch, 2003): The original Sexual Fantasy Questionnaire consists of two questionnaires, one assessing the presence of sexual interest in various fantasy items, and the other assessing the frequency and pleasure derived from engagement in sexual behaviors corresponding to these fantasies. All items are scored on a four-point Likert-type self-report scale. For the sexual interest questionnaire, participants are asked to rate each fantasy item on a 4-point scale: *Sexual Interest in each fantasy item*, 0 = No sexual interest, 1 = Slight sexual interest, 2 = Have fantasized about frequently, 3 = Cannot get it out of my mind. For sexual behavior and pleasure questionnaire, participants are asked to rate the *frequency of sexual behavior related to each fantasy item*, 0 = Never done, 1 = Have done once or twice, 2 = Have done several times, 3 = Have done many times, and the *pleasure derived from engaging in sexual behavior related to the fantasy item*, 0 = Didn't enjoy, 1 = Enjoyed slightly, 2 = Enjoyed moderately, 3 = Enjoyed greatly.

For the purposes of this research, both questionnaires (the sexual interest and the sexual behavior and pleasure) were modified in several ways. First, some of the items were reworded in

order to make them easier to understand for an American sample. For example, item #53, “Sex whilst drunk” was changed to, “Sex while drunk”, and item #60, “Sex in toilets with strangers” was changed to the more appropriate, “Sex in bathrooms with strangers.” Second, a fifth anchor point was added to each of the rating dimensions (Sexual Interest, Frequency, and Pleasure) to facilitate future regression analyses; additionally, anchor points were reworded to facilitate comprehension and to ensure consistency in scale anchors. The scales were revised as follows: *Sexual Interest*, 0 = Never fantasize about, 1 = Very rarely fantasize about, 2 = Occasionally fantasize about, 3 = Frequently fantasize about, 4 = Very frequently fantasize about; *Sexual Behavior*, 0 = Have never done, 1 = Have rarely done, 2 = Have occasionally done, 3 = Have frequently done, 4 = Have very frequently done; *Pleasure from Sexual Behavior*, 0 = Didn’t enjoy, 1 = Enjoyed slightly, 2 = Enjoyed moderately, 3 = Enjoyed greatly, 4 = Enjoyed very greatly. Third, an additional questionnaire ascertaining the prevalence of masturbation to the 93 identified sexual fantasy items was created and added. This additional questionnaire follows a format identical to the sexual behavior questionnaire, asking participants to rate the frequency with which they masturbate to the 93 fantasy items and how much pleasure they derive from these masturbation experiences. This modified version of the original SFQ will be hereafter referred to as the SFQ-Control. Furthermore, an additional “I would prefer not to answer” option was added to each item.

A cronbach's alpha value of .96 was obtained for the SOS, indicating the measure demonstrated "excellent" internal consistency with our sample (George & Mallery, 2003).

Marlowe-Crowne Social Desirability Scale (Short Form C Version) (M-C Form C; Reynolds, 1982): The Marlowe-Crowne Social Desirability Scale Short Form C version is a condensed 13-item version of the original 33-item questionnaire (Reynolds, 1982). It is a self-report

questionnaire that measures the extent to which the participant's response tendency is to "fake good" (Crowne & Marlowe, 1960). The participant responds "true" or "false" to the 13 items to yield a total score. Reynolds (1982) reports acceptable reliability with a Kuder-Richardson 20 estimate of .76 and a correlation of .93 with the original 33-item version. In addition, the short form version has been demonstrated to display acceptable reliability ($r = 0.88-0.91$) with the original full scale (Loo & Thorpe, 2000). A cronbach's alpha value of .68 was obtained for the SOS, indicating the measure demonstrated relatively "acceptable" internal consistency with our sample (George & Mallery, 2003).

Sexual Opinion Survey (SOS; Fisher, Byrne, White, & Kelley, 1988): The Sexual Opinion Survey is a 21-item measure assessing an individual's attitude toward sexuality along a negative-positive continuum (i.e., erotophobic-erotophilic). Participants are asked to rate sexual statements on a 7-point Likert scale (1 = Strongly Disagree to 7= Strongly Agree). Total scores can then be calculated, with lower scores reflecting stronger erotophobic attitudes. This instrument has been demonstrated to have adequate internal consistency (coefficient alpha of .80 for college males and .89 for college females) and test-retest reliability ($r = .80$) (Fisher, Byrne, White, & Helley, 1988). A cronbach's alpha value of .84 was obtained for the SOS, indicating the measure demonstrated "good" internal consistency with our sample (George & Mallery, 2003).

Data Analysis

A number of data analyses were conducted to examine the effectiveness of these techniques in increasing rates of disclosure of deviant sexual fantasy in terms of both incidence and frequency.

Frequency

A series of ANCOVAs (using limited post-hoc testing), controlling for social desirability and erotophobia-erotophilia, were conducted to determine main effects for each technique in enhancing rates of disclosure of deviant sexual fantasy. These analyses were conducted on three levels: questionnaire-level (total sexual fantasy score), subscale-level (total deviant sexual fantasy score) and fantasy-theme level (sadism, masochism, pedophilia, hebophilia, voyeurism, exhibitionism, frotteurism, rape-related, and other). The questionnaire-level analysis was conducted to determine if there were significant differences between the control and experimental groups in the frequency scores summed across all sexual fantasy items (i.e., both normative and deviant sexual fantasies). In other words, were participants exposed to these techniques more likely to endorse having sexual fantasies (in general) more often than participants in the control group? The subscale-level analysis was conducted to determine if there were significant differences between the experimental and control groups in frequency scores summed across all deviant sexual fantasy items. That is, were individuals exposed to these techniques more likely to endorse experiencing deviant sexual fantasies more often than participants in the control group? Finally, the theme-level analysis was conducted to determine if there were significant differences between the control and experimental groups in frequency scores summed across sexual fantasy items relevant to a particular theme (e.g., pedophilia, sadism, voyeurism, etc.).

In order to conduct the necessary analyses, numerous outcome variables had to be computed from the dataset as follows:

(a) Questionnaire-Level Outcome Variables:

- i. *Total Fantasy Scale Score* = Sum of all fantasy item frequency scores (provides an overall estimate of how often participants reported experiencing sexual fantasy), ranging from 0-336 (84 items, with each items scored between 0-4), with higher scores indicating more frequent sexual fantasies.
- ii. *Total Number of Sexual Fantasies* = Each fantasy item was recoded into a new dichotomous variable (i.e., sexual fantasy present or sexual fantasy absent) based on original sexual fantasy item frequency score, with a frequency score of 0 recoded as 0 or “absent,” and frequency scores between 1-4 scores as 1 or “present” in the new dichotomous variable.

(b) *Subscale-Level Outcome Variables:*

- i. *Total Deviant Fantasy Scale Score* = Sum of all deviant fantasy item frequency scores (provides an overall estimate of how often participants reported experiencing deviant sexual fantasies), ranging from 0-188 (47 items, with each item scored between 0-4), with higher scores indicating more frequent deviant sexual fantasies.
- ii. *Total Number of Deviant Sexual Fantasies* = Each deviant sexual fantasy item was recoded into a new dichotomous variable (i.e., deviant sexual fantasy present or deviant sexual fantasy absent) based on original deviant sexual fantasy item frequency score, with frequency score of 0 recoded as 0 or “absent,” and frequency scores of 1-4 recoded as 1 or “present” in the new dichotomous variable.

(c) *Fantasy Theme-Level Outcome Variables:*

- i. *Sadism* (11 items): Sum of all fantasy item frequency scores related to sadism, with total scores ranging from 0-44 (11 items, with each item scored between 0-4), with higher scores indicating more frequent sadistic sexual fantasies.
- ii. *Masochism* (11 items): Sum of all fantasy item frequency scores related to masochism, with total scores ranging from 0-44 (11 items, with each item scored between 0-4), with higher scores indicating more frequent masochistic sexual fantasies.
- iii. *Pedophilia* (2 items): Sum of all fantasy item frequency scores related to pedophilia (i.e., children under the age of 10, as per DSM-5 criteria), with total scores ranging from 0-8 (2 items, with each item scored between 0-4), with higher scores indicating more frequent pedophilic sexual fantasies.
- iv. *Hebophilia* (2 items): Sum of all fantasy item frequency scores related to hebophilia (i.e., children between the ages of 11-14, as per DSM-5 criteria) with total scores ranging from 0-8 (2 items, with each item scored between 0-4), with higher scores indicating more frequent hebophilic sexual fantasies.
- v. *Voyeurism* (2 items): Sum of all fantasy item frequency scores related to voyeurism, with total scores ranging from 0-8 (2 items, with each item scored between 0-4), with higher scores indicating more frequent voyeuristic sexual fantasies.
- vi. *Exhibitionism* (5 items): Sum of all fantasy item frequency scores related to exhibitionism, with total scores ranging from 0-20 (5 items, with each item scored between 0-4), with higher scores indicating more frequent exhibitionistic sexual fantasies.
- vii. *Frotteurism* (1 item): Score on item related to frotteurism, scored between 0-4), with higher scores indicating more frequent frotteuristic sexual fantasies.

- viii. *Rape-related* (5 items): Sum of all fantasy item frequency scores related to rape/coercive sexual assault, with total scores ranging from 0-20 (5 items, with each item scored between 0-4), with higher scores indicating more frequent rape-related sexual fantasies. Of note, rape-related items included both fantasies about forcing sex on others and/or being forced to have sex against your will.
- ix. *Other* (8 items): Sum of all fantasy item frequency scores that were not categorized as belonging to any of the above themes. These items tapped various miscellaneous deviant sexual fantasy themes, including telephone scatophilia, necrophilia, bestiality (zoophilia), fetishism, etc. Total scores ranged from 0-32 (8 items, with each item scored between 0-4), with higher scores indicating more frequent deviant sexual fantasies not accounted for in the other seven categories.

Covariates: Erotophobia-erotophilia (i.e., comfort with sexual topics/sexuality) and social desirability were identified through literature review as potential confounding variables that could suppress the experimental effect of our techniques. Psychometric instruments tapping each construct, as identified in the Measures section, were administered to all participants as part of their questionnaire battery. Correlation matrices outlining the associations between our identified covariates and outcome variables (i.e., Total Fantasy Scale Score, Total Number of Sexual Fantasies, Total Deviant Sexual Fantasy Scale Score, Total Number of Deviant Sexual Fantasies) were then generated to assess the extent to which these variables influenced our Questionnaire-level (Total Fantasy Scale Score, Total Number of Sexual Fantasies) and Subscale-Level (Total Deviant Sexual Fantasy Scale Score, Total Number of Deviant Sexual Fantasies) outcome variables (see Table 1), as well as our Fantasy Theme-Level (Sadistic, Masochistic, etc.) outcome variables (see Table 2). Of note, Marlowe-Crowne total scores were significantly, but

only modestly, correlated with scores on all outcome variables. SOS scores were also significantly correlated, but to a much stronger degree, with scores on all outcome variables. Given these results, both the Marlowe-Crowne-SF Total Score and SOS Total score variables were included as covariates in all ANCOVA analyses.

Incidence:

A series of chi-square analyses were conducted to determine if the techniques were effective in increasing disclosures of deviant sexual fantasy in terms of incidence rates. That is, to determine if there were significant differences in the number of participants endorsing the presence of deviant sexual fantasies. This was done on the deviant sexual fantasy-theme level (sadism, masochism, pedophilia, hebophilia, voyeurism, exhibitionism, frotteurism, rape-related, other) between the control and experimental groups. In order to conduct these analyses new fantasy theme-level dichotomous variables (i.e., present or absent) had to be computed from each fantasy theme total scores, calculated earlier. This was achieved, by recoding the fantasy theme-level total scores into new dichotomous variables, with total scores of 0 recoded as 0 or "absent" and total scores greater than 0 as 1 or "present."

CHAPTER 6: RESULTS

Frequency*Questionnaire-Level*

An ANCOVA (using Sidak post-hoc comparisons, to control for family-wise error) was conducted to determine if our chosen psychological techniques increased the number of sexual fantasies disclosed by participants. After controlling for social desirability and erotophilia-erotophobia, there was no significant effect of experimental condition on number of sexual fantasies disclosed, $F(4, 561) = .245, p = .91, \eta_p^2 = .002$. Participants in the control condition reported approximately the same number of sexual fantasies ($M = 31.04, SD = 13.71$), as participants in the Normalization ($M = 33.43, SD = 14.52$), FITD ($M = 30.36, SD = 12.03$), DITF ($M = 32.38, SD = 13.60$), and BPL ($M = 31.36, SD = 13.16$) conditions.

A second ANCOVA, again controlling for social desirability and erotophilia-erotophobia, was conducted to determine if the psychological techniques increased participants' disclosures regarding the overall frequency of sexual fantasies. However, there was no significant effect of experimental condition on reported frequency of sexual fantasies, $F(4, 558) = .202, p = .94, \eta_p^2 = .001$. Participants in the control condition reported experiencing sexual fantasies as frequently ($M = 64.15, SD = 38.07$), as did participants in the Normalization ($M = 71.28, SD = 42.63$), FITD ($M = 66.39, SD = 36.65$), DITF ($M = 71.52, SD = 38.21$), and BPL ($M = 65.40, SD = 33.68$) conditions.

Subscale-Level

A third ANCOVA (using Sidak post-hoc comparisons, to control for family-wise error) was conducted to determine if our chosen psychological techniques increased the number of deviant sexual fantasies disclosed by participants. After controlling for social desirability and

erotophilia-erotophobia, there was no significant effect of experimental condition on number of deviant sexual fantasies disclosed, $F(4, 564) = .597, p = .665, \eta_p^2 = .004$. Participants in the control condition reported approximately the same number of deviant sexual fantasies ($M = 7.71, SD = 7.78$), as participants in the Normalization ($M = 8.91, SD = 7.52$), FITD ($M = 6.86, SD = 6.23$), DITF ($M = 8.07, SD = 7.63$), and BPL ($M = 7.77, SD = 6.70$) conditions.

A fourth ANCOVA, again controlling for social desirability and erotophilia-erotophobia, was conducted to determine if the psychological techniques increased participants' disclosures regarding the overall frequency of deviant sexual fantasies. However, there was no significant effect of experimental condition on reported frequency of deviant sexual fantasies, $F(4, 563) = .078, p = .99, \eta_p^2 = .001$. Participants in the control condition reported experiencing deviant sexual fantasies as frequently ($M = 13.16, SD = 16.91$) as did participants in the Normalization ($M = 14.74, SD = 14.94$), FITD ($M = 12.40, SD = 13.53$), DITF ($M = 13.68, SD = 14.38$), and BPL ($M = 12.73, SD = 11.92$) conditions.

Fantasy Theme-Level

Additional ANCOVAs (again using Sidak post-hoc comparisons, to control for family-wise error) were conducted to determine if our chosen psychological techniques increased disclosures regarding the frequency of deviant sexual fantasies based on theme (i.e., sadism, masochism, pedophilia, hebophilia, voyeurism, exhibitionism, frotteurism, rape-related, and other). The covariates, social desirability and erotophilia-erotophobia, were entered as covariates on all nine theme-level analyses, to control for their potential confounding effect.

There was no significant effect of experimental condition on reported frequency of sadistic sexual fantasies, $F(4, 573) = .208, p = .93, \eta_p^2 = .001$. Participants in the control condition reported experiencing sadistic sexual fantasies as frequently ($M = 3.75, SD = 4.42$), as

did participants in the Normalization ($M = 4.62, SD = 5.01$), FITD ($M = 4.10, SD = 5.02$), DITF ($M = 4.38, SD = 4.80$), and BPL ($M = 3.83, SD = 4.15$) conditions.

There was no significant effect of experimental condition on reported frequency of masochistic sexual fantasies, $F(4, 573) = .504, p = .733, \eta_p^2 = .004$. Participants in the control condition reported experiencing masochistic sexual fantasies as frequently ($M = 4.10, SD = 5.82$), as did participants in the Normalization ($M = 4.41, SD = 5.07$), FITD ($M = 3.84, SD = 5.74$), DITF ($M = 3.83, SD = 4.83$), and BPL ($M = 4.21, SD = 5.21$) conditions.

There was no significant effect of experimental condition on reported frequency of pedophilic sexual fantasies, $F(4, 573) = 1.236, p = .295, \eta_p^2 = .009$. Participants in the control condition reported experiencing pedophilic sexual fantasies as frequently ($M = .03, SD = .37$), as did participants in the Normalization ($M = .04, SD = .30$), FITD ($M = .00, SD = .00$), DITF ($M = .08, SD = .49$), and BPL ($M = .00, SD = .00$) conditions.

There was no significant effect of experimental condition on reported frequency of hebophilic sexual fantasies, $F(4, 573) = .560, p = .692, \eta_p^2 = .004$. Participants in the control condition reported experiencing hebophilic sexual fantasies as frequently ($M = .12, SD = .52$), as did participants in the Normalization ($M = .17, SD = .56$), FITD ($M = .13, SD = .41$), DITF ($M = .18, SD = .80$), and BPL ($M = .07, SD = .33$) conditions.

There was no significant effect of experimental condition on reported frequency of voyeuristic sexual fantasies, $F(4, 573) = .297, p = .880, \eta_p^2 = .002$. Participants in the control condition reported experiencing voyeuristic sexual fantasies as frequently ($M = .55, SD = 1.00$), as did participants in the Normalization ($M = .77, SD = 1.28$), FITD ($M = .53, SD = 1.12$), DITF ($M = .66, SD = 1.44$), and BPL ($M = .63, SD = 1.19$) conditions.

There was no significant effect of experimental condition on reported frequency of exhibitionistic sexual fantasies, $F(4, 573) = .858, p = .489, \eta_p^2 = .006$. Participants in the control condition reported experiencing exhibitionistic sexual fantasies as frequently ($M = 2.76, SD = 3.11$), as did participants in the Normalization ($M = 2.98, SD = 3.21$), FITD ($M = 2.21, SD = 2.64$), DITF ($M = 2.70, SD = 2.80$), and BPL ($M = 2.27, SD = 2.36$) conditions.

There was a significant effect of experimental condition on reported frequency of frotteuristic sexual fantasies, $F(4, 573) = 3.174, p = .014, \eta_p^2 = .022$. Participants in the control condition ($M = .33, SD = .87$) reported experiencing frotteuristic sexual fantasies as frequently as participants in the Normalization ($M = .27, SD = .66$), DITF ($M = .14, SD = .41$), and BPL ($M = .17, SD = .59$) conditions, but more frequently than participants in the FITD condition ($M = .09, SD = .39$); however, it should be noted that the apparent suppressive effect of the FITD condition was noted to be very weak.

There was no significant effect of experimental condition on reported frequency of rape-related sexual fantasies, $F(4, 573) = 1.028, p = .392, \eta_p^2 = .007$. Participants in the control condition reported experiencing rape-related sexual fantasies as frequently ($M = .77, SD = 2.22$), as did participants in the Normalization ($M = .66, SD = 1.33$), FITD ($M = .72, SD = 1.37$), DITF ($M = 1.03, SD = 1.95$), and BPL ($M = .69, SD = 1.35$) conditions.

Finally, there was no significant effect of experimental condition on reported frequency of other deviant sexual fantasies (e.g., telephone scatophilic, necrophilic, zoophilic, etc.) $F(4, 573) = .703, p = .590, \eta_p^2 = .005$. Participants in the control condition reported experiencing other deviant sexual fantasies as frequently ($M = .65, SD = 2.18$), as did participants in the Normalization ($M = .69, SD = 1.48$), FITD ($M = .36, SD = .81$), DITF ($M = .58, SD = 1.21$), and BPL ($M = .61, SD = 1.28$) conditions.

Incidence

A series of chi-square analyses were conducted to determine if the techniques were effective in increasing disclosures of deviant sexual fantasy in terms of incidence rates. In other words, to determine if there were significant differences in the number of participants endorsing the presence of deviant sexual fantasies versus the number of participants denying their presence.

Questionnaire-Level

Analyses examining the incidence rates of normative sexual fantasy across experimental conditions were not conducted. Research has demonstrated that the vast majority of individuals participating in sexual fantasy research readily disclose normative sexual fantasies (e.g., kissing a loved one, having sex with a partner of their preferred gender, etc.), therefore, no hypotheses regarding the ability of psychological techniques to enhance disclosure rates were proffered.

Subscale-Level

Chi-square analysis was conducted to determine if participants, grouped by experimental condition, reported different incidence rates regarding the presence of any deviant sexual fantasy. However, participants, tended to report equivalent incidence rates of any deviant sexual fantasy, $\chi^2 = 6.03, p = .197$, regardless of experimental condition: 89.2% of participants in the control condition reported the presence of at least one deviant sexual fantasy; as did 93.6% of participants in the Normalization condition, 90.6% of participants in the FITD condition, 95.6% of participants in DITF, and 88.8% of participants in the BPL condition.

Fantasy Theme-Level

Additional Chi-square analyses was conducted to determine if participants, grouped by experimental condition, reported different incidence rates regarding the presence of fantasy

according to theme (i.e., sadistic, masochistic, pedophilic, hebophilic, voyeuristic, exhibitionistic, frotteuristic, rape-related, and other).

However, participants tended to report equivalent incidence rates of sadistic sexual fantasy, $\chi^2 = 2.68$, $p = .613$, regardless of experimental condition, with 79.1% of Control participants, 81.6% of Normalization participants, 75.8% of FITD participants, 75.6% of DITF participants, and 74.6% of BPL participants endorsing the presence of sadistic sexual fantasies.

Likewise, participants tended to report equivalent incidence rates of masochistic sexual fantasy, $\chi^2 = 5.17$, $p = .270$, regardless of experimental condition, with 77.0% of Control participants, 79.4% of Normalization participants, 70.3% of FITD participants, 69.6% of DITF participants, and 75.4% of BPL participants endorsing the presence of masochistic sexual fantasies.

Participants also tended to report equivalent incidence rates of pedophilic sexual fantasy, $\chi^2 = 6.38$, $p = .172$, regardless of experimental condition, with only 0.7% of Control participants, 2.1% of Normalization participants, and 2.2% of DITF participants endorsing the presence of pedophilic sexual fantasies (no participants in the FITD and BPL conditions endorsed the presence of pedophilic fantasy).

Participants tended to report equal incidence rates of hebophilic sexual fantasy as well, $\chi^2 = 4.27$, $p = .371$, regardless of experimental condition, with 5.8% of Control participants, 9.9% of Normalization participants, 9.4% of FITD participants, 7.4% of DITF participants, and 4.5% of BPL participants endorsing the presence of hebophilic sexual fantasies.

In terms of voyeuristic sexual fantasy, participants tended to report equal incidence rates across experimental conditions, $\chi^2 = 4.83$, $p = .305$, with 31.7% of Control participants, 36.9%

of Normalization participants, 25.8% of FITD participants, 27.4% of DITF participants, and 32.1% of BPL participants endorsing the presence of voyeuristic sexual fantasies.

Participants also tended to report approximately equal incidence rates of exhibitionistic sexual fantasy, $\chi^2 = 2.83$, $p = .587$, regardless of experimental condition, with 79.1% of Control participants, 77.3% of Normalization participants, 71.9% of FITD participants, 74.8% of DITF participants, and 72.4% of BPL participants endorsing the presence of exhibitionistic sexual fantasies.

Frotteuristic fantasy appeared to be reported relatively rarely; however, there did appear to be significant differences in reported incidence rates across experimental conditions, $\chi^2 = 13.17$, $p = .010$, with 3.8% of Control participants, 4.0% of Normalization participants, 1.3% of FITD participants, 1.9% of DITF participants, and 2.7% of BPL participants endorsing the presence of frotteuristic sexual fantasy.

Participants appeared to report approximately equal incidence rates of rape-related sexual fantasy, $\chi^2 = 4.70$, $p = .319$, regardless of experimental condition, with 23.7% of Control participants, 29.8% of Normalization participants, 29.7% of FITD participants, 34.8% of DITF participants, and 26.1% of BPL participants reporting the presence of rape-related fantasy.

Finally, participants tended to report approximately equal incidence rates of other deviant sexual fantasy, $\chi^2 = 4.00$, $p = .406$, regardless of experimental condition, with 23.7% of Control participants, 31.2% of Normalization participants, 22.7% of FITD participants, 25.2% of DITF participants, and 29.9% of BPL participants reporting the presence of some other form of deviant sexual fantasy (at least as measured by our questionnaire).

CHAPTER 7: DISCUSSION

This study examined the effectiveness of four psychological techniques in increasing deviant sexual fantasy disclosures. Overall, we did not find significant differences between normalization, foot-in-the-door, door-in-the-face, and bogus pipeline conditions in increasing disclosure rates of deviant sexual fantasy. On average, participants reported experiencing the same number and frequency of fantasies across experimental conditions and across all levels of analysis (i.e., *all* fantasies, *deviant* sexual fantasies, or *theme-level* fantasies—e.g., sadistic, pedophilic, etc.). Of note, however, although not statistically significant, differences across experimental condition and level of analysis for the normalization manipulation appeared to be the most promising technique, while the BPL technique tended to yield the lowest level of reported fantasies. There are numerous potential reasons for the lack of differences between our chosen techniques including: various methodological issues (i.e., operationalization of the psychological techniques, chosen method of variable analysis, confound of anonymity/confidentiality), as well as potential confounding factors related to characteristics of our participant sample which are discussed below.

Operationalization of Psychological Techniques

The way in which each technique was defined in this study represented only one of many ways that each of these techniques could have been operationalized. It is possible that alternative operationalizations of these techniques would produce different results.

Normalization, in the current study, was operationalized as the presentation of statistics regarding the prevalence rates of fantasies typically perceived as deviant to our participants. Research demonstrates that people tend to believe deviant sexual fantasies are less commonly

experienced than they actually are (Leitenberg & Henning, 1995). It was believed that by providing statistics regarding the actual prevalence rates of some of these types of deviant sexual fantasies (in our case, rape-related and pedophilic fantasy), that this would “normalize” the experience of these fantasies, and by extension all deviant sexual fantasy, leading to increased disclosure rates of deviant sexual fantasy by our participants. As this was not the case, perhaps normalization of these particular fantasies, rather than deviant sexual fantasy in general, was ineffective in producing the desired normalization effect. Data collected during the FITD and DITF-questionnaire construction phase of this study indicate that rape-related and pedophilic fantasy were considered among the most deviant fantasies assessed (i.e., were categorized as “high deviance”). Given that relative rarity of pedophilic fantasy among non-offenders, (approximately 4-5% of undergraduates, Briere & Runtz, 1989; Crepault & Couture, 1980; Maile & Jeglic, 2009; Templeman & Stinnett, 1991), normalization of these fantasies may be ineffective for the vast majority of our sample as they do not experience such “deviant” fantasies. It is possible that providing statistics on sexual fantasies that fall more along the middle of the perceived deviance continuum (i.e., low deviance, moderate deviance) may have achieved the desired normalization effect and resulted in increased disclosures rates of deviant sexual fantasies.

Regarding the FITD and DITF techniques, it is possible that artificially binning the fantasies into only four discrete deviance categories (i.e., very low deviance, low deviance, moderate deviance, and high deviance), was an inadequate operationalization of our fantasy variables. Traditionally, the FITD and DITF techniques have been conceptualized and operationalized as two-step processes. In the case of FITD, first, a small request that almost all participants will agree to is made, which is then followed by the larger target request. In essence,

participants, having already fulfilled the first small request, feel obligated to continue being helpful/cooperative, and, as a result, are more likely to complete the larger target request. In the case of DITF, a large request that virtually all subjects will refuse to fulfill is made first, which is then followed by the smaller target request. As noted previously, both of these techniques have been demonstrated to increase behavioral compliance across a variety of domains (Pascual & Guéguen, 2005; Dillard, 1991; Cialdini et al., 1975; Rodafinos et al., 2005).

It was believed having participants endorse a seemingly innocuous fantasy (e.g., kissing a sexual partner) that virtually all participants would endorse would be analogous to the initial small request made when using “classic” FITD. Likewise, it was believed that subsequent endorsement of sexual fantasies falling in higher categories of our deviance spectrum (e.g., moderate and high deviance—our fantasies of interest) would be analogous to fulfilling the larger target request of FITD. We operationalized DITF similarly; however, in the opposite direction. Perhaps our four-binning technique created a four-step request process, rather than a two-step process as it typically supported in FITD and DITF research. It is possible that binning the fantasies into two discrete categories (non-deviant vs. deviant) and presenting fantasies in non-deviant and deviant pairs would more closely replicate the traditional FITD/DITF techniques, and produce the desired increase in deviant sexual fantasies disclosures.

Alternatively, perhaps rather than binning fantasies into discrete categories, the questionnaire could be restructured by simply reordering fantasies in ascending (FITD) or descending (DITF) order of perceived deviance. This may create a very gradual and subtle, hopefully undetectable, shift in the disclosure “requests” we would be making of participants, and produce the desired increase in disclosure of deviant sexual fantasies.

The FITD and DITF techniques are also traditionally utilized to increase behavioural compliance. Indeed the research, as noted previously, supports the use of these techniques for enhancing behavioural compliance among research participants (i.e., completing a task asked of them). However, it is less clear that these techniques can be used to increase disclosure of sensitive information, particularly information pertaining to private cognitive processes (attitudes, fantasies, etc.). We conceptualized disclosure of sexual fantasies as behavioural compliance, when, in fact, it may have been inappropriate to do so. As our target task (i.e., disclosure of deviant sexual fantasy) relates to having participants disclose sensitive cognitions, rather than having them perform some physical, often labour intensive task, as is typically the case with traditional experiments employing FITD/DITF, it may simply be that these two particular techniques were ill-suited to our purposes.

When considering the BPL technique, it is plausible our operationalization of this technique was too many steps removed from traditional BPL. Some research has indicated that the *mere* expectation that one's responses will be subject to some form of "truth" verification process (typically via BPL) is sufficient to induce more honest responding (Roose & Jamieson, 1993). That is, it does not appear necessary to attach individuals to a "bogus" lie detection device in order to increase honest responding, rather just leading subjects to believe that they will be submitted to such a procedure at some point can achieve the desired effect. Given the logistical issues with the BPL technique identified earlier, the BPL-expectation procedure was selected as our method of operationalization. However, it is possible that the BPL-expectation procedure was not powerful enough to overcome participants' self-presentation bias. Perhaps using the more traditional BPL approach--having participants hooked up to an actual BPL device and being lead to believe their responses would be subjected to verification--would lead to a

significant and detectable experimental effect. On the other hand, using a traditional BPL approach would also introduce the potential confound of decreased anonymity/confidentiality, making it difficult to tease apart the techniques' experimental effect from the suppressive effects of increased self-presentation bias.

As noted previously, this study was intended to be the first stage of a program of research attempting to identify and modify existing psychological techniques to create accurate and cost-effective methods for the assessment of deviant sexual fantasy. These results suggest that the techniques, as currently operationalized, are ineffective in increasing disclosure rates of deviant sexual fantasy.

Anonymity/Confidentiality as a Confounding Factor

Given the sensitive nature of the information we were attempting to collect during our study, extensive measures were taken to ensure the anonymity and confidentiality of our participants. As noted previously, data was collected via online surveys; therefore, participants were not required to interact with researcher(s) in a face-to-face manner at any point during the research project, thus reducing any risk of possible identification and embarrassment should their responses be linked to their identity. Additionally, when completing the online survey, participants were never required to provide their name, even during the informed consent process. Participants enrolled via email (the majority of which provided incomplete or no information regarding their first or last names) and were simply required to provide an electronic signature (i.e., checking a virtual check-box to provide their consent); participants were identified only via four-digit codes which were assigned upon enrolment in the study. Finally, information regarding IP addresses was not collected on participants, ensuring there was no way

to track participants online, providing additional assurance of anonymity and confidentiality. As participants were aware that all of the above measures were in place prior to completing the questionnaires, they may have been sufficiently assured that their responses would be completely anonymous and confidential. It may be that these extensive precautions allowed participants to provide candid responses regarding their sexual fantasy experiences without fear of identification, unintentionally rendering our techniques unnecessary and masking any potential experimental effect.

Given the above, it is possible that manipulation of anonymity conditions may have produced very different results. The methodology used in our current study could be considered as representing a complete anonymity/confidentiality condition, with no possibility of participant identification. Our psychological techniques may demonstrate more effectiveness under conditions of decreased anonymity. For example, our techniques may evidence modest effectiveness under conditions of high, but not complete, anonymity—i.e., having participants hand-in their completed questionnaire packages to the researcher and/or research assistant; and even more effectiveness under conditions of low/no anonymity—i.e., having data collected via interview.

Method of Variable Analysis

This study operationalized and examined our outcome variables in select ways: number of *all* fantasies disclosed, number of deviant sexual fantasies disclosed, total sexual fantasy frequency scores for all fantasies, and total fantasy frequency scores for deviant sexual fantasies. It could be that examining fantasies on this larger scale attenuated any potential experimental effect. In other words, it is possible that there could be an interaction effect between perceived

deviance of the fantasy and technique effectiveness. For example, using our sexual fantasy deviance quartile bins as reference (i.e., very low, low, moderate, and high deviance), perhaps these techniques were only effective in increasing disclosure of those fantasies falling within the mid-range of our deviance spectrum (i.e., fantasies classified as “low” or “moderate” deviance). Alternatively, it is also plausible that self-presentation bias was only activated when participants were queried about “high deviance” fantasies, rendering our techniques unnecessary for disclosures of fantasies along the rest of our deviance spectrum. That is, the techniques may have only been effective in increasing disclosures of the most deviant sexual fantasies. However, our hypotheses and chosen data analyses did not allow us to test for these alternative possibilities. If any of the above scenarios were to be true, the effectiveness of our techniques would be masked, as results were only analyzed at the larger “deviant” versus “non-deviant” level, and no analyses were conducted comparing the effectiveness of our techniques across our four deviance categories. Our chosen analyses only allowed us to examine if our techniques were effective in increasing disclosures of *any* deviant sexual fantasy.

Sample Characteristics

Given that no significant differences were found among our experimental conditions, it is also worth considering that perhaps the techniques were operationalized effectively; however, they were simply unnecessary as participants responded honestly and did not require psychological “encouragement” to provide honest disclosures regarding their sexual fantasies. Results would seem to support this assertion, as rates of disclosure across all categories of sexual fantasies (number; frequency; normative vs. deviant) were equal across all experimental conditions. Several reasons why our techniques may have been effective, but unnecessary, given our experimental setup, are provided below.

Our research project relied on the assumption that our sample would be motivated to underreport deviant sexual fantasies. For a variety of reasons, our assumption may have been flawed. First, our sample consisted of very young, educated adults. Attitudes toward sex and sexuality have changed significantly over the last several decades. Indeed, research indicates that over successive generations, people have become more open regarding their sexuality and sexual experiences (Mercer et al., 2013; Wells & Twenge, 2005). It is possible that our participants, averaging 20 years of age, represented a very young demographic with more liberal views toward sex and sexuality. As such, our participants may have been more willing to be honest regarding their sexual fantasies than anticipated. If they were not motivated to underreport, our techniques would have been unnecessary as they attempted to decrease a self-presentation bias that was simply not present in our sample (at least regarding disclosures relating to sexual fantasies). It is possible that had our research sample incorporated several age cohorts, decreasing the potential confounding effect created by a range restriction in age, an interaction effect between psychological technique and age would emerge. Older individuals may have more conservative values regarding sexuality; therefore, may be more reluctant to disclose the presence of sexual fantasies they perceive to be deviant (i.e., self-presentation bias may be activated in older cohorts). Therefore, it is possible that these techniques would be effective in increasing rates of deviant sexual fantasy self-disclosures among older age cohorts.

Second, the "cost" of disclosing deviant sexual fantasies would have had very few, if any, tangible consequences for our participants. As noted above, our extensive measures to ensure participant anonymity/confidentiality made linkage of participant's identity to their responses extremely difficult, if not impossible. Furthermore, even in the very unlikely event that a participant's identity was linked to their responses and the participant was somehow made aware

of this, the only tangible consequence would be psychological discomfort (i.e., embarrassment); however, participants would not face any form of formal sanction. Given the lack of negative repercussions for disclosure of deviant sexual fantasies within our research context, participants may be more willing to endorse the presence of deviant sexual fantasy, further contributing to the demonstrated ineffectiveness of our techniques. The psychological techniques may prove more effective when used with populations strongly motivated to underreport. Offenders, particularly sex offenders (our ultimate population of interest), represent such populations. For many offenders disclosure of sensitive information, usually within contexts where anonymity/confidentiality is non-existent (e.g., meetings with parole officer/case management team, mental health professionals, etc.), can have very serious consequences, as noted previously. For example, offenders with parole stipulations prohibiting substance/alcohol use, can have their parole revoked and be re-incarcerated for disclosing any alcohol consumption and/or drug use while under community supervision. Similarly, sex offenders disclosing deviant sexual fantasy face a range of serious repercussions including being deemed higher risk to recidivate, longer sentences, higher security classifications, increased restrictions, etc. For these types of populations, where a self-presentation bias is strong, and even understandable, these techniques may prove more effective. On the other hand it is also possible that these techniques may not be powerful to overcome their self-presentation bias, given the serious potential consequences of disclosure. In this case, a self-protection bias may override self-presentation bias.

Other Limitations

Numerous potential explanations for the lack of an experimental effect for our psychological techniques have been offered. However, there are other general limitations to our

study that warrant brief discussion. First, our study utilized a sample of undergraduate students. Undergraduates represent a relatively unique young and educated population that may not be representative of the general community-at-large or forensic populations. As mentioned earlier, young age is associated with more liberal attitudes toward sexuality-related issues; however, there may be other unaccounted-for characteristics unique to this population that may have contributed to the non-significant results of our study.

In addition, our sample was comprised largely of female undergraduates (approximately two-thirds of our sample). Research has demonstrated that many fantasy/sexuality questionnaires, including our own, may be gender-biased, favoring male- over female-oriented fantasies (Dindia & Allen, 1998; Leitenberg & Henning, 1995). More specifically, females tend to report more romantic or relation-oriented sexual fantasies (e.g., cuddling, romantic scenarios), while men tend to report more action-oriented sexual fantasies (i.e., explicit sexual acts); therefore, fantasy/sexuality measures may over represent male sexual fantasies and under represent female sexual fantasies (Dindia & Allen, 1998). As the fantasy measures used in this study may suffer from this same psychometric flaw, it may be that our female participants were not able to accurately report their fantasy experiences as the fantasy items provided to them did not accurately reflect their fantasy life.

Finally, our topic of interest, deviant sexual fantasy, represents a phenomenological experience that can never truly be verified. There is no way to verify the internal fantasy experiences of our human subjects, nor would it be ethical, technology permitting, to do so. We must rely on their self-report, complete with the accompanying reliability/validity issues, to provide data regarding their fantasy experiences. As such, our research relied on the premise that participants would underreport deviant sexual fantasies, and we hypothesized that increases in

disclosure rates of deviant sexual fantasy would serve as a proxy for increased honesty. However, increased disclosure rates is a crude proxy and may not accurately represent true increases in honest responding. Research has been carried out where "truthfulness" of participants self-reports can be reliably assessed and verified. For example, self-reports of drug use behavior can be reliably assessed through follow-up drug-testing. Unfortunately, there is no analogous procedure for testing the reliability and validity of fantasy self-disclosures.

Future Directions

Of note, although differences across experimental condition and level of analysis were non-significant, the normalization manipulation appeared to be the most promising technique. It appeared to consistently produce modest increases in fantasy disclosures. That is, participants in the normalization condition appeared slightly more likely to endorse the presence of fantasies across all levels of analysis: total number of and frequency of fantasies, both normative and deviant. In contrast, and rather surprisingly, the bogus pipeline technique, at least as operationalized in our study, appeared to be the least promising, often performing the poorest among our techniques. Again, although results were non-significant, visual inspection of the results would seem to indicate that the BPL technique may have even slightly suppressed fantasy-related disclosures in some circumstances. Given the large amount of research attesting to the effectiveness of the bogus pipeline technique in increasing disclosures of sensitive information across a variety of domains, including domains similar to deviant sexual fantasies such as sexual behavior (Alexander & Fisher, 2003), these results were unanticipated.

Numerous plausible explanations for our results were discussed and future research projects could attempt to address some of the identified methodological issues. First, efforts

should be made to ensure that fantasy/sexuality questionnaires used in future studies are gender-neutral and more accurately represent the fantasy experiences of both male and female participants. Second, studies could be conducted to determine if alternate operationalizations of the techniques would lead to demonstrations of increased effectiveness. Likewise, the utility of additional techniques for decreasing social desirable responding of sensitive information, such as implicit honesty priming (Rasinski, Visser, Zagatsky, & Rickett, 2005), randomized response technique (RRT; Himmelfarb & Lickteig, 1982), and unmatched count technique (UCT; Coutts & Jann, 2011) could be tested in place of our chosen techniques. Third, additional studies, employing factorial between-subject designs, could be conducted to tease apart possible interaction effects between anonymity/confidentiality and technique. Fourth, future studies should attempt to recruit samples more representative of the general population (and eventually forensic populations) to address the potential confounding cohort effect of age identified earlier. Fifth, it would be interesting to see if these techniques, or techniques similar to these, would prove more effective when examining accuracy of self-reports regarding sensitive information that could easily be subjected to verification. For instance, it may be useful to determine if these techniques could be used to increase self-reports of drug use, behavior that is more easily verified through biological assay (i.e., drug screening).

In conclusion, although the present study indicated that our techniques were ineffective in increasing disclosure rates of deviant sexual fantasy, there are numerous different approaches that could be taken to help further the development and refinement of techniques to enhance the accurate assessment of deviant sexual fantasy and other types of sensitive information. At the same time, the ethical implications of designing and refining techniques to do such must also be considered. As noted previously, depending on the context in which they are made, deviant

sexual fantasy self-disclosures can have serious and long-lasting repercussions. The ethical implications may be far less serious in research contexts examining deviant sexual fantasy among undergraduates than in clinical settings where similar techniques could be used during a dangerous offender/civil commitment assessment with a sex offender, for example. Balancing public safety with respecting the personal rights of offenders, regardless of the nature of their crimes, is a serious dilemma that warrants thoughtful consideration and ongoing dialogue.

Table 1.1: *Intercorrelations Between Questionnaire- and Subscale-Level Outcome Variables and Potential Covariates*

Variables	1	2	3	4	5	6
1. Marlowe-Crowne (MC) SF Scores		.19**	-.32**	-.27**	-.31**	-.26**
2. SOS Scores			-.41**	-.43**	-.55**	-.58**
3. Number of Deviant Sexual Fantasies				.94**	.90**	.80**
4. Deviant Sexual Fantasy Total Score					.83**	.85**
5. Total Number of Sexual Fantasies						.90**
6. Sexual Fantasy Total Score						1

*Note *p<.05, **p<.01

Table 1.2: *Intercorrelations Between Fantasy Theme-Level Outcome Variables and Potential Covariates*

Variables	1	2	3	4	5	6	7	8	9	10	11	
1. MC Scores		.19**	-.23**	-.21**	-.07	-.13**	-.23**	-.21**	-.13**	-.21**	-.19**	
2. SOS Scores			-.35**	-.39**	-.02	-.09*	-.29**	-.47**	-.18**	-.27**	-.19**	
3. Sadistic				.71**	.17**	.20**	.38**	.56**	.24**	.47**	.48**	
4. Masochistic					.18**	.19**	.34**	.60**	.24**	.56**	.47**	
5. Pedophilic						.66**	.14**	.10**	.09*	.33**	.40**	
6. Hebophilic							.24**	.19**	.18**	.40**	.35**	
7. Voyeuristic								.60**	.35**	.44**	.47**	
8. Exhibitionistic									.42**	.50**	.50**	
9. Frotteuristic										.37**	.38**	
10. Rape-related											.60**	
11. Other												1

*Note *p<.05, **p<.01

Table 2.1: Means and SDs of Outcome Variables by Condition

Outcome Variable	<u>Control</u>	<u>Normaliz.</u>	<u>FITD</u>	<u>DITF</u>	<u>BPL</u>
	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>
<i>Questionnaire-Level (All SFs)</i>					
No. Sex. Fantasies	31.0 (13.7)	33.4 (14.5)	30.4 (12.0)	32.4 (13.6)	31.4 (13.2)
Total Freq. Score	64.2 (38.1)	71.3 (42.6)	66.4 (36.7)	71.5 (38.2)	65.4 (33.7)
<i>Subscale-Level (Deviant SFs)</i>					
No. Sex. Fantasies	7.7 (7.8)	8.9 (7.5)	6.9 (6.2)	8.1 (7.6)	7.8 (6.7)
Total Freq. Score	13.2 (16.9)	14.7 (14.9)	12.4 (13.5)	13.7 (14.4)	12.7 (11.9)
<i>Theme-Level (Total Freq. Score)</i>					
Sadistic	3.8 (4.4)	4.6 (5.0)	4.1 (5.0)	4.4 (4.8)	3.8 (4.2)
Masochistic	4.1 (5.8)	4.4 (5.1)	3.8 (5.7)	3.8 (4.8)	4.2 (5.2)
Pedophilic	.03 (.37)	.04 (.30)	.00 (.00)	.08 (.49)	.00 (.00)
Hebophilic	.12 (.52)	.17 (.56)	.13 (.41)	.18 (.80)	.07 (.33)
Exhibitionistic	2.8 (3.1)	3.0 (3.2)	2.2 (2.6)	2.7 (2.8)	2.3 (2.4)
Voyeuristic	.55 (1.0)	.77 (1.28)	.53 (1.12)	.66 (1.44)	.63 (1.19)
Frotteuristic	.33 (.87)	.27 (.66)	.09 (.39)	.14 (.41)	.17 (.59)
Rape-related	.77 (2.22)	.66 (1.33)	.72 (1.37)	1.03 (1.95)	.69 (1.35)
Other	.65 (2.18)	.69 (1.48)	.36 (.81)	.58 (1.21)	.61 (1.28)

Table 2.1: *Incidence Rates (%) by Fantasy Variable and Experimental Condition*

Fantasy Variable	χ^2	Incidence Rate (%)				
		<u>Control</u>	<u>Normaliz.</u>	<u>FITD</u>	<u>DITF</u>	<u>BPL</u>
Any Deviant	6.03	89.2	93.6	90.6	95.6	88.8
Sadistic	2.68	79.1	81.6	75.8	75.6	74.6
Masochistic	5.17	77.0	79.4	70.3	69.6	75.4
Pedophilic	6.38	0.7	2.1	0.0	2.2	0.0
Hebophilic	4.27	5.8	9.9	9.4	7.4	4.5
Exhibitionistic	2.83	79.1	77.3	71.9	74.8	72.4
Voyeuristic	4.83	31.7	36.9	25.8	27.4	32.1
Frotteuristic	13.17*	3.8	4.0	1.3	1.9	2.7
Rape-related	4.70	23.7	29.8	29.7	34.8	26.1
Other	4.00	23.7	31.2	22.7	25.2	29.9

*Note *p<.05, **p<.01

APPENDIX A

Normalization Script (Manipulation)

Engagement in sexual fantasy is an extremely common and often enjoyable experience for both men and women. Estimates of rates of sexual fantasy among men and women vary. Research has shown that the vast majority of people have sexual fantasies (Leitenberg & Henning, 1995). Furthermore, research has shown that experiencing fantasies often perceived as “deviant” is also quite common. For example, several studies have demonstrated that approximately 30% of both men and women commonly experience fantasies of forcing sex on another person or having sex forced upon them (i.e., rape-related fantasy), although very few, if any, will actually act on these fantasies. Although sex between adults and adolescents or children is illegal and socially unacceptable, sexual fantasies involving adolescents and children are more common than most people would believe. One study found that 21% of college-age males have fantasies involving adolescents and children (Briere & Runtz, 1989). Another study, looking at men aged 20-45, found that approximately 62% of men had fantasies of being sexually involved with “young girls.” In our own studies conducted among undergraduate students, we found that women also experience fantasies involving adolescents and young children.

In sum, it would appear fantasies that are often considered “deviant” are commonly experienced among adults.

Normalization Manipulation Check

As this study is online, you will not be able to ask questions of the researcher while you read these instructions. To ensure you understand the instructions you just read, please answer the following questions:

According to the studies mentioned above, how common are rape-related fantasies?

1%

5%

10%

30%

According to studies mentioned above, how common are fantasies involving children and adolescents among men?

1%

5%

10%

21% or more

Based on what you've just read, are "deviant" sexual fantasies more common than most people would believe?

Yes

No

Based on what you've just read, how abnormal do you think it is for people to have so-called "deviant" sexual fantasies?

1 2 3 4 5 6 7

Not at all abnormal

Very Abnormal

APPENDIX B

Bogus Pipeline Script (Manipulation)

As part of this study, you will be asked to complete several questionnaires about your sexual fantasies and sexual experiences online. Upon completion of these questionnaires, you may be RANDOMLY selected to contact the primary researcher to set up an in-person interview with one of the researchers. This interview will require you to meet with a polygraph technician hired for the purposes of this study at our lab at John Jay College. The technician will ask you questions about your sexual fantasies and behaviors while hooked up to a polygraph (lie detection) machine. The technician will read the sexual fantasy and behavior questionnaires aloud to you; you will be instructed to answer the questions verbally. If the technician believes you are not answering a question honestly, he will repeat the question and give you another opportunity to answer the question. This procedure will allow us to detect if individuals are being dishonest in their responses regarding their sexual fantasies and behaviors. More detailed instructions will be provided to participants who are selected for such a follow-up interview. Remember that each participant will have a RANDOM chance of being selected for this follow-up lie-detection interview. That is, if you are selected for a follow-up interview, it was not because of your responses to the online questionnaire; you were selected purely by chance.

Bogus Pipeline Manipulation Check

Did you believe that you might be hooked up to a polygraph (lie-detection) machine, if randomly selected?

Yes No

If not, why did you not find this believable?

If you did believe that you might be contacted for a follow-up polygraph test, do you think this made you more honest in your responses?

Yes No

APPENDIX C

Sexual Fantasy Questionnaire

This questionnaire asks you about your sexual interests in detail. You will be asked to answer some sensitive questions about your sexual interests. It is very important that you answer truthfully and if you feel uncomfortable in answering any/all of these questions then you should leave them blank rather than provide inaccurate information. **All information that you provide on this questionnaire will be completely anonymous and cannot be traced to you individually.** The questionnaire should take approximately 15-30 minutes to complete. We thank you for your time and honesty in completing this questionnaire.

Report your level of sexual interest in relation to the following themes or situations:

Levels of sexual interest

- 0 = Have never fantasized about
- 1 = Have fantasized about once or twice
- 2 = Have fantasized about several times
- 3 = Have fantasized about frequently
- 4 = Have fantasized about very frequently

Sexual interest in general:

	Level of interest				
1) Men	0	1	2	3	4
2) Women	0	1	2	3	4
3) Young boys (age 10 and under)	0	1	2	3	4
4) Teenage boys (age 11-14)	0	1	2	3	4
5) Young girls (age 10 and under)	0	1	2	3	4
6) Teenage girls (age 11-14)	0	1	2	3	4

Sexual interest in detail:

7) Sex in beautiful settings	0	1	2	3	4
8) Sex in public places	0	1	2	3	4
9) Sex on silk or satin sheets	0	1	2	3	4
10) Sex on rubber or plastic sheets	0	1	2	3	4
11) Masturbating in front of a sexual partner	0	1	2	3	4
12) Masturbating in front of a stranger	0	1	2	3	4
13) Being masturbated by another person	0	1	2	3	4
14) Cuddling	0	1	2	3	4
15) Performing oral sex (e.g., giving a blow job, going down on someone)	0	1	2	3	4
16) Receiving oral sex (e.g., giving a blow job, having someone going down on you)	0	1	2	3	4
17) Passionate kissing	0	1	2	3	4
18) Touching intimate places	0	1	2	3	4

Level of sexual interest

0 = Have never fantasized about

1 = Have fantasized about once or twice

2 = Have fantasized about several times

3 = Have fantasized about frequently

4 = Have fantasized about very frequently

	Level of interest				
	0	1	2	3	4
19) Touching non-intimate places	0	1	2	3	4
20) Wearing uniforms, masks, etc.	0	1	2	3	4
21) Sex with an animal	0	1	2	3	4
22) Sex with inanimate (non-living) objects	0	1	2	3	4
23) Causing mild pain to a sexual partner	0	1	2	3	4
24) Causing severe pain to a sexual partner	0	1	2	3	4
25) Being caused mild pain by a sexual partner	0	1	2	3	4
26) Being caused severe pain by a sexual partner	0	1	2	3	4
27) Being strangled or asphyxiated by a sexual partner (without dying)	0	1	2	3	4
28) Strangling or asphyxiating a sexual partner (without killing him/her)	0	1	2	3	4
29) Sex with a dead person	0	1	2	3	4
30) Being spanked	0	1	2	3	4
31) Spanking others	0	1	2	3	4
32) Torturing others	0	1	2	3	4
33) Being tortured	0	1	2	3	4
34) Being whipped on sexual parts of body (e.g., breasts, genitals)	0	1	2	3	4
35) Being whipped on non-sexual parts of the body (e.g., legs, back)	0	1	2	3	4
36) Whipping somebody else on sexual parts of the body (e.g., breasts, genitals)	0	1	2	3	4
37) Whipping somebody else on non-sexual parts of the body (e.g., legs, back)	0	1	2	3	4
38) Defecating (shitting) on a sexual partner	0	1	2	3	4
39) Violently raping somebody	0	1	2	3	4
40) Being violently raped	0	1	2	3	4
41) Humiliating somebody	0	1	2	3	4
42) Being humiliated	0	1	2	3	4
43) Being bound or tied up	0	1	2	3	4
44) Tying up somebody	0	1	2	3	4
45) Drugging or sedating another person for sexual reasons	0	1	2	3	4
46) Sex while drunk	0	1	2	3	4
47) Sex with a drunk person	0	1	2	3	4
48) Anal intercourse	0	1	2	3	4
49) Sex in a bathroom	0	1	2	3	4
50) Physically attacking someone	0	1	2	3	4
51) Being physically attacked	0	1	2	3	4
52) Dominating/controlling a sexual partner	0	1	2	3	4
53) Being dominated/controlled by a sexual partner	0	1	2	3	4
54) Being forced to have sex against your will	0	1	2	3	4

Level of sexual interest

0 = Have never fantasized about

1 = Have fantasized about once or twice

2 = Have fantasized about several times

3 = Have fantasized about frequently

4 = Have fantasized about very frequently

	Level of interest				
	0	1	2	3	4
55) Forcing somebody to have sex against his/her will	0	1	2	3	4
56) Sex while being threatened with a weapon	0	1	2	3	4
57) Sex while threatening someone with a weapon	0	1	2	3	4
58) Stalking or secretly following somebody	0	1	2	3	4
59) Being stalked or secretly followed by somebody	0	1	2	3	4
60) Secretly observing or peeping at a stranger	0	1	2	3	4
61) Being secretly observed by a stranger	0	1	2	3	4
62) Watching strangers have sex (while they're not aware of it)	0	1	2	3	4
63) Sex while watching soft pornography	0	1	2	3	4
64) Sex while watching hard pornography	0	1	2	3	4
65) Being watched while having sex	0	1	2	3	4
66) Frottage (rubbing your genitals against a stranger without permission)	0	1	2	3	4
67) Making obscene sexual phone calls to a sexual partner	0	1	2	3	4
68) Making obscene sexual phone calls to a stranger	0	1	2	3	4
69) Receiving obscene sexual phone calls from a sexual partner	0	1	2	3	4
70) Making threatening phone calls	0	1	2	3	4
71) Receiving threatening phone calls	0	1	2	3	4
72) Exposing your genitals to a stranger (without the stranger's permission)	0	1	2	3	4
73) Using sex toys (e.g., dildos, inflatable dolls)	0	1	2	3	4
74) Wearing kinky clothes (e.g., leather or rubber)	0	1	2	3	4
75) Wearing sexy underwear	0	1	2	3	4
76) Having a sexual partner give you a lap dance	0	1	2	3	4
77) Having sex on the beach	0	1	2	3	4
78) Having a sexual partner give you a playful striptease	0	1	2	3	4
79) Kissing the neck of a sexual partner	0	1	2	3	4
80) Gently biting a sexual partner	0	1	2	3	4
81) Nibbling the ear of a sexual partner	0	1	2	3	4
82) Being gently bitten by a sexual partner	0	1	2	3	4
83) Receiving a massage	0	1	2	3	4
84) Giving a massage	0	1	2	3	4

**Note: This questionnaire was a version used in a previous study, and for the proposed dissertation project, it was adapted as an online version. The online version is the same, except all items in this questionnaire were resorted in blocks of 4 according to perceived deviance (as per results of a previous study conducted by the PI). In other words, each block of 4 questions*

consists of a low deviance, moderate deviance, high deviance, and very high deviance item in a randomized order.

APPENDIX D

Sexual Opinion Survey

Please respond to each item as honestly as you can. There are no right or wrong answers, and your answers will be completely confidential.

1. I think it would be very entertaining to look at hard-core pornography

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

2. Pornography is obviously filthy and people should not try to describe it as anything else.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

3. Swimming in the nude with a member of the opposite sex would be an exciting experience.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

4. Masturbation can be an exciting experience.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

5. If I found out that a close friend of mine was a homosexual, it would annoy me.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

6. If people thought that I was interested in oral sex, I would be embarrassed.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

7. Engaging in group sex is an entertaining idea.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

8. I personally find that thinking about engaging in sexual intercourse is arousing.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

9. Seeing a pornographic movie would be sexually arousing to me.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

10. Thoughts that I may have homosexual tendencies would not worry me at all.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

11. The idea of being physically attracted to members of the same sex is not depressing.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

12. Almost all pornographic material is nauseating.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

13. It would be emotionally upsetting to me to see someone exposing themselves publicly.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

14. Watching a gogo dancer of the opposite sex would not be very exciting.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

15. I would not enjoy seeing a pornographic movie.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

16. When I think about seeing pictures showing someone of the same sex as myself masturbating it nauseates me.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

17. The thought of engaging in unusual sexual practices is highly arousing.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

18. Manipulating my genitals would probably be an arousing experience.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

19. I do not enjoy daydreaming about sexual matters.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

20. I am not curious about explicit pornography.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

21. The thought of having long-term sexual relations with more than one sex partner is not disgusting to me.

1	2	3	4	5	6	7
I strongly agree						I strongly disagree

APPENDIX E

Marlowe-Crown Short Form version C (M-C Form C)

Instructions: Please answer the following questions by circling the best answer.

- | | | |
|--|------|-------|
| (1) It is sometimes hard for me to go on with my work if I am not encouraged. | True | False |
| (2) I sometimes feel resentful when I don't get my way. | True | False |
| (3) On a few occasions, I have given up doing something because I thought too little of my ability. | True | False |
| (4) There have been times when I felt like rebelling against people in authority even though I knew they were right. | True | False |
| (5) No matter who I'm talking to, I'm always a good listener. | True | False |
| (6) There have been occasions when I took advantage of someone. | True | False |
| (7) I'm always willing to admit it when I make a mistake. | True | False |
| (8) I sometimes try to get even rather than forgive or forget. | True | False |
| (9) I am always courteous, even to people who are disagreeable. | True | False |
| (10) I have never been irked when people expressed ideas very different from my own. | True | False |
| (11) There have been times when I was quite jealous of the good fortune of others. | True | False |
| (12) I am sometimes irritated by people who ask favors of me. | True | False |
| (13) I have never deliberately said something to hurt someone's feelings. | True | False |

References

- Abel, G. G., Becker, J. V., Murphy, W. D., & Flanagan, B. (1981). Identifying dangerous child molesters. In R. B. Stuart (Ed.), *Violent behavior: Social learning approaches to prediction, management and treatment*. New York: Burner/Mazel.
- Abel, G. G., & Blanchard, E. B. (1974). The role of fantasy in the treatment of sexual deviation. *Archives of General Psychiatry*, *30*, 467-475. doi:10.1001/archpsyc.1974.01760100035007
- Abel, G. G., & Rouleau, J. L. (1990). The nature and extent of sexual assault. In H. E. Barbaree, W. L. Marshall, & D. R. Laws (Eds.) *Handbook of sexual assault: Theory and treatment of the offender*. New York: Plenum.
- Adams, S., Matthews, C., Ebbeling, C., Moore, C., Cunningham, J., Fulton, J., & Herbert, J. (2005). The effect of social desirability and social approval on self-reports of physical activity. *American Journal of Epidemiology*, *161*, 389-398. doi:10.1093/aje/kwi054
- Alexander, M. G., Fisher, T. D. (2003). Truth and consequences: Using the bogus pipeline to examine sex differences in self-reported sexuality. *The Journal of Sex Research*, *40*, 27-35. doi: 10.1080/00224490309552164
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Anderson, D. A., Simmons, A. M., Milnes, S. M., & Earleywine, M. (2007). Effect of response format on endorsement of eating disordered attitudes and behaviors. *International Journal of Eating Disorders*, *40*, 90-93. doi:10.1002/eat.20342

- Andrews, D.A., & Bonta, J. (2007). *The psychology of criminal conduct, 4th Edition*. Cincinnati, OH: Anderson Publishing.
- Anglin, D., Hser, Y., & Chou, C. P. (1993). Reliability and validity of retrospective behavior self-report by narcotics addicts. *Evaluation Review, 17*, 91-108.
doi:10.1177/0193841X9301700107
- Aquilino, W. S. (1994). Interview mode effects in surveys of drug and alcohol use. *Public Opinion Quarterly, 58*, 210–240. doi:10.1086/269419
- Arkin, R. M., & Lake, E. A. (1983). Plumbing the depths of the bogus pipeline: A reprise. *Journal of Research in Personality, 17*, 81-88. doi:10.1016/0092-6566(83)90062-4
- Association for the Treatment of Sexual Abusers. (2014). Practice guidelines for the assessment, treatment, and management of male adult sexual abusers. Beaverton, OR: Author.
- Aylwin, A. S., Reddon, J. F., Burke, A. R. (2005). Sexual fantasies of adolescent male sex offenders in residential treatment: A descriptive study. *Archives of Sexual Behavior, 34*, 231-239. doi:10.1007/s10508-005-1800-3
- Barbaree, H. E. (1991). Denial and minimization among sex offenders: Assessment and treatment outcome. *Forum on Corrections Research, 3*, 30-33.
- Barbaree, H. E., Baxter, D. J., & Marshall, W. L. (1989). The reliability of the rape index in a small sample of rapists and non-rapists. *Violence and Victims, 4*, 299-306.
- Barbaree, H. E., & Marshall, W. L. (1989). Erectile responses among heterosexual child molesters, father-daughter incest offenders and matched nonoffenders. *Canadian Journal of Behavioral Science, 21*, 70-82. doi:http://dx.doi.org/10.1037/h0079791

- Bartels, R. M., & Gannon, T. A. (2011). Understanding the sexual fantasies of sex offenders and their correlates. *Aggression and Violent Behavior, 16*, 551-561.
doi:10.1016/j.avb.2011.08.002
- Beaman, A. L., Cole, C. M., Preston, M., Klentz, B., & Steblay, N. M. (1983). Fifteen years of foot-in-the-door research: A meta-analysis. *Personality and Social Psychology Bulletin, 9*, 181-196. doi:10.1177/0146167283092002
- Blasingame, G. D. (1998). Suggested clinical uses of polygraphy in community-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment, 10*, 37-45.
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect, 27*, 1205-1222. doi:10.1016/j.chiabu.2003.09.008
- Briere, J., & Runtz, M. (1989). University males' sexual interest in children: Predicting potential indices of "pedophilia" in a non-forensic sample. *Child Abuse and Neglect, 13*, 65-75.
doi:10.1016/0145-2134(89)90030-6
- Bumby, K. M. (1996). Assessing the cognitive distortions of child molesters and rapists: Development and validation of the MOLEST and RAPE scales. *Sexual Abuse: A Journal of Research and Treatment, 8*, 37-54. doi: 10.1007/BF02258015
- Burden, B. C. (2000). Voter turnout and the National Election Studies. *Political Analyses, 8*, 389-398.

- Carducci, B. J., & Deuser, P. S. (1984). The foot-in-the door technique: Initial request and organ donation. *Basic and Applied Social Psychology*, *5*(1), 75-81.
doi:0.1207/s15324834basp0501_5
- Catania, J. A., Binson, D., Canchola, J., Pollack, L. M., Huack, W., & Coates, T. (1996). Effects of interviewer gender, interviewer choice, and item context on responses to questions concerning sexual behavior. *Public Opinion Quarterly*, *60*, 345-375. doi:10.1086/297758
- Catania, J. A., Gibson, D. R., Chitwood, D. D., & Coates, T. J. (1990). Methodological problems in AIDS behavioral research: Influences of measurement error and participation bias in studies of sexual behavior. *Psychological Bulletin*, *108*, 339–362. doi:10.1037/0033-2909.108.3.339
- Catania, J. A., McDermott, L. J., & Pollack, L. M. (1986). Questionnaire bias and face-to-face interview sample bias in sexuality research. *The Journal of Sex Research*, *22*, 52-72.
doi:10.1080/00224498609551289
- Chapman, D. P., Dube, S. R., & Anda, R. F. (2007). Adverse childhood events as risk factors for negative mental health outcomes. *Psychiatric Annals*, *37*, 359-364.
- Cialdini, R. B., Vincent, J. E., Lewis, S. K., Catalan, J., Wheeler, D., & Darby, B. L. (1975). Reciprocal concessions procedure for inducing compliance: The door-in-the-face technique. *Journal of Personality and Social Psychology*, *31*, 206-215.
doi:http://dx.doi.org/10.1037/h0076284
- Conte, J. (1985). Clinical dimensions of adult sexual abuse of children. *Behavioral Sciences and the Law*, *3*, 341-354. doi:10.1002/bsl.2370030403

- Coutts, E., & Jann, B. (2011). Sensitive questions in online surveys: Experimental results for the randomized response technique (RRT) and the unmatched count technique. *Sociological Methods and Research, 40*, 169-193. doi: 10.1177/0049124110390768
- Crepault, C., & Couture, M. (1980). Men's erotic fantasies. *Archives of Sexual Behavior, 9*, 565-582. doi:10.1007/BF01542159
- Daleiden, E. L., Kaufman, K. L., Hilliker, D. R., & O'Neil, J. N. (1998). The sexual histories and fantasies of youthful males: A comparison of sexual offending, nonsexual offending, and nonoffending groups. *Sexual Abuse: A Journal of Research and Treatment, 10*, 195-209. doi:10.1023/A:1021365804076
- Dandescu, A., & Wolfe, R. (2003). Considerations of fantasy use by child molesters and exhibitionists. *Sexual Abuse: A Journal of Research and Treatment, 15*, 297-305. doi:10.1023/A:1025048011118
- Dillard, J. P. (1991). The current status of research on sequential-request compliance techniques. *Personality and Social Psychology Bulletin, 17*, 283-288. doi:http://dx.doi.org/10.1177/0146167291173008
- Dillard, J. P., Hunter, J. E., & Burgoon, M. (1984). Sequential-request persuasive strategies: Meta-analysis of foot-in-the-door and door-in-the-face. *Human Communication Research, 10*, 461-488. doi:10.1111/j.1468-2958.1984.tb00028.x
- Dindia, K., & Allen, M. (1992). Sex differences in self-disclosure: A meta-analysis. *Psychological Bulletin, 112*, 106-124. doi:10.1037/0033-2909.112.1.106

- Duffy, J. C., & Waterton, J. J. (1984). Under-reporting of alcohol consumption in sample surveys: The effect of computer interviewing in fieldwork. *British Journal of Addiction*, 79, 303–308. doi:10.1111/j.1360-0443.1984.tb00278.x
- Dwyer, S. M. (1990). Reduction of sex offender paraphilic fantasies: 6 month and 1 year follow-up. *Journal of Psychology and Human Sexuality*, 3, 57-64. doi:10.1300/J056v03n01_04
- Emerick, R. L., & Dutton, W. A. (1993). The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research*, 6, 83-103. doi:10.1007/BF00849301
- English, K., Jones, L., Patrick, D., & Pasini-Hill, D. (2003). Sexual offender containment: Use of the postconviction polygraph. *Annals of the New York Academy of Sciences*, 989, 411–427. doi: 10.1111/j.1749-6632.2003.tb07322.x
- Evans, R. I., Hansen, W. B., & Mittelmark, M. B. (1977). Increasing the validity of self-reports of smoking behavior in children investigation. *Journal of Applied Psychology*, 62(4), 521-523. doi:http://dx.doi.org/10.1037/0021-9010.62.4.521
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160. doi:10.3758/BRM.41.4.1149
- Fendrich, M., & Vaughn, C. M. (1994). Diminished lifetime substance use over time: An inquiry into differential underreporting. *Public Opinion Quarterly*, 58, 96-123. doi:10.1086/269410

- Fernandez, Y. (2001). Phallometric testing with sexual offenders against female victims: An examination of reliability and validity issues. *Dissertation Abstracts International*, 54
- Fernandez, Y. (2009). The standardisation of phallometry. In A. R. Beech, L. A. Craig, & K. D. Browne (Eds.), *Assessment and Treatment of Sex Offenders: A Handbook*. London, UK: John Wiley & Sons.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18, 409-417. doi:10.1016/0145-2134(94)90026-4
- Fisher, W. A., Byrne, D., White, L. A., & Kelley, K. (1988). Erotophobia-erotophilia as a dimension of personality. *Journal of Sex Research*, 25, 123-151.
doi:10.1080/00224498809551448
- Freedman, J. L., & Fraser, S. C. (1966). Compliance without pressure: The foot-in-the-door technique. *Journal of Personality and Social Psychology*, 4(2), 195-202. doi:
<http://dx.doi.org/10.1037/h0023552>
- Freund, K. (1963). A laboratory method for diagnosing predominance of homo- and hetero-erotic interest in the male. *Behavior Research and Therapy*, 1, 85-93. doi:10.1016/0005-7967(63)90012-3
- Fujii, E. T., Hennessy, M., & Mak, J. (1985). An evaluation of the validity and reliability of survey response data on household electricity conservation. *Evaluation Review*, 9, 93-104.
doi:<http://dx.doi.org/10.1177/0193841X8500900106>

- Gannon, T. A. (2006). Increasing honest responding on cognitive distortions in child molesters: The bogus pipeline procedure. *Journal of Interpersonal Violence, 21*(3), 358-375.
doi:10.1177/0886260505282887
- Gannon, T. A., Beech, A. R., & Ward, T. (2008). Does the polygraph lead to better risk prediction for sexual offenders? *Aggression and Violent Behavior, 13*, 29-44.
doi:10.1016/j.avb.2007.08.001
- Gannon, T. A., Keown, K., & Polaschek, D. L. L. (2007). Increasing honest responding on cognitive distortions in child molesters: The bogus pipeline revisited. *Sexual Abuse, 19*, 5-22. doi:10.1007/s11194-006-9033-0
- George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference. 11.0 update* (4th ed.). Boston: Allyn & Bacon.
- Girandola, F. (2002). Sequential requests and organ donation. *The Journal of Social Psychology, 142*(2), 171-178. doi:10.1080/00224540209603893
- Golde, J. A., Strassberg, D. S., & Turner, C. M. (2000). Psychophysiologic assessment of erectile response and its suppression as a function of stimulus media and previous experience with plethysmography. *Journal of Sex Research, 37*, 53-59. doi:10.1080/00224490009552020
- Gratzer, T., & Bradford, J. M. W. (1995). Offending and offense characteristics of sexual sadists: A comparative study. *Journal of Forensic Sciences, 40*, 450-455.
- Gray, N. S., Watt, A., Hassan, S., & Macculloch, M. J. (2003). Behavioral indicators of sadistic sexual murder predict the presence of sadistic sexual fantasy in a normative sample. *Journal of Interpersonal Violence, 18*(9), 1018-1034. doi: 10.1177/0886260503254462

- Greendlinger, V., & Byrne, D. (1987). Coercive sexual fantasies of college men as predictors of self-reported likelihood to rape and overt sexual aggression. *The Journal of Sex Research, 23*(1), 1-11. doi:10.1080/00224498709551337
- Grubin, D., & Madsen, L. (2005). Lie detection and the polygraph: A historical review. *Journal of Forensic Psychiatry and Psychology, 16*, 357–369.
doi:10.1080/14789940412331337353
- Grubin, D., & Madsen, L. (2006). Accuracy and utility of post-conviction polygraph testing of sex offenders. *The British Journal of Psychiatry, 188*, 479-489.
doi:10.1192/bjp.bp.105.008953
- Grubin, D., Madsen, J., Parsons, S., Sosnowski, D., & Warberg, B. (2004). A prospective study of the impact of polygraphy on high-risk behaviors in adult sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*, 209-222.
doi:10.1023/B:SEBU.0000029133.78168.ab
- Hall, G. C. N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behavior, 19*(1), 8-23.
doi:10.1177/0093854892019001003
- Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348-362.
doi:http://dx.doi.org/10.1037/0022-006X.66.2.348

- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*, 1154-1163. doi:http://dx.doi.org/10.1037/0022-006X.73.6.1154
- Happel, R. M., & Auffrey, J. J. (1995). Sex offender assessment: Interrupting the dance of denial. *American Journal of Forensic Psychology, 13*, 5-22.
- Hardaway, C. K., Marler, P., & Chaves, M. (1998). Overreporting church attendance in America. *American Sociological Review, 63*, 123-130.
- Harrison, J. S., & Eliot, R. S. (1999). Polygraphing the adolescent sex offender in the residential setting. *Polygraph, 28*, 176-182.
- Hill, P. C., Dill, C. A., & Davenport, E. C. Jr. (1988). A reexamination of the bogus pipeline. *Educational and Psychological Measurement, 48*, 587-601.
doi:10.1177/0013164488483003
- Himmelfarb, S., & Lickteig, C. (1982). Social desirability and the Randomized Response Technique. *Journal of Personality and Social Psychology, 43*, 710-717.
- Howes, R. J. (1998). Plethysmographic assessment of incarcerated nonsexual offenders: A comparison with rapists. *Sexual Abuse: A Journal of Research and Treatment, 10*, 183-194.
doi:10.1023/A:1021313820005
- Howitt, D. (2004). What is the role of fantasy in sex offending? *Criminal Behavior and Mental Health, 14*, 182-188. doi:10.1002/cbm.585

- Johnson, T., Hougland, J., & Clayton, R. (1989). Obtaining reports of sensitive behaviors: A comparison of substance use reports from telephone and face-to-face interviews. *Social Science Quarterly*, *70*, 174–183.
- Jones, E. E., & Forrest, J. D. (1992). Underreporting of abortion in surveys of U.S. women: 1976 to 1988. *Demography*, *29*, 113-126. doi:10.2307/2061366
- Jones, E. E., & Sigall, H. (1971). The Bogus Pipeline: A new paradigm for measuring affect and attitude. *Psychological Bulletin*, *76*, 349-364. doi:http://dx.doi.org/10.1037/h0031617
- Jones, R. K., & Kost, K. (2007). Underreporting of induced and spontaneous abortion in the United States: An analysis of the 2002 National Survey of Family Growth. *Studies in Family Planning*, *38*, 187-197. doi:10.1111/j.1728-4465.2007.00130.x
- Joule, R. V. (1987). Tobacco deprivation. The foot-in-the-door technique versus the low-ball technique. *European Journal of Social Psychology*, *17*, 361-365.
doi:10.1002/ejsp.2420170311
- Kalmus, E., & Beech, A. R. (2005). Forensic assessment of sexual interest: A review. *Aggression and Violent Behavior*, *10*, 193-217. doi:10.1016/j.avb.2003.12.002
- King, M., & Bruner, G. (2000). Social desirability bias: A neglected aspect of validity testing. *Psychology and Marketing*, *17*, 79-103. doi:10.1002/(SICI)1520-6793(200002)17:2<79::AID-MAR2>3.0.CO;2-0
- Knapp, H., & Kirk, S. A. (2003). Using pencil and paper, Internet and touch-tone phones for self-administered surveys: Does methodology matter? *Computers in Human Behavior*, *19*, 117–134. doi:10.1016/S0747-5632(02)00008-0

- Knox, S., Hess, S. A., Petersen, D. A., & Hill, C. E. (1997). A qualitative analysis of client perceptions of the effects of helpful therapist self-disclosure in long-term therapy. *Journal of Counseling Psychology, 44*(3), 274-283. doi:<http://dx.doi.org/10.1037/0022-0167.44.3.274>
- Kokish, R., Levenson, J.S., & Blasingame, G. D. (2005). Post-conviction sex offender polygraph examination: Client-reported perceptions of utility and accuracy. *Sexual Abuse: A Journal of Research and Treatment, 17*, 211-221. doi:10.1177/107906320501700210
- Labrie, J. W., & Earleywine, M. (2000). Sexual risk behaviors and alcohol: Higher base rates revealed using the unmatched count technique. *Journal of Sex Research, 37*, 321-326. doi:10.1080/00224490009552054
- Langevin, R. & Lang, R. A. (1985). Psychological treatment of pedophiles. *Behavioral Sciences and the Law, 3*(4), 403-419. doi:10.1002/bsl.2370030407
- Langevin, R., Lang, R. A., & Curnoe, S. (1998). The prevalence of sex offenders with deviant fantasies. *Journal of Interpersonal Violence, 13*(3); 315-327. doi:10.1177/088626098013003001
- Lanyon, R. I. (1991). Clinical approaches to sex offenders and their victims. In C. R. Hollin (Ed.) & K. Howells (Ed.), *Wiley series in clinical approaches to criminal behavior*. Oxford, UK: John Wiley & Sons.
- Lara, D., Strickler, J., Olavarrieta, C. D., Ellertson, C. (2004). Measuring induced abortion in Mexico: A comparison of four methodologies. *Sociological Methods and Research, 32*, 529-558. doi:10.1177/0049124103262685

- Laws, D. R. (2009). Penile Plethysmography: Strengths, limitations, innovations. In D. Thornton & D. R. Laws (Eds), *Cognitive Approaches to the Assessment of Sexual Interest in Sexual Offenders*. Oxford, UK: John Wiley & Sons.
- Laws, D. R., & Marshall, W. L. (1990). A conditioning theory of the etiology and maintenance of deviant sexual preference and behavior. In H. E. Barbaree, W. L. Marshall, & D. R. Laws (Eds.). *Handbook of Sexual Assault: Theories and Treatment of the Offender*. (pp. 209-229). New York: Plenum.
- Leitenberg, H., & Henning, K. (1995). Sexual fantasy. *Psychological Bulletin*, *117*, 469-496.
doi:<http://dx.doi.org/10.1037/0033-2909.117.3.469>
- Lemmens, P., Tan, E. S., & Knibbe, R. A. (1992). Measuring quantity and frequency of drinking in a general population survey: A comparison of five indices. *Journal of Studies on Alcohol*, *53*, 476-486.
- Locander, W. B., Sudman, S., & Bradburn, N. M. (1976). An investigation of interview method, threat, and response distortion. *Journal of the American Statistical Association*, *71*, 269–275. doi: 10.1080/01621459.1976.10480332
- Loo, R., & Thorpe, K. (2000). Confirmatory factor analyses of the full and short versions of the Marlowe-Crowne Social Desirability Scale. *The Journal of Social Psychology*, *140*, 628-635. doi: 10.1080/00224540009600503
- Looman, J. (1995). Sexual fantasies of child molesters. *Canadian Journal of Behavioral Science*, *27*(3), 321-332. doi:<http://dx.doi.org/10.1037/0008-400X.27.3.321>

- Looman, J., & Marshall, W. L. (2001). Phallometric assessments designed to detect arousal to children: The responses of rapists and child molesters. *Sexual Abuse: A Journal of Research and Treatment, 13*, 3–13. doi:10.1023/A:1009558211749
- Lowe, J. B., Windsor, R. A., Adams, B., Morris, J., & Reese, Y. (1986). Use of a bogus pipeline method to increase accuracy of self-reported alcohol consumption among pregnant women. *Journal of Studies on Alcohol, 47*, 173-175.
- Lykken, D. T. (1979). The detection of deception. *Psychological Bulletin, 86*, 47-53.
doi:http://dx.doi.org/10.1037/0033-2909.86.1.47
- MacCulloch, M. J., Snowden, P. R., Wood, P. J. W., & Mills, H. E. (1983). Sadistic fantasy, sadistic behavior and offending. *British Journal of Psychiatry, 143*, 20-29.
doi:10.1192/bjp.143.1.20
- Mahoney, J. M., & Strassberg, D. S. (1991). Voluntary control of male sexual arousal. *Archives of Sexual Behavior, 20*, 1–16. doi:10.1007/BF01543003
- Maile, C., & Jeglic, E. (2009, October). *Prevalence of paraphilic fantasy in a non-offending sample*. Poster session presented at the annual meeting of the Association for the Treatment of Sexual Abusers, Dallas, Texas.
- Maile, J. S., Maile, C. P., & Allwood, M. (2009, August). *Questionnaire administration format and self-disclosure of deviant sexual fantasies*. Poster session presented at the annual meeting of Division 9 (SPSSI) at the annual conference of the American Psychological Association, Toronto, Ontario.

- Maile, J., Maile, C., & Jeglic, E. (2009, November). *Differences in internet and paper-and-pencil self-reports of deviant sexual behavior*. Poster presented at the annual meeting of the Criminal Justice Special Interest Group (SIG) at the annual meeting of the Association for Behavioral and Cognitive Therapies, New York, New York.
- Maletzky, B. M. (1991). *Treating the sexual offender*. Newbury Park, CA: Sage.
- Mangione, T. W., Hingson, R. W., & Barrett, J. (1982). Collecting sensitive data: A comparison of three survey strategies. *Sociological Methods and Research, 10*, 337–346.
doi:10.1177/0049124182010003006
- Marshall, W. L. (2014). Phallometric assessments of sexual interests: An update. *Current Psychiatry Reports, 16*, 428-435. doi:10.1007/s11920-013-0428-6
- Marshall, W. L., Barbaree, H. E., & Eccles, A. (1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence, 6*, 323-336.
doi:10.1177/088626091006003005
- Marshall, W. L., & Fernandez, Y. M. (2000). Phallometric testing with sexual offenders: Limits to its value. *Clinical Psychology Review, 20*, 807-822. doi:10.1016/S0272-7358(99)00013-6
- Marshall, W. L., Marshall, L. E., Serran, G. A., & Fernandez, Y. M. (2006). *Treating Sexual Offenders: An Integrated Approach*. New York: Taylor & Francis.
- Marshall, W. L., O'Brien, M. D., & Marshall, L. E. (2009). Modifying sexual Preferences. In A. R. Beech, L. A. Craig, & K. D. Browne (Eds.), *Assessment and Treatment of Sex Offenders: A Handbook*. London, UK: John Wiley & Sons.

- Marshall, W. L., & Serran, G. A. (2000). Improving the effectiveness of sexual offender treatment. *Trauma, Violence, & Abuse, 1*, 203-222. doi:10.1177/1524838000001003001
- McConaghy, N. (1999). Unresolved issues in scientific sexology. *Archives of Sexual Behavior, 28*, 285-318. doi:10.1023/A:1018744628161
- McGovern, F. J., & Nevid, J. S. (1986). Evaluation apprehension on psychological inventories in a prison-based setting. *Journal of consulting and clinical psychology, 54*(4), 576-578. doi:http://dx.doi.org/10.1037/0022-006X.54.4.576
- McGuire, R. J., Carlisle, J. M., & Young, B. G. (1965). Sexual deviations as conditioned behavior: A hypothesis. *Behavior Research and Therapy, 2*, 185-190. doi:10.1016/0005-7967(64)90014-2
- Meijer, E.H., Verschuere, B., Merckelbach, H.L.G.J., & Crombez, G. (2008). Sex offender management using the polygraph: A critical review. *International Journal of Law and Psychiatry, 31*, 423-429. doi:10.1016/j.ijlp.2008.08.007
- Meloy, J. R. (2000). The nature and dynamics of sexual homicide: An integrative review. *Aggression and Violent Behavior, 5*, 1-22. doi:10.1016/S1359-1789(99)00006-3
- Mercer, C. H., Tanton, C., Prah, P. Erens, B., Sonnenberg, P., Clifton, S., Macdowall, W., Lewis, R., Field, N., Datta, J., Capas, A. J., Phelps, A., Wellings, K., & Johnson, A. (2013). Changes in sexual attitudes and lifestyle in Britain through the life course and over time: Findings from the National Surveys of Sexual Attitudes and Lifestyle (Natsal). *The Lancet, 382*, 1781-1794. doi:10.1016/S0140-6736(13)62035-8

- Meston, C. M., Heiman, J. R., Trapnell, P.D., Paulhus, D.L. (1998). Socially desirable responding and sexuality self-reports. *The Journal of Sex Research*, 35, 148-157. doi:10.1080/00224499809551928
- Murray, D. M., & Perry, C. L. (1987). The measurement of substance use among adolescents: When is the 'bogus pipeline' method needed? *Addictive Behaviors*, 12, 225-233. doi:10.1016/0306-4603(87)90032-3
- National Research Council (2003). The polygraph and lie detection. Committee to review the scientific evidence on the polygraph. Division of behavioral and social sciences and education. Washington, DC: The National Academies Press.
- Newman, J. C., Des Jarais, D. C., Turner, C. F., Gribble, J., Cooley, P., & Paone, D. (2002). The differential effects of face-to-face and computer interview modes. *American Journal of Public Health*, 92, 294-297. doi:10.2105/AJPH.92.2.294
- Ochberg, F. M. (1991). Post-traumatic therapy. *Psychotherapy*, 28, 5-15.
- O'Donohue, W., & Letourneau, E. (1992). The psychometric properties of the penile tumescence assessment of child molesters. *Journal of Psychopathology and Behavioral Assessment*, 14, 123-174. doi:10.1007/BF00965172
- O'Donohue, W., Letourneau, E., & Dowling, H. (1997). Development and preliminary validation of a paraphilic sexual fantasy questionnaire. *Sexual Abuse: A Journal of Research and Treatment*, 9(3), 167-178. doi:10.1007/BF02675062

- O'Keefe, D. J., & Hale, S. L. (2001). An odds-ratio-based meta-analysis of research on the door-in-the-face influence strategy. *Communication Reports, 21*, 31-38.
doi:10.1080/08934210109367734
- Osmond, D. H., Pollack, L. M., Paul, J. P., & Catania, J. A. (2007). Changes in prevalence of HIV infection and sexual risk behavior in men who have sex with men in San Francisco: 1997-2002. *American Journal of Public Health, 97*, 1677-1683.
doi:10.2105/AJPH.2005.062851
- Ostrom, T. M. (1973). The bogus pipeline: A new ignis fatuus? *Psychological Bulletin, 79*, 252-259. doi:http://dx.doi.org/10.1037/h0033861
- Page, R. A., & Moss, M. K. (1975). Attitude similarity and attraction: The effects of the bogus pipeline. *Bulletin of the Psychonomic Society, 5*, 63-65. doi:10.3758/BF03336706
- Pascual, A., & Guéguen, N. (2005). Foot-in-the-door and door-in-the-face: A comparative meta-analytic study. *Psychological Reports, 96*, 122-128. doi:10.2466/pr0.96.1.122-128
- Patrick, D. L., Cheadle, A., Thompson, D. C., Diehr, P., Koepsell, T., & Kinne, S. (1994). The validity of self-reported smoking: A review and meta-analysis. *American Journal of Public Health, 84*, 1086-1093. doi:10.2105/AJPH.84.7.1086
- Presser, S., & Stinson, L. (1998). Data collection mode and social desirability bias in self-reported religious attendance. *American Sociological Review, 63*, 137-145.
doi:http://dx.doi.org/10.2307/2657486

- Quigley-Fernandez, B., & Tedeschi, J. T. (1978). The bogus pipeline as lie detector: Two validity studies. *Journal of Personality and Social Psychology*, *36*(3), 247-256.
doi:<http://dx.doi.org/10.1037/0022-3514.36.3.247>
- Quinsey, V. L., & Chaplin, T. C. (1988). Preventing faking in phallometric assessments of sexual preference. *Annals of the New York Academy of Sciences*, *528*, 49–58. doi: 10.1111/j.1749-6632.1988.tb50849.x
- Rasinski, K. A., Visser, P. S., Zagatsky, M., & Rickett, E. M. (2005). Using implicit goal priming to improve the quality of self-report data. *Journal of Experimental Social Psychology*, *41*, 321–327.
- Rasinski, K. A., Willis, G. B., Baldwin, A. K., Yeh, W. C., & Lee, L. (1999). Methods of data collection, perceptions of risks and losses, and motivation to give truthful answers to sensitive survey questions. *Applied Cognitive Psychology*, *13*, 465-484.
doi:10.1002/(SICI)1099-0720(199910)13:5<465::AID-ACP609>3.0.CO;2-Y
- Rayburn, N. R., Earleywine, M., & Davison, G. C. (2003). An investigation of base rates of anti-gay hate crimes using the unmatched-count technique. *Journal of Aggression, Maltreatment & Trauma*, *6*, 137–152. doi:10.1300/J146v6n02_07
- Rehm, R. S. & Franck, L. S. (2000). Long-term goals and normalization strategies of children and families affected by HIV/AIDS. *Advances in Nursing Science*, *23*(1), 69-82.
- Reynolds, W. M. (1982). Development of reliable and valid short forms of the Marlowe-Crowne social desirability scale. *Journal of Clinical Psychology*, *38*(1), 119-125.
doi:10.1002/1097-4679(198201)

- Richman, W. L., Kiesler, S., Weisband, S., & Drasgow, F. (1999). A meta-analytic study of social desirability distortion in computer administered questionnaires, traditional questionnaires, and interview. *Journal of Applied Psychology, 84*, 754–775.
- Riess, M., Kalle, R. J., & Tedeschi, J. T. (1981). Bogus pipeline attitude assessment, impression management, and misattribution in induced compliance settings. *Journal of Social Psychology, 115*, 247-258. doi:10.1080/00224545.1981.9711664
- Rodafinos, A., Vucevic, A., & Sideridis, G. D. (2005). The effectiveness of compliance techniques: Foot in the door and door in the face. *The Journal of Social Psychology, 145*(2), 237-239. doi:10.3200/SOCP.145.2.237-240
- Roese, N. J., & Jamieson, D. W. (1993). Twenty years of bogus pipeline research: A critical review and meta-analysis. *Psychological Bulletin, 114*(2), 363-375.
doi:http://dx.doi.org/10.1037/0033-2909.114.2.363
- Sabini, J., Siepmann, M., & Stein, J. (2001). The really fundamental attribution error in social psychological research. *Psychological Inquiry, 12*, 1-15.
doi:10.1207/S15327965PLI1201_01
- Schlenker, B. R., Bonoma, T. V., Hutchinson, D., & Burns, L. (1976). The bogus pipeline and stereotypes toward blacks. *The Journal of Psychology, 93*, 319-329.
doi:10.1080/00223980.1976.9915828
- Seto, M. C. (2001). The value of phallometry in the assessment of male sex offenders. *Journal of Forensic Psychology Practice, 1*, 65–75. doi:10.1300/J158v01n02_05

- Sigall, H., & Page, R. (1971). Current stereotypes: A little fading, a little faking. *Journal of Personality and Social Psychology, 18*, 247-255. doi:<http://dx.doi.org/10.1037/h0030839>
- Sigall, H., & Page, R. (1972). Reducing attenuation in the expression of interpersonal affect via the bogus pipeline. *Sociometry, 35*, 629-642. doi:<http://dx.doi.org/10.2307/2786538>
- Singer, E., Hippler, H., & Schwarz, N. (1992). Confidentiality assurances in surveys: Reassurance or threat? *International Journal of Public Opinion Research, 4*, 256-268. doi:10.1093/ijpor/4.3.256
- Singer, E., von Thurn, D. R., Miller, E. R. (1995). Confidentiality assurances and response: A quantitative review of the experimental literature. *Public Opinion Quarterly, 59*, 66-77. doi:10.1086/269458
- Smith, T. W. (1992). Discrepancies between men and women in reporting number of sexual partners: A summary from four countries. *Social Biology, 39*, 203-211. doi:<http://dx.doi.org/10.1080/19485565.1992.9988817>
- Stulginskis, J. V., Verreault, R., & Pless, I. B. (1985). A comparison of observed and reported restraint use by children and adults. *Accident Analysis and Prevention, 17*, 381-386. doi:10.1016/0001-4575(85)90092-2
- Sudman, S., & Bradburn, N. (1983). *Asking questions: A practical guide to questionnaire design*. San Francisco: Jossey-Bass.
- Swanson, E. B., Sherman, M. F., & Sherman, N. C. (1982). Anxiety and the foot-in-the-door technique. *The Journal of Social Psychology, 118*, 269-275. doi:10.1080/00224545.1982.9922806

- Templeman, T.L., & Stinnett, R.D. (1991). Pattern of sexual arousal and history in a “normal” sample of young men. *Archives of Sexual Behavior, 20*, 137-150. doi:10.1007/BF01541940
- Tourangeau, R., Smith, T. W., & Rasinski, K. A. (1997). Motivation to report sensitive behaviors on surveys: Evidence from a bogus pipeline experiment. *Journal of Applied Social Psychology, 27*(3), 209-222. doi:10.1111/j.1559-1816.1997.tb00629.x
- Tourangeau, R., & Yan, T. (2007). Sensitive questions in surveys. *Psychological Bulletin, 133*, 859-883. doi: 10.1037/0033-2909.133.5.859
- Traugott, M. W., & Katosh, J. P. Response validity in surveys of voting behavior. *Public Opinion Quarterly, 43*, 359-377. doi: 10.1086/268527
- van de Martel, T. F. (2008). Faking it: Social desirability response bias in self-report research. *Australian Journal of Advanced Nursing, 25*, 40-48.
- van der Heijden, P. G. M., Ger van Gils, J., & Joop, J. H. (2000). A comparison of randomized response, computer-assisted self-interview, and face-to-face direct questioning—eliciting sensitive information in the context of welfare and unemployment Benefit. *Sociological Methods & Research, 28*, 505-537.
- Ward, T., Hudson, S. M., & Keenan, T. R. (2004). The assessment and treatment of sexual offenders against children. In C. R. Hollin (Ed.), *The Essential Handbook of Offender Assessment and Treatment* (pp. 163-175). Chichester, England: John Wiley & Sons Ltd.
- Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12*, 87-107.
doi:10.1016/j.avb.2006.03.004

- Waterton, J. J., & Duffy, J. C. (1984). A comparison of computer interviewing techniques and traditional methods for the collection of self-report alcohol consumption data in a field survey. *International Statistical Review*, *52*, 173-182.
- Wells, B. E., & Twenge, J. M. (2005). Changes in young people's sexual behavior and attitudes, 1943-1999: A cross-temporal meta-analysis. *Review of General Psychology*, *9*, 249-261.
doi:<http://dx.doi.org/10.1037/1089-2680.9.3.249>
- Wormith, J. S. (1986). Assessing deviant sexual arousal: Physiological and cognitive aspects. *Advances in Behavior Research and Therapy*, *8*, 101-137. doi:10.1016/0146-6402(86)90001-9
- Wyner, G. A. (1980). Response errors in self-reported number of arrests. *Sociological Methods and Research*, *9*, 161-177. doi:10.1177/004912418000900203
- Yu, J., & Cooper, H. (1983). A quantitative review of research design effects on response rates to questionnaires. *Journal of Marketing Research*, *20*, 36-44.
doi:<http://dx.doi.org/10.2307/3151410>