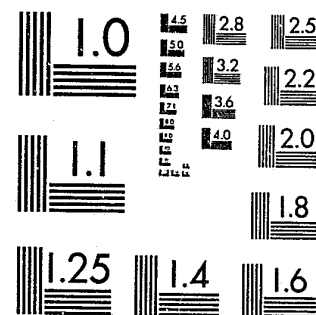


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## A TEN YEAR FOLLOW-UP OF SEX OFFENDER RECIDIVISM

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A TEN YEAR FOLLOW-UP OF SEX OFFENDER RECIDIVISM

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## EXECUTIVE SUMMARY

The last decade has seen increased interest and concern regarding sex offenses, both from the criminal justice system and the public. However, some areas of prime concern to both groups are still relatively unresolved. The public's fear of crime focuses attention on the sex offender's likelihood to recidivate, that is, to repeat his crime. There are, however, few empirical studies which can offer conclusive evidence on this phenomena. The concern with sex offender recidivism is exacerbated since permanent incarceration of sex offenders does not frequently occur. Ultimately sex offenders are returned to society and there is little knowledge of their likelihood to commit new sex offenses.

The research which has been conducted suggests that incarceration with no treatment, except for its effective incapacitation of offenders during the period of confinement, will have no long term effect on sex offender recidivism. Incarceration does not alleviate the underlying impetus for sex offender antisocial behavior. Yet, a recent study of treatment programs for sex offenders, funded by NILECJ (National Institute of Law Enforcement and Criminal Justice), was able to identify only 20 programs in the country directly concerned with treatment of sex offenders involved with the criminal justice system.

The current project, undertaken by the Joseph J. Peters Institute (JJPI), builds upon research conducted by the Institute in the late 1960's. This research is one of the few random assignment studies in the field. Probationed sex offenders (assaulters/rapists, pedophiles, and exhibitionists: N = 231) in 1967-69 were randomly assigned to treatment (group therapy) or probation only. The research design and early findings are described in detail in this report. As a result of this project conducted over ten years

ago, JJPI was able to conduct a long term evaluation of the patterns of sex offender recidivism and effectiveness of its treatment programs.

The current study had two explicit goals. One was to conduct an in-depth assessment of the general and relative effects of group therapy and probation on recidivism among sex offenders, by way of a 10-year follow-up study. Second, was to recommend appropriate intervention strategies for this population based on these findings. The experimental, longitudinal research design overcomes many of the problems encountered when conducting an evaluation of sex offender treatment programs. It adds to the accumulation of conclusive evidence regarding sex offender behavior.

The first section of this report documents the large repertoire of treatment strategies employed with sex offenders in an extensive review of the literature on this topic. Most of these treatment strategies have not been systematically implemented or evaluated. While some claim dramatic results, usually reported as case histories, their applicability to a wide range of sex offenders in problematic.

Section 2 of this report provides an introduction to the current study and Section 3 describes the original research and findings. This is followed by a description of the methodology of the current study. Finally, Section 4 presents the findings, including the social and demographic characteristics of the research population, sex offender criminal career patterns, and an assessment of the effectiveness of the group therapy and probation as intervention strategies. This also identifies predictor variables associated with success and failure in treatment. Section five offers recommendations and implications for future research.

There are two main areas which can be informed by the results of this research. One is that more information is now available concerning career criminal patterns for a sex offender population. This population's recidivism potential has been documented. It is these findings, in the context of the current research design, that provide for an assessment of treatment techniques, and the formulation of certain recommendations on treatment strategies.

While overall 57% of the population were rearrested, only 11.3% were rearrested on a sex charge. In the exhibitionist's criminal history was found more sex arrests than were found in the assault and pedophile groups. The assaulters had many non-sex arrests. Thus, the sex offender's potential for continued antisocial behavior, as documented by their 1,346 arrests, is real enough. But the vast majority of these arrests were not sex-related. The public's conception of the sex offender as a man continually driven to aberrant sexual behavior is seriously questioned by the current research.

This report argues that a sufficiently long follow-up period is necessary to allow for antisocial behavior to emerge. Of the 26 sex offender recidivators detected in the current study, 7 committed their first sex offense 4 years or more after group therapy or probation. (It should also be noted that 7 committed their first offense in less than one year following treatment.) For a trend in criminality to emerge, however, 5 years is a minimum effective follow-up period.

In predicting future criminality for a sex offender population, the current research found that the best measure to employ is past criminal history. Not surprisingly, those with a long criminal history of sex offenses had a higher probability of recidivating in spite of

intervention. There was no significant difference between those on probation or in treatment as measured by subsequent arrest for a sex crime. Other factors were found to be significantly associated with sex offender recidivism but none were as strongly associated as prior criminal history of arrests for sex offenses.

As the research results indicate, any treatment program involving the use of therapy groups should be attentive to the unintended, negative effects that may emerge. In the current study, those offenders who were in a homogeneous therapy (e.g. all rapists) group and who attended regularly had a much higher rate of recidivism than any other treatment group. Explanations for this finding are offered in the final section of this report.

The recommendations which conclude this report cover:

1. The use of mixed or heterogenous groups
2. The use of future research to formulate typologies of sex offenders
3. The need to match treatments to improved understanding of the etiology of sexual deviance; and to implement and evaluate new treatment strategies.

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## I REVIEW OF LITERATURE

Society's response to sex offenses has changed in the past decade. This change is reflected in a new public awareness regarding sex offenses. Objectively, rape and other sex offenses still exist as before. But, subjectively, these acts have taken a new meaning. Rose attributes the increased concern over and public interest in sex offenses to the work of the feminist movement.<sup>1</sup> The last decade has also brought increased support for research efforts directed toward growth of knowledge about the sex offender and the causes and prevention of sex offenses with the establishment of the National Center for Prevention and Control of Rape and LEAA's placing rape in top priority for funding. Many myths long associated with the sex offender, some fostered by the media others by academics, have come under increased attack.

In any review of the literature on sex offenses, there are three issues that need to be addressed: What are sex offenses? Why do people, predominately men, commit sex offenses? And, what is society's response to the sex offender?

### Sex Offenses - Conceptual Perspectives

Prior to an examination of specific theoretical attempts to explain and change sex offender behavior, the use of the concept "sex offense" is clarified. The term "sex offense," as employed in common discourse, generally evokes two interwoven images. One image is of the acts of a deranged, maniacal man whose humanness is often questioned. The offender's

behavior is viewed as instinctual or psychotic. The other image is of the acts of a sex fiend--a man with such a powerful sex drive that conventional outlets, e.g., marriage, and unconventional outlets, e.g., prostitutes, cannot suffice.

Both images have several common themes. The offenders are imputed with a determinism. That is, somehow they are not responsible for their behavior. Gross degeneracy, drives they cannot control, or a vindictive woman or seductive child who aroused their passions beyond control and entrapped them, is where the responsibility for these acts is placed. In addition, it is assumed that the offender's aberrant conduct was directed toward achieving sexual satisfaction.

A review of recent literature reveals a conceptual shift and re-alignment of thinking across several disciplines resulting in a new framework by which to interpret sex offenses.<sup>3,4,5,6</sup> The major point of consensus for these authors is their dismissal of the notion that sex offenses are primarily sexually motivated, and their conception of the offender's mental status. Brownmiller recommends that "we accept as basic truth that rape is not a crime of irrational, uncontrollable lust, but a deliberate, hostile, violent act of degradation and possession."<sup>7</sup> This consensus is particularly visible in regard to rape but is also emerging in regard to all sex offenses.

The reality of sexual assault as constructed from data gathered on the offenders and the reports of victims dictates the construction of a new conceptualization of the rapist. Brownmiller outlines this conceptual shift:

From the no-nonsense FBI statistics and some intensive sociological studies that are beginning to appear, we can see that the typical American rapist is no weirdo, psycho schizophrenic beset by timidity, sexual deprivation, and a domineering wife or mother. Although the psycho rapist, whatever his family background, certainly does exist, just as the psycho murderer certainly does exist, he is the exception and not the rule. The typical American perpetrator of forcible rape is little more than an aggressive hostile youth who chooses to do violence to women.<sup>8</sup>

Groth's works, based on clinical experience with both sex offenders and victims of sexual assault, reach the conclusion that rape and other sex offenses are pseudosexual acts.<sup>9,10,11,12</sup> Normal sexual behavior involves physical gratification, which is shared with another person. Sexual relations are formed through consent or negotiation. Sexual behavior which is non-consensual and is not directed toward fulfilling any of the needs commonly associated with human sexual behavior, is viewed as sexual deviation. For Groth "rape is a pseudosexual act in which the primary motive is not one of physical gratification."<sup>13</sup>

Sexual assault is, indeed, an act which combines sex and aggression. Sexuality never predominates, however, though it is always present. Rape, a pseudosexual act, expresses the offender's hostility and rage, not his erotic desire for his victim. The sexual aspect of a sex offense is in the service of other needs. In this sense, sex offenses are deviations or perversions. Groth states, "when sexuality is used to express needs or wishes that are not primarily or essentially sexual in nature and that jeopardize the physical or psychological safety of another it is deviant."<sup>14</sup>

To support his claim Groth examined the sexual outlets available to the offenders he studied. He reached the conclusion that "in no case in the offender sample did the men have to rape for the purpose of sexual gratification."<sup>15</sup> Groth also documents that sex offenders experience much sexual dysfunction during their assaults.<sup>16</sup> This is evidence of the conflict and anxiety with sexuality, which underlies much sex offender behavior.

The claim that rape and other sex offenses are violent acts against another person, and not crimes of sexual passion, nor primarily sexually motivated has some additional empirical validation. Svalastoga's research addresses this point.<sup>17</sup> Assuming that rape is sexually motivated, he tested several hypotheses derived from this premise. He stressed the sex ratio (i.e., the number of females for each male in a given geographical area) as a factor in the explanation of sex crimes. It was hypothesized that with fewer possible conventional outlets for their sexual urges, men will turn to rape. Therefore, offenses should increase as the sex ratio departs from an equilibrium ratio. Even more important to a test of this hypothesis is the percentage of bachelors among males twenty-four years of age and older. Svalastoga found no evidence to support his hypothesis. His data indicated that regions having roughly the same sex ratio had differences in the frequency of rape.

Lester tested the same hypothesis on sex ratio and frequency of rape.<sup>18</sup> He correlated the incidence of rape for states, with the sex ratio for each state. The correlation was not statistically significant. It was Lester's conclusion that the hypothesis that rape is more common where there are relatively fewer females available can not be supported.



Research results like this have proven instrumental to those challenging the notion that rape is a result of uncontrollable, unfulfilled passions. Furthermore, it is argued that there is no evidence to support the claim that the legalization of prostitution will decrease rape. The basis of that claim is that force is unnecessary when sex can be bought. However, research conducted suggests that sex release is not the prime motive for sexual assaults.

Some research also casts doubt on the presumed mental disorder of sex offenders. First, there is no conclusive evidence to indicate there is more violence among people classified as mentally ill, than is found in the remainder of the population.<sup>19</sup> More specifically, Henn, et. al., found that a diagnosis of major mental illness was rare among a group of child molesters and rapists they examined. Less than 15% of those charged with rape had a primary diagnosis of psychosis. There was also a low incidence of psychosis found among the child molesters, though their diagnostic distribution differed from the rapists.<sup>20</sup>

If sexual gratification is not the primary motive or dynamic underlying a sex offender's behavior, what is? Groth argues that two other motivations, power and anger (or hostility), provide a clearer understanding of sex offender behavior. Power as an interpersonal dynamic connotes the ability to force others to concede to one's wishes, with a high probability of compliance. The expression of power takes many forms in sexual assaults, but the result is always the same. The individual is expressing a need to control and to dominate another person through sexual means. Rada claims a rapist

commits a sexual assault because sex represents, for the rapist, the foremost control a woman has.<sup>21</sup> Through rape one can overpower and subdue a victim, thereby achieving control. Sex offenses in general can be viewed as the complete expression of power of one person over another.

Sex offenses, where the exercise of power predominates over sexual gratification or expression of hostility, are characterized by the aim to capture and control one's victim. These acts are generally less violent than attacks motivated by anger. In power assaults "sexuality becomes a means of compensating for underlying feelings of inadequacy, and serves to express issues of mastery, strength, control, authority, identity, and capability."<sup>22</sup>

Brownmiller views rape as an act which is an exercise in power. She focuses less, however, on the psychological problems and emotional inadequacies of the individual men who rape. Brownmiller, instead, places rape in the context of a male-dominated society, permeated by a sexist ideology. This ideology, according to Brownmiller, results in a distorted masculine philosophy of aggression which is instilled at many levels of society by prevailing cultural values. Men, therefore, view themselves, psychologically, as conquerors. This view is actualized not only in wars but in interpersonal relations. Brownmiller documents that part of the right of conquest, in both war and in interaction with women, is rape. "Rape becomes not only a male prerogative, but man's basic weapon of force against women. The principal agent of his will on her fear."<sup>23</sup> Brownmiller argues further that rape has functioned throughout history as "a conscious process of intimidation by which all men keep all women in fear."<sup>24</sup>

Assaults motivated by anger are characterized by the use of force or violence which is far in excess of that needed to sexually subdue a victim. Stoller calls sexual perversions the 'eroticized form of hatred.'<sup>25</sup> The central dynamic underlying and sustaining sex offender behavior, in this form of assault, is hostility, anger, and frustration. The hostility may arise as a result of a history of emotional and physical deprivation at the hands of family or friends. Or, the offender may have been sexually victimized himself, and his anger and conflict over this situation sustains his subsequent aberrant conduct. The central theme that occurs in anger assaults is the offender's view of himself in the role of redressing past wrongs, and reversing past failures and frustrations by current triumphs. Sex offenses become the vehicle to dispense pent-up anger and resolve the problems for the individual.

Groth mentions a third type of rape, known as sadism.<sup>26</sup> According to him this motivation occurs much less frequently than the two previously mentioned, but receives most of the attention of the media. In this type of assault both sexuality and aggression become fused. The maltreatment of the victim is the actual aim of the offender, and the assault often has a bizarre or ritualistic quality.

These three components, power, anger, and sexuality, are found in all sex offenses. Groth's research leads him to conclude that sex never predominates in a sex offense, but that power or anger do. Sex serves non-sexual needs, and is a deviation. Groth views sex offenses from a clinical perspective, not a legal perspective in stating that "the act of rape may be regarded as dynamically equivalent to a symptom in that it serves to express an unresolved conflict, defend against anxiety, and gratify an impulse."<sup>27</sup>

In the law sex offenses are conceptualized around four issues.<sup>28</sup> There are laws that control the degree of consent and the sexual acts involved. Rape is defined as sexual penetration of another person without consent. The law also protects individuals thought incapable of reaching a decision regarding their participation in sexual relations. Covered by this aspect of the law are children, retarded or emotionally impaired individuals, and persons unconscious or otherwise rendered incapable of reaching a decision.

Sex laws place limits on the nature of sexual objects (excluding children and animals) and limit the nature and forms of sex acts. These latter are, however, rarely enforced. Finally, laws control the setting in which sexual relations occur. For example, public displays of sex are illegal.

In a legal sense, therefore, sex offenses represent a violation of one or more of these laws, each carrying an accompanying punishment. Rape is the most serious criminal sex offense. It is in the offense category of violence against the person. Other sex offenses, pedophilia with no sexual penetration, and exhibitionism often carry less severe penalties.

#### Sex Offenses - Theoretical Perspectives

The first section of this literature review developed a context against which sex offenses are evaluated; namely, sex offenses are viewed as expressions of hostility and power. This section will review three theoretical approaches which attempt to account for the existence of sex offenses specifically, and male aggressivity in general.

### Psychoanalytic Perspective

Until recently a reliance on psychoanalytic theory has predominated, to explain the etiology of sex offenses. Freud outlined his basic points on how sexual deviations occur in his essay Three Contributions to the Theory of Sex. Here Freud presented his theory of psychosexual development in the child. Contrary to the popular conception at the time the essay was written, Freud maintained that sexuality does not suddenly appear at the time of puberty. Rather there is sexuality associated with the infantile period, and this has great value in the development of adult sexual life. Freud contended that the child's instincts must be dealt with in some fashion. They must be sublimated. That is, the energy directing the child's sexual activity must be redirected in some socially useful fashion or the child's instinctual expressions will clash with the demands of conventional civilization, and remain as a source of perversion.

According to Freudian theory there are three stages of psychosexual development for the child--the oral, anal and phallic stages. These stages refer to manifestations of the sexual drive from infancy on, in the sequence as postulated. During the oral stage, the mouth, lips, and tongue are the chief sexual organs of the child, and his chief means of gratification. Next in sequence, the anus comes to be the site of sexual tensions and gratifications. This gives way to the phallic stage at about the end of the third year. This stage is characterized by an identification with the genitals as the principal sex object. This last phase merges into adult sexual organization at puberty.

The goal of infantile sexual development is the development of an adult sexual life which has formed one unit with a single aim. Freud restricted the sexual aim to the union of genitals only, by two members of the opposite sex. Freud also notes "in no normal person does the normal sexual aim lack some designable perverse element."<sup>29</sup> This tenet does, however, make the application of the term "perversion" problematic. Freud further states that the "sexuality of most men shows an admixture of aggression."<sup>30</sup> In Freud's view the sexual and aggressive are fused in all instinctual manifestations, whether they be normal or pathological. What, then, are sexual deviations for Freud?

Sexual deviations according to Freud occur with reference to sexual object and sexual aim. Freud's model of normal sexual development results with the person's sexual object being a member of the opposite sex, and one's sexual aim directed at genital union. Disturbances of the sexual life involve inhibitions of development and aspects of infantile sexuality. Among the possible sources accounting for an arrested psychosexual development, Stoller, a contemporary Freudian, claims "it is infantile conflict--castration, anxiety, pre-oedipal and oedipal conflict, fear of heterosexuality that changed normal sexuality into perversion."<sup>31</sup>

Stoller views sexual deviance as exclusively a human phenomena, which man creates for himself. In Stoller's account "no other aspect of Freud's system has created such resistance, perhaps because Freud believed a person is 'motivated', i.e., that a person is somehow responsible for his perversion."<sup>32</sup>

For Stoller, the beginning point for understanding adult sexual life can be traced back to infancy. Sexual desire and gratifications find their origins in infancy, with a large measure of influence on a child coming from the parents. It is infantile conflict described above which changes sexual development.

Stoller defines conflict as the awareness of the need to choose between alternatives. Two types of unpleasant events or trauma may influence personality development. Events such as hunger or pain (what Stoller calls unpleasant internal sensations) or external events (struggles against the environment) produce trauma for the child. It is important to remember that not all trauma produce conflict and, thereby, produce perversions. Stoller notes "that conflict implies intrapsychic struggle in order to choose among possibilities. Trauma may only cause reaction."<sup>33</sup>

Rada, in his review of a psychoanalytic theory of sexual perversion, claims this theory suggests that the sex offender suffers from castration anxiety that results from acute oedipal conflicts.<sup>34</sup> The forbidden wishes, or perverse sexual desires can not be sublimated or redirected in a socially useful manner.

Indeed, the most noted disturbance in the developmental history of the sex offender is an early sexual seduction or incestuous experience. Even authors not fully committed to the psychoanalytic tradition point out the detrimental effects of this experience. Prendergast, as a result of his work with sex offenders, claims that more than 90 percent of sex offenders have themselves been sexually traumatized, usually between the

ages of 5 and 7.<sup>35</sup> Prendergast contends "sex offenders who are seduced as children often repeat the essential elements of the original act in which they were victimized."<sup>36</sup>

Thus the symbolic pattern frequently found with repetitive sex offenders, is often a reaction to an early conflict, which calls for management and resolution, no matter how inappropriate the response. Groth found much less evidence of early sexual trauma in his population. Only one-third of the offenders reported such an incident.<sup>37</sup>

Brownmiller's work, in addition to detailing a historical approach to the study of rape is also a critique of psychoanalytic theory. She contends that it is from psychoanalysis that the popular image of the sex-crazed, deranged maniac emerges. Brownmiller, as the following reveals, takes exception to this image of the sex offender:

Why the Freudians could never come to terms with rape is a puzzling question. It would not be too glib to suggest that the male bias of the discipline, with its insistence on the primacy of the penis, rendered it incapable of seeing the forest for the trees. And then, the use of an intuitive approach based largely on analysis of idiosyncratic case studies allowed for no objective sampling. But perhaps most critically, the serious failure of the Freudians stemmed from their rigid unwillingness to make a moral judgement. The major psychoanalytic thrust was always to "understand" what they preferred to call deviant sexual behavior, but never to condemn.<sup>38</sup>

Brownmiller's work, a feminist perspective, dovetails with other works that documents the sexist ideology that exists in society. Furthermore, she attempts, not only to reverse the conception of the sex offender, but to ask a different question regarding the motivation behind sexual assaults.

No longer is the sex offender seen as choosing women as an outlet for his rage and hostility because of unconscious motivations, resulting from intrapsychic conflict. Rather the use of violence, the subjugation of women, and coercive sexual practices are tolerated and rewarded in our society. According to Brownmiller and others, rape is the expression not of a sick mind, but is a somewhat normal behavior in a society, supportive of rape. Research conducted employing a socio-cultural perspective on sex offenses is presented below.

#### Societal and Cultural Perspective

The point of divergence between the psychoanalytic and socio-cultural perspective is in their respective images of man. Freud saw man as primarily aggressive. This aggression accounting for the history of human warfare and violence. Civilization acts to curb man's natural instinctual expressions. Thus, there is always a natural tension existing between man and society. This model of man is derived from a drive or instinct-based theory of human nature.

The socio-cultural perspective deviates from a Freudian conception of human nature. Socio-cultural theory emphasizes the learning and experiential aspects of cultural existence that shapes human conduct. Therefore, there is no human nature as a static and given phenomena, but human life is open to experience and learning new ways to behave. What shapes what one learns is the cultural context in which one is raised. Different societies teach different lessons to its members. This process of learning the demands of one's cultural environment is called socialization. The socialization processes of interest here, are related to what our

contemporary culture espouses as appropriate male and female behaviors, both sexual and non-sexual, and how society reacts to the phenomena of sex offenses.

That different societies teach different lessons concerning sex and aggression to their members, is concluded in Mead's study on the Arapesh.<sup>39</sup> The Arapesh know virtually nothing of rape, while for their neighbors rape is a common phenomena. Mead's conclusion is that one's personality is flexible and malleable. The socialization experiences of the Arapesh children differ from their neighbors and this in large measure accounts for the difference in rape rates. Work conducted by Levine found a rape rate among the Gusii of better than three times the rate for the United States.<sup>40</sup> Even within one county the rate of sex offenses may differ drastically. Chappel et. al., found the Los Angeles rape rate to be almost five times the Boston rate.<sup>41</sup> Part of the difference is attributed to a broader definition of forcible rape that prevails in Los Angeles. However, how sexuality is differently viewed in the two cities also must be considered in providing an explanatory account.

Those writing about sexual offenses from a socio-cultural perspective argue that males control females in most domains of social life - the political, economic, etc. Men exercise power in western society. The exercise of power always involves the coercion of the powerless (especially women and children). The exercise of male power, directed at females can take aggressive as well as exploitative form. In this context, sex offenses, particularly rape, are seen as one form, among many, men use to dominate women.<sup>42</sup> Rape behavior becomes a

symbol men use to remind women of their powerlessness, and insure men's dominance. Brownmiller, and others, attempt to uncover values and beliefs which pervade our culture and insure the continuance of men's dominance over women. Sex offenses are viewed in the context of another form of dominance behavior that exists between the powerful of society and those whose position is marked by an absence of power.

The male role, as defined by this culture, usually shows a mixture of aggression and macho. It is these traits and their continual expression which marks male identity. Brownmiller rejects psychoanalytic interpretations of male aggressivity and favors an adherence to a cultural, or subcultural theory of violence to account for rape. Brownmiller's point is that within this culture there is some normative support for male aggressiveness with females. This is reflected in defining the male role in terms of aggression and conquest. Men are taught to exercise power to get what they want. The sex offender may not be the inadequate person which psychoanalysts see. Rather, the sex offender may be viewed as an over-identifier with the popular male role, defined in terms of aggression and macho, in his dealings with all females.

Also characterizing a subcultural theory of violence is the idea that an individual will construct a set of beliefs that accepts interpersonal violence. This acceptance, Burt concludes, "has the strongest influence on rape myth acceptance."<sup>43</sup> In addition the myths, which blame the victim for being raped, which deny the possibility of sexual assault and which claim the victim wanted and enjoyed being assaulted, pervade the culture.<sup>44</sup> These beliefs are part of the social psychology of the social reaction to sexual assault and make sex offenses a less serious and

more frequent occurrence, and serve to protect the offender from blame.<sup>45</sup>

The legal system of a society is designed to deal with all infractions to social order, and insure the continuance of a culture. An examination of the legal systems' response to sex offenses provides another measure of how society views sex offenses.

Brownmiller contends the entire lawful power structure is male dominated and controlled. The sexual assault of the victim on the street is followed by the legal assault, termed court proceedings. In these proceedings the victim is often questioned on the history of her sexual behavior and her relationship to the offender. Proof of the rape is required and, finally, evidence is required that the victim offered resistance to the rape. A number of studies have concluded that physical evidence of sexual assault, together with evidence of force by the offender, and resistance by the victims show the highest probability that the case will be heard, and a conviction handed down.<sup>46</sup> Many argue that the criminal justice system is jaded in favor of the sex offender, especially in light of the data that documents that sexual assaults are unlikely to be prosecuted and result in a conviction.<sup>47</sup> These features of society constitute a "rape supportive culture" for some authors.

Finally, Bandura's work documents that aggression can be learned and imitated.<sup>48</sup> Her findings show that boys are more imitative of physical aggression than girls, and that both males and females imitate the male model to a greater degree than the female model. The findings reveal several interesting points pertaining to male status in society. One is the degree to which certain behaviors are sex-linked. The subjects in the study thought it more appropriate for boys to act aggressively.



Secondly is the ease of identification with males as appropriate role models. That boys do act more aggressively than girls is well documented.<sup>49</sup> These studies are supportive of the argument of a socio-cultural basis for sexual assault. Biological foundations of sexual assault must next be explored.

#### Biological Perspective

Tiger's work identifies the function the system of male dominance had during human evolution.<sup>50</sup> He claims that for the survival of the human species it was necessary that the species be populated by aggressive members who could confront a hostile environment. Also dominance in a hierarchial organization correlates to sexual access to women in ethological studies. Both of these factors are related to differential reproductive success for aggressive members. Therefore it is not surprising that "the experience of the adaptation of a living system to its surrounding environment would be reflected in its genetic constitution."<sup>51</sup> Aggression was being selected out for survival success by the environment.

Man's need for natural aggression, however, is no longer integral to his struggle for existence. With the rise of culture and technology, the environment poses less of a threat to man's survival. Man himself poses the greatest threat to his species survival; especially in light of man's technological capacity for war, and his pollution of the environment. Aggression can no longer be viewed within the context of its being an adaptive mechanism insuring species survival.

Human behavior, it is argued, is both biologically and culturally organized. The cultural factors associated with male aggressivity and male-dominance, with specific reference to sex offenses were reviewed earlier. From a biological perspective aggression is a sexually dimorphic

behavior pattern. That is, males are more aggressive than females. Testosterone's possible role in the differentiation of aggressive behavior will be examined here.

Testosterone is a male sex hormone and has a generally "stimulating effect in men."<sup>52</sup> Hormones, such as testosterone, may regulate many aspects of an organism's behavioral repertoire. The relationship between the action of hormones on the brain and their effects on behavior has been clarified to some extent. The hormones are received in the brain via the mechanism of neural receptors. These collect the hormones, and transmit their effects. Davidson and Levin are not clear on from where exactly the hormones transmit their behavioral effects.<sup>53</sup> The site could be located in the brain system or on certain specific central nervous system features. Also the pituitary-adrenal system may be a modulator of aggressive behavior. What is documented is that individuals with high levels of testosterone respond angrily to frustrating circumstances. No causal link is being established between hormonal states and aggressive behavior, by any author. Researchers in this field are quick to note that "it is not likely that the early exposure of brain cells to a male sex hormone would establish fixed complex patterns of aggressive behavior for a lifetime-- rather, some temperamental inclination might be influenced by early male hormones, so that aggressive patterns are attractive and readily learned."<sup>54</sup> Even a biological capacity for aggressive behavior needs to be activated. Testosterone has also been linked to deficits in avoidance-learning, characteristic of males.

Mednick investigates how law-abiding behavior is learned, and attempts to uncover what personal characteristics may be associated with its learning.<sup>55</sup> This learning requires certain environmental conditions

and individual abilities, or physiological characteristics, which can be important in the onset of anti-social behavior.

Socialization basically requires learning how to avoid behaviors which engender punishment. This learning, called passive-avoidance, is tied to the functioning of specific autonomous nervous system (ANS) factors. Indicators of the ANS functioning are heart rate, body heat, skin conductance and potential, and blood pressure. Mednick postulates that slow ANS recovery should be associated with poor learning of social responses. Thus, even in the absence of criminogenic pressures, this physiological feature (slow ANS recovery) would tend to predispose one to asocial behavior. To test his theory, Mednick followed the criminal history of 311 individuals, who were intensively examined in 1962. The examinations included psychophysiological measures. "He noted their EDREC (electrodermal recovery of the 36 individuals who were convicted for violation of the penal code) was considerably slower than that of controls".<sup>56</sup>

Mednick did not examine sex offenders per se, but did look at the biological factors associated with criminality. The brain, the focus of control of human behavior, has also been investigated to further understand the biological correlates of antisocial behavior.

Mark and Ervin's work explores the relationship between brain functions and human behavior, particularly violent behavior, which they view as a problem of impulse control.<sup>57</sup> The authors found four characteristic symptoms, that violent people usually had: 1) a history of physically assaultive behavior; 2) the symptoms of pathological intoxication; 3) a history of impulsive sexual behavior; 4) a history of traffic violations and accidents. They refer to this set of symptoms together as the dyscontrol syndrome. From the case histories the authors present, the

individuals with dyscontrol syndrome have signs of temporal lobe abnormality. In addition, epilepsy and other brain disorders resulting from early injury were found among the violent population they studied.

That a strong association exists between alcohol use and crime, particularly violent behavior, is well documented. Amir found the presence of alcohol in 34% of the rape incidents he studied.<sup>58</sup> Rada reported that in his sample of 77 convicted rapists, 50% were drinking at the time of the rape, and 35% were alcoholics by the standards he employed.<sup>59</sup> In another study he found 40% of the rapists and 42% of the child molesters were drinking at the time of the offense.<sup>60</sup>

Simon and Devito studied 50 patients who complained they became violent after drinking.<sup>61</sup> An electroencephalogram (EEG) was recorded on the patients, after drinking, to detect a brain disorder activated by the injection of alcohol. The study revealed that 46% of the group who had normal EEG's awake and asleep developed abnormalities after the ingestion of alcohol. Alcohol's influence on predisposition to commit violent acts is usually thought to be a result of its effects on decreasing ego control and numbing judgment. This study suggests a physiological underpinning for alcohol's effects: Namely, that alcohol may directly influence brain centers which are hypothetically for sexual and aggressive behavior.

The work of biologists and physiologists is weak and inconclusive with respect to sex offenders. Not many studies have dealt exclusively with sex offenders, but focused either on a violent population or criminality in general. Rada's study on the testosterone levels of rapists' found

their mean scores were within normal limits.<sup>62</sup> His study suggests that it is unlikely that rape is determined by high levels of testosterone. Much of the research in this field is still in the exploratory stages. Many of the studies have been carried out on animals, and the application of the findings to humans is still problematic. It is the explorative nature of biological research on criminality which in large measure accounts for the inconclusiveness that permeates that field.

#### Sex Offenses - Treatment Perspectives

A wide range of treatment strategies are employed to modify sex offender behavior. The treatment strategies that exist to modify inappropriate sexual behavior that will be discussed in this section of the paper include: 1) aversive conditioning /with a number of variations: physical aversive techniques, psychological imagery techniques, orgasmic reconditioning (masturbatory therapy), and modification of fantasies<sup>7</sup>; 2) psychoanalytically oriented group therapy and Milieu therapy; 3) organic treatment techniques - most notably the use of hormonal drugs (particularly anti-androgen steroids), castration and brain surgery.

These treatment strategies and their follow-up evaluations can be seen as tests of the theory from which they are derived.

It follows that if one's theory is correct concerning the etiology of sex offenses, than an appropriate intervention strategy should be able to be devised. Though this idea has come to be questioned recently.<sup>63</sup>

Abel lists five components most treatment programs for rapists, and other sex offenders include.<sup>64</sup> These are: 1) establishing an emphatic relationship with the sex offender; 2) confronting him with the

fact he is responsible for his antisocial sexual behavior; 3) heterosexual skills training; 4) increasing arousal to adult women; 5) decreasing arousal to the inappropriate sexual objects. Programs differing in their orientations, will be selective in their emphasis of these five components.

#### Aversive Conditioning

Behaviorally oriented treatment programs often employ a technique known as aversive conditioning. The technique assumes that an antisocial act will be deterred if it is repeatedly followed by an unpleasant experience. Two of the most prominent aversive techniques are contingent shock therapy and covert sensitization. The former administers an electric shock following a measured penile arousal (erection) to deviant stimuli. The second technique involves the presentation of verbal descriptions of deviant acts and the description of aversive consequences. These consequences involve activities the offender personally abhors.

Abel views all sexual deviations as encompassing a number of behavioral excesses and deficits. In Abel's theory the most notable excessive behavior for sex offenders is sexual arousal to inappropriate objects (i.e., children) and inappropriate activities (i.e., rape).<sup>65</sup> Therefore, a major component of Abel's treatment strategy is the suppression or elimination of arousal to rape and/or aggressive themes. According to Abel the major deficit sex offenders have is the absence of minimal levels of heterosexual arousal, which may or may not be accompanied by deficiencies in heterosexual-heterosexual skills necessary for meeting, initiating interaction with, dating, and performing sexually with women. Recognition of these deficits leads to a second component of treatment,

the development or generation of nonaggressive heterosexual arousal, and an increase in sex offenders' social skills.

Abel's work, generally conducted with small samples, demonstrates that rapists respond with erections to audio descriptions of both rape and non-rape stories, whereas the non-rapist responded only to descriptions of mutually enjoyable intercourse.<sup>66</sup> Abel contends that sexual arousal, objectively measured by erection response, differentiates between normal and abnormal sexual preferences. Others have, however, found different results concluding that normals also respond to rape stimuli.<sup>67</sup> It is aversion therapy that Abel uses to reduce deviant sexual arousal.

Abel reaches three conclusions regarding use of aversion therapies to reduce deviant sexual arousal.<sup>68</sup> One, aversion therapy has been shown, in controlled studies with objective measures, to reduce deviant sexual arousal. Two, aversion therapy does work with rapists and other sexual offenders to reduce their deviant arousal. Three, covert sensitization and electrical aversion are equally efficacious based on the one study that compared them. The one study was conducted by Callahan and Leitenberg, and it compared the six subjects in their sample who received both aversive therapy treatments, while the order of treatments was counterbalanced across subjects.<sup>69</sup> In general, the authors concluded that covert sensitization appeared more effective in the suppression of subjective reports of sexual arousal than shock therapy. But there was no substantial difference between the two on the degree of suppression of penile erection to deviant sexual stimuli.

Levine et. al., included a physically aversive component, valeric acid, with regular covert sensitization in their treatment approach.<sup>70</sup> Evaluations conducted up to 10 months after treatment indicated continued

improvement of these pedophiles. The offenders had lowered penile response to girls and increased penile response to women.

Marshall's treatment strategy combined aversion therapy with a masturbatory therapy known as orgasmic reconditioning.<sup>71</sup> This is a treatment based on the hypothesis that an individual's arousal pattern can be altered by changing his masturbatory fantasies. Typically, during masturbatory episodes, the patient is instructed to insert a non-deviant heterosexual fantasy just before orgasm. Abel and Blanchard summarized masturbatory conditioning studies by noting: "although evidence from case reports indicated effectiveness of these methods, no controlled study adequately substantiated fantasy alteration as the relevant variable leading to alteration of sexual behavior patterns."<sup>72</sup>

Marshall himself reached a similar conclusion, in noting that the modification of fantasies did not have a direct effect on deviant behavior and attitudes.<sup>73</sup> At follow-up for a maximum of 16 months 25% of the original 12 patients had already failed to maintain an elimination of deviant behavior. Marshall sought to improve upon the earlier therapy by including a satiation procedure in his new treatment. The goal of aversion therapy is to change sexual arousal patterns and themes. Marshall concluded from his earlier study that aversion therapy did not always effect positive changes on penile measures of sexual arousal. His new procedure forced the individual to become 'bored' with deviant fantasies, in the hope he would seek out new, more appropriate, arousal themes. The boredom was created by having the individual engage in continual masturbation for 9 sessions, each lasting 1½ hours. Marshall's conclusion was that this approach led to a marked change in an appropriate direction.

The small number of subjects utilized in most behavioral therapy research and technical measurement difficulties hinder the ability of researchers to make conclusive statements about the results. Furthermore, the relationship between deviant arousal patterns and deviant behavior has not been clearly established. However, this area is the focus of much attention for many currently working on treatment of sexual offenders and may soon produce more conclusive results.

#### Group Therapy and Milieu Treatment

Psychoanalytically oriented group therapy and the therapeutic community treatment approach have similar treatment strategies. Both rely on the interaction between the offender and the group and therapist to modify inappropriate sexual behavior. Fort Steilacoom is an institutional treatment center for sex offenders from the State of Washington.<sup>74</sup> The program is based on the view that sexual deviation results from stress. The individual, in stressful moments, seeks relief through sexual deviations. The treatment model focuses on making the individual aware of his irresponsible behavior, and elicits the help of the group in modifying the individual's aberrant conduct. Through peer review and peer pressure the individual learns the origins of his problem, how to handle stress better, and eventually to behave responsibly enough to return to the community.

What is unique about Fort Steilacoom is its "total push" program. This is a program where sex offenders are segregated, so members of a group are together throughout a week, and interact continuously. Privileges are accrued only by developing new patterns of behavior. New patterns emerge from the group experience where the individual learns how to relate to other's feelings, to share feelings, and to accept responsibility for his behavior.

The Adult Diagnostic and Treatment Center in Avenel, New Jersey is another institutional program treating sex offenders. It's psychotherapeutic approach offers a full range of psychological and psychiatric services. In addition to these services several innovative programs exist and play a significant role in treatment. Based on their work with sex offenders, the staff noted that a large proportion of the offenders had themselves been sexually victimized. It is believed that the offenders, anger and hostility toward their attackers had been repressed, and underlies their subsequent compulsive behavior as sex offenders. A treatment approach labeled ROARE (reduction of attitudes and repressed emotions) was established to allow an individual to regress to an early age and relive the traumatic experience. The new insight gathered from ROARE would hopefully restructure the offender's attitudes and beliefs and eliminate the need for sexually aberrant behavior on his part.

A second distinctive aspect of the Avenel program is its emphasis on vocational training for sex offenders. According to the staff, an individual who is employed is less likely to offend.

No effective evaluation has been provided by Brecher or others on these two institutional programs.

Of the community-based programs, the Joseph J. Peters Institute (formerly Center for Rape Concern) is, in Brecher's terms, by far the oldest and best documented.<sup>75</sup> The institute pioneered the use of psychoanalytically oriented group therapy with sex offenders in the 1950's. The treatment program involves groups, which become a place for individuals to express hostility and experience anxiety without resorting to anti-social behavior. Peer pressure influences the men's behavior through discussion and interaction. Earlier evaluation conducted by the Institute on the

effectiveness of group therapy relative to court appointed probation has shown that both groups do about equally well. The study results reported in the follow up chapter provide data on a 10 year follow up.

In the words of the therapeutic staff of the Peters Institute, "in the group, the redirection of the aggressive drive (which will permit expression of sex needs in a less impulsive, more socially acceptable manner) is promoted in the first place by a sense of social and peer acceptance." <sup>76</sup> Basically, the individual "learns to deal with his sexual and other impulses in such a way as to avoid conflict with authority."<sup>77</sup> In the group the therapist is not removed, but identification with the therapist is made through identification with the peer leaders of the group. This serves to insulate the therapist from the anger with authority figures that is common with a sex offender population. The goal of group therapy is to release to the community an individual with less antisocial tendencies.

Martinson<sup>78</sup> argues that the therapeutic treatment approaches have no special effectiveness on recidivism rates. Evidence to the contrary does not exist to date.

#### Organic Treatment Techniques

Organic treatment is used to intervene in biological processes associated with sexually deviant or violent behavior. There are three major treatment strategies - castration, psychosurgery, and the use of hormonal drugs. It is the latter technique which is most widely used, usually due to ethical and pragmatic considerations. The former two treatment approaches involve greater risk to the patient, and are usually non-reversible. While not employed very extensively to treat sex offenders, certain hormonal drugs, antiandrogens especially, have demonstrated some

effect in suppressing sexually aberrant behavior.

Organic treatment, through the use of hormonal drugs, has as its principle aim the lowering of testosterone levels. High levels of testosterone correlate not only with sexual energy but with violent behavior as well. When one's libido is controlled, fewer urges are felt for violent behavior. Antiandrogens represent a reversible form of castration.

Depo-provera, an androgen-depleting steroid, has the best documented history on the effectiveness of its use. Money reports when "depo provera is used in quantities proportionate to the individuals height and mass, and for a sufficient time-frame, there is a measurable fall in plasma testosterone level, by the medications effect of shutting off testicular production of the male sex hormone. The effect is a temporary functional castration."<sup>79</sup> In both his studies Money recognizes the possibility that the beneficial effects in the treatment of sex offenders by injections of depo-provera, may have its real effect at the cellular level, in the sexual pathways of the brain's limbic system. These are brain cells in the hypothalamic and limbic system nuclei that directly contribute to the governance of sexual and erotic functions.

It is Money's later report that has results, which are more interpretable.<sup>80</sup> The early study is limited to a few case histories, documenting a drastic reversal in the individual's behavior. In the later report Money studied 13 males with 47xy genotype, all of whom were anti-social offenders (none were sex offenders), and 10 males with 46xy genotype (all of whom were sex offenders.) The sample was given depo-provera in combination with a counselling program. The authors conceptualized aggression as non-amphorous, operationally definable types of behavior. Two of the operational types they employed, assaultive behavior



against persons and imaginistic eroticism are examined here. For the xyy men, assault of persons was reduced by approximately 50% while on treatment. Recidivism was 100% for the dropouts. For the xy males, two had sex assaults prior to treatment, but there were no further assaults during the treatment period or afterwards.

For both groups of men, erotic imagery was reduced by treatment with depo-provera. The category erotic imagery includes the person reporting having sexual or erotic sleeping dreams, daydreams, masturbatory or copulation fantasies, regardless of the theme or the content of the imagery. The author's conclusions may be summarized as follows. According to the findings, depo-provera proved to have a very drastic effect on the sexual behavior of both groups. As evidenced by the diminution of erection and ejaculation, and also a lessening of the frequency and compulsiveness of erotic imagery. All of these changes were reversible upon withdrawal of treatment.

The authors also point out that the present study does not justify the assumption of an androgen-aggression relationship in the xyy offender. In the xyy men, the findings do not indicate an unequivocal change, under the influence of treatment, of the so called aggressive types of behavior, to match the definite changes in sexual types of behavior. There is a growing body of information indicating that hormonal factors do influence adult sexuality. Even so, most researches are quick to point out that sexual behavior is extremely complex, and psychologic patterns and social forces impact as well.

Surgical castration lowers the level of testosterone by the removal of the human testes. Though this act offends some on ethical grounds, there is still interest in this technique as a means to curb recidivism among sex offenders.<sup>81</sup> Lipton et. al., review Sterup's

study of castration of habitual sex offenders in Denmark.<sup>82</sup> In that study castrated sex offenders committed far fewer sex and non-sex crimes than non-castrated sex offenders.

With the development of hormonal drugs, especially the androgen-depleting steroids, surgical castration becomes a less preferred strategy. Also in some cases the individual can perform sexually following castration, thereby reversing its formal effects. Finally there is growing support to view sex offenses as primarily aggressive, hostile acts, and not primarily sexual in nature. From this perspective castration does little to deal with the hostility which directs sex offender behavior.

The final organic treatment approach to deplete aggressive behavior is through surgical intervention. Neuro-surgery, for example, lesion removal and lobotomies, which interrupts some connections between the prefrontal lobes and other parts of the brain, particularly the thalamus, are the performed operations. Rada notes that the increased interest in psychosurgery is basically a result of major technical advances.<sup>83</sup> However, their use with violent sexual offenders is still in the early stages of development.

#### Treatment Strategies - A summary:

Most programs report that the repertoire of treatment strategies exist because one technique cannot address the needs of the amorphous population of sex offenders. Efforts have been made to tailor existing programs and their services to their clients in an individualized fashion. Abel's integrated treatment approach stands as one example of this new attempt.

A further reason for the large number of treatment strategies and confusion over their effectiveness is that few have been systematically evaluated. Where such studies have been conducted, more often than not very small samples, unrepresentative of the sex offender population, have been followed-up. While these studies show some dramatic results, usually reported as case histories, their applicability to a wider range of offenders is problematic.

Research conducted on treatment programs, should be longitudinal. The follow-up period should be long enough to allow the clients of the treatment programs time in which to return to criminal activity. Soothill tracked a group of (86) convicted rapists in a 22 year follow-up study.<sup>84</sup> His purpose was not to evaluate a program, but rather to add to our knowledge on the tendency of sex offenders to recidivate. He found five of his sample were reconvicted of another rape offense. Overall, 13 individuals (15%) were convicted of another sex offense in the follow-up period, and 16% had a subsequent conviction for violence against the person. Soothill found 51% of the sample had no subsequent convictions.

Soothill's work details some interesting results from an evaluation perspective. While there is a cumulative recruitment for new offenses, which is gradual, nearly a quarter of the convictions did not appear for up to 10 years. The authors suggest "that the unduly aggressive and sexually maladjusted have a long lasting 'achilles heel' normally held in check by compensatory satisfactions or pressures, but liable to reemerge in times of stress."<sup>85</sup> The authors concluded that the urge to commit sexual offenses probably occurs at longer intervals, than may the urge to commit property offenses.

Longitudinal follow-up, similar to that of Soothill et.al., provides information on the parameters of the problem of sex offender recidivism. It has been suggested that sex offenders are not particularly recidivistic, especially when compared to other violent offenders, or property criminals. It has also been suggested that among sex offenders, rapists have the least likelihood to reoffend. There are many factors, irrespective of one's criminal behavior which could account for this. However, subsequent violent behavior, sexually directed or not, is a real possibility with the population seen in sex offender treatment programs. This is the major problem that faces treatment programs that deal with sexually dangerous offenders, for these programs are responsible for treating and releasing their clients to the community. Effective follow-up is a necessary component of the treatment strategy. This especially includes a long enough period to allow for subsequent antisocial behavior to emerge.

Summary:

Two points need to be made, which reflect the overall state of knowledge in the field of sex offenses. It is obvious that there are many perspectives to understanding and treating sex offenders. This is symptomatic of any new burgeoning field. This review serves to highlight some crucial points of convergence between the perspectives. The most important issues where convergence is evident is in a new understanding of the motivational aspects of sex offenses. Also, the portrayal of the sex offender has undergone a change.

Another feature in this field is an unevenness in the construction of theory about and in the public concern regarding the various types of sex offenses. Rape has received more attention than pedophilia and exhibitionism. Rape usually has more violence associated with it and, therefore, is seen as deserving more attention. Rape has also become a symbol to the women's movement of male dominance in this society, and a major topic of their concern. This unevenness will disappear with continued support for research and as concern grows for the treatment, prevention and control of other sex offenses.

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82. D. Lipton et. al., P. 290.
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## SECTION 2 - INTRODUCTION

The last decade has seen increased interest and concern regarding sex offenses, both from the criminal justice system and the public. However, some areas of prime concern to both groups are still relatively unresolved. The public's fear of crime focuses attention on the sex offender's likelihood to recidivate, that is, to repeat his crime. However, empirical studies which can offer conclusive evidence on this phenomena is lacking. The concern with sex offender recidivism is exacerbated since permanent incarceration of sex offenders does not frequently occur.<sup>1</sup> Ultimately the sex offender is returned to society and there is little knowledge of their likelihood to commit new sex offenses.

What little research has been conducted suggests that incarceration with no treatment, except for its effective incapacitation of offenders during the period of confinement, will have no long term effect on sex offender recidivism. Glueck's study of 102 major sex offenders committed to Sing Sing in 1967 concluded that punishment is not a solution.<sup>2</sup> Incarceration does not alleviate the underlying impetus for sex offender antisocial behavior. Yet, a recent study of treatment programs for sex offenders, funded by NILECJ (National Institute of Law Enforcement and Criminal Justice), was able to identify only 20 programs in the country directly concerned with treatment of sex offenders involved with the criminal justice system.<sup>3</sup> Ten of these are institutional programs, operating in correctional facilities, state mental hospitals or institutions for the inpatient treatment of sex offenders.

Only ten programs, then, were found to offer community-based outpatient treatment to sex offenders. Since most of these programs are of relatively recent origin and treat only a small portion of sentenced sex offenders, the body of knowledge accumulated to date has, by definition, limited application. Glaser, in an appendix to the NILECJ report, concludes that while the report "describe(s) a large variety of relatively new treatment programs for sex offenders...the innovations can now be evaluated only by intuition" and that "no one can demonstrate...that these new programs are more effective in reducing sex crimes than traditional prisons or mental hospitals."<sup>4</sup>

There are considerable difficulties encountered when an attempt is made to evaluate the effectiveness of a sex offender treatment program. It is particularly difficult to use rigorous experimental designs to evaluate effectiveness.

Charles Logan presents seven requirements for a test of effectiveness.<sup>5</sup> It is only with great difficulty that research on the treatment of sex offenders meets even a few of these requirements. One requirement which Logan lists is the use of treatment and control groups (experimental method). An experimental design is the most rigorous approach and requires, at a minimum, before and after measurement, control and experimental groups, and random assignment of subjects from a common population to the treatment and control groups.

Because the population of institutions are a "captive" group, at first glance it would appear that the design of experimental research in corrections would be simple. For a number of obvious reasons, however, it is extremely difficult to set up an experimental study in this area.

First, there are too many complex interactions and treatments being provided.

Second, the different treatment afforded to one group may have an effect on the other group.

Third, there are laws which restrict placement of some persons in special programs. For example, a minimum sentence for some offenders would preclude their release to the community. In addition, offenders in a control group may claim they have the right to treatment that others receive.

Fourth, there are humanitarian and ethical considerations. For example, is it ethical to withhold treatment from those who may benefit from it simply because the researchers want to do a controlled experiment?

Fifth, it is usually difficult to procure adequate control groups by means of a comparison group. Selection factors influence results.

Sixth, it is nearly impossible to use either a double-blind or even a single-blind technique in treatment in this field because of the nature of the treatments.

These difficulties often do not leave the researcher in a position to measure the effect of treatment. Instead, the research measures confounding variables and the administrator's or clinician's success in selecting for treatment those sex offenders who are less likely to recidivate.

Indeed, experimental designs would provide the most rigorous approach to study the effectiveness of corrections. An additional component of effective evaluation of sex offender treatment programs is longitudinal research. The follow-up period should be long enough to allow the clients of the treatment programs a period in which to return to criminal activity.

Soothill tracked a group of 86 convicted rapists in a 22-year follow-up study.<sup>6</sup> His purpose was not to evaluate a program, but rather to add



to our knowledge on the tendency of sex offenders to recidivate. He found five of his sample were re-convicted of another rape offense. Overall, 13 individuals (15%) were convicted of another sex offense in the follow-up period, and 16% had a subsequent conviction for violence against the person. Soothill found 51% of the sample has no subsequent convictions.

Soothill's work details some interesting results for evaluators. While there is a cumulative recruitment for new offenses, which is gradual, nearly a quarter of the convictions did not appear for up to 10 years. The authors suggest "that the unduly aggressive and sexually maladjusted have a long lasting 'Achilles' heel' normally held in check by compensatory satisfactions or pressures, but liable to reemerge in times of stress."<sup>7</sup> The authors conclude that the urge to commit sexual offenses probably occurs at longer intervals, than may the urge to commit property offenses.

The first chapter of this report documents that a large repertoire of treatment strategies are employed with sex offenders. A prime reason for the large number of treatment strategies and the confusion over their effectiveness is that few have been systematically evaluated. Where such studies have been conducted, more often than not, very small samples, unrepresentative of the sex offender population, have been followed up. While these studies show some dramatic results, usually reported as case histories, their applicability with a wider range of offenders is problematic.

The specific intervention strategy which this research evaluated was psychoanalytically oriented group therapy. Measurement of its effectiveness was evaluated by a comparative analysis of recidivism rates for a treatment group and a control group.

Psychoanalytic theory has long been used in explaining the occurrence of sexual offenses and has been reviewed in Section 1. The psychoanalytic treatment model stresses making the individual aware of his irresponsible behavior, and elicits the help of the group in modifying the individual's aberrant conduct. Through peer review and peer pressure the individual learns the origins of his problem, how better to handle stress, and eventually behave responsibly enough to return to the community. Of the community-based sex offender treatment programs, the Joseph J. Peters Institute (JJPI) (formerly Center for Rape Concern) is, in Brecher's term, by far the oldest and best documented.<sup>8</sup> The institute pioneered the use of psychoanalytically oriented group therapy with sex offenders in the 1950's.

In the words of therapeutic staff of the Peters Institute, "in the group, the redirection of the aggressive drive (which will permit expression of sex needs in a less impulsive, more socially acceptable manner) is promoted in the first place by a sense of social and peer acceptance."<sup>9</sup> Basically, the individual "learns to deal with his sexual and other impulses in such a way as to avoid conflict with authority."<sup>10</sup> In the group the therapist is not removed, but identification with the therapist is made through identification with the peer leaders of the group. This serves to insulate the therapist from the anger with authority figures that is common with a sex offender population. The goal of group therapy is to release to the community an individual with less antisocial tendencies. Evaluation conducted in 1969-72 by the Institute on the effectiveness of group therapy relative to court appointed probation shows both groups did about equally well.

The current project undertaken by the Joseph J. Peters Institute builds upon this earlier research conducted by the Institute in the late 1960's. The earlier research is described in more detail in Section Three. As a result of the earlier research JJPI found itself in a position to conduct a long term evaluation of the patterns of sex offender recidivism and the effectiveness of its treatment program.

With the original study information at hand, the current study had two explicit goals. One was to conduct an in-depth assessment of the general and relative effects of group therapy and probation on recidivism rates among sex offenders, by way of a 10-year follow-up study. Second, was to recommend appropriate intervention strategies for this population based on these findings. The current research's experimental, longitudinal design is unique in correctional research. A research design such as this bypasses many of the problems mentioned earlier in conducting effective evaluation of sex offender treatment programs. It adds to the accumulation of conclusive evidence regarding sex offender behavior.

Section Three of this report describes the original research and findings. This is followed by a description of the follow-up study's methodology and its revisions of the earlier methodology. Section Four presents the social and demographic characteristics of the research population. This chapter also presents the findings of the current study, describing sex offender career criminal patterns, and an assessment of the effectiveness of the group therapy and probation as intervention strategies. This section concludes by identifying predictor variables associated with success and failure in both treatment and control groups. Finally, Section Five provides recommendations and implications of this research.

## NOTES TO SECTION 2

1. McCahill, Meyer and Fischman. The Aftermath of Rape, P. 205.
2. B. Glueck, "Psychodynamic Patterns in the Sex Offender," Sourcebook in Abnormal Psychology, Boston, 1967, P. 288-297.
3. E. Brecher, Treatment Programs for Sex Offenders, U.S. Dept. of Justice, GPO. 1978.
4. Ibid., P. 85.
5. C. Logan.
6. K. Soothill, et. al.
7. Ibid., P. 66.
8. Brecher, P. 49.
9. J. Steg, et. al., P. 10.
10. Ibid., P. 8.

### SECTION THREE - METHODOLOGY

#### A. The Original Sex Offender Research Project 1966-1969.

##### Background/Goals:

Joseph J. Peters, M.D., began his work with sex offenders in 1955. His interest was in the use of psychoanalytically oriented group therapy as a treatment for sexually deviant behavior. Peters elicited the help of other psychoanalytically trained therapists and, with the cooperation of the Philadelphia Probation Department, a program emerged. This program was initially housed at the Philadelphia General Hospital (PGH). The program has continued uninterrupted since 1955, and is now located in downtown Philadelphia, and has been renamed for its late founder.

In the 10 years from 1955 to 1965, 1600 sex offenders received group therapy at PGH. At this point Dr. Peters conducted a study to determine the changes, if any, group therapy was producing. In this preliminary study, 92 treated group members were followed-up for two years. They were compared with a similar group of sex offenders who had been placed on probation without group therapy. Based on an analysis of rearrests, the treatment group seemed to have fared better. Of the probation group, 27% were rearrested as compared with only 3% of the therapy group. This retrospective design study was beset by some major problems. Basically, the two-year follow-up period was too short. The use of a comparison group instead of a control group further limited the reliability and validity of the findings. It was the need to remedy these shortcomings which led to the creation in 1966 of the experimental research design, which forms the basis of the current follow-up study.

In 1966 Dr. Peters and his staff received a research grant from the National Institute of Mental Health (NIMH Grant R01 MH#14773). The research was entitled "Group Psychotherapy for Character Disorders." The treatment program worked with sex offenders who had been arrested not only for sex crimes. Therefore, the population was classified as character disorder, rather than simply sexual deviant.

The research was directed at studying the effects of group psychotherapy on probationed sex offenders via a strictly designed evaluation procedure. To accomplish this goal, the effectiveness of group psychotherapy was measured by comparing sex crime rearrests for probationed sex offenders assigned to group therapy with rearrests of subjects remaining on probation without therapeutic intervention. Offenders were randomly assigned to both groups. The research design also permitted the isolation of predictor variables, from the analysis of the collected data on treatment and control subjects. This information would be used by the courts and the probation department to indicate the sex offenders most likely to benefit from group psychotherapy or from probation.

##### Definition of the Research Population:

One purpose of the project was to measure effectiveness of the group psychotherapy treatment for convicted sex offenders probationed into group therapy when compared with sex offenders on probation without group treatment. A controlled study was designed. This required a choice between matching and randomization.

A random assignment procedure was chosen, which allowed differences between the treatment group and control group to vary by chance as cases accumulated over time. Probationers were assigned to treatment or control as they were placed on probation. Intake into the

probation department (excluding some who did not meet criteria for the project) resulted in 289 sex offenders assigned between November 1966 and October 1969. The following section reports on the methods used by the research staff in assigning the probationed sex offenders either to treatment or control.

Through an analysis of the number of sex offenders entering the probation department and from past experience Dr. Peters and his staff suggested four mutually exclusive subpopulations in the research design.

The four subpopulations were:

- 1) Homosexual: offenders convicted of a sex offense against a male victim age 12 and older.
- 2) Exhibitionist: offenders convicted of exposing his genitals in public.
- 3) Pedophile: offenders convicted of a sex offense against a female victim age 10 or younger; or against a female victim age 11 or 12 if the age differential between victim and offender was at least 10 years.
- 4) Adolescent adjustment and assault: offenders convicted of a sex offense against a female victim age 13 or older, or against a female victim age 11 or 12 if the age differential between the victim and offender is less than 10 years; in case the conviction is for Corrupting the Morals of a Minor Child (CMMC) and/or Statutory Rape only the age differential between offender and victim must be 5 years or more.

The four subpopulations defined above include men with the following legal charges: sodomy, solicitation to commit sodomy, immoral practice, indecent exposure, open lewdness, corrupting morals of a minor child, statutory rape, rape, indecent assault, and assault and battery with intent to ravish.

The assignment of any offender to one of the subpopulations required the following information:

- 1) Specific charge for which a subject was convicted, by Quarter Sessions Court (the Adult Criminal Court in Philadelphia), resulting in a sentence of probation or a prison term of less than two years with parole granted during that period.
- 2) Description of the instant offense as ascertained from the police report, the court record, and from the offender himself.
- 3) Identification of age and sex of the victim when applicable.
- 4) Evaluation of the intake tests and interviews.

The legal classification for a sex offender does not always correspond to one of the subpopulations outlined above as used in a psychiatric treatment program. There was, for example, no legal charge "homosexuality" or "pedophilia" in the Penal Code of Pa. (1956). This problem could not be overcome by resorting to solely psychiatric diagnostic decisions. Most of the 289 cases fell into the diagnostic category of personality disorder. This did not differentiate the population sufficiently to establish treatment groups which focused on specific issues in treatment.

What resulted was a model, which was used for purposes of classification, that was based on characteristics and relationships of offender, victim and act. Both psychiatric considerations and the law were taken into account.

#### Treatment Assignment Procedure:

Four subpopulations (homosexual, exhibitionist, pedophile, assaulter) had been defined from the total population of probationed sex offender cases. Once a probationer was accepted into the research (see Appendix

to this section he was then randomly assigned to either treatment or control within each subpopulation. The treatment group was then randomly assigned to a homogeneous therapy group (corresponding to the four subpopulations), or to a heterogeneous therapy group, or, in the case of assaulters, to the self-directed group.

This assignment procedure was responsive to several contingencies. The first was the fluctuation of case supply. The number of cases eligible for the project varied and assignment responded to this fluctuation. Further, there was fluctuation of case need for each of the treatment groups. This was the result of dropouts, e.g. re-arrests or deaths. As a means to handle these contingencies and assign cases, a specified ratio proscribing assignment was developed.

#### Description of Groups:

The four homogeneous therapy groups corresponded to the four subpopulations. A fifth, heterogeneous therapy group, consisted of probationers from all four subpopulations. The therapy groups met Thursday evenings from 7:30 to 8:45 P.M. Probationers were registered between 7:00 to 7:15 P.M. by a probation officer who was in charge of Probation Department attendance. Probationers were expected to be checked in by 7:30, but were counted as present if they entered the group before 7:45 P.M. If they arrived between 7:45 and 8:00 P.M. an excuse acceptable to the probation officer was required before admission to the group. If a patient arrived after 8:00 P.M. he was counted "absent." At the discretion of the therapist he might be permitted to enter the group, but was still counted as "absent."

If a probationer missed a session, the Probation Department followed-up. After the first year of the clinic program (1955-56), the attendance for therapy sessions has averaged 70 to 80%, barring a snow storm, public transportation strikes, and initial group sessions each year following summer recess (August through Labor Day).

Probationers in the control group continued on probation without "treatment" in the context of this project. Prior to March 21, 1967, probationers in the control group reported to their officers once a month or less (after they had been on probation for a year). The officer also made a home visit once a month, or at longer intervals after the probationer had finished a year of probation in good standing. The cases were distributed to officers throughout the Probation Department, which was organized on a geographical pattern. Average caseload among officers was about 90-105 cases per officer.

After March 21, 1967, an Intensive Supervision Unit (ISU) was started in the Probation Department. All project cases were then handled through this unit administratively, and control group cases were supervised by officers in the ISU. However, the ISU was not restricted to project cases. The average caseload per officer in this unit was 40-60 probationers.

The supervision which control group members received was identical with any other probationer in the ISU. Probationers in this unit reported once a month to the officer at his office. The probation officer made a regular monthly visit to the probationer's home.

Probationers in the treatment group were excused from their monthly report to their officers in that they were signed in weekly by the officer in charge of probationary aspects of the treatment program. A monthly visit was made to the probationer's home.

Administratively, treatment and control cases were handled by their respective ISU officers. This means that the regular ISU officer did the follow-up work if a treatment group member failed to report to treatment.

#### Data Collection Techniques and Instruments:

All sex offenders entering the Probation Department were evaluated at Philadelphia General Hospital. After 40 weeks all cases assigned were retested.

To attain the two basic research goals of measuring effectiveness of treatment and establishing predictor variables, the testing was designed to collect data on case history variables for each subject, and to set a baseline for variables chosen for the differential analysis of test/retest data. Case history and baseline data were then available for the analysis of predictor variables, and baseline and retest data for the analysis of effectiveness.

The testing consisted of four, two hour sessions including a psychiatric interview, a social interview, a session of projective tests, and a session of psychometric tests. In the first three sessions the offender was seen alone; the fourth was administered in groups of four or five offenders. Each was assigned either to therapy groups or to control groups. The retesting after 40 weeks was parallel to initial testing except that the four sessions were shortened: case history questions in the interviews were not repeated, nor were some of the psychological tests. The retest social interview included evaluative questions on the patient's experience in group therapy and on probation. The selection of variables theoretically important to explaining sex offender behavior pointed to an emphasis on significant emotional/psychological and social determinants. In addition to independent

indicators of change, such as re-arrest rates, instruments were chosen and interview schedules developed that would allow analysis of selected variables along these main determinants.

The psychiatric interview schedule, in addition to a mental status examination, included questions on the offender's attitude toward his offense, his work adjustment, childhood, sex life, marital relationships and parental role, and on his social life. On the basis of the psychiatric interview the psychiatrist was also asked to write a psychodynamic formulation.

The social interview schedule provided information on age, race current habitat and neighborhood, marital status, employment, income and support, military service, childhood and school experience, current family ties, and religious and organizational affiliations. The offender's criminal record and a copy of the official offense description prepared by the arresting officer was obtained from the Police Department.

The projective test battery consisted of the Rorschach, Thematic Apperception Test, Bender Gestalt, House-Tree-Person, Self Drawing, Hand and IES (Id, Ego, Supergo) tests, as well as a Sentence Completion test.

The psychometric tests administered in small groups include the Revised Beta IQ test, the Cornell Medical Index, the Cattell PF-16 Personality Index, and a Self-Rating Scale.

In general the test and retest batteries were structured so that the psychiatric interview and the projective tests were designed to provide data on feeling tone and emotional dimensions of variables for which the social interview and psychometric tests would provide



"factual" information. For example, the psychiatric interview emphasizes "What kind of married life do you have", "what kind of a husband/sexual partner do you think you are"; whereas the social interview asks "how often have you been married", "How many children do you have." The Revised Beta Examination (Kellogg and Morton, 1935) was used to measure intelligence, whereas the projective tests were to provide data on intellectual productivity and imagination, i.e., functional information about intelligence.

#### Findings:

Recidivism was the major measure of success and failure used in the 1966 study. Recidivism was defined as any rearrest in the two to three years following treatment. Recidivism was not the sole measure of success utilized. Based on the psychiatric model employed in the research, theoretically important clinical and social variables were isolated and analyzed. Among the areas where treatment was thought to have an influence were adjustment in regard to work, sex, and self-esteem. These factors were thought to be intervening variables in rehabilitation of antisocial behavior. Therefore, all variables of interest were ultimately measured against rearrest findings for the two groups.

The major finding that emerged from the 1966-69 follow-up study was that there was no significant difference in rearrests for treatment and control groups. Approximately 10% of both groups had a subsequent sex offense arrest. (Note: This includes recidivism for homosexuals, the group with the highest recidivism rate). An additional 20% of both groups were rearrested for a non-sex offense in the two to three years following treatment.

Some interesting clinical findings emerged. It was found that those subjects who claimed to benefit the most and expressed no negative feelings about treatment were those more likely to end up as treatment failures. Conversely those who voiced objections to psychotherapy and expressed their hostility particularly to significant others were more often successful. A group process factor studied was the degree of cohesiveness the group exhibited. It was found that cohesiveness did not correlate with successful outcome.

The following social-demographic profile correlated with treatment success. Individuals with higher incomes, both parents in the household until age 16, a history of employment before age 16, a white collar job, fewer previous sex arrests and who plead guilty to their sex offenses were more likely not to recidivate. The social-demographic profile of probation (control) successes was as follows. Individuals who did not get into trouble in school, who liked school and had fewer previous arrests for major or minor non-sex crimes were more likely to avoid further rearrests.

While an analysis of recidivism data led to the conclusion that group psychotherapy did not decrease antisocial behavior more than probation it was argued that some theoretically important clinical variables may have been influenced. Three variables, ego-strength, self-esteem and social isolation were thought to influence the effort to achieve rehabilitation. Projective and psychometric tests were given to the 289 cases to measure their scores on these three variables, the change from test to retest and the correlation of their scores with recidivism.

The IES (id-ego-superego) test measures the strength of impulse, ego and superego functioning and their balance. The test revealed that offenders generally registered an excess of superego forces. This differed from the researchers' initial conceptualization that the problem of sex offenders was one of impulse control i.e., weak superego. The score changes were small between intake and retest, and did not correlate with outcome. The test measuring self-esteem, for this offender population, found the men's self-images to be significantly low at intake. Self-esteem improved for both treatment and control although greater improvement was evidenced for those in treatment, and remained high despite rearrests. Finally, the findings from the anomie test failed to link social isolation to crime. Group psychotherapy was expected to influence these three areas. Analysis revealed little or no change between intake and retest scores, and no clear evidence to demonstrate the importance of these variables for successful outcome.

### Appendix to Section Three

#### Exclusion Criteria.

1. General exclusion criteria that were applied prior to intake testing excluded:
  - a) Offenders under 18 and over 50 years of age at the time of the offense.
  - b) Offenders who live outside commuting distance to Philadelphia General Hospital. The criterion for distance is a probation department practice, i.e. whether or not a subject is allowed supervision by correspondence because the distance is too great for the subject to report monthly in person.
  - c) "Sex cases" convicted of other than the following charges: Sodomy, Solicitation to Commit Sodomy, Immoral practice, Indecent Exposure, Open Lewdness, Loitering and Prowling (Voyeurism only), Corrupting the Morals of a Minor (CMMC), Statutory Rape, Rape, Indecent Assault, Assault and Battery with Intent to Ravish.
  - d) Offenders not convicted by a Philadelphia Court, and/or under the supervision of the Probation Department for 9 months or less.
2. General exclusion criteria that are applied as a result of testing:
  - g) Offenders with IQ below 70.
  - h) Offenders diagnosed as psychotic, or chronic alcoholics.
  - i) Offenders in private or other outpatient treatment that is equivalent to the group therapy program.
  - j) Offenders whose native language is other than English and whose command of English is insufficient for communication in the therapy group, as judged by the intake interviews and tests.

- k) Offenders who are working permanently on a shift that would preclude their participation in group therapy. A decision on such offenders is made jointly with the Probation Department.
- l) Offenders whose total length of probation left after testing is 7 months or less.

#### B. A Ten Year Follow-up - The Current Study

##### Goals:

The current research, funded by the Pennsylvania Commission on Crime and Delinquency with Law Enforcement Assistant Administration funds, builds upon the earlier research conducted by Peters and his staff. The current study had two explicit goals. One was to assess the general and relative effects of probation and group psychotherapy on recidivism rates among sex offenders. It should be stressed that the current research was designed to assess the effectiveness of what is now viewed as two intervention strategies, probation and group therapy. This is distinct from the classical experimental design, which has a treatment group and a control group. The latter by definition receives no intervention. It was the assessment of the current research team that the probation only group received intervention and direction by contact with their probation officers, especially those entering probation after March 1967. The research pursues the question of the relative effectiveness of what is now viewed as two treatment approaches. In accomplishing this first goal, patterns of criminality were to be established for the sex offender population and tools for predicting recidivism developed.

The second goal of the current research was to make recommendations for intervention strategies for a sex offender population based upon the findings. This goal is in line with the earlier research effort to isolate and identify variables predictive of success and failure for both treatment and probation groups. A research goal was to determine if group psychotherapy may be more effective for one type of offender and probation for another type of offender.

#### Subjects:

The research population for the current study numbers 231; including 48 pedophiles, 39 exhibitionists and 144 rapists. The homosexual subpopulation (N=58) has been deleted. At the time of the original research, homosexuals (i.e. those involved in consenting sexual relations with adult males) were routinely being picked up by the police and criminal charges lodged. Homosexuals were omitted from the current study as homosexuality has been decriminalized and homosexuals are no longer involved in treatment at JJPI.

To accomplish the goals of the current study, three proposed data sources were to be utilized:

1. Ten (10) year follow-up recidivism data on 231 convicted sex offenders randomly assigned to either group, psychotherapy or probation during the period 1966-1969.
2. The Joseph J. Peters Institute's master computer tape of information on the above sample, collected from 1966-1970.
3. Follow-up interviews with a sample of subjects to be completed during the grant period.

#### Data Collection

A two-stage process of data collection was designed for the current study. The first stage involved the compilation of complete adult criminal history on each of the 231 cases. The research staff of JJPI, with the cooperation of the Philadelphia Probation Department, completed this stage as objective confirmation on the subsequent criminal activity of the research population. The probation department provided the computerized Philadelphia Court of Common Pleas criminal record on each case. The records listed all the

charges lodged in Philadelphia against an individual since age 18 and the outcome on each charge. The outcome specifies trial outcome, sentence and/or fine. From these data an analysis of the effectiveness of treatment and probation could be made. A criminal history on each individual in the research is available.

Recidivism (or returns to crime) is a commonly used criteria of success in treatment programs. This in keeping with the aim or goal of treatment, which is to return to society an individual with less antisocial tendencies. There are other measures of success (self-esteem, job readiness, etc.) and these should not be overlooked. However, Milton Rector's conclusion that, while by itself recidivism is a negative and mechanical approach, we cannot report accurately on the successes unless we can clearly define the failures is compelling. While the use of some measure of recidivism is nearly universal as an outcome measure, it is not without problems.

One problem that the use of recidivism presents is that it does not depend solely on the behavior of the offender (the person about whom the prediction is made) but, also, depends on the behavior of others. Recidivism may reflect the policy of the police, courts, parole agents, or administrators of the criminal justice system, and these policies (i.e., behaviors) may change. The reporting procedures and proactive policies may be altered significantly within a short time with a resultant effect on measures of recidivism. There may also be changes in categories of behavior which, in a changing social context, become defined as socially acceptable or unacceptable. Furthermore, with sex offenses the behavior of the victim is especially

critical. Fluctuations in rates of reporting effect official records of recidivism.

There are many sources of information for recidivism data, including official local and FBI statistics, self reports, and victimization surveys. The current research collected recidivism data from the sources described below.

The Philadelphia Probation Department provided recidivism information on all 231 cases for the Philadelphia jurisdiction. Information was also obtained through the FBI on approximately one-half of the cases. This information was used in establishing more complete crime patterns for the research population and an indication of mobility. FBI records also provided information on violations (i.e., violations in prison which are not usually recorded at the county level).

In developing a predictive tool, two measures of recidivism were utilized. These included:

1. Rearrest for a sex offense
2. Rearrest for any offense
3. Frequency of subsequent offenses

In addition, self-reports for a small sample of offenders were used. These self-reports assisted in the corroboration of official reports and were conducted in an attempt to uncover previously undetected incidents in the sex offender's criminal career.

Interviews were conducted to confirm the reliability of data on recidivism obtained from the sources

mentioned above and, more importantly, to examine in detail the career and subsequent criminal, social, and psychiatric history of the sex offender. The Philadelphia Probation Department records assisted in the process of locating these subjects. A search mechanism was devised that was sensitive to the extreme confidentiality essential in this area. The interviews were conducted, in part, by psychiatrists with extensive experience as sex offender therapists.

Due to the limited number of successful interviews (10), the information collected and methodological notes are presented in an Appendix.

The third source of data came from the Institute's master computer tape of information on all 231 cases collected from 1966-1970. The master tape includes pre- and post-test information on the following:

1. Demographics
2. Individual Psychiatric (159 items) and Social History (124 items) (including work, sexual adjustment, marital life, family relationships, and self esteem).
3. Criminal History
4. Random Assignment (Probation or Group Psychotherapy)
5. Attendance and Treatment Progress (variously measured) for the Group Therapy sample.

#### Data Analysis

To assess the effectiveness of group therapy and probation, data analysis proceeded as follows. Subjects assigned to group

therapy were compared with persons on probation, by an analysis of rearrests. Persons with no sex offense recidivism were compared to those with a subsequent arrest for a sex offense on a number of social, demographic, and psychological dimensions. And the overall effectiveness of both probation and group therapy was assessed. To meet these goals a data base incorporating all the information at hand and the new data which were collected was created. The first task in creating this new data base was to strip the data elements from the original master type.

The current project was in the unique position of having a large data base, approximately 800 variables from the original interviews and testing. While this provided many relevant items, manageability dictated that it be reduced and restructured. The considerations that affected the restructuring of the original data base are summarized here. The reason that so large a data base existed was because the original research was exploratory. Many variables had been identified as theoretically relevant, and were, therefore, included in the original research. In the 10-year interim the relevance of many of the original variables was questioned.

The exclusion criteria, that the present researchers applied, creating the new data base, are explained below. Variables with a markedly skewed distribution, that is, where the majority of responses were in one category were excluded for data analysis.

Secondly, those variables which, if they correlated with outcome would be incomprehensible or not applicable, were excluded. For example, certain of the large number of variables

were thought not to be useful in explaining the behavior of sex offenders. This was based primarily on a review of other research conducted in the field. These variables were excluded from the data base, as were variables whose predictive potential was questioned. Mostly the latter variables were comprised of characteristics recently acquired by the offender and variables deemed to be spurious. Our rationale was that characteristics not ascribed to a person for a long time, will not have their effects fully articulated or were simply intervening variables and, therefore, their worth as potential predictors was diminished.

A last criteria served to remove the non-objective data and data whose collection could not be considered replicable from consideration. The key point of concern to the research staff, was on the interpretability of the variables. Variables tinged with subjectivity were removed. This served to remove some of the biases of the clinicians' subjective evaluation on certain of the individual's mannerisms, for example. As a result of the application of these criteria, an original 800 variable data base was reduced to 200 variables.

The new recidivism file, constructed by the research staff, contains information on the following factors.

1. marital status
2. employment status
3. educational history
4. criminal history
5. sexual history
6. profiles compiled from psychological and projective tests



The second step in creating the new data base was to add the new recidivism measures that were collected for the ten-year period. The recidivism data were coded to include the subjects identification number, which describes all relevant information regarding an individual's group assignment; birth date; date and jurisdiction of any subsequent arrest. For each arrest the UCR crime code was used to code the offender's most serious sex and non-sex charge. This procedure was followed for all arrests listed. Outcome in terms of conviction and sentence was specified as the most serious, if more than one disposition was listed. Where applicable, the amount of a fine was recorded, as well as length of incarceration or probationary sentence. With this information added to the original reduced data base comparisons of recidivism could be made between group therapy and probation on a sex offender population, standard measures of association (e.g., chi-square) were utilized. Further, to capture the relative contribution of individual variables to outcome and to best present multiple variable interpretation of findings, techniques such as automatic interaction detection (or its nominal equivalent, predictive attribute analysis) were utilized. Analysis of variance was utilized to determine the contribution of the variables to the explanation of recidivism.

A variation of predictive attribute analysis was utilized. This analysis combines predictors of outcome according to the extent to which they permit classification of cases into those which would succeed and those which would fail, given a particular response. Using this procedure one searches for predictive information which classifies the cases into two or more categories having

success or failure rates most deviant from that of all cases taken collectively. Then, treating the groups independently, that variable which best divides each group into two or more subgroups is selected. Chi-square and phi values are utilized.

The first step in such an analysis is to determine which of the potential predictor characteristics are significantly associated with the outcome measure utilizing a chi-square test of statistical significance.

After the first step is completed, the population is split into two groups or branches according to the variable most strongly associated with the outcome. From the remaining variables the one most strongly associated with the dependent variable is selected. The variable that cannot be split completes the branch and the entire branch is referred to as a terminal group.

This method of data analysis is particularly useful in decision-making and yields a large quantity of information which can be applied to individual cases.

Once relationships are determined, a necessary but often omitted step in this type of research is to verify the findings by "cross validation", that is by applying the prediction procedures to a new sample. In the process both Type I and Type II errors must be considered. It is not enough to show that among recidivists a high percentage could have been predicted without also showing for non-recidivists the percentage who would have also been correctly classified. This necessary second step was not within the scope of this research but will be considered for subsequent research.

#### Limitations of the Research Design:

All research investigators are concerned with the reliability and validity of their measures and the limitations placed on the generalizability of the findings. The major outcome measure in this study was recidivism. The validity of recidivism as a measure of returns to crime is often questioned. The notion of reliability implies that independent observers would reach similar conclusions regarding outcome measures. In an earlier section the limitations of using recidivism as an outcome measure were discussed. The major threat to the validity of the current study is that sex offenses are notoriously underreported. No clear estimate is available on the actual number of sex offenses that occur and go undetected by the criminal justice system. Most research concludes that the embarrassment connected with being sexually victimized and the legal proceedings one undergoes following an official report make victims reluctant to report a sexual assault. Research using official police and FBI records is limited to only reported crime. With a great deal of sex offenses going undetected as well as unsolved, it is possible that one's research population could still be engaging in this anti-social behavior which does not come to the attention of the authorities. Efforts to corroborate official records and uncover undetected crime were limited by the small number of cases available for a follow-up interview.

Without a larger sample of interviewed offenders, the best remaining sources available were used. Philadelphia police and FBI records were cross checked to pick up any undetected crime for cases where FBI records were available for 115 cases.

Another problem related to using official records on crime is one of definition. For example, is corrupting the morals of a minor always a sexual offense? Or, does the charge reflect the beliefs and practices of the arresting officer or judge? Geis and Chappell, in their study of sex offenses in Boston and Los Angeles, corroborate the notion that the same event may be variously defined by different police departments and, it is assumed, by different police officers. The research staff set aside all instances where no clear decision could be reached regarding a particular charge. For these ambivalent cases, more information was requested from the probation department or their help was sought in deciphering the charge. This procedure served to increase the validity of the findings, and acted as check of reliability of data. As a further check of reliability, two staff reviewed coding of criminal histories to check for errors. Similar efforts for interrater reliability were made among the psychiatric staff. At the time of the original data collection, several of the staff would examine one of the offenders and check the comparability of their decisions regarding subpopulation assignment, psychiatric diagnosis, and ratings. In all cases discrepancies were noted and criteria developed to insure measurement reliability.

Two major factors limit the generalizability of the research findings to other sex offender populations. One factor is the criteria the project developed for inclusion of an offender in the project. Offenders with IQ's below 70, those who were psychotic or alcohol dependent were excluded because it was thought they showed little promise for improvement from group therapy. From June 1966 to June 1969 of the 718 sex offenders entering the probation department, 59 percent were excluded by these criteria.

The second factor is the general characteristics of a probationed sex offender population. This research population was atypical in that those with more violent, more serious sex offenses were excluded because they were more likely to be sentenced to prison. Approximately 68% of the research population were first-time sex offenders, all of whom received a probationary sentence. The characteristics which define this research population must be taken into account when using the study as a baseline to predict recidivism of and the benefits of treatment for other sex offender populations

#### SECTION 4 - FINDINGS

The findings of the research are presented in three sections. Section A reports the characteristics of the sex offender research population. This presentation includes a demographic background, and a psycho-social profile. Section B presents the recidivism findings for the ten-year follow-up period. This section provides the data to be utilized in assessing the effectiveness of the two intervention strategies. Further, the recidivism data provides the basis for all other comparisons, as outlined earlier.

##### A. CHARACTERISTICS OF THE RESEARCH POPULATION

The characteristics of the offenders described in this section are included to serve two purposes. First, the profiles that follow will provide more information to establish the baseline characteristics for the population. This is important in determining the generalizability of the findings to other populations of sex offenders served in other programs. As noted earlier, the application of the current findings in developing predictive instruments for other sex offender programs must proceed with reservations about the comparability of the populations.

Second, these profiles offer theoretical insights into the sex offender. Information pertaining to the population's sexual history, childhood feelings, and career criminal patterns is important in establishing any differences that may exist among the pedophile, exhibitionist, and assault subpopulations. These differences bear directly on one's theory of etiology of sex offender behavior and determination of relevant intervention strategies.

The profiles that follow will focus on describing the overall characteristics of the research population. The homosexual subpopulation has been deleted. The demographic profile will be followed by a psycho-social profile and a criminal history profile.

#### Demographic Profile

For all 231 cases, 32.9% were white and 67.1% were non-white, however, the distribution of the cases across the three subpopulations revealed some significant differences. While 74% of the assaulters and 68.8% pedophiles were non-white, only 38.5% of the exhibitionists were non-white. For the research population, 59.3% were Protestant and 32.9% were Catholic. This characteristic was randomly distributed across the subpopulations. Only three offenders had any education past the twelfth grade level, with 33.6% of the population having no more than 9 years of education. The pedophile group was the anomaly in the distribution of education and they predominated in the 9 years and under education category. In fact, while 30.8% and 27.9% of the exhibitionists and assaulters graduated from high school only 6.4% of the pedophiles were high school graduates.

Two factors that are related to education level are income and occupation. While 84.4% of the population was working at the time of the initial interview, only 4.7% were employed in a managerial-professional capacity. The occupational categories of laborer, service worker, and operative accounted for 66.2% of those employed. This is consistent with the educational level attained by the population. However, some interesting distinctions emerge when the distribution of the occupational categories is examined for each subpopulation. Exhibitionists were more likely to be craftsmen and clerks. While the assault group members, were more likely

to be operatives and the pedophiles more likely to be service workers.

Income for the population is based on late 1960's standards. One-half of the population was earning between \$51-100 a week and 31% were earning between \$101-150 a week. There were no significant distinctions among the subpopulations. For the entire population, 32.9% were single, 38.5% were married, and 28.6% were separated, divorced or widowed. Again, there were no significant distinctions among the subpopulations.

Thirty-seven percent of the population had no children at the time of their interview, 15% had one child, and 48.2% had two or more children. For the populations, exhibitionists were overrepresented in the "no children" category and pedophiles overrepresented in the "four-plus children" category.

Finally, there was a rating of IQ for the population as measured by the Army Beta IQ test. Fifty-four percent fell into the 90-109 IQ range. Only 8.6% were found in the 70-79 range and 23% in the 80-89 range. This distribution largely reflects the exclusion criteria developed by the project which omitted offenders with an IQ below 70.

#### Psycho-Social Profile

Several questions were asked of the subjects in an effort to uncover their feelings concerning their childhood years. For the population, 60.6% responded that they had a happy childhood, and 8.2% reported an unhappy childhood. Thirty percent of the population reported being very close to their fathers, and 62% reported being very close to their mothers. Exhibitionists were least likely to be very close to their mothers.

In regard to sexual history, it was found that all but one of the

offenders, an exhibitionist, reported having had sexual intercourse by the time of the interview. By age 20, 96% of the men had had intercourse at least once, with 56% having had sexual relations by age 11 to 15. An analysis across subpopulations reveals that the exhibitionists and pedophiles generally had first intercourse at a later age than the assault group. For the latter, 27.3% first had intercourse after age 16.

In terms of establishing a regular, on-going sexual relationship, 73.8% of the population had done so by age 25. Again, the assault subpopulation shows a marked difference from the other subpopulations in this life experience. For the assault group, 86.5% had established a regular sexual relationship by age 25. For the pedophiles, 53.3% had not established a regular sexual relationship until after age 26. Similarly, 43.5% of the exhibitionists had not done so until after age 26. The majority of the assault subpopulation (77.6%) have had intercourse with more than 10 women. For the population, 74.6% had sex with more than 10 women, and only five men reported having had sex with his wife only. No cases from the assault group were found among these respondents.

The offenders also received a psychiatric diagnosis at the time of the interview. The overwhelming majority (69.1%) of cases were given a psychiatric diagnosis of personality disorder. Of the remainder, 27.4%, received no psychiatric diagnosis and 1.3% gave evidence of some organic malfunctioning. For the cases diagnosed as personality disorders, 66.1% were classified as passive-aggressive. The assault subpopulation members were more likely to be classified as antisocial personality disorders, and pedophiles were more likely to be classified as inadequate personalities.

## B. TEN-YEAR FOLLOW-UP OF RECIDIVISM FINDINGS

The findings this section reports will provide a complete criminal history profile. The career criminal history on all 231 offenders is presented first. This includes the amount and distribution of crime by subpopulation for sex and non-sex arrests. A description of the criminal patterns for the three subpopulations will follow. A distribution of analysis by age, for the three subpopulations, will document their different criminal careers. This descriptive account is followed by an analysis of the recidivism of the 231 offenders since the time of intervention, for both sex and non-sex charges (arrests). This section will also include an analysis of success and failure for the treatment and probation groups. The latter analysis will focus on those offenders rearrested for a sex offense in the ten years following intervention. Unless otherwise noted arrests is the unit of analysis for the remainder of this report.

### Career Criminal History of the Research Population

The assault, exhibitionists and pedophile subpopulations (N=231) accounted for 1,346 adult arrests, on any charge, (from the 18th birthday to April 1979). The assault subpopulation (N=144) accounted for 874 (64.9%) of the total number of arrests. The pedophiles (N=48) and exhibitionists (N=39) each accounted for approximately 17.5% of the arrests all in proportion to their representation in the population. The exhibitionists had the highest percent of arrests related to a sex offense (41%). For the pedophiles 33% of their arrests were for a sex offense, while only 23% of the assault subpopulation arrests were sex related.

An analysis of the cumulative frequency of arrests by age was conducted to discern criminal career patterns for the three subpopulations, and to see if any disruptions in their careers occurred which could be attributed to intervention.

The crime distributional analysis by age revealed that the assault sub-population generally committed their offenses at an earlier age and their careers generally ended earlier than did the pedophiles or exhibitionists. For example, for the assault offenders in treatment, 60% of their sex arrests had occurred by age 25 (Figure 1). For those in the assault probation group 60 percent of their sex arrests were recorded by age 26 (Figure 2). A similar pattern was found for the assault sub-populations non-sex arrests (Figures 3 & 4). However, for the pedophile's, both in treatment and on probation, it was not until age 36 that 60 percent of their sex arrests had been recorded (Figures 5 & 6). For the pedophile's non-sex arrests, 60% were recorded for both treatment and probation groups by the time they reached their early thirties (Figures 7 & 8). The exhibitionists' crime patterns differ dramatically depending on whether one is examining the treatment or probation only group. For the exhibitionists in treatment 60% of their sex arrests were recorded by age 34 (Figure 9). However, for the exhibitionists on probation 60% of their sex arrests occurred by age 24 (Figure 10). The small numbers of exhibitionists may have contributed to this disparity. There is less disparity between the exhibitionists in treatment and the exhibitionists on probation regarding their non-sex arrests (Figures 11 & 12). For these arrests 60% were recorded for both groups by the time they reached their late twenties. That the assault sub-populations' criminal career is the anomaly, is further confirmed by an analysis of when the subpopulation crime career appears to end.

For the total assault sub-population, including both sex and non-sex arrests, 90% of their arrests occurred by age 36 (Figures 2, 3 & 4). A similar analysis of the pedophile sub-population reveals

that it is not until approximately age 45 that 90% of their arrests are recorded (Figures 5, 6, 7, & 8) and the career shows no signs of tapering off. Again the exhibitionists differ by sub-population depending on whether one is examining sex or non-sex arrests. But in general it is not until their early 40's that 90% of their total arrests are recorded (Figures 9, 10, 11 & 12) and there is no indication that the cumulative frequency will not continue to rise.

The findings on the assault sub-population in this research resembles other research findings on aggressive, violent-prone, anti-social persons. That is, they start their anti-social behavior early and "burn out" (by their early thirties) irrespective of intervention. When specifically examining the effectiveness of the two intervention strategies studied in this research, we will return to the portrayals of the criminal histories of the sub-populations to assess any disruptions that can be attributed to intervention.

#### Predictors of Success or Failure:

The factors associated with recidivism for any crime are presented first. This is followed by an analysis of those factors predictive of recidivism for a sex offense only. Furthermore, some factors which were found not to be associated with sex offender recidivism will be presented.

All the information reported in this section was gathered from the offender's self reports at the time of their initial testing (1966-1969). It is, therefore, subject to all the problems commonly associated with this type of information. Poor memory, distortions on certain information by the subject to prevent embarrassment, and interviewer bias are the primary drawbacks. However, most of the information reported here is available only through self-report.

It is, therefore, as reliable as other information gathered on these topics.

The major finding discussed in a later section is that being placed in treatment or on probation only was not significantly associated with any subsequent criminality (Tables 1 & 2). For the treatment group 55%, and 60% of the probation group had at least one arrest subsequent to intervention. Also assignment to the different types of therapy groups was not significantly associated with subsequent arrest for any crime (Table 6).

It was found that marital status at the time of the intervention was significantly associated with differences in recidivism (Table 3). Single offenders were three times more likely to recidivate than those who were divorced (65% vs 22%). Income differentiated among the population in terms of recidivism (Table 4). Whereas 67% of those earning \$51 to \$100/week recidivated, only 36% of those earning over \$100 were subsequently arrested.

Those who reported getting into trouble while in school were more likely to be rearrested (Table 5). For those who reported they did get into trouble 69% were rearrested. For those who reported no trouble in high school 49% were rearrested. Those individuals who had brothers who had been in trouble with the police were more likely to recidivate (Table 6).

Those who were younger when they were arrested on the sex offense for which they were ultimately assigned to the research population, were more likely to be rearrested again after intervention (Table 7). Approximately 75% of the 18 to 20 year olds recidivated compared with 50% of those who entered the research when they were 26 to 34 years old.

Several of the psychiatric variables included in the interview

were significantly associated with recidivism. Those who evidenced constricted through flow were more likely to recidivate than those diagnosed as not constricted (70.6% vs. 53.1% - Table 9). Individuals not showing rigid control were twice as likely to recidivate as those who gave evidence of rigid control (60.8% vs. 30.8%, Table 9). And, finally, those individuals for whom the psychiatrists predicted a low potential for group participation, had a lower recidivism rate than for those where the reverse was predicted (35% vs 50%, Table 10).

The variable most strongly associated with a subsequent arrest for a sex offense was the sex arrest rate per year before intervention (Table 11). That is past criminal behavior was the best predictor of future criminal behavior (measured by arrest). For those whose pre-intervention adult sex arrest rate was 0.0 to 0.30 per year at risk, 7.9% had an subsequent sex arrest. For those whose sex arrest was .31 to 1.39 per year, the sex offense recidivism rate was 26.2%.

The second strongest variable associated with a subsequent sex offense arrest was a self-reported history of indecent exposure (Table 12). Of those who reported such a prior history, 30.4% were subsequently arrested, while only 8.7% of those who reported no such history recidivated. Those self confessed exhibitionists (24), were asked how many times they had exposed themselves (Table 13). For those who answered "once," no one recidivated, while 58.3% of those who answered "two or more times" recidivated.

As the literature review which began this report indicates, sex offenses are now being seen as expressions of power and hostility more than erotic desire. Much attention is being focused on the offender's relationships with women and early childhood experiences that may have adversely affected his psychosexual development.



The earliest and most prominent woman in a child's life is his mother. Therefore, it is not surprising that several questions were asked of the offender's regarding their relationship with their mothers. Two such variables were found to be statistically significantly associated with sex offender recidivism. The first pertains to the interviewee's perception of his mother's feelings towards him (Table 14). Those who reported perceiving positive feelings from their mothers were less likely to recidivate. Only 10% of those who reported these positive feelings recidivated, while 25% who reported indifferent feelings had a subsequent sex arrest. A second question probed the interviewee's feelings toward this mother (Table 15). Again, those who reported negative feelings toward their mothers were more likely to recidivate. For this group 50% recidivated, while of those who reported positive feelings towards mother only 11.5% recidivated.

On the surface this may seem to confirm psychoanalytic theory regarding the etiology of sexual deviance. That is, feelings of being inadequately loved and cared for give rise to hostility towards mother and, by extension, to all females. Attacks against females are seen as a means the ego employs to defend against the anxiety associated with being unloved and feeling insecure and to punish women for their wrongs. However, to pursue the above mentioned line of thought, may be overextending these data, especially in light of the lack of data on the number of non-sex offenders who have unresolved conflicts with their mothers. Also, the research on other antisocial types may reveal similar negative relationships with mothers.

Still unresolved is why the offender chooses sex offenses to express his hostility. Resentment toward one's mother may be a necessary component in explaining sex offenses, but, by itself it may never suffice as a complete explanation.

As noted above adult arrest rate was the best single predictor of a future arrest for a sex offense. So strong was this association that when the above-mentioned significant variables were again cross tabulated with sex arrests since the intervention, this time controlling for prior sex arrest rate, the significance disappeared (Figure 13). The only exception to this pattern was that for those who had exposed themselves and whose prior sex arrest rate was .30 to 1.39 sex arrests per year, the positive association between having admitted to exposing themselves and subsequent sex arrests remained.

It must be pointed out here that no sub-population in either treatment or probation showed any significant difference in their sex arrest rate pre and post intervention. Which is to say that treatment and probation did not affect their criminal careers. The prior examination of the distributional analysis of crime by age for the sub-populations, also revealed no disruption on the relationship between crime and age. (Figures 1 through 12). Such a disruption would be predicted if intervention had an effect on the subsequent criminality. The effects of intervention on recidivism are discussed in more detail in the next section.

From the large number of variables that were contained in the data file, many variables are not found to be associated with rearrest for a sex offense. These variables, prior to the research, were thought to influence recidivism. It is surprising to find these to be unrelated to outcome. These negative findings may be important for

use in future research.

The following are variables which are not associated with rearrest for a subsequent sex offence:

1. Relationship with father,
2. Sexual relations with women,
3. Feelings about self,
4. Marital status,
5. Religious preference,
6. History of childhood sexual abuse,
7. Drinking history,
8. Age at first arrest,
9. Attendance in group therapy,
10. Feelings about being arrested,
11. Arrest rate before intervention,
12. Highest school grade attained.

#### Intervention Impact on Recidivism:

For all 231 subjects, 57% have been arrested for any offense since intervention. There is no significant difference between the sub-populations on this measure of recidivism (Table 1). For the assault sub-population 63.2% have been rearrested, while 43.8% of the pedophiles and 51% of the exhibitionists have been rearrested. Treatment or probation only was not significantly related to rearrest for any crime (Table 2). For the treatment group, 55% recidivated; 60% of the probation group were rearrested. For all 231 subjects, 99 (42.8%) were never rearrested.

The intervention strategies reported in this research were targeted for use with a sex offender population. Both the Joseph J. Peters Institute and the Probation Department's Intensive Service Unit undertook the development of appropriate strategies to

intervene with this population and effect a cessation of their aberrant sexual conduct. In line with this, the major outcome measure for the current study is the occurrence of a subsequent sex arrest; comparing those offenders on treatment and probation; comparing the sub-populations; and comparing the assignment to groups (homogeneous, mixed or self-directed). It is these findings which will permit an analysis of the general and relative effectiveness of the two intervention strategies with a sex offender population.

For all 231 men 26 (11.3%) were rearrested on a subsequent sex offense. Twenty of the 147 men in the treatment group recidivated and six of the 84 in the probation only group recidivated. This comparison of treatment and probation groups and subsequent sex offender recidivism reveals however, no statistically significant difference for the intervention strategies (Table 16). For the treatment group 13.6% recidivated on a sex offense while 7.2% of the probation group were subsequently rearrested on a sex charge. An in-depth analysis of the 26 sex offender recidivators is presented below. Descriptive measures outlining subsequent sex offense recidivism are presented.

The chi-square analysis of recidivism by sub-population, while not statistically significant, reveals that the exhibitionists (20.5%) were most likely to be arrested on a subsequent sex charge (Table 17). For the assault sub-population 10.4% were subsequently rearrested and 6.3% of the pedophiles had a subsequent sex related arrest. The analysis of treatment assignment (homogenous, mixed and self-directed groups) by recidivism also revealed no statistically significant differences. However, the homogeneous therapy group members were most likely to be arrested for a subsequent sex offense (Table 18). Of these men 16% were rearrested, while 10.7% of the men in the mixed group and 7.7% of the self-directed group had a subsequent sex arrest.

An analysis of recidivism for sex offense by assignment to group controlling for sub-population and length of time in treatment (attended less than 20 sessions vs. more than 20 sessions) does turn up some significant associations with subsequent arrests which are presented below.

When one controls for attendance (less than 20 sessions, more than 20 sessions) and sub-population, (assault, exhibitionist, and pedophile) and examines treatment assignment (homogeneous, mixed, self-directed), with subsequent sex offenses, some interesting trends and significant associations emerge.

Examining those in the assault sub-population who attended 20 or more sessions, a significant association emerges between assignment and sex arrests since intervention (Table 19). While none of the fourteen assaulters in the mixed group recidivated, and only one assaulter (5.3%) in the self-directed group recidivated, eight assaulters (29.6%) in the treatment homogeneous group were rearrested for a sex arrest. When examining the same sub-population and looking only at those who attended less than 20 sessions, no significant association was found to exist between assignment and sex arrests since experiment. (Table 20). Indeed, for the previous high-risk cell (i.e., homogeneous group assignment) now no recidivators are found. The same pattern holds for the exhibitionist sub-population. Of those who attended 20 or more sessions and were in the homogeneous group 29.6% recidivated (Table 21). None of the three men in the exhibitionist homogeneous group who attended less than 20 sessions recidivated (Table 22).

This analysis, isolates a high risk category, namely assignment in treatment homogeneous groups, and attendance of twenty sessions or more. The interaction between being in a homogeneous group and attending intensely and its impact on recidivism has been outlined. Interpretation of these findings and the group processes that may have emerged and their association with recidivism will be presented in the concluding section of this report.

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Information on the mean number of subsequent sex crimes for each subpopulation was also computed. The assault subpopulation had an appropriate mean number of 2.2 subsequent sex arrests. They had the highest mean, followed by the exhibitionists with an approximate mean number of 1.1 sex arrests. The pedophiles had a mean number of subsequent sex arrests of .800. There was no significant differences in mean number of subsequent sex arrests either for the subpopulations or by the comparison of treatment and probation, or by length of time in therapy.

For the 26 sex offender recidivators, 17 had one subsequent arrests, and one man had six subsequent sex arrests. an examination of the 26 sex offender recidivators was conducted to determine any changes in their sex crime patterns - pre and post intervention. Change is here defined as movement from one offense category (rape) to another (e.g., public indecency) and/or a change in the rate of sex arrests pre- and post-intervention.

Approximately one-third (9) of the sex offender recidivators had no change either in the number of sex offenses they were arrested for or in the crimes for which they were arrested. Eight men evidenced change in the crime for which they were arrested. Using the UCR crime code in rank ordering, five of the men were rearrested on sex crimes "less severe" than the pre-intervention offenses. All these men were in the treatment group. Three men were rearrested on

a "more severe" sex charge. Two of these men were from probation, one was from treatment. While this is a crude measure of seriousness, and the numbers are small this difference should be considered when comparing the impact of treatment and probation.

Overall, 12 men experienced changes in the number of sex arrests pre- and post-intervention. Eight were arrested for fewer total sex crimes post-intervention than before intervention. Six of these men were from the treatment group, two were in the probation only group. Four men increased their number of sex arrests from pre- to post-intervention. All of these men were in the treatment group. This analysis provides another means, in addition to recidivism, to begin to assess the effectiveness of the intervention strategy. Of those men who experienced change pre- and post-intervention, the majority changed in a positive direction. That is, either they were committing fewer sex offenses, or less severe offenses. The analysis indicates that if reliable measures of seriousness could be applied, treatment may be found to be more effective in producing these positive changes than was probation.

Information was obtained pertaining to convictions for those men who were rearrested on a subsequent sex crime. For the 17 men with one subsequent sex. arrest, eight were not convicted, six received probationary sentences in the two to four year range, two were incarcerated -- one for one year and one for four to twenty years. Information was not available on one case. For the five men who each had two arrests, the distribution of outcomes was as follows. No conviction was reached on five of the total of ten charges, three men received probationary sentences, one of whom received two probationary

sentences, again all in the two to four range. Information was not available on one case. For the three men each with three arrests, three of the nine charges resulted in acquittal. One person received two probationary sentences, each one year in length. The other men were sentenced to incarceration, one for 10 to 20 years, and the second with two sentences, one for two years and one for ten to twenty years in prison. The one individual who accumulated six arrests, received five probationary sentences, the majority for two years. Information on the outcome of one case was not available.

While the above findings tend to provide heuristic support for concluding that treatment has had a positive effect on the population, the statistical analysis, using recidivism as the sole outcome measure reveals no significant difference for the treatment and probation group on subsequent sex offenses. If anything, the trend from that analysis depicted probation as having fared better in curbing recidivism than treatment (7.2% vs. 13.7%), particularly, as compared to intensive homogeneous group therapy. In order to more fully understand the recidivism patterns of a sex offender population, and develop appropriate intervention strategies, an analysis of factors predictive of success and failure in treatment is presented in the following section.

#### Predictors of success in treatment

When examining those men in the treatment group and the factors associated with their recidivism, most of the variables predictive of a future sex arrest for the entire population are also found to be associated with their subsequent criminality. Sex arrests before intervention was most strongly associated with subsequent sex arrests (Table 23). Of those who had zero and one prior sex arrest 10.4% had a subsequent sex arrest. For those with three prior sex arrests 25% had a subsequent sex arrest. The treatment group shows significant differences in their recidivism (Table 4). The exhibitionists

recorded the most subsequent sex arrests, followed by the assault and pedophile subpopulations. Once again, how the individuals perceive their mother's feelings towards them was associated with recidivism (Table 25). Those who reported negative or indifferent feelings were more likely to recidivate. However, for the treatment only group their feelings towards their mothers were not significantly associated with recidivism. As is found in the overall population, those in the treatment only group who reported having exposed themselves and, if so, more than once, were significantly more likely to recidivate.

One factor which emerged for the treatment only group as associated with recidivism, self-esteem, was not found to be associated with recidivism for the overall population (Table 26). Those who had the extreme scores, high or low self-esteem, were more likely to recidivate than those whose scores were average. That those with a beleaguered self-image may react to this situation with antisocial behavior, is not as surprising as the finding that those with high self-images are just as likely to engage in the same behaviors. Perhaps a high self-esteem over compensates for feelings of inadequacy and serves to insulate the individual from the adverse reactions that their behavior engenders.

## SECTION 5

### RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

There are two main areas which can be informed by the results of this research. One is that more information is now available concerning career criminal patterns for a sex offender population. This population's recidivism potential has been documented. It is these findings, in the context of the current research design, that provide for an assessment of treatment techniques, and the formulation of certain recommendations on treatment strategies.

While overall 57% of the population were arrested, only 11.3% were rearrested on a sex charge. In the exhibitionist's criminal history was found more sex arrests than were found in the assault and pedophile groups. The assaultors had many non-sex arrests. Thus the sex offender's potential for continued antisocial behavior, as documented by their 1,346 arrests, is real enough. But the vast majority of these arrests were not sex-related. The public's conception of the sex offender as a man continually driven to aberrant sexual behavior is not supported by the current research.

Soothill et. al, who followed a group of rapists over a 22-year span, reports results comparable to this study. He found 5 of his sample were re-convicted for another rape. Overall 13 individuals (15%) were convicted of another sex offense in the follow-up period. He found 51% of his sample to have no subsequent convictions. In the current study 42% of the population had no further arrests in the follow-up period.

The current study also lends validity to Soothill's suggestion that a sufficiently long follow-up period is necessary to allow for antisocial behavior to emerge. For the 26 sex offender recidivators from the current study, 7 committed their first sex offense 4 years or more after their treatment period. It should also be noted that 7 committed their first offense in less than one year following treatment. For a trend in

criminality to emerge, both Soothill's work and the current study, seem to point to 5 years as minimal for an effective follow-up period.

In predicting future criminality for a sex offender population, the current research found that the best measure to employ is past criminal history. Not surprisingly, those with a long criminal history of sex offenses had a higher probability of recidivating in spite of any intervention. For example, if included in the criminal history is an admission of previously exposing oneself more than once, the contribution of prior history to prediction of future behavior is even greater. This population had an extremely high potential to continue their exhibitionistic conduct.

The other factors that were significantly associated with sex offender recidivism were the respondent's feelings regarding his mother. As noted earlier when discussing these significant results, this is not an automatic confirmation of psychoanalytic theory, but needs to be further clarified and confirmed by future research. Whether these are the best predictors of recidivism could be confirmed by the development of an intake interview to be used with sex offenders, which obtained information in these areas and confirmed whether these factors were associated with this population and with those who recidivate.

With recidivism being the major outcome measure employed in the study, it was criminal information that was collected and formed the data base. This, in turn, forms the context from which the recommendations regarding treatment studies can be made. As noted above, criminal history provides the most information on the sex offender's likelihood to benefit from treatment. The latter is usually translated as a cessation of antisocial conduct. But the potential of treatment to change an individual who exposes himself repetitively seems to be low, based on the current findings. Furthermore, one's age interacts with criminal history to reduce the potential of treatment effectiveness.



It must be noted here that the results are expressed as probabilities, which predict a number of failures out of a great many cases and cover a large time span. It would be misleading to conclude from these results that the one-time offender has no potential to recidivate, while those with three or more sex offenses cannot be helped. The data do suggest, however, that therapeutic intervention with the latter group would be more difficult and perhaps development of different base line measures to evaluate the relative success of treatment may be in order.

A measure of past criminality can also serve to define the population seen in treatment centers. A distinction being made between the "psychiatric sex offender" and the "criminal sex offender." The former is thought to be a true sexual deviant whose personality disorder expresses itself in abnormal sexual conduct. Usually their offenses are almost exclusively sexual and repetitive, and may have a symbolic or ritualistic quality to them. The criminal sex offender commits crimes other than sex crimes, and his primary diagnosis or classification is not "sexual deviance." His behavior may reflect the cultural context he was raised in, where expressions of masculinity sometimes take exaggerated form with women. As these populations differ in their personality makeup, different treatment modalities may be involved in their rehabilitation.

The criminal history would be invaluable in defining the population one is working with. A complete criminal history should be obtained as part of any intake interview. Not only should this include obtaining information on the current offense, but all past offenses both sexual and nonsexual. An attempt should be made to uncover undetected crime. Furthermore, the situational dynamics and behaviors performed by the sex offenders in his crimes needs to be

obtained and patterns analyzed to uncover the offender's modus operandi, his modus for such behavior, and successful maneuvers by victims to resist attack.

As the research results indicate, any treatment program involving the use of therapy groups should be attentive to the unintended, negative effects that may emerge. In the current study, those offenders who were in a homogeneous therapy group and who attended regularly had a much higher rate of recidivism than any other treatment group. While it is extremely difficult to reconstruct the group experience of 10 years ago, some speculation on the process that emerged in the group and contributed to recidivism is in order.

By having all similarly classified sex offenders in one group it was thought this would engender group solidarity and create trust, both considered integral to the therapeutic process. However, this solidarity may have produced a self-confirming reality for the offender. A situation was created where an isolated offender interacted with others all similarly charged. The offender was able to see that other individuals do as he did, and were subject to the same treatment, or that he did nothing wrong at all. Additionally, the group may have indirectly reinforced assaultive behavior, by proving motivations, rationalizations and legitimations for the behavior to other members. Finally, psychodynamically oriented as well as other therapies emphasizing self-image and self-esteem may be incorporated by the offender as sanctioning his behavior. The feeling of acceptance may serve to lessen responsibility for his behavior. Therapists must be on guard to avoid utilizing notions of unconscious motives and drives in such a way as to offer rationalizations to the offenders. In being attentive to all these issues, a number of specific recommendations emerge, all of which need to be confirmed by future research.

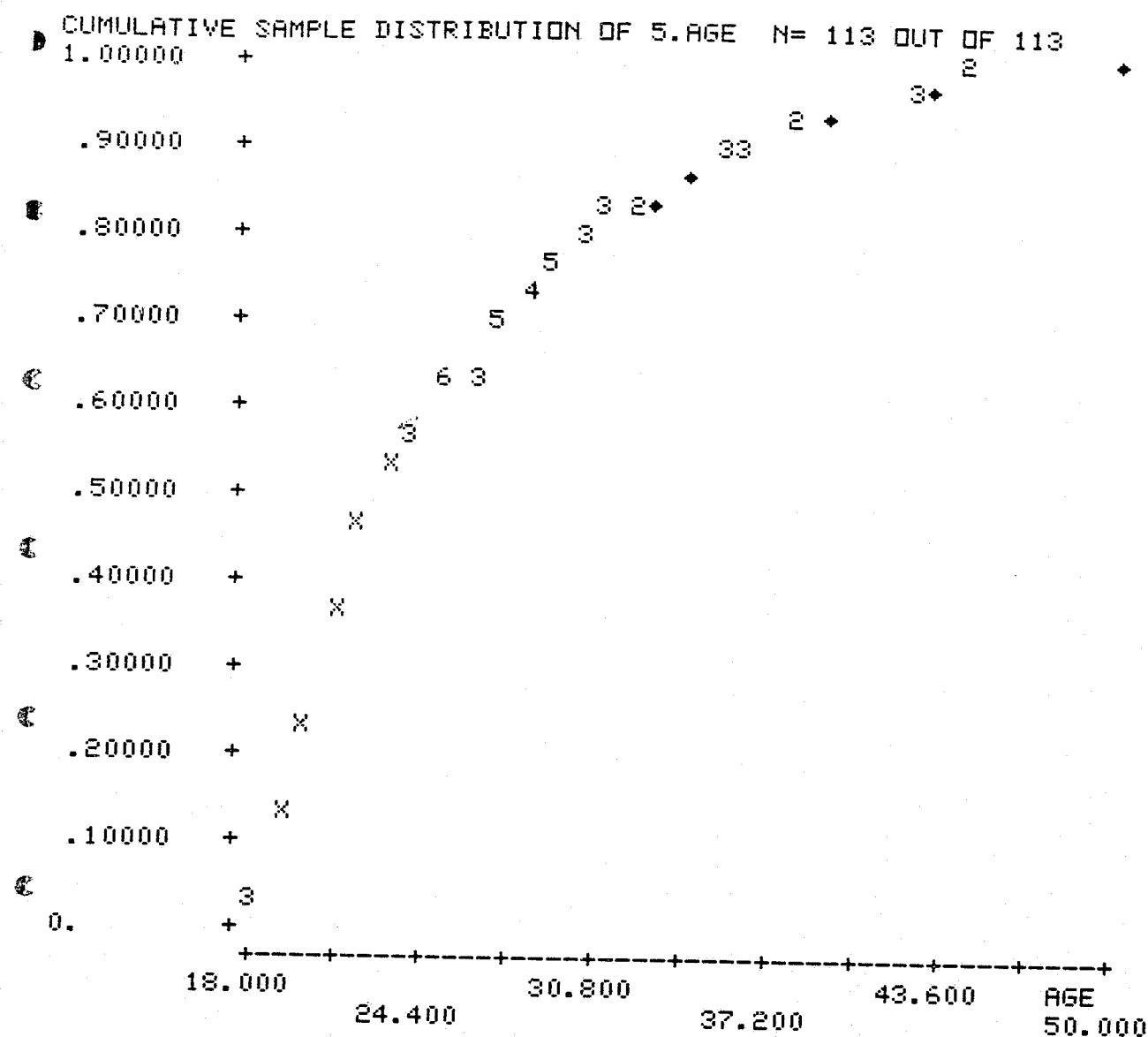
The use of mixed groups may break down the support and confirmation of one's behavior that the homogeneous groups now provide. The results here indicate that those in a mixed group recidivate much less than those in a homogeneous group. The mixed groups included all types of sex offenders (pedophiles, exhibitionists, homosexuals and rapists). Other programs have experimented with the use of other criminal types and non-criminal types in treatment groups. These mixed groups produce confrontation among the members as a result of the differing perspectives members have on others' behavior. For example, a rapist can understand and legitimate his and other's similar behaviors, but he may not be able to do the same for an exhibitionist or pedophile. He comes to see and evaluate his behavior from another's perspective, which may result in his attaching a new meaning to his old behaviors.

The final recommendation is made on the basis of the existing literature on treatment techniques and the results from this study. The literature as well as the current research do not provide the picture of a sex offender population as having one defining characteristic or set of characteristics. Rather the research highlights the significant differences that exist among the sex offender population. And the literature posits a host of motivations that are associated with sex offender behavior. The final recommendation addresses itself to the needs of this amorphous population known as sex offenders. It is generally conceded that a program employing more than one treatment technique is more effective. Thus programs may want to consider integrating their current treatment with some new techniques and other perspectives.

Among the treatment recommendations that emerge in the study is increased education on human sexuality for sex offenders.

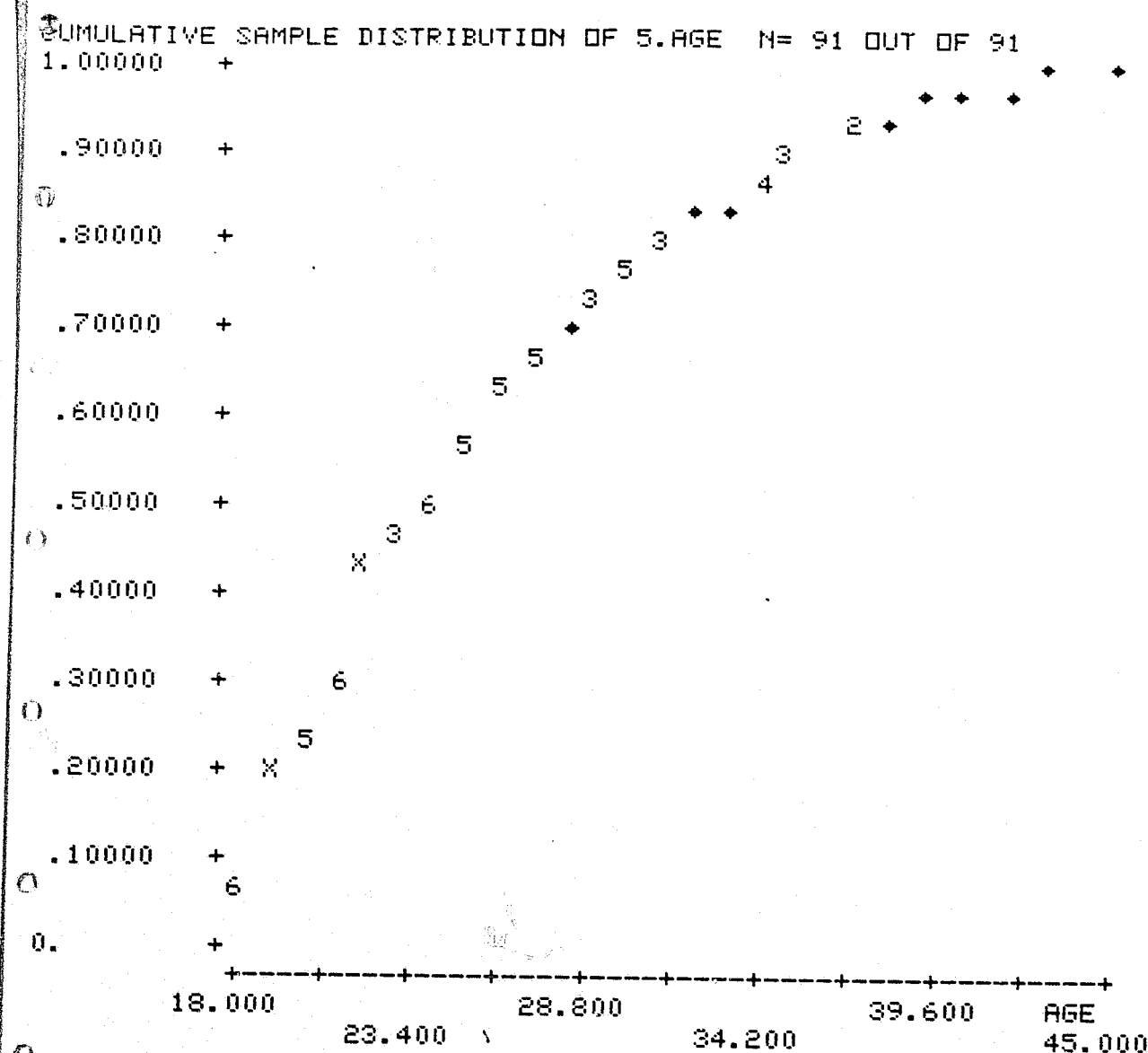
Among offenders there exists a paucity of knowledge on the biology of reproduction and the biology of the sexes. In addition social-sexual skills training is needed. The initiation and completion of sexual relations is among the most complex of human behaviors. Frustration in this area which results from a lack of interpersonal skills may increase the potential for aggression and sexual deviance. Finally, treatment agencies may want to include an enlarged diagnostic battery given to offenders. This would serve the dual functions of better developing an individualized treatment program as well as serving to confirm some hypotheses on the etiology of sex offender behavior. In addition to a psychiatric and psychological exam, lab exams measuring physical processes would be included as well as a social interview designed to uncover some of the values, norms, and roles men have acquired regarding women.

Figure 1. Cumulative frequency of sex offense arrests by age for assaulters in treatment group



PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	19.000	.9500	19.000 20.000	.9587
.2000	20.000	.9500	19.000 21.000	.9550
.3000	21.000	.9500	20.000 22.000	.9596
.4000	22.000	.9500	21.000 23.000	.9565
.5000	23.000	.9500	22.000 25.000	.9513
.6000	25.000	.9500	23.000 28.000	.9565
.7000	28.000	.9500	25.000 30.000	.9596
.8000	31.000	.9500	28.000 35.000	.9550
.9000	36.000	.9500	33.000 42.000	.9587

Figure 2. Cumulative frequency of sex offense arrests by age for assaulters in control group

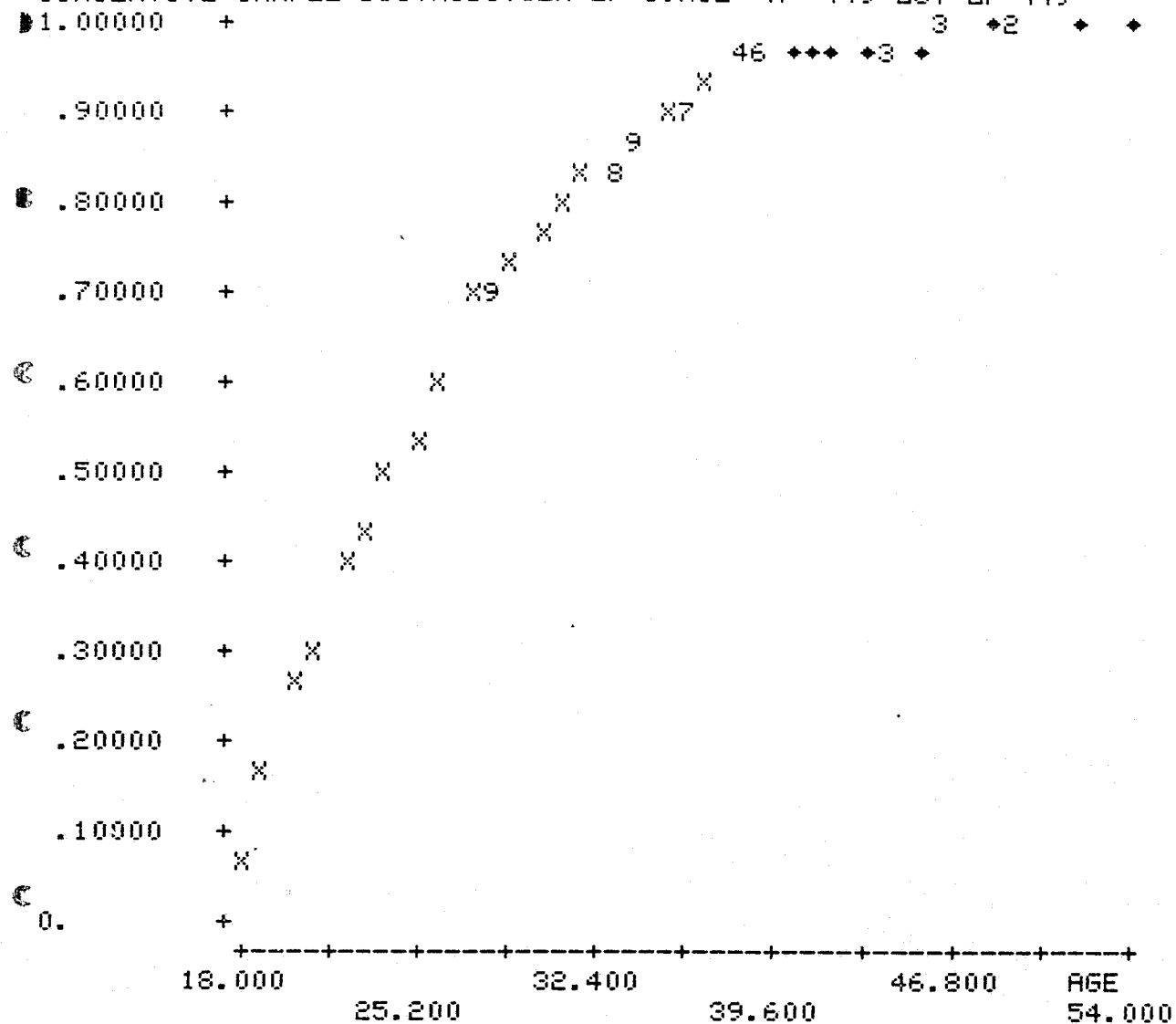


PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	19.000	.9500	18.000 19.000	.9663
.2000	20.000	.9500	19.000 21.000	.9514
.3000	21.000	.9500	20.000 22.000	.9612
.4000	22.000	.9500	21.000 24.000	.9577
.5000	24.000	.9500	22.000 26.000	.9530
.6000	26.000	.9500	24.000 29.000	.9577
.7000	29.000	.9500	26.000 31.000	.9612
.8000	31.000	.9500	29.000 35.000	.9514
.9000	35.000	.9500	33.000 40.000	.9663

Figure 3. Cumulative frequency of non-sex arrests by age for assaulters in treatment group

DISTRIBUTIONAL ANALYSIS <1> UCRNOSEX: YES TC: TREAT TYPE: ASSLT

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 449 OUT OF 449

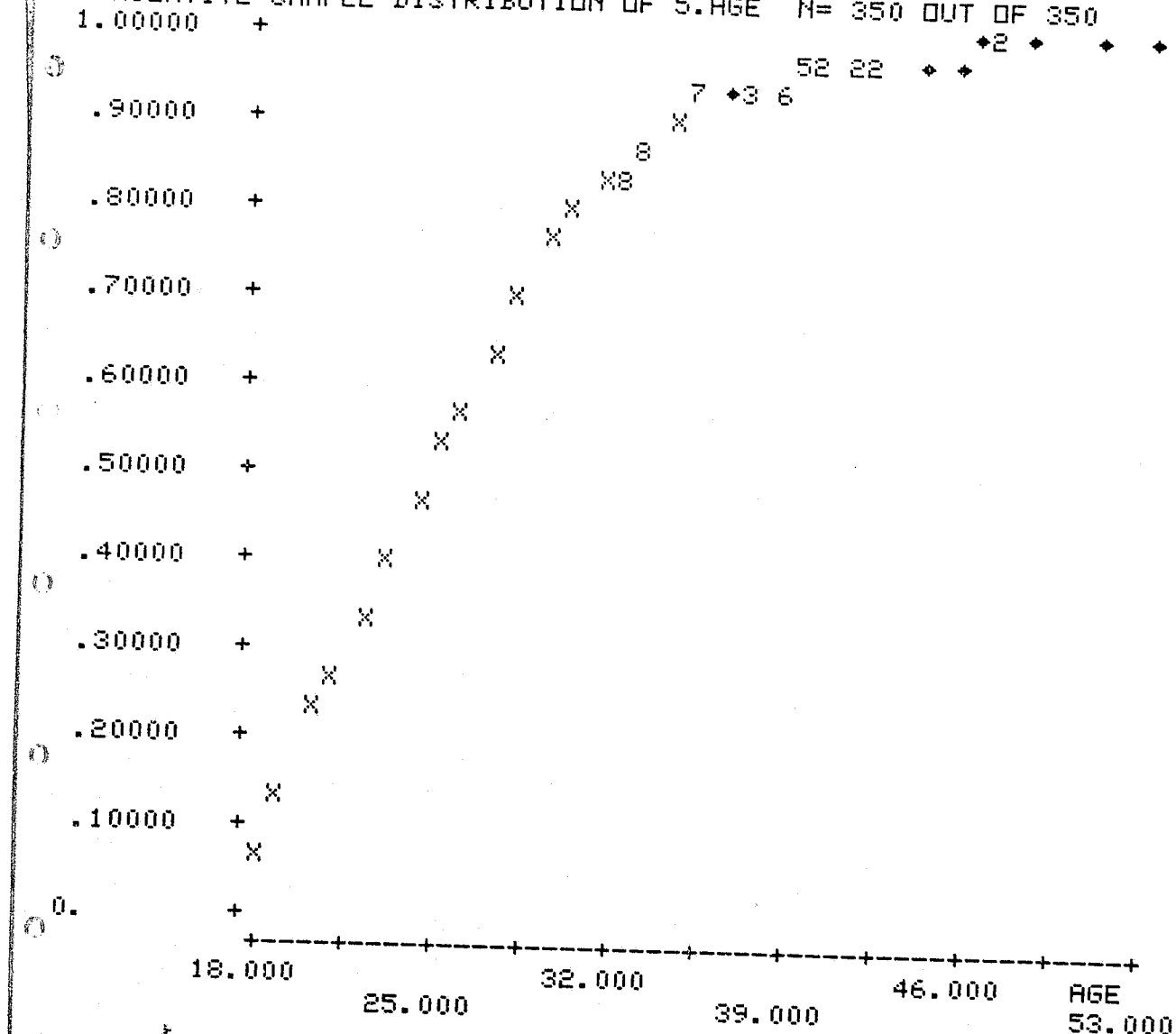


PROB	QUANTILE	LEVEL	CONFIDENCE	INTERVAL	SIZE
.1000	19.000	.9500	19.000	19.000	.9514
.2000	20.000	.9500	19.000	20.000	.9551
.3000	21.000	.9500	21.000	22.000	.9555
.4000	23.000	.9500	22.000	24.000	.9517
.5000	25.000	.9500	24.000	26.000	.9527
.6000	26.000	.9500	26.000	27.000	.9517
.7000	28.000	.9500	27.000	30.000	.9555
.8000	31.000	.9500	30.000	33.000	.9551
.9000	36.000	.9500	35.000	37.000	.9514

Figure 4. Cumulative frequency of non-sex arrests by age for assaulters in control group

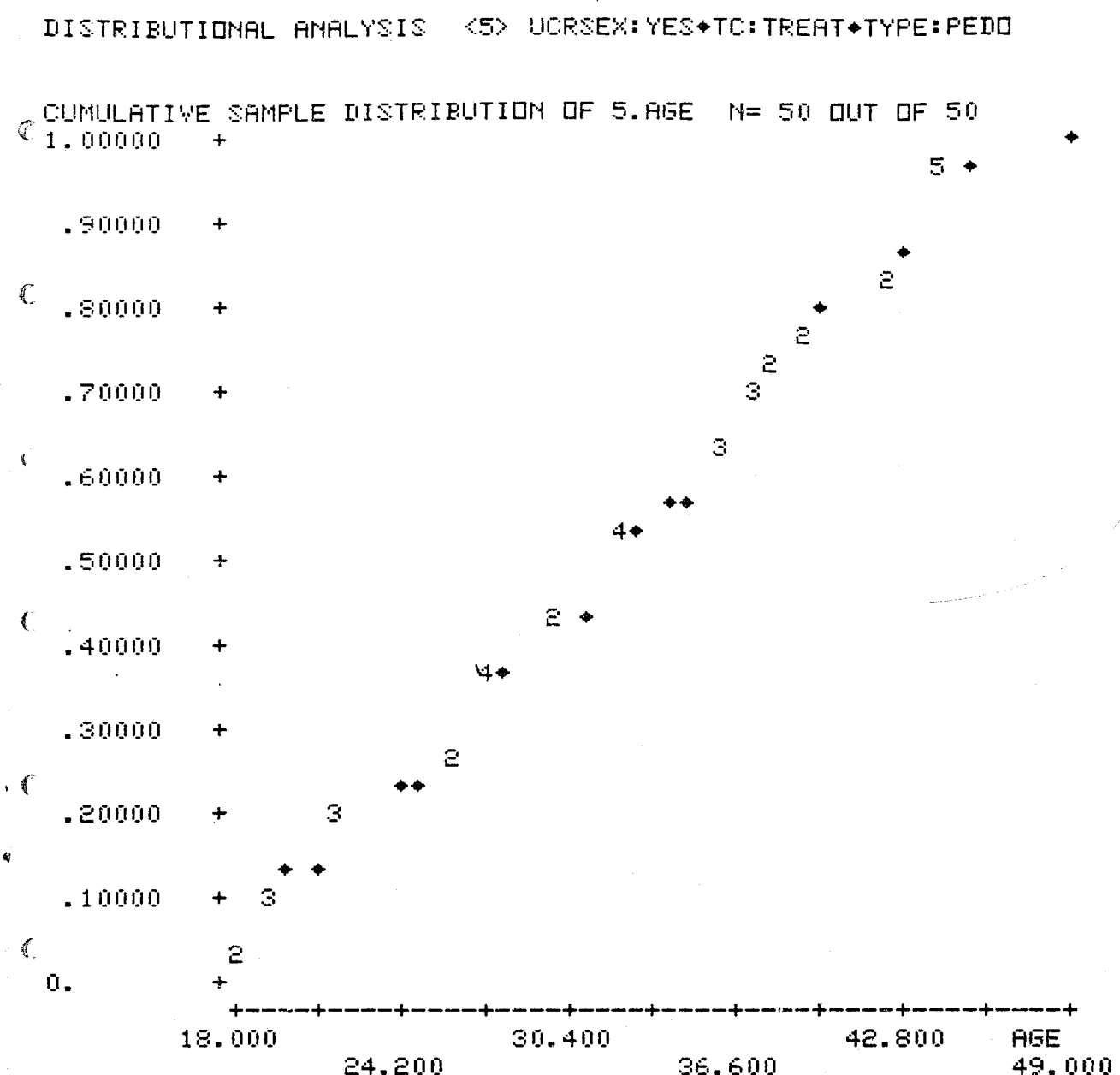
DISTRIBUTIONAL ANALYSIS <2> UCRNOSEX: YES TC: CNTRL TYPE: ASSLT

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 350 OUT OF 350



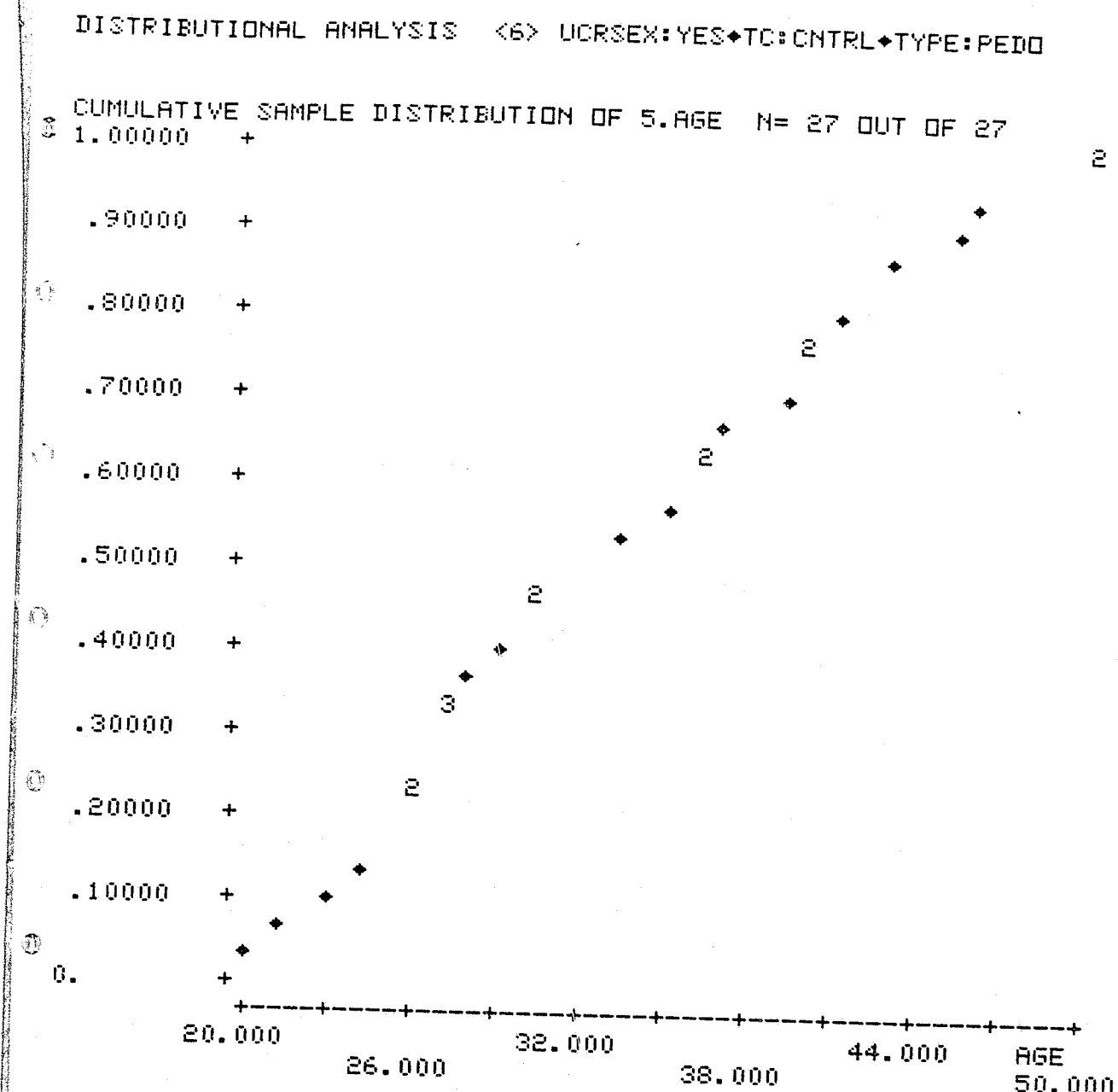
PROB	QUANTILE	LEVEL	CONFIDENCE	INTERVAL	SIZE
.1000	19.000	.9500	19.000	19.000	.9502
.2000	20.000	.9500	20.000	21.000	.9550
.3000	22.000	.9500	21.000	23.000	.9526
.4000	24.000	.9500	23.000	25.000	.9503
.5000	25.000	.9500	24.000	26.000	.9522
.6000	27.000	.9500	26.000	28.000	.9503
.7000	29.000	.9500	28.000	29.000	.9526
.8000	31.000	.9500	29.000	32.000	.9550
.9000	35.000	.9500	33.000	38.000	.9502

Figure 5. Cumulative frequency of sex offense arrests by age for pedophiles in treatment group



PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	19.000	.9500	18.000 22.000	.9703
.2000	22.000	.9500	19.000 27.000	.9507
.3000	27.000	.9500	22.000 31.000	.9567
.4000	30.000	.9500	26.000 34.000	.9560
.5000	32.000	.9500	28.000 37.000	.9511
.6000	36.000	.9500	32.000 38.000	.9560
.7000	37.000	.9500	35.000 42.000	.9567
.8000	40.000	.9500	37.000 44.000	.9507
.9000	44.000	.9500	42.000 49.000	.9703

Figure 6. Cumulative frequency of sex offense arrests by age for pedophiles in control group



PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	23.000	.9500	VALUES < 26.000	.9529
.2000	26.000	.9500	21.000 28.000	.9508
.3000	27.000	.9500	24.000 33.000	.9656
.4000	29.000	.9500	26.000 36.000	.9508
.5000	33.000	.9500	27.000 40.000	.9643
.6000	36.000	.9500	30.000 41.000	.9508
.7000	39.000	.9500	33.000 45.000	.9656
.8000	41.000	.9500	37.000 50.000	.9508
.9000	46.000	.9500	VALUES > 41.000	.9529

DISTRIBUTIONAL ANALYSIS &lt;5&gt; UCRNOSEX: YES ♦ TC: TREAT ♦ TYPE: PEDD

AGE N= 139 OUT OF 139

1.00000 +

.90000 +

.80000 +

.70000 +

.60000 +

.50000 +

.40000 +

.30000 +

.20000 +

.10000 +

0. +

18.000 25.600 33.200 40.800 48.400 56.000

AGE

-101-

DISTRIBUTIONAL ANALYSIS &lt;6&gt; UCRNOSEX: YES+TC: CNTRL+TYPE: PEDD

AGE N= 56 OUT OF 56

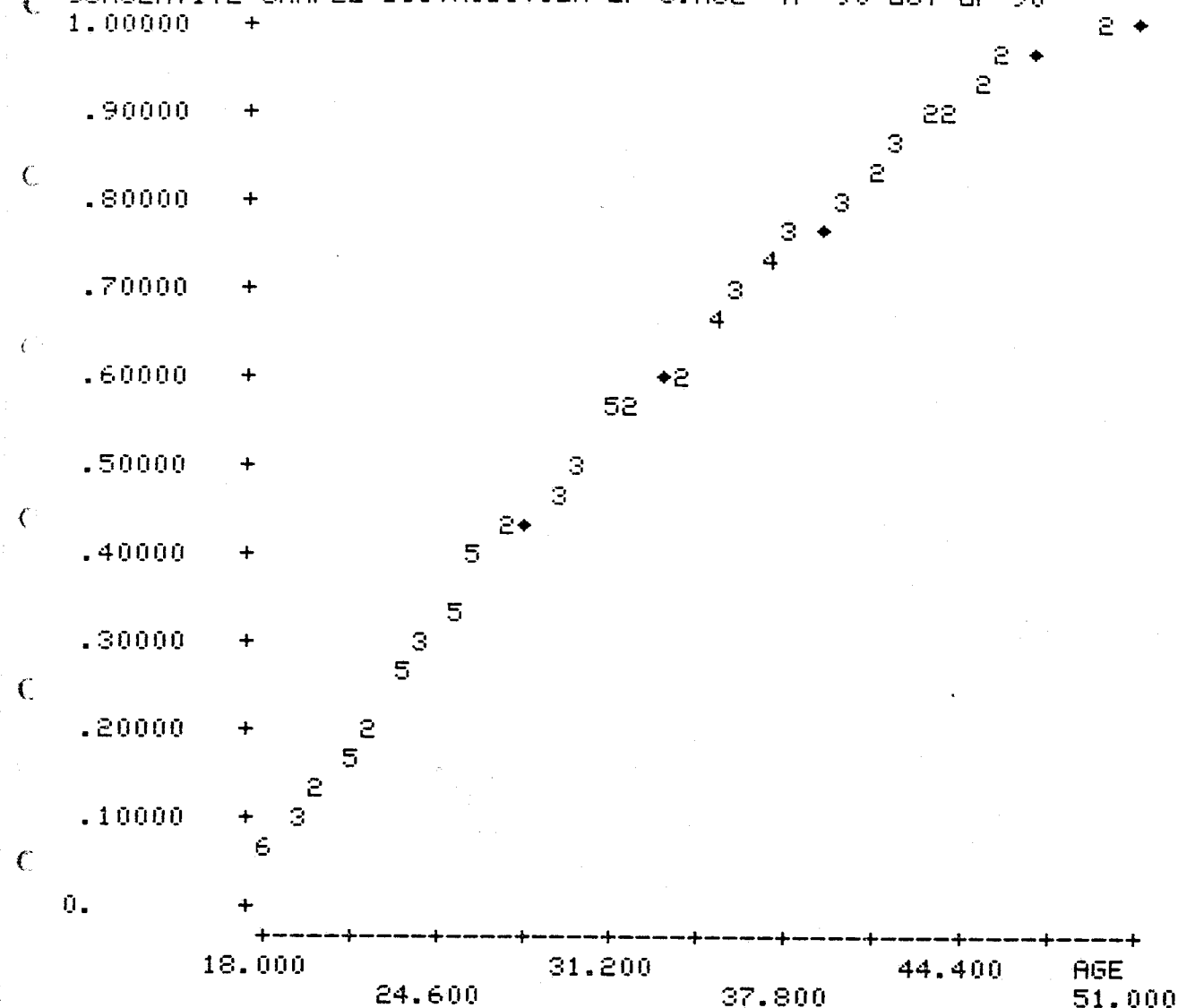
AGE	Frequency	Variable (approx.)
18.000	1	0.02
20.000	3	0.05
21.000	2	0.10
22.000	4	0.18
24.000	2	0.22
26.000	3	0.30
28.000	5	0.40
30.000	2	0.45
32.000	3	0.50
34.000	2	0.55
36.000	2	0.60
38.000	4	0.65
40.000	5	0.72
42.000	4	0.80
44.000	4	0.82
46.000	4	0.85
48.000	4	0.92

PROB	QUANTILE	LEVEL	CONFIDENCE	INTERVAL	SIZE
.1000	21.000	.9500	19.000	22.000	.9588
.2000	23.000	.9500	21.000	26.000	.9568
.3000	26.000	.9500	22.000	27.000	.9589
.4000	27.000	.9500	24.000	32.000	.9588
.5000	31.000	.9500	27.000	36.000	.9560
.6000	35.000	.9500	31.000	37.000	.9588
.7000	37.000	.9500	35.000	39.000	.9589
.8000	39.000	.9500	37.000	43.000	.9568
.9000	43.000	.9500	39.000	45.000	.9588

Figure 9. Cumulative frequency of sex offense arrests by age for exhibitionists in treatment group

DISTRIBUTIONAL ANALYSIS <7> UCRSEX: YES+TC: TREAT+TYPE: EXHIB

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 90 OUT OF 90

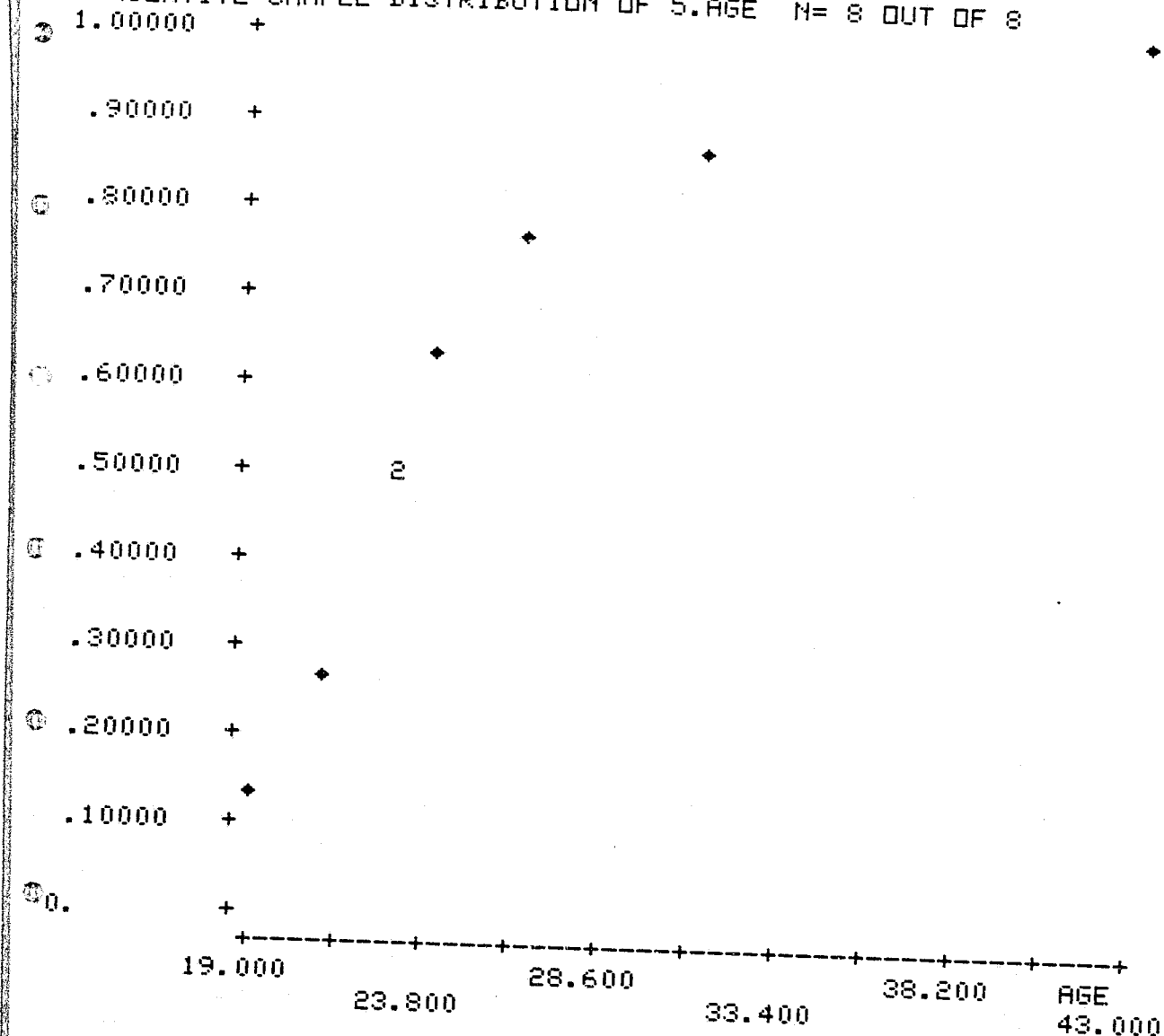


PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	19.000	.9500	18.000 21.000	.9668
.2000	22.000	.9500	20.000 24.000	.9532
.3000	25.000	.9500	23.000 26.000	.9503
.4000	26.000	.9500	25.000 31.000	.9597
.5000	30.000	.9500	26.000 34.000	.9554
.6000	34.000	.9500	30.000 37.000	.9597
.7000	37.000	.9500	34.000 40.000	.9503
.8000	40.000	.9500	37.000 43.000	.9532
.9000	44.000	.9500	41.000 47.000	.9668

Figure 10. Cumulative frequency of sex offense arrests by age for exhibitionists in control group

DISTRIBUTIONAL ANALYSIS <8> UCRSEX: YES+TC: CNTRL+TYPE: EXHIB

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 8 OUT OF 8



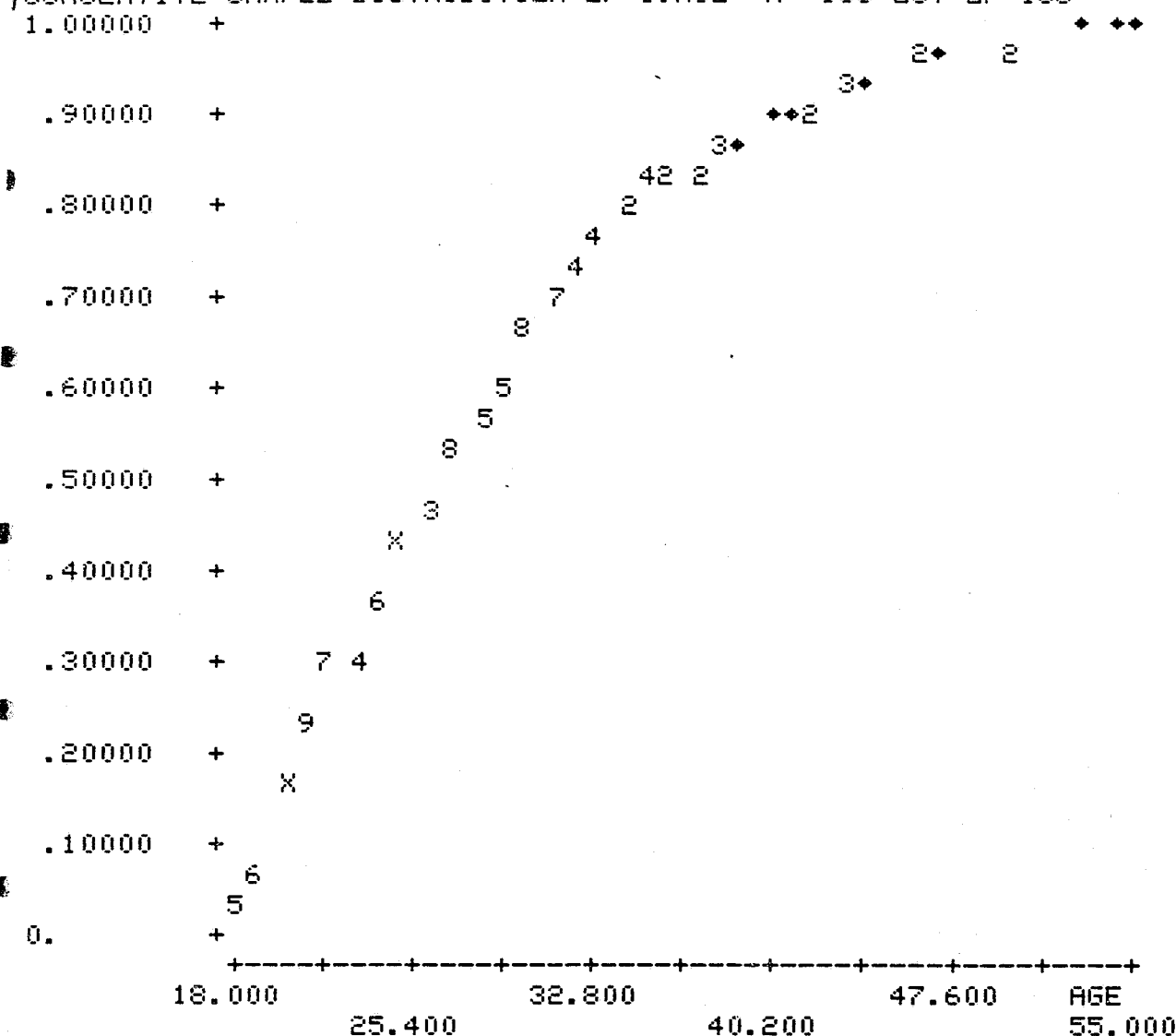
PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	19.000	.9500	VALUES < 23.000	.9619
.2000	21.000	.9500	VALUES < 24.000	.9896
.3000	23.000	.9500	VALUES < 26.000	.9887
.4000	23.000	.9500	19.000 31.000	.9747
.5000	23.000	.9500	21.000 43.000	.9609
.6000	24.000	.9500	21.000 43.000	.9747
.7000	26.000	.9500	VALUES > 23.000	.9887
.8000	31.000	.9500	VALUES > 23.000	.9896
.9000	43.000	.9500	VALUES > 26.000	.9619



11. Cumulative frequency of non-sex arrests by age for exhibitionists in treatment group

DISTRIBUTIONAL ANALYSIS <7> UCRNOSEX: YES+TC: TREAT+TYPE: EXHIB

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 133 OUT OF 133

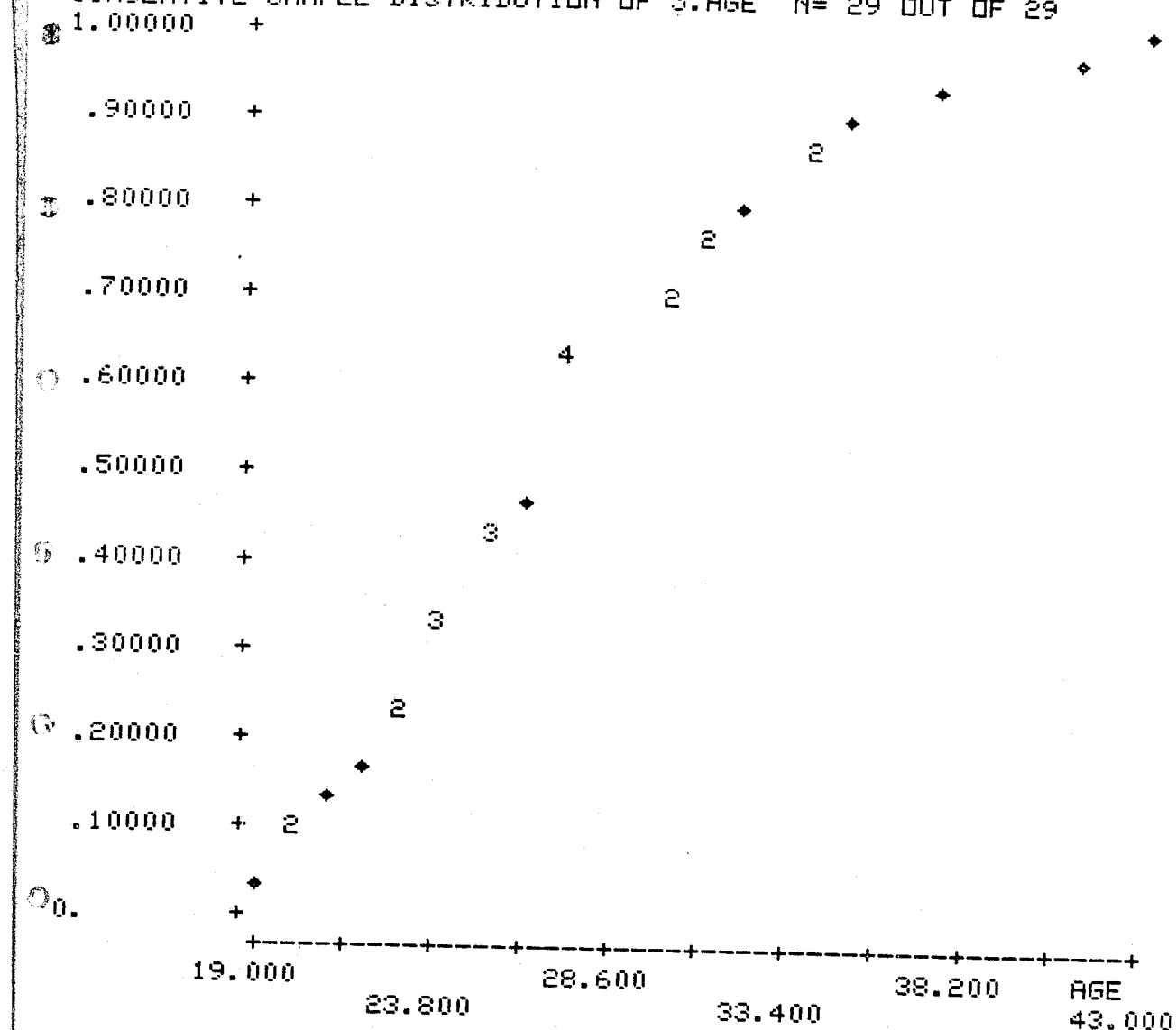


PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	20.000	.9500	19.000 20.000	.9590
.2000	21.000	.9500	20.000 22.000	.9611
.3000	23.000	.9500	21.000 25.000	.9536
.4000	25.000	.9500	23.000 27.000	.9585
.5000	27.000	.9500	25.000 29.000	.9535
.6000	29.000	.9500	27.000 31.000	.9585
.7000	31.000	.9500	30.000 34.000	.9536
.8000	35.000	.9500	32.000 38.000	.9611
.9000	42.000	.9500	37.000 46.000	.9590

Figure 12. Cumulative frequency of non-sex arrests by age for exhibitionists in control group

DISTRIBUTIONAL ANALYSIS <8> UCRNOSEX: YES+TC: CNTRL+TYPE: EXHIB

CUMULATIVE SAMPLE DISTRIBUTION OF 5.AGE N= 29 OUT OF 29



PROB	QUANTILE	LEVEL	CONFIDENCE INTERVAL	SIZE
.1000	20.000	.9500	VALUES < 23.000	.9784
.2000	23.000	.9500	20.000 25.000	.9675
.3000	24.000	.9500	21.000 26.000	.9586
.4000	25.000	.9500	23.000 27.000	.9632
.5000	27.000	.9500	24.000 31.000	.9572
.6000	27.000	.9500	25.000 32.000	.9632
.7000	31.000	.9500	27.000 35.000	.9586
.8000	34.000	.9500	30.000 41.000	.9675
.9000	37.000	.9500	VALUES > 32.000	.9784

Figure 13: Predictive attribute analysis of factors associated with a subsequent sex offense arrest

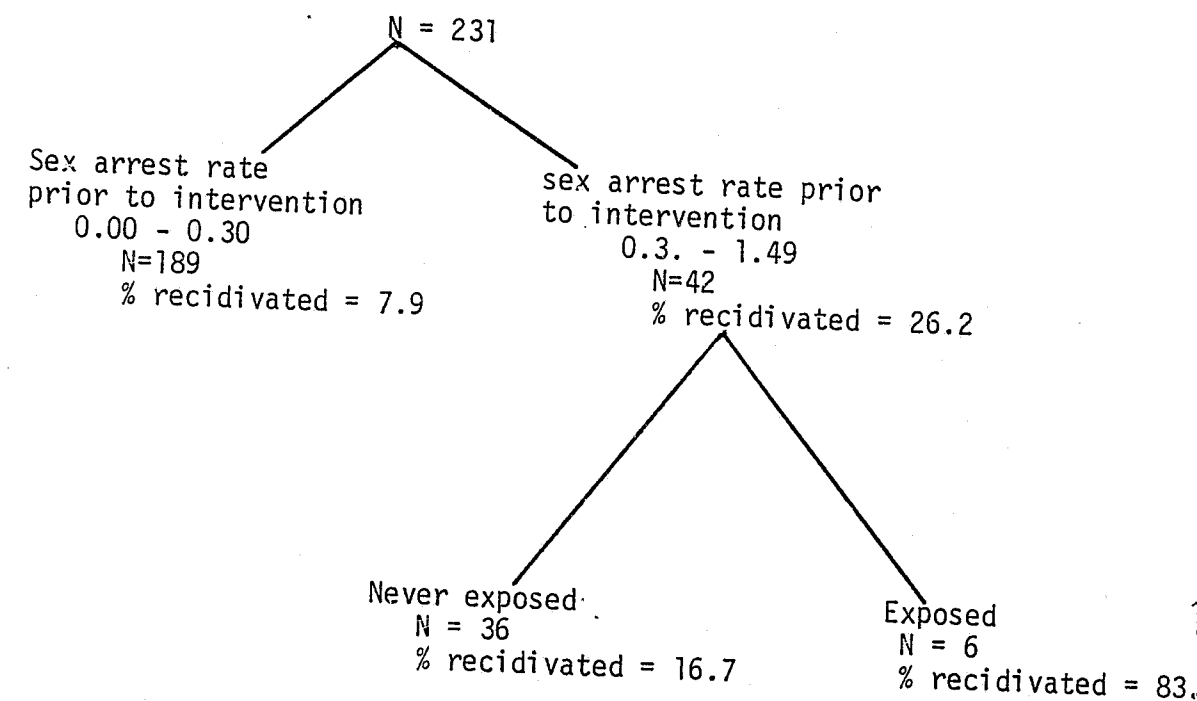


Table 1 - Chi square analysis of sub-population by subsequent arrest for any offense

	<u>No Arrests</u>	<u>One or more arrests</u>
Assault	53 (36.8)	91 (63.2)
Pedophile	27 (56.3)	21 (43.8)
Exhibitionist	19 (48.7)	20 (57.1)
TOTAL	99 (42.9)	132 (57.1)

Chi square = 6.21599  
df = 2  
significance = .0447

Table 2 - Chi square analysis of treatment and control by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Treatment	66 (44.6)	82 (55.4)
Control	33 (39.8)	50 (60.2)
TOTAL	99 (92.9)	132 (57.1)

Corrected chi square = .32948

df = 1

significance = .5660

phi = .04688

Table 3 - Chi square analysis of marital status at time of intervention by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Single	25 (32.9)	51 (67.1)
Married	38 (42.7)	51 (57.3)
Separated	29 (50.9)	28 (49.1)
Divorced	7 (77.8)	2 (22.2)
TOTAL	99 (42.9)	132 (57.1)

Chi square = 9.05954

df = 3

significance = .0285

Table 4 - Chi square analysis of weekly income by subsequent arrest  
for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
\$0 - 50	8 (53.3)	7 (46.7)
\$51 - 100	39 (33.1)	79 (66.9)
\$101 - 150	34 (47.9)	37 (52.1)
\$151+	16 (64.0)	9 (36.0)
TOTAL	97 (42.4)	132 (57.6)

Chi square = 10.61128

df = 3

significance = .0140

missing values = 2

Table 5 - Corrected chi square analysis of prior history of trouble  
with the police by subsequent arrest for any offense

	<u>No arrest</u>	<u>One or more arrests</u>
Prior Police Trouble	28 (31.1)	62 (68.9)
No Prior Police Trouble	71 (50.4)	70 (49.6)
TOTAL	99 (42.9)	132 (57.1)

Corrected chi square = 7.53958

df = 1

significance = .0060

phi .18963

Table 6 - Corrected chi square analysis of subject's brother's history of prior police trouble by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Brother was in trouble with police	3 (16.7)	15 (83.3)
Brother was not in trouble with police	73 (45.9)	86 (54.1)
TOTAL	76 (42.9)	101 (57.1)

Corrected chi square = 4.51390

df = 1

significance = .0336

phi = .17858

missing values = 54

Table 7 - Chi square analysis of age by subsequent arrest for any offense

<u>Age</u>	<u>No arrest</u>	<u>One or more arrests</u>
18-20	12 (25.5)	35 (74.5)
21-25	27 (38.6)	43 (61.4)
26-30	17 (53.1)	15 (46.9)
31-35	14 (42.4)	19 (57.6)
36-40	12 (52.2)	11 (47.8)
41-45	13 (68.4)	6 (31.6)
46-50	3 (50.0)	3 (50.0)
TOTAL	98 (42.6)	132 (57.4)

Chi square = 13.69055

df = 6

significance = .0333

missing values = 1

Table 8 - Chi square analysis of thought process flow by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Thought Flow		
Constricted	15 (29.4)	36 (70.6)
Not Constricted	83 (46.9)	94 (53.1)
TOTAL	98 (43.0)	130 (57.0)

Chi square = 4.24917

df = 1

significance = .0393

phi = .14715

missing values = 3

Table 9 - Corrected chi square analysis of rigid control by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Rigid Control	18 (69.2)	8 (30.8)
Not Rigid Control	80 (39.2)	124 (60.8)
TOTAL	98 (42.6)	132 (57.4)

Corrected chi square = 7.31283

df = 1

significance = .2814

phi = .08739

missing observations = 1

Table 10 - Chi square analysis of psychiatrist's rating of prognosis  
for group participation by subsequent arrest for any offense

	<u>No arrests</u>	<u>One or more arrests</u>
Good 1	3 (50.0)	3 (50.0)
2	16 (30.2)	17 (69.8)
3	32 (39.0)	50 (61.0)
4	35 (50.7)	34 (49.3)
5	13 (65.0)	7 (35.0)
TOTAL	99 (43.0)	131 (57.0)

Chi square = 9.82447

df = 4

significance = .0435

missing values = 1

Table 11 - Corrected chi square analysis of prior sex arrest rate  
by subsequent arrest for a sex offense

<u>Rate/Year</u>	<u>No sex arrests</u>	<u>One or more sex arrests</u>
00-.30	174 (92.1)	15 (7.9)
.31 +	31 (73.8)	11 (26.2)
TOTAL	205 (88.7)	26 (11.3)

Corrected chi square = 10.69090

df = 1

significance = .0011

phi = .23319



Table 12 - Corrected chi square analysis of self-report of prior exposure  
by subsequent arrest for a sex offense

	<u>No sex arrests</u>	<u>One or more sex arrests</u>
Admits exposing	16 (69.6)	7 (30.4)
Denies exposing	189 (90.9)	19 (9.1)
TOTAL	205 (88.7)	26 (11.3)

Corrected chi square = 7.39520

df = 1

significance = .0065

phi = .20180

Table 13 - Analysis of number of prior incidents of exposure  
(self-reported) by subsequent arrest for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
1 prior exposure	12 (100.0)	0 (0.0)
2 + prior exposures	5 (41.7)	7 (58.3)
TOTAL	17 (70.8)	7 (29.2)

Fisher's Exact Test = .00229

phi = .64169

missing values = 2

Table 14 - Chi square analysis of subject's report of mother's feelings  
toward him by subsequent arrest for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
Positive	179 (89.5)	21 (10.5)
Indifferent	12 (75.0)	4 (25.0)
Negative	0 (0.0)	1 (100.0)
TOTAL	191 (88.0)	26 (12.0)

Chi square = 10.33372

df = 2

significance = .0057

missing values = 14

Table 15 - Chi square analysis of subject's report of feelings toward  
mother by subsequent arrest for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
Positive	184 (88.5)	24 (11.5)
Indifferent	9 (100.0)	0 (0.0)
Negative	2 (50.0)	2 (50.0)
TOTAL	195 (88.2)	26 (11.8)

Chi square = 6.84359

df = 2

significance = .0327

missing values = 10

Table 16 - Corrected chi square analysis of treatment and control  
by subsequent arrest for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
Treatment	128 (86.5)	20 (13.5)
Control	77 (92.8)	6 (7.2)
TOTAL	205 (88.7)	26 (11.3)

Corrected chi square = 1.52060

df = 1

significance = .2175

phi = .09541

Table 17 - Chi square analysis of subpopulation by subsequent arrest  
for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
Assaulter	129 (89.6)	15 (10.4)
Pedophile	45 (93.8)	3 (6.3)
Exhibitionist	31 (79.5)	8 (20.5)
TOTAL	20.5 (88.7)	26 (11.3)

Chi square = 4.65150

df = 2

significance = .0977

Table 18 - Chi square analysis of assignment by subsequent arrest  
for a sex offense

	<u>No arrests</u>	<u>One or more arrests</u>
Homogeneous group	79 (84.0)	15 (16.0)
Mixed group	25 (89.3)	3 (10.7)
Self-directed group	24 (92.3)	2 (7.7)
Control	77 (92.8)	6 (7.2)
TOTAL	205 (88.7)	26 (11.3)

Chi square = 3.76650

df = 3

significance = .2878

Table 19 - Chi square analysis of type of group assignment by subsequent  
arrest for a sex offense for assaulters who attended 20 or more  
therapy sessions

	<u>No arrests</u>	<u>One or more arrests</u>
Homogeneous group	19 (70.4)	8 (29.6)
Mixed group	14 (100.0)	0 (0.0)
Self-directed group	18 (94.7)	1 (5.3)
TOTAL	51 (85.0)	9 (15.0)

Chi square = 8.41570

df = 2

significance = .0149

Table 20 - Chi square analysis of type of group assignment by subsequent arrest for a sex offense for assaulters who attended less than 20 therapy sessions

	<u>No arrests</u>	<u>One or more arrests</u>
Homogeneous group	8 (100.0)	0 (0.0)
Mixed group	5 (83.3)	1 (16.7)
Self-directed group	6 (85.7)	1 (14.3)
TOTAL	19 (90.5)	2 (9.5)

Chi square = 1.38158

df = 2

significance = .5012

Table 21 - Analysis of type of group assignment by subsequent arrest for a sex offense for exhibitionists who attended 20 or more therapy sessions

	<u>No arrests</u>	<u>One or more arrests</u>
Homogeneous group	19 (73.1)	7 (26.9)
Mixed group	3 (100.0)	0 (0.0)
TOTAL	22 (75.9)	7 (24.1)

Fisher's Exact Test = .42146

Table 22 - Analysis of type of group assignment by subsequent arrest  
for a sex offense for exhibitionists who attended less than  
20 therapy sessions

	<u>No arrests</u>	<u>One or more arrests</u>
Homogeneous group	3 (100.0)	0 (0.0)
Mixed group	0 (0.0)	1 (100.0)
TOTAL	3 (75.0)	1 (25.0)

Fisher's Exact Test = .250

Table 23 - Chi square analysis of number of sex offense arrests prior  
to intervention by subsequent arrest for a sex offense for  
treatment only

	<u>No arrests</u>	<u>One or more arrest</u>
0 Prior sex arrests	2 (100.0)	0 (0.0)
1 Prior sex arrest	95 (89.6)	11 (10.4)
2+ Prior sex arrests	31 (77.5)	9 (22.5)

Based on 0-10 arrests

chi square = 22.06492

df = 8

significance = .0048

Table 24 - Chi square analysis of subpopulation by subsequent arrest  
for a sex offense for treatment only

	<u>No arrests</u>	<u>One or more arrests</u>
Assaulter	71 (86.6)	11 (13.4)
Pedophile	32 (97.0)	1 (3.0)
Exhibitionist	25 (75.8)	8 (24.2)
TOTAL	128 (86.5)	20 (13.5)

Chi square = 6.35391

df = 2

significance = .0417

Table 25 - Chi square analysis of subject's report of mother's feelings  
toward him by subsequent arrest for a sex offense for treatment  
only

	<u>No arrests</u>	<u>One or more arrests</u>
Positive	113 (88.3)	15 (11.7)
Indifferent	8 (66.7)	4 (33.3)
Negative	0 (0.0)	1 (100.0)
TOTAL	121 (85.8)	20 (14.2)

Chi square = 10.30416

df = 2

significance = .0058

missing values = 7



Table 26 - Chi square analysis of self esteem by subsequent arrest  
for a sex offense for treatment only

		<u>No arrests</u>	<u>One or more arrests</u>
Good	1	1 (33.3)	2 (66.7)
	2	16 (88.9)	2 (11.1)
	3	51 (87.9)	7 (12.1)
	4	55 (88.7)	7 (11.3)
Poor	5	4 (66.7)	2 (33.3)
TOTAL		127 (86.4)	20 (13.6)

Chi square = 9.66691

df = 4

significance = .0464

missing values = 1

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