

INFORMATION TO USERS

While the most advanced technology has been used to photograph and reproduce this manuscript, the quality of the reproduction is heavily dependent upon the quality of the material submitted. For example:

- Manuscript pages may have indistinct print. In such cases, the best available copy has been filmed.
- Manuscripts may not always be complete. In such cases, a note will indicate that it is not possible to obtain missing pages.
- Copyrighted material may have been removed from the manuscript. In such cases, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, and charts) are photographed by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each oversize page is also filmed as one exposure and is available, for an additional charge, as a standard 35mm slide or as a 17"x 23" black and white photographic print.

Most photographs reproduce acceptably on positive microfilm or microfiche but lack the clarity on xerographic copies made from the microfilm. For an additional charge, 35mm slides of 6"x 9" black and white photographic prints are available for any photographs or illustrations that cannot be reproduced satisfactorily by xerography.



8708566

Schur, Peter Barton

A COMPARISON OF INTRAFAMILIAL AND EXTRAFAMILIAL SEX OFFENDERS

The University of Arizona

Ph.D. 1986

**University
Microfilms
International** 300 N. Zeeb Road, Ann Arbor, MI 48106

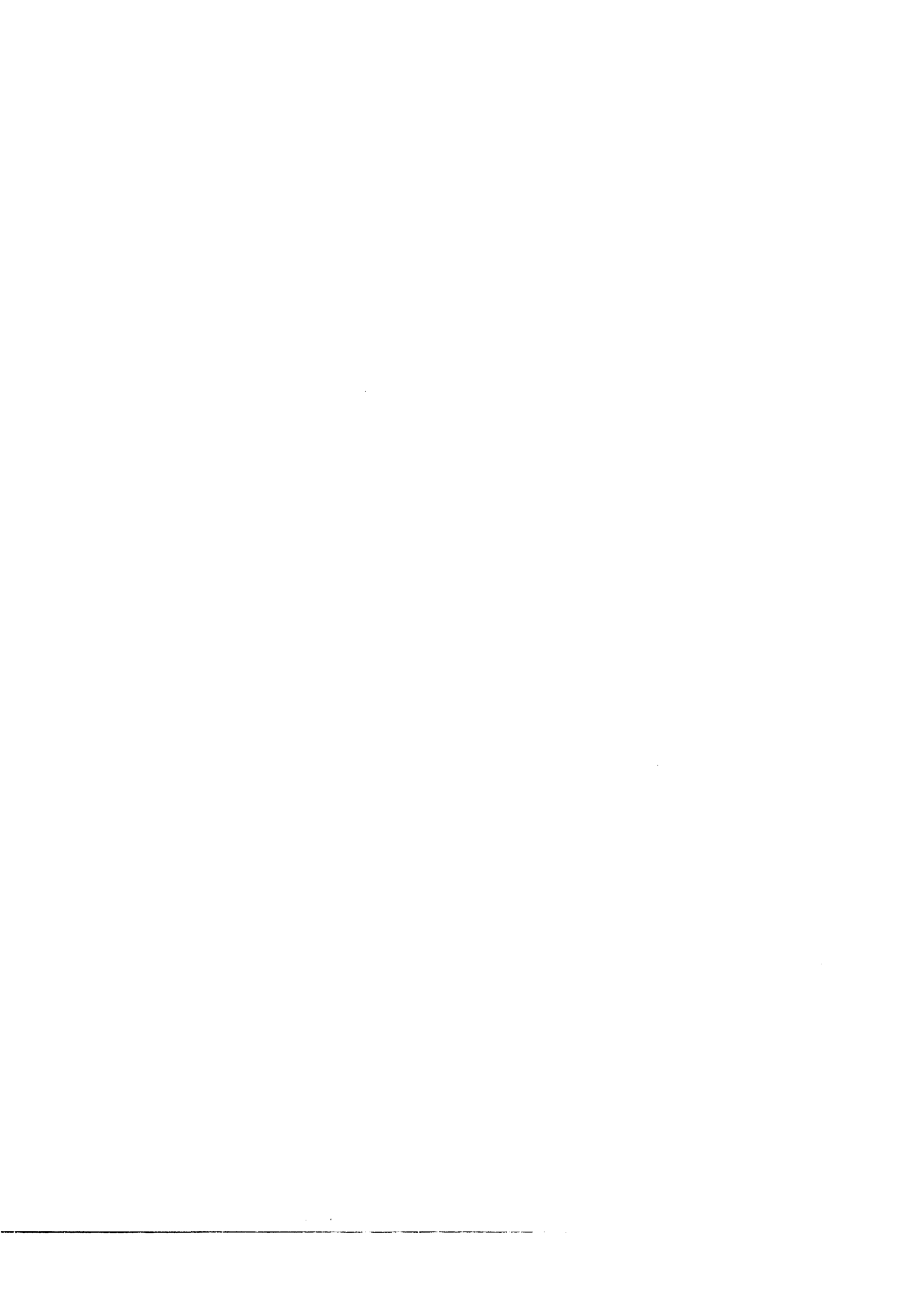


PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark ✓.

1. Glossy photographs or pages _____
2. Colored illustrations, paper or print _____
3. Photographs with dark background _____
4. Illustrations are poor copy _____
5. Pages with black marks, not original copy _____
6. Print shows through as there is text on both sides of page _____
7. Indistinct, broken or small print on several pages ✓
8. Print exceeds margin requirements _____
9. Tightly bound copy with print lost in spine _____
10. Computer printout pages with indistinct print _____
11. Page(s) _____ lacking when material received, and not available from school or author.
12. Page(s) _____ seem to be missing in numbering only as text follows.
13. Two pages numbered _____. Text follows.
14. Curling and wrinkled pages _____
15. Dissertation contains pages with print at a slant, filmed as received ✓
16. Other _____

University
Microfilms
International



A COMPARISON OF INTRAFAMILIAL AND EXTRAFAMILIAL
SEX OFFENDERS

by

Peter Barton Schur

A Dissertation Submitted to the Faculty of the

DEPARTMENT OF COUNSELING AND GUIDANCE

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

1 9 8 6

THE UNIVERSITY OF ARIZONA
GRADUATE COLLEGE

As members of the Final Examination Committee, we certify that we have read
the dissertation prepared by PETER BARTON SCHUR
entitled A COMPARISON OF INTRAFAMILIAL AND EXTRAFAMILIAL SEX OFFENDERS.

and recommend that it be accepted as fulfilling the dissertation requirement
for the Degree of DOCTOR OF PHILOSOPHY.

<u>Elizabeth B. Yost</u>	<u>10-31-86</u>
Date	
<u>Richard L. Eichen</u>	<u>10-31-86</u>
Date	
<u>Philip J. Law</u>	<u>10-31-86</u>
Date	
<u>Wald V. Kazant</u>	<u>10-31-86</u>
Date	
<u>R. E. Smith</u>	<u>10-31-86</u>
Date	

Final approval and acceptance of this dissertation is contingent upon the
candidate's submission of the final copy of the dissertation to the Graduate
College.

I hereby certify that I have read this dissertation prepared under my
direction and recommend that it be accepted as fulfilling the dissertation
requirement.

<u>Elizabeth B. Yost</u>	<u>11-11-86</u>
Dissertation Director	Date

STATEMENT BY AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at The University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowable without special permission, provided that accurate acknowledgment of source is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate College when in his or her judgment the proposed use of the material is in the interests of scholarship. In all other instances, however, permission must be obtained from the author.

SIGNED: _____

Peter Schur

ACKNOWLEDGMENTS

To all the members of my committee for their help in the development of this dissertation; to Dr. Larry Beutler for sharing his expertise and for expecting more from me than I might otherwise have given; to Dr. Al Kazniak for his acceptance, warmth, support, and invaluable advice for which I will remain deeply grateful; to Dr. Phil Lauver for his humor and understanding; to Dr. Richard Erickson for being there when I needed him; and to Dr. Elizabeth Yost for her steady guidance and reassurance throughout my doctoral program.

To Carolyn Ford for her interest and support, and for allowing me access to the records of the Pima County Court Clinic; to Chief Edward Brown for allowing me access to the records of the Adult Probation Department; to the many probation officers who gave their own time and energy to assist me; and to Clyde Feldman for his special help with the analysis and interpretation of the data.

To my wonderful children, Jesse, Sarah, and Danny, who probably had no idea why their father was so often busy; and most of all, to my wife, Chris, who had the confidence and sensitivity to push me when I needed pushing and to hold me when I needed holding.

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vi
ABSTRACT.....	vii
CHAPTER	
1. INTRODUCTION.....	1
2. REVIEW OF THE LITERATURE.....	9
Methodological Problems.....	9
Classification of Offenders.....	11
Fixated vs. Regressed Offenders.....	15
Aggressive Offenders.....	18
Extent of Prior Offenses.....	23
Dangerousness.....	28
Psychological Characteristics of Sex Offenders.....	31
3. METHODOLOGY.....	36
Subjects.....	36
Procedure.....	38
Hypotheses.....	39
Hypothesis #1.....	39
Hypothesis #2.....	40
Hypothesis #3.....	41
Variables.....	41
Sex Offender Rating Scale.....	41
Regressed Offenders.....	42
Fixated Offenders.....	43
Extent of Prior Offenses.....	45
Dangerousness.....	45
Psychological Characteristics of Offenders.....	46
Analysis of the Data.....	46
4. RESULTS.....	48
Reliability.....	48

TABLE OF CONTENTS--Continued

	Page
Demographic and Psychosocial Character- istics of Offenders.....	49
Offense Characteristics.....	52
Sentencing.....	57
Hypotheses.....	59
Hypothesis #1.....	59
Hypothesis #2.....	64
Hypothesis #3.....	65
5. DISCUSSION.....	67
Limitations of the Study.....	68
Reliability.....	69
Hypotheses.....	71
Research Hypothesis #1.....	71
Research Hypothesis #2.....	77
Research Hypothesis #3.....	78
Research Hypothesis #4 and #5.....	79
APPENDIX A: DATA COLLECTION SHEET.....	82
APPENDIX B: DATA COLLECTION SHEET-R.....	88
APPENDIX C: GUIDELINES FOR RATERS.....	93
REFERENCES.....	98

LIST OF TABLES

Table		Page
1.	Demographic and psychosocial characteristics of intrafamilial and extrafamilial sex offenders.....	50
2.	Offense characteristics.....	53
3.	Sentences received by intrafamilial and extrafamilial sex offender.....	58
4.	Offender Type--Categorization of intrafamilial and extrafamilial sex offenders on the "Sex Offender Rating Scale".....	60
5.	Prior offense records of intrafamilial and extrafamilial sex offenders.....	62
6.	A comparison of MMPI scores of intrafamilial and extrafamilial sex offenders.....	66

ABSTRACT

Intrafamilial and extrafamilial sex offenders receive differential treatment from criminal justice, mental health, and social service agencies. This differential treatment is based on assumptions that intrafamilial offenders are better candidates for successful treatment and that they are less dangerous than extrafamilial offenders. These assumptions are based upon clinical experience and anecdotal reports, but they lack empirical research evidence.

The present study attempts to address the need for objective information regarding sex offenders and their offenses. Specifically, it compares a group of intrafamilial offenders with a group of extrafamilial offenders in terms of variables related to treatment prognosis, dangerousness, and psychological characteristics.

The results suggest that there is a sound basis for the decisions being made by criminal justice, mental health, and social service agencies. Intrafamilial sex offenders are predominantly regressed offenders who do not have fixed sexual preferences for children and who are thought to be treatable in community-based treatment programs. In contrast, extrafamilial offenders are predominantly fixated

offenders who do have fixed sexual preferences for children and who are thought to be particularly difficult, if not impossible, to treat. In addition, intrafamilial offenders appear less dangerous than extrafamilial offenders in that they used less forceful and violent means of coercion in order to gain compliance of their victims. No significant differences were found between groups regarding their psychological characteristics as measured by the MMPI.

While the literature has characterized regressed offenders as men who sexually abuse children in the context of situational stress and family dysfunction, no evidence of this was found in the present study. This finding raises a question regarding the definition, understanding, and validity of the concept of the regressed offender. This may be of some importance to evaluators and treatment teams who believe that the treatment of choice for the regressed offender involves family therapy and the alleviation of stress-related factors, while they tend to neglect or minimize the possible contribution of the individual psychopathology of the offender.

CHAPTER 1

INTRODUCTION

The topic of child sexual abuse has been receiving increasing attention in both the professional literature and the public media. It is a complex problem that presents serious challenges to communities across the country (Finkelhor, 1984). Professionals and the general public are unsure as to how best to understand and address the problem of child sexual abuse. Why would a person sexually abuse a child? What should be done with sex offenders? Is sex abuse a crime to be punished or an illness to be treated? Is it a family problem or a function of individual pathology (MacFarlane and Bulkley, 1982)?

How one comes to understand this behavior depends largely on the vantage point from which one views it. The criminal justice system defines it as a crime. Researchers studying convicted sex offenders in prisons typically view it as a product of individual pathology (Rada, 1978) whereas clinicians working in social service and mental health treatment agencies often tend to view it as a symptom of family dysfunction (Furniss, 1983; Giarretto, Giarretto, and Sgroi, 1978; Lustig, Dresser, Spellman, and Murray, 1966; Quinsey, 1977; Sgroi, 1982a).

Various psychological and social theories have attempted to explain child sexual abuse. Sometimes these theories are at odds with each other and often they address different aspects of the problem. This lack of a unifying and comprehensive theory is characteristic of a field early in its development, and it reflects the need for more information and research.

One topic in need of further study concerns characteristics of the sex offender. It is consistently reported that almost all sex offenders are male (Finkelhor, 1984; Gebhard, Gagnon, Pomeroy, and Christenson, 1965; Karpman, 1954; Mohr, 1981; Swift, 1979). Other characteristics of sex offenders appear varied and inconsistent (Swenson and Grimes, 1958). Men who perform sexual acts with children do not constitute a homogeneous group (Groth, 1978; Howells, 1981; McCaghy, 1967; Quinsey, 1977). All offenders are not the same, and all acts of child sexual abuse are not the same. Some men molest within their families, some outside their families; some are aggressive, violent and hostile, others seem gentle, passive and caring; some prefer children as sexual objects to the exclusion of adults, and others may only molest incidentally and in the context of situational stress.

There are a number of partially overlapping but different schemes that have been proposed to classify these

different types of sex offenders and their offenses (Howells, 1981; Quinsey, 1977). It is important to have an accurate understanding of the nature of the differences among the subgroups of offenders in order to provide the appropriate form of intervention, be it incarceration, treatment, or some combination of the two.

A distinction is often made between the "regressed" or "situational" offender and the "fixated" or "preference" offender (Groth, 1978; Howells, 1981; Lanyon, 1986). The "regressed" offender has a normal interest in age-appropriate sexual relationships, but engages in sexual activities with children secondary to situational stress, while the "fixated" offender has a definite sexual preference for children and does not, in general, establish mature sexual relationships with other adults (Groth, 1978). In addition, many researchers (Groth, 1979; Howells, 1981; Knight, Rosenberg, and Schneider, 1985; Kopp, 1962; Kozol, Boucher, and Garofalo, 1972; Quinsey, 1977) have noted a third group of offenders who are defined by their use of force and violence in the commission of the offenses. Knight et al. have observed that "differences . . . in offense violence tap important subgroup differences" (p. 234). These men are called "aggressive" or "dangerous" offenders. Groth (1979) has used the label "child rapist" to define the adult who

uses force to gain sexual access to an underage victim (p. 152).

Criminal justice, mental health, and social service agencies make a distinction between the offender who molests a child within his own family and the offender who molests a child outside of his home in the community. In-home, or intrafamilial sex offenders, and out-of-home, or extrafamilial offenders are treated differently as, for example, intrafamilial offenders may have the opportunity to participate in community-based treatment programs and spend relatively short amounts of time in local jails, while extrafamilial offenders may serve "hard time" in prisons where therapy may or may not be available.

This differential treatment of intrafamilial and extrafamilial offenders is based on an assumption that the dynamics of the sexual abuse are different; that the psychological characteristics of the offenders are different and that, in general, these are different phenomena. Specifically, it is assumed that the intrafamilial offender is a "regressed" offender whose offense is not necessarily sexually motivated, but rather, is a symptom of family discord or other situational stress, and that reoccurrence can be prevented with adequate intervention and family treatment (Furniss, 1983; Giarretto et al., 1978; Groth, 1979; Sgroi, 1982a). The extrafamilial offender, on the other hand, is

assumed to be a "fixated" offender whose offense is sexually motivated and the result of individual psychopathology. The behavior is viewed as the product of a severe character disorder and has been regarded as highly resistant to change (Lanyon, 1986). Extrafamilial offenders are thought to be more dangerous because they abuse other people's children; because they abuse more victims than intrafamilial offenders; and, in comparison to intrafamilial offenders, they are more likely to be the "aggressive" type of offender with more instances of violent offenses.

These assumptions draw support primarily from clinical experience, case history, and anecdotal material. There is a lack, however, of empirical research evidence which addresses these assumptions. Questions remain as to the similarity and differences between intrafamilial and extrafamilial sexual abuse (Alter-Reid, Gibbs, Lachenmeyer, Sigal, and Massoth, 1986; Conte, 1982; Finkelhor, 1984; Kroth, 1979). Hence, legal and treatment decisions are made on the basis of untested and questionable assumptions. It is possible that some "regressed" offenders who are not part of a family unit, but who may be able to benefit from treatment, will end up in prison instead, while some incestuous offenders who may have a "fixated" sexual orientation towards children that is not treatable, may still escape a prison sentence by their admission into a family treatment

program (Kapardis, 1980; Quinsey, 1977). Errors in each case have serious implications for the families and the communities from which these men come.

The present study attempts to address the need for more objective information regarding the similarities and differences between intrafamilial and extrafamilial sex offenders. It compares psychological, social, and offense characteristics of intrafamilial offenders with those of extrafamilial offenders in order to determine whether there are, in fact, significant differences between the two groups; and if so, to describe and characterize these differences. The focus is on variables related to treatment prognosis, dangerousness, and psychological characteristics, since these are the factors which are currently considered in determining the appropriate forms of legal and treatment intervention.

Two factors related to prognosis for successful rehabilitation are studied. The first involves the particular type of sex offender under consideration; specifically, whether we are discussing a "fixated offender" or a "regressed offender." According to Groth (1978), fixated offenders have definite preferences for children as sexual objects and have been very difficult, if not impossible, to treat. Regressed offenders do not have sexual preferences for children, but engage in sexual activities with children

secondary to stress. They have been able to establish age-appropriate sexual relationships, but regress and use children as substitute love objects. Their treatment prognosis is generally considered to be much more favorable. The second factor related to prognosis is the extent of the offender's previous involvement with the criminal justice system since this has been found to be the best predictor of an offender's likelihood to reoffend (Christiansen, Elers-Mielsen, le-Maire, and Sturup, 1965; Fitch, 1962; Mohr, 1964).

The second characteristic examined in this study is that of "dangerousness," which refers to the degree of coercion and force used by the offender in committing the offense. "Aggressive" offenders are more dangerous in the sense that they use more physical force and violence in committing their offenses in comparison to other offenders who use more subtle means of persuasion. Lastly, psychological characteristics are measured by the MMPI, with particular interest in observing the degree of psychopathology as indicated by the number of scales with T-scores over seventy as well as the overall average scale elevations.

Comparisons are made between groups of intrafamilial and extrafamilial offenders and similarities and differences are discussed. This information is of use in understanding different types of child molesters and their offenses, and

has implications for treatment and criminal justice decisions.

CHAPTER 2

REVIEW OF THE LITERATURE

Methodological Problems

Sex offender research has been hampered by several methodological problems including the use of non-representative samples, inconsistently applied criteria for group membership, small sample sizes, difficulties in handling multiple offense data, and failure to assess reliability to both group assignment and ratings of dimensional variables (Howells, 1981; Knight et al., 1985).

Researchers have typically studied captive populations, such as incarcerated or hospitalized sex offenders (Apfelburg, Sugar, and Pfeffer, 1944; Brancale, Ellis, and Doorbar, 1952; Fitch, 1962; Frisbie, 1969; Frisbie and Dondis, 1965; Frosch and Bromberg, 1939; Groth and Birnbaum, 1978; McCaghy, 1967; Pacht, Halleck, and Ehrmann, 1962; Revitch and Weiss, 1962; Swenson and Grimes, 1958), outpatient clinic populations (Mohr, 1964), or private practice settings (Meiselmann, 1978). Differences in sampling populations make it difficult to generalize findings to other populations and limit the usefulness of the research. Finkelhor (1984) has urged researchers to study more diverse

groups of offenders including those just emerging from the criminal justice system, those who plea bargain out of jail sentences, offenders in diversion programs, and perhaps even undetected offenders. Small sample size has limited the usefulness of some studies, e.g., Lustig et al. (1966), Swanson (1968), and Swenson and Grimes (1958).

Most sex offender studies rely on data obtained through retrospective examinations of records derived from the self-reports of the offenders, which may be incomplete, inconsistent, and of undetermined accuracy. Unstructured interviews are sometimes used, but these data are subject to interviewer bias. A notable exception is the information obtained from the Kinsey Institute, which used extensive structured interviews with well-trained interviewers (Gebhard et al., 1965).

Lastly, researchers have categorized groups of sex offenders using different criteria which have been inconsistently applied. Problems with imprecise definitions, varying exclusion criteria, overlapping categories, and untestable constructs make cross-study comparisons difficult to interpret.

Nevertheless, the descriptive literature on sex offenders does provide a reasonably consistent picture and allows us to observe similarities and differences among types of offenders. A historical review of some of the more

prominent studies on sex offenders is presented and attention is drawn to similarities and differences among groups that the research has described. This will be followed by a review of the literature related to sex offender recidivism, dangerousness, and the use of the MMPI with sex offenders.

Classification of Offenders

Classification of entities into homogeneous groups is a fundamental process in all sciences (Knight et al., 1985). Researchers studying sex offenders have attempted to describe cohesive subgroups and have been particularly concerned with identifying variables that are related to etiology and prognosis. This information is needed to assist those who will have input into decisions regarding appropriate dispositions of the offenders. The present review traces efforts made by researchers to identify the characteristics which differentiate subgroups and which are related to treatment prognosis. Early studies described different subgroups and eventually, through the replication of studies and with the accumulation of data, the salient characteristics that delineated the various subgroups began to appear in a consistent manner. The distinguishing characteristics that have been most consistently described over the years are those of the fixated versus the regressed offender as described by Groth (1978, 1979), and Groth and

Birnbaum (1978), and the description of the "aggressive" versus "non-aggressive" offenders.

Researchers have classified sex offenders according to the crime committed (Apfelberg et al., 1944; Frosch and Bromberg, 1939; Swenson and Grimes, 1958); diagnosis (Brancale et al., 1952); age of victim (Baxter, Marshall, Barbaree, Davidson, and Malcolm, 1984); sex of victim (Fitch, 1962; Mohr, 1964); degree of involvement with children (McCaghy, 1962); and various combinations of these categories (Cohen, Seghorn, and Calmas, 1969; Frisbie, 1969; Frisbie and Dondis, 1965; Gebhard et al, 1965). Classification schemes are then derived from analyses of the descriptive data that characterize these different groups of sex offenders.

For example, Brancale et al. (1952) studied 300 convicted sex offenders and were concerned with assessing the degree to which sexual and psychiatric disturbances contributed to the sexual offenses. They were able to describe four groups including "normals," the "sexually deviated but psychiatrically non-deviated," the "sexually psychiatrically deviated," and the "sexually non-deviated and psychiatrically deviated." They believed that rigid classification systems were not useful, and they encouraged the use of flexibility in evaluating sex offenders. The factors they identified as crucial in evaluating a sex offender were the

repetition and compulsiveness of the sexual acts, the degree of force used, and the age disparity between offender and victim. Pacht et al. (1961) reported on nine years of experience providing specialized treatment for "deviated" sex offenders in Wisconsin. They conceptualized a continuum bounded on one side by the criminal who showed no evidence of mental illness and committed a sex crime because of inadequate moral standards, and on the other hand, by the individual who was obviously mentally ill and whose sexual act was a product of that illness. In the middle were the "many shades of gray" where sexual offenses were determined by various combinations of social and psychological factors. A further discrimination was made in these cases on the basis of two factors, the individual's "sexual maturity" and "deviations in the sexual aim or object." The concept of "level of sexual maturity" appears repeatedly in the literature and has been incorporated as a key concept in Groth's description of the fixated and regressed offender.

Fitch (1962) studied 139 sex offenders and was able to distinguish five types. "Immature" offenders were unable to identify with an adult sexual role. They appeared "stuck" at a childish level of psychosexual development and were thought to be acting-out infantile fantasies. "Frustrated" offenders seemed to be reacting against sexual or emotional frustration. They had been able to achieve

adequate adjustment to adult sexuality but reverted to primitive modes of behavior when made to feel insecure or rejected. "Sociopathic" offenders showed a "generalized inability to achieve social conformity" and had records of instability in many areas of their behavior. They felt deprived and rejected by society, mostly abused strangers, on impulse, when in aggressive moods. "Pathological" offenders showed evidence of "psychosis, mental defect, organic impairment, or premature senile deterioration" (pp. 30-31). A "miscellaneous" category was created for offenders whose behavior was "frequently isolated and impulsive" and did not appear to relate to any obvious pattern of emotional or sexual difficulty.

This classification scheme shares some of the features of the continuum described earlier by Pacht, and also includes some of the important aspects described earlier by Brancale et al. (1952). For example, the "immature" and "frustrated" offenders differ in their level of psychosexual maturity which is similar to the concept proposed by Pacht. The continuum described by Pacht is bounded now by "sociopathic" offenders at one end, and by "pathological" offenders on the other. Fitch's "sociopathic" offenders are men lacking in adequate moral standards, who feel alienated from society, and who are identified by their "aggressive"

tendencies. These elements were mentioned earlier by both Pacht and Brancale.

Revitch and Weiss (1962) suggested that the offender's personality structure was crucial in understanding the deviant behavior and described two basic patterns. One involved "fixed, compulsive, and repetitive patterns of sexually deviant behavior," the other was characterized by "impulsive acts of a situational nature." The "compulsive" pattern is consistent with Fitch's immature offenders who were described as being "stuck" at a childish level of psychosexual development. The "impulsive" pattern is consistent with Fitch's frustrated offenders, who were described as reacting to stress.

Currently, Groth (1978, 1979) is one of the most widely read authorities on sex offenders. He integrated many of the concepts that had been described by earlier researchers and offered a framework for understanding sex offenders which will be described below.

Fixated vs. Regressed Offenders

Groth (1978) has classified adults who become sexually involved with children into two groups depending on whether the involvement constitutes a persistent pattern (a fixation) or a new activity or change (a regression) in their sexual orientations or lifestyles. A fixation is defined as an arrestment of psychosocial maturation

resulting from unresolved formative issues that persist and underlie the organization of subsequent phases of development. According to Groth, the fixated offender is a person who has been sexually attracted to significantly younger people, generally beginning in adolescence and persisting throughout his life. He does not initiate or actively pursue mature sexual relationships. Sexual relationships with adults tend to be avoided out of fear of rejection or punishment; feelings of inadequacy or inferiority; experiences of shame, guilt, anxiety or embarrassment; or simply because he does not find adults sexually desirable. For the most part, the sexual interest in children is not disturbing to the fixated offender; that is, he is comfortable and satisfied with such activity and experiences no intense feelings of guilt, shame, or remorse. Sexual thoughts and fantasies about children occupy the offender and interest in them can become obsessional. Rather than a reaction to an acute crisis situation in his life, the offender's pattern of repeated sexual contacts with children constitute an attempted resolution to specific life issues or conflicts encountered in his psychosocial development.

Regression is defined as the appearance of primitive behavior after more mature forms of expression have been attained (Groth, 1978, 1979). According to Groth, a regressed child offender is a person who originally preferred

peers or adult partners for sexual gratification. However, when these adult relationships became conflictual in some important respect, the adult became replaced by the child as the focus of this person's sexual interests and desires. Throughout his sociosexual development the regressed offender exhibits an appropriate interest in age-mates. Yet his development appears to be undermined by a sense of inadequacy that increases as he approaches the responsibilities of adulthood. His self-image and sense of identity is further impaired by some challenge to his sexual adequacy or threat to his sense of competency as a man. The situational crisis may be physical, social, sexual, marital, financial, vocational, or a combination of such factors, and it precipitates the sexual involvement with a child. His offense is an impulsive and desperate act that is symptomatic of a failure to cope adaptively with specific life stresses. The regressed offender has not exhibited a predominant sexual attraction to significantly younger people during his sexual development. Typically the offender is married and a situation develops that threatens this relationship. Feeling overwhelmed by the resulting stresses, this man becomes involved sexually with a child. Quite often he is distressed by this behavior, and he may have feelings of

guilt, shame, disgust, embarrassment, remorse and dissatisfaction about what he has done. His sexual misbehavior is a misguided effort to cope with specific life stressors.

Aggressive Offenders

In addition to the two types of offenders just described, some researchers have noted a third important category which is defined by the role of aggression in the offense (Brancale, 1962; Groth, 1978; Howells, 1981; Kopp, 1962; Quinsey, 1977). Groth (1978) distinguished between "sex-force" offenses in which physical coercion and violence are used in the commission of the offense, and "sex-pressure" offenses which are characterized by the use of persuasion, bribery, or other forms of psychological pressure to obtain compliance of the victim. In sex-pressure offenses, the sexuality is understood to be in service of needs for affection and affiliation, and there is concern for the quality of the relationship with the victim. In the sex-force offenses, the primary need is for sexual gratification and there is no interest in affectionate interaction with the victim. Groth has labeled these offenders as "child rapists," while others have referred to them as "aggressive" or "dangerous" offenders.

In an extensive review of previous sex offender research, Knight et al. (1985) attempted to summarize and integrate the existing empirical and theoretical literature

relevant to creating and evaluating typologies for child molesters. They abstracted three dimensions that consistently appeared across the various schemes and which offered meaningful criteria by which to differentiate heterogeneous groups into more distinct homogeneous groups. The three dimensions are: (1) the meaning of aggression in the offense--either instrumental, where the aim is primarily sexual; or expressive, where the aim is primarily to hurt or cause pain; (2) the manner of relating to the victim--either object-related where there exists a sensitivity to the child's needs; or exploitive, where there is more emphasis on the use of force; and (3) the prior level of achievement relations--either fixated, where there is a low level of social competence and offenses are often ego-syntonic (consistent with the offender's own sense of identity); or regressed, in which there is a higher level of social competence and the offender is more likely to have been married and have had age-appropriate sexual relationships prior to the regression; more likely to have mastery in other areas; and the offenses are experienced as ego-dystonic (in conflict with the offender's own sense of identity).

In a summary statement, Knight et al. (1985) noted that, "every child molester scheme included a type with an exclusive and long-standing sexual and social preference for

children and contrasted this type with a second whose offenses were seen as a regression from an adult level of psychosexual adaptation in response to stress" (p. 260). Lanyon (1986) made the same observation and indicated that the distinction originated with Karpman (1954), who differentiated between molesters who have a "stable erotic preference for children," versus those who utilized children as surrogates for adult sexual partners. The same distinctions have been made by Revitch and Weiss (1962), Fitch (1962), Pacht et al. (1961), and Brancale et al. (1952). Knight et al. also noted that, "most systems posited a third type comprised of psychopaths . . . who turned to children largely because they are easy to exploit" (p. 260). They also noted that "differences . . . in offense violence tap important subgroup differences" (p. 234).

Thus, there is some support for distinguishing three types of child sex offenders: two pertaining to the fixated and regressed types, and a third group of "aggressive types" which may overlap the other two groups. Conversations with members of the criminal justice and treatment agencies which deal with sex offenders have indicated that these agencies make the assumption that intrafamilial offenders are regressed offenders and that extrafamilial offenders are fixated offenders. Intrafamilial sexual abuse is understood to occur in the context of situational stress and represents

the inappropriate and inadequate attempts of the offender to cope with the conflict in his life. The child is not considered to be the preferred sexual object choice of the offender, and the problem is considered to be treatable. Extrafamilial offenders seek children because they are their preferred sexual object choice and the abuse occurs, not as a means of coping with stress, but in preference to having adult sexual relationships. Extrafamilial offenders are less likely to have families of their own and need to find their sexual partners elsewhere. They are seen as "predators," they are more likely to be aggressive offenders, and more of a threat to the community. Their problem is not thought to be treatable, particularly not in a community treatment model. They are not given the option of participating in community treatment programs and are sent to prison.

There are several characteristics evident from the above descriptions that differentiate regressed and fixated offenders. The regressed offender has experienced a change from a higher or more adaptive level of functioning to a lower or less adaptive level. This is demonstrated most clearly by the choice of child as a sexual object after more appropriate, adult sexual relationships have been established. It may also be seen in other major areas of functioning such as the work environment where job loss may

occur; in the dissolution of a marriage; in significant increases in the use of alcohol or drugs; in frequent moves or changes in living situations; or in the need for psychiatric hospitalization. The fixated offender, in contrast, shows no such change in level of functioning. He had never been interested in establishing age-appropriate sexual relationships and generally remains unmarried or proceeds through a series of short-term marriages of convenience. He demonstrates a persistent interest in children that begins in adolescence and continues throughout his adult life. In contrast, the regressed offender's sexual interest in the child emerges in adulthood and is usually an isolated incident, sometimes extending over a period of time, but it is not a consistent pattern of behavior. Lastly, the regressed offender experiences his behavior as disturbing and he may have intense feelings of remorse, guilt, shame, disgust, or embarrassment whereas the fixated offender does not have such feelings as his behavior is experienced as being compatible and congruent with his sense of identity.

One must be able to reliably distinguish between the fixated and regressed offender, independently of marital and family status, in order for it to be a useful concept. Utilizing the contrasting characteristics described by Groth, the present study attempts to differentiate two

separate groups of offenders, and determines whether intra-familial offenders are predominantly regressed offenders and whether extrafamilial offenders are predominantly fixated offenders, as is assumed by criminal justice and treatment agencies.

Extent of Prior Offenses

The second factor related to prognosis in the present study is that of recidivism history. Those offenders with a history of repeated offenses have poorer prognoses for successful treatment (Christiansen, 1965; Fitch, 1962; Mohr, 1964). Criminal justice, social service, and treatment agencies fear that extrafamilial offenders are more likely than intrafamilial offenders to reoffend and, therefore, are less likely to offer them the opportunity to remain in the community.

Research addressing the issue of recidivism rates has been subject to the same methodological problems described earlier. Consideration should be given, however, to several additional confounding factors. For example, not all new offenses against children are reported, and not all men who reoffend are caught. It is generally accepted that reported recidivism rates underestimate the actual number of reoffenses (Tracy, Donnelly, Morgenbesser, and Macdonald, 1983). Conclusions about recidivists are therefore based on limited samples and generalizations should be made

cautiously. When making cross-study comparisons of recidivism rates, it is also important to know the follow-up period that is being studied, and to be aware that all subjects may not have had equal opportunities to reoffend. Sampling differences will have an impact on recidivism rates as, for example, prison populations are likely to contain more potential recidivists than probationer or outpatient populations. Similarly, samples that include types of offenders with higher known rates of repeat offenses, such as exhibitionists and voyeurs, will have higher recidivism rates than other samples which do not include these types of offenders.

Researchers have studied several factors related to recidivism rates including sex of victim (Fitch, 1962; Frisbie and Dondis, 1965; Tasto, 1980); relationship to victim (Fitch, 1962; Frisbie and Dondis, 1965); type of offense (Frisbie and Dondis, 1965); and previous offense history (Mohr, 1964; Christiansen et al., 1965; Meiselman, 1968). Men who molest male children (homosexual offenders) have been found to have higher recidivism rates than those who molest female children (heterosexual offenders). Fitch (1965) studied a group of 147 men convicted of sexual offenses against children and followed them between one and nine years after their release from prison. He found that homosexual offenders had a significantly higher number of

subsequent convictions for sexual offenses than did heterosexual offenders. He also found that incestuous offenders had fewer subsequent convictions for sexual offenses and fewer previous convictions than did extrafamilial offenders. He found no significant relationship between recidivism rates and age of offender, age at first offense, intelligence, and job classification. This research suggests then, that both sex of victim and the relationship to the offender are important variables related to recidivism risk.

Frisbie and Dondis (1965) followed 1,921 sex offenders for a period of six years and found an overall recidivism rate of about 20% with rates for specific types of offenses ranging from 10.2% to 46.8%. Incestuous offenders with female victims had the lowest rate of 10.2%; extrafamilial offenders, 22.0%; homosexual offenders, 34.5%; exhibitionists, 40.7%; and those convicted of voyeurism, transvestism, or lewdness, had a composite recidivism rate of 46.8%. When they controlled for length of time after release they found that after two and one-half years incestuous offenders with female victims had a recidivism rate of only 6% compared to the rate for offenders with unrelated females of 17%. Homosexual offenders had a recidivism rate of 23.%. They cautioned against asking the general question, "What is the recidivism rate for sex offenders?" and emphasized the importance of specifying

types of offenses and the period of time under review. Their data indicate, again, that sex of victim and relationship to offender are related to recidivism rate.

The variable related to the prediction of future offenses addressed in the present study is that of previous criminal history. According to Monahan (1981), "If there is one finding that overshadows all others in the area of prediction [of violent behavior], it is that the probability of future crime increases with each criminal act" (p. 104). Monahan cites a 1978 study by Wolfgang which demonstrates that if a person is arrested four times, the probability that it will happen a fifth time is eighty percent. If a person is arrested ten times, the probability of an eleventh is ninety percent (p. 105).

Mohr studied a group of 132 sex offenders who had been referred to a forensic outpatient clinic for evaluation. The follow-up period is unspecified. He found that the rate of recidivism for first-time offenders was 10%; for those who had more than one sexual offense, 33%; and for those with both prior sex and non-sexual offenses, 55%. His conclusion was that the chances of recidivism "increase dramatically with the number of previous convictions." Fitch (1962) similarly concluded that "those reconvicted of sexual offenses had significantly more previous convictions for sexual offenses" than the non-recidivists.

Christiansen et al. (1965), in a 12-24 year follow-up study of 2,934 male sex offenders, found that the recidivism rate of the individuals with prior criminal records was 38.6% as contrasted to the 18.6% rate among first-time offenders. His conclusion was that "a past career in crime is a decisive factor in recidivism" (p. 84).

In a ten-year follow-up study reported by Meyer and Romero (1980), of the Joseph Peters Institute in Philadelphia, the variable most strongly associated with subsequent arrest for a sex crime was the offender's prior yearly arrest rate. Offenders with a low arrest rate of 0.0 to 0.3 per year had a subsequent sex crime arrest rate of only 7.9% in contrast to those offenders with a prior arrest rate of .31 to 1.39 per year who had a substantially higher recidivism rate of 26.2%.

Thus, it is generally well accepted that a previous record increases the chances of continued recidivism (Christiansen et al., 1965; Fitch, 1962; Meyer and Romero, 1980; Mohr, 1962). These studies indicate that prior criminal activity is directly related to the risk of future re-offenses. Based on these findings, the present study compares prior arrest records of intrafamilial and extrafamilial offenders in terms of their previous arrests made by the criminal justice and treatment agencies are correct, then it is anticipated that extrafamilial offenders will

have more prior arrests than intrafamilial offenders, and therefore will have poorer prognoses for successful treatment. This would provide support for the differential decisions made by the criminal justice and treatment agencies.

In summary, the first major hypothesis of this study addresses the question of whether intrafamilial offenders have a better prognosis for successful rehabilitation than extrafamilial offenders. Evidence in support of this hypothesis would be demonstrated by finding that intrafamilial offenders are regressed offenders and extrafamilial offenders are fixated offenders. Intrafamilial offenders should also have fewer prior arrests than extrafamilial offenders, indicating that they are less likely to reoffend.

Dangerousness

Quinsey (1977) points out that the literature uses the term "dangerousness" in a confusing manner to designate both the probability with which a child molester will commit a sexual offense which physically damages the victim and the probability that a person will commit any sexual offense. In the present study the issue of dangerousness will be limited to the degree of force used by the offender in committing the offense.

As mentioned earlier, it is thought that extrafamilial offenders are more likely to be "aggressive"

offenders than are intrafamilial offenders; their offenses will involve more serious physical harm; and therefore, that they should be put in prison and not be given the chance to remain in the community and harm more children. Several studies suggest that this might be the case, although in general, serious physical damage to children as the result of sexual encounters with adults is thought to be quite rare and is frequently overestimated by the public (Brancale et al., 1952; Gebhard et al., 1965; Howells, 1981; Lanyon, 1986; Mohr, 1962; Quinsey, 1977).

McCaghy (1967) reported that 76% of 181 persons convicted of sex offenses against children used no overt coercion; 4% used verbal threats; 17% used force to obtain compliance; and 3% inflicted actual physical violence upon the child. He found that offenses involving strangers and casual acquaintances (extrafamilial) were characterized by coercion in 33% of the cases while coercion was used against victims residing in the molester's household (intrafamilial) in only 15% of the cases. This suggests that extrafamilial offenders are more coercive than intrafamilial offenders.

Groth and Birnbaum (1978) studied a random sample of 175 sex offenders and divided them fairly evenly into two groups based on whether they were fixated or regressed offenders. They did not specify criteria for group assignment. The two groups did not differ in the degree of force

used in the offense. Thirty percent used seduction or enticement where victims were bribed, tricked, or pressured by the use of rewards and/or adult authority; 49% used intimidation or threat, typically involving either physically overpowering the victims or threatening to harm them if they resisted; and 20% of the offenses were characterized by a "brutal and violent attack" on the victims in which the specific aim was to hurt or harm them. The results suggest that very serious physical (and psychological) damage occurs fairly frequently, but no more so with fixated offenders than with regressed offenders.

Kroth (1978) compared a group of intrafamilial offenders with a group of extrafamilial offenders and found that extrafamilial offenders used physical force 11% of the time, and "other coercive methods" 17% of the time, in comparison with 6% for each method with intrafamilial offenders. The use of bribes, authority position, and no overt coercion occurred approximately equally in both groups. Thus the more violent offenses were more likely to occur with extrafamilial offenders than with intrafamilial offenders.

In general, then, the more forceful and violent the offense, the less frequently it occurs. Evidence from several studies suggests that extrafamilial offenders do use more physical force and coercion than intrafamilial

offenders. The second hypothesis of this study addresses the question of whether extrafamilial offenders are more dangerous than intrafamilial offenders. Do extrafamilial offenders use more forceful and violent means to commit the sexual abuse than intrafamilial offenders?

Psychological Characteristics of Sex Offenders

The MMPI is the most extensively used psychological instrument for the assessment of the general criminal population and the most frequently used in sex offender research (Knight et al., 1985). However, several problems regarding the use of the MMPI should be recognized.

The time of administration is an important factor in sex offender research because differences in progress through the stages of the criminal justice system, length of institutionalization, and time in treatment can affect the response set of the subject. Once again, cross-study comparisons can be made only when careful attention is paid to the types of populations being studied and when efforts are made to control possible sources of variance such as differences among populations in age, IQ level, race, and socioeconomic status. Finally, the MMPI was not created to study sex offenders and it might not adequately sample the variables crucial for discriminating among various subgroups of offenders. Real differences between groups may exist,

but they may remain undetected due to the lack of sensitivity of the MMPI.

Toobert, Bartelme, and Jones (1959) compared a group of 120 male sex offenders with a control group of 160 prisoners incarcerated for a variety of non-sex related crimes. They found structurally similar MMPI profiles in both groups, with highest elevations on the Pd scale and secondary elevations on the Depression scale. The offender group was higher on the only two scales which statistically differentiated the two populations, Pa and Mf, but all scales were within the normal range. These results suggest that offenders may be similar to other criminals and that both groups may not show significant psychopathology on the MMPI.

McCreary (1975) compared child molesters with no prior arrests to those with a history of one or more prior arrests. The repeat offenders were higher on Pd, Sc, Hs, and Hy compared to the first time offenders who had their highest elevation on D. The repeat offenders had clinically significant elevations on Pd and Sc (T-scores greater than 70). McCreary concluded that there seemed to be a relationship between the severity of the personality disturbance and the greater number of prior arrests of those offenders. Repeat offenders were more impulsive and unconventional and had greater conflict with authority figures (Pd); they were

more bizarre, confused, and/or alienated (Sc); and they had more psychosomatic complaints (Hs and Hy) than offenders with no prior arrests.

Armentrout and Hauer (1978) compared MMPI profiles of 13 rapists of adults, 21 rapists of children, and 17 non-rapist sex offenders. Rape was defined as "an aggressive and forceful act carried out against an unwilling victim" and a non-rapist sexual offense included "non-aggressive and non-forcible acts such as voyeurism, exhibitionism, incest, fetishism, and taking indecent liberties with a minor without using force." All three groups had the highest elevations on the Pd and Sc scales with the only significant difference being on Sc between the rapists of adults and the non-rapist sex offenders. They describe this profile type as being "hostile, irritable, unpredictably impulsive, show poor judgment and social intelligence, and are frequently in conflict with agents of authority." The non-rapist profiles have elevated Pd scores but lower Sc scores suggesting individuals who are "impulsive, pleasure-oriented, non-conforming, and unable to delay gratification; yet are typically less hostile and resistive to authority" than both rapist groups.

Panton (1979) compared the valid profiles of 35 incestuous offenders, defined as men who had sexual intercourse with their adolescent daughters, with an equivalent

group of 28 non-incestuous child molesters. Both groups showed elevations on Pd and D. The only significant difference found was that incestuous offenders scored higher on the Si scale, suggesting that they are a more introverted group characterized by inadequacies in social skills, shyness, and low self-confidence.

Other researchers have not found significant differences among groups of sex offenders, and it may be that sex offenders are more similar than they are different from one another. Nagayama-Hall, Maiuro, and Vitaliano (1985) compared MMPI profiles of 406 hospitalized men who had sexually assaulted children and found no clinically significant differences among several different subgroups, including a comparison between incestuous and non-incestuous offenders. Greater than fifty percent of the profiles had significant elevations on the Pd and Sc scales. Over 40% had significant elevations on D, Mf, and Pt.

Thus, the results of studies using the MMPI with sex offenders have been mixed. Several different two-point codes have been found prevalent in sex offender samples including Pd-D, Pd-Hy, Pd-Sc, and Pd-Ma (Knight et al., 1985). If the psychological characteristics of intra-familial and extrafamilial offenders are different, it might be possible to demonstrate this on the MMPI.

As described earlier, the behavior of fixated offenders has been interpreted as being the result of individual psychopathology whereas the behavior of regressed offenders has been seen more as a function of family discord and psychosocial stress. Since extrafamilial offenders are thought to be primarily fixated offenders, and hence to exhibit more individual psychopathology, it is reasonable to expect that they would have more elevated profiles on their MMPI's than would intrafamilial offenders.

The third hypothesis of this study addresses the question of whether extrafamilial offenders demonstrate more individual psychopathology than intrafamilial offenders. It is hypothesized that extrafamilial offenders have more elevated MMPI profiles than intrafamilial offenders and that they have more scales with elevations greater than a T-score of 70 than intrafamilial offenders.

CHAPTER 3

METHODOLOGY

Subjects

Subjects for this research were taken from the files of the Pima County Court Clinic. This agency is responsible for administering the psychological evaluations of convicted sex offenders and routinely prepares reports for the courts to assist in sentencing. Fifty consecutive intrafamilial and fifty consecutive extrafamilial cases were selected from the records of the court clinic and data were derived from a review of the case histories, psychological tests, pre-sentence reports, police reports, and all other available information. The present or "instant" offense was used to determine classification into intrafamilial and extrafamilial groups.

Subjects were males, 18 years of age or older, who had sexually abused a child under the age of 17, with at least a five-year age difference between the offender and victim. Legally, a child is defined as being under the age of 18; however, for the purpose of this study, a lower age limit was chosen in order to better differentiate between adult-child sexual abuse and adult-adult sexual abuse. The

five-year age difference between offender and victim was used to ensure that peer sexual relationships were not included. Other researchers have also used these same criteria (Alter-Reid, 1986; Baxter et al., 1984; Finkelhor, 1979; Fitch, 1962; Russell, 1983).

Intrafamilial sexual abuse was defined as any sexual contact between a father, step-father, or other surrogate father figure and a child in the family. Extrafamilial sexual abuse was defined as any sexual contact between adult men and unrelated children who were not members of the same household. Subjects were excluded from this study for any of the following conditions:

1. There was evidence reported in the records of mental retardation, organic brain dysfunction, or active psychosis.
2. The offender was an extended family member such as a grandfather, uncle, cousin, or brother.
3. The sexual abuse consisted of exhibitionism, voyeurism, or other activities not involving direct physical contact between the offender and victim.
4. The offender committed both intrafamilial and extrafamilial sexual abuse.

When multiple-victim cases occurred, it was decided to count data related only to the predominant victim when this could be determined, and for the first victim mentioned

in the pre-sentence report when a predominant victim could not be determined.

Procedure

A list of sex offenders was obtained from the clinic's logbook, which contains a chronological listing of all clients who they evaluated. These files were briefly reviewed to determine eligibility for this study and to determine group membership based on whether the offense was intrafamilial or extrafamilial. Fifty consecutive qualifying cases were selected, beginning with December 1985 and working backwards to September 1983. Equivalent time spans were used for both groups so that the intrafamilial offenders were selected over the same time span as the extrafamilial offenders. All of the identified cases were then examined and the required information was extracted and reported on the data collection sheet (see Appendix A). Although the examiner was not blind to group membership, the intrafamilial and extrafamilial cases were reviewed in a fairly random and haphazard order, mitigating, to some extent, examiner bias.

To assess the reliability of the data, five cases were independently reviewed by probation officers who volunteered to assist with this portion of the study. This was done at three different points in the study so that a total fifteen cases were reviewed and compared with the

original data. A minimal agreement rating of 75% was considered adequate for the purposes of this study. These probation offices were not informed of the specific hypotheses being tested, although some of them were aware that intrafamilial and extrafamilial sex offenders were being compared. Their data collection forms were altered slightly from the original version in order to minimize the chance that they could become aware of the hypotheses being tested from the wording on their data collection sheets (see Appendix B). They were provided written guidelines to help them make decisions regarding the categorization of the information (see Appendix C). Differences in scoring were resolved by conference, and agreement was obtained whenever possible.

Hypotheses

Hypothesis #1

Intrafamilial offenders will have better prognoses for treatment than extrafamilial offenders as determined by two criteria: type of offender and extent of prior offenses. Intrafamilial offenders will be regressed offenders and extrafamilial offenders will be fixated offenders. Intrafamilial offenders will demonstrate a lower recidivism risk than extrafamilial offenders as indicated by a lower rate of prior arrests for both sex-related and

non-sex-related offenses. In order to determine this, the following research hypotheses were tested:

1. Intrafamilial offenders will be classified as regressed offenders and extrafamilial offenders as fixated offenders on the "Sex Offender Rating Scale." Chi-square analysis with a .05 criterion level of significance will be used to test these relationships.
2. Intrafamilial offenders will demonstrate a lower risk for recidivism than extrafamilial offenders as indicated by significantly fewer prior arrests for sex-related and non-sex-related crimes as determined by the Kruskal-Wallis one-way analysis of variance by ranks with a .05 criterion level of significance.

Hypothesis #2

Intrafamilial offenders will be less dangerous than extrafamilial offenders. In order to determine this, the following research hypothesis was tested:

3. Intrafamilial offenders will have used less forceful and violent means in committing the instant offense than extrafamilial offenders, as indicated by the "Coercion-Violence Scale" and determined by the Kruskal-Wallis one-way analysis of variance by ranks with a .05 criterion level of significance.

Hypothesis #3

Intrafamilial offenders will demonstrate less psychopathology than extrafamilial offenders. In order to determine this, the following research hypotheses were tested:

4. Intrafamilial offenders will have lower levels of individual psychopathology than extrafamilial offenders as indicated by lower average scale elevations on the MMPI as determined by an analysis of variance with a .05 criterion level of significance.
5. Intrafamilial offenders will have lower levels of psychopathology than extrafamilial offenders as indicated by them having fewer scales with T-scores greater than 70 as determined by an analysis of variance with a .05 criterion level of significance.

Variables

Sex Offender Rating Scale

Four characteristics derived from Groth's theoretical descriptions are used to distinguish between the regressed and fixated offender. They are:

1. Change to a less adequate level of functioning.
2. Interest in age-appropriate sexual relationships.
3. Age of onset of inappropriate sexual activity with children.
4. Whether or not the sexual misbehavior was experienced as disturbing by the offender.

Regressed Offenders

For the purposes of this study, a subject was classified as a regressed offender if evidence was found in the records of three out of four of the following characteristics:

1. Evidence of a change to a lower level of functioning was indicated by the presence of any two of the following six events, occurring within a period of two years prior to the onset of the present offense:
 - a. Marital or relationship conflict as evidenced by separation or divorce.
 - b. Loss of job or decrease in job stability as demonstrated by an increase in number of job changes compared to previous history (prior to the two-year period before the onset of the present offense).
 - c. More than three changes in address when this represents a greater rate of change in address compared to previous history.
 - d. Use of psychiatric hospitalization or medication for emotional problems, or outpatient therapy with no prior history of the same.
 - e. The occurrence of alcohol- or drug-related problems with no prior history of the same (in

contrast to the social use of alcohol or drugs with no reported problems).

- f. Being arrested for crimes or misdemeanors (other than minor offenses such as minor traffic violations).
2. Evidence of an interest in sexual relationships with age-appropriate partners as demonstrated by a history of dating, being married, or living in a common-law-type relationship.
3. Evidence that sexual activity with children emerged in adulthood (18 years of age or older) are not in adolescence (less than 18 years of age).
4. Evidence that the sexual activity with children was experienced as disturbing to the offender. The expression of feelings of guilt, shame, disgust, sorrow, or remorse by the offender needs to be mentioned in the records.

Fixated Offenders

A subject was classified as a fixated offender if evidence was found in the records of three out of four of the following characteristics:

1. There was no evidence of a change in level of functioning. The records can indicate that no more than one of the following six events has occurred within a period of 2 years prior to the present molest.

- a. Marital or relationship conflict as demonstrated by divorce or separation.
 - b. Loss of job or decrease in job stability as demonstrated by an increase in number of job changes compared to previous history.
 - c. More than three changes in address if this represents a greater rate of change when compared to previous history.
 - d. Psychiatric hospitalization or the use of medication for emotional problems, or outpatient therapy.
 - e. Occurrence of alcohol- or drug-related problems.
 - f. Being arrested for crimes or misdemeanors other than minor offenses such as minor traffic violations.
2. No evidence of interest in age-appropriate sexual relationships as demonstrated by a history of dating, marriage, or living in a common-law relationship.
 3. Evidence that the sexual interest in children began in adolescence and not in adulthood.
 4. Evidence that the sexual activity with children was not experienced as disturbing by the offender. This will be demonstrated by mention in the records that the offender has not expressed feelings of guilt,

shame, sorrow, or remorse, or the offender did express these feelings, but the investigator questioned the offender's sincerity in the records.

Extent of Prior Offenses

Prior arrest histories for both sex-related and non-sex-related crimes were tallied from the review of the records.

Dangerousness

The type of coercion, force, or violence used in committing the sexual abuse was rated on the "Coercion-Violence Scale."

Coercion-Violence Scale.

1. No overt coercion used (assume the victim was intimidated by the size and/or position of authority of the adult).
2. Use of seduction/enticement: Offender promises, bribes, or offers of money, candy, or other "special favors" if the child cooperates.
3. Use of intimidation/threat: Offender implies or states that something harmful might happen to the child or other person important to the child; that there might be negative consequences of any kind if the child does not cooperate).

4. Use of physical force: Offender used his strength to hold down, restrain, or in any other way "force" the child to cooperate; use of belts or ropes to bind child; or the mention of evidence of the same, such as the presence of relatively minor bruises, scrapes, cuts, or welts.
5. Use of violence: Use of weapons of any kind or evidence of greater physical harm to victim than described in "use of physical force" such as knife wounds, burns, broken bones, or relatively serious bruises, cuts, or other bodily damage.

Psychological Characteristics of Offenders

Psychological characteristics were assessed from the MMPI using average scale elevations and comparisons of numbers of scales elevated over a T-score of 70.

Analysis of the Data

Chi-square analysis was used to determine if the proportion of regressed and fixated offenders in the intra-familial and extrafamilial offender groups was as hypothesized. The Kruskal-Wallis one-way analysis of variance by ranks test was used to determine if the amounts of force and violence used in committing the offenses differed for the two comparison groups. Kruskal-Wallis was also used to determine if intrafamilial and extrafamilial groups differed

in terms of prior arrests rates for sex-related and non-sex-related crimes. Levels of psychopathology as indicated by scores on the MMPI were analyzed by analysis of variance.

CHAPTER 4

RESULTS

This chapter presents findings relevant to each of the hypotheses and research questions which were specified in Chapter 3. Descriptive and demographic data as well as supplementary analyses are also presented. Discussion of these results follows in the next chapter.

Reliability

The interrater reliability study was conducted as described in Chapter 3. Fifteen cases were reviewed, and reliability ratings were computed for each piece of data collected. A minimum percentage agreement rating of .75 was considered acceptable. Where differences in scoring appeared, the raters met and determined the basis for the disagreements. Most differences were resolved easily as they were frequently due to carelessness or because the raters did not score items in accordance with the guidelines provided to them. It became apparent after the first set of cases was reviewed, that the guidelines were inadequate in some areas and consequently they were refined and improved. Previously scored cases were redone to be consistent with the new guidelines.

The average agreement rating for all 15 cases prior to the resolution of differences was 87.3%, with scores ranging from 53% to 100%. The average agreement rating for all 15 cases after the raters met to resolve their differences was 94.4%, with scores ranging from 87% to 100%. When Kappa, a coefficient of interjudge agreement for use with nominal data was used (Cohen, 1960), the average rating was 85.2%, with scores ranging from 66.4% to 100%. Thus, the data can be considered to be of sufficient reliability for the purposes of this study.

Demographic and Psychosocial Characteristics of Offenders

Table 1 presents the demographic and psychosocial characteristics of the study sample. Statistically significant differences were found in terms of age, $F(1, 97) = 4.27, p < .04$; marital status, $\chi^2(1, N = 100) = 30.90, p < .000$; and employment status, $\chi^2(3, N = 100) = 14.19, p < .003$; but not for educational level, ethnicity, and religion. Intrafamilial offenders averaged approximately five years younger than the extrafamilial offenders; 92% were married or in common-law-type relationships compared to 42% for extrafamilial offenders; and 76% were fully employed versus 42% for the extrafamilial offenders. The sample completed an average of 11.8 years of school with 68% having

Table 1. Demographic and psychosocial characteristics of intrafamilial and extrafamilial sex offenders.

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		F	p	
	Mean	SD	Mean	SD			
Age	34.1	7.5	39.3	15.7	4.27	.04	
Education	11.9	2.1	11.8	2.8	0.06	ns	
	%	(N)	%	(N)	χ^2	df	p
Ethnicity					6.45	3	ns
Caucasian	74	(37)	86	(37)			
Hispanic	14	(7)	14	(7)			
Black	10	(5)	0	(0)			
Other	2	(1)	0	(0)			
Religion					19.49	17	ns
Protestant	48	(24)	56	(28)			
Catholic	38	(19)	16	(8)			
Jewish	0	(0)	2	(1)			
Other	4	(2)	10	(5)			
None	10	(5)	16	(8)			
Marital					30.90	2	.000
Never	0	(0)	38	(19)			
Married	92	(46)	42	(21)			
Divorced/Separated	8	(4)	20	(10)			

Table 1.--Continued

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2	df	p
	%	(N)	%	(N)			
Employment					14.19	3	.003
Full time	76	(38)	42	(21)			
Part time	2	(1)	16	(8)			
Unemployed	16	(8)	36	(18)			
Unknown	6	(3)	6	(3)			
Offender Has a History of:							
Physical abuse	35	(17)	20	(10)	2.00	1	ns
Sexual abuse	31	(15)	10	(5)	5.31	1	.02
Alcohol abuse	51	(25)	36	(18)	1.70	1	ns
Drug abuse	14	(7)	12	(6)	0.00	1	ns
Psychological problems	16	(8)	30	(15)	2.03	1	ns
Broken home	49	(24)	54	(27)	.09	1	ns

at least a high school education. They were predominantly Protestant and Caucasian.

Almost no significant differences between groups were observed in terms of the incidence of psychosocial problems in the backgrounds of the offenders. Twenty-seven percent of the offenders had histories of physical abuse. Twenty percent of the offenders were sexually abused themselves as children; fifteen of the twenty sexually abused offenders were intrafamilial offenders whereas only five were extrafamilial offenders. This difference was significant at the .02 level, $\chi^2(1, N = 99) = 5.31$. Forty-three percent of the sample had histories of alcohol abuse and thirteen percent had histories of drug abuse. Twenty-three percent of the sample had histories of psychiatric problems. Fifty-one percent of the sample came from broken homes.

Offense Characteristics

Table 2 lists the characteristics of the offense itself. All of the intrafamilial offenders were either natural fathers (40%), step-fathers (38%), or were in the roles of surrogate fathers (22%). Eighty-four percent of the extrafamilial offenders were acquaintances of the victims and the remaining 16% were strangers. The victims averaged 9.9 years of age and eighty-two percent of the victims were female. While not statistically significant,

Table 2. Offense characteristics.

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		F	p	
	Mean	SD	Mean	SD			
Victim age	9.5	(3.3)	10.0	(3.2)	.95	ns	
	%	(N)	%	(N)	χ^2^a	df	p
Victim's sex					8.20	1	.004
Female	94	(47)	70	(35)			
Male	6	(3)	30	(15)			
Relationship to victim					98.00	7	.000
Father	40	(20)	0	(0)			
Step-father	32	(16)	0	(0)			
Other "father"	22	(11)	0	(0)			
Acquaintance	0	(0)	84	(42)			
Stranger	0	(0)	16	(8)			
Type of activity							
Fondling	84	(42)	90	(45)	0.80	1	ns
Digital penetration	24	(12)	20	(10)	0.23	1	ns
Oral sex	46	(23)	28	(14)	3.43	1	ns
Attempted intercourse	24	(12)	8	(4)	4.76	1	.05
Intercourse	16	(8)	14	(7)	0.08	1	ns
Anal sex	10	(5)	4	(2)	1.38	1	ns
Alcohol related	16	(8)	22	(11)	.54	1	ns
Drug related	4	(2)	2	(1)	2.34	3	ns

Table 2.--Continued

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2 ^a	df	p
	%	(N)	%	(N)			
"Coercion/Violence Scale" (Degree of force used)					5.94	4	.01
None	78	(36)	53	(25)			
Seduction	9	(4)	21	(10)			
Physical/violence	13	(6)	26	(12)			
Duration					23.83	5	.000
< 1 month	12	(6)	64	(32)			
1-3 months	22	(11)	12	(6)			
3-6 months	16	(8)	8	(4)			
6 months-1 year	30	(15)	8	(4)			
1-3 years	18	(9)	4	(2)			
> 3 years	2	(1)	4	(2)			
Frequency					24.05	3	.000
Once only	9	(3)	60	(27)			
2-5 times	23	(8)	22	(10)			
6-10 times	17	(6)	2	(1)			
> 10 times	51	(18)	16	(7)			
Unknown ^b		(15)		(5)			
Guilt expressed					20.19	2	.000
Full	68	(34)	28	(14)			
Partial	22	(11)	24	(12)			
None	10	(5)	48	(24)			

Table 2.--Continued

Variable	<u>Intrafamilial</u> <u>Offenders (N=50)</u>		<u>Extrafamilial</u> <u>Offenders (N=50)</u>		χ^2 ^a	df	p
	%	(N)	%	(N)			
Remorse expressed					5.94	3	.01
Full	66	(33)	28	(14)			
Partial	16	(8)	14	(7)			
None	12	(6)	58	(29)			
Unknown	6	(3)	0	(0)			

a. Numbers are chi-square values used to test the results of the Kruskal-Wallis one-way analysis of variance by ranks.

b. Missing cases not included in calculations of percentages.

extrafamilial offenders were involved with 15 of the 18 remaining instances that involved male victims.

In terms of the type of activity, 87% of the offenses involved touching or fondling; 37% involved oral sex; 22% involved digital penetration of the vagina or anus; 16% involved attempted intercourse; 15% involved intercourse; and 7% involved anal sex. There were no differences found between groups with the exception of attempted intercourse, which occurred more frequently with intrafamilial offenders, $\chi^2(1, N = 100) = 4.76, p < .05$.

It can be seen in Table 2 that intrafamilial offenders abused their victims more frequently, $\chi^2(3, N = 80) = 24.05, p < .000$; and over longer periods of time, $\chi^2(5, N = 100) = 23.83, p < .000$, than did extrafamilial offenders. The modal period of duration for intrafamilial offenders was six months to one year versus less than one month for extrafamilial offenders. Fifty-one percent of intrafamilial offenders molested their victims greater than ten times in contrast to extrafamilial offenders who mostly (60%) molested their victims on one occasion only. However, extrafamilial offenders used more forceful and violent means in committing their offenses than did intrafamilial offenders, $\chi^2(4, N = 93) = 5.94, p < .01$. About half the extrafamilial offenders used no overt means of force compared to 78% for intrafamilial offenders, and over

one-quarter (26%) of the extrafamilial offenders used force or violence compared to only 13% for the intrafamilial offenders. Alcohol was involved in 19% of the offenses, while drugs were involved only 3% of the time. Intrafamilial offenders were more likely to fully admit what they had done (71%) compared to extrafamilial offenders (29%), $\chi^2(2, N = 100) = 20.19, p < .000$; and more of the intrafamilial offenders expressed remorse (70%) compared with the extrafamilial offenders (30%), $\chi^2(3, N = 100) = 5.92, p < .01$.

Sentencing

Table 3 compares the average sentences that the offenders received. Somewhat less than half (45%) of the extrafamilial offenders were sentenced to prison compared to about one-quarter (24%) of the intrafamilial offenders. The remaining offenders in both groups were all placed on probation for an average of 4.5 years. These differences were statistically significant at the .05 level, $\chi^2(1, N = 99) = 3.91$. Fifty-eight percent of the intrafamilial offenders and 22% of the extrafamilial offenders spent an average of six months in the Pima County Jail Annex, $\chi^2(1, N = 99) = 11.55, p < .001$. Lastly, none of the extrafamilial offenders participated in the Child Sexual Abuse Treatment Program (CSATP) compared to 72% of the intrafamilial offenders, $\chi^2(1, N = 99) = 52.37, p < .000$.

Table 3. Sentences received by intrafamilial and extrafamilial sex offenders.

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2	df	p
	%	(N)	%	(N)			
Prison terms	24	(12)	45	(22)	4.79	1	.05
Probation	76	(38)	55	(27)	4.79	1	.05
Annex time	58	(29)	22	(11)	12.99	1	.000
CSATP	72	(36)	0	(0)	52.37	1	.000

	Mean	SD	Mean	SD	F	p
Prison time in years	7.1	(3.7)	12.8	(12.0)	2.62	ns
Probation time in years	4.6	(1.8)	4.3	(2.0)	.49	ns
Annex time in years	.52	(.44)	.54	(.36)	.01	ns

Hypotheses

Hypothesis #1

The first major hypothesis of this study predicted that intrafamilial offenders would have better prognoses for treatment than extrafamilial offenders.

Research Hypothesis #1: Intrafamilial offenders were expected to be classified as regressed offenders and extrafamilial offenders were expected to be classified as fixated offenders on the "Sex Offender Rating Scale."

Table 4 presents the relationship between the two groups of offenders and offender type. It can be seen that 78% of the intrafamilial offenders were classified as regressed offenders and 74% of the extrafamilial offenders were classified as fixated offenders. Chi-square analysis reveals this association to be significant, $\chi^2(1, N = 100) = 25.04, p < .000$, thus giving the first research hypothesis substantial support.

Research Hypothesis #2: Intrafamilial offenders were predicted to demonstrate a lower risk for recidivism than extrafamilial offenders as indicated by significantly fewer prior arrests for sex-related and non-sex-related crimes.

Table 4. Offender type--categorization of intrafamilial and extrafamilial sex offenders on the "Sex Offender Rating Scale."

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2	df	p
	%	(N)	%	(N)			
Offender type					25.00	1	.000
Regressed pedophile	78	(39)	26	(13)			
Fixated pedophile	22	(11)	74	(37)			
1. Change to lower level of functioning	8	(4)	8	(4)	0.00	1	ns
Divorce/separation	16	(8)	14	(7)	0.08	1	ns
Job loss	12	(6)	8	(4)	.11	1	ns
Address changes	4	(2)	2	(1)	0.00	1	ns
Emotional problems	4	(2)	8	(4)	.18	1	ns
ALC/drug problems	4	(2)	2	(1)	0.00	1	ns
Arrested	2	(1)	8	(4)	.84	1	ns
2. Interest in age- appropriate sexual relationships	100	(50)	78	(39)	10.21	1	.001
3. Pedophilic behavior began in adulthood	100	(50)	88	(44)	4.43	1	.04
4. Pedophilic behavior experience as disturbing	78	(39)	30	(15)	21.03	1	.000

Table 5 contains the data related to prior criminal activity. Support for the second research hypothesis is found in that 32% of the extrafamilial offenders had one or more previous arrests for sex-related offenses compared to only 4% for the intrafamilial offenders. Kruskal-Wallis one-way analysis of variance by ranks revealed these results to be significant at the .000 level, $\chi^2(1, N = 100) = 13.26$. In addition, extrafamilial offenders had significantly more felony convictions compared to intrafamilial offenders, Kruskal-Wallis $\chi^2(1, N = 100) = 4.34, p < .04$. Significant different groups were not observed for previous arrests for non-sex-related offenses, misdemeanor convictions, and juvenile convictions.

Since older offenders would have more opportunities to commit crimes than younger offenders, the possibility of contaminating age and prior criminal involvement was considered. The Spearman Correlation Coefficient between age and number of prior arrests for sex-related crimes was found to be .22; for non-sex-related crimes it was .04. Both two-way analysis of variance and an analysis of covariance were used to control for age and, in both instances, no significant interactions were found. Thus, there is a significant difference between groups regarding the number of prior arrests for sex-related crimes even when the contribution of age was considered. The Spearman correlations between age

Table 5. Prior offense records of intrafamilial and extrafamilial sex offenders.

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2^a	df	p
	%	(N)	%	(N)			
Prior arrests							
Sex-related					13.26	3	.000
0	96	(48)	68	(34)			
1-5	4	(2)	26	(13)			
6-10	0	(0)	4	(2)			
11+	0	(0)	2	(1)			
Non-sex-related					1.37	3	ns
0	44	(22)	42	(21)			
1-5	44	(22)	30	(15)			
6-10	8	(4)	18	(9)			
11+	4	(2)	10	(5)			
Prior convictions							
Felonies					4.34	2	.04
0	94	(47)	80	(40)			
1	2	(1)	10	(5)			
2+	4	(2)	10	(5)			

Table 5. Prior offense records of intrafamilial and extrafamilial sex offenders.

Variable	Intrafamilial Offenders (N=50)		Extrafamilial Offenders (N=50)		χ^2 ^a	df	p
	%	(N)	%	(N)			
Prior arrests							
Sex-related					13.26	3	.000
0	96	(48)	68	(34)			
1-5	4	(2)	26	(13)			
6-10	0	(0)	4	(2)			
11+	0	(0)	2	(1)			
Non-sex-related					1.37	3	ns
0	44	(22)	42	(21)			
1-5	44	(22)	30	(15)			
6-10	8	(4)	18	(9)			
11+	4	(2)	10	(5)			
Prior convictions							
Felonies					4.34	2	.04
0	94	(47)	80	(40)			
1	2	(1)	10	(5)			
2+	4	(2)	10	(5)			

and convictions for felonies, misdemeanors, and juvenile offenses were .02, .16, and -.27, respectively.

Taken together, these results provide support for the major hypothesis that intrafamilial offenders may have a better prognosis for treatment than extrafamilial offenders. They are largely regressed offenders and therefore are believed to be better candidates for successful treatment. They have a lower risk for future recidivism based on their histories of fewer prior arrests for sex-related crimes.

Hypothesis #2

The second major hypothesis of this study predicted that intrafamilial offenders would be less dangerous than extrafamilial offenders.

Research Hypothesis #3: Intrafamilial offenders will have used less forceful and violent means in committing the present offenses than extrafamilial offenders as indicated by their ratings on the "Coercion-Violence Scale."

Table 2 presents the "Coercion-Violence Scale" which lists the association between offender group and the degree of force used in committing the offense. It can be seen that 61% of the cases involved no force or violence, but that in the 18% of the cases that physical force or violence was used, extrafamilial offenders were involved twice as

often as intrafamilial offenders. Over one-quarter (26%) of the extrafamilial offenders did use some means of force or violence. Results of data analysis using the Kruskal-Wallis one-way analysis of variance by ranks were significant at the .01 level, $\chi^2(4, N = 93) = 5.93$ and thus, the data offer support for the second hypothesis.

Hypothesis #3

The third major hypothesis of this study predicted that intrafamilial offenders would demonstrate less psychopathology than extrafamilial offenders.

Research Hypotheses #4 and #5: Intrafamilial offenders were expected to have lower levels of individual psychopathology than extrafamilial offenders, as indicated by lower average scale elevations and fewer number of scales with T-scores less than 70 on the MMPI.

Table 6 presents the comparison of MMPI scores between offender groups. K-corrected scores were used, and it can be seen that there were no significant differences between groups for average scale elevation or for number of clinically elevated scales. MMPI scores did not differ between offender groups, and therefore the third major hypothesis of this study is rejected.

Table 6. A comparison of MMPI scores of intrafamilial and extrafamilial sex offenders.*

Variable	Intrafamilial Offenders		Extrafamilial Offenders		F	p
	Mean	SD	Mean	SD		
L	53	5.8	53	5.9	.07	ns
F	58	8.3	60	11.3	.31	ns
K	53	8.0	54	8.0	.29	ns
Hs	59	16.4	61	15.1	.24	ns
D	65	15.2	64	17.9	.09	ns
Hy	64	11.5	62	10.7	.23	ns
Pd	69	12.6	67	13.7	.44	ns
Mf	60	13.2	60	9.3	.06	ns
Pa	62	11.5	60	11.7	.43	ns
Pt	58	12.9	59	13.7	.03	ns
Sc	59	12.7	65	19.3	2.53	ns
Ma	54	10.8	57	9.6	1.05	ns
Si	51	10.0	56	11.7	3.68	ns
Mean Scale Elevation	60	8.6	61	9.6	.23	ns
Mean # Scales > 70	1.9	2.1	1.9	2.5	.01	ns

* Data exclude 12 missing cases and 12 invalid cases. Cases were invalid if L > 70 or absolute value of raw F - raw K > 16.

CHAPTER 5

DISCUSSION

The purpose of this study was to determine whether there are differences between intrafamilial and extrafamilial sex offenders and their offenses. Mental health treatment agencies, the criminal justice system, and social service agencies treat intrafamilial sex offenders differently from extrafamilial sex offenders. Intrafamilial offenders may have the opportunity to participate in community-based treatment programs and spend relatively short amounts of time in local jails, while extrafamilial offenders may be locked away in prisons, serving "hard time," where therapy may or may not be available. This differential treatment is based on assumptions that intrafamilial offenders are more "treatable" and that they are less dangerous than extrafamilial offenders. These assumptions have not been adequately tested by empirical research and consequently legal and treatment decisions are being made on questionable grounds.

This chapter discusses the results of the present study which were described in Chapter 4. Limitations of this study and suggestions for future research will also be addressed in this chapter.

Limitations of the Study

When evaluating the results of this study, consideration should be given to limitations related to the representativeness of the sample. Subjects for this study were obtained from the files of the Pima County Court Clinic as described in Chapter 3. It should be kept in mind that the data were derived from cases of men who were prosecuted for committing sexual offenses and who were evaluated at the Court Clinic. This sample is not entirely representative of all men who committed sexual crimes against children for several reasons. First, all men who commit crimes are not caught. Second, there are men who commit offenses but are not prosecuted because of a lack of sufficient evidence, the age of the victim, or because of other legal considerations. Third, not all sex offenders who commit offenses in Pima County are evaluated by the Court Clinic. Psychological evaluations are conducted at the request of the court or its investigative branch, and these evaluations are not always requested. However, the director of the Pima County Court Clinic estimates that they evaluated more than 95% of the offenders being prosecuted. In addition, certain cases were excluded from this study. Of the original 325 cases gleaned from the court clinic log, eight percent were excluded because there was evidence of mental retardation, active psychosis, or other organic impairment; six percent were

excluded because the offenses involved extended family members; seven percent were excluded because of the age of the victim or the age of the offender; and one percent were excluded because the offenders committed both intrafamilial and extrafamilial offenses. An undetermined number of cases were excluded because the offense did not involve direct sexual contact between victim and offender. These factors effect the representativeness of the study sample and generalizations should be made cautiously with these limitations in mind.

Reliability

The reliability of the data is an important factor in this study. As mentioned in Chapter 2, previous sex offender research has been hampered by several methodological problems including that of data reliability. Self-report data have inherent problems which should be considered as limitations. Specifically, self-report data raise questions regarding accuracy and completeness. It is not difficult to understand that an offender may be reluctant to be completely honest because of the potential negative consequences of admitting to other offenses that he may have committed. Embarrassment, shame, and fear are among the possible factors that could influence the information they share in an interview. In addition, memories of past events

may be of questionable accuracy, subject to conscious and unconscious distortion and selectivity.

The two main sources of information used in this study were the pre-sentence report and the court clinic evaluations. The pre-sentence report is a summary of information gathered from several other primary sources of information including FBI reports; police records; military records; school records; interviews with the offender, the offender's relatives, friends, employers; and from interviews with the victim and the victim's family, friends, and any other individuals who may have relevant information. While some sections of the data, such as the offender's early history, may be more dependent on the report of the offender, in most cases there are multiple sources of data which can be compared with each other for consistency. In fact, it is one of the responsibilities of the investigating officer who writes the pre-sentence report to ensure the highest degree of accuracy possible. While not perfect, in a pragmatic sense, this information is probably as accurate as it gets in the real world.

The court clinic evaluators conduct their own interviews and focus on the issues thought to be relevant to a psychological understanding of the sex offender. Some of this information overlaps with the information in the pre-sentence report, and it served as an informal way to

check the consistency of the data. Thus, while self-report data has some weaknesses, in this case, where there were built-in cross-checks, it can be considered to be sufficiently reliable.

Hypotheses

Research Hypothesis #1

The first major hypothesis of this study was supported by the results as reported in Chapter 4. The sample was evenly divided as 52% were classified as fixated offenders and 48% as regressed offenders. Intrafamilial offenders were largely the "regressed" type of offender. These offenders are thought to be motivated by "non-sexual" needs with their offenses being situationally induced as the result of a variety of stressful factors. They are considered to be better candidates for successful treatment than the "fixated" type of offender whose behavior is thought to be a product of a sexually deviant preference for children and who are conceptualized as being "stuck" in earlier stages of psychosexual development as a result of early developmental problems. The prognosis for successful rehabilitation of the fixated offender is considered to be poor.

The finding that intrafamilial offenders were predominantly regressed offenders and extrafamilial offenders were predominantly fixated offenders might be partially explained by a confound between one of the criteria used for

classification and the hypothesis. That is, one of the factors which contributed to the classification of a subject as a regressed offender is that there needed to be evidence that the offender had been able to establish an age-appropriate sexual relationship at some point in his life. All intrafamilial offenders, by definition, met this criterion. Thus, the reasoning is circular, and these results should be considered with this caution in mind.

In the review of the literature, four factors were described which were thought to distinguish between the fixated and regressed offender. The first is that there should be evidence, independent of the inappropriate sexual behavior, of a change to a lower, or less adaptive, level of functioning if the sexual abuse truly represents a more pervasive "regression" in behavior. If this factor is valid and if it is to be of practical use, there should be objective and measurable evidence of such a change in level of functioning in the offender's life. Presumably this regression would be evidenced by such changes as marital separation or divorce, job instability, an increase in alcohol or drug use, the need for psychological or psychiatric resources, frequent changes in address, or an increased involvement with the criminal justice system.

In the results of this study (Table 4), there was virtually no evidence found to support the idea that the

sexual abuse is part of a more general regression in behavior. Only 8% of the sample showed evidence of a change in level of functioning during a period of two years prior to the onset of the sexual abuse. Any two of the examples listed above would have counted as evidence of a change in level of functioning. Fifteen percent of the sample demonstrated evidence of marital separation or divorce; 10% showed evidence of increased job instability; 3% changed their address frequently; 4% showed evidence of a need for psychiatric or psychological assistance; 3% began to have substance abuse problems where none existed before; and 5% showed an increased involvement with the criminal justice system. Thus, 92% of the sample showed no change in level of functioning. It is reasonable to state, therefore, that there is little evidence of a general "regression" in behavior independent of the sexual abuse itself.

This finding is notable in that it runs contrary to the widely held clinical belief that intrafamilial sexual abuse is a function of situational stress. While it has been possible to demonstrate a relationship between the fixated vs. regressed offender types and the intrafamilial vs. extrafamilial categories, the lack of significant findings of stress in the lives of offenders calls into question the construct of the "regressed" offender. The basis for this construct is that a relatively "normal" man

returns, or regresses, to an earlier and less mature level of functioning in the face of perceived threats and/or a variety of possible situational stressors such as marital, family, work, financial, social, or physical problems. This idea has served as one of the key concepts underlying and supporting the family treatment model of intervention with intrafamilial sex offenders. Treatment strategies have been developed which typically focus on increasing the offender's interpersonal skills, self-esteem, and on improving the dysfunctional marital and family situation. Yet, the present study did not find evidence that such stress exists in the lives of these offenders.

There are at least two plausible explanations for these results. The first is that the incestuous behavior is not part of a more generalized deterioration in behavior. That is, it is not necessarily a symptom of family problems or a reaction to any of several possible life stressors in which the offender uses a sexual relationship with a child to meet his "nonsexual needs." Instead, it would be understood as a sexually deviant act stemming from the individual psychopathology of the offender.

An alternate explanation is that the incestuous behavior is part of a more pervasive regression in behavior, but that the measures used in this study were not sufficiently sensitive to detect them. The literature consistently

describes the incestuous father as a man lacking in self-esteem and adequate interpersonal skills, whose sense of competency is threatened, and who then chooses a child to somehow meet his unmet needs for comfort, security, affiliation, power, and the like. It is possible that the measures used in this study were not able to detect these qualities when they did exist. Future research could explore this question more extensively.

It should also be kept in mind that even if evidence of general stress or family problems could be found, this does not mean it causes incest. There is a certain amount of stress and conflict that occurs in almost everyone's life, and it is common for almost all families and couples to struggle and deal with hardship and problems. These are not necessarily predictive of incest.

Thus, in terms of differentiating between the regressed and fixated sex offender, the idea of a general regression in behavior is not particularly useful. The term "regression" is better used in a limited sense when referring only to the offender's return to a more "primitive" level of sexuality which is characterized by the choice of a child as the sexual object.

The second factor thought to differentiate the two groups of offenders suggests that regressed offenders have been able to establish age-appropriate sexual relationships

at some time in their lives, while fixated offenders generally have not. Seventy-eight percent of extrafamilial offenders and 100% of the intrafamilial offenders showed evidence of such an interest, although, as mentioned earlier, intrafamilial offenders meet this criterion by definition. However, a substantial minority (22%) of the extrafamilial offenders did not demonstrate this interest in age-appropriate sexual partners. This suggests that there is a modicum of support for the idea that some fixated offenders have been uninterested or unsuccessful in establishing mature adult sexual relationships. The lack of an interest in age-appropriate sexual relationships in an offender's history may be important and should at least raise a red flag in an evaluator's mind regarding the type of offender being assessed. In contrast, the finding that such an interest has been developed is not helpful in differentiating between offender types.

The third factor thought to differentiate the two groups of offenders suggests that regressed offenders begin to molest children after they reach adulthood in contrast to fixated offenders, who develop this interest in their adolescence. Little support for this was found, as only 12% of the sample (all extrafamilial offenders) demonstrated such histories. It should be kept in mind, however, that this information is particularly subject to the self-report

problems addressed earlier. Unless arrested for a prior sexual offense in adolescence, there would be no records of prior sexual involvement with a child. Such information would be heavily dependent on the offender's self-report, and it is likely that most offenders would try and keep this information hidden if possible.

Lastly, regressed offenders are thought to be disturbed by their inappropriate sexual behavior. In contrast, a fixated offender does not find it disturbing, and the behavior is experienced as being consistent with his sense of identity. Substantial support was found for this idea, as 78% of the intrafamilial offenders expressed feelings of shame, guilt or sorrow, while only 30% of the extrafamilial offenders found it disturbing. Of the offender's who did express disturbance, 72% were intrafamilial offenders, and only 28% were extrafamilial offenders. This factor is the largest contributor to the distinction between the regressed and fixated offender types.

Research Hypothesis #2

Extrafamilial offenders had more extensive prior criminal records in comparison to intrafamilial offenders. As previously discussed, the extent of prior involvements with the criminal justice system is one of the best predictors of future offenses. The results of this study are consistent with the findings of previous researchers

(Christiansen et al., 1965; Fitch, 1962; Frisbie and Dondis, 1965; Meiselman, 1968; Meyer and Romero, 1980) and add support to the assumption that extrafamilial offenders are at greater risk for continued sexual abuse of children.

Research Hypothesis #3

Support was also found for the second major hypothesis of this study, which predicted that intrafamilial offenders would be less dangerous than extrafamilial offenders. It was anticipated that intrafamilial offenders would use less forceful and violent means of committing their offenses. The "Coercion-Violence Scale" began as a five-point scale with the following categories defining the different degrees of force used: none, use of seduction/enticement, use of verbal intimidation, use of physical force, and the use of violence. Following preliminary analysis of the data, the first two categories were collapsed, as were the last three. This allowed for a clearer picture of the differences between groups and, as was reported, most offenders did not resort to overtly aggressive means to gain compliance, although extrafamilial offender used higher degrees of force and violence than intrafamilial offenders. These results are consistent with those found by Kroth (1978) and McCaghy (1967).

The general public and even professionals tend to overestimate the degree of violence involved in the sexual

abuse of children since the mass media tend to give these cases the publicity (Howells, 1981). The available evidence and the results of this study, however, suggest that the use of physical force and violence is not as common as is generally thought. The current perception of the criminal justice and treatment agencies that extrafamilial offenders are more likely to be aggressive offenders and to be more dangerous is justified to some extent, and it is likely that extrafamilial offenders will continue to receive "harsher" treatment than intrafamilial offenders.

Research Hypotheses #4 and #5

It was not possible to distinguish between the two groups on the basis of their MMPI profiles. Support was not found for the third major hypothesis which produced greater levels of psychopathology for extrafamilial offenders. Average scale elevations and the number of clinically elevated scales were the same for both groups. These results are similar to those found in previous studies which used the MMPI with sex offender populations.

Several possible explanations could account for these negative findings. The fact that some of the more seriously disturbed offenders were screened out of this study because there was evidence of active psychosis probably made a small contribution to the negative findings. However, only eight percent of the cases initially taken

from the court clinic log were excluded by this criterion. It is possible that, as a group, sex offenders do not differ significantly from the general population and consequently their scores fall within the normal range on the MMPI. This has been the conclusion of many researchers who have worked with sex offenders (Nagayama-Hall et al., 1986; Toobert et al., 1959). It is also possible that true differences do exist in the psychological characteristics of these two offender groups, but that the MMPI is insensitive to them. Future researchers might find such differences using psychological instruments that have been standardized on "normal populations" such as the California Psychological Inventory (Gough, 1957/1975) or the Sixteen Personality Factor Questionnaire (Cattell, 1957).

In summary, these results suggest that the decisions being made by mental health agencies, criminal justice systems, and social service agencies regarding the treatment of sex offenders are on a sound basis. As a general rule, men who commit incest, or sexually molest children within the context of their own families, are better candidates for rehabilitation than are men who commit offenses against children in the community. There is substantial reason to afford them the opportunity to participate in community-based treatment programs. At the same time, there is justification for being reluctant to do so in the case of

the majority of extrafamilial offenders since they are more likely to re-offend and are more dangerous. A question has been raised, however, as to the adequacy of Groth's fixated-regressed dichotomy as a framework for understanding sex offenders and their offenses.

APPENDIX A

DATA SHEET

CODE NO. _____ INITIALS _____

I. OFFENDER

1. AGE AT TIME OFFENSE BEGAN _____
2. ETHNICITY: CAUCASION=1 HISPANIC=2 BLACK=3
NATIVE AMERICAN=4 ASIAN=5 OTHER=6
3. EDUCATION: HIGHEST GRADE COMPLETED _____
4. RELIGION: _____
5. EMPLOYMENT STATUS AT TIME OFFENSE BEGAN:
FULL TIME=1 UNEMPLOYED=3
PART TIME=2 UNKNOWN=4
6. MARITAL STATUS AT TIME OFFENSE BEGAN:
NEVER BEEN MARRIED=1 SEPARATED=4
MARRIED=2 DIVORCED=5
LIVING TOGETHER WIDOWED=6
or
COMMON-LAW = 3 (must be 6 months or longer)
7. PRIOR CONVICTION RECORD: FELONIES _____
8. PRIOR CONVICTION RECORD: MISDEMEANORS _____
9. PRIOR CONVICTION RECORD: JUVENILE _____
10. # PREVIOUS MARRIAGES _____ (includes
living-together and common-law relationships if
longer than 6 months)

11. TOTAL # YEARS MARRIED _____ (includes living-together and common-law relationships if longer than 6 months)
12. OFFENDER WAS PHYSICALLY ABUSED AS CHILD: YES=1
NO=2
13. OFFENDER WAS SEXUALLY ABUSED AS CHILD: YES=1
NO=2
14. OFFENDER HAS HISTORY OF ALCOHOL ABUSE: YES=1
NO=2
15. OFFENDER HAS HISTORY OF DRUG ABUSE: YES=1 NO=2
16. HISTORY OF PSYCHIATRIC/EMOTIONAL PROBLEMS:
YES=1 NO=2
17. OFFENDER COMES FROM BROKEN HOME: YES=1 NO=2
(parents divorced, separated, or living apart)
18. PRIOR ARREST RECORD FOR SEX-RELATED OFFENSES:
YES=1 HOW MANY? _____ NO=2
19. PRIOR ARREST RECORD FOR NON-SEX RELATED
OFFENSES: YES=1 HOW MANY? _____ NO=2
20. TOTAL # OF REPORTED VICTIMS FOR ALL SEX-RELATED
OFFENSES _____

II. PRESENT OFFENSE

1. SEX OF VICTIMS: V1=_____ V2=_____ V3=_____
2. AGE OF VICTIMS AT TIME OFFENSE BEGAN:
V1=_____ V2=_____ V3=_____
3. RELATIONSHIP OF OFFENDER TO VICTIMS:

NATURAL FATHER	=1	V1=_____
STEP-FATHER	=2	
ADOPTIVE FATHER	=3	V2=_____
FOSTER PARENT	=4	
MOTHER'S BOYFRIEND	=5	V3=_____
OTHER RELATIVE	=6	
ACQUAINTANCE	=7	V4=_____
STRANGER	=8	

4. TYPE OF ACTIVITY:
- | | | |
|---------------------------|----|----------|
| TOUCHING/FONDLING | =1 | V1=_____ |
| TOUCHING WITH PENETRATION | =2 | |
| ORAL SEX | =3 | V2=_____ |
| ATTEMPTED INTERCOURSE | =4 | |
| INTERCOURSE | =5 | V3=_____ |
| ANAL SEX | =6 | |
5. DEGREE OF FORCE USED:
- | | | |
|------------------------------|----|----------|
| NO OVERT FORCE/COERSION USED | =1 | V1=_____ |
| USE OF SEDUCTION/ENTICEMENT | =2 | |
| USE OF THREAT | =3 | V2=_____ |
| USE OF PHYSICAL FORCE | =4 | |
| USE OF VIOLENCE | =5 | V3=_____ |
| UNKNOWN OR UNCLEAR | =6 | V4=_____ |
6. HOW SECRECY ENFORCED:
- | | | |
|------------------------------|----|----------|
| NO OVERT FORCE/COERSION USED | =1 | V1=_____ |
| USE OF BRIBE/PROMISE | =2 | V2=_____ |
| THREAT OF CONSEQUENCES/HARM | =3 | |
| UNKNOWN OR UNCLEAR | =4 | V3=_____ |
7. ADMISSION OF GUILT: FULL=1 PARTIAL=2 NONE=3
UNKNOWN=4
- V1=_____ V2=_____ V3=_____ V4=_____
8. EXPRESSION OF REMORSE: YES=1 NO=2 PARTIAL=3
UNKNOWN=4
- V1=_____ V2=_____ V3=_____ V4=_____
9. PHYSICAL ABUSE OF VICTIM: YES=1 NO=2 UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____
10. OFFENSE WAS ALCOHOL RELATED: YES=1 NO=2
UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____
11. OFFENSE WAS DRUG RELATED: YES=1 NO=2
UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____

12. DURATION OF ACTIVITY: LESS THAN 1 MONTH=1
 1-6 MONTHS=2
 V1= _____ 6-12 MONTHS=3
 V2= _____ 1-3 YEARS=4
 V3= _____ GREATER THAN 3 YEARS=5
 UNKNOWN/UNCLEAR=6

13. FREQUENCY OR NUMBER OF INSTANCES:

ONCE=1 V1= _____ V2= _____
 2-5 TIMES=2 V3= _____ V4= _____
 5-10 TIMES=3
 GREATER THAN 10 TIMES=4
 UNABLE TO DETERMINE=5

III. SENTENCE

PRISON SENTENCE: YES=1 HOW LONG? _____ NO=2
 ANNEX TIME YES=1 HOW LONG? _____ NO=2
 PROBATION: YES=1 HOW LONG? _____ NO=2
 CSATP: YES=1 NO=2

IV. TYPE OF PEDOPHILE: FIXATED VS. REGRESSED

1. CHANGE TO LOWER LEVEL OF FUNCTIONING- YES=1 NO=2
 (need 2 or more of the following)

HAVE ANY OF THE FOLLOWING OCCURRED WITHIN A 2
 YEAR PERIOD PRIOR TO THE TIME THE OFFENSE BEGAN?
 :

--marital or relationship conflict as evidenced
 by separation or divorce. YES=1 NO=2

--loss of job, or decrease in job stability as
 evidenced by an increased number of job changes
 compared to previous history. YES=1 NO=2

--more than 3 changes in address (if this is a
 more frequent rate of change compared to
 previous history). YES=1 NO=2

--psychiatric hospitalization or the use of
 medication for an emotional problem; receiving

outpatient counseling with no prior history of having received it before. YES=1 NO=2

--occurrence of alcohol or drug related problems with no prior history of the same (in contrast to social use of alcohol/ drugs with no indications of related problems). YES=1 NO=2

--being arrested (other than for minor traffic violations) with no previous history of the same. YES=1 NO=2

2. INTEREST IN AGE-APPROPRIATE SEXUAL RELATIONSHIPS:

YES=1 NO=2

3. PEDOPHILIC BEHAVIOR BEGAN IN ADULTHOOD:

YES=1 NO=2

4. PEDOPHILIC BEHAVIOR WAS EXPERIENCED AS DISTURBING:

YES=1 NO=2

* * * 3 OR MORE YES= REGRESSED PEDOPHILE=1

* * * LESS THAN 3 YES= FIXATED PEDOPHILE=2

V. PSYCHOLOGICAL CHARACTERISTICS: MMPI DATA

<u>SCALE</u>	<u>RAW SCORE</u>	<u>T-SCORE</u>
L	_____	_____
F	_____	_____
K	_____	_____
1) Hs	_____	_____
2) D	_____	_____
3) Hy	_____	_____
4) Pd	_____	_____
5) Mf	_____	_____
6) Pa	_____	_____
7) Pt	_____	_____
8) Sc	_____	_____
9) Ma	_____	_____
10) Si	_____	_____
11) NUMBER OF SCALES GREATER THAN T=70	_____	
12) AVERAGE SCALE ELEVATION	_____	
13) TWO HIGHEST SCALES:	_____	_____

APPENDIX B

DATA SHEET-R

OFFENDER _____ NAME OF RATER _____

I. OFFENDER

1. AGE AT TIME OFFENSE BEGAN _____
2. ETHNICITY: CAUCASION=1 HISPANIC=2 BLACK=3
NATIVE AMERICAN=4 ASIAN=5 OTHER=6
3. EDUCATION: HIGHEST GRADE COMPLETED _____
4. RELIGION: _____
5. EMPLOYMENT STATUS AT TIME OFFENSE BEGAN:
FULL TIME=1 UNEMPLOYED=3
PART TIME=2 UNKNOWN=4
6. MARITAL STATUS AT TIME OFFENSE BEGAN:
NEVER BEEN MARRIED=1 SEPARATED=4
MARRIED=2 DIVORCED=5
LIVING TOGETHER WIDOWED=6
or
COMMON-LAW = 3 (must be 6 months or longer)
7. PRIOR CONVICTION RECORD: FELONIES _____
8. PRIOR CONVICTION RECORD: MISDEMEANORS _____
9. PRIOR CONVICTION RECORD: JUVENILE _____
10. # PREVIOUS MARRIAGES _____ (includes
living-together and common-law relationships if
longer than 6 months)

11. TOTAL # YEARS MARRIED _____ (includes living-together and common-law relationships if longer than 6 months)
12. OFFENDER WAS PHYSICALLY ABUSED AS CHILD: YES=1
NO=2
13. OFFENDER WAS SEXUALLY ABUSED AS CHILD: YES=1
NO=2
14. OFFENDER HAS HISTORY OF ALCOHOL ABUSE: YES=1
NO=2
15. OFFENDER HAS HISTORY OF DRUG ABUSE: YES=1 NO=2
16. HISTORY OF PSYCHIATRIC/EMOTIONAL PROBLEMS:
YES=1 NO=2
17. OFFENDER COMES FROM BROKEN HOME: YES=1 NO=2
(parents divorced, separated, or living apart)
18. PRIOR ARREST RECORD FOR SEX-RELATED OFFENSES:
YES=1 HOW MANY? _____ NO=2
19. PRIOR ARREST RECORD FOR NON-SEX RELATED
OFFENSES: YES=1 HOW MANY? _____ NO=2
20. TOTAL # OF REPORTED VICTIMS FOR ALL SEX-RELATED
OFFENSES _____

11. PRESENT OFFENSE

1. SEX OF VICTIMS: V1=_____ V2=_____ V3=_____
2. AGE OF VICTIMS AT TIME OFFENSE BEGAN:
V1=_____ V2=_____ V3=_____
3. RELATIONSHIP OF OFFENDER TO VICTIMS:

NATURAL FATHER	=1	V1=_____
STEP-FATHER	=2	
ADOPTIVE FATHER	=3	V2=_____
FOSTER PARENT	=4	
MOTHER'S BOYFRIEND	=5	V3=_____
OTHER RELATIVE	=6	
ACQUAINTANCE	=7	V4=_____
STRANGER	=8	

4. TYPE OF ACTIVITY:
- | | | |
|---------------------------|----|----------|
| TOUCHING/FONDLING | =1 | V1=_____ |
| TOUCHING WITH PENETRATION | =2 | |
| ORAL SEX | =3 | V2=_____ |
| ATTEMPTED INTERCOURSE | =4 | |
| INTERCOURSE | =5 | V3=_____ |
| ANAL SEX | =6 | |
5. DEGREE OF FORCE USED:
- | | | |
|------------------------------|----|----------|
| NO OVERT FORCE/COERSION USED | =1 | V1=_____ |
| USE OF SEDUCTION/ENTICEMENT | =2 | |
| USE OF THREAT | =3 | V2=_____ |
| USE OF PHYSICAL FORCE | =4 | |
| USE OF VIOLENCE | =5 | V3=_____ |
| UNKNOWN OR UNCLEAR | =6 | V4=_____ |
6. HOW SECRECY ENFORCED:
- | | | |
|------------------------------|----|----------|
| NO OVERT FORCE/COERSION USED | =1 | V1=_____ |
| USE OF BRIBE/PROMISE | =2 | V2=_____ |
| THREAT OF CONSEQUENCES/HARM | =3 | |
| UNKNOWN OR UNCLEAR | =4 | V3=_____ |
7. ADMISSION OF GUILT: FULL=1 PARTIAL=2 NONE=3
UNKNOWN=4
- V1=_____ V2=_____ V3=_____ V4=_____
8. EXPRESSION OF REMORSE: YES=1 NO=2 PARTIAL=3
UNKNOWN=4
- V1=_____ V2=_____ V3=_____ V4=_____
9. PHYSICAL ABUSE OF VICTIM: YES=1 NO=2 UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____
10. OFFENSE WAS ALCOHOL RELATED: YES=1 NO=2
UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____
11. OFFENSE WAS DRUG RELATED: YES=1 NO=2
UNKNOWN=3
- V1=_____ V2=_____ V3=_____ V4=_____

IV. PSYCHOSOCIAL FACTORS:

1. CHANGE TO LOWER LEVEL OF FUNCTIONING- YES=1 NO=2
(need 2 or more of the following)

HAVE ANY OF THE FOLLOWING OCCURRED WITHIN A 2
YEAR PERIOD PRIOR TO THE TIME THE OFFENSE BEGAN?

:

--marital or relationship conflict as evidenced
by separation or divorce. YES=1 NO=2

--loss of job, or decrease in job stability as
evidenced by an increased number of job changes
compared to previous history. YES=1 NO=2

--more than 3 changes in address (if this is a
more frequent rate of change compared to
previous history). YES=1 NO=2

--psychiatric hospitalization or the use of
medication for an emotional problem; receiving
outpatient counseling with no prior history of
having received it before. YES=1 NO=2

--occurrence of alcohol or drug related problems
with no prior history of the same (in contrast
to social use of alcohol/ drugs with no
indications of related problems). YES=1 NO=2

--being arrested (other than for minor traffic
violations) with no previous history of the
same. YES=1 NO=2

2. INTEREST IN AGE-APPROPRIATE SEXUAL RELATIONSHIPS:

YES=1 NO=2

3. INAPPROPRIATE SEXUAL BEHAVIOR WITH A CHILD BEGAN
IN ADULTHOOD:

YES=1 NO=2

4. INAPPROPRIATE SEXUAL BEHAVIOR WAS EXPERIENCED AS
DISTURBING:

YES=1 NO=2

APPENDIX C

GUIDELINES FOR RATERS

THANK YOU FOR HELPING ME WITH THIS RESEARCH PROJECT. MOST OF THE INFORMATION YOU WILL NEED CAN BE FOUND IN THE PRE-SENTENCE REPORT, THE COURT CLINIC EVALUATION, OR ON THE FACE SHEET. BECOME FAMILIAR WITH THE DATA COLLECTION SHEET, THEN READ THROUGH THE FILES AND FILL IN THE NECESSARY INFORMATION. PLEASE COMPLETE ALL ITEMS. IF YOU HAVE ANY QUESTIONS, OR IF YOU ARE UNSURE HOW TO SCORE AN ITEM, MAKE NOTES ON THE DATA SHEET ITSELF.

THE INFORMATION TO BE COLLECTED IS LISTED BELOW. IT BASICALLY FOLLOWS THE DATA COLLECTION SHEET. EXPLANATIONS ARE PROVIDED TO HELP CLARIFY WHAT INFORMATION IS BEING SOUGHT. IT MAY BE DIFFICULT TO DETERMINE THE CORRECT RESPONSE AT TIMES. IN THESE CASES, PLEASE USE YOUR BEST JUDGEMENT AND MAKE NOTES AS TO HOW YOU MADE YOUR DECISION.

I. OFFENDER

1. AGE OF OFFENDER AT TIME THE MOLEST BEGAN
2. ETHNICITY - on face sheet
3. EDUCATION- on face sheet (write in "GED" when it appears this way in the file)
4. RELIGION - on face sheet- write in name of religion
5. EMPLOYMENT STATUS AT TIME MOLEST BEGAN
6. MARITAL STATUS AT TIME MOLEST BEGAN
- 7 - 9. PRIOR CONVICTION RECORD: FELONIES, MISDEMEANORS, JUVENILE - on face sheet.
10. # OF PREVIOUS MARRIAGES - include all marriages and common-law relationships in which the couple lived together for 6 months or longer.

11. TOTAL NUMBER OF YEARS MARRIED - add up the length of all the marriages including common-law relationships if they were of at least 6 months duration

12 - 15. OFFENDER WAS PHYSICALLY AND/OR SEXUALLY ABUSED AS A CHILD; OFFENDER HAS A HISTORY OF ABUSING ALCOHOL AND/OR DRUGS - must be determined from a review of the file.

16. OFFENDER HAS HISTORY OF PSYCHIATRIC OR EMOTIONAL PROBLEMS - to be scored as "YES", there must be information in the files which documents the use of mental health services for a period of greater than 3 months - or any occurrence of psychiatric hospitalization.

17. OFFENDER COMES FROM BROKEN HOME - offender's parents were divorced, separated, or otherwise living apart while the offender was under 18 years age.

18 - 19. PRIOR ARREST RECORD FOR SEX-RELATED AND NON-SEX RELATED OFFENSES - the offender's arrest record is often different from the conviction record. There is usually a list of arrests or "involvements" with the criminal justice system in the file. Include juvenile record and consider each "count" separately, i.e., being charged with 2 counts of a felony should be scored as 2 arrests. Include all traffic violations, except minor parking violations.

20. TOTAL # OF REPORTED VICTIMS FOR ALL SEX-RELATED OFFENSES - write "many" if the number of victims is large and you are not able to determine the precise number.

II. PRESENT OFFENSE

V1= victim #1; V2= victim #2; etc.

1. SEX OF VICTIMS - self-explanatory

2. AGE OF VICTIMS AT TIME OFFENSE BEGAN - sometimes this is reported directly; sometimes you must figure out the victims age when the offense began. Use whatever information is available to determine when the offense first started, i.e., "The victim stated that

he began fondling her about two and one-half years ago."

3. RELATIONSHIP OF OFFENDER TO VICTIMS - use "acquaintance" if the victim has seen the offender before; use "stranger" if the victim has never seen the offender before.

4. TYPE OF ACTIVITY - include all activities that are mentioned in the reports. There may be more than one activity for each victim.

5. DEGREE OF FORCE USED :

NO OVERT FORCE/COERSION USED: use this category when the offense has been adequately described and there is no mention that any other degree of force was used or when there is no implication, or any reason to believe, a greater degree of force or coercion was used. (This category assumes the victim was intimidated only by the offender's position of authority as an adult.)

USE OF SEDUCTION/ENTICEMENT: when offender makes promises, bribes, or offers money, candy or any other "special favors" to elicit the victim's cooperation.

USE OF THREATS: when the offender states or implies that something harmful might happen to the child or to another person or object important to the child, or that he'll escalate the abuse if the victim does not cooperate. This category includes such statements as, "You'd better, or else . . ."

USE OF PHYSICAL FORCE: when the offender uses his strength to hold down, restrain, or in any other way to get the child to cooperate; the use of belts or ropes to bind the victim; or the presence of relatively minor bruises, scrapes, cuts, or welts.

USE OF VIOLENCE: when there is evidence of the use of force greater than the previous category such as the use of weapons or the presence of broken bones, or relatively serious bruises, cuts, or other bodily damage.

6. HOW SECRECY WAS ENFORCED:

NO OVERT FORCE/COERSION USED: when there is no mention of the use of any means of insuring secrecy such as threats of harm, negative consequences, or the use of promises or bribes. If the information is ambiguous or inconclusive, score it as UNKNOWN/UNCLEAR.

USE OF BRIBE/PROMISE: when the reports indicate that the offender offered any kind of special favor to the victim to obtain secrecy.

THREAT OF CONSEQUENCES/HARM: when the offender states or implies that something harmful might happen to the victim, or to anyone important to the victim, including the offender himself, i.e., "If you tell, I will go to jail." Includes such statements as, "You'd better not tell anyone" or "Don't tell".

7. ADMISSION OF GUILT: refers to whether or not the offender admits doing what he has been charged with doing. Score PARTIAL when offender admits to committing some of the offenses but not others, or when he remembers some of the offenses but not others. It is helpful to compare the information in the pre-sentence report with that in the court clinic evaluation. If these are in conflict, check the sentencing report and go with the 2 out of 3.

8. EXPRESSION OF REMORSE: refers to whether or not the offender has expressed feelings of guilt, shame, embarrassment, grief, or sorrow about having committed the offenses. Score PARTIAL if there is evidence in the records that suggest the offender is insincere or that he has some reservation about his feelings.

9. PHYSICAL ABUSE OF VICTIM - was the victim of the sexual abuse also subject to any physical abuse.

10 - 11. OFFENSE WAS ALCOHOL AND/OR DRUG RELATED - self-explanatory.

12. DURATION OF ACTIVITY - self-explanatory.

13. FREQUENCY OR NUMBER OF INSTANCES - self-explanatory.

III. SENTENCE- this information can be found on the folder or in the files. Please note whether sentences run consecutively (CS) or concurrently (CC).

IV. PSYCHOSOCIAL FACTORS:

- 1) STRESSORS - score each factor either YES or NO
- 2) INTEREST IN AGE-APPROPRIATE SEXUAL RELATIONSHIPS - has offender been married to or dated, or otherwise demonstrated an interest in an age-appropriate sexual relationship, since becoming 18 years old.
- 3) PEDOPHILIC BEHAVIOR BEGAN IN ADULTHOOD - since the age of 18.
- 4) PEDOPHILIC BEHAVIOR WAS EXPERIENCED AS DISTURBING- score YES if there is evidence that the offender has expressed sorrow, grief, shame for committing the offense or for "having a problem", or for demonstrating concern and empathy for the victim.

REFERENCES

- Alter-Reid, K., Gibbs, M., Lachenmeyer, J., & Massoth, N. (1986). Sexual abuse of children: A review of the empirical findings. Clinical Psychology Review, 6, 249-266.
- Anderson, L. M., & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49, 436-445.
- Apfelberg, B., Sugar, C., & Pfeffer, A. (1944). A psychiatric study of 250 sex offenders. American Journal of Psychiatry, 100, 762-776.
- Armentrout, J. A., & Hauer, A. L. (1978). MMPIs of rapists of adults, rapists of children, and non-rapist sex offenders. Journal of Clinical Psychology, 34, 330-334.
- Baxter, D. J., Marshall, W. L., Barbaree, H. E., Davidson, P. R., & Malcolm, P. B. (1984). Deviant sexual behavior: Differentiating sexual offenders by criminal and personal history, psychometric measures, and sexual response. Criminal Justice and Behavior, 11, 477-501.
- Brancale, R., Ellis, A., & Doorbar, R. (1952). Psychiatric and psychological investigations of convicted sex offenders: A summary report. American Journal of Psychiatry, 109, 17-21.
- Catell, R., & Stice, G. (1957). Handbook for the Sixteen Personality Factor Questionnaire. Champaign, IL: Institute for Personality and Testing.
- Christiansen, K., Elers-Nielsen, M., le-Maire, L., & Sturup, G. (1965). Recidivism among sexual offenders. In K. O. Christiansen (Ed.), Scandinavian Studies in Criminology (Vol. 1). London: Tavistock.
- Cohen, J. (1960). A Coefficient of Agreement for Nominal Scales. Journal of Educational and Psychological Measurement, 20, 37-46.

- Cohen, M., Seghorn, T., & Calmas, W. (1969). Sociometric study of the sex offender. Journal of Abnormal Psychology, 74, 249-255.
- Conte, J. (1982). Sexual abuse of children: Enduring issues for social work. In J. Conte and D. Shore (Eds.), Social work perspectives on child sexual abuse (pp. 1-20). New York: Haworth Press.
- Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: The Free Press.
- Fitch, J. H. (1962). Men convicted of sexual offenses against children: A descriptive follow-up study. British Journal of Criminology, 3, 18-37.
- Frisbie, L. (1969). Another look at sex offenders in California. Research Monograph No. 12. California Department of Mental Hygiene.
- Frisbie, L. & Dondis, E. (1965). Recidivism among treated sex offenders. Research Monograph No. 5. California Department of Mental Hygiene.
- Frosch, J. & Bromberg, W. (1939). The sex offender: A psychiatric study. American Journal of Orthopsychiatry, 9, 761-776.
- Furniss, T. (1983). Family process in the treatment of intrafamilial child sexual abuse. The Journal of the Association for Family Therapy, 5, 263-278.
- Gebhard, P., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). Sex offenders: An analysis of types. New York: Harper and Row.
- Giarretto, H., Giarretto, A., & Sgroi, S. (1978). Coordinated community treatment of incest. In A. Burgess, A. N. Groth, L. Holstrom, & S. Sgroi (Eds.), Sexual assault of children and adolescents. Lexington, MA: Lexington Books.
- Gough, H. G. (1957/1975). California Psychological Inventory: Manual. Palo Alto, CA: Consulting Psychologist Press.

- Groth, A. N. (1978). Patterns of sexual assault against children and adolescents. In A. Burgess, A. N. Groth, L. Hostrom, & S. Sgroi (Eds.), Sexual Assault of Children and Adolescents. Lexington, MA: Lexington Books.
- Groth, A. N. (1979). Men who rape: The psychology of the offender. New York: Plenum Press.
- Groth, A. N. & Birnbaum, H. J. (1978). Adult sexual orientation and attraction to underage persons. Archives of Sexual Behavior, 7, 175-181.
- Howells, K. (1981). Adult sexual interest in children: Considerations relevant to theories of aetiology. In M. Cook & K. Howells (Eds.), Adult sexual interest in children (pp. 55-94). London: Academic Press.
- Karpardis, A. (1980). Sentencing practice for sex offenders. In D. J. West (Ed.), Sex offenders in the criminal justice system. Cropwood Conference Series No. 12. University of Cambridge Institute of Criminology. Cambridge, England.
- Karpman, B. (1954). The sex offender and his offenses: Etiology, pathology, psychodynamics, and treatment. New York: The Julian Press.
- Knight, R., Rosenberg, R., & Schneider, B. (1985). Classification of sexual offenders: Perspective, method, and validation
- Kozol, H., Boucher, R., & Garofalo, R. (1972). The diagnosis and treatment of dangerousness. Crime and Delinquency, 32, 371-392.
- Kroth, J. (1978). Child sexual abuse: Analysis of a family therapy approach. Springfield, IL: Charles C. Thomas.
- Lanyon, R. (1986). Theory and treatment in child molestation. Journal of Consulting and Clinical Psychology, 54, 176-182.
- Lustig, N., Dresser, J., Spellman, S., & Murray, T. (1966). Incest: A family group survival pattern. Archives of General Psychiatry, 14, 3140.

- MacFarlane, K., & Bulkley, J. (1982). Treating child sexual abuse: An overview of current program models. In J. Conte and D. Shore (Eds.), Social Work and Child Sexual Abuse (pp. 69-91). New York: Haworth Press.
- McCaghy, C. (1967). Child molesters: A study of their careers as deviants. In M. B. Clinard & R. Quinney (Eds.), Criminal Behavior Systems (pp. 75-88). New York: Holt, Rinehart, and Winston.
- McCreary, C. P. (1975). Personality differences among child molesters. Journal of Personality Assessment, 39, 591-593.
- Meiselman, K. (1978). Incest: A psychological study of causes and effects with treatment research. San Francisco: Jossey-Bass.
- Meyer, L., & Romero, J. (1980). A ten-year follow-up of sex offender recidivism. Philadelphia, PA: Joseph J. Peters Institute.
- Mohr, J. W. (1981). Age structure in pedophilia. In M. Cook & K. Howells (Eds.), Adult sexual interest in children (pp. 41-54). London: Academic Press.
- Mohr, J. W., Turner, R. E., & Jerry, M. B. (1964). Pedophilia and exhibitionism. Canada: University of Toronto Press.
- Nagayama-Hall, G., Maiuro, R., & Vitaliano, P. (1986). The utility of the MMPI with men who have sexually assaulted children. Journal of Consulting and Clinical Psychology, 54, 493-496.
- Pacht, A. R., Halleck, S. K., & Ehrmann, J. C. (1962). Diagnosis and treatment of the sexual offender: A nine-year study. American Journal of Psychiatry, 118, 802-808.
- Panton, J. H. (1979). MMPI profile configurations associated with incestuous and non-incestuous child molesting. Psychological Reports, 45, 335-338.
- Quinsey, V. (1977). The assessment and treatment of child molesters: A review. Canadian Psychological Review, 18, 204-220.

- Rada, R. (1978). Sexual psychopathology: Historical survey and basic concepts. In R. Rada (Ed.). Clinical aspects of the rapist. New York: Grune and Stratton.
- Revitch, E. & Weiss, R. (1962). The pedophilic offender. Diseases of the Nervous System, 23, 73-78.
- Russell, D. (1983). Incidence and prevalence of intrafamilial and extrafamilial sexual abuse of children. Child Abuse and Neglect, 7, 133-146.
- Sgroi, S. (1982a). Family Treatment of Child Sexual Abuse. In J. Conte and D. Shore (Eds.). Social Work and Child Sexual Abuse. Lexington, MA: Lexington Books.
- Sgroi, S. (1982b). Handbook of clinical intervention in child sexual abuse. Lexington, MA: Lexington Books.
- Swanson, D. (1968). Adult sexual abuse of children: The man and his circumstances. Diseases of the Nervous System, 29, 677-683.
- Swensen, W. & Grimes, B. (1958). Characteristics of sex offenders admitted to a Minnesota state hospital for pre-sentence psychiatric investigation. Psychiatric Quarterly, 32 (Suppl.), 110-123.
- Swift, C. (1979). The prevention of sexual child abuse: Focus on the perpetrator. Journal of Clinical Child Psychology, 8, 133-136.
- Tasto, D. (1980). Pedophilia. In W. Curran, A. McGarry, & C. Petty (Eds.), Modern legal medicine, psychiatry, and forensic science. Philadelphia: Davis Press.
- Toobert, S., Bartelme, K., & Jones, E. (1959). Some factors related to pedophilia. International Journal of Social Psychiatry, 4, 272-279.