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THE PSYCHOSEXUAL EXPERIENCES AND SEXUAL DYSFUNCTIONS OF SEX OFFENDERS

by

Mark Lynn Elliott

A DISSERTATION

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MARK LYNN ELLIOTT

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ABSTRACT

THE PSYCHOSEXUAL EXPERIENCES AND
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There is a paucity of research information which investigates the psychosexual experiences, especially the sexual dysfunctions, of rapists and child molesters. The available literature suggests that child molesters are uncomfortable and dysfunctionate when in dating/sexual situations, while rapists are described as having many experiences and few problems. The subjects in this study, 149 convicted nonpsychotic sex offenders, completed an anonymous questionnaire investigating two areas: 1) psychosexual experiences; and 2) sexual dysfunctions in three situations (masturbation, victim, and nonvictim). The subjects were subdivided (based on the number, gender and age of the reported victims) into one of the following groups: 1) "rapists"; 2) "girl child molesters"; 3) "boy child molesters"; 4) "polymorphously perverse rapists"; or 5) "polymorphously perverse child molesters".

The psychosexual experience results indicate that the girl and polymorphously perverse child molesters were not significantly more uncomfortable or more negative about their

dating and sexual experiences compared to the two rapist groups. However, the boy child molesters were found to be both uncomfortable and negative about their dating and sexual experiences. The polymorphously perverse rapists were found to have significantly more dates than the other groups and there was a trend for both rapists groups to have more sexual partners than the child molester groups, especially the boy child molesters. The results of this study also revealed that over 50% of all the offender groups reported "problems" during their first sexual encounter.

The sexual dysfunction results revealed that the girl and polymorphously perverse child molesters did not have significantly more dysfunctions when with an age appropriate partner. In addition, the boy child molesters reported significantly fewer sexual dysfunctions than all other groups (with the exception of the rapist group) when with a nonvictim. The two rapist groups were found to have a substantially higher incidence of sexual dysfunctions when with a victim compared to the other sex offender groups. The masturbation situation was found to have little negative impact on sexual functioning for all offender groups and there were no significant differences between groups.

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INTRODUCTION

The impact of rape and child molestation on victims, families, and society at large is a growing concern in America. There has been a significant increase in public awareness and reaction to the reported high frequency of these sexual offenses. In fact, the Federal Buerau of Investigation (1984) reports that a woman is raped every three minutes. Research indicates that 41% (Russel, 1984) to 60% (Divasto et al, 1984) or 143 per 100,000 (Sourcebook of Criminal Justice Statistics, 1985) of women in the general population and 18% of college women (Koss and Oros, 1982) may have been raped. The frequency of child molestation is more difficult to determine (Finkelhor, 1979). The National Center on Child Abuse and Neglect (1978) estimates that there are approximately 100,000 cases of child molesting each year. Sarafino (1977) and Gagnon (1965) estimate a nationwide incidence rate of around 400,000 per year, while Landis (1957) reports that as many as one-third of all children and/or adolescents are victims of sexual abuse.

The actual incidence of rape and child molesting may be quite different than the number reported. Abel, Becker, & Skinner (1980) feel that the "incidence of rape is grossly under reported". Brownmiller (1975) posits that only 20% of rapes are reported to the police, while Hood and Sparks

(1971) estimate that 5 to 10 times as many rapes go unreported. Clark and Lewis (1977) cogently state that "many rapes are statistically and socially invisible because they can so easily be classified as something else." Sarafino (1979) estimates that 300 to 400 percent of child molestations go unreported.

When rape or child molesting is actually reported, the probability of getting an arrest and then a conviction is not in the favor of the victim. It is much more difficult to obtain a conviction for rape than any other assaultive crime (FBI, 1984) and only 10% of reported rapes lead to a conviction (Peterson, Braiker, & Polich, 1980). The frequency of arrest and then conviction for child molesting is again, even more infrequent. It has been estimated that only 10% of child molesting cases (especially incest) actually come to the attention of the legal system and even fewer lead to a conviction and are given sentences (Sarafino, 1979).

Even when a conviction is reached and a sentence given, very few men actually receive formal treatment for their sexual offending (Marshall & Barbaree, 1984). It is not suprising that recidivism for these crimes is at least 25 to 30% (Davidson, 1982; Hall, 1986). This is significantly compounded by the fact that most sex offenders report having committed many offenses for which they have not been caught or convicted (Mashall and Barabaree, 1984). In fact, Abel (1981) purports that rapists, and to a larger extent child molesters, have many victims, 10 and 70 on the average,

respectively. Groth, Longo, & Mcfadden (1982) found, using an anonymous questionnaire, that rapists and child molesters have committed 2-5 times more sex crimes than that for which they were apprehended.

The recent dissemination of information regarding sex offenders (through research and the popular press) has led to an increase in the time and money targeted for prevention and treatment programs for victims, and even for the perpetrators of these crimes. This recent education of society may have also resulted in an increase in the number of sex offenders brought to the attention of legal and clinical professionals. We, as health care providers and researchers, are being called upon to impact this evergrowing problem in a manner that helps victims but also addresses treatment for offenders. The treatment programs currently available for victims of sexual abuse have progressed rapidly and seem to be quite successful. However, the treatment programs available for sex offenders appears to be much less advanced, if not much less successful (Abel, Becker, & Skinner, 1980). The ineffectiveness of treatment programs may partially result from insufficient research information necessary to address areas for treatment focus. Therefore, research projects need to be more comprehensive and better able to illuminate the factors contributing to the sexual assault of women and children.

Research information describing sex offenders, their offenses, and treatment is still quite limited. In fact,

Knight et al. (1985) posit that "despite the gravity of the problem, the amount of systematic empirical research directed at understanding the perpetrators of rape and child molestation has been minimal". This is partially a result of sex offenders not typically being evaluated through psychological channels (Abel et al, 1980). The utility of current research information is further lessened by the tendency of investigators to combine sex offender groups regardless of their crimes. Marshall et al (1984) purport that "unfortunately . . . research often has grouped together a variety of sex offenders so that it is difficult to infer the incidence and nature" of characteristics associated with specific sex offender types. In addition, many past studies assumed that sex offenders were a homogeneous group, while more recent research indicates that even within groups like rape and child molestation, there is considerable heterogeneity (e.g. Groth, Burgess, & Holstrom, 1977; Cohen, Seghorn, Calamas, 1969; Prentky, Cohen, & Seghorn, 1985). As can be seen, sex offender research has not typically facilitated the development of specific treatment programs for rape and child molesting based on deficits specific to each group.

The renewed interest in developing between and within group taxonomies for sex offenders, based on multicausal models, has diminished some of the confusion surrounding sex offenders and their treatment (e.g. Knight, Rosenberg and Schneider, 1985; Prentky et al, 1985; Groth, Burgess, & Holstrom, 1977). Authors are addressing the importance of

looking at a larger picture of what attributes are characteristic of specific types (and subtypes) of sex offenders. Knight et al. (1985), for example, present the most comprehensive review of the literature investigating characteristics used to distinquish rapists and child molesters. One characterisitic presented as being quite important for better understanding sex offenders, but not systematically researched on the same level as other factors, was the specific sexual problems experienced by these offenders.

A review of the sex offender literature reveals that very few studies have investigated the incidence of sexual problems, and virtually no studies have investigated the sexual dysfunctions of sex offenders. The numerous studies investigating the sexual arousal patterns of sex offenders using the penile plethysmograph or other psychophysiological instruments (e.g. Abel, Becker, Skinner, 1980; Barbaree, Marshall, & Lanthier, 1979; Freund, 1978; Quinsey, Chaplain, & Varney, 1981), have been an exception. Furthermore, even comprehensive reviews of the literature offer very little information or hypotheses about the sexual problems, especially the sexual dysfunctions, of sex offenders (e.g. Amir, 1971; Knight et al, 1985; Rabkin, 1979; Quinsey, 1977). When information about sexual functioning is presented, it rarely involves a systematic investigation of sexual dysfunctions (e.g. Brancale, McNeil, & Vuocolo, 1965; Amir, 1971; Finkelhor, 1979; Freund, Campbell, & Heasman, 1986), insightful comparison of groups (e.g. Langevin, 1985; Gebhard et al,

1965, etc.), or more than anecdotal evidence (e.g. DeRiver, 1967; Shainess, 1976).

Nevertheless, many authors have suggested that the study of sexual functioning is an important area to be considered for reasearch and treatment. Marshall and Barbaree (1984) state that "the failure to investigate the offenders sexual history (frequency as well as type of contacts) may blind the assessor to the possibilities of sexual inadequacies, fears of sexuality, lack of a well-develped sense of masculinity, or even hormonal disturbances which make control over sexual behavior difficult". Marshall, Earls, Segal, and Darke (1983) in their review of the literature on sex offenders state that sexual dysfunctions should be seriously addressed during the initial assessment that most sex offenders programs require. Finkelhor (1984) goes one step further in stating that "we cannot recognize the social or psychological significance of adults relating sexually with children unless we analyze the broad emotional and developmental meaning that such behavior has for its' perpetrators". Sexual problems and concerns are at the forefront of his list for exploration. Clark and Lewis (1977) are quite adamant in their statement that solutions to the problem of treatment cannot be developed without investigating how "our social structures have produced so many 'losers' whose sexual alienation expresses itself in rape".

For the above reasons, the literature was reviewed with

respect to what we know (and in this case what we don't know) about the sexual functioning (i.e. satisfaction in their sex lives, comfort in heterosexual relationships, sexual dysfunctions, etc.) of rapists and child molesters. The information is presented in a fashion that describes the general sexual problems of undifferentiated sex offender populations first and then moves in the direction of becoming more specific with the type of sex offender group (i.e. rapists and child molesters) and the type of sexual problem (i.e. nature of sexual dysfunctions).

Psychosexual Experiences: Undifferentiated Groups

A number of studies, especially earlier ones, have described the sexual problems of sex offenders but have not delineated between group differences. This information, although often confusing, begins to address the importance of sexual problems in the lives of sexual offenders. For instance, Brancale, Ellis, & Doorbar (1952) studied a large number of sex offenders involved in "minor" offenses (statutory rape, mild sexual assault, verbal sex acts with minors, exhibitionism, and disseminating "obscene" materials) and "serious" offenses (sexual assault, forcible rape, noncoital sex relations with a minor, and homosexual relations). They found that 44% were diagnosed to be "sexually inhibited and neurotically constricted rather than overimpulsive and oversexed". Sex offenders, in general, have been found to be much more "prudish, censorial and sexually inadequate" with less libido and sexual excitment than normals and nonsexual

offenders (Record, 1977). Abel, Becker, and Skinner (1980) found that sex offenders are generally "grossly lacking in sexual knowledge", while Delin (1978) posits that "a large proportion of sex offenders know nothing of even the simplest facts about sexual responses." Delin (1978) interviewed many sex offender program staff and patients around the country and found that a limited sexual education, in addition to a strict punitive religious upbringing (e.g. masturbation is sinful), is common within the families of sex offenders. Sex offenders are reported to be "unable to carry out appropriate sexual behaviours in part because they simply do not know what is expected of them or how one relates sexually to an adult partner" (Abel, Becker and Skinner, 1980).

Thus it is not suprising that sexual offenders, in general, tend to report significant problems with sexual relationships. McGuire, Carlisle and Young (1965) studied nonassaultive "sexual deviants" (e.g. pedophiles, exhibitionist and homosexuals) and found that more than half of them believed that a "normal sex life was not possible" for them, although it is unclear what proportion were homosexuals. These offenders also reported conflicts regarding aversive heterosexual experiences and feelings of physical and social inadequacy. This may partially explain the report that sex offenders engage in their first sexual experience later than controls and nonsexual offenders (Record, 1977). Amir (1971), in his frequently cited study of sex offenders, also reports that "feelings of sexual indadequacy,

inferiority, and psychic impotency" are common underlying characteristic with sex offenders. He felt that there were a variety of traumas underlying these inadequate sexual feelings such as "a boy being thwarted in his first sexual experience". In fact, "sexual deviates" were reported to be less able to "establish satisfying relationships leading to socially appropriate sexual behavior with mature persons of the opposite sex" but seemed able to form a sexual relationship with the victim (Pacht and Cowden, 1974). Delin (1978) presents a number of anecdotal cases where the wife/partner is described as having decreased sexual desire or using sex as a means of getting her way in the relationship. Communication skills regarding discussion of sexual issues were virtually absent in these descriptions.

Psychoanalysts have theorized extensively about the sexual "variations" and "deviations" which in very general terms are any sexual behaviors that depart from "normal" or "typical" heterosexual development. These sexual variations and deviations often involve legal sexual offenses, which in psychoanalytic theory result from heterosexual fear and avoidance due to a phobia of female genitals and castration anxiety (e.g. Freud, 1905; Rado, 1979; Salzman, 1972; Stoller, 1975). These authors further suggest that fear, avoidance, and anxiety cause the sexual deviate/offender to regress to a period of sexual development (e.g. playing "doctors") prior to the "libidinal fixation" (i.e. early sexual trauma). In fact, unresolved "Oedipal" dynamics are

found to be most common and problematic for the most dangerous offenders, the murder rapists (Pevitch, 1980). Stoller (1975) has probably written more about sexual deviance, which includes sex offenses, than any other psychoanalytic theorist. He describes the "perversions" of sexual offending "as a habitual, preferred aberration necessary for one's full satisfaction"-- i.e. to fulfill sexual arousal and sexual satisfaction. He sees sexual offenses as a way of undoing humiliating childhood sexual experiences and as an "erotic form of hatred" that is primarily motivated by hostility and a desire to dehumanize the sexual offense object/target". He reports that the the deviation "takes form in a fantasy of revenge . . . and serves to convert childhood traumas to adult triumph", with the, at least preconscious, hope of increasing pleasure and protecting the person's "gender identity from further trauma".

The Sex Inventory (Thorne, 1966), which is similar to the MMPI, was designed to assess sexual behavior and was frequently used to study a general population of sex offenders. For example, Haupt and Allen (1966) gave the inventory to six groups, one of which was sex offenders convicted of a range of crimes, from rape to exhibitionism. There were also three other prison groups, a college student control group and a drug addict group. The results indicate that the sex offenders, compared to all other groups, demonstrated twice the elevation on the "Frustration/maladjustment" scale indicating a significant dissatisfaction with

their sex life and problems with sexual expression. The sex offenders also scored twice as high on the "loss of sex control" scale which represents serious problems with impulse control regarding sexual behavior. These two scales have been found to be elevated in sex offenders by a number of authors (e.g. Cowden and Pacht, 1966; Howells and Wright, 1978). Howells and Wright (1978) also studied "critical items" on the Sex Inventory and found that sex offenders had increased dissatisfaction with their sex lives, increased worry about sex, more sexual "difficulties", and more frustration with sexual contacts. Thorne and Haupt (1966) also inspected the percentage of sex offenders from a mixed group that endorsed the following individual items: disapproving sex experimentation (71%); problem controling sex feelings (64%); guilty over sex experiences (60%); dissatisfied with sex life (54%); denying interest in nude pictures (48%); something lacking in sex life (40%); never had many dates (40%); afraid of what might do sexually (29%). These authors did not demarcate whether the sexual problems were specific to nonvictim, victims, or both.

Sexual offenders, in general, are reported to be quite conservative, inhibited people who have serious deficits regarding sexual information and significant problems developing emotional and sexual relationships. As adults they appear to fear inadequacy which results in socially and legally unacceptable behaviors that help to protect them from their anxieties. The causes of their adult sexual behaviors

seem to involve "defective" socialization experiences and/or early sexual and gender role traumas. An important problem with this general formulation is that we know little about how various sub-types of sex offenders (e.g. rapists and child molesters) differ in regard to psychosexual experiences and sexual functioning. For many of the above studies, inclusion of homosexuals in their samples, may alter the type of sexual problems presented. Greater specificity in identifying sex offender subtypes should enhance more effective treatment development.

Psychosexual Experiences: Rapists

Investigating the sexuality of the rapist subgroup has been hampered by the ongoing debate over whether rape is actually a crime of sex or crime of aggression. Groth and his associates (1977b), early proponents of rape as a sexual crime, have completely changed their position and now see rape as being fueled by anger and not sexual drive (Groth & Burgess, 1978). They conclude that rape is not a "super-sexual gratifying experience and in fact rape is not a sexual but hostile act". DeRiver (1958) also sees rape as an act of aggression where the rapist is "not seeking gratification of his sexual impulses, nor is he stimulated by a certain individual, but rather seeks, above all, the physical and moral pain, the humiliation and maltreatment of his victim". Panton (1978) found, using MMPI scores, that the offenses of rapists are more often assaultive than sexual in nature. However, Finkelhor (1984) feels that the debate over the

absolute influence of sex on rape is a "red herring" and that we should research and explain "how the sexual component fits into" the larger scheme of the person's life and offense pattern. Marshall, et al. (1983) look to the "importance and primacy of sexual motivation" rather than whether or not it is present in an absolute sense. Nevertheless, this debate may have dissuaded some authors from investigating the sexual problems, especially the sexual dysfunctions, of rapists.

Most authors have found rapists to be "superheterosexuals" who have a large number and variety of sexual experiences and outlets (e.g. Langevin et al., 1985; Kanin, 1967, 1983; Kozma and Zuckerman, 1983; Macdonal and Paitich, 1983). Gebhard et al. (1965) report that rapists have a strong heterosexual orientation, an increased number and variety of sexual experiences, and a number of "successful" sexual experiences. Groth and Burgess (1977) found that "in no case ... did the man have to rape for the purpose of sexual gratification". The majority of rapists studied were either married and participated in "regular" sexual intercourse, or were sexually involved with one or more females, and/or had access to sexual outlets of different varieties (i.e. prostitutes, homosexual and heterosexual encounters). Nevertheless, Walker and Brodsky (1976) posit that rapists do not have the "opportunity to become sexually involved with the female (except by rape)". Abel, Becker, & Skinner (1980) feel that if rapists are "given the opportunity to have mutual intercourse with a female or to rape her, always

prefer to rape her."

Consenting and mutual sexual experiences may prove a problem for rapists due to their quite distorted and inadequate perceptions of women and sexual relationships (Scully and Marolla, 1984) and to their quite conservative attitudes about sex in general (Kozma & Zuckerman, 1983). Males prone to rape also tend to have more sexist myths and stereotypes regarding women (Koss & Oros, 1982; Koss & Gidycz, 1985). In fact, their general behavior, which includes a large array of antisocial behaviors of which rape is only one of many, is much more similar to the general prison population and lower social economic status persons than other sexual offenders (Segal and Marshall, 1985). This may result from the rapist being "prone to impulsive aggressive control of others as a compensation for his internal inadequacies'' (Scott, 1982). The feelings of being inadequate are exacerbated by feeling "prudish", lacking knowledge with regards to sexuality, and experiencing heterosexual "anxiety and ineptitude" (Marshall and Barbaree, 1984). Scott (1982) also found, while investigating the "need systems" (Murray, 1938) of rapists, that they tend to be "guilt-ridden, socially insecure, and interpersonally isolated". Furthermore, rapists who use extreme violence during rape, and/or murder their victims, seem to have the highest degree of insecurity about their masculinity combined with an intense preoccupation with sex and morality (Revitch, 1980; Langevin et al, 1985).

Thus, even though rapists tend to have more sexual

experiences, they may not have the skills necessary to develop and maintain a relationship that is both sexual and emotionally affiliative. In fact, Walker and Brodsky (1976) report that rapists have problems carrying out the "preliminary conversation, flirting, and other dating skills antecedent to a relationship". They characteristically "rush into a relationship, basing their attraction on superficial aspects of their prospective partners, fail in the relationships for a number of reasons (e.g. sexual anxiety), but blame problems on the partner" (Marshall and Barbaree 1984). Garrett and Wright (1975), in a unique study, interviewed the wives of rapists and incest offenders. The eleven wives of rapists expressed many more negative attitudes about the sexual relationship with their husbands prior to their conviction than did the incest offender's wives. There are, however, problems with this type of study which include post-hoc responses and the not so uncommon, but for the most part preconscious, collusion of incest wives with the incest. The wives of rapists described a number of sexual conflicts with their husbands which included his diminished sexual desire, his desire for oral sex (which they viewed as excessive), and his sexual "inadequacies" regarding sexual performance. More of the rapist's wives associated sexual incompatability in the marriage with the commission of the sexual offense. In fact, the wives posit that problems such as "perverse sexual ideas" and sexual inadequacy were the main causes for the rape.

A large number and variety of sexual experiences does not ensure sexual, let alone emotional, satisfaction. Zaverina (1978) found that rapists were frequently unable to achieve "adequate cotial sexual gratification". In fact, Walker and Brodsky (1976) report that a number of rapists do not find intercourse with a consenting female erotic, but do find nonconsenting or acutally sadistic rape, quite erotic. A study using the Derogratis Sexual Functioning Inventory (Langevin, Paitich, Russon, 1984) found that sadistic rapists were significantly more dissatisfied with their sex lives than were nonsadists and controls. Kanin (1967, 1983) investigated the impact of sexual frustration on college males who are sexually aggressive (using the legal criterion) but not incarcerated and compared them with with non aggressive (normal) college males. He found that the aggressive males had significantly more sexual experience, were more persistent in seeking and attempting new sexual involvements but reported much more dissatisfaction and frustration with their sexual activities compared to the nonaggressive males. In addition, they estimated a desired frequency of at least twice as many orgasms per week compared to nonaggressive, in order to be sexually satisfied. In a follow-up study, Kanin (1983) found that 73% of the "rapists" reported that their sexual lives were unsatisfying and deficient compared to 30% of the controls, even though the controls had considerably fewer sexual experiences. The author concludes that sexual frustration based on an inflated expectation for sexual

outlet, and not frequency of outlets per se, is a very important factor contributing to sexual aggressiveness. Thus sexual satisfaction/frustration may be more critical factor when trying to understand rapists than the often cited "superheterosexual" viewpoint.

In conclusion, rapists appear to actively pursue sexual relationships in a fashion that objectifies women and diminishes emotional interaction while trying to cover up insecurities (e.g. threats to their masculinity). They have difficulties with common dating behaviors, and their quests for sexual pleasure are not easily sated leaving them frustrated and even more angry at women. In fact, Marshall and Barbaree (1984) posit that the social, relationship, and sexual deficits found in rapists increase stress and a potential for the offender to act out. They feel that the attenuation of satisfying relationships "forces" the rapist to acquire "satisfaction" in decreasingly appropriate ways (i.e. rape).

Psychosexual Experiences: Child Molesters

There is much less debate regarding the sexual nature of child molestation. Most authors (e.g. Freund, 1967; Freund et al 1982; Marshall et al, 1983) feel that child molestation is primarily motivated by pursuit of sexual gratification. Child molesters consistently exhibit a greater preference for sex with children than with adults (Freund, 1967; Quinsey, 1977). Debate does arise, however, regarding the sexual problems of child molesters interacting with adult females.

Marshall, Christie, and Lanthier, (1979) found child molesters to have more conflicts about sexuality and fewer sexual experiences than rapists. However, Langevin, Hucker, Hardy, Purins, Russon, & Hook (1984) report that only homosexual child molesters had a "reduced frequency of outlet with adult females, whereas the other pedophile groups were average", casting doubt on the long held belief that child molesters are shy and unassertive with adult females. They found that the child molesters are no different than offender controls or community volunteers with regard to social/sexual skills; and that their histories do not include a "failed attempt to relate sexually in a mature way", as suggested by other authors. These authors further suggest that child molesters do not have an "aversion to females or to intercourse" and may actually enjoy sex with adults. In addition, Marshall et al (1975) found that even though child molesters have decreased self esteem and self confidence they also have less fear and anxiety around social/sexual situation than even rapists.

There, however, is a substantial body of literature which suggests an alternative position. Araji and Finkelhor (1985) reviewed the literature on child molesting and found that a "wide range of studies do indicate that child molesters may have many problems with adult females". Finkelhor (1984) explored the tendency of child molesters to "block" in their ability to relate and to have sexual relationships with peer age females. He posits that these

offenders have an "impossible time developing adult social and sexual relationships." They were found to exhibit more "sexual anxiety" than normals which exacerbates their fears of engaging in mature heterosexual relationships. Gebhard et al (1965) found nonaggressive heterosexual child molesters to have decreased sexual satisfaction in their relationships because of high masturbation frequency. Aggressive child molesters had the poorest emotional and sexual relationships, rather constrained sex, very minimal foreplay, and the greatest use of prostitutes. Segal and Marshall (1985) compared rapists, child molesters and a number of control groups with regard to "heterosexual interaction". They found that child molesters were more heterosocially inadequate than rapists, and that child molesters rated themselves as less skilled and more anxious in heterosexual interactions. Panton (1978), using the MMPI, found that nonaggressive child molesters were satisfying "sexual needs at an immature level of sexual development" and also endorsed items consistent with feelings of inadequacy and fear of "heterosexual failure". Child molesters also report that the main deterant to engaging in sex with an age appropriate female was a "fear of sex" (Goldstein, Kant, and Hartmann, 1973). Karpman (1957) found that child molesters tend to exhibit a general fear of adult females but more specifically a fear of intercourse and further posits that there may even be a repugnance or avoidance for parts of the post-pubescent female body, especially pubic hair.

In addition to their fears/inadequacies, the internalization of significantly repressive sexual norms and a generally rigid conservative attitude may further inhibit child molesters from interacting with adult females. The repression and moralism may thus decrease the motivation to seek appropriate outlets (Finkelhor, 1985). Child molesters have been found to be adamantly opposed to premarital sex and significantly impaired in their ability to talk about sexual matters which was not found in the control or rape group (Goldstein, Kant, and Hartmann, 1973). They are also quite sexually conservative in general (Brancale, Ellis, & Doorbar, 1952). Goldstein, Kant, and Hartmann (1973) found that 80% of their child molester group reported "guilt or shame" when asked about their reaction to looking or reading pornography which was much higher than rapists and control subjects. Furthermore, child molesters may be quite entrenched in their beliefs. Cotton-Hustan (1983) found that after a sexual education program, child molesters, unlike rapists, were not able to increase their positive attitudes about masturbation and decrease their excitement for "perverse" fantasies about female victims.

Cohen, Seghorn and Calmas (1969) investigated three types of child molesters and found that the "fixated" child molesters lack the ability (or desire) to develop sexual relationships with mature, age appropriate partners. This group was reported to have considerable anxiety around even thoughts of sex with nonvictims. Sexual behavior with the

victims is quite developmentally immature and similar to the childhood game of playing "doctors". The "regressed" offender tends to have a history of more "normal" dating and hetero-sexual experiences, but is also typically pregenital in sexual aim. A sense of inadequacy in the masculine role and sexual matters seems to permeate their sexual development. Thus when they are under stress, either from a sexually or masculinity threatenting event, the offender turns to sex with a less threatening person, the child victim. These offenders describe being "overwhelmed by sexual excitement which he cannot control" when in the company of a child. The "aggressive" child molester was found to demonstrate both sexual and aggressive features, however the sex was described as far "less object oriented" compared to the other groups--meaning that this group is not particular about their victims age or gender.

DeRiver (1958) may have best summarized the general view of the child molester in his description of this offender as experiencing "anxiety" and an "inability to hide the inade-quacy and the inferiority he suffers" when with an adult female nonvictim. However, when with a child victim he is reported to be "perfectly at home" and able to achieve "sexual satisfaction" DeRiver, (1958).

The case histories presented by DeRiver (1958) also indicate a very high frequency of conflictual relationships with women, especially regarding sexuality. The problems span the gamut. For example, a 21 year old reported not

getting much of a "bang" out of intercourse with a woman. A 34 year old was overwhelmed by his wife's attempts to have intercourse every night from which he got very little pleasure. A 29 year old only enjoyed sexual satisfaction during masturbation and never with a female. Lastly a 39 year old who was sexually frustrated by first wife when not allowed to have intercourse and sexually humiliated by second wife when he found out she was having an affair.

Incest offenders, although not a focus of the reserch, have been found to be quite similar to heterosexual child molesters and controls, with the exception of having older victims (Langevin, Hundy, Russon, & Day, 1985) and a history of more age appropriate sexual partners than child molesters (Quinsey, Chaplain, and Carigan, 1979). They have been reported to have immature sexual orientation and poor sexual adjustment, with ineffectual personality and poor impulse control (Devine, 1980; Sarles, 1975; Weiner, 1964). Gebhardt et al. (1965) found that incest offenders rely on sex to meet their emotional needs. They were preoccupied with sex but quite dissatisfied with sex in their relationships. DeVine (1980) also reports that the wives of incest fathers fear intimate interaction and are frequently "sexually rejecting". Bryant (1982) found that the incest offender may attempt to blame his wife's "inadequacies" or her sexual "aloofness" to rationalize his behavior, yet the offenders have been found to be "inferior to the wives along a social dimensions as described by the wives (Garrett and Wright, 1975). However,

Garrett and Wright (1975) also found that incest offenders' wives described their sexual relationships, unlike the wives of rapists, in terms of enjoyment, experimentation; and they did not report sexual problems or inadequacies in the marriage as a causal factor in the sexual offense.

The information thus far suggests that rapists and child molesters have sexual problems but that they are quite different in regards to type and expression of these problems. Rapists seem to have many more sexual experiences with limited attainment of sexual satisfaction, while child molesters have both fewer and more unsatisfying sexual experiences with adult females, and prefer sex with children. The possible sexual inadeqaucies found with both groups, although much more extensive with child molesters, seem to cause different reactions in each. The rapists seem to increase their need for outlets with adult females (and victims) as their insecurity increases. Child molesters seem to decrease their attempts at sexual activity with adults but may increase their sexual activity with victims. The type of sexual conservativism seen with both groups is also expressed quite differently. The rapists are conservative by virtue of their macho and objectifying views of women, while the child molesters endorse more of a moralistic position based on conservative religious ideation, which also can objectify women.

Sexual Dysfunctions: Rapists

The research information presented so far suggests that

both rapists and child molesters have sexual problems and concerns as well as difficulties with relationships in general. The types of conflicts/characteristic of sex offenders (i.e. fear, anger, repression, etc) are common predictors of and antecedents to sexual dysfunctions in even the non-offender, normal populations (e.g. Kaplan, 1974; Masters and Johnson, 1970). De River (1958) may have been much ahead of his time when he posited that for sex offenders "there often arise, in the case of impotence or partial impotence, a battle between the gonads and their hormones on one side and the mental picture ... and desire for intercourse" on the other which often results in the "individual losing control of his faculties" and committing sex crimes. Nevertheless, the investigation of specific sexual dysfunctions has been greatly overlooked in the sex offender literature, especially for child molesters.

The most interesting and systematic study is by Groth and Burgess (1977) who investigated the sexual dysfunctions (during rape) of 170 men convicted of sexual assault. Sexual dysfunctions were assessed from a clinical interview with the offender, an analysis of the victim's statement, and physical evidence from the medical report (i.e. sperm). These authors report that 34% of the rapists experienced a sexual dysfunction during the commission of the sexual assault; however, when one inspects their data (found in Table 1) it can be seen that the incidence is actually closer to 58% when one eliminates the categories of "no data available" and

Table 1

The Number of Rapists having Sexual Dysfunctions during the Commission of the Rape using Data from Groth and Burgess (1977).

	Groth's Data	Conversion Data**
Sexual Dysfunctions	58(34%)	58(58%)**
Impotence	27(16%)	27(27%)**
Premature ejacualtion	5(3%)	5(5%)**
Retarded ejaculation	26(15%)	26(26%)**
No Sexual Dysfunctions	43(25%)	43(43%)**
Dysfunction not applicable	34(20%)	
No data available	35(21%)	
Total	170(100%)	101(100%)**

** = Data divided by new N which did not include "Dysfunction not applicable" and "No data available" data.

"dysfunction not applicable" from the total N. The types of dysfunctions found included "erective inadequacy" in 27% of the cases (using the converted N), premature ejaculation in 5% of the cases and retarded ejaculation in 26% of the rapes.

Clark and Lewis (1977) studied rapists in Canada and investigated sexual dysfunctioning during rape. They report that orgasm was not achieved in 9 cases and only with difficulty in 4 (N=26). Thus at least 50% of these men had problems with orgasm-- which is interpreted to mean retarded ejaculation. In addition, 50% of the men with orgasm difficulties also began the offense "with an inability to achieve a satisfactory erection". The authors conclude that "a significant proportion of those who are labeled 'rapists', and, in the popular mythology, have excessive sexual appetites, are incapable of achieving orgasm in the rape situation".

Longevin, Paitich, & Russon (1984), on the other hand, report that there were no differences between incarerated rapists (N=40), incarcerated nonviolent sex offenders (N=40), normal controls (N=40), and nonsexual assault offenders (N=25) in "the self reported incidence of impotence (inability to have erections) or of premature ejaculation (ejaculation before penetrating the female)." However, when Langevin and his associates (1985) further delineated a different sample of rapists into sadistic and nonsadistic sexual aggressives (based on the sadists "erotic preference for or inordinate arousal to control of victims, their fear, terror, destruction, torture, and/or unconsciousness")

differences did emerge. The sexual dysfunctions/concerns of sadists and nonsadists compared with a nonsexual nonassaultive offender control group are presented in Table 2. It is interesting to note that when the percentages for sadists and nonsadists are averaged, creating a general rapists group (rapists**), there seems to be differences in the frequency of sexual dysfunctions compared to the control group, which contradicts Langevin's previous report. The authors did not indicate whether the dysfunctions were with victims, nonvictims, or both.

The most ambitious study of sex offenders to date, accomplished by the Kinsey Institute (Gebhard, Gagnon, Pomeroy, & Christenson, 1957), investigated a myriad of characteristics regarding the sex offender, his victim, and environment. Quite suprisingly the researchers only questioned their subjects about the incidence of one type of sexual problem, "erectile impotence". Furthermore, unlike most of the other characteristics studied, the authors did not present frequency of impotence in a tabular form or when discussing subgroups of offenders. This study involved 1356 incarcerated sex offenders from diverse backgrounds, a wide age range, and a vast number of sexual offenses. It is a great loss not to have included a more informative series of questions or data presentation regarding sexual functioning. The results from this study indicate that offenders reporting "any degree of impotence" ranges from 31% to 61% but this also includes men who report problems as a result of being

Table 2

The Percentage of Sexual Dysfunctions Experienced by Sex Offenders and Controls as Presented in Langevin et al (1985).

	Sadist (N=8)	Nonsadist (N=11)	Controls (N=18)	(Combined) (Rapists)** (N=19)
Impotence	25%	9%	33%	16%
Premature Ejaculation	0%	18%	6%	10%
Retarded Ejaculation	25%	18%	6%	21%
Feels Sexually Inadequate	63%	45%	28%	55%
Feels Sexually Abnormal	63%	64%	11%	60%
Decreased Interest in Sex	38%	9%	0%	21%

** = Percentage of sexual dysfunctions for a combined group of the "sadist" and "nonsadist" rapists.

drunk. Two percent to 28% of the offenders questioned reported "occasional" erectile problems, with all but one group of offenders being under 11%. Those reporting serious and/or frequent impotence range from 0 to 14%. In general, the results indicate that incest offenders tend to have a high incidence of impotence, whereas groups with the least impotence included four of the five groups "whose sexual behavior most closely approximates cultural norms: the control group, the prison group, the offenders vs minors, and offenders vs adults." The authors are not clear whether these dysfunctions include sexual interaction when with a victim. The results of this study do little more than indicate that sex offenders are not without sexual problems, but further comparisons cannot be made due to insufficient information.

Glueck (1956) found that 33% of the rapists studied reported normal sexual functioning when with a nonvictim. He did not specifically investigate sexual dysfunctions per se but found that 14% experienced episodic mild "sexual disturbance, 40% experienced chronic mild sexual disturbance, 3% experienced periodic severe sexual disturbance and 10% experience chronic severe sexual disturbance.

A few authors have reported, without presentation of supporting research data, that sex offenders may have occasional sexual dysfunctions (e.g. Amir, 1971; Darke et al, 1982; Marshall and Barabaree, 1984). Abel, Becker, & Skinner (1980) posit that a "number of sex offenders have specific sexual dysfunctions, such as impotence, or premature ejacula-

tion, or have significant marital problems and are unable to communicate with their spouses". MacDonald (1971) reports that many rapists may have difficulty obtaining or maintaining an erection during rape. In fact, Shainess (1976) suggests that the rapist is "not an oversexed demon; he is usually a man with sexual problems, often impotent with his wife, if he has one, but more or less impotent in rape". However, Rado (1978) reports that a high incidence of impotence was not reported by the offenders or the victims in his sample and that "even those rapists who admit to heavy abuse of alcohol prior to the offense often do not report loss of potency during the assault". Rado concludes that "rapists experience fewer difficulties (with sexual functioning) than other types of offenders, especially pedophiles" and when with nonvictims they do not "suffer from a high degree of sexual inadequacies or performance difficulties".

Even though Scott (1980) did not directly discuss sexual functioning and dysfunctioning, his case histories illuminate the role of dysfunctions in rape. He describes two cases involving sexual problems. In the first, he cites the rapist having "no difficulty picking up women but was effectively impotent in intimate situations". This rapist could only become "sexually excited" after he became aggressive with women. The second rapist was reported to have stated that his "infrequent attempts at intercourse were unsuccessful unless they involved some degree of violence".

Some authors in their quest to find causes for sex offenses, have used offense characteristics to further delineate the sexual dysfunctions of rapists. For example, Cohen, Seghorn and Calmas (1969) studied 800 men who had committed "sexually deviant acts", mainly pedophilia and rape. They found that the "displaced aggression" rapists (where the act of rape is an assaultive and "sexual excitement itself is often absent or only minimally present), often masturbate to achieve an erection and also often experience retarded ejaculation. The "compensatory" rapist is posited to be in a perpetual state of 'intense sexual excitement". These offenders often ejaculate quite prematurely after minimal verbal and/or physical interaction with the victim. There seems to be a prominent fantasy of the victim becoming "enamoured" with them because of their sexual performance. However, when these rapists are with nonvictims there appears to be a "pervasive, almost obsessive, concern with feelings of sexual inadequacy". Eroticism of aggressive behavior is common in the "sex aggression/defusion type" where the rapist is unable to "experience, or even fantasize, sexual desires without concommitant arousal of aggressive thoughts and feelings suggesting decreased erectile capacity when aggression is absent. Groth, Burgess and Holstrom, (1977) present two different types of rapists along dimensions of "power" and "anger" when describing the sexual dysfunctions of rapists. The anger rapist (who expresses "anger, rage, contempt and hatred for the victim by beating her, sexually

assaulting her and forcing her to submit to additional degradation") was found to derive little or no sexual satisfaction during the rape and experience erectile dysfunction and premature ejaculation. The power rapist (who "seeks power and control over his victim through intimidation by means of a weapon, physical force, or threat of bodily harm") was found to be quite concerned about his sexual performance and quite insecure sexually.

Sexual Dysfunctions: Child Molesters

There is even greater paucity of literature investigating the specific sexual dysfunctions of child molester. This is quite suprising in light of the vast psychosexaul problems and heterosocial inadequacies described for this group of offenders. In fact, Langevin and his associates (1985), in their sophisticated and elaborate study of sex offender's sexual behavior, do not investigate these problems as was done with rapists.

DeRiver (1958), in one of the few works that mentions sexual problems with child molesters, indicates that some of the molestations are a result of "impotence" since the offender is reported to be unable to achieve an erection or an orgasm with an adult nonvictim, and requires a child victim to provide the "necessary stimulation to secure the fulfillment of his sexual outlet". It is important to note these results are based on accumulated case histories. In addition, many of the author's case histories (7 of 11) contained reports of sexual dysfunctions and/or decreased

sexual interest with peer aged partners. One of the two impotent offenders could only get "sexually excited" when with a child victim, but both had severe problems with adult women. Three were quite frustrated in their sexual experience with adult women, in fact one reported never "getting much of a bang" out of intercourse with adult females.

Cohen, Seghorn and Calmas (1969) also investigated child molesters but only one group was described as having sexual dysfunctions. The authors found that the "aggressive" child molester (who demonstrates both sexual and aggressive features) has increased sexual excitement as aggression increases, but ejaculation is usually retarded or needs to be accomplished by masturbation.

The paramount importance of investigating the sexual dysfunctions of sex offenders, especially rapists, is exemplified by the fact that the humiliation and degradation of victims by rapists is occasionally elicited and even escalated by the offenders inability to achieve an erection or to achieve orgasm (Darke, Marshall, Earls, 1982). However, the authors were uncertain whether this "reflects a general tendency to sexual dysfunction or whether the dysfunctioning is brought on by the situation". Clark and Lewis (1977) more directly posit that the sexual dysfunctions experienced by rapists often encite more bizarre and often quite humiliating, if not brutal, acts against the victim. Normals with sexual problems also report significantly increased problems with hostile feelings than the normative population

(Derogratis, Meyer, & King, 1981). For example, 27% of the dysfunctionate men had urges to beat, injure or harm someone compared to the normative group. They also had significantly more temper outbursts that could not be controlled as compared to controls. It is unclear whether sexual dysfunctions during the offense increase aggressions in child molesters. At this point it is known that sexual dysfunctions may turn the child molester to a less anxiety provoking, more compliant partner.

Summary:

Rapists seem to have a large number of sexual dysfunctions during the commission of the rape, and research evidence suggests that rapists may also have problems with nonvictims. The offenders that used force/aggression during the assault were reported to have more sexual dysfunctions with the victim; whereas, less violent offenders were more sexually inept and had stronger sexual fears. Child molesters have been investigated on a much more limited basis, especially regarding sexual dysfunctions with victims. The child molesters seem to have fewer problems with victims, but one can infer greater sexual dysfunctions with nonvictims. The type of dysfunctions reported for rapists seems out of proportion. For example, retarded ejaculation was found with sex offenders but is a rather rare dysfunction. Thus the sexual dysfunction literature for nonsex-offender "normals" was reviewed for the purpose of getting a general idea of the prevalence and frequency of different

sexual dysfunctions. However, it was quite suprising and disappointing, to find that this literature is equally sparse. There have been very few studies that have addressed this issue and even large scale studies of sexual behavior have not investigated sexual dysfunctions (e.g. Hunt, 1974; Pietropinto & Simenauer, 1977).

Sexual Dysfunctions: Normals

Frank, Anderson and Rubinstein (1978) investigated the frequency of sexual dysfunctions in 100 white well educated "normal" couples described as "happily" married with an average age of about 36 years. The results indicate that 37% of the men reported ejaculating too quickly, 9% reported difficulty maintaining an erection, 7% reported difficulty getting an erection, 4% reported difficulty ejaculating, and 0% reported an inability to ejaculate. When asked about how satisfying the sexual relationship was, 15% of both men and women reported that it was not satisfying at all or not very satisfying. Wilson (1975) found very similar results in his study of 2,486 adults in that 19% of males and 18% of females indicated that their sex life was very or somewhat unsatisfactory.

The Kinsey Institute (Kinsey, Pomeroy, & Martin, 1948) in their study of normal male sexual behavior also, as with the sex offender research, investigated only the frequency of "erectile impotence", which was defined as problems "getting or keeping an erection". They found that 18.8% of noncollege males (N=375) and 5.6% of college males (N=2816) have more

than "incidental" erectile problems, where incidental is defined as: "(1) justifiable impotence due to drunkeness, fatique, interruption, etc. and (2) impotence which occurs rarely or infrequently." However, Jensen (1984) found no complaints of erectile dysfunction in 30 married men, between the ages of 31 and 45, who were acting as a control group for his alcoholic experimental group. In fact, only 10% of the controls reported any type of sexual dysfunction. In an earlier study, Jensen et al (1980) found that only 12.5% of men (N=40) visiting a general practice office (excluding chronic somatic disorders and/or psychiatric illness) reported sexual dysfunctions. This included one decreased sexual desire and four premature ejaculators.

The distribution of sexual dysfunctions has also been investigated with couples seeking professional help for their problems. Snyder and Berg (1983) investigated 45 couples with an average age of 37 who had "primary complaints of sexual dissatisfaction". They found 56% of the men complained of ejaculating too soon, 24% had difficulty maintaining an erection, 24% had difficulty getting an erection, and 18% could not ejaculate with intercourse. Masters and Johnson (1970) found that 48% of their treatment sample had developed impotence, 42% prematurely ejaculated, and only 4% were unable to ejaculate.

These data indicate that rapists have a much higher incidence of retarded ejaculation (inability to ejaculate) than both the normal and dysfunctionate groups. The inci-

dence of erectile dysfunction is predominantly higher than that found in the normal population, but less than that found with a dysfunctionate population. However, the frequency of premature ejaculation is significantly lower than that reported for the normal and the dysfunctionate groups. The trends found in the distribution of sexual dysfunctions with sex offenders are difficult to explain based on sex therapy information (i.e. Kaplan, 1974). Nevertheless, the above comparisons are being made based on a very small number of studies and warrant caution in their interpretation.

Summary and Conclusions

The literature indicates that both rapists and child molesters have sexual problems. However, delineating the specific types of problems found with these groups is confounded by conflicting information and small numbers of studies. Nevertheless, the literature suggests that the rapists have more trouble finding satisfaction in their sexual pursuits but are not dampened in their efforts; whereas child molesters consistently seem to feel more inadequate and generally afraid of women (some more characterologically than others), which causes them to shy away from adult females. The rapists appear to have more drive to meet and be sexual with women, but may not have the skills to maintain a relationship, and they tend to see women from a very sexist perspective. The child molesters decreased interest in sex seems more related to fears resulting from moralistic/religious convictions and decreased social/sexual

confidence. Paradoxically, they develop a strong sexual arousal for children that probably attenuates feelings of inadequacy and sexual dysfunctions. Rapists seem to have more sexual dysfunction when with some victims than with nonvictims.

However, there have been no systematic studies that compare the sexual functioning of rapists and child molesters nor do any studies compare the types of problems experienced by the offenders with victims and nonvictims. The writer believes the more important comparison, for purposes of developing treatment, is the sexual dysfunctions of rapists and child molesters when with nonvictims. A study addressing these issues and comparisons is long over due. The importance of the proposed research project lies in the facts that 1) sexual problems for both rapists and child molesters, even though different, were found to be instrumental in precipitating and/or perpetuating sexual offenses; 2) when sexual problems occur during the offense there is an increased propensity for violence against the victim; 3) sexual dysfunctions can cause serious difficulties with a person's modulation of daily living and lead to psychopathology often associated with serious relationship and occupational conflicts. Thus it seems important to uncover the types of sexual experiences and dysfunctions experienced by sex offenders, to develop effective treatment programs to alleviate these problems in the belief that this may decrease the high recidivism rate found among these offenders. The

purpose of this research then is to impact the paucity of information available regarding the sexual experiences and sexual dysfunctions associated with sexual situations involving victims and nonvictims.

Research Questions and Hypotheses

This study is designed to address two major research questions: 1) How do the sex offender groups differ with respect to their dating and sexual experiences? and 2) How do the sex offender groups differ with respect to the type of sexual dysfunctions they experience during sexual interaction with a victim, a nonvictim, and when masturbating? Regarding question 1, it is hypothesized that the child molester group will have significantly fewer and less positive dating and sexual experiences than the rapist group. The child molesters will also be more uncomfortable in dating and sexual situations than rapists. Regarding question 2, it is hypothesized that the child molester group with nonvictims will have the highest frequency of sexual dysfunctions, that the child molester group with victims will have the lowest frequency of sexual dysfunctions, and that the frequency of sexual dysfunctions for the rapists with victims and nonvictims will fall somewhere between the scores for the child molesters with victims and nonvictims. It is hypothesized that the frequency of sexual dysfunctions when masturbating will be low and that there will be no difference between the child molester and rapist groups.

METHODS

SUBJECTS

The original pool of subjects in this study included 152 nonpsychotic males convicted of rape or child molesting and committed to the Sexual Offender Program at Western State Hospital for assessment and then treatment. The subjects were differentiated into one of five groups based on the offense(s) for which they were convicted (rape, statutory rape and/or indecent liberties) and then the age and/or gender of victims not included in the instant offense(s). The subjects were first divided into a rapist or child molester category based on their conviction. If 75% or more of their victims were adult females, they were defined as "rapists" (N = 23). The child molesters were broken into "boy child molesters" (N = 18) or "girl child molesters" (N = 63) if 75% or more of their victims were of the respective gender. If a convicted rapist also reported having more than 25% child victims of either sex, they were defined as a "polymorphously perverse rapist" (N = 19) and a boy or girl child molester with more than 25% boy and girl victims and/or adult victims was defined as a "polymorphously perverse child molesters" (N = 26).

Table 3 presents the mean number of adult female, minor female and minor male victims for each of the five sex

offender groups after being classified according to the above definitions. The two polymorphously perverse groups reported the largest number and variety of victims as expected whereas the rapist, girl child molester and boy child molester groups were found to have predominantly adult female, minor female or minor male victims, respectively, as predicted from the classification criterion.

The mean age of the sex offenders in this study was 34.15. An analysis of variance (ANOVA) revealed a significant difference between the groups with respect to age ($F(4,144)=5.668$, $p=0.0003$). Table 4 indicates that the rapist group (mean age 28.26) was significantly younger, and that the girl child molesters were significantly older (mean age 37.03) than the other sex offender groups.

All subjects had completed at least an eigth grade education, resulting in the elimination of three subjects and a final subject pool of 149 sex offenders. The mean education level for the subjects for each of the groups is presented in Table 4 indicating an overall educational level of 12.12 years. An ANOVA revealed no differences between the groups ($F(4,144)=0.69$) with respect to educational level.

The sexual preferences of the sex offenders groups is presented in Table 5 and indicates that for the most part the subjects were heterosexual with the exception of subjects in the boy child molester and polymorphously perverse child molester groups. A large percentage (41%) of the boy child molesters considered themselves to be bisexual.

Table 3

Mean Number of Victims for each of the Sex Offender Groups.

	Rapist [23]	Girl C.M. [63]	Boy C.M. [18]	Poly Perverse Rapist [19]	Poly Perverse C.M. [26]
Adult Female Victims	14.65 (21.59)	1.12 (3.89)	0.06 (0.23)	39.11 (116.42)	4.08 (5.52)
Minor Female Victims	2.18 (2.27)	17.41 (38.50)	1.06 (1.39)	33.78 (116.70)	51.58 (194.03)
Minor Male Victims	0.18 (0.65)	0.67 (1.28)	25.78 (22.81)	0.74 (1.45)	12.84 (36.59)

( ) = Standard Deviation
[ ] = N

Table 4

The Mean Age and Educational Level of each Sex Offender Group.

	Rapist [23]	Girl C.M. [63]	Boy C.M. [18]	Poly Perverse Rapist [19]	C.M. [26]
Age	28.26 (4.95) /a/	37.03 (8.90) /b/	33.00 (7.88) /ab/	32.94 (7.03) /ab/	34.00 (7.22) /b/
Education	12.04 (1.46)	12.13 (1.76)	12.78 (1.66)	12.20 (2.07)	11.96 (1.64)

( ) = Standard Deviation
[ ] = N

Note: Means with different lower case letters in /slashes/ are significantly different from each other by the Duncan Multiple Range Test ($p < .05$)

The relationship status of the five groups is presented in Table 6. An ANOVA revealed a significant differences between the groups with respect to relationship status ($F(4,144)=3.988$, $p=0.0042$). The two rapist groups and the boy child molesters were more frequently single. Subjects who were not single were for the most part separated or divorced. Once married, there was no significant difference between the groups in regard to the number of marriages reported ($F(4,94=0.077$, $p=0.99$).

Table 7 indicates that the girl child molester and the polymorphously perverse child molester groups more often had children. An ANOVA revealed a significant difference between the groups ($F(4,144)=6.335$, $p=0.0001$). However, as can be seen in Table 7, the number of children reported for each group was not significantly different ($F(4,87)=0.76$, $p=0.50$). Nevertheless, there was a trend for the girl child molesters to have a larger number of children.

Subjects consisted of sex offenders who were undergoing treatment at the time of the study (inpatients) and those that had graduated from the program but were still mandated by the courts to attend treatment programs at the hospital (outpatients). Table 8 presents the percentage of outpatients and inpatients in each of the five groups and indicates that the two rapist groups were more often outpatients. The amount of time spent in the program is outlined in Table 8. An ANOVA revealed a significant difference between the groups ($F(4,144)=3.662$, $p=0.0072$) with the polymorphously

Table 5

The Sexual Preference of Each Sex Offender.

	Rapist [23]	Girl C.M. [63]	Boy C.M. [18]	Poly Perverse Rapist [19]	Poly Perverse C.M. [26]
Heterosexual	100%	98.4%	47.1%	100%	80.8%
Homosexual	0.0%	1.6%	11.8%	0.0%	11.5%
Bisexual	0.0%	0.0%	41.2%	0.0%	0.0%
Undecided	0.0%	0.0%	0.0%	0.0%	7.7%

[ ] = N

Table 6

The Relationship Status of The Sex Offender Groups.

	Rapist [23]	Girl C.M. [63]	Boy C.M. [18]	Poly Perverse Rapist [19]	Poly Perverse C.M. [26]
Single	65.2%	17.5%	55.6%	42.1%	26.9%
Married	8.7%	22.2%	11.1%	10.5%	7.7%
Separated	0.0%	17.5%	0.0%	10.5%	0.0%
Divorced	26.1%	42.9%	33.3%	36.8%	65.4%

Table 7

The Percentage of Sex Offenders having Children and the Mean Number of Children for each Group.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Children	30.4% [23]	76.2% [63]	38.9% [18]	52.6% [19]	76.9% [26]
Mean number of Children	2.14 (1.86) [7]	2.81 (1.44) [48]	2.00 (1.41) [7]	2.50 (1.84) [10]	2.45 (1.27) [20]

( ) = Standard Deviation
[ ] = N

pervers rapists having the longest length of stay and the girl and boy child molesters having the shortest. This difference may be a result of the fact that rapists tend to get longer sentences and that program policy has changed such that rapists are less frequently accepted into the treatment program.

Each subject was mandated by the courts, once convicted, to undergo an extensive evaluation at Western State Hospital from which a decision was made as to whether the offender fit the State of Washington's definition of "Sexual Psychopathy" and whether the person was "amenable to treatment". Each offender underwent extensive psychological testing and history taking, prior to being accepted into treatment. The major focus of treatment involved daily therapy groups run by sex offenders, designed to discuss deviant and appropriate sexual behavior, and bibliotherapy, which included a great deal of material related to human sexuality. Thus the subjects in this study were quite familiar with the type of material and terminology used in the questionnaires.

The subjects in this study are recognized to be a biased sample, probably different from offenders incarcerated in prison or those treated in the community. They are a special population of sex offenders in that they have acknowledged guilt and responsibility for their actions in addition to having the opportunity to discuss deviant and appropriate sexuality. Nevertheless, the results from this study will be quite valuable as many states are developing and/or revamping

Table 8

The Percentage of Sex Offender Groups who were Outpatients or Inpatients and the Mean Number of Months Spent in the Sex Offender Program.

	Rapist [23]	Girl C.M. [63]	Boy C.M. [18]	Poly Perverse Rapist [19]	C.M. [26]
Inpatient	78.3%	92.1%	94.4%	78.9%	84.6%
Outpatient	21.7%	8.9%	5.6%	21.1%	15.4%
Program Time (months)	36.44 (22.13) /bc/	24.51 (20.37) /a/	25.28 (22.61) /ab/	43.05 (24.83) /c/	33.81 (20.96) /abc/

( ) = Standard Deviation
[ ] = N

Note: Means with different lower case letters in /slashes/ are significantly different from each other by the Duncan Multiple Range Test ($p < .05$)

sex offender programs in ways very similar to that found at Western State Hospital.

MATERIALS

The subjects completed three pencil and paper questionnaires that were part of the Human Sexuality Evaluation Project. This Evaluation was ordered by the Director of the Sex Offender Program to further pilot a new clinical instrument designed to investigate the sexual experiences and dysfunctions of sex offenders. The instrument was originally piloted during the Human Sexuality Treatment Group taught by the author and was considered an ongoing clinical instrument. Results from the evaluation were then to be addressed during treatment programs and the instrument, once reviewed, was also to be administered as a regular part of the general assessment battery given to offenders when they enter the program. The Hospital Human Subjects Committee was consulted but did not require a review of the instrument due it being a clinical instrument used for developing and augmenting a treatment program. The Human Sexuality Evaluation Project was a large scale study and the dissertation used only a portion of this archival data.

The Human Sexuality Evaluation instrument was developed by program staff, the Director of the program and the author. A number of instruments (i.e. Derogratis Sexual Functioning Inventory, Derogratis and Meligaratos, 1979; Clarke Sex History Questionnaire, Paitch, Langevin, Freeman, Mann, and Handy, 1977; The Sex Inventory, Thorne, 1966) and studies

(e.g. Kinsey et al, 1948; Gebhard et al, 1965; Frank et al, 1978, etc) were reviewed during the development of the evaluation instrument. The general content of information regarding sexual problems was extracted from these instruments rather than specific items or questions as they are typically quite face valid. In fact, Conte (1983) in her review of instruments measuring sexual behavior found that the majority of scales do not adequately address sexual functioning, with only one (the Derogratis instrument) actually investigating sexual dysfunctions. A questionnaire format was selected over an interview format to save time; however, research has shown that a subject's response is not significantly altered whether one uses an interview or questionnaire (DeLamater, 1974; DeLamater & MacCorquadale, 1975; Spanier, 1970). In fact, Koss and Gidycz (1985) found that college males tended to deny participating in sexual aggression against women during an interview but revealed this information on a self-report measure.

The investigation of sexual information has two major problems which include: faulty recall and falsified accounts (Abel et al, 1980; Spanier, 1976). The faulty recall problem was addressed in view of the fact that hightly salient material is recalled much more effectively (Sudman & Bradburn, 1974). It would seem to follow that since sexual behavior, especially sexual problems, is highly salient material, that recall for this information would be increased (Spanier, 1976). To decrease the probability of falsified

responses , the subjects were assured of complete confidentiality which has been shown to be helpful (Abel et al, 1980; Spanier, 1976). In addition, the questions were arranged such that the most sensitive material was left for last which should further decrease faulty recall and falsified accounts (Spanier, 1976). The patient's familiarity and somewhat increases comfort with the research material content (as a result of the treatment program) increased the probability of a more honest response.

The first questionnaire, Biographical Information, investigated characterisitics of the subject's offense history and personal experience history (see appendix AA). The main areas include: 1) sexual and nonsexual offense statistics; 2) victim characteristics; 3)offense characteristics; 4) sexual victimization of the subject; 5) brief dating history; 6) brief sexual history; and 7) other assorted biographical information.

The second questionnaire, Sexual Functioning, investigated the sexual dysfunctions/problems that the subject may have experienced in three different situations: 1) when with a "nonvictim"; 2) when with a "victim"; and 3) when masturbating. (All sexual dysfunctions were rated on a 4 point scale of never, rarely, sometimes, or always.) A victim was defined as any person, male or female, adult or child, whereby the subject proceded with sexual activity against the victims will, in the absence of consent, or with a person unable to legally give consent. A nonvictim was defined as

any person that did not fit the above defintition and could include sexual experiences from "one night stands" to committed relationships. The masturbation situation was defined as penile stimulation by the offender when alone. Only twelve items from the victim and nonvictim sexual situation sections and nine items from the masturbation section were used in the statistical analysis. Each of the items were very similar, if not identical, in wording across situation and were also quite face valid. (Four professionals with sex therapy training were asked to reveiw the items and confirmed their face validity.) The items in each situation were combined and divided by the repsective totals to form a Sexual Dysfunction Quotient which would allow a global comparison of sexual dyfunctions across offender groups.

The third questionnaire, Sexual Behavior Inventory, which was not included in the data analysis, investigated the subject's participation in, and/or arousal for, a continuum of sexual activites ranging from common activities (e.g. kissing, oral sex, intercourse) to less common activities (e.g. anal sex, sex with more than one partner) to a number of "deviant" activities (e.g. bestiality, exhibitionism). The subject was also asked to indicate, when appropriate, whether he had experienced the various sexual activities with a male and/or female and a victim and/or nonvictim.

PROCEDURE

The subjects in this study were administered the Human

Sexuality Evaluation Project during one of the daily treatment groups, as requested by the Director of the Sex Offender Program. The purpose of the evaluation was presented to the sex offenders as a means to gather information regarding the sexual problems experienced by sex offenders and then to facilitate development of treatment programs (which do not currently exist) addressing the resultant areas of concern or conflict. The presentation was individually given to each treatment group which consisted of approximately 14 men. The outpatient subjects received a presentation during one of their monthly meetings at the hospital.

The materials and procedure used in this study were reveiwed and approved by the Human Subjects Review Committees at Western State Hospital and at Michigan State University. Each subject and treatment group was offered the opportunity to ask questions and/or discuss problems regarding the study. Confidentiality was thoroughly discussed with each group. Subjects were assured that their responses could not be used against them and that they would remain anonymous (by not putting their names on the questionnaire). The face sheet of the questionnaire reiterated the information presented during the recruitment. The subjects were not offered the opportunity to decline participation as this was part of a clinical assessment to be used for program development. There was no evidence that the subjects felt coerced to participate, in fact the opposite seemed true as the subjects were eager to fill out the questionnaire and receive feedback

regarding the results. Subjects that were leaving the program and returning to prison were not required to fill out the information, but only two declined.

The questionnaire was distributed to each treatment group after the above presentation. The author remained in the area (except for outpatients) and routinely checked on the groups to ensure that questions or problems could be addressed. The subjects were instructed to mark any questions they did not understand or know how to answer, and that the author would respond to the questions during each circulation through the various groups. When the subjects finished the questionnaires, they were instructed to put the forms in a central pile to ensure anonymity. The outpatients were allowed to take the questionnaires home and were instructed to return them to a designated staff member at the next outpatient meeting. Questionnaires given to the outpatients contained a colored line which was used to differentiate their data from the inpatients', but in no way jeopordized confidentiality. In addition, the identity of each subject could not be determined by the author when the data was coded for statistical analyses.

RESULTS

Statistical Analysis

The principal statistical analyses in the present study were designed to address the two research questions and the associated hypotheses by investigating: 1) the dating and sexual experiences of the five sex offender groups; 2) the sexual dysfunctions of the sex offender groups across three sexual situations (when with a victim, when with a nonvictim, and when masturbating). The first statistical investigation was conducted using a series of Univariate analyses and descriptive statistics. Posthoc comparison of differences between individual sex offender groups with regard to dating/sexual experiences and offense characteristics was examined with the Duncan Multiple Range Test. The second statistical investigation was accomplished with a series of increasingly specific statistical procedures, beginning with an overall MANOVA using a global Sexual Dysfunction Quotient with the sexual situation treated as the repeated measure. Since the overal MANOVA was significant, a series of individual MANOVA's were then conducted for each sexual dysfunction type with the sexual situation again treated as the repeated measure. The significant multivariate *F*'s were then examined with a series of individual univariate analyses. Posthoc comparison of differences between individual sex offender

groups with regard to sexual dysfunctions was examined with the Duncan Multiple Range Test. In light of the exploratory nature of this study, a significance level was set at 0.10 for the global statistical analyses (MANOVA's) and a more stringent value of 0.05 for the more specific (univariate and post-hoc) analyses.

Dating and Sexual Experience

The results of the present study indicate that there are no major differences between the sex offender groups with respect to whether they have been on a date. Table 9 shows that over 95% of all groups, except the boy child molesters (88%), have been on a date. However, Table 10 indicates that there are differences between offenders for the mean age of their first date and the estimated mean number of dates. An ANOVA revealed that these differences between the groups were significant for the age of their first date ($F(4,137)=2.55$, $p=0.042$) and the number of dates ($F(4,122=3.431$, $p=0.011$). (It should be noted that the decreased N for the latter analyses is a result of subjects responding with "too many", "lots" and other such unscorable responses resulting in a possible underestimation of the number of dates in these groups.) The entries of lower case letters in slashes presented in Table 10 denotes results of post-hoc testing with the Duncans Multiple Range Test. Groups with different letters in slashes are significantly different from one another but not different from groups with the same letters. For example, the polymorphously perverse

Table 9

The Mean Percentage of each Sex Offender Group that have been on a Date.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	C.M.
Date	95.7 [23]	98.4 [62]	87.5 [16]	94.7 [19]	100.0 [26]

[ ] = N

Note: C.M. = Child Molester

Table 10

The Mean Age of each Sex Offender Group on their First Date and the Estimated Number of Dates for each Group.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Age of First Date	15.23 (3.99) [22] /ab/	16.58 (3.99) [62] /b/	16.14 (4.13) [14] /ab/	13.78 (1.52) [18] /a/	15.78 (2.70) [26] /ab/
Total Dates	176.26 (390.85) [19] /ab/	72.24 (147.95) [54] /a/	70.86 (133.27) [14] /a/	329.88 (527.64) [17] /b/	84.70 (101.35) [23] /a/

( ) = Standard Deviation
[ ] = N

Note: C.M. = Child Molester

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

rapists have an "a" in slashes, tending to be quite young when they begin dating, but they are only significantly different from the girl child molesters who have only a "b" in slashes, tending to be older at their first date. The other groups are described with "ab" which indicates that they are not significantly different formt each other or the groups with an "a" or "b". Table 10 also indicates that the polymorphously perverse rapists had significantly more dates than the other groups (having only a "b" in slashes) except for the rapist group (having an "a" and "b" in slashes) which also reported a large number of dates. (Reference to the lower case letter will only be used here for illustrative purpose and not throughout the text).

The comfort of each sex offender group in asking a peer aged partner for a date, the comfort level when on the date and the rating of dating experience in general is presented in Table 11. An ANOVA revealed no significant difference between the offender groups with regard to comfort asking for a date ($F(4,143)=0.813$, $p=0.52$) or comfort while on a date ($F(4,140)=1.435$, $p=0.2254$). However, review of the percentage of offenders reporting "never" or "rarely" for each question reveals a trend for the three child molester groups to be more uncomfortable when asking for a date than the two rapist groups. Nevertheless, the girl child molester and the polymorphously perverse rapist groups were found to have the highest frequency of offenders comfortable while on a date. In general, the results indicate that all the groups were

Table 11

The Mean Score of each Sex Offender Group for Level of Comfort Asking for a Date, Comfort while on a Date, and Rating of Dating Experiences.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Comfort Asking For A Date	* 2.78	2.82	2.65	2.89	2.54
	(0.42)	(0.91)	(0.99)	(0.66)	(0.76)
	@ 21.7%	31.7%	35.2%	15.8%	38.9%
	[23]	[63]	[17]	[19]	[26]
Comfort When on A Date*	* 2.95	3.21	2.81	3.00	3.00
	(0.58)	(0.70)	(0.98)	(0.47)	(0.69)
	@ 18.2%	6.4%	18.8%	10.5%	23.1%
	[22]	[62]	[16]	[19]	[26]
Date Rating	** 2.13	2.18	1.73	2.63	2.19
	(0.76)	(0.78)	(0.80)	(0.60)	(0.80)
	/ab/	/ab/	/a/	/b/	/ab/
	@@ 21.7%	22.6%	46.73%	5.5%	23.1%
	[23]	[62]	[15]	[19]	[26]

( ) = Standard Deviation
[ ] = N

* scale: 1=never, 2=rarely, 3=sometimes, 4=always
** scale: 1=negative, 2=neutral, 3=positive

@ = percentage responding "never" or "rarely"
@@ = percentage responding "negative"

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

more comfortable while on a date than when asking for a date.

There was, however, a significant difference with respect to how the offenders rated their dating experiences ($F(4,140)=2.99$, $p=0.021$). The latter finding is most affected by the significantly more negative rating found with the boy child molesters and the signficantly more positive rating found with the polymorphously perverse rapists as indicated by the results of post-hoc testing found in Table 11. The percentage of offenders that reported a negative date rating is also quite illuminating. Table 11 indicates that almost 50% of boy child molesters but only 5% of the polymorphously perverse rapists reported negative dating experiences, while the other groups were similar with a score of approximately 20%.

Table 12 presents information about the offenders first sexual experience, which include the mean ages of the offender and the partner at first intercourse, rating of the first sexual experience, and whether the offender had sexual problems during this experience. An ANOVA revealed that there were marginally significant difference between the groups with respect to their age at first intercours ($F(4,127)=2.164$, $p=0.077$) and a significant effect for the age of their partner ($F(4,134)=2.772$, $p=0.03$). The boy child molesters were considerably older at the time of first intercourse, as were their partners, compared to the other groups. The rapist group was found to have a nonsignificant tendency to be younger, with younger partners, at the time of

Table 12

Mean Scores of each Sex Offender Group for Age of First Sexual Intercourse, Age of First Sexual Partner, Rating of First Sexual Intercourse and Percentage having Sexual Problems in First Sexual Intercourse.

		Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Offenders Age		15.05	16.24	19.21	16.23	16.14
		(2.19)	(4.27)	(6.15)	(3.51)	(4.21)
		[20]	[59]	[14]	[47]	[22]
		/a/	/ab/	/b/	/ab/	/a/
Partner's Age		16.86	18.03	24.00	19.11	17.28
		(5.72)	(6.47)	(8.28)	(7.59)	(6.85)
		[22]	[60]	[13]	[19]	[25]
		/a/	/a/	/b/	/a/	/a/
Rating of First Sex	**	1.73	2.03	2.00	2.11	2.00
		(0.83)	(0.86)	(0.82)	(0.88)	(0.82)
	@@	50.0%	34.4%	30.8%	31.6%	32.0%
		[22]	[61]	[13]	[19]	[25]
Sexual Problems(%)		72.7	62.9	50.0	57.9	52.0
		[22]	[62]	[16]	[19]	[25]

( ) = Standard Deviation
[ ] = N

** scale: 1=negative, 2=neutral, 3=positive

@@ = percentage responding "negative"

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

first intercourse.

There were no significant differences between the sex offender groups rating of their first sexual experience ($F(4,135=0.662)$, $p=0.62$). However, the results indicate a trend for the rapist group to rate their first sex experience more negatively. In fact, Table 12 inidicates that 50% of rapists and approximately 30% of the other groups rated their first sexual experience as negative despite the neutral rating of the latter groups. (It is also interesting to note that all the sex offenders groups, except the boy child molesters, rated their first sexual experience more negatively than their general dating and sexual experiences as found in Tables 11, 12, 14).

Table 12 also indicates that a large number of the rapist group (72%) reported sexual problems during their first sexual experience. In addition, over 50% of the other groups also reported having sexual problems during their first sexual experience.

The mean frequency of peer aged male and female sexual partners for each of the offender groups is presented in Table 13. An ANOVA revealed no signficant differences between the groups for the number of female partners ($F(4,142)=1.90$, $p=0.11$). However, the results indicate a strong trend for the two rapist groups to have the highest (but quite variable) number of female partners. There was also a strong trend for the boy child molester group to have many fewer female sexual partners than the other groups. In

Table 13

Mean Number of Male and Female Sexual Partners for each Sex Offender Group.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Female Sexual Partners	28.70	23.39	3.50	33.32	17.42
	(45.13)	(44.03)	(6.19)	(30.37)	(23.81)
	[23]	[61]	[18]	[19]	[26]
Male Sexual Partners	0.61	1.21	7.94	6.21	4.50
	(2.13)	(3.91)	(18.69)	(22.81)	(14.92)
	[23]	[63]	[18]	[19]	[26]

( ) = Standard Deviation
[ ] = N

fact, 44% of the boy child molesters report to have had no female sexual sexual partners. An ANOVA also revealed no difference between the groups with respect to the number of male partners ($F(4,144)=1.685$, $p=0.1567$) but there was a trend for the boy child molester and the two polymorphously perverse groups to have the highest number of male partners.

The comfort of each sex offender group in discussing sex with a peer aged partner, the comfort level when engaging in sexual activity and the rating of the offender's sexual experiences in general is presented in Table 14. An ANOVA indicates that there is no significant difference between the offender groups with regard to discussing sexuality ($F(4,144)=0.434$, $p=0.78$), but there was a significant difference with respect to comfort engaging in sex ($F(4,143=3.93$, $p=0.0046$). Table 14 indicates that approximately 30% of each group reported being uncomfortable when discussing sex, but there was no major trend for differences between groups. All of the groups, except the boy child molesters, showed a strong trend for being more comfortable engaging in sex compared to discussing sex. The girl child molesters and polymorphously perverse child molesters were the most comfortable with only 6.4% and 0% reporting to be "never" or "rarely" comfortable with sex, respectively. Post-hoc testing indicates that these two groups are significantly different from the boy child molesters, 29% of whom reported being uncomfortable, but not the two rapist groups, 13% and 10% of whom reported being uncomfortable.

Table 14

Mean Score of each Sex Offender Group for Level of Comfort Discussing Sex, Comfort while Engaging in Sex, and Rating of Sexual Experiences.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Comfort Discussing Sex	* 2.65	2.79	2.61	2.89	2.73
	(0.71)	(0.86)	(0.78)	(0.66)	(0.78)
	@ 30.4%	33.3%	33.3%	26.3%	38.4%
	[23]	[63]	[18]	[19]	[26]
Comfort Having Sex	* 3.04	3.43	2.71	3.16	3.38
	(0.93)	(0.71)	(0.99)	(0.60)	(0.50)
	/ab/	/b/	/a/	/ab/	/b/
	@ 13.0%	6.4%	29.4%	10.5%	0.0%
	[23]	[63]	[17]	[19]	[26]
Rating of Sexual Experiences	** 2.36	2.56	1.93	2.32	2.38
	(0.79)	(0.62)	(0.70)	(0.82)	(0.70)
	/ab/	/b/	/a/	/ab/	/ab/
	@@ 18.2%	6.5%	26.7%	21.1%	11.5%
	[22]	[62]	[15]	[19]	[26]

( ) = Standard Deviation
[ ] = N

* scale: 1=never, 2=rarely, 3=sometimes, 4=always
** scale: 1=negative, 2=neutral, 3=positive

@ = percentage responding "never" or "rarely"
@@ = percentage responding "negative"

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

There was also a significant difference between the groups with respect to how the offenders rated their sexual experiences in general ($F(4,139)=2.63$, $p=0.037$). Table 14 indicates that only the boy child molesters, who reported the most negative rating, and the girl child molesters who reported the most postive rating were significantly different. However, review of the percentages of offenders reporting a negative rating indicates that the girl child molesters and the polymorphously perverse child molesters were quite similar in their more positive rating and that the two rapist groups were more negative in rating their sexual experiences.

Sexual Dysfunctions

A subset of the sexual dysfunction questionnaire items were converted to a Sexual Dysfunction Quotient (SDQ) to allow an overall view of whether sex offenders reported sexual problems in any of the sexual situations. The SDQ was created by selecting 12 face valid items for the nonvictim sexual situation, 12 face valid items for the victim sexual situation, and 9 face valid items for the masturbation situation. (All the above items were worded in a very similar manner.) The items were then added together for each situation and the total was divided by the respective the number of items for each sexual situation.

The mean SDQ scores for each sex offender group by sexual situation (nonvictim, victim, and masturbation) are presented in Table 15. Since responses to the sexual situa-

tions are related, a multivariate analysis of variance (MANOVA) was conducted on the grand means for the sexual situations (in bold type). The MANOVA (using Wilks multivariate test of significance) revealed a significant difference between the sexual situations with regard to Sexual Dysfunction Quotient (SDQ) scores ($F(12,355)=2.43$, $p=.005$). Table 15 indicates that the masturbation situation resulted in the lowest frequency of SDQ scores across groups, while the victim situation produced the highest frequency of SDQ scores. Subsequent univariate analyses revealed a strongly significant effect for the victim situation ($F(4,136)=5.32$, $p=0.001$), a marginally significant effect for the nonvictim situation ($F(4,136)=1.90$, $p=0.114$), and no effect for the masturbation situation ($F(4,136)=0.53$, $p=0.71$).

Post-hoc analyses of the Victim situation (using Duncans Multiple Range Test) revealed that the Polymorphously Perverse Rapist group had a significantly higher SDQ score than the other groups with the exception of the rapist group, which had the second highest score. Post-hoc testing of the nonvictim situation revealed that the groups were not significantly different for SDQ scores with the exception of the boy child molester group which had significantly lower scores than all the groups but one (the rapists).

A Oneway ANOVA was conducted on the total mean SDQ scores for combined sexual situations (presented in the last row of table 15) and revealed a significant difference between groups ($F(4,136)=2.660$, $p=0.0354$). Post-hoc testing

Table 15

The Mean Sexual Dysfunction Quotient (SDQ) scores of each Sex Offender Group for three Sexual Situations.

	Rapist [23]	Girl C.M. [62]	Boy C.M. [18]	Poly Perverse Rapist [19]	Poly Perverse C.M. [26]	MEAN [149]
Non-victim	2.01 /ab/	2.08 /b/	1.83 /a/	2.16 /b/	2.15 /b/	2.06
Victim	2.34 /bc/	2.10 /ab/	1.88 /a/	2.49 /c/	2.07 /ab/	2.16
Mastur-bation	1.85	1.90	1.86	2.05	1.88	1.91
MEAN	2.07 /ab/	2.03 /a/	1.86 /a/	2.23 /b/	2.03 /ab/	2.04

( ) = Standard Deviation
[ ] = N

Note: Sexual dysfunctions were rated on a 1 to 4 scale with (1)=never, (2)=rarely, (3)=sometimes, (4)=always.

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

revealed a trend for the polymorphously perverse rapists to have the highest SDQ score and the boy child molesters to have the lowest, but post- hoc testing indicates that they were not significantly different from the other groups.

Table 16 presents the total mean scores for each of the 12 Sexual Dysfunction Quotient items and Table 17 presents the mean scores of each sexual dysfunction item for each of the sex offender groups. The most common sexual dysfunctions for sex offenders across all sexual situations were High sexual desire with a mean of 3.14, Frustrated after sex with a mean of 2.50, and Premature Ejaculation with a mean of 2.47. The two most infrequent sexual dysfunctions were Inability to ejaculate with a mean score of 1.53 and Inability to get an erection with a mean score of 1.55. Table 17 reveals that, for the most part, the boy child molester group were consistently found to have the lowest sexual dysfunction scores, especially compared to the two rapist groups, which tend to have the highest scores.

A series of twelve MANOVAs (using Wilks multivariate test of significance) were then conducted for each of the 12 SDQ items with their corresponding sexual situations to identify sexual dysfunction items that contributed to the significance effects revealed in the first overall MANOVA. The MANOVA results, found in Table 18 with the corresponding sex offender group sexual dysfunction means, indicates that 4 of the 12 sexual dysfunction/sexual situation combinations were significantly affected by offender type. The four

Table 16

The Total Mean Scores for each of the Sexual Dysfunction Items in the SDQ.

	MEAN
Difficulty Getting Erection	1.939
Unable to get an Erection	1.548
Lose Erection	1.907
Premature Ejaculation	2.467
Difficulty Ejaculating	1.965
Unable to Ejaculate	1.532
Orgasm not Pleasurable	1.727
Frustrated After Sex	2.501
Sex not Enjoyable	1.946
Low Sexual Desire	1.862
High Sexual Desire	3.140
Dissatisfied with Sexual Performance	2.597

Note: Sexual dysfunctions were rated on a 1 to 4 scale with (1)=never, (2)=rarely, (3)=sometimes, (4)=always.

Table 17

The Mean Scores of each Sex Offender Group for each of the Sexual Dysfunctions with Combined Sexual Situations.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	C.M.
Difficulty Getting Erection	2.03	1.95	1.74	2.14	1.83
Unable to get an Erection	1.68	1.59	1.26	1.70	1.51
Lose Erection	1.90	1.98	1.61	2.09	1.96
Premature Ejaculation	2.69	2.39	2.17	2.56	2.51
Difficulty Ejaculating	1.98	1.89	1.69	2.33	1.94
Unable to Ejaculate	1.59	1.54	1.35	1.70	1.47
Orgasm not Pleasurable	1.72	1.68	1.59	1.95	1.70
Frustrated After Sex	2.44	2.47	2.44	2.72	2.44
Sex not Enjoyable	1.85	1.93	1.98	2.14	1.83
Low Sexual Desire	1.89	1.92	1.72	2.03	1.75
High Sexual Desire	3.20	3.07	2.81	3.34	3.29
Dissatisfied with Sexual Performanc	2.59	2.52	2.39	2.74	2.75

sexual dysfunctions include Difficulty achieving an erection ($F(12,373=1.801$, $p=0.046$), Inability to maintain an erection ($F(12,373)=1.728$, $p=0.059$), Difficulty ejaculating ($F(12,370=1.98$, $p=0.025$), and Sex not being enjoyable ($F(12,370)=1.62$, $p=0.085$).

Table 19 presents the mean sexual dysfunction scores for each of the sex offender groups by sexual situations. Due to the exploratory nature of this study and keeping in mind the possibility of family wise error, a series of univariate analyses were conducted on the individual sexual dysfunction items for each sexual situation to delineate differences between sex offender groups. Seven of these analyses were found to be significant and are presented in Table 20 along with the results of post-hoc testing. For the most part, the victim situation produced the greatest differences between sex offender groups with regard to frequency of sexual dysfunctions.

The results of post-hoc testing, presented in Table 20, revealed that the boy child molesters had significantly less difficulty getting an erection with a victim compared to the other groups (but one) and the two rapist groups had significantly more difficulty getting an erection with the victim. The polymorphously perverse rapists also had significantly higher frequency of not getting an erection, losing their erection, and not finding orgasms pleasurable when with a victim compared to the other groups, except the rapists who were found to have the second highest frequency of

Table 18

The Mean Scores for each Sexual Dysfunction Item across the three Sexual Situations with MANOVA comparison results.

	Non-Victim	Victim	Master-bation	MANOVA (df):F
Difficulty Getting Erection	1.97	1.89	1.96	(12,373):1.80***
Unable to get an Erection	1.60	1.60	1.45	(12,373):1.43
Lose Erection	2.05	1.89	1.85	(12,373):1.73**
Premature Ejaculation	2.55	2.34	2.46	(12,373):1.24
Difficulty Ejaculating	2.05	1.86	1.91	(12,370):1.98***
Unable to Ejaculate	1.59	1.53	1.48	(12,368):1.21
Orgasm not Pleasurable	1.56	1.83	1.74	(12,370):1.26
Frustrated After Sex	2.22	2.99	2.25	(12,365):0.95
Sex not Enjoyable	1.82	2.00	1.99	(12,370):1.62*
Low Sexual Desire	1.98	1.77	NA	(8,284):0.78
High Sexual Desire	2.86	3.40	NA	(8,282):1.56
Dissatisfied with Sexual Performance	2.452	2.714	NA	(8,284):0.87

* $p < 0.10$
** $p < 0.075$
*** $p < 0.05$

Table 19

The Mean Sexual Dysfunction Scores (SD) for Each Offender Group by Sexual Situation (SS).

SD	SS	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.	
Difficulty Getting an Erection	NV	1.86	1.97	1.89	2.05	2.08	
	V	2.17	1.94	1.39	2.32	1.58	#
	M	2.04	1.95	1.94	2.05	1.84	
Unable to get an Erection	NV	1.73	1.64	1.33	1.58	1.62	
	V	1.83	1.59	1.11	1.95	1.50	#
	M	1.48	1.54	1.33	1.58	1.42	
Lose Erection	NV	1.91	2.14	1.72	1.95	2.27	
	V	2.04	1.87	1.44	2.42	1.73	#
	M	1.74	1.92	1.67	1.90	1.89	
Premature Ejaculation	NV	2.73	2.60	2.11	2.47	2.65	
	V	2.74	2.14	2.00	2.68	2.40	#
	M	2.61	2.41	2.40	2.53	2.46	
Difficulty Ejaculating	NV	1.96	2.11	1.72	2.26	2.08	
	V	2.09	1.77	1.72	2.32	1.65	
	M	1.91	1.78	1.61	2.42	2.08	#
Unable to Ejaculate	NV	1.64	1.65	1.17	1.79	1.58	
	V	1.70	1.48	1.44	1.84	1.35	
	M	1.44	1.50	1.44	1.47	1.50	
Orgasm not Pleasurable	NV	1.45	1.59	1.50	1.63	1.58	
	V	2.04	1.74	1.50	2.32	1.73	#
	M	1.65	1.70	1.78	1.90	1.81	
Frustrated After Sex	NV	2.09	2.23	2.11	2.47	2.23	
	V	3.22	2.93	2.78	3.21	2.92	
	M	2.00	2.26	2.44	2.47	2.15	
Sex not Enjoyable	NV	1.41	1.83	1.89	1.95	2.00	
	V	2.26	1.90	1.94	2.37	1.77	
	M	1.87	2.06	2.11	2.11	1.73	
Low Sexual Desire	NV	2.00	1.95	1.94	2.11	1.96	
	V	1.78	1.89	1.50	1.95	1.54	
High Sexual Desire	NV	3.00	2.84	2.28	3.16	3.00	#
	V	3.39	3.30	3.33	3.53	3.58	
Dissatisfied with Performance	NV	2.36	2.43	2.33	2.53	2.62	
	V	2.82	2.61	2.44	2.95	2.89	

NV=nonvictim, V=victim, M=masturbation #=significant

difficulty. There were few differences between the groups with regard to premature ejaculation when with the victim. The boy child molesters had a significantly lower frequency of high sexual desire when with a nonvictim compared with the other sex offender groups. The results also indicate that the polymorphously perverse rapists had significantly more difficulty ejaculating when masturbating compared to the other groups.

Table 21 presents the percentage of each sex offender group that reported experiencing the sexual dysfunction items "sometimes" or "always" in the victim and nonvictim sexual situations to allow comparison with previous studies investigating the sexual dysfunctions of sex offenders. The overwhelming number of entries in this table and the interesting interactions between the victim and nonvictim situations led to the graphic presentation of this information separately for each sexual dysfunction across offender groups. The means were important for statistical analyses but the percentage data are more descriptive, especially in light of the variability of the standard deviation scores within and between groups.

Figure 1 presents the percentage of offenders in each group that reported having difficulty getting an erection "sometimes" or "always" for the victim and nonvictim situations. The results indicate that approximately 20% of all the groups (except the bcms) had difficulty getting an erection with a nonvictim. However, when with a victim, the

Table 20

Mean Sexual Dysfunction Scores (SD) for Specific Sexual Situations (SS) with Significant Univariate Analyses(#).

SD	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.	(df):F
Difficulty Getting an Erection With Victim	2.17 /c/	1.94 /bc/	1.39 /a/	2.32 /c/	1.58 /ab/	(4,144): 4.71***
Unable to get an Erection With Victim	1.83 /b/	1.59 /b/	1.11 /a/	1.95 /b/	1.50 /ab/	(4,144): 3.45**
Lose Erection With Victim	2.04 /ab/	1.87 /a/	1.44 /a/	2.42 /b/	1.73 /a/	(4,144): 3.20**
Premature Ejaculation With Victim	2.74 /b/	2.14 /a/	2.00 /a/	2.68 /ab/	2.46 /ab/	(4,144): 2.55*
Orgasm not Pleasurable With Victim	2.04 /ab/	1.74 /a/	1.50 /a/	2.32 /b/	1.73 /a/	(4,143): 2.66*
High Sexual Desire with Nonvictim	3.00 /a/	2.83 /a/	2.28 /b/	3.16 /a/	3.00 /a/	(4,142): 2.62*
Difficulty Ejaculating with Masturbation	1.91 /a/	1.78 /a/	1.61 /a/	2.42 /b/	2.08 /ab/	(4,144): 3.46**

*p < 0.05
**p < 0.01
***p < 0.001

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

Table 21

The Percentage of Sex Offender Group Experiencing the Sexual Dysfunctions Sometimes or Always.

SD	SS	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Difficulty Getting an Erection	NV	18.1%	23.8%	27.8%	21.1%	23.0%
	V	30.4%	23.8%	5.6%	42.1%	7.7%
Unable to get an Erection	NV	9.0%	17.5%	11.1%	5.3%	15.4%
	V	21.7%	9.5%	0.0%	31.6%	3.8%
Lose Erection	NV	22.7%	31.7%	22.3%	21.1%	38.4%
	V	30.4%	20.6%	5.6%	47.3%	19.2%
Premature Ejaculation	NV	68.2%	53.8%	44.4%	43.6%	57.7%
	V	69.6%	31.8%	33.3%	63.1%	53.8%
Difficulty Ejaculating	NV	22.7%	28.5%	16.7%	42.1%	30.7%
	V	30.4%	19.4%	22.3%	42.1%	11.5%
Unable to Ejaculate	NV	9.0%	12.7%	0.0%	15.8%	11.5%
	V	13.0%	8.0%	16.7%	21.1%	3.8%
Orgasm not Pleasurable	NV	0.0%	9.5%	11.1%	15.8%	7.7%
	V	21.7%	16.1%	5.6%	47.4%	23.1%
Frustrated After Sex	NV	22.7%	42.0%	33.3%	47.3%	30.7%
	V	73.9%	68.9%	66.7%	73.7%	72.0%
Sex not Enjoyable	NV	0.0%	22.3%	16.7%	26.4%	23.1%
	V	34.7%	25.9%	27.8%	42.1%	19.2%
Low Sexual Desire	NV	22.7%	20.7%	33.4%	36.8%	30.7%
	V	26.1%	23.8%	5.6%	15.8%	7.6%
High Sexual Desire	NV	81.8%	72.6%	44.4%	84.2%	73.1%
	V	82.6%	88.9%	72.4%	89.5%	96.2%
Dissatisfied with Performance	NV	50.0%	50.8%	50.0%	63.2%	65.4%
	V	68.2%	56.4%	50.0%	73.7%	65.4%

NV=nonvictim, V=victim

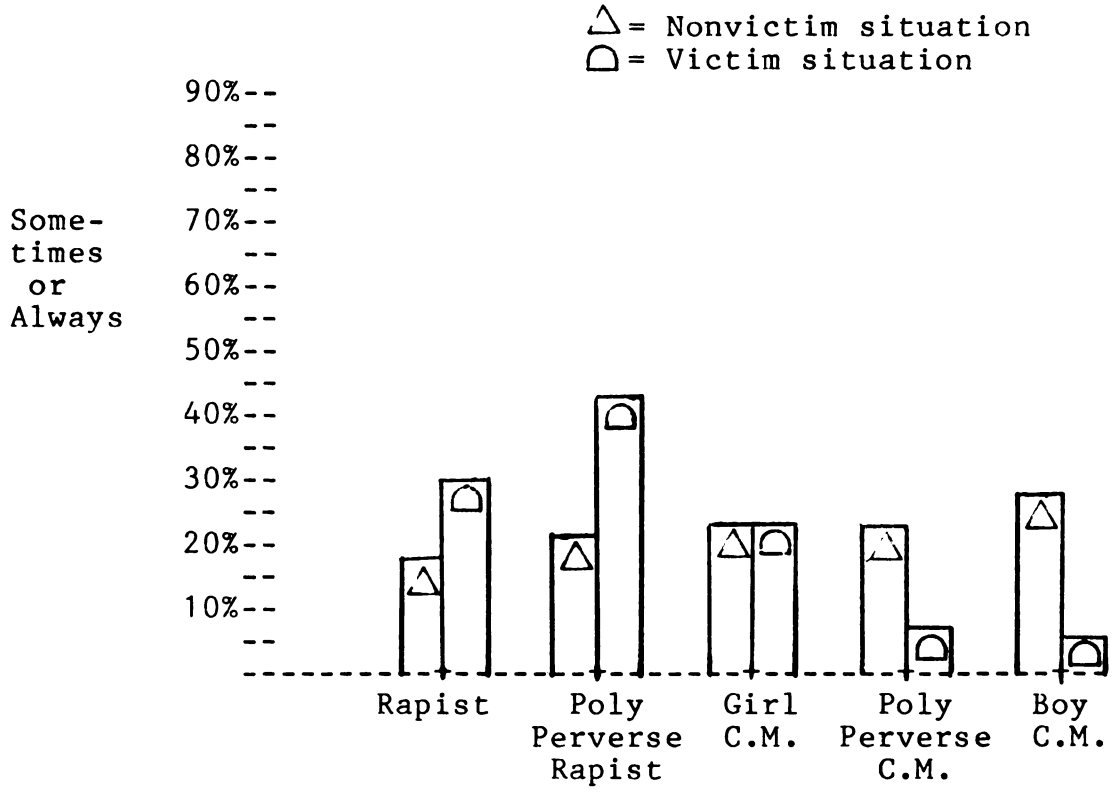

Figure 1

The Percentage of Each Offender Group that Reported Difficulty Getting an Erection "Sometimes or "Always".

percentage of problems slightly increased for the rapist group and moderately increased for the polymorphously perverse rapist group. The incidence of this dysfunction greately decreased for the polymorphously perverse child molester group but stayed the same for the girl child molesters.

Figure 2 presents the percentage of offenders in each group that could not get an erection "sometimes" or "always" when with a victim or nonvictim. The results indicate that in the nonvictim situation, there was a slight trend for the child molesters to have more difficulites than the rapists. However, when with a victim, the percentage of offenders indicating problems increased for both rapist groups, especially the polymorphously perverse rapists, and moderately decreased for all the child molester groups.

Figure 3 presents the percentage of offenders in each group that reported losing their erection "sometimes" or "always". The results indicate that there was a small trend for the child molesters (except the boy child molesters) to have more difficulties with this dysfunction when with a nonvictim than the rapist groups. However, when with a victim the polymorphously perverse rapists had considerably more trouble maintaining their erection and the rapists indicated only a small increase, while the cms, especially the bcms, reported a moderate decrease in the dysfunction when with a victim.

Figure 4 presents the percentage of offenders who

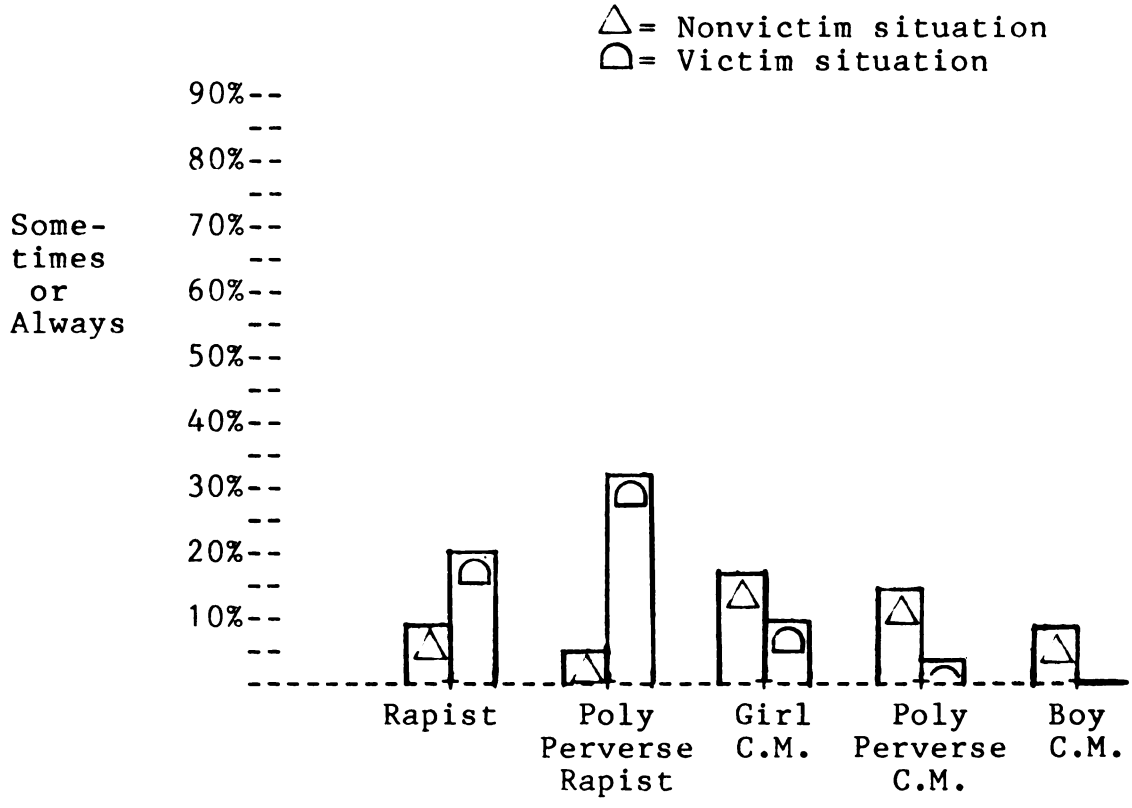

Figure 2

The Percentage of Each Offender Group that Reported an Inability to Get an Erection "Sometimes or "Always".

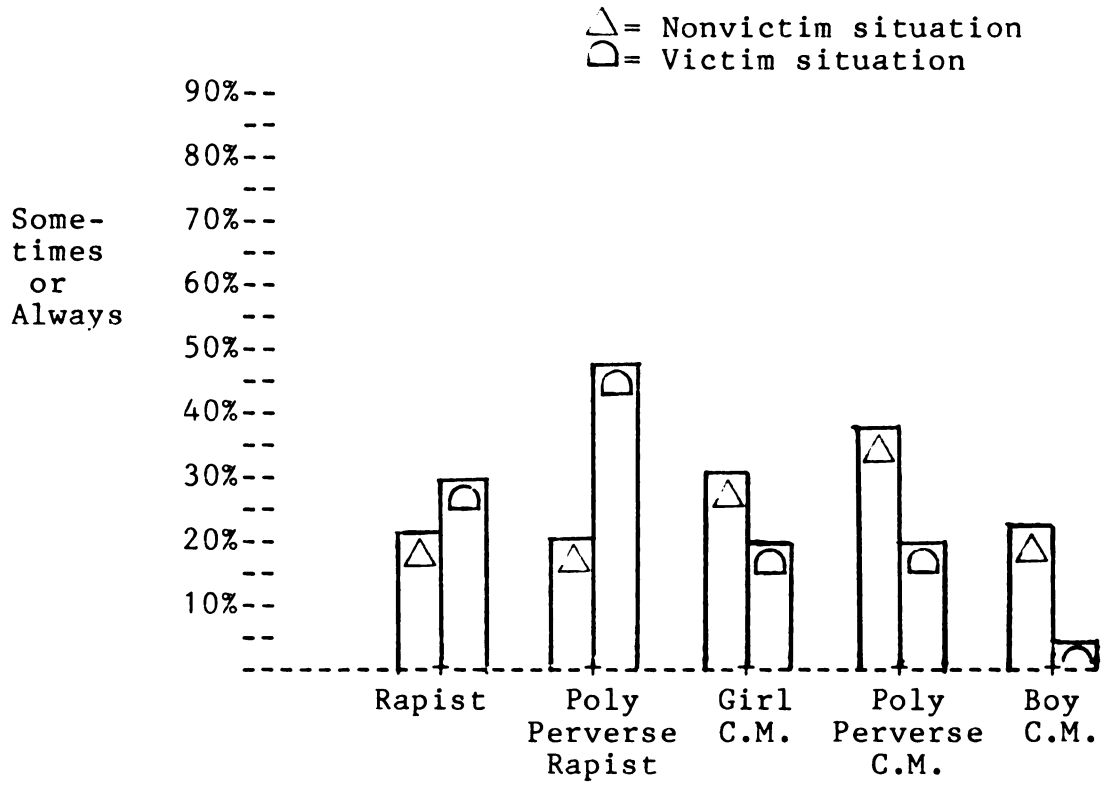

Figure 3

The Percentage of Each Offender Group that Reported Losing Their Erection "Sometimes or "Always".

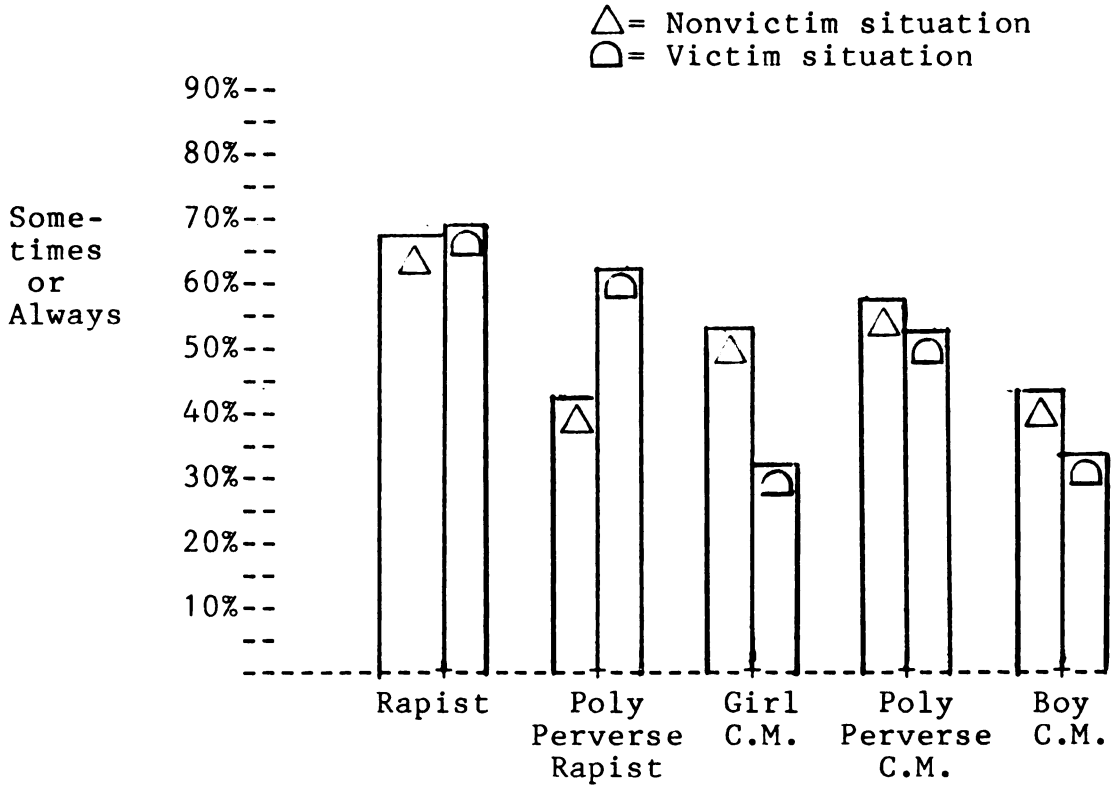

Figure 4

The Percentage of Each Offender Group that Reported Premature Ejaculation "Sometimes or "Always".

reported experiencing premature ejaculation "sometimes" or "always". The results indicate that the rapist and polymorphously perverse child molesters groups had considerable problems with premature ejaculation independent of whether they were with victims or nonvictims. The polymorphously perverse rapists were found, as with the previous dysfunctions, to have moderately more difficulty when with a victim than a nonvictim; whereas the girl child molesters and boy child molesters had less diffculty with a victim than nonvictim.

Figure 5 presents the percentage of offenders reporting difficulty ejaculating "sometimes" or "always". The results indicate that the polymorphously perverse rapists had significant problems with this dysfunction independent of the sexual situation. The rapist group tended to have a little more difficulty when with a victim; whereas the girl child molester group reported a little more difficulty and the polymorphously perverse child molester group reported much less difficulty, when with a victim.

Figure 6 presents the percentage of offenders that reported an inability to ejaculate "sometimes" or "always". The results indicate that the frequency of this dysfunction in general was quite low for all groups, independent of the sexual situation. The values are so small that it is difficult to describe trends.

Figure 7 presents the percentage of offenders that reported finding their orgasm not pleasurable "sometimes" or

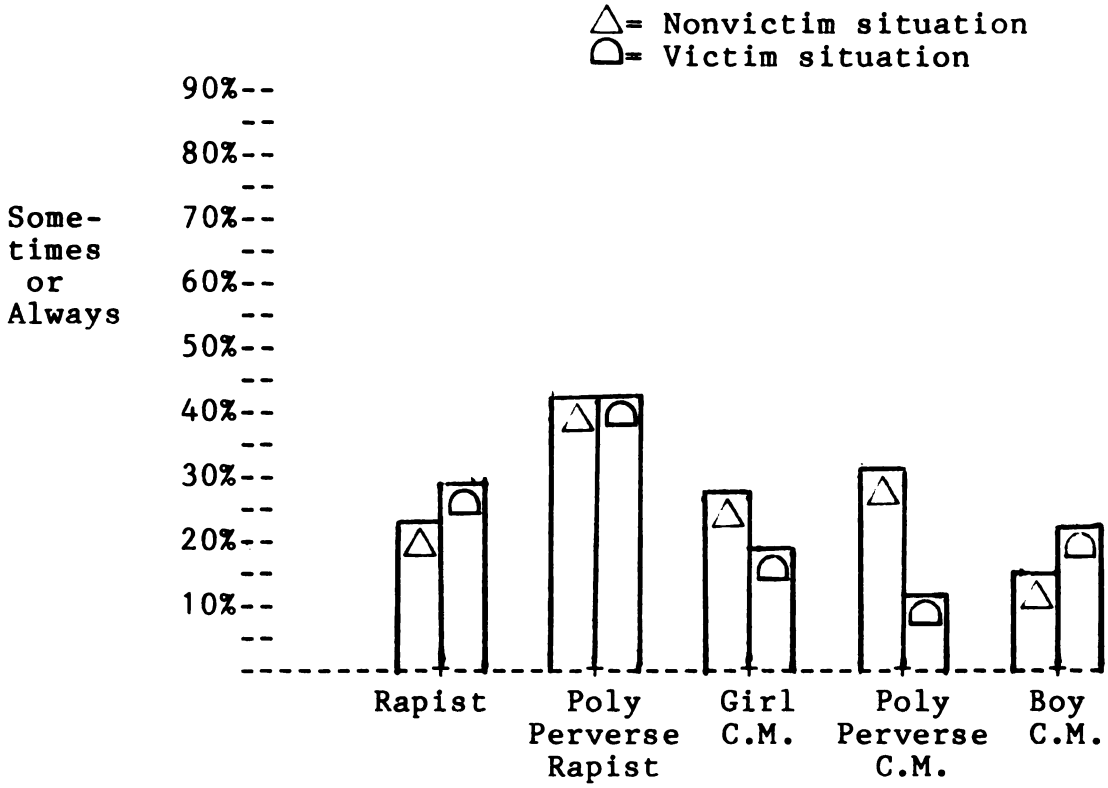

Figure 5

The Percentage of Each Offender Group that Reported Difficulty Ejaculating "Sometimes or "Always".

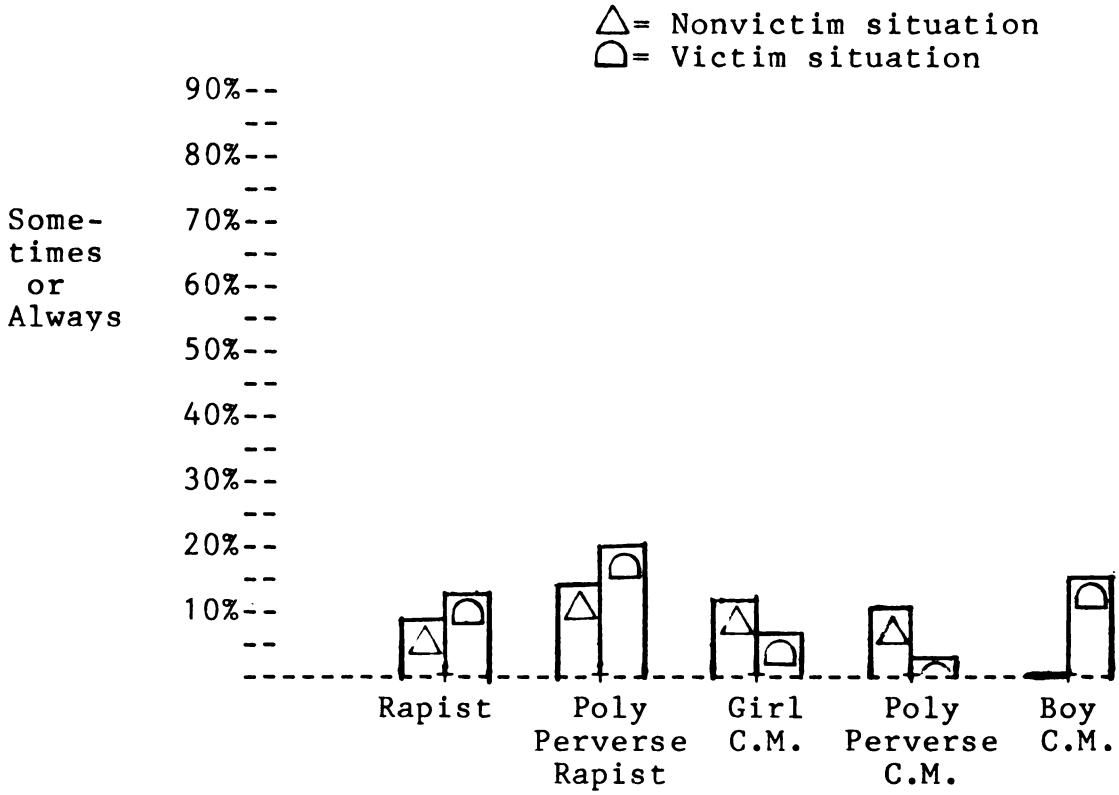

Figure 6

The Percentage of Each Offender Group that Reported an Inability to Ejaculate "Sometimes or "Always".

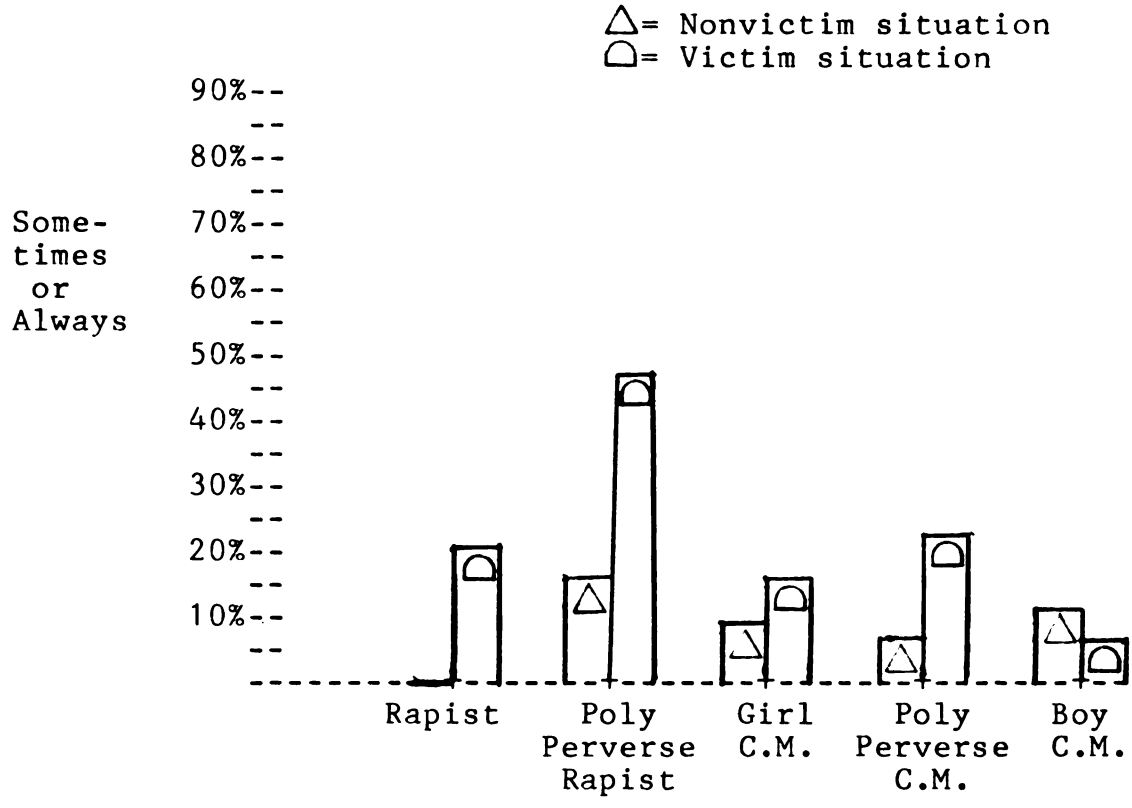

Figure 7

The Percentage of Each Offender Group that Reported Orgasms Were not Pleasurable "Sometimes or "Always".

"always". The results indicate that all the groups but the boy child molesters reported less pleasurable orgasms in the victim situation. Most of the groups, especially the rapist group, found orgasms with nonvictims as pleasurbable.

Figure 8 presents the percentage of offenders that reported being frustrated after sex "sometimes" or "always". The results reveal that all the groups found sex with the victim very much more frustrating than with a nonvictim; however, most of the offenders were also somewhat frustrated after sex with a victim.

Figure 9 presents the percentage of offenders that reported that they did not enjoy sex "sometimes" or "always". The results reveal that the two rapist groups and the boy child molesters enjoyed sex less with the victims than when with the nonvictims, while the girl child molesters and polymorphously perverse child molesters reported little difference between sexual situations.

Figure 10 presents the percentage of offenders that reported low sexual desire "sometimes" or "always". The results indicate that the boy child molesters and the polymorphously perverse groups reported considerably lower sexual desire when with a nonvictim than a victim, while the rapists and girl child molesters reported no difference, but less problems when with a nonvictim.

Figure 11 presents the percentage of offenders that reported high sexual desire "sometimes" or "always". The results indicate that a larger percentage of all groups

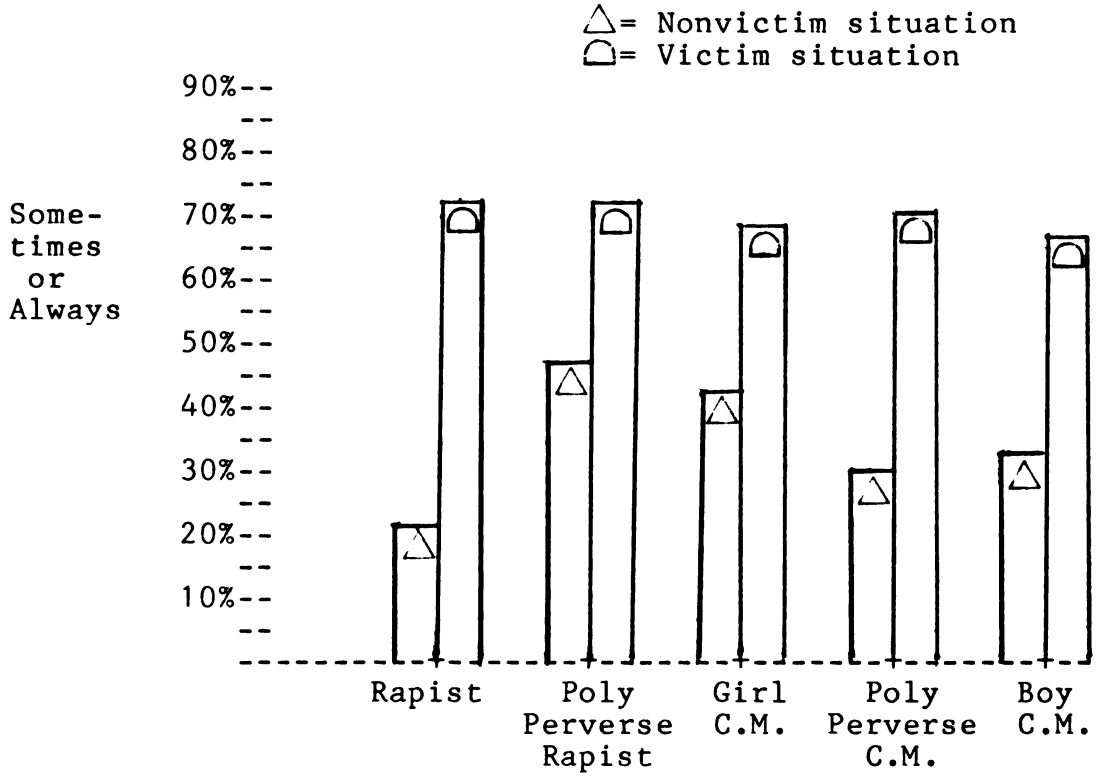

Figure 8

The Percentage of Each Offender Group that Reported Being Frustrated After Sex "Sometimes or "Always".

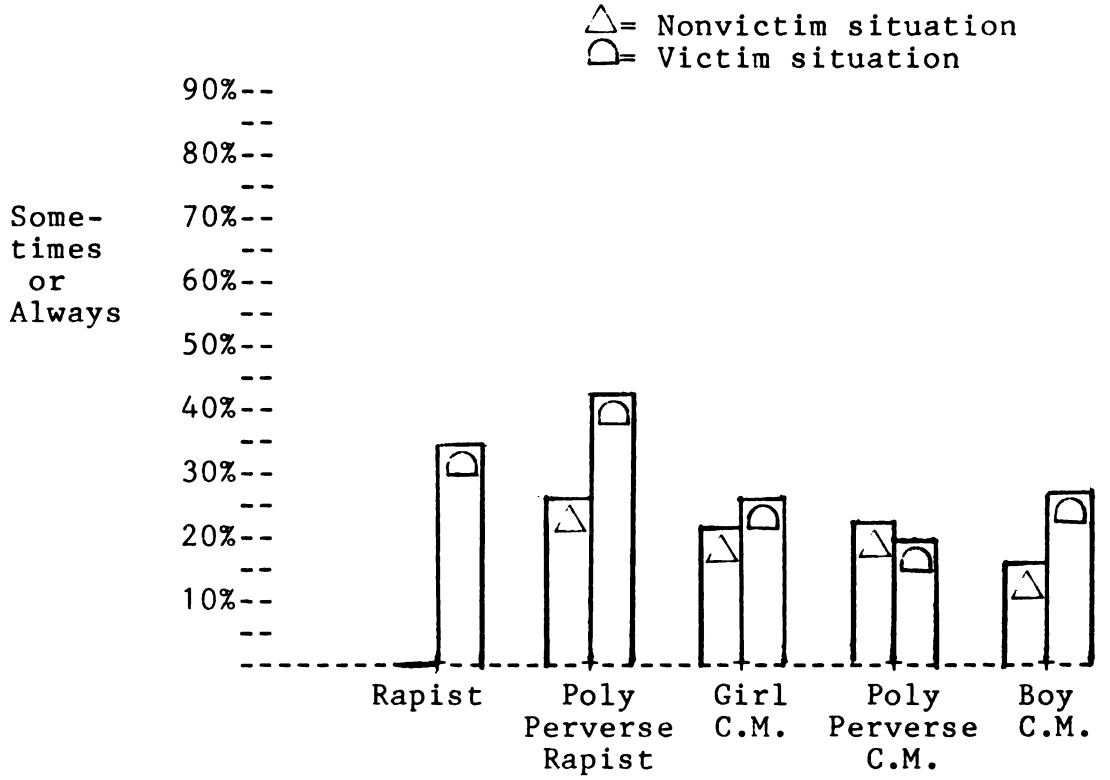

Figure 9

The Percentage of Each Offender Group that Reported Sex was not Enjoyable "Sometimes or "Always".

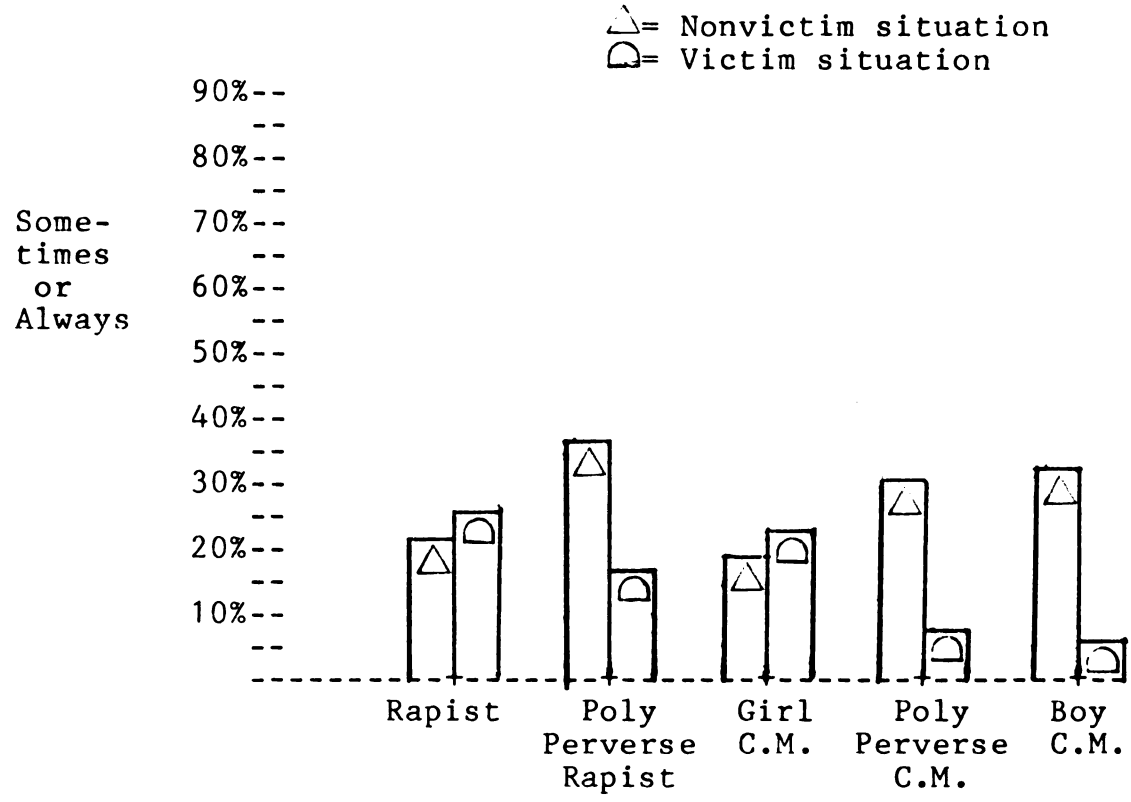

Figure 10

The Percentage of Each Offender Group that Reported Low Sexual Desire "Sometimes or "Always".

reported high desire when with a victim. The two rapist groups reported an equally high desire when with a nonvictim but the three child molester groups reported a lower, but still somewhat high, percentage of offenders with high desire when with a nonvictim.

Figure 12 presents the percentage of offenders that reported they were dissatisfied with the sexual performnce of the victim or nonvictim "sometimes" or "always". The results indicat that a over 50% of each group were dissatisfied with the sexual performance independent of the situation. There was a small trend for the two rapist groups to be more dissatisfied with the victim than the nonvictim, whereas there was no differnce with the three child molester groups.

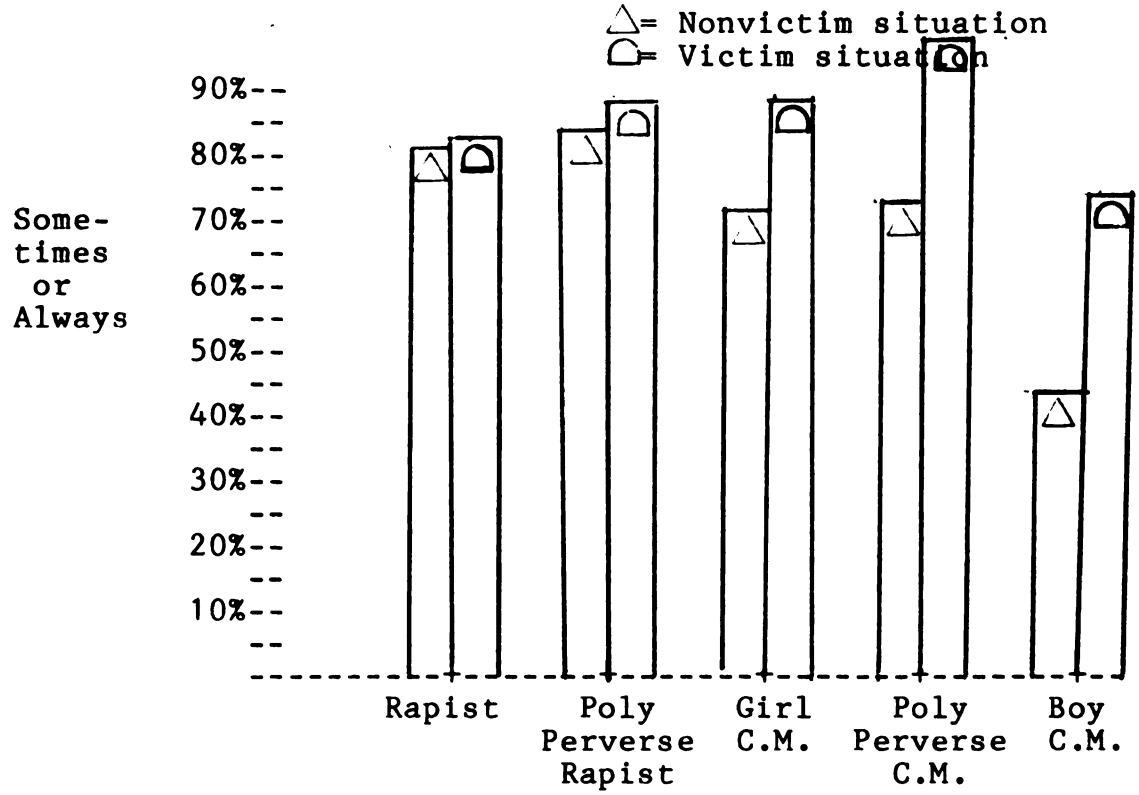

Figure 11

The Percentage of Each Offender Group that Reported High Sexual Desire "Sometimes or "Always".

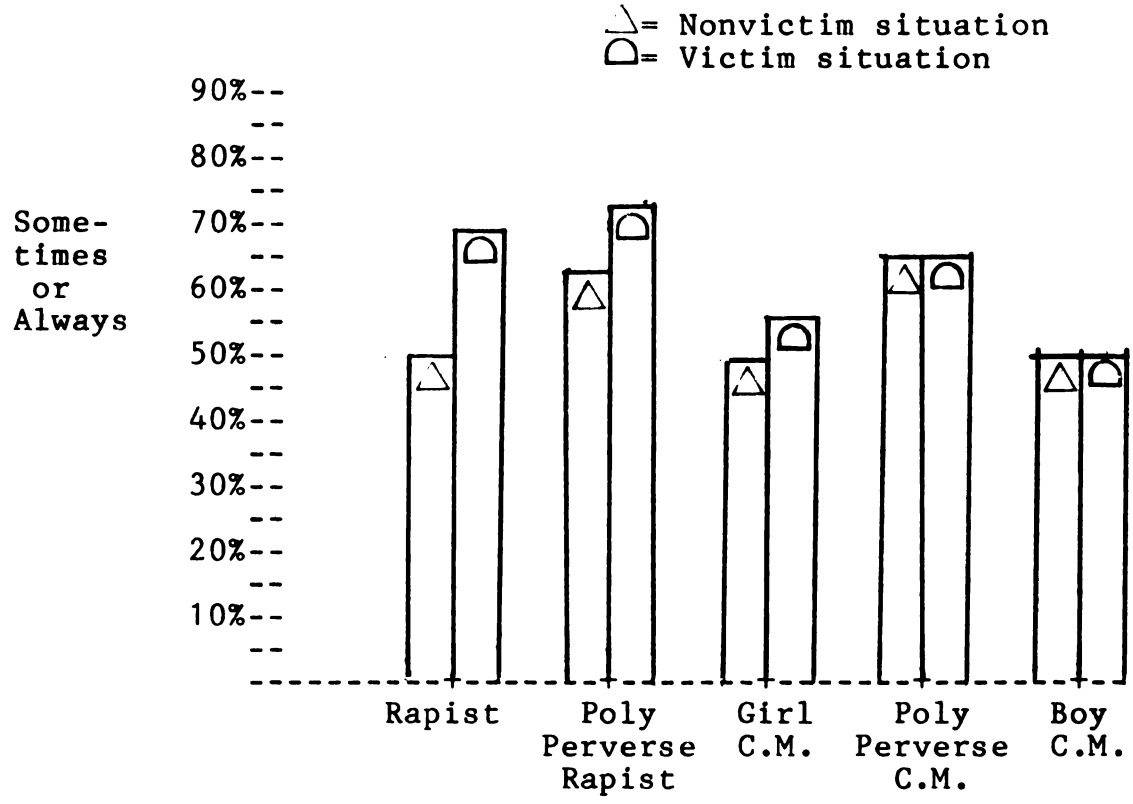

Figure 12

The Percentage of Each Offender Group that Reported Being Dissatisfied with the Sexual Performance (of the Victim or Nonvictim) "Sometimes or "Always".

DISCUSSION

The sexual experiences, especially the sexual dysfunctions, of sex offenders have been predominantly overlooked in the research literature. In addition, previous research has done little to demarcate the situations in which sex offenders experience sexual dysfunctions. Thus, the purpose of this research project was to increase the limited knowledge base regarding the sexual experiences and sexual dysfunctions of rapists and child molesters, and to better delineate the sexual dysfunctions associated with specific sexual situations.

This study was designed to gather information that would augment the development of a treatment program for sex offenders based on a "deficit" model (i.e. treating the problem areas specific to sex offenders in general, and individuals in particular). Furthermore, research information directly related to development of sexuality treatment programs is sparse and conflictual. It is hoped that by providing intervention in sexual areas that are problematic for the offender, that the propensity to act out in sexually deviant ways will decrease.

Researchers have only recently investigated sex offenders by dividing them into subgroups (e.g. rapists, child molesters) and very few researchers have further

divided each of these subgroups. When the latter is done, the differential factors involve the occurrence of, or being motivated by, aggression or control (e.g. Groth et al, 1977; Cohen et al, 1969). The present study is the first to define the sex offender groups based on the gender, age, and number of victims reported by the offender. The utility and importance of defining these subgroups accordingly and a strength of this research, lies in the significant differences found between the new subgroups that would have otherwise gone unnoticed or unresearched. In addition, the increased number of groups and the decreased group size did not significantly impact the interpretability of the results in light of the very large significance levels for some analyses and the limited change in power (1 - beta) with the increased number of groups and decreased group size.

Research Question 1

The first part of the study investigated whether the five sex offender groups differed with respect to dating and sexual experiences. Hypothesis one stated that the dating experiences of child molesters, when compared with rapists, would be characterized by a lower frequency of dates, being more uncomfortable in a dating situation, and having less positive dating experiences. Hypothesis two stated that the sexual experiences of child molesters, when compared to rapists, would be characterized by lower frequency of sexual experiences/partners, being more uncomfortable in a sexual situation, and having less positive sexual experiences. The

literature describing the dating and sexual experiences of sex offenders is sparse but will be compared and discussed when possible.

The major focus of this research project was to investigate differences between sex offender groups with respect to sexual dysfunctions; however, the investigation of psychosexual experiences was thought to be a very important factor for ruling out and/or linking the potential impact of dating and/or sexual problems (e.g. discomfort) on sexual dysfunctions.

Dating Experiences

The results of this study are not consistent with the report that sex offenders have limited dating experience (e.g. Thorne and Haupt, 1966) and confirms the hypothesis that rapists tend to have more dating experiences than child molesters. Table 9 indicates that most of the sex offenders have been on a date and there were no differences between groups, with the exception of the boy child molesters. Nevertheless, there was considerable difference in the frequency of dates as presented in Table 10. The polymorphously perverse rapists had significantly more dates than the other groups and there was a trend for the rapist group to have more dates than the child molesters. There was very little difference between the three child molester groups with respect to the frequency of dates.

The hypothesis that child molesters are more uncomfortable with regard to dating was not confirmed. There were no significant differences between the offender groups with

significant differences between the offender groups with respect to comfort asking for a date or while on a date. However, there was a nonsignificant trend for the two rapist groups to be more comfortable asking for a date. In addition, there was a nonsignificant trend for all the sex offenders to be more comfortable when on a date compared to asking for a date. These results are inconsistent with the findings of Walker and Brodsky (1976) who report that rapists have problems carrying out the "preliminary conversation, flirting, and other dating skills antecedent to a relationship".

The hypothesis related to the rating of dating experiences was not confirmed since differences between the rapist and child molester groups were mixed. Table 11 reveals that dating ratings were quite positive for the polymorphously perverse rapists, more neutral for the rapists, girl child molesters, and polymorphously perverse child molesters, but quite negative for the boy child molesters.

First Sexual Experience

Sex offenders, especially child molesters, are reported to have traumatic or problematic first sexual experiences resulting in fear, insecurity, avoidance, and anxiety which increases the probability of their committing a sexual offense (e.g. Amir, 1971; Freud, 1905; Rado, 1979; Salzman, 1972; Stoller, 1975) and may even increase the probability of having a sexual dysfunction (e.g. Kaplan, 1974; Masters and Johnson, 1970).

The sex offender groups in this study rated their first sexual experiences as neutral and there were no significant differences between groups. There was a strong trend for a higher percentage of the rapist group to rate their first sexual experiences as negative. It is interesting to note that there is also a trend for all of the groups, except the boy child molesters, to rate their first sexual experiences more negatively than their dating (see Table 11) or general sexual experiences (see Table 14). In addition, at least half of each offender group (most notably the rapist group) reported difficulties (ranging from fear of being caught, to insecurities, to premature ejaculation, to no erection) during their first sexual experience. The number of sex offenders reporting sexual problems during their first sexual experience is suprising and an important area for exploration during sex offender treatment programs and future research.

Sexual Experiences

There is a long held belief that rapists have an increased number of sexual partners and are even described as "superheterosexuals" when compared with child molesters and even nonoffender control groups (e.g. Kanin, 1967, 1983; Kozma and Zuckerman, 1983; Macdonal and Paitich, 1983; Gebhard et al, 1965; Groth and Burgess, 1977), while Walker and Brodsky (1976) believe that rapists do not have the opportunity to become sexually involved with adult females. In addition, the literature suggests that child molesters have quite limited sexual experience and tend to avoid sexual

interaction with adult females (e.g. Marshall, Christie, and Lanthier, 1979; Finkelhor, 1984). However, Langevin, Hucker, Hardy, Purins, Russon, & Hook (1984) report that only homosexual child molesters have a decreased frequency of adult female sexual partners compared to rapists, girl child molesters, and controls.

The girl and polymorphously perverse child molesters in this study were not found to have significantly fewer sexual experiences/partners than rapists. Nevertheless, there was a strong trend for the boy child molesters to have a small number of female sexual partners compared to the other sex offender groups, corroborating the results presented by Langevin et al (1985), but this difference did not reach significance due to the large within group variance. Thus, even though the two rapist groups had significantly more dates, they did not have significantly more sexual partners. On the other hand, it is important to note, that the rapist group tends to be younger (see Table 8) and the two rapist groups have spent more time incarcerated (see Table 8) yet still tend to have more partners/year (if one divides the number of partners by age and the inverse of the number of years incarcerated).

The boy child molesters and both polymorphously perverse groups reported the largest number of male sexual partners, while the rapist and girl child molester groups reported very few (see Table 13) but there were no significant differences between groups. The increased number of male sexual partners

reported by the boy child molesters and polymorphously perverse child molesters may be a result of the increased number who described themselves as homosexual, bisexual or undecided; whereas, the polymorphously perverse rapists only described themselves as heterosexual, despite having male sexual partners. The two polymorphously perverse groups were found to have mixed gender victims as well as nonvictims, indicating that the category of polymorphously perverse is not a misnomer. In addition, there was also a strong trend for the two polymorphously perverse groups and the boy child molesters to have more sexual partners that were victims than socially appropriate partners; whereas the rapist and girl child molester groups reported more nonvictim partners than victim partners.

Some authors (e.g. Goldstein, Kant, and Hartmann, 1973) have found that child molesters were more impaired in their ability to talk about sexual matters compared to rapists. No significant differences were found between the groups in this study with respect to discussing sex; however, approximately 30% of each group reported being comfortable "never" or "rarely" when discussing sex, indicating that some sex offenders may have a problem.

A large body of literature indicates that child molesters are quite uncomfortable when engaging in sex with an adult female (e.g. Abel, Becker and Skinner, 1980; Amir, 1971; Araji and Finkelhor, 1985; Finkelhor, 1984; Segal and Marshall, 1985; Karpman, 1957; DeRiver, 1958). However, a

number of authors have suggested that child molesters are no different than rapists or controls with regard to being comfortable during sex (e.g. Langevin, Hucker, Hardy, Purins, Russon, & Hook, 1984; Marshall et al, 1975). The level of comfort when engaging in sex was quite high for all the groups except the boy child molesters, 29% of whom were uncomfortable (see Table 14), disconfirming the hypothesis. There was trend for the other child molester groups to be a little more comfortable than the rapists but this difference was not statistically significant.

The literature also suggests that sex offenders in general are quite dissatisfied with their sex lives and rate their sexual experiences as negative (e.g. McGuire, Carlisle and Young, 1965; Haupt and Allen, 1966; Cowden and Pacht, 1966; Howells and Wright, 1978; Thorne and Haupt, 1966). Rapists are reported by some authors to have a positive reaction to sexual experiences (e.g. Gebhard et al 1965;) while the majority find rapists to be quite negative about their sexual experiences (e.g. Zaverina, 1978; Kanin, 1967, 1983).

The results presented in Table 14 are not consistent with the hypothesis nor the general trend in the literature. The study found that all offenders, except the boy child molesters, rated their sexual experiences as quite positve. There was a trend for a higher percentage of the two rapist groups to report "negative" sexual experience ratings compared to the girl child molesters and polymorphously

perverse child molesters, but this difference did not reach statistical significance.

Research Question One Summary and Discussion:

An overview of the dating and sexual experiences of sex offenders reveals that the girl child molesters and polymorphously perverse child molesters do not report being overly handicapped when in the company of an age appropriate nonvictim partner. In fact, more extensive research is needed since there was a small trend for the girl and polymorphously perverse child molesters to be more comfortable with dating/sex and rate their dating/sexual experiences more positively. The two rapist groups were found to have a large number of dates and sexual partners compared to the child molesters, especially the boy child molesters. In fact, the boy child molesters stand out as quite different from the other sex offender groups. This group was more uncomfortable in dating and sexual situations and rated their experiences more negatively, illuminating the importance of separating the sex offenders based on the number, gender and age of the victim.

There was a nonsignificant trend for all of the sex offenders to have more difficulty/discomfort with "communication" (i.e. asking for a date or discussing sex) when compared with comfort while actually on a date or engaging in sex. The results suggest a need for sex offender programs to develop and implement treatment modules that involve heterosocial communication skills, especially for rapists.

The level of comfort found with the girl and polymorphously perverse child molesters with respect to dating and sexual experiences is unexpected and suprising in light of the literature and the author's experience working with this population. The discrepancy may be related to a biasing of the subject pool from the definition of "amenability" used by the Western State Hospital Sex Offender Program to screen sex offenders for acceptance into treatment. This special group of offenders is typically more intelligent (as seen in the average years of schooling presented in Table 4) than their counterparts in prison (Jemelka, 1986) and are required to have advanced social skills in light of the group therapy demands of the program.

In addition, subjects may have been responding to questions based on the new skills acquired during treatment and not realistic skills. More of the rapists, compared to the child molesters, may have given these skills a "road test" since more rapists were on outpatient status. It is highly possible that the child molesters are overestimating their comfort based on the untested "false sense of security" received during treatment. It would be important in the future to compare the dating and sexuality data of inpatients with those who are outpatients; but first the N's would have to be increased as fewer child molesters were on outpatient status.

The psychosexual experience results found for the girl and polymorphously perverse child molesters in this study are

quite different from previous studies. This difference may be a result of how authors have separated (or not separate) sex offender groups. Combining sex offender groups may underestimate the overall psychosexual skills and comfort of child molesters due to the increased problems reported by the boy child molesters as found in this study and the Langevin et al. study (1985). Thus the present study may give a more accurate picture of the psychosexual experiences for a greater variety of child molesters than has been previously reported.

The older age of the girl child molesters and polymorphously perverse child molesters at first appeared to be an important factor in delineating why there was a trend for them to be more comfortable; however, review of Table 4 indicates that there were no significant age differences between the groups with the exception of the rapist group, who were much younger.

The increased comfort of child molesters (except boy child molesters) from what was hypothesized may also be a function of the fact that a higher percentage of the girl child molesters and polymorphously perverse child molesters have been married, whereas a larger percentage of the two rapist groups and boy child molesters were single (see Table 6). The girl child molesters and polymorphously perverse child molesters may have become sexually "comfortable" due to habituation in their marriages and may consequently minimize problems. However, more of the two rapist groups had to

confront, on a more frequent bases, the anxiety associated with new dates and sexual partners which may have decreased their comfort levels and increased anxiety.

The boy child molesters were found to have increased discomfort and less satisfaction in their dating/sexual experiences. This may be partially explained by the large percentage who described themselves as bisexual (41%) (see Table 5) which may indicate problems or confusion about their sexual identity and more negative psychosexual experiences in general.

In addition, the boy child molesters may have interpreted the research questions regarding dating and/or sexual experiences to involve only a female and not any partner (as was indicated). This may have skewed their responses in a negative direction if their choice of a homosexual/bisexual lifestyle was based on negative experiences or discomfort with females.

The boy child molesters also had many fewer sexual experiences, compared to the other groups, from which to judge comfort and rate experiences. It is also interesting that the boy child molesters started dating at the same age as other offenders but were sexual at a much older age. This may imply early problems and/or heterosocial discomfort which may account for the present results.

The two rapist groups were found to have significantly more dating and generally more sexual experiences than the child molester groups, especially the boy child molesters

which confirms the hypothesis and the generaly trend in the literature. In addition, the number of sexual experiences may be underestimated for the two rapist groups due to the larger number of years they have been incarcerated in the program and by the younger age of the rapist group.

Nevertheless, the increased number of dating and sexual opportunitites found with the rapists did not ensure a report of satisfaction as was previously reported by Kanin (1967, 1983). Thus research should focus on both the number of dates and overall subject evaluation of these experiences to give a more accurate picture of the psychosexual experiences of sex offenders, especially rapists.

A large percentage of the sex offenders in each group, especially the rapists, reported problems during their first sexual experience. A number of authors have commented on the potential impact of traumatic first sexual experiences on increasing the proability of the person committing a sexual offense (e.g. Stoller, 1975, 1976). Thus, sex offender treatment programs and future research should more fully explore the extent and nature of these first sexual experience problems.

The cause of the large number of sex offenders reporting problems in their first sexual experience is difficult to determine. The problems may be a function of the limited sexual knowledge reported for (and by) sexual offenders, which was not investigated in this study. In addition, the rapists, more of whom reported problems, were

the youngest at the time of their first sexual experience as compared to the other groups. The rapists may not have had the social and/or sexual skills to deal with the anxiety and discomfort associated with this experience.

A large percentage of the sex offenders in this study were sexually abused as children which may exacerbate problems or discomfort during thier first sexual experience. Elliott, Hall and Trupin (1986) found that between 50% and 80% of the offenders in this study were sexually abused as children; however, the rapist group were the least frequently abused but had the most difficulty in their first expreince. Nevertheless, these results deserve greater exploration, especially in the hopes of finding a link with sexual offending.

Problems during one's first sexual experiences can result in sexual dysfunctions if a similar situation or affect is experienced in subsequent sexual encounters. Furthermore, some sex offenders have described the offense in ways that resemble the affect and problems described during problematic first sexual experiences (anxiety, humilitation, or intimidation, anger etc). Thus, the connection between sexual dysfunctions and problems during the first sexual experience will be addressed in the next section.

One of the problems associated with the self-report measure used in this study is the honesty with which subjects respond to questions. The subjects seemed to freely describe problems associated with some sexual experiences (e.g. first

sexual experience) and it would seem unlikely that all of the subjects were specifically differential in their response style. However, this does pose a problem for comparison with the general prison population who typically do not admit guilt to their offense, and where dishonesty is more a way of life. Prison sex offenders, if used as comparison subjects, would also have a difficult time admitting to the number and type of victims which is critical to the definition of groups and analysis of the results.

Treatment Recommendations

1) develop treatment modules to increase the hetero-social skills, especially related to communication.

2) implement group therapy programs to explore the extent and impact of problems during the offender's first sexual experience.

3) implement group therapy programs to explore the extent and impact of discomfort and negative reactions of boy child molesters and possible sexual identity problems.

Conclusions:

1) The girl child molester and polymorphously perverse child molester groups are not significantly more uncomfor-table with nonvictims as predicted nor do they rate their dating and sexual experiences more negatively.

2) The polymorphously perverse rapist group reported significantly more dating but not significantly more sexual experiences than the child molesters (except the boy child molesters). There was also a strong trend for the rapist

group to have more dating and sexual experiences than the child molester groups.

3) The boy child molesters were found, for the most part, to be different from the other child molester groups, in addition to the two rapist groups, since they reported limited dating and sexual experience in addition to discomfort and negative reactions to these situations.

4) Any differences in the reported sexual dysfunctions of the sex offenders in this study, if they exist, are probably not related to differences in psychosexual experiences, with the exception of differences reported for the first sexual experience.

5) The five categories of offenders created in this study were found to be quite informative and illuminated substantial differences between groups.

Future Research:

One of the more noticeable problems with this study is the small group N's, consequent to the subcategorization. The robustness of the significant ANOVA analyses eliminates the impact of the low N's; however, trends should be reviewed with more caution in light of these small N's. It will be important for future research to increase the N size while holding constant the population characteristics (e.g. "amenability" to treatment). Nevertheless, increasing the group and sample size will be difficult since most Sex Offender Programs are much smaller than the program used in this study and have populations that are often different than the

present population.

The addition of a community based treatment comparison group would be helpful and might facilitate the generalizability of treatment recommendations to a larger population; however, this population is often motivated by different forces than the subjects in this study. The characteristics of community based treatment offenders range from being court referred to being self referred. In addition, the "amenability" selection/screening criterion (e.g. admission of guilt and deviant sex history) can be quite different in community programs. The inclusion of a prison sex offender comparison group seems less important for two reasons: 1) the honesty of the responses would be questionable and 2) many of these sex offenders do not want treatment.

It would be useful in future research to have a method which would more systematically/accurately obtain the psychosexual experience data received in this study; however, one can readily see the ethical complications in attempting to ascertain this information "in vivo". The dating and sexual communication skills/comfort could, however, be examined in vivo (as is done in some sex offender treatment programs) and/or with pencil and paper tests that present hypothetical dating and sexual situations for the offender to respond to (which are just now being developed).

This study (and Research Question 2) was designed to be exploratory and begin to investigate the dating and sexual experiences of convicted sex offenders. Thus many of the

conclusions still need further clarification and exploration. It would be important to more fully understand what dating and sexual communication problems causes sex offenders to be uncomfortable, what factors make dating and sexual experiences negative, what problems arose during their first sexual experience and how this has impacted their deviant and nondeviant sex lives, and lastly what factors influence the more negative and less comfortable results found for the boy child molesters.

Research Question 2

There is a paucity of information regarding the sexual dysfunctions of rapists and child molesters. A small number of researchers have investigated the sexual dysfunctions of sex offenders and even fewer have reported the sexual situations in which the reported sexual dysfunctions were experienced. Thus research question 2 and the corresponding hypotheses address the differences between the sex offender groups with respect to sexual dysfunctions in three sexual situations (with a victim, with a nonvictim and when masturbating). The purpose of posing this research question was to augment and facilitate the development of specific treatment programs with the hope that reoffense potential can be decreased.

The first three hypotheses stated that child molesters would report the highest frequency of sexual dysfunctions in a sexual situation with a nonvictim and the lowest frequency when with a victim. The rapists were hypothesized to be

equally affected by the victim and nonvictim situations with dysfunction scores falling below socres for child molesters with nonvictims but above scores for child molester with victims.

The fourth hypothesis stated that masturbation would result in the lowest reported frequency of sexual dysfunctions for all the sex offender groups and that no differences would be found between groups. The masturbation situation was added as a type of control group to rule out the possibility of global and/or chronic sexual dysfunctions due to factors (e.g. organic problems) unrelated to the sexual situations investigated. It is believed that the masturbation situation allows the opportunity to maximize sexual stimulation and screen for dysfunctions not related to the specific sexual situation investigated.

The differences between groups with regard to sexual dysfunctions across the three sexual situations were first analyzed with an overall Sexual Dysfunction Quotient (SDQ) composed of 12 sexual dysfunction items for the victim and nonvictim situations and 9 items for the masturbation situation. The analyses of the SDQ scores were found to be quite significant ($p < .001$) for the victim sexual situation and marginally significant ($p < .114$) for the nonvictim situation. Subsequently, each sexual dysfunction item was then analyzed to delineate further differences between groups.

Overall Sexual Functioning (SDQ Scores)

The SDQ scores found in Table 15 reveal that the child

molester groups did not have significantly more sexual dysfunctions when they were with a socially appropriate partner (nonvictim) as hypothesized. In fact, there were very few differences between the groups when with a nonvictim, with the exception of the boy child molesters who reported significantly fewer nonvictim sexual dysfunctions than all groups but the rapist group.

The victim sexual situation produced the highest SDQ scores as well as the greatest differences between groups as can be seen in Table 15. The two rapist groups reported the highest SDQ scores in the victim situation, with the polymorphoulsy perverse rapists being signficantly different from the other groups. There was a nonsignificant trend for the boy child molesters to have the lowest frequency of porlbmes with a victim. Thus the rapists did not report an equal and moderate number of sexual dysfunctions in the victim and nonvictim situations. In addition, the child molesters did not show a decreased frequency of sexual dysfunctions with victims compared to nonvictims as was hypothesized.

The masturbation situation produced the lowest SDQ scores compared to the victim and nonvictim situations and confirmed the fourth hypothesis. The masturbation situation also produced no significant differences between groups. Thus the sexual dysfunctions reported by the sex offender groups (in the victim and nonvictim situations) are less likely a result of organic or global/chronic sexual problems.

It is interesting to note in Table 15 that there was a

trend for the boy child molesters to have the lowest SDQ scores for both the victim and nonvictim sexual situations, indicating few sexual problems, even though they also reported the most discomfort and negative experiences with dating and sex; whereas there was a trend for the polymorphously perverse rapists to have higher SDQ scores, indicating increased sexual problems, even though they had the highest frequency of, and fewest conflicts with, dating and to some extent sexual experiences. These results deserve further exploration in future research.

Summary and Discussion:

The results of the present study are consistent with the current literature which indicates that the overall sexual functioning of rapists and child molesters is characterized by at least occasional sexual dysfunctions (e.g. Amir, 1971; Darke et al, 1982; Marshall and Barabaree, 1984; Glueck, 1956). However, these authors do not delineate the types of dysfunctions and/or the types of offenders that are affected.

The absence of differences between the sex offender groups when with a nonvictim is surprising and perplexing, especially for the child molesters. The author's experience with child molesters and the psychosexual experience literature would suggest that child molesters are at greater risk for sexual dysfunctions than was found. In fact, Rado (1978) found that rapists report fewer sexual problems with nonvictims compared to child molesters. However, similar to the results of this study, Langevin et al. (1985) found that

child molesters are not more sexually dysfunctionate when with nonvictims as compared to rapists and "controls".

The fact that the child molesters were not found to be more dysfunctionate with nonvictims may be partially explained by the antithetical results found for the dating and sexual experiences. The child molesters were not found to be more uncomfortable and/or more negative with regard to dating and sexual experiences, as was expected. Thus the subjects in this study may be functioning at a higher level of heterosocial skills than subjects in previous studies. The increased heterosocial skills may have decreased the probability of sexual dysfunctions.

In addition, to increased heterosocial skills, the girl and polymorphously perverse child molesters in this study reported more experience being married, compared to the two rapist groups, which may have increased sexual comfort and decreased sexual dysfunctions. The age of the sex offenders did not seem to impact the occurance of sexual dysfunctions with the victims as all groups were found to have similar scores independent of age.

The rapist groups did not report a score that was lower than the child molesters when with nonvictims, as was expected. It is unclear whether this is a function of the smaller than expected scores for the child molesters or to increased problems for the rapists. (The decreased scores for the boy child molesters are discussed elsewhere.)

The reports of few sexual dysfunctions with nonvictims

(especially for the child molesters) may also be influenced by increased confidence acquired in course of treatment at the Sex Offender Program. This increased confidence may have been implemented during conjugal visits, consequently diluting memory for any problems that were experienced prior to entering the Western State Hospital.

The sex offenders in this study were also more intelligent with increased social skills from what would be expected from the more typical prison population (Jemelka, 1986). This factor may decrease the occurance of sexual dysfunctions since Kinsey et al. (1954) found that educated males reported fewer sexual problems than less educated males.

The sexual problems found with the victim situation were also quite interesting and perplexing. The child molesters were not found to be significantly less dysfunctionate with victims compared to nonvictims as was hypothesized. In addition, the sexual functioning of rapists was considerably more affected by the victim situation than was expected. The results of reported dysfunctions with victims is also quite inconsistent with the results of Rado (1978) who found that rapists report fewer sexual problems with victims as compared to child molesters, even when intoxicated.

A number of authors who have investigated the impact of "control" and/or "anger" on increasing sexual problems for rapists (e.g. Groth, Burgess and Holstrom, 1977; Scott, 1980; Cohen, Seghorn and Calmas, 1969). Groth, Burgess and Holstrom, (1977) found that rapists who "expresses anger,

rage, contempt and hatred for the victim by beating her, sexually assaulting her and forcing her to submit to additional degradation" derive little or no sexual satisfaction from the rape and experience erectile problems and premature ejaculation. Cohen, Seghorn and Calmas (1969) found that rapists who are assaultive often masturbate to achieve an erection and often experience retarded ejaculation.

Thus, the dramatically increased sexual problems experienced by the rapists when with a victim may be at least partially explained by characteristics of the sex offense(s). Elliott, Hall and Trupin (1986) found that there was a strongly significant difference between the offender groups in this study with respect to their reported use of drugs/-alcohol ($F(4,144)=6.034$, $p=0.0002$) and pornography ($F(4,142)=3.619$, $p<0.0077$) prior to the offense, as well as, their use of force/violence ($F(4,143)=24.571$, $p<0.00001$) and a weapon ($F(4,143)=6.199$, $p=0.0001$) during the offense(s). Post-hoc analyses (presented in Tables 22 and 23) revealed that the two rapist groups used force/violence and a weapon significantly more often than the other groups. The rapists also reported alcohol/drug use that was significantly greater than the other groups and there was a strong nonsignficant trend for the polymorphoulsy perverse rapist to also have a high level of alcohol use prior to the offense.

This data is of major import since all three of these offense characteristics can potentiate, if not cause, sexual dysfunctions through deterrant CNS activation because the

male genitals and sexual desire are quite susceptible to psychogenic and environmental influences (e.g. Kaplan, 1974). In fact, further analyses revealed that erection problems were significantly impacted by increased use of these four factors (Elliott et al., 1986).

Table 22

Mean Score of Drug/Alcohol and Pornography Use Prior to Committing Sexual Offense(s).

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	C.M.
Drugs/ Alcohol*	3.26 (1.05) [23] /c/	2.10 (1.19) [63] /a/	1.89 (1.08) [18] /a/	2.79 (1.18) [19] /bc/	2.12 (1.18) [26] /ab/
Porno-graphy*	2.77 (1.02) [22] /b/	1.89 (0.94) [63] /a/	1.94 (0.97) [17] /a/	2.21 (0.98) [19] /ab/	2.23 (1.03) [26] /ab/

( ) = Standard Deviation
[ ] = N

* Scale: (1)=never, (2)=rarely, (3)=sometimes, (4)=always.

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

Table 23

Mean Score of Force/Violence and Weapon Use During Commission of Sexual Offense(s).

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Force/ Violence*	3.09 (0.90) [23] /c/	1.38 (0.66) [63] /a/	1.47 (0.87) [17] /ab/	2.63 (1.01) [19] /c/	1.92 (0.79) [26] /b/
Weapon*	1.74 (1.05) [23] /c/	1.08 (0.37) [63] /a/	1.12 (0.48) [17] /ab/	1.47 (0.77) [19] /bc/	1.11 (0.43) [26] /ab/

( ) = Standard Deviation
[ ] = N

* Scale: (1)=never, (2)=rarely, (3)=sometimes, (4)=always.

Note: Means with different lower case letters in /slashes/ are significantly different from one another (p = .05) by the Duncan Multiple Range Test.

It is important to note, however, that the rapist group reported a higher frequency of these factors even though the polymorphously perverse rapists reported a higher degree of sexual dysfunctions during the rape. Thus, there is not a direct correlation between the occurance of these offense characteristics and sexual dysfunctions, but these results may at least partially explain why both rapist groups are substantially more affected by the victim situation.

The sexual functioning of rapists may also be adversely affected (via CNS activation) by the criminal circumstances surrounding the commission of the rape. Rapists, as compared to child molesters, are more frequently in the process of committing other crimes (e.g. burglary and robbery) when they commit the sexual offense. Thus, the affect associated with these crimes (e.g. fear, excitement etc) and the rape itself (e.g. fear, anger) may combine to increase the propensity for sexual dysfunctions in some of the rapists. The child molesters, on the other hand, more frequently have higher levels of sexual arousal, including fantasies and "grooming" the victim, prior to the offense which may decrease the potential for most sexual dysfunctions.

The fact that the child molesters did not show a decrease in sexual problems with victims as compared to nonvictims is difficult to explain, but calls into question the validity of the long held belief that: 1) child molesters are much more uncomfortable, and thus sexually dysfunctional when in a sexual situation with a nonvictim, as

compared to a victim; and 2) that victims are choosen as sexual partners because of the decreased sexual problems compared with nonvictims.

One of the more interesting findings of this study was related to the sexual functioning of the boy child molesters, who were found to have the fewest sexual dysfunctions across all of the sexual situations. The dating and sexual experience results, and the unique sexual identity choices of this group (40% describing themselves as bisexual), would suggest a much higher propensity for sexual dysfunction than was found. The reason for the decreased problems is as difficult to explain as it is interesting. The low scores may be a result of the small N for this group or an unknown difference in the way the boy child molesters perceived and/or responded to the questionnaire items. However, it is more likely a result of something that we, as researchers and clinicians, do not yet understand about this group of sex offenders. Nevertheless, this difference does indicate the vast importance of separating these offenders from the ranks of child molesters in general.

The masturbation situation hypothesis was the only one confirmed, but this is not suprising in light of the fact that self-stimulation is typically the most arousing form of sexual stimulation and least affected by psychogenic and environmental factors. In addition, the sex offenders in this study are required to spend at least two days per week masturbating to appropriate fantasies as a part of treatment

and thus become quite comfortable with this form of stimulation. Thus, the sexual dysfunctions reported by the sex offenders are most likely not due to organic or chronic sexual problems and are more apt to be a result of the particular sexual situation being investigated.

The low sexual dysfunction scores found for the child molesters in both sexual situations may be explained by a number of factors related to the testing situation that deserve exploration in future research: 1) the child molesters may have had more difficulty answering the items truthfully or read the questions differently than the rapist groups-- which seems unlikely; 2) the similarity between the victim and nonvictim score may be a function of an artificial "basement effect" as many men over the age of 30 cannot report that they have "never" experienced a sexual dysfunction; however, the masturbation scores dropped below this level. These explanations seem unlikely and only more research will answer the question of why. However, a partial solution may include altering the scales and/or using an interview format which is discussed in the Future Research section.

The sexual dysfunction results for the victim and nonvictim sexual situation data may also be affected by the potential dilluting or averaging of the overall dysfunction scores across the 12 SDQ items. For instance, the child molesters may have significant difficulty maintaining an erection but very little trouble getting an erection, masking

the former and averaging the overall sexual dysfunction score. Thus, more comprehensive analyses were performed.

The impact of splitting the offenders into separate groups based on the number, age and gender of their victims was very important with respect to the child molesters, in light of the substantially decreased scores for the boy child molesters; however, separation of the rapists into two groups did not appear to add information, except for a slight trend for the polymorphously perverse rapists to be more dysfunctionate than the rapist group across all three sexual situations.

Conclusions:

1) The child molesters were not signficantly more dysfunctionate when with nonvictims as was hypothesized nor were they signficantly less dysfunctionate when with a victim.

2) The boy child molesters were found to be the least dysfunctionate group for the victim and nonvictim sexual situations despite having more psychosexual problems.

3) Rapists were found to have significantly more sexual dysfunctions when with a victim when compared to child molesters, and sexual interactions with a nonvictim

4) Masturbation was found to produce the least sexual problems for all the sex offenders and no signficant differences between groups.

Sexual Dysfunction Items

The results found with the overall SDQ scores were quite interesting and prompted further analysis to delineate which

sexual dysfunctions contributed to the robust statistical results found with the victim situation and to a lesser extent, the nonvictim situation. The sexual dysfunction results may an artifact created by the large number of sexual dysfunctions choosen for the SDQ. Thus a more extensive analysis was performed to determine whether any of the primary hypothesis were confirmed when applied to the individual sexual dysfunction item results.

One problem encountered when comparing the present study with previous work is that most researchers have not demarcated the situation in which the individual dysfunctions are experienced and, as can be seen thus far, the situation (masturbation, victim, or nonvictim) impacts the frequency of dysfunctions, especially for rapists. In addition, there is very little literature, let alone data, that describes the sexual dysfunction experienced by child molesters.

The sexual dyfunctions were combined into one of four categories and discussed as follows: 1) erectile dysfunctions; 2) ejaculation dysfunctions; 3) desire dysfunctions; and 4) satisfaction/enjoyment dysfunctions.

Erection Dysfunctions

The erectile dysfunctions of sex offenders (found in Table 20 and Figures 1, 2, and 3) are consistent with the results found for the SDQ scores. The victim situation again had the greatest impact on sexual functioning and there were no signficant differences between groups when with a nonvictim. The two rapist groups were found to be have

significantly more problems getting an erection and signficantly greater problems with losing their erections when with a victim compared to the other groups. The boy child molesters were found to have signficantly fewer problems with an inability to get an erection and there was a strong trend for them to have decreased problems with all erectile problems. There was also a strong trend for both rapist groups to have increased erectile problems when with a victim compared to sex with a nonvictim as was found in the previous section.

The erectile problems of sex offenders are one of the more frequently discussed sexual dysfunctions. Langevin et al. (1985) found no differences between incarcerated rapists, incarcerated nonviolent sex offenders (e.g. child molesters), normal controls, and nonsexual assault offenders with regard to an inability to have erections, but found that over 16% of a combined group of "sadistic" and "nonsadistic" rapists report erectile problems. Gebhard et al. (1965) also found few differences between groups in that under 11% of the rapists and child molesters (N = 1356) reported "occasional" erectile problems and very few of the sex offenders reported serious and/or frequent erectile problems.

The three erectile problems described in this study were combined to form an overall Erectile Dysfunction Score (see Table 24) to allow comparison with results from the aforementioned studies. These combined scores are quite consistent with the results presented by the above authors, but the

frequency of erectile problems for the child molesters is much higher than the Gebhard et al. study (1965). The incidence of erectile problems of rapists with nonvictims appears to be similar to the findings of latter Langevin et al. study (1985).

Table 24

The Percentage of each Sex Offender Group Reporting an Occurance Rate of "Sometimes" or "Always" for a Combined Group of Erectile Dysfunctions when in the Victim and Nonvictim Sexual Situations.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	C.M.
Non-victim	16.6%	24.3%	20.4%	15.8%	25.6%
Victim	27.5%	18.0%	3.7%	40.3%	10.2%

A few authors have specifically compared, although without data, the erectile functioning of sex offenders when with victims and nonvictims. The child molesters were reported to be much more dysfunctional with nonvictims than victims (DeRiver, 1958). A similar trend was found in this study but to a much smaller degree. Rapists are reported to have occasional to frequent erectile dyfunctions with nonvictims (Shainess, 1976; Scott, 1980) but to be quite dysfunctional with victims (Shainess, 1976; MacDonald, 1971) which is quite consistent with the present study.

Studies that have presented occurance rates for erectile problems of rapists during the commission of the crime are

quite similar, with one exception, to the results for the rapist (not including polymorphously perverse rapists), in the present study. Groth and Burgess (1977a) found that 16% of their sample of 170 rapists experienced "erective inadequacy" during the rape; however, scrutiny of their data suggests that the figure may actually be closer to 27%. Clark and Lewis (1977) found that 25% of their 26 rapists reported having difficulty getting an erection during the rape. Nevertheless, Rado (1978) reports that impotence was not frequently reported by the offenders or the victims in his sample and that even rapists who reported heavy alcohol consumption at the time of the offense were not found to have erectile problems with the victim. The results for the rapists group in this study are quite consistent with the first two authors and call into question the results presented by Rado (1978), However, the 40% incidence rate found for the polymorphously perverse rapists is much greater and indicates the imporatance separating the rapist groups.

The incidence rates of erectile problems in "normals" are difficult to find. Frank et al. (1978) report a that 9% of normal married males reported erectile dysfunctions and Jensen (1984) and Jensen et al. (1980) found 0% of his control subjects in both studies experienced erectile problems. Thus, the incidence rate of erectile problems with nonvictims for all the sex offenders in this study, especially the child molesters, was considerably higher than for the general population. The incidence rate of erectile

problems for the child molesters in this study was also found to approximate the reported frequency for patients seeking sex therapy (e.g. 24%, Snyder and Berg, 1983), but was lower than other sexually dysfunctionate populations (e.g. 48%, Masters and Johnson, 1970).

Discussion:

The reason for the increased erectile dysfunctions found with the rapist groups is probably related to the hypothesis previously described for the offense characteristics unique to this population. Erectile functioning can be quite easily affected by environmental and psychological factors. The use of alcohol or force/violence can decrease the probability of getting or maintaining an erection. n fact, post-hoc analyses indicate that erection were significantly affected by these factors (Elliott et al., 1986).

The fact that a higher pecentage of the polymorphously perverse rapists have erectile problems with the victim than the rapist group is difficult to explain. It is possible that the intensity or accumulation of "affects" or "conflicts" (e.g. choosing victims that cross gender and age boundaries) might be different or possibly more greater for the polymorphously perverse rapists.

The relative frequency of erectile problems is quite important to note in that over 20% of the offenders reported difficulty getting an erection when with a nonvictim. In addition, over 20%, and in the case of the girl child molesters and polymorphously perverse child molesters over

30%, of the offenders reported difficulty maintaining an erection when with a nonvictim. Thus, a considerable portion of the offenders in this study are in need of specific sexual education and possbily sex therapy (if they have a partner) to alleviate these dysfunctions when with nonvictims. The impact of sexual dysfunctions and the role they play in increasing the propensity for sexual offenses has been alluded to in the literature (e.g. DeRiver, 1958) but much more work is needed to understand this connection and should be an integral part of treatment programs and future research.

Ejaculation Dysfunction

The results of this study (found in Figure 4) indicates that a very large percentage of all the subjects, especially the rapist group, reported a problem with premature ejaculation independent of the sexual situation. The two rapist groups and the polymorphously perverse child molesters were found to have signficatnly more problems with premature ejaculation (see Table 20). There was also a trend for the boy child molesters to have greater problems with premature ejaculation when with a victim, while there was a trend for the polymorphously perverse rapists to be inversely affected.

A smaller percentage of the offenders had difficulty completing ejaculation compared to controlling ejaculation, as can be seen in Figure 5 and there were no significant differences between groups with a victim or nonvictim. However, the polymorphously perverse rapists reported a high

frequency of difficulty ejaculating independent of the sexual situation. All of sex offenders reported a low occurance of an inability to ejaculate when with a nonvictim and nonvictim, especially the boy child molesters.

The incidence rate of ejaculation dysfunctions in the sex offender population is difficult to find, but offenders do report problems with ejacualtion (Abel, Becker, & Skinner, 1980). Langevin et al. (1985) report found no differences in the incidence of premature ejaculation between incarcerated rapists, incarcerated nonviolent sex offenders (e.g. child molesters), normal controls, and nonsexual assault offenders. In addition, the 10% incidence rate of premature ejaculation for a combined group of "sadistic" and "nonsadistic" rapists reported by Langevin et al. (1985) is quite different from the present results. There are no reports with regard to the incidence rate of premature ejaculation for child molesters.

The estimated incidence rate of difficulty ejaculating or an inability to ejaculate among child molesters was reported to be quite high when with adult nonvictims (DeRiver, 1958) but quite low when with a child or adolescent victim due to the increased excitement (DeRiver, 1958). The results of the present study revealed a similar trend but the differences are much smaller and the rate with victims is much higher. The incidence rate of "retarded ejaculation" was found to be 21% for a combined group of "sadistic" and "nonsadistic" rapists (Langevin et al., 1985), which is similar to the results found for the rapist group but much lower

than incidence rates for the polymorphously perverse rapists.

The results of studies investigating the actual incidence of ejaculation dysfunctions during rape are quite interesting when compared with the present study. Groth and Burgess (1977a) report that 3% of the rapists in their study were found to experience premature ejaculation during the rape; however, recalculation of their data suggests a frequency of 5%. These results are much smaller that the results found in the present study, especially for the rapist group. Groth and Burgess (1977a), in the same study report that 15% of the rapists were found to experience retarded ejaculation; however, recalculation of this data suggests a incidence rate closer to 26%. These results more closely approximates the degree of the ejaculation difficulties for the rapist group but are still smaller that the incidence for the polymorphously perverse rapists. (It is also interesting and unusual that the incidence rate for retarded ejaculation is higher than the rate for premature ejaculation in the Groth and Burgess, 1977a). Clark and Lewis (1977) also investigated the incidence of ejaculation problems during rape and found that 35% of the rapists (N = 26) did not achieve orgasm and 15% had difficulty achieving an orgasm, which is in the opposite direction from the present study and appears to underestimates the problem.

The incidence rate of premature ejaculation was found to be much higher in the current offender population when with nonvictims than was reported for the "normal" population.

Frank et al. (1978) found that 37% of the 100 normal males reported premature ejaculation, while 12.5% in Jensen's (1984) control group and 6% of Langevin et al.'s (1985) controls reported similar problems. In addition, the present incidence rate of premature ejaculation was found to be the same or greater than the incidence rate reported by patients entering treatment for sexual dyfunctions (56%, Snyder and Berg, 1983; 42%, Masters and Johnson, 1970).

The incidence of retarded ejaculation in the present population, especially for the polymorphously perverse rapists, is much higher than the rate for control subjects. All of the studies that were reviewed indicated an incidence rate of less than 6% and most were closer to 0% (Frank et al., 1978; Jensen, 1984; Jensen et al., 1980; Langevin et al., 1985). The incidence rate of ejaculation problems reported by patients seeking treatment for sexual dysfunctions ranges from 18% (Synder and Berg, 1983) to 4% (Masters and Johnson, 1970) which is also lower than the rate for offenders in the present study, except for the boy child molesters.

Discussion:

The high incidence of premature ejaculation compared to other studies of offenders and normals is quite unusual and unexpected, especially in light of the age of the offenders in this study. It is typically the case that ejaculatory control increases with age; however, the frequency of intercourse and other environmental factors may be equally impor-

tant, which cannot be determined from the present results.

The high percentage of offenders reporting premature ejaculation may be explained by the wording of the question. The present study asked whether the offender "ejaculated before I wanted to" whereas many studies define premature ejacualation as ejaculation before penetration (e.g. Langevin et al., 1985). In addition, the sex offenders in the present study may have high expectations of their sexual performance which would result in a possibly more negative and distorted view of ejaculatory control. For instance, Kanin (1967, 1983) found that rapists, as compared to nonrapists, had considerably greater sexual performance expectations and were much more critical of these experiences than normals, despite having more sexual experiences. Thus the wording of the question may overestimate the incidence of "clinical" cases of premature ejaculation. (This is a circumstance where an interview format would be preferable to better discriminate the extent of the problem).

The higher incidence of premature ejaculation may also be related to the high level of sexual arousal/desire which was found for all of the sex offender groups independent of the sexual situation (see Desire Dysfunction section). A very high level of sexual desire/arousal can, in fact, significantly attenuate one's control over ejaculatory ineviti-bility and may partially explain the present results. In addition, some forms of increased CNS arousal which are associated with the offense (e.g anxiety, excitement etc.)

can increase the propensity for premature ejaculation.

The greater incidence of ejaculation difficulties for the two rapist groups with victims may also be a function of sexually inhibitive CNS activation that was previously described. Factors that decrease the probability of achieving an erection can also impact the ability to ejaculate. However, the increased problems for the two rapist groups when with a nonvictim are more difficult to explain.

The results of this research investigation indicate that ejaculation dysfunctions, especially premature ejaculation, constitute a significant problem for sex offenders that need to be addressed in treatment. The treatment programs used to increase ejaculatory control are quite simple (Masters and Johnson, 1970); however, increasing the probability of ejaculation is more difficult and will take more intensive treatment approaches (Kaplan, 1974). As previously reported, the impact of sexual dysfunctions in nonvictim relationships may play a role in causing the sexual offense and cannot be overlooked in treatment development, especially when the incidence rate of this dysfunction is so high.

Desire Dysfunction

The individual dysfunction item analysis revealed that all the sex offender groups reported high sexual desire independent of the sexual situation (see Figure 11), except for the boy child molesters who had signficantly less high sexual desre with a nonvictim than the other groups (see Table 20). Figure 10 indicates that over 30% of the boy

child molesters and the two polymorphously perverse groups reported low sexual desire when with a nonvictim, which is somewhat higher than the rapist and girl child molester groups, 20% of whom reported low sexual desire with a nonvictim. However, there were no significant differences between groups.

The literature investigating sexual desire indicates that sex offenders have less libido and sexual excitement than normals and nonsexual offenders (Record, 1977). More specifically, Garrett and Wright (1975) report that more of the wives of rapists, than the wives of incest offenders, describe diminished sexual desire as one of a number of problematic sexual conflicts. In addition, Langevin et al. (1985) found that 21% of a combined group of "sadistic" and "nonsadistic" rapists reported low sexual desire (presumably with a nonvictim). The results of this study are consistent with these findings for the rapist group when with a nonvictim, but it is again lower than the incidence rate for the polymorphously perverse rapists.

Rapists have been reported to have much higher desire when with a victim as compared to a nonvictim (Walker and Brodsky, 1976; DeRiver, 1958). The rapists in this study were found to have quite high sexual desire with a victim but an equally high level of arousal for a nonvcitim. The child molesters in other studies are also reported to have higher sexual desire with a victim as compared to a nonvictim (DeRiver, 1958) which was partially confirmed in the present

study, but needs further exploration.

The incidence of the low sexual desire in the normal population is much smaller in comparison to subjects in the present study. The normal populations have an incidence rate of less than 2.5% (Langevin et al., 1985; Jensen, 1984; Jensen et al. 1980). Incidence rates for high or low sexual desire were not found in the sex therapy population studies reviewed (Snyder and Berg, 1983; Masters and Johnson, 1970).

Discussion:

The very high level of sexual desire reported by all the groups is very suprising and worrisome since treatment at the Western State Hospital Sex Offender Program is designed to decrease sexual desire for a victim and increase desire for a nonvictim. The two rapist group seem to have no problems developing high desire for a nonvictim but the three child molester groups, especially the boy child molesters have less desire with a nonvictim, which fits trends in the literature and the general hypotheses. These results suggest that treatment programs should be increased and/or implemented that are designed to decrease sexual desire for a victim. It will also be quite important to determine what victim or offense factors increase high desire so that treatment can focus on these factors. Elliott, Trupin and Hall (1986) are in the process of investigating this question but no results are available at the present time.

The high level of desire found with the offenders, especially the two rapist groups, is an important area of

consideration when discussing the other dysfunctions. For instance, the previously mentioned erectile problems when with a victim are probably not due to a desire problem. However, this high level of desire for both victims and nonvictims may increase the probability of premature ejaculation.

In addition it is important to explain the seemingly high and indiscriminate sexual arousal reported by the rapists and how this impacts on the commission of sexual offenses. Are rapists just highly sexed individuals who will get sex at any cost? The adage of "friction is friction" seems to fit for the rapists.

The very high level of sexual desire found with this population, when compared with sex offenders in other studies and the normal population, is difficult to explain. In fact, one would expect the results to be in the opposite direction due to the treatment format used in the program, which ultimately calls into question the validity of their treatment.

Satisfaction Dysfunction

Figures 7, 8, 9, and 12 present information related to the pleasure/enjoyment reported by the offenders during or after sexual activity. In general, all the offenders reported less pleasure and enjoyment and more frustration when with a victim in contrast to when they were with a nonvictim. The polymorphously perverse rapists were found to have signficnatly less pleasure during an orgasm when with a victim compared to the other groups (see Table 20), but other

differences between groups were not significant. The percentages found in Figures 7 through 9 were combined to create a general indicator of sexual satisfaction. Table 25 reveals that the rapist group was more satisfied when with a nonvictim compared to the other groups. There was also a trend for the polymorphously perverse rapists to have the greatest dissatisfaction when with a victim. However, the satisfaction decreased for all groups when with a victim.

Table 23

The Percentage of each Sex Offender Group Reporting an Occurance Rate of "Sometimes" or "Always" for a Combined Group of Dysfunctions Associated with Sexual Satisfaction/-Pleasure when in the Victim and Nonvictim Sexual Situations.

	Rapist	Girl C.M.	Boy C.M.	Poly Perverse Rapist	Poly Perverse C.M.
Non-victim	7.6%	24.6%	20.4%	29.8%	20.5%
Victim	43.4%	37.0%	33.4%	54.4%	38.1%

A number of authors report that sex offenders are much more dissatisfied and frustrated with their sex lives when with nonvictims as compared to normals or nonsexual offenders (Haupt and Allen, 1966; Cowden and Pacht, 1966; Howells and Wright, 1978). In fact, Zaverina (1978) reports that rapists are frequently unable to achieve "adequate cotial sexual gratification". In addition, a review of the "critical items" on the Sex Inventory indicates that 54% of a general group of sex offenders reported being dissatisfied with their

sex life and 40% reported that something was lacking in their sex life (Thorne and Haupt, 1966). Furthermore, Kanin (1983) found that 73% of the college "rapists" reported that their sexual lives with nonvictims were unsatisfying and deficient compared to 30% of the controls, even though the controls had considerably fewer sexual experiences. The results of the present study indicate that subjects, especially the rapist group, were not as unsatisfied with their sex lives with nonvictims as was reported above; however, they are all quite dissatisfied with the sexual performance of the nonvictim.

The level of satisfaction for sexual situations with victims reported by the child molesters in this study was much lower than was predicted by DeRiver (1958), who posits that child molesters are not satisfied in sexual relationships with adult females but are quite satisfied with children. In addition, Groth and Burgess (1978) report that rape is not a "supersexual gratifying experience" for rapists which is consistent with the current study.

The incidence rate of sexual dissatisfaction in the general male population is reported to range from 15% (Frank et al., 1978) to 19% (Wilson, 1975). Thus the rapist group in this study were less dissatisfaction with their sex lives than the general population while the polymorphously perverse rapists were more dissatisfied and the three child molester groups were equivalent to the general population.

Discussion:

The increased dissatisfaction found for the two rapist

groups when with victims may be a function of the other sexual dysfunctions that they experience when with a victim (e.g. erectile and ejaculation dysfunctions). However, the increased dissatisfaction may also then increase the propensity for other sexual dysfunctions (e.g. erectile problems). The increased dissatisfaction for the child molesters is more difficult to explain. It is possible that all the offenders were responding in prosocial ways due to the treatment program. It is also common for child molesters (and to a lesser extent rapists) to chastise themselves after sex with the victim and attempt to distance the situation with negative reports of the experience (even though it does not attenuate their behavior). This may contribute to the post-hoc report of increased dissatisfaction.

Nevertheless, over 60% of the offender groups are satisfied with sexual activity with a victim, which, in combination with the high sexual desire found for all subjects, appears quite troublesome. Treatment programs need to be developed (via research) that address and build upon the factors that result in dissatisfaction with victims and satisfaction with nonvictim. Nevertheless, we must find out what factors result in a large percentage of sex offenders being satisfied during sex with a victim and then address and impact these factors during treatment.

The rapist group were found to be much more satisfied with nonvictims than the other groups, especially the polymorphously perverse rapists. This is quite suprising in

light of the more negative sexual experiences they described. The reason for this is perplexing and the answer is not readily available from this research or the current literature.

Resarch Question Two Summary and Discussion:

The results of research question two indicate that rapists have substantially more sexual dysfunctions when they are with victims as compared to nonvictims or child molesters with victims. The rapists were found to have increased genital dysfunctions and satisfaction dysfunctions, but high sexual desire, when with a victim. It is important to note that the polymorphously perverse rapists were typically more dysfunctionate than the rapist group.

There was a small nonsignficant trend for the child molesters to have increased genital dysfunctions and lower sexual desire when with a nonvictim as compared to the rapists and also a trend to be more dissatisfactied after having sex with a victim. Even though the differences were not statistically signficant, these trends are quite interesting and should be more fully explored in future research due to the small group N's.

The child molesters were not found to have increased erectile, ejaculation, or satisfaction dysfunctions as was true with the SDQ scores when with a nonvictim which is probably a function of the increased heterosocial comfort and more postive rating of sexual experiences than was expected.

The most interesting sex offender group with regard to

the sexual dysfunction items were the boy child molesters, who were more similar to the rapists with some sexual situations and dysfunctions, but more like the girl child molesters and polymorphously perverse child molesters with other situations and dysfunctions. In general, the rapist group reported equal or fewer sexual dysfunctions with victims but substantially fewer dysfunctions when with nonvictims compared to the other groups.

When one examines the interaction of the sexual dysfunction items across the sex offender groups a number of interesting factors arise. The high level of premature ejaculation reported by all the sex offender groups may be related to the high level of sexual desire found for all the groups since high desire can cause premature ejaculation. In addition, the increased level of dissatisfaction found for the two rapist groups when with victims may be a function of the increased propensity for erectile problems and ejaculatory difficulties, especially for the polymorphously perverse rapists or vice versa. Thus, future research should more directly focus on how the different types of sexual dysfunctions may interact with each other.

The low sexual dysfunction scores found with the boy child molesters may be partially explained by the low group N which may have resulted in a biased or unrepresenative sample. The boy child molesters also reported fewer sexual partners that are nonvictims which may limit the sampling pool from which they are responding. There is a slim chance

that the boy child molesters may have somehow read or interpreted the test differently than the other groups. However, it is more likely a result of something we do not yet understand about the charactersitics associated with boy child molesters. It would be very important to contiue delineating traits that are particular to the boy child molesters and that may shed light on the reason for their decreased sexual dysfunctions inspite of increased subjective reports of dating and sexual experience problems.

The impact of problematic first sexual experiences on sexual dysfunction items is difficult to determine; however, two of the three groups with the highest percentage of men with problems, namely the two rapist groups, also reported the highest propensity for sexual dysfunctions with victims. The impact of this negative experience is a very important area for treatment programs and needs more research and definition. It is highly possible that this factor coupled with a number of other factors may predispose the offender to committ sexual offenses, possibly out of anger, fear, or humiliation related to this first sexual experience.

In addition, many of the offender's very first sexual contact occurs during their own sexual abuse. In a preliminary analyses it was found that between 50% and 80% of the offenders in this study were sexual abused themselves (Elliott, Hall, Trupin, 1986). The impact of molestation needs to be more fully explored.

The incidence rate of sexual dysfunctions experienced by

the sex offenders in this study were found to be higher than subjects in other studies which included sex offenders, normals and even patients seeking sex therapy. The cause of the increased propensity for sexual dysfunctions in the present population is difficult to determine. One possibility may include variations in the definitions or wording of sexual dysfunctions questions used in other studies (e.g the definition of premature ejaculation). It is highly possible that some studies are more "stringent" in what they define as a sexual dysfunction and/or combine types of sexual dysfunctions into one term (e.g. impotence) when a number of dysfunctions may be occurring, resulting in "washed out" findings. The questionnaire items, "low sexual desire" and "high sexual desire" are good examples. It was found that low sexual desire and high sexual desire are not exact opposites and provide valuable information when separated. In future research it may be helpful to have trained sex therapists interview the subjects to more thoroughly discriminate the extent and types of dysfunctions being reported.

The characteristics of this subject pool are quite different and probably a biased sample compared to the "average" sex offender. This population is most different from the offenders sent directly to prison without treatment. As has been previously mentioned, the offenders in this study are, on the average, more intelligent and socially (and heterosocially) sophisticated than their counterparts in prison; however, there are no studies known to this author,

that compares characteristics of the different sex offender populations. Nevertheless, the differences between the various sex offender populations is not a major problem as this dissertation was designed to address questions related to the development of treatment programs. Most incarcerated sex offenders are not interested in treatment and typically have not admitted to a sexual deviance problem. Thus, this study was designed to generalize to offenders "amenable" to treatment, which could include offenders receiving treatment in prison, a security hospital (like the subjects in this study) or in the community. The results of this study strongly impact the conviction that sex offenders need specialized human sexuality and sex therapy treatment programs.

The present study also revealed the importance of separating the sex offenders into the previously defined categories. Each of the groups appeared to fit the name, and the characteristics associated with the name, that was given to them (e.g. polymorphously perverse offenders reported victim and novictim partners that transcend age and/or gender boundaries). A large component of vital information would have been lost if the subcategorization had not been done since substantial differences were found between offenders with regard to the characteristics of their sexual experiences and to the types of dysfunctions they reported. It is strongly suggested that future researchers continue with a similar categorical design, including an array of different

sexual dysfunction items which are analyzed separately.

One problem with this study is the small sample size; however, it is difficult to determine the impact of this factor when interpreting the results and forming conclusions. In the case where the statistics were significant, the analysis took into account the small group size. However, in the case where the analyses were not significant but trends were observed, more caution needs to be taken when generalizing the results because of the small number of offenders in some of the groups. The decrease in group size is the result of a post-proposal idea to break the groups into one of five categories. Nevertheless, this increase in group size with subsequent decrease in group N's did not substantially effect Power (1 - beta) due to the large overall N and the small change in the degrees of freedom. In addition, many of the significance levels were quite robust even with a small N.

Treatment Recommendations:

The following recommendations are presented based on the sexual dysfunctions reported by the offenders in this study when with victims and nonvictims. There are a large number of treatment areas that could be addressed for sex offenders based on the outcome of this study; but the following recommendations are only a few of the more important suggestions. The sexual dysfunctions experienced by offenders may increase the propensity to committ sexual offenses, and thus, effective treatment may decrease this proprensity.

1) Treatment programs should investigate and implement

interventions designed to decrease high sexual desire of offenders for victims.

2) The offenders (and their partners) would benefit from specific sex therapy and human sexuality training when dysfunctions are reported. For example, teact methods of controlling premature ejacualiton and coping with erectile problems when with nonvictims.

3) The offenders would also benefit from treatment programs designed to increase sexual satisfaction with nonvictims; but they should also receive programs to decrease satisfaction with victims.

Future research:

Two very important questions arose during the investigation of research question two that might be important to address in future research studies, namely: 1) why do rapists, especially the polymorphously perverse rapists have significantly more problems when with victims than the other offender groups; and 2) why do the boy child molesters have fewer sexual problems in light of their psychosexual experiences.

Part of the answer to question one many be found in the aformentioned study by Elliott, Hall and Trupin (1986) who investigated four factors (i.e. use of drugs/alcohol, pornography, force/violence, and weapon) related to the sexual offense(s) committed by the subjects in this study. These authors found that the rapists groups had signficantly higher scores on these factors than the child molesters. This data

may help explain why the two rapist groups have a higher percentage of sexual problems compared to the child molesters as was previously discussed. However, this does not explain why the polymorphously perverse rapists are more dysfunctionate than the rapist group despite having lower scores on the four offense factors. The polymorphously perverse rapists are a new group of offenders in regard to research information and much more research is needed before we can understand what causes them to have victims that span gender and age, let alone why they have more sexual problems with victims.

Another suggested area for increased research is to compare the criminal histories of these newly formed groups with the psychosexual experience and sexual dysfunction results. Rapists are reported to be more "criminal" with a longer criminal history than child molesters, but it is not known whether the new categories for child molesters and rapists in this study will follow the same pattern. In addition, future research should take into account the types of other offenses, if any, that are being committed at the time of the sexual offense to see how this impacts sexual problems with the victim.

The characteristics of the victim that the offenders reported as being a "turn on" (e.g. smooth skin, no pubic hair, fear, etc) is also an important area for future research. This information may shed light on differences between and within sexual offender categories. Elliott,

Hall, and Trupin are in the process of investigating this quesiton, but no results are currently available.

There is no current research that can explain or answer the question of why boy child molesters have more dating and sexual discomfort but report the fewest sexual dysfunctions. The most important factor would be to give this questionnaire to a larger number of boy child molesters to see if these results hold up. In addition, the questions should be broken down into small pieces in order to increase the data base. It may be necessary to break the boy child molesters into more specific categories based on new data, in order to explain the results found in this study.

Future research using this questionnaire should consider adding at least one more frequency of occurrence option. It may be the case that problems arose due to the forced choice between "sometimes" and "always" which may have underestimated the overall level of functioning and the inclusion of an item like "most of the time" may give a more accurate picture of the occurance rate of both dating/sexual experiences and sexual dysfunctions. In addition, the use of an interview format for at least some of the subjects is highly recommended.

Final Conclusions:

1) The five categories created from data related to the number, gender and age of victims, were quite valuable in uncovering new information about sex offenders.

2) The child molesters in this study did not have substan-

tially greater discomfort or more negative experiences when in the presence of age-appropriate nonvictims and did not have more sexual dysfunctions when with nonvictims.

3) Rapists tend to have increased sexual opportunities and experiences compared to child molesters; however, they did not have a higher level of comfort or more positive experiences.

4) Many of the sex offenders (independent of groups) were found to report a variety of problems during their first sexual experience.

5) The boy child molesters were found to be quite different than the other sex offender groups with respect to decreased dating and sexual experiences with more negative experiences and greater discomfort; however, they were typically found to to have the lowest incidence rate for sexual dysfunctions independent of the sexual situation.

6) The rapist groups, especially the polymorphously perverse rapists, were found to be significantly more dysfunctional when with a victim as compared to when they were with a nonvictim or compared to the child molesters when with a victim which may be explained by characteristics of the sexual offense situation.

APPENDIX

APPENDIX A

Part 1

Biographcal Information

1) Age _____
2) Marital Status: Single___ Marriage___
Separated___ Divorced____
Widowed___
3) If Married, how many times? _____
4) Do you have children? Yes NO If Yes, how many? _____
5) What is the highest grade in school that you completed?
Circle the appropriate grade:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
6) What offense(s) brought you to this facility?
1)
2)
3)
***Continue on the back side if needed.

7) How long (in months) have you been in this facility? ___

8) What other offense(s) have you been convicted of (both sexual and nonsexual)?
1)
2)
3)
4)
5)
***Continue on the back side if needed.

9) What other sexual offense(s) have you committed but not been convicted for?
1)
2)
3)
4)
***Continue on the back side if needed

10) How old were you when you first committed a sexual offense? _____
11) How old were you when you were first convicted of a sexual offense? _____

12) What is the approximate number of sexual victims in each

category:
Adult females _____ Adult males _____
Minor females _____ Minor males _____

13) What is the approximate age of your oldest victim? _____
youngest victim? _____

14) How often were you under the influence of alcohol/drugs during sexual offenses?
always ____ sometimes ____ rarely ____ never ____

15) Did you use physical force or violence during your sexual offense(s)?
always ____ sometimes ____ rarely ____ never ____

16) Did you use a weapon during your sexual offense(s)?
always ____ sometimes ____ rarely ____ never ____

17) Were you reading or watching pornography before committing your sexual offense(s)?
always ____ sometimes ____ rarely ____ never ____

18) What two things turn you on the most about your victim's body?
1)
2)

19) Have you been a victim of sexual abuse? YES NO
If YES,
A) approximately how old were you the first time? ____
B) who sexually abused you the first time? _____
C) how many different people have sexually abused you in your life? _____

20) Which of the following statements is true for you as a child/yound adolescent (check all that apply):
____ I was sexually abused by an older male child/adolescent
____ I was sexually abused by an older female child/adolescent
____ I was sexually abused by a male adult
____ I was sexually abused by a female adult

21) Have you ever been on a date with an age appropriate partner? YES NO If Yes,
A) How old were you on your first date? _____
B) Approximately how many dates have you been on? _____

22) Do you feel comfortable asking age appropriate partners for a date?
always ____ sometimes ____ rarely ____ never ____

23) Do you feel comfortable when on a date with an age

appropriate partner?
always ____ sometimes ____ rarely ____ never ____

24) How would you rate your dating experience with age appropriate partners?
good_____ neutral_____ bad_____

25) Would improving your dating skills be helpful to you?
YES NO

26) Which of the following best describes your sexual orientation or preference?
Heterosexual ____ Bisexual ____
Homosexual ____ Undecided ____

27) How old were you when you had sexual intercourse for the first time? _____

28) How old was your partner? _____

29) How would you rate your first sexual experience with an age appropriate partner?
good_____ neutral_____ bad_____

30) Did you have sexual problems during your first few sexual experiences? YES NO
If Yes, what kind of problems/concerns did you have?

31) Approximately how many age appropriate female sexual partners have you had? _____

32) Approximately how many age appropriate male sexual partners have you had? _____

33) Do you feel comfortable discussing sex with age appropriate partners?
always ____ sometimes ____ rarely ____ never ____

34) Do you feel comfortable having sex with age appropriate partners?
always ____ sometimes ____ rarely ____ never ____

35) How would you rate your sexual experience with age appropriate partners?
good_____ neutral_____ bad_____

36) Would improving your sexual knowledge and skills be helpful to you? YES NO

37) At what age did you begin masturbating? _____

38) Before being arrested, how often would you masturbate per week on the average? _____

39) At what age did you become interested in pornographic books or movies? _____

40) Before being arrested, how often would you watch/read pornography per week? _____

41) If you could change anything about your sexuality or sexual functioning, what would you change?

42) List all of your sexual outlets:
1)
2)
3)
4)
5)
6)
7)

***Continue listing on the back side of the page if needed.

Part 2

Sexual Functioning

1) Please circle the letter that best describes the frequency with which you have experienced the following sexual problems, in your life time, with a non-victim.

A = Often B = Sometimes C = Rarely D = Never

A B C D I had difficulty getting sexually aroused
A B C D I had difficulty getting an erection (takes a long time)
A B C D I was unable to get an erection
A B C D I had difficutly maintaining erection or lost my erection
A B C D I ejaculated before I wanted to
A B C D I ejaculated before partner wanted me to
A B C D I had difficulty ejaculating (takes long time)
A B C D I was unable to ejaculate
A B C D Sexual activity resulted in penis pain
A B C D My orgasm was not pleasurable
A B C D I was dissatisfied with sexual performance of partner
A B C D My penis was too small
A B C D My penis was too large
A B C D My penis was less sensitive to touch during stimulation
A B C D I was sexually frustrated after sex
A B C D I disliked physical contact with partner during the sexual act
A B C D I was not physically attracted to my partner during sex
A B C D Sex was not enjoyable
A B C D My sexual desire was lower than partners
A B C D My sexual desire was higher than partners
A B C D My partner wanted sex more often than I did
A B C D I worried that my sexual performance did not please partner

Please describe other problems that you have had when with a nonvictim and the frequency of the problem:

2) Please circle the letter that best describes the frequency with which you have experienced the following sexual problems when masturbating.

A = Often B = Sometimes C = Rarely D = Never

A B C D I have difficulty getting sexually aroused
A B C D I have difficulty getting an erection (takes a long time)
A B C D I am unable to get an erection
A B C D I have difficutly maintaining erection or lose my erection
A B C D I ejaculate before I want to
A B C D I have difficulty ejaculating (takes long time)
A B C D Unable to ejaculate
A B C D Masturbation results in penis pain
A B C D Orgasms are not pleasurable
A B C D My penis has decreased sensitivity during stimulation
A B C D I am sexually frustrated afterwards
A B C D Masturbation is not enjoyable

Please describe other problems that you have had when masturbating and the frequency of the problem (use the back of the page if necessary):

3) Please crcle the number that best describes the frequency with which you have experienced the following sexual problems with a victim.

A = Often B = Sometimes C = Rarely D = Never

A B C D I had difficulty getting sexually aroused
A B C D I had difficulty getting an erection (takes a long time)
A B C D I was unable to get an erection
A B C D I had difficutly maintaining erection or lost my erection
A B C D I ejaculated before I wanted to
A B C D I had difficulty ejaculating (took a long time)
A B C D I was unable to ejaculate
A B C D Sexual activity resulted in penis pain
A B C D Orgas'n was not pleasurable
A B C D My penis was too small
A B C D My penis was too large
A B C D I was dissatisfied with the sexual performance of the victim
A B C D My penis was less sensitive to touch during stimulation
A B C D I was sexually frustrated after sex
A B C D I disliked physical contact with victim during sex
A B C D I was not physically attracted to the victim during sex
A B C D Sex was not enjoyable
A B C D My sexual desire was low with the victim
A B C D My sexual desire was high with the victim
A B C D I worried that my sexual performance did not please the victim

Please describe other problems that you have had when with a victim and the frequency of the problem (use the back of the page if necessary):

4) How would you describe the size of your penis? (Cirlce correct number)

1	2	3	4	5	6	7
very small	moderately small	mildly small	average	mildly large	moderately large	very large

5) What would you guess the length of your penis is in inches? _____
6) Have you ever measured the length of your penis? YES NO
7) What do you consider an average penis length to be (in inches)? _____
8) Do you feel comfortable with the size of your penis? YES NO
9) Have you ever felt insecure about the size of your penis? YES NO
10) Has anyone ever reacted to the size of your penis in way that bothered you? YES NO
If YES, who and how did they react?

12) How have victims reacted to the size of your penis?
13) Did their reaction(s) make you feel?
Good _____ No feeling _____ Bad _____

14) How have non-victims reacted to the size of your penis?

15) Did their reaction(s) make you feel?
Good _____ No feeling _____ Bad _____

16) Does the size of your penis stop you from meeting peer aged females? YES NO If YES, Why?

17) Do you have any medical or physical problems with your penis? YES NO If YES, please describe problems.

Part 3

Sexual Behavior Inventory

Indicate which of the following sexual acts you have experienced in your life: (Check all that apply)

____ I have sensually hugged a nonvictim female
____ I have sensually hugged a nonvictim male
____ I have sensually hugged a female victim
____ I have sensually hugged a male victim

____ I have kissed a nonvictim female in a sensual way
____ I have kissed a nonvictim male in a sensual way
____ I have kissed a female victim in a sensual way
____ I have kissed a male victim in a sensual way

____ I have fondled a nonvictim female's breast
____ I have fondled a nonvictim male's breast
____ I have fondled a female victim's breast
____ I have fondled a male victim's breast

____ I have kissed a nonvictim female's breast
____ I have kissed a nonvictim male's breast
____ I have kissed a female victim's breast
____ I have kissed a male victim's breast

____ I have fondled a nonvictim female's genitals
____ I have fondled a nonvictim male's genitals
____ I have fondled a female victim's genitals
____ I have fondled a male victim's genitals

____ A nonvictim female has fondled my genitals
____ A nonvictim male has fondled my genitals
____ A female victim has fondled my genitals
____ A male victim has fondled my genitals

____ I have masturbated a nonvictim female
____ I have masturbated a nonvictim male
____ I have masturbated a female victim
____ I have masturbated a male victim

____ A nonvictim female has masturbated me
____ A nonvictim male has masturbated me
____ A female victim has masturbated me
____ A male victim has masturbated me

____ I have performed oral sex on a nonvictim female
____ I have performed oral sex on a nonvictim male
____ I have performed oral sex on a female victim
____ I have performed oral sex on a male victim

____ A nonvictim female has performed oral sex on me
____ A nonvictim male has performed oral sex on me
____ A female victim has performed oral sex on me

____ A male victim has performed oral sex on me

____ I have had sexual intercourse with a nonvictim female
____ I have had sexual intercourse with a female victim

____ I have had anal sex with a nonvictim female
____ I have had anal sex with a nonvictim male
____ I have had anal sex with a female victim
____ I have had anal sex with a male victim

____ I have had sex with more than one nonvictim female at the same time
____ I have had sex with more than one nonvictim male at the same time
____ I have had sex with more than one victim female at the same time
____ I have had sex with more than one victim male at the same time

____ I have been to an orgy

____ I have used pornographic movies/books for sexual excitement when masturbating
____ I have used pornographic movies/books for sexual excitement when with a nonvictim
____ I have used pornographic movies/books for sexual excitement when with a victim

____ I have used sexual devices (e.g. vibrators) when with a nonvictim
____ I have used sexual devices (e.g. vibrators) when with a victim

____ I have had sex with an animal

____ I have had sex with a female prostitute
____ I have had sex with a male prostitute

____ I have exposed my genitals to a female victim
____ I have exposed my genitals to a male victim

____ I have peeped on a female victim
____ I have peeped on a male victim

____ I have given obscene phone calls to a female victim
____ I have given obscene phone calls to a male victin

____ I have dressed in female's clothes for sexual excitment
____ I have dressed in female's clothes for sexual excitement with a nonvictim
____ I have dressed in female's clothes for sexual excitement with a victim

____ I have been sexually excited when giving physical pain to a nonvictim female
____ I have been sexually excited when giving physical pain to a nonvictim male
____ I have been sexually excited when giving physical pain to a victim female
____ I have been sexually excited when giving physical pain to a victim female

____ I have been sexually excited when receiving physical pain from a nonvictirn female
____ I have been sexually excited when receiving physical pain from a nonvictim male
____ I have been sexually excited when receiving physical pain from a victim female
____ I have been sexually excited when receiving physical pain from a victim female

____ I have been sexually excited by the clothes of a nonvictim female (panties, bras)
____ I have been sexually excited by the clothes of a female victim

____ I have had sex with a dead body

____ I have used feces for sexual excitement when with a nonvictim
____ I have used feces for sexual excitement when with a victim

____ I have used urine for sexual excitement when with a nonvictim
____ I have used urine for sexual excitement when with a victim

____ I have used bondage during sex with a nonvictim
____ I have used bondage during sex with a victim

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