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This article will present data gathered by the authors through structured clinical interviews of 561 paraphiliacs regarding demographic characteristics, frequency and variety of deviant sexual acts, and number and characteristics of victims. Results show that nonincarcerated sex offenders (1) are well educated and socioeconomically diverse; (2) report an average number of crimes and victims that is substantially higher than that represented in the current literature; and (3) sexually molest young boys with an incidence that is five times greater than the molestation of young girls. The relevance of these findings is discussed.

Self-Reported Sex Crimes of Nonincarcerated Paraphiliacs

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Sexual violence is a harsh reality in contemporary society, yet the perpetrators of these crimes are individuals about whom we know very little. The Uniform Crime Report and the National Crime Survey (Bureau of Justice Statistics, 1980a, 1980b) report that the incidence of sexual assault continues to increase even though the frequency of other categories of crime is decreasing. Information

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currently available, however, provides an incomplete picture of psychopathology of sex offenders and, as a result, certain misconceptions regarding individuals involved with deviant sexual behavior continue to abound.

Although there are numerous agencies and programs that address the needs and concerns of the victims of sexual violence, minimal attention has been given to the perpetrators of these crimes. If steps are to be taken to reduce the incidence of sexual crimes, the psychopathology of the perpetrators must be better understood.

The literature contains the results of two major studies of sex offenders, both involving incarcerated sex offenders. The Kinsey Institute (Gebhard, Gagnon, Pomeroy, & Christenson, 1965) examined incarcerated offenders in prisons in the Midwest and in California. In this study, the investigators gathered data from the subjects' arrest records and through clinical interviews. Arrest records alone indicated a rather infrequent occurrence of the subjects' deviant sexual behavior. Frisbie and Dondis (1965) similarly evaluated the arrest records of sex offenders incarcerated at the Atascadero State Hospital in California, focusing specifically on demographic characteristics and recidivism by diagnostic category. Once again, the arrest records indicated commission of only a small number of sex offenses.

A major limitation of both these studies is that the subject population in each was made up of incarcerated offenders. Incarcerated sex offenders are likely to conceal the true scope and nature of their deviant interests and activities for fear of jeopardizing their hopes for parole. For example, if an offender were to disclose information about sex crimes that he had committed and that were unknown to authorities, he would understandably be fearful of being charged with these crimes. The sex offender learns shortly after incarceration that information provided to prison staff is likely to appear in his prison records. Consequently, he will attempt to protect himself by withholding a complete history of his paraphilic behavior. Therefore, data collected from incarcerated offenders can be expected to represent minimum rates of deviant behavior.

Since arrest records reflect official reaction to crimes, they measure criminal behavior indirectly (Gibbs, 1966, 1972; Kitsuse, 1962). In an attempt to obtain more reliable information about offenders, researchers began using self-report measures in the mid-1940s (Porterfield, 1946; Wallerstein & Wyle, 1947). Following the work of Short and Nye (1957; Nye, 1958) in the late 1950s, self-report measures were introduced as an alternative to official records. The development of

these measures was in direct reaction to criticisms of the use of arrest records as measurements of crime (Doleschal & Wilkins, 1972; Sellin & Wolfgang, 1964; Skogan, 1984).

As an alternate measurement of deviant behavior, the self-report measure assesses criminal behavior more directly and overcomes the selective reporting and processing biases deemed to be present in official records (Huizinga & Elliott, 1984). However, self-report offender measures, self-report victim measures, and official records are measures of crime that complement one another, each having advantages and disadvantages.

A number of factors influence the accuracy of the results from self-report measures of sex offenders: (1) Reports of offenders' characteristics frequently involve such small subject samples that no general conclusions can be reached; (2) if a large sample is evaluated, the subjects are usually incarcerated and such information is strongly influenced by possible negative consequences from the penal or judicial systems; and (3) when information is obtained from nonincarcerated offenders, the negative social climate regarding sexual assaults, as well as the question of confidentiality of the data, results in the offenders' reluctance to reveal the true extent of their deviant interests and behavior. Nevertheless, even though self-report measures are not free of bias, they do circumvent many of the limitations of official records.

In an effort to improve the validity of self-reports and to facilitate collection of information from nonincarcerated sex offenders, we implemented the following procedures to ensure confidentiality of the research data, protection of the subjects, and protection of the staff involved in the data collection.

CONFIDENTIALITY OF THE RESEARCH DATA

First, only voluntary subjects not under court order to receive evaluation or treatment were assessed. We anticipated that if their cases were pending adjudication, subjects would not accurately report the scope of their deviation and the frequency of their deviant sexual behavior for fear that such data would be used against them.

Second, each subject signed a detailed consent form outlining the importance of withholding the specifics of any sex crimes. For example, if the subject indicated that he had oral sex with a 6-year-old female child on November 20, 1982, at 84th and Broadway and could

describe in detail the characteristics of his victim, such detailed information would be of considerable interest to the police. Therefore, subjects were requested to describe the general characteristics of the age range of their preferred victims, their preferred gender, the frequency of their various sex crimes, and were asked to withhold specific facts that were not of interest to this study.

Third, as a further protection of the data, each subject was assigned a confidential identification number and all information was kept in charts coded only by the ID number. The code matching the patient's name with his identification number was held outside of the United States by a friend of the researchers. The intent of holding such codes outside of the United States was to prevent attempts by the criminal justice system to subpoena the data. Since each subject was told not to release his ID number, access to his records was possible only if the subject voluntarily provided his ID number to others. Thus each subject controlled the confidentiality of his records. In actuality, there were no attempts to access subjects' records during the course of this study.

Fourth, as an assurance of data confidentiality, we obtained a Certificate of Confidentiality from the secretary of Health, Education and Welfare (Federal Register, 1975). This certificate is provided to researchers working with sensitive data such as that obtained from subjects involved in illicit drug abuse or other criminal activities. The federal law governing the certificate ensures that no city, county, state, or federal agency can compel an investigator to reveal the identity of the subjects participating in the research project.

As a final step to encourage disclosure of the actual types and frequency of subjects' paraphilic behavior, the interviewers communicated to the subjects that the primary interest of this study was to help the subjects understand their behavior and how they might gain control over it. It was hoped that this approach was less likely to convey negative social sanctions against reporting paraphilic acts and, instead, that accurate reporting was critical to effective understanding and treatment of the subject's deviant sexual behavior.

PROTECTION OF SUBJECTS

First, we anticipated that subjects might fear being identified as paraphiliacs by the mere entrance into the building that housed the

research project. Subjects entered and left the building through a common entrance and in the same manner as institute staff, patients, and subjects in other research projects.

Second, subjects were provided with the option of withdrawing from the research project without prejudice or negative repercussions. Many, however, could not make that decision until after the initial interview, when their participation in the project was explained. After the initial interview clarified the goals of the assessment (or possible treatment to follow), some paraphiliacs declined participation. Allowing such individuals to leave the project without being identified as paraphiliacs and as a potential threat to society was a difficult decision for the research staff. The alternate approach of identifying such individuals to others was ethically unsound and would have markedly limited the number of potential subjects entering the research program. Our solution to this dilemma was to allow the men to exit in the same way as they entered—that is, to leave with the same autonomy with which they entered—and we made no reports regarding their deviant behavior.

A second issue was the disposition of any reports needed and/or requested by subjects. All reports were provided only to the subject himself. In this way, the subject could thoroughly evaluate our findings and recommendations, and make his own decision regarding their dissemination. Providing results of his assessment only to the subject was another way of placing him in control of the eventual use of our recommendations.

PROTECTION OF THE STAFF

An obvious problem in working with paraphiliacs is the protection of the staff working on the project. The research project was carefully explained to the hospital and institute staff in an attempt to correct any false impressions of our subject population and to minimize any apprehension of working with these individuals. As an additional protection of the institute staff, the paraphiliacs were escorted from the time they entered the research site until the time they left.

METHOD

Subjects

We recruited 561 subjects through informal discussions with health care professionals, formal presentations at mental health, parole, probation, forensic, and criminal justice meetings, and through ads in the local media. Subjects were seen within the context of an evaluation and treatment program for sex offenders voluntarily seeking assessment and/or treatment in a psychiatric setting. At the Memphis, Tennessee, site, all types of sexual offenders were assessed. The New York City site focused predominantly on rapists and/or child molesters. Even though the data presented here are sufficiently numerous to be representative of each of the categories of paraphiliacs, they do not represent, because of preselection, the normal distribution of categories of paraphiliacs in the general population. Therefore, the fact that child molesters were more numerous in this study does not imply that this category of paraphilia, relative to other categories, is more numerous in the general population.

Diagnostic Criteria

The diagnostic interviews of our subject population were completed between 1977 and 1985. During this time, the *Diagnostic and Statistical Manual for Mental Disorders* of the American Psychiatric Association was revised from DSM-II to DSM-III. For a diagnosis of paraphilia to be made in accordance with the criteria in DSM-II (sexual deviation) and DSM-III (paraphilia), the subject had to admit that he had fantasies or participated in behaviors that were insistently and involuntarily repetitive and generally involved either (1) preference for the use of a nonhuman object for sexual arousal, (2) repetitive sexual activity with humans involving real or simulated suffering or humiliation, or (3) repetitive sexual activity with nonconsenting partners.

Our diagnostic criteria were identical to DSM-II and DSM-III except in two areas. First, DSM-III requires that the unusual or bizarre imagery or acts are *necessary* for sexual excitement. The authors' clinical experience does not support this stipulation. The majority of individuals who commit deviant sexual acts can become involved in nondeviant sex acts with adult partners without relying exclusively upon paraphilic fantasies or behaviors for sexual excitement. While

all of our subjects indicated that they enjoyed deviant fantasies or behaviors, the majority could carry out sexual activities without using them. An examination of the literature failed to reveal empirical evidence that sexual excitement among diagnosed paraphiliacs can be achieved only through involvement with unusual or bizarre imagery or acts. A number of our subjects would have met this criteria. However, to exclude those offenders for whom involvement with unusual or bizarre imagery or acts was not always necessary for sexual excitement would have eliminated a significant proportion of subjects who had, by their own admission, committed sex offenses. Since the purpose of the study was to examine the characteristics of perpetrators of these crimes, we elected to include individuals who admitted participation in deviant sexual behavior regardless of the motivation used for sexual excitement.

A second variation in the DSM-III paraphilic diagnostic criteria was our decision to include within our tabulations not only those who had involved themselves in the traditional paraphilic acts (fetishism, transvestitism, zoophilia, pedophilia, exhibitionism, voyeurism, sexual masochism, sexual sadism) but also, for completeness, to report data on those with gender identity disorders and dystonic homosexuals. We have reported elsewhere (Abel, Becker, Cunningham-Rathner et al., in a work under editorial consideration) data that examine the interrelationship of various sexual arousal patterns.

In all cases, no diagnosis was made nor frequency of crime reported unless the subject clearly admitted his paraphilic interests and behaviors. For example, if a subject had been arrested and charged with five separate counts of child molestation according to his family member, but he reported being involved in only two child molestations, the interviewer reported his commission of only two child molestations, consistent with his admission.

Procedure

For a variety of reasons, we expected that the subjects would attempt to conceal some of their deviant acts. Therefore, each subject viewed a one-hour, videotaped presentation describing the human investigation aspects of the study and the measures taken to protect him and his data during his participation. Additionally, each subject was given the opportunity to ask questions and to discuss his concerns regarding his participation prior to signing the consent form.

Subjects then underwent the structured clinical interview as described elsewhere (Abel, 1985). Psychologists or psychiatrists with two to thirteen years' experience in this field conducted the interviews. At the beginning of the interview, each subject was told that his participation was strictly voluntary and that he was free to withdraw at any time for any reason without negative consequences.

Interviews lasted from one to five hours depending upon the subject's ability to recall and describe his deviant history and the variety and complexity of his paraphilic interests. This structured interview specifically targeted the demographic characteristics of the offenders, the number and types of paraphilic acts, and the number of victims.

Determining the onset and frequency of the subject's various paraphilias was occasionally long and difficult, because he was asked to report some arousal patterns that had developed years earlier. The interviewers attempted to help each subject improve the validity of his reports by identifying milestones in the subject's history that were associated with the onset of these behaviors or changes in their frequencies. Most subjects were reasonably certain about the age of onset of their paraphilic arousal pattern. From this first milestone to the next (possibly their first near arrest, moving to a new location, onset of dating, major stresses in their lives), offenders tended to be less precise about the frequency of their deviant crimes. Each subject's history was examined year by year to determine changes in the frequency of his paraphilic behavior. Offenders generally reported a range in the frequency of their deviant behaviors, for example, exposing themselves from four to eight times per month over a period of a year and a half. When given a range of occurrence, the interviewers selected the lowest value, so the data reported below reflects minimal frequencies of paraphilic behavior.

A further complication to the history taking occurred when the subject reported two or three different paraphilic behaviors occurring simultaneously but at different frequencies. A history of multiple paraphilias generally revealed a variability in the frequency of each paraphilia, that is, a tendency for one deviation to take prominence over others, to run its course at a higher frequency, and then to taper off when a second paraphilia increased in frequency, replacing it as the individual's most frequent paraphilic behavior.

Initially, we thought that the validity of subject's self-report could be substantiated by comparing it to his arrest record. Examining

available arrest records, however, proved to be of minimal assistance because the frequency of self-reported crimes was vastly greater than the number of crimes for which subjects had been arrested. For example, the ratio of arrest to commission of the more violent crimes such as rape and child molestation was approximately 1:30. In terms of the less aggressive crimes, such as exhibitionism, window peeping, and so on, only 1 in 150 deviant sexual episodes actually led to arrest. Thus it became apparent that arrest records would be of minimal value in determining the validity of the subject's self-report.

RESULTS

Subject Characteristics

A total of 561 subjects were evaluated, ranging in age from 13 to 76 years, with a mean age of 31.5 years (standard deviation 11.1, median 30.1). The distribution of the subject population by age categories was as follows:

<i>age</i>	<i>percentage</i>
<10	0.0
10-19	13.0
20-29	34.4
30-39	32.3
40-49	13.2
50-59	4.5
60-69	2.1
70-79	0.6
>79	0.0

Subjects were predominantly young, with 67% falling in the age range of 20-39 years.

Marital status was known for 504 of the subjects:

<i>status</i>	<i>percentage</i>
single	47.6
married	29.2
divorced	7.5
separated	9.5
remarried	1.4
widowed	0.4

living on a permanent basis with partner	4.4
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Half of the subjects had formed a significant relationship with an adult partner, leading to marriage or an ongoing "living with" relationship.

Ethnic backgrounds were as follows:

<i>ethnicity</i>	<i>percentage</i>
Caucasian	62.1
Black	23.8
Hispanic	11.2
Oriental	0.4
American Indian	0.4
other	2.1

The majority of participants were well educated

<i>education</i>	<i>percentage</i>
completed graduate school	7.6
completed college	12.2
completed one year of college	21.1
completed high school	26.0
completed one year of high school	17.4
completed ninth grade	10.9
completed less than seventh grade	4.8

These findings reveal that, contrary to the stereotypic view of the paraphiliac as uneducated, the majority of the participants had received a moderate amount of education, 40% finishing at least one year of college.

Contrary to another stereotype of paraphiliacs as unemployed vagrants, 64.6% of subjects were fully employed (16.0% as students, 48.6% held full-time jobs), and 6.7% were employed part-time. Only 9.3% were temporarily unemployed and 11.1% were unemployed longer than one month. A final 2.7% were retired, and the remaining 5.6% fell into other categories (disabled and so on).

These employment characteristics were corroborated by examination of the total gross income for the household in which each subject resided:

<i>annual household income</i>	<i>percentage</i>
none (generally individuals recently released from prison)	14.4
<\$2,000	7.5
\$2,000-\$ 4,999	8.8
\$5,000-\$ 9,999	15.4
\$10,000-\$14,999	15.4
\$15,000-\$24,999	16.0
\$25,000-\$39,999	12.2
\$40,000-\$59,999	5.6
>\$60,000	4.7

Contrary to still another stereotypic view of sex offenders as coming from lower socioeconomic levels, these findings indicate that sex offenders come from a broad spectrum of socioeconomic levels.

The religious orientation of the paraphiliacs was varied:

<i>religion</i>	<i>percentage</i>
Catholic	34.5
Protestant	28.4
Jewish	9.7
Muslim	2.2
Eastern Orthodox	0.6
other	12.2
no religious affiliation	12.4

The sources of referral for 521 participants were as follows:

<i>source</i>	<i>percentage</i>
self-referred	5.2
probation or parole	16.6
lawyers, legal aid societies	15.6
therapist, physician, social worker	31.2
family members or friends	8.3
hospitals, mental health centers	6.1
newspaper, radio, TV ads	5.2
child protection agencies	2.9
courts	6.0
other	2.9

Roughly one-third came through legal or forensic sources, one-third through therapists or mental health routes, and the remaining third from other sources.

Considering that the majority of subjects were not self-referred, it was not surprising that some paraphiliacs felt pressured to participate in spite of our efforts to solicit individuals who were voluntarily seeking assessment and/or treatment. Some subjects' families demanded that they either obtain treatment or leave the home, some probation or parole officers recommended that they receive treatment during the course of their probation or parole, and still others were referred by their lawyers to seek treatment for their recurrent deviant behavior.

When asked to describe the degree of pressure they felt to participate in the evaluation-treatment, 44% reported no pressure from others, 21.5% slight pressure, 20.7% moderate pressure, 10.5% heavy pressure, and 3.2% extreme pressure. Contrary to the expectation, nearly two-thirds (65.6%) of the subjects participated in this study because of slight or no pressure from others, suggesting that more paraphiliacs might voluntarily seek treatment if treatment were available.

Each paraphiliac was asked what had motivated him to seek help. Of the 516 cases on which data are available, the factors that motivated participation were as follows:

<i>factor</i>	<i>percentage</i>
self-motivation	26.4
therapist, physician, social worker	21.7
probation or parole	14.5
lawyers, legal aid societies	14.5
family members or friends	10.1
courts	5.2
hospitals, mental health centers	3.3
child protection agencies	1.7
police	1.4
other individuals or agencies	1.2

An unexpected finding was the large percentage of paraphiliacs who were self-motivated or motivated from sources other than legal or forensic agencies.

CHARACTERISTICS OF PARAPHILIC ACTS

The total sample of 561 subjects was diagnosed as having an average of 2.02 paraphilias per subject. The number of subjects and

types of paraphilic acts are indicated in Table 1. Individual subjects reporting multiple paraphilias were categorized in multiple diagnostic categories consistent with the deviant behaviors they had revealed during the clinical interview (subjects and diagnoses overlap).

As the clinical interviews progressed, it became apparent that there was tremendous variability in the numbers of paraphilic acts committed in any diagnostic category. Therefore, both means and medians are presented in Table 1. Most paraphilic diagnoses have means that are much higher than the corresponding medians, indicating that some individuals in each diagnostic category completed very large numbers of paraphilic acts. The median values better approximate the frequency of the usual paraphilic behavior. On the other hand, the means are a better reflection of the impact of various paraphilias on society, since they indicate how often the various paraphilic acts were completed.

The numbers of completed paraphilic acts range from an average of 7.2 rapes completed by paraphiliacs involved in rape to an average of 1,139.2 acts completed by paraphiliacs involved in masochism. The high-frequency paraphilic acts were generally those of masochism, frottage, transvestitism, exhibitionism, and voyeurism. Child molestation, by comparison, was a relatively infrequent crime, occurring from an average of 23.2 times by a pedophile (nonincest) with female targets to an average of 281.7 times by a pedophile (nonincest) whose targets were males. Of the four categories of child molestations, paraphiliacs targeting young boys outside the home committed the greatest numbers of crimes. Of the total sample of child molesters, a relatively small number (44) targeted boys within the home.

Another sharp contrast was between the number of paraphilic acts committed by rapists versus other paraphiliacs. Although rape is high in public awareness because of the violence associated with it as well as the attention given to it by the media, data from this subject population revealed that the average number of rapes committed by 126 rapists was surprisingly small (7.2 rapes) when compared to the average number of completed deviant acts by other paraphiliacs such as masochists, transvestites, and frotteurs.

In addition to the number of paraphilic acts completed by diagnostic category, we also obtained data regarding the number of victims by diagnostic category. These data (Table 2) approximate the number and types of paraphilic acts completed, but with some exceptions. The number of acts committed by incestuous paraphiliacs was far in

TABLE 1
Number and Types of Paraphilic Acts

<i>Paraphilia</i>	<i>Number of Subjects Seen</i>	<i>Paraphilic Acts</i>	
		<i>Mean</i>	<i>Median</i>
Pedophilia (nonincest)			
Female target	224	23.2	1.4
Male target	153	281.7	10.1
Pedophilia (incest)			
Female target	159	81.3	4.4
Male target	44	62.3	5.2
Rape	126	7.2	0.9
Exhibitionism	142	504.9	50.5
Voyeurism	62	469.2	16.5
Forttage	62	849.5	29.5
Obscene mail	3	1.0	1.0
Transsexualism	29	191.0	0.4
Transvestitism	31	670.3	25.0
Fetishism	19	361.2	3.3
Sadism	28	135.7	3.0
Masochism	17	1,139.2	36.0
Homosexuality	24	154.2	1.5
Obscene phone calling	19	135.7	30.0
Public masturbation	17	377.8	50.0
Bestiality	14	222.4	2.2
Urolagnia	4	102.3	3.0
Coprophilia	4	26.8	3.0
Arousal to odors	2	364.0	364.0

excess of the number of victims, since they, by definition, involved themselves with the same family member(s) repeatedly. This same phenomenon, however, was also present in the categories of transsexualism, transvestitism, fetishism, sadism, masochism, coprophilia, and arousal to specific odors, where these activities were carried out repeatedly with only a few partners (or no partners). The small number of ego dystonic homosexuals seen also had carried out homosexual activity with only a few partners.

The number of paraphilic acts per offender was calculated in an attempt to clarify this relationship. Table 3 indicates that the number of completed acts per victim ranges from 0.9 for frotteurs and public masturbators (indicating that many of them commit a behavior on more than one victim at a time) to multiple acts per victim (or partner) for transsexuals, masochists, or ego dystonic homosexuals.

TABLE 2
Number of Victims/Partners of Paraphiliacs

<i>Paraphilia</i>	<i>Mean</i>	<i>Median</i>
Pedophilia (nonincest)		
Female target	19.8	1.3
Male target	150.2	4.4
Pedophilia (incest)		
Female target	1.8	1.3
Male target	1.7	1.2
Rape	7.0	1.4
Exhibitionism	513.9	34.5
Voyeurism	429.8	8.5
Forttage	901.4	29.5
Obscene mail	1.0	1.0
Transsexualism	0.4	0.2
Transvestitism	NA	0.0
Fetishism	8.4	0.4
Sadism	4.7	0.8
Masochism	2.2	0.2
Homosexuality	0.1	0.0
Obscene phone calling	102.9	30.0
Public masturbation	404.1	90.0
Bestiality	119.7	1.5
Urolagnia	96.3	3.0
Coprophilia	1.8	1.5
Arousal to odors	NA	0.0

NA = no victim involved.

Exhibitionist and rapists usually commit one act per victim. Voyeurs occasionally window peep on the same individual. Pedophiles involved with children outside of the home will occasionally return to the same victim, especially men who molest young boys. As expected, incestuous pedophiles repeatedly molest the same child, from an average of 36.7 molestations per boy victim to 45.2 molestations per girl victim.

A number of paraphiliacs are repeatedly involved with the same victim. Sadists repeat their acts with the same victim 28.8 times; fetishists, 42.8 times. Transsexuals and masochists repeat their acts with the same victim even more often—461.6 and 523.4 times, respectively—suggesting that some degree of cooperation or compliance has been developed with the victim/partner.

A final concern was the total number of completed sex acts by diagnosis. The results in Table 4 show that our population of 561

TABLE 3
Number of Completed Acts per Victim/Partner by Paraphilia

<i>Paraphilia</i>	<i>Completed Acts per Victim</i>
Pedophilia (nonincest)	
Female target	1.2
Male target	1.9
Pedophilia (incest)	
Female target	45.2
Male target	36.5
Rape	1.0
Exhibitionism	1.0
Voyeurism	1.1
Frottage	0.9
Obscene mail	1.0
Transsexualism	461.6
Transvestitism	NA ^a
Fetishism	42.9
Sadism	28.8
Masochism	523.4
Homosexuality	1,850.5
Obscene phone calling	1.3
Public masturbation	.9
Bestiality	1.9
Urolagnia	1.1
Coprophilia	15.3
Arousal to odors	NA ^a

a. NA because no victim involved.

subjects completed a total of 291,737 paraphilic acts. The total number of acts by diagnostic category was converted into a percentage of total committed acts by the entire subject population to obtain a rough estimate of the impact of each paraphilic diagnosis relative to the total number of completed paraphilic acts. If limited resources are available to treat paraphiliacs, one of the criteria for cost-effectiveness might be focusing treatment on those paraphiliacs who commit the greatest number of paraphilic acts. Table 4 reflects that exhibitionists (24.6%) and frotteurs (18.1%) account for the greatest percentage of total paraphilic acts. Of the various categories of pedophilia, the majority of child molestations were committed by individuals who target young boys outside of the home (14.8%), followed by individuals involved in incest with a female family member (4.4). A very small percentage of the total sex acts against children were perpetrated by pedophiles whose targets were young girls outside of the home (1.8%)

TABLE 4
Total Completed Paraphilic Acts and Victims/Partners, by Diagnosis

<i>Paraphilia</i>	<i>Number of Subjects Seen</i>	<i>Total Completed Paraphilic Acts</i>		<i>Total Victims</i>	
		<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Pedophilia (nonincest)					
Female target	224	5,197	1.8	4,435	2.3
Male target	153	43,100	14.8	22,981	11.8
Pedophilia (incest)					
Female target	159	12,927	4.4	286	0.2
Male target	44	2,741	0.9	75	0.0
Rape	126	907	0.3	882	0.5
Exhibitionism	142	71,696	24.6	72,974	37.3
Voyeurism	62	29,090	10.0	26,648	13.6
Frottage	62	52,669	18.1	55,887	28.6
Obscene mail	3	3	0.0	3	0.0
Transsexualism	29	5,539	1.9	12	0.0
Transvestitism	31	20,779	7.1	NA	NA
Fetishism	19	6,863	2.4	160	0.1
Sadism	28	3,800	1.3	132	0.1
Masochism	17	19,366	6.6	37	0.0
Homosexuality	24	3,701	1.3	2	0.0
Obscene phone calling	19	2,578	0.9	1,955	1.0
Public masturbation	17	6,423	2.2	6,870	3.5
Bestiality	14	3,114	1.1	1,676	0.9
Urolagnia	4	409	0.1	385	0.2
Coprophilia	4	107	0.0	7	0.0
Arousal to odors	2	728	0.3	NA	NA
Total		291,737	100.1	195,407	100.1

or young boys within the home (0.9%). These results are surprising and far different from those suggested by the media, where pedophilic acts committed against young girls outside of the home or young girls within the home are depicted as occurring at the highest frequency.

The relative percentage of total sex acts committed by rapists was equally surprising. In terms of the total numbers of deviant sex acts committed by this specific population, rape was a surprisingly infrequent crime (0.3%) when compared with other categories of paraphilia. This finding does not minimize the seriousness of rape; rather, it puts the frequency of rape's occurrence within the context of all other sex crimes.

The results in Table 4 must be viewed cautiously in terms of the population being investigated. Major efforts were made to recruit rapists and child molesters into the various assessment-treatment programs described above. Therefore, these diagnostic groups are admittedly overrepresented. However, within the category of pedophilia, every effort was made to recruit all categories of pedophilia and, therefore, the relative proportions of the four pedophilic diagnoses are accurate reflections of the true occurrence of completed sex acts by pedophilic diagnoses in the general population.

CONCLUSIONS

It is difficult to compare the results of this study with those of other studies because no prior research has been undertaken using self-report information from nonincarcerated paraphiliacs and observing our precautions regarding confidentiality.

The demographic characteristics of our population of sex offenders suggest that these subjects represented a cross section from the cities in which they were assessed. Subjects, by and large, were young, had previously been married or lived with an adult female, and were representative of predominating ethnic, religious, and educational subgroups of the general population. These results, therefore, indicate that paraphilia is found in all sectors of society.

How representative this group of paraphiliacs is of the population of nonincarcerated sex offenders is nearly impossible to ascertain. Since paraphiliacs frequently attempt to conceal their arousal from others, it would be extremely difficult to obtain a true random sample of nonincarcerated paraphiliacs. Further, since subjects entered the

assessment study in part because of recruitment efforts to obtain rapists and child molesters for treatment, these subsamples of paraphiliacs are overrepresented in comparison with other subsamples. Some categories of paraphilias had a minimal number of subjects and where the number of subjects per category was less than 12, it was considered best not to generalize on these findings. In spite of these limitations, however, the large number of paraphiliacs evaluated enable us to draw some notable conclusions.

The most impressive finding is the enormously high frequency of paraphilic behaviors reported by the various categories of paraphilia. In some categories, the number of completed paraphilic acts is similar to what one finds in the literature regarding the frequency of such behaviors as exhibitionism and voyeurism. In other categories of paraphilia, however, there is minimal information about the frequency of these behaviors. In any event, frequency of these self-reported crimes bears little resemblance to data reported from incarcerated offenders. For example, Gebhard et al. (1965) reported that, on the average, pedophiles had been found guilty of fewer than 3 paraphilic acts per offender. By contrast, the number of paraphilic acts reported by these nonincarcerated child molesters was from 23.2 acts to 281.7 acts per offender. This marked discrepancy suggests that information regarding paraphiliacs and their behavior can be obtained from various sources but that self-report information may be exceedingly helpful in providing a better understanding of the true nature of paraphilia because the source of this information is the offender himself. Arrest records of paraphiliacs do not provide a reliable indication of the true scope of paraphilic activities.

The number of victims of paraphilic acts appears to parallel closely the number of completed paraphilic acts except in some specific diagnostic categories. Cases of incest, not surprisingly, have a low number of victims, as do categories of obscene mail, sadism, masochism, and coprophilia. Transsexuals and ego dystonic homosexuals also report a low frequency of partners. When we examined the completed acts per victim by paraphilia, only a few paraphiliacs appeared to involve themselves repeatedly with the same partner, notably incestuous pedophilia against female or male victims, transsexuals, fetishists, sadists, masochists, ego dystonic homosexuals, and coprophiliacs. These results suggest that, through coercion or varying degrees of compliance, repeated acts are carried out with the same victims or partners.

Examination of the total number of paraphilic acts or victims by diagnosis produces some rather startling results. When one examines the child molesters, for example, it is surprising to note the very high percentage of total child molestations committed by those who target young boys outside of the home. These individuals appeared to have committed the greatest number of child molestation acts against the greatest number of child victims compared to those who molest girls or those who molest boys within the home. Even though subject recruitment led to a disproportionate number of child molesters in this study population, there were no particular efforts made to obtain one type of child molester versus another. Therefore, the high percentage of crimes committed by adults who molest young boys is a true representation of the high percentage of molestations completed by this category of molesters when compared with other categories of molesters. Since only limited resources are available to provide assessment and treatment for child molesters, it would be advantageous to target those individuals who molest boys specifically since effective treatment of this group would dramatically reduce the total number of current and future child molestations.

An equally surprising finding is the relatively small percentage of total paraphilic acts that involved rape. Of the total number of paraphilic acts completed by this sample of paraphiliacs, only .3% involved rape of an adult, whereas 21.9% involved the molestation of a child. This is certainly in contrast to the media depictions of these two offenses, which suggest that rape is more frequent or as frequent as child molestation. Since adults have greater access to the media than children, it is not surprising that our current media presentations focus more on crimes affecting adult victims and less on the more frequent crime of child molestation.

An understanding of paraphilias requires the unification of information from a variety of sources. Some information can be collected through the criminal justice system about crimes that have been reported, subsequently investigated, and where a conviction has occurred. Unfortunately, many sex crimes are not reported, so arrest records provide only an incomplete picture of the paraphiliac.

The National Crime Survey (Bureau of Justice Statistics, 1980a, 1980b) provides another view of the sex offender through information obtained from the victims of paraphilic acts. This is an important source to help understand sex offenses but it is once removed from the source of the sex crime—the offender himself. Information from

victims augments official crime reports and provides information otherwise not available. However, the victim's information has an inherent limitation because of the brief contact (he or she has had with the offender, which was experienced under the emotionally charged circumstances of the actual victimization. The self-reports from the offenders described above provide a third piece of this puzzle. The advantage of this data collection technique is that the source of the information comes directly from the perpetrator of the sex offense(s). It is admittedly possible that some of these subjects may have successfully concealed their true paraphilic interests and frequency of acts, so these data should be viewed as minimal figures for the various paraphilic acts. However, the large number of subjects makes these results more valid.

New assessment and treatment methods have been developed to help paraphiliacs gain control over their behavior and many appear to be highly successful (Abel, Barlow, Blanchard, & Guild, 1977; Abel, Becker, Blanchard, & Flanagan, 1981; Abel, Becker, Murphy, & Flanagan, 1981; Abel, Blanchard, Barlow, & Mavissakalian, 1975; Abel, Blanchard, & Becker, 1976, 1977; Abel, Blanchard, Becker, & Djenderedjian, 1978; Abel, Mittleman, & Becker, 1985; Abel & Rouleau, 1986; Abel, Rouleau, Cunningham-Rathner, 1986; Berlin & Meinecke, 1981; Freund, 1963; Laws & Holman, 1978). It is now incumbent upon health care providers and researchers to work with sex offenders to gain a better understanding of the complexity of their arousal patterns and to help them gain control of their behavior.

The results of this study demonstrate that it is possible to enlist the cooperation of the perpetrators of sex crimes to learn about who they are and what they do. These data await corroboration from other centers carrying out similar research using the same precautions of data protection.

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