Factors Associated with Response to Treatment Among Aggressive Sex Offenders

Barbara Knott Schwartz

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RESPONSE TO TREATMENT AMONG AGGRESSIVE SEX OFFENDERS

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This dissertation, directed and approved by the candidate's committee, has been accepted by the Graduate Committee of The University of New Mexico in partial fulfillment of the requirements for the degree of

**Doctor of Philosophy**

**Factors Associated with Response to Treatment Among Aggressive Sex Offenders**

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FACTORs ASSOCIATED
WITH
RESPONSE TO TREATMENT
AMONG
AGGRESSIVE SEX OFFENDERS

by

BARBARA KNOTT SCHWARTZ
B.A., UNIVERSITY OF NEW MEXICO, 1966
M.A., NEW SCHOOL FOR SOCIAL RESEARCH, 1970

DISSERTATION
Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

in the Graduate School of
The University of New Mexico
Albuquerque, New Mexico
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ABSTRACT OF DISSERTATION

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The University of New Mexico, 1977

Statement of Problem

The purpose of this study was two-fold: (1) to investigate eight common assumptions relating to success in psychotherapy; (2) to investigate variables which significantly differentiate between responders and nonresponders among offenders of adults and offenders of children. Assumptions relating to Frequency of Crime, Motivation, Denial, Distress, Empathy, Abstract Conceptualization, Environmental Stress and Life Adjustment were tested.

Procedure and Method

58 aggressive sex offenders, 21 offenders of adults and 37 offenders of children, were given a psychological evaluation consisting of the Revised Beta Examination, Rorschach, Memory-for-Designs and Mooney Problem Check List prior to beginning therapy in a community-based treatment program for sex offenders. The subjects were followed in the program for an average of two and a half years. At the end of that period, they were classified as "responders" if a) they remained
in the program for a minimum of nine months, b) then either
continued in therapy or were transferred or terminated as
improved by their therapist and c) did not recidivate.

**Results**

Stepwise multiple regression indicated that Environmental
Stress accounted for a significant amount of the variance bet-
ween responders and nonresponders for the group as a whole
and for offenders of children. Life Adjustment accounted for
a significant amount of variance between responders and non-
responders among offenders of adults. A discriminant analysis
utilizing Previous Criminal Convictions, Marital Status and
Alcoholism correctly grouped 74% of the offenders of children.
A discriminant analysis utilizing the Rorschach Genetic-Level
Score, Occupation, Marital Status and Military Record correctly classified 93% of the offenders of adults.

**Conclusion:**

It was concluded that the majority of popular assumptions
about response to therapy do not significantly differentiate
between responders and nonresponders in a group of aggressive
sex offenders. The differences in the predictive variables
between offenders of children and offenders of adults were
consistent with theoretical explanations of the two groups.
This also pointed out the differences between the two condi-
tions. Suggestions for therapy based upon predictive variables
were offered.
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This work is dedicated to the men of the PASO Program and to their gifted therapist, Wally Crowe, MSW, wherever he may be.
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CHAPTER I

INTRODUCTION

In the past years a great deal of research has centered around the effectiveness of psychotherapy. It is becoming more apparent that the question is not whether psychotherapy works but which types of patients respond best to which types of psychotherapy. This question is particularly relevant to programs offering therapy as an alternative to incarceration for public offenders. Frequently courts request mental health professionals to estimate the offender's probability of responding to such a treatment program. Due to a lack of relevant research, the evaluator must turn to traditional assumptions about characteristics associated with response to psychotherapy which have been derived from totally different populations. Since sex offenses are frequently viewed as resulting from psychopathology, research directed at studying correlates of response to treatment with this type of population should be useful.

The purpose of this study is to test a number of constructs assumed to be correlated with response to psychotherapy using a group of aggressive sex offenders. The assumptions will be tested for the group as a whole and then for offenders of children and offenders of adults. This study attempts to correct some of the methodological problems by using a relatively homogeneous sample who have received the same type of therapy with the same therapist. A behaviorally-based criterion has been selected and a longitudinal, multivariate approach utilized.
This study addresses itself to the study of these constructs as they are evaluated at an initial interview and does not address itself to their dynamics during therapy. It attempts to answer questions such as "Does emotional distress as defined and evaluated during an initial evaluation correlate with later response to psychotherapy?", rather than "Is the anxious patient more responsive?"

The constructs chosen for testing in this study are:

1. Emotional Distress
2. Motivation
3. Denial
4. Abstract Conceptualization
5. Empathy
6. Life Adjustment
7. Situational Stress
8. Frequency of Crime

The following discussion will review the data relating to these variables and their correlation with response to psychotherapy. Operational definitions of the constructs may be found in Chapter 3.

Emotional Distress

Emotional distress has been assumed to be the principle factor which brings patients into therapy and keeps them there until the distress is relieved. Carl Rogers (1957) stated that a necessary condition for change in psychotherapy is that the client be in a state of incongruence, vulnerability or anxiety. Meltzoff and Kornreich (1970) stated that

Anxiety is commonly thought to be not only desirable but necessary for therapeutic success. (p. 226)

Silver (1962) found that manifest anxiety was the only one of
his measures which predicted therapeutic outcome. Adams (1961) reported that anxiety is one of the elements predictive of amenability to treatment among sex offenders. Gallagher (1954), Gottschalk, Mayerson and Gottlieb (1967), Hamburg, Bibring, Fisher, Stanton, Wallerstein and Haggard (1967) Kirtner and Cartwright (1958) and Luborsky (1962) found that patients with high anxiety at the initial evaluation or at the beginning of treatment are the ones most likely to benefit from psychotherapy. Mathias (1972) and Rosen (1964) both agreed that theoretically sex offenders who manifest anxiety at the beginning of therapy should be more responsible than those failing to show emotional distress. Positive response to therapy has also been found to be associated with depression (Gottschalk et al, 1967; Uhlenhuth & Duncan, 1968), fear (Conrad, 1952) and the number of complaints on problem check lists (Stone, Frank, Nash & Imber, 1961; Truax, Wargo, Frank, Imber, Battle & Hoehn-Saric, 1966). Bowen (1951), East (1945), Fenichel (1945) and Smith (1968) have specifically stated that sex offenders are not amenable to therapy because their behavior is ego-syntonic, and they are therefore lacking in the emotional distress which prompts others to seek out and remain in therapy.

Motivation

It is assumed that the patient must not only feel emotional distress, but also must be motivated to deal with it by participating in therapy. Meltzoff & Kornreich (1970) stated that

One of the axioms of psychotherapy is that an individual has to be motivated for it and want to change before change is to take
place. Psychotherapy is seen as a dynamic process in which the patient willingly plays an active role rather than a process in which the patient has something done to him, whether he wants it or not. (p. 250)

Research has largely confirmed the effect of motivation on therapeutic outcome (Cartwright & Lerner, 1963; Conrad, 1952; Schroeder, 1960; Strupp, Wallach, Jenkins & Wogan, 1963).

However, Cruvant, Meltzer and Tarraglino (1950), Frosch and Bromberg (1939) and Wile (cited in Karpman, 1954) have stated that sex offenders as a group are not motivated to participate in therapy. In an unusual finding Sadoff, Roether and Peters (1971) found that sex offenders who appeared to be less motivated showed lowered recidivism rates following enforced group psychotherapy than those who appeared to be more motivated.

They explained that more manipulative individuals often appear to be more motivated while individuals who may be making major gains may be more critical.

Denial

It has been assumed that the patient in therapy must be able to acknowledge his problems before he can constructively deal with them, while high denial would be negatively associated with outcome. This has been confirmed by Barron (1953) and Kirtner and Cartwright (1958). Patients who admit to more problems show better response according to Stone and associates (1961) and Truax and associates (1966). However, sex offenders have been described as making heavy use of denial (Bonner in Karpman, 1954; Frosch & Bromberg, 1939; Guttmacher, 1952;

Abstract Conceptualization

Psychotherapy makes heavy use of verbal cognitive skills. Meltzoff and Kornreich (1970) stated that

Verbal therapies, in particular, involve learning, mastery of new concepts and cognitive patterns, capacity for introspection and self-expression via linguistic media and translation of feeling-translated into meaningful verbal communication. Since these kinds of activities would seem to require a high order of intelligence, intelligence is usually considered to be a necessary but not sufficient condition for psychotherapy. (p. 270)

This intelligence is primarily of an abstract verbal nature. Higher IQ scores have been found to be positively correlated with therapeutic success by several investigators (Barron, 1953; Casner, 1950; Fiske, Cartwright adn Kirtner, 1964; McNair, Young, Roth & Boyd, 1964; Mile, Barrabee & Finesinger, 1951; Thorley & Craske, 1950). Rosen (1964) stressed intelligence as a characteristic which should be associated with response to therapy among sex offenders. However, a number of researchers have felt that sex offenders are specifically impaired in the area of abstract conceptualization. Cruvant, Meltzer & Tar-taglino (1950) stated that sex offenders "are superficial in communications with little capacity for introspective thinking" (p. 193). Hammer (1968) felt that offenders show very concrete mental orientation and that their tendency for acting-out is rooted in this concreteness which allows them to be inundated by primary process materials. Ostrow (1974) has also stressed the role of concrete orientation in the etiology of sexually
aberrant behavior.

**Empathy**

Related to abstract conceptualization is the ability to empathize with others. Gottschalk and associates (1967), Isaac and Haggard (1966), Rosenbaum, Friedlander and Kaplan (1956), Truax and associates (1966) have reported that empathy and object relations are positively correlated with therapeutic outcome. Kozol and associates (1966), Marcus (1971) and Rosen (1964) have stressed empathy as a necessary antecedent to success in therapy with sex offenders. However, several studies have reported that these individuals have impaired ability to relate to others and have problems with object relations (Gebhard et al, 1965; Guttmacher, 1952; Howell, 1972 - 1973; Karpman, 1954; McCaghy, 1966; Ritch, 1962; Russell, 1975; Tappan, 1951).

**Life Adjustment**

An individual's overall life adjustment is a complex variable related to his emotional condition as both cause and effect. The individual who has achieved a stable vocational pattern, a sound marriage and adequate school and military adjustment gives evidence of being able to adapt to social institutions, to postpone immediate gratification and to relate to others without undue conflict. His past accomplishments ease his way through life by providing the tools and support to cope with the environment. Luborsky, Chandler, Auerbach, Cohen and Bachrach (1971) stated that

In general, patients with higher social achievements are better suited for psychotherapy. This would be expected be-
cause people who can achieve in spheres requiring social skills should do well in psychotherapy. (p. 105)

Occupational adjustment has been correlated with therapeutic success by Bailey, Warshaw and Eichler (1959), Buell and Anthony (1973), Casner (1950), Conrad (1952), Gregory and Downie (1968), Katz and associates (1958), Sullivan (1958). Educational level is considered to be predictive of success in therapy (Bloom, 1956; Casner, 1950; Lorr et al., 1958). Fewer studies have found a positive relation between marital status and therapeutic outcome (Cohen, 1968; Gregory et al., 1968; Stone et al., 1961).

Since the reduction of recidivism is a chief goal of psychotherapy with offenders, criminological research on recidivism is directly relevant. Recidivism has been shown to be correlated with unstable work history (Hart, 1923; Nicholsen, 1968; Ohlin, 1951; Tibbetts, 1931) in semi-skilled and lower level jobs (Glueck & Glueck, 1964; Vold, 1931). Jenkins (1942) and Mandell, Collins, Moran, Barron, Gelbmann, Gabors and Kaminstein (1965) have pointed out that low educational level is associated with recidivism. While sex offenders have been reported to have low occupational levels (Frankel, 1950) with low educational levels (Frankel, 1950) and fewer stable marriages (Frankel, 1950; Gebhard et al., 1964; Shaskan, 1939), it should be emphasized that these findings were based on prison populations which cannot be considered representative of all sex offenders.

**Stress**

Many disorders are differentiated according to whether or not they are precipitated by some environmental situation.
Karrish, Daniel, O'Connor and Steen (1968) found that the presence of such an event is correlated with positive outcome in psychotherapy. Most researchers who have classified sex offenders have included one category for the offender whose act is a reaction to overwhelming situational stress (Fitch, 1962; Gebhard et al., 1964; Guttmacher, 1952; Mohr, 1964; Selling in Karpman, 1954; Wile in Karpman, 1954). Karpman (1954) stated that

Emotional, economic or environmental situations which threaten the integrity of the individual are productive of restlessness, dissatisfaction and failure of conformity or stabilization. (p. 256)

This situation produces frustration which leads to hostility and aggression. The situational offender is assumed to be basically normal and should respond to therapy.

Frequency of Offense

Another measure of the severity of an offender's condition is the number of offenses an individual has committed. Criminologists have placed heavy emphasis on previous criminal convictions in predicting recidivism (Glueck & Glueck, 1964; Guze, 1964; Haeco, 1917 and Payne, 1974). Gebhard and associates (1964) made a number of distinctions between chronic offenders and others. The chronic offender has a more firmly established pattern of deviancy which is presumed to be more difficult to break than that of the first offender.

On the basis of such research evidence, the present study will investigate possible relationships between the scores measuring the constructs of emotional distress, motivation,
denial, abstract conceptualization, empathy, life adjustment, environmental stress and frequency of crime and response to treatment.

Hypotheses

Specifically, the following primary and subordinate research hypotheses will be tested.

H' There is a regression function which accounts for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment.

H_a The Emotional Distress score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a higher score.

H_b The Motivation score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with the responders having a higher score.

H_c The Denial score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a lower score.

H_d The Abstract Conceptualization score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a higher score.

H_e The Empathy-Object score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a higher score.
The Life Adjustment score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a higher score.

The Environmental Stress score will account for a significant amount of the variance between offenders who do respond to treatment and offenders who do not respond to treatment, with responders having a higher score.

The Frequency of Crime score will account for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment, with responders having a lower score.

In addition the following variables, drawn from the literature and from clinical judgment, will be utilized to provide supplemental information on response to treatment:

- Parent's marital status during offender's childhood
- Father's occupation
- Number of sisters
- Ethnicity
- Neighborhood
- Previous criminal convictions
- Previous prison incarcerations
- Degree of violence in crime
- Possible organic dysfunction
- History of blackouts
- Elizur's Rorschach Hostility Score
- Sexual frustration
- Alcoholism
Operational Definitions

1. **Aggressive Sex Offender** is defined as the individual who initiates some sort of physical, sexual contact with an individual who either does not consent or is incapable due to age or mental status of giving consent. This is to be differentiated from the individual who engages in passive sexual offenses such as exhibitionism, peeping or making obscene phone calls in which no physical contact is made. The aggressive offender usually has been charged with criminal rape or child molestation. Offenders against adults have committed a sexual crime against a female sixteen years of age or older. The offender against children has committed a sexual crime against a female younger than sixteen. For the purpose of this study, incest offenders have not been included unless their sexual assault was against a stepchild of a recent marriage.

2. **Favorable Response to Treatment** is defined as 1) having remained in the treatment program for nine months, 2) then either continuing in the program, or being terminated successfully or transferred by the therapist, 3) not having recidivated either during or following treatment. If the subject failed to meet any of criteria, he was considered as not having responded positively.

3. **Treatment** is here defined by participation in PASO Program (Positive Approaches to Sex Offenders), a division of Alternatives, Inc. of Albuquerque, New Mexico. In 1971, moving upon
a judge's request, a small group of mental health professionals at the Bernalillo County Mental Health/Mental Retardation Center designed a community-based program which, according to a survey conducted by the American Friends Service Committee, was the first of its kind in the country, as it was the first outpatient program to offer services to both passive and aggressive offenders. The program was transferred to Alternatives, Inc., a coalition of offender programs, in July, 1975. The basic approach of the program combines ego-analytic, reality and a variety of humanistic methods and offers individual, group and marital counseling plus some social services such as vocational assistance. The stated goals of the program include:

1. To rehabilitate over 50% of the program's clients.
2. To help clients develop interpersonal skills through group therapy.
3. To help the client develop strong conditioning against the repetition of his antisocial behavior.
4. To aid the client in developing compassionate concern for the welfare and interests of others.
5. To enable the client to externalize hostilities and resentments.
6. To present an opportunity for growth and maturity in social responsibility.
7. To enable the client to enhance his self-image as a mature adult.
8. To develop awareness that sexual behavior involves responsibilities as well as gratification.
(Friends' Committee, 1976)

Preliminary progress reports from the program indicate that about half of the aggressive offenders complete the program. The recidivist rate thus far has been 11% but this includes exhibitionist who tend to have recidivate more than aggressive offenders. The report also indicates that 70% of those who remain in the program for six months or more successfully complete treatment. The offenders in this present study participated in the program for an average of two years with some being followed for four years.

4. Emotional Distress is defined as an offender's score on Elizur's Rorschach Anxiety Scale (Lerner, 1975) plus his response to the following statements on the Mooney Problem Check List:

(20) Lacking self-confidence
(68) Lacking ambition
(115) Speaking or acting without thinking
(118) Sometimes acting childish or immature
(119) Being envious or jealous
(126) Feeling extremely lonely
(166) Sometimes lying without meaning to
(212) Feeling blue and moody
(216) Feelings too easily hurt

This is not meant to be a measure of the actual depth of discomfort, but represents a measure of the extent to which the offender admits to these feelings during an initial evaluation.
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<td></td>
<td>Social History</td>
<td>Admission of guilt</td>
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<td><strong>ABSTRACT CONCEPTUALIZATION</strong></td>
<td>Revised Beta Examination</td>
<td>Score</td>
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<td>Rorschach</td>
<td>Becker's Genetic-Level Score</td>
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<td>Psychodiagnostic Measure</td>
<td>Operational Definition</td>
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<tr>
<td>ENVIRONMENTAL STRESS</td>
<td>Mooney Problem Check List</td>
<td>Response to following statements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(82) Too much quarreling in the home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(106) Not enough money for necessities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(138) Afraid of losing the one I love</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(280) Sexual needs unsatisfied</td>
</tr>
<tr>
<td>EMPATHY</td>
<td>Rorschach</td>
<td>Pruitt and Spilka's Empathy-Object Score</td>
</tr>
<tr>
<td>FREQUENCY OF OFFENSE</td>
<td>Social History</td>
<td>Subject's Report</td>
</tr>
</tbody>
</table>

Fig. 1 Operational Definitions of Clinical Constructs
5. Motivation is defined in terms of the offender's response to the Mooney question, "Would you like to talk to someone about your problems?" Since these individuals have been referred to the program by the police or their lawyers during the pretrial period or have been ordered into the program by the court, their motivation is not comparable to that of an individual who voluntarily seeks treatment. Their responses to this question may actually reflect their ability to understand social expectations and respond accordingly. However, because the existence of this program is not widely known among the general public, it cannot automatically be assumed that these individuals would not have sought treatment if they had known of the program's existence. (See Fig. 1)

6. Denial is defined as failing to acknowledge being guilty of the offense and admitting to significant fewer problems on the Mooney than the mean for the group. (See Fig. 1)

7. Abstract Conceptualization is defined as the sum of the individual's Beta IQ score plus his Beck's Rorschach Genetic-Level Scoring Scale (Lerner, 1975) score. (See Fig. 1)

8. Life Adjustment is defined as a score which combines an individual's marital status, occupational level, longest time on a single job, educational level and military record. (See Fig. 1)

9. Environmental Stress is defined as a score derived from the following Mooney statement:

(82) Too much quarreling in the home
(106) Not enough money for necessities
10. **Empathy** is defined as the subject's score on the Pruitt and Spilka's Empathy-Object Rorschach Score (Lerner, 1975).

11. **Frequency of Offense** is defined as the total number of sexual assaults to which the subject admitted. It is acknowledged that this cannot be regarded as a completely factual figure, but it seems reasonable to assume that the variable of admitted offenses is a potentially relevant one, especially for those who have admitted to large numbers of offenses.
CHAPTER II

REVIEW OF THE LITERATURE

Factors Associated with Recidivism

In order to research the variables utilized in this study, it has been necessary to investigate studies of recidivism, primarily conducted by criminologists and primarily related to demographic factors, as well as studies focusing on response to psychotherapy which emphasize personality variables.

The Evolution of the Methodology

Criminologists have long been concerned with the question of predicting human behavior from identifying children likely to become delinquent to analyzing which offenders will recidivate if paroled. As Sheldon and Eleanor Glueck (1960) stated

A striking yet usually overlooked aspect of the history of penology and of code drafting is that all reform devices of the present century - depend for their efficiency on the 'reasonable predictability of human behavior under given circumstances'. All these forward-looking additions to the more traditional apparatus of criminal justice were adopted long before this indispensable basis for their success - predictability - was available, and this prerequisite is still largely ignored or minimized (p.1).
In order to aid judges in ruling and probation and parole boards in selecting individuals for parole, criminologists have devised a number of different prediction tables. These tables are typically comprised of social factors drawn from prison records. While these tables reflect a number of methodological problems, they do provide a method to help bridge the gap between the Classical School's orientation towards consistency in the treatment of the offender and the Neo-Classical School's emphasis on individualizing justice. It enables the decision-maker to take into account individual differences while maintaining a certain amount of objectivity and consistency.

In 1917 Frank Heacox studied the causative factors in the criminal careers of thirty parole violators. Due to the unavailability of modern statistical methods, he was forced to analyze his data using simple percentages. He did conclude that personality variables were more important than social ones.

The use of appropriate statistical procedures was emphasized by Hornell Hart (1923). He analyzed the work of Warner, Bates and Sanford (1923) who had "eyeballed" sixty variables from the records of parolees and concluded that there were few differences between recidivists. Hart then applied tests of statistical differences to this data and concluded that the two groups differed on the following factors: father in prison; father intemperate; mother arrested or in jail; mother intemperate; associates of bad character; home bad; parent's marriage unstable.
Violators showed a worse work record, more use of ces and alcohol, higher incidence of misbehavior in prison and more concern about their health. Mannheim (1955) has criticized Hart's work, claiming that he tended to accept prisoners' stories when they suited him, but rejected them when they conflicted with previous findings.

During this early period Howard Bordon (1928) also studied the correlates of recidivism. However, Ernest Burgess (1928) was the first to publish a table for prognostic purposes (Laune, 1935). His study utilized 3,000 subjects and 21 variables. Vold (1931) has criticized the study for utilizing subjective, overlapping categories and for lacking measures of reliability. Hakeem (1948) attempted to validate the method and found that while the table could be used to accurately predict those who would not violate parole, it was unreliable in predicting those who would.

In 1929 Sheldon and Eleanor Glueck published their first study in what was to be a long series of books and articles dealing with numerous aspects of prediction in criminology, and spanning over half a century. They presented the first prediction tables using a limited number (usually five) of weighted factors. A validity study for their table predicting parole behavior concluded that this method was accurate 91.9% of the time.

George Vold (1931) studied the Burgess method, which advocated the use of all available variables, and the Glueck method, which utilized a selected few, and concluded that while
no variable drawn from a prison record showed outstanding predictability, few proved to be of no importance (Vold, 1931). He selected twenty-five variables for his table.

Utilizing a variety of approaches and variables, early prediction tables were constructed by Argow (1935), Hakeem (1945), Jenkins (1945), Laune (1936), Ohlin (1951), Sanders (1935) and Tibbetts (1931). Vold (1931) recognized the inadequacy of the available statistics and stated that

> no entirely satisfactory statistical index for measuring the reliability of a reclassification of materials entered under categories has been found (p. 47).

He stated that the coefficient of mean square contingency was untrustworthy for him due to the small number of cases, the large number of squares, and the skewed distribution. He suggested using the "percentage in full agreement on the scatter".

Laune (1936), utilizing the opinions of fellow inmates as the predicting variable, made an interesting but rather unproductive use of "unobtrusive" observation. Ohlin and Lawrence (1952) later attempted to replicate this study but concluded that "objective factors yielded considerably more efficiency than Laune's factors attitude factors" (p. 273).

Ohlin and Duncan (1949) did an extensive comparison of the various prediction methods. They found that the methods varied widely in predictive ability, reducing error from 3.2% to 43%. They pointed out that sources of error include
lack of association between prediction factors and outcome in the community, as well as sampling fluctuations and probability changes across time (See Table 1).

Meanwhile, prediction tables modeled after those developed in America were being devised in Europe. Robert Schiedt (1935) studied 500 releases and noted that the most predictive factors included a particular short interval between discharge from prison and a subsequent conviction, criminality extending over the areas of several district courts, and poor social and family conditions after discharge. However, because of the way his point system was devised, he achieved only 51% accuracy. Trunk (1937) revised this system and improved the accuracy to 71%. Gerecke (1939) then revised the scheme so that the factors were weighted. The table was then validated by Maywerk (1938), Schwaab (1940) and Kohnle (1938).

In the middle 1950's, statistical methods became more sophisticated and prediction tables more complex. Weinberg (1954) suggested that a three-tiered system be adopted, utilizing the independent variables of family relations, peer relations, accessibility of delinquent peers; the intervening variables of dissatisfaction with conventional role-models, delinquent versus conventional peers and outlets; and the dependent variables of various offenses. Such complex models could be handled only by multivariate approaches. Kirby (1954) was among the first to use discriminant analysis in devising a prediction table. This method has the advantages of employing a more exact measure of
<table>
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<th>Study</th>
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<th>Error of Prediction (%)</th>
<th>% of Reductions In Error</th>
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association ('r') and can obtain a finer weighting of variables proportionate to their individual contributions. Associations between variables also can be evaluated. Grygier (1969) established a discriminant analysis computer program to predict recidivism which is still in use in Canada. Davis (1964) utilized a cohort-approach research design. Unkovie and Ducsay (1969) constructed a table with configurational analysis which successively bifurcates heterogeneous groups into smaller, homogeneous ones, following lines of maximum failure and success at each step in the separation of factorial pairs. Using cluster analysis, Sampson (1974) found predictive ability greatly enhanced.

Two studies have utilized the MMPI as a predictive device. Elio Monachesi (1932, 1954) urged the use of this instrument. J. Panton (1962) presented the "MMPI Index to Successful Parole" and claimed an 80% success rate for the profile configuration.


Two studies have addressed themselves to parole boards' use of prediction tables. Both Roger and Hayner (1968) and Hoffman, Gottfriedson, Wilkins and Pasela (1974) agreed that parole boards are reluctant to use tables. Hoffman concluded that the use of a Burgess-type table did influence the board's
decisions but did not reduce split votes or effect the subjective ease or difficulty of reaching a decision.

Prediction tables are subject to a number of methodological problems. In the first place, most of the data has been drawn from prison records. This may be inaccurate or reflect misrepresentations on the part of the prisoner. As Tibbetts (1931) observed, some factors are highly susceptible to such misrepresentation (e.g. those that drink the most, lie the most about it). Glancing at some of the factors in prediction tables, the subjectivity of many of them is striking. Ohlin's (1951) table breaks people into the following social types: "erring citizen, marginally delinquent, farmer, socially inadequate, ne'er-do-well, floater, socially maladjusted, drunkard, drug addict and sex deviant". These categories are vague and overlapping. The Gluecks (1964) relied heavily on family factors, but to obtain accurate data on parental affections, cohesiveness of the family, parental discipline, moral standards of the parental home, etc., is difficult. Even if such information is consistently placed into a prisoner's record, it can only reflect the opinions and/or memories of the prisoner or family members, if available. The prisoner may tend to be overly-critical of his upbringing as a way of rationalizing his behavior, while family members may be overly-defensive or guilt-ridden and consciously or unconsciously distort the information.

Information about an individual's personality is also largely subjective. Such information may be obtained from tests which may discriminate unfairly against certain groups,
or it may come from the clinical intuition of a professional. Sadoff and associates (1971) and Hampton (1971) both reported that therapists proved to be poor predictors.

Davis (1964) criticized past studies for failing to utilize a proper base for calculating the rate of violation and to follow-up accurately. He pointed out that his research had been impaired by many unreported probation violations, by the varieties of filed supervision, by court policies, and by the fact that probation revocation does not necessarily indicate that rehabilitative efforts have failed. Cowden (1969) agreed, pointing out that revocation may reflect the violation of a very minor probation rule rather than the commission of a crime, and is highly dependent upon the discretion of the probation or parole officer. On the other hand, nonrevocation may only mean that the individual has so far evaded detection and may be heavily involved in criminal activities.

Specific Variables Associated with Recidivism

What do all of these studies say about the individual who is most likely to recidivate and who is least likely? Do the studies agree or contradict each other? Seventeen factors shall be examined to answer these questions.

Age

Age proved to be an important predictive factor in many of the studies, with the younger individual showing more recidivism (Bartell and Winfree, 1975; Bordon, 1928; Cowden, 1966; Gluecks,
1960; Guze, 1964; Jenkins, 1942; Mandel et al, 1965; Unkovic and Ducasay, 1969; Vold, 1931). The Gluecks found youth to be one of the five most relevant variables in one third of their prediction tables. However, Heacox (1917) and Tibbitts (1931) found younger men to be less recidivistic, be they juvenile or adult offenders. Payne and associates (1974) found the variable to be irrelevant. Neil (1974) pointed out the probation officers are much more likely to recommend the youthful offender for parole then the older person.

Two conflicting theories present themselves. Those advocating early intervention would predict that younger individuals are more capable of changing their behavior. Of course, few people would claim that prison, parole, or probation are effective rehabilitation programs, in and of themselves. On the other hand, the younger an individual is when he comes to the attention of the authorities or shows a need for treatment, the deeper his problems may be and the less history of normal social adjustment he has to fall back on. It would appear in the case of criminal behavior that the younger one is when brought into the criminal justice system, the less likely are his chances to leave the system successfully and permanently.

**Alcoholism**

Heacox (1917), in his early study, found that 86% of his recidivists overindulged in alcohol. Tibbetts (1931) felt this was an especially relevant factor, but also felt that it could not be studied accurately because of the tendency for the heaviest drinkers to lie the most about it. Vold (1931) found
that 24.7% of his recidivists drank heavily, while only 9.5% of his nonrecidivists did. Ohlin (1951) found that being an alcoholic was highly predictive of recidivism. Guze (1964) reported that 43% of his parole failures were alcoholics, and Nicholson (1968) agreed with its predictive value.

Companions in Crime

The Gluecks (1960) found that being a member of a gang at the time of offense was associated with a higher success rate than being a "loner". Vold (1931) found a similar relationship. Ohlin (1951) found that having three or more accomplices was also an indicator of success on parole. This was in accord with Tibbetts' (1931) earlier finding that "lone wolves" are poor risks. However, Ukovic and Dusay (1969) found no significant differences between those who acted alone and those who were with companions.

Attitudes

Few studies have addressed themselves to studying attitudes, probably because they tend to be subjective and, especially with this population, susceptible to misrepresentation. Whiskin (1964), working with a court clinic in Massachusetts, found that successful parolees were interested in looking for problems in their lives related to their criminal behavior and voiced the concern that they did not know why they had committed the crime/crimes but would like to gain understanding so as to prevent it from happening again. Nicholson (1968) stated that in looking for those who would succeed on parole, one should look for a healthy sense of
conscience, the ability to tolerate and control anxieties, the desire to strive for a better life, and ability to make decisions along with the ability and desire to attain satisfying and reasonable goals in life, along with the conviction that personal and social storms will not subside immediately (Whisken, 1968, p. 55).

**Ethnology**

Tibbitts (1931) found that Blacks showed the highest recidivism rate while Greeks, Lithuanians, Yugo-Slavs, Scandinavians, Czechs, Jews Mexicans, Italians and the English showed the lowest. The Gluecks (1960) found that individuals whose fathers were born in the United States or **Georgian** countries other than Poland, Russia, Lithuania, Italy or Ireland showed a 65.5% recidivism rate. Those from Italian and Irish backgrounds recidivated 54.4%. In another table, however, he found the Irish to have by far the greatest recidivism rate. Their tables contradict each other repeatedly on whether the native-born or foreign-born is more likely to fail. Davis (1964) found Chicanos to be the most successful, while Blacks were the least. Unkovic and Ducsay (1969) found that race or ethnicity were not predictive either way.

**Health**

Only two researchers felt that physical health was a relevant factor. Hart (1923) found that parole violators tended to have more questions about their physical health. Kirby (1954) found that good health was a predictor of success.
Home Conditions

In this section are included factors which relate both to the parental home and to the marital home. Heacox (1917) felt home conditions to be extremely important predictors, and he particularly identified a) lack of parental control, b) father alcoholic, c) early death of mother, d) early death of both parents, and e) a lack of healthy mental interests in the home. Hart (1923), however, found that coming from a broken home was not predictive. In the Gluecks' (1929) first work, they found that individuals from "unfavorable" homes had a recidivism rate of 86%. In their later works, they identified twenty-two factors associated with the parental home, and most of the tables show a heavy emphasis on parental influences. Discipline was found too overstrict or lax among failures (Gluecks, 1960), the father was most often indifferent or hostile, the conjugal relations were poor, family relationships socially unacceptable, delinquency was present in other family members, and parental education was lacking. However, they showed conflicting relationships on moral standards of the home and economic status, since the recidivist often came from the wealthier home.

Jenkins (1942) found that chances were best for an individual when he came from an intact family with a moderate income. Vold (1931) found that individuals from broken homes were more likely to fail on parole. Ohlin (1951) found that individuals who ran away from home or who were raised in institutions, inferior, broken or even average homes, were more recidivistic
than those raised in superior homes. He also found that very active family interest was a predictor of success. However, Cowden (1966) and Guze (1964) did not find family factors to be predictive.

Turning now to the marital family, one finds much less attention has been paid to this aspect of one's life. Vold (1931) found that while there was no difference in violation rates between single and married offenders, separated, divorced and widowed individuals did show higher rates. Persons who had five or more children were less likely to violate than those who had four or less. Strangely, Mandel and associates (1965) found that those with stable marriages were more recidivistic.

Intelligence

Intelligence is another factor about which most people have preconceived notions. Neil (1974) found that probation officers tend to feel that higher intelligence is related to nonrecidivism. However, Borden (1928) found that individuals with lower intelligence were more successful on parole. He pointed out that lower IQ scores were apt to be associated with rural background and that individuals from rural locales show less recidivism. Tibbitts (1931), however, found that intelligence was positively correlated with success among juveniles. Vold (1931) found a very scattered relationship, with less recidivism, in general, at the extremes. Jenkins and associates (1942) found that intelligence was not related to success or failure. The Gluecks (1970) found that mental
retardation was correlated with failure. Apparently intelligence bears an ill-defined and perhaps spurious relationship to non-recidivism, and certainly not a linear one.

Mental Illness

The question of whether criminals are mentally ill touches upon the most basic differences between psychology and sociology and is a highly volatile political issue as well. A consistent definition of mental illness has never been reached, and variability between diagnosticians is immense. None of the authors cited below who felt mental illness was related to recidivism used the same criteria, and so a person who might be considered "unstable" in one study might be thought of as "stable" in another.

Heacox (1917) emphasized personality disorders as causes of recidivism. He stated that his recidivists showed more instability in adolescence as well as defective control of impulses. The Gluecks (1929) included the concept of psychopathy as one of their first factors. In their later tables (1960), they included the concept in six of the tables. In predicting behavior of male offenders, ages 32-36 years, in jails and prison, they found that 33% of those diagnosed as being psychotic or having psychopathic personalities failed to adapt satisfactorily. They also found that 87% of male offenders who were psychotic had recidivated within five years of their release, 75% that had psychopathic personalities, and 60% that had neither, had recidivated. Within a ten-year period, 100% of those with psychopathic personalities, 96.8% who were psychotic, and
65.7% who were neither, had recidivated. Among female inmates, 100% who were judged psychotic, 91% who were alcoholics, 80.8% who were addicts or had epilepsy or syphilis, and 77.2% who were psychopathic, neurotic or neurasthenic, failed to adapt to prison. On parole, almost the same percentages failed.

Clark Tibbits (1931) found, however, that emotionally disturbed youths did better on parole. Vold (1931) found drug addicts had twice the recidivism rate of nonaddicts. Ohlin (1951) found being classified as having an inadequate, unstable egocentric or grossly disturbed personality was a negative predictor. Jenkins and associates (1942) found that recidivists showed significantly more rebelliousness, impudence, impulsivity and compulsive behaviors.

Using psychological tests, Panton (1962) and Colin (1971) found parole violators to be slightly higher on the MMPI Depression, Psychopathy and Paranoia Scales. Eysenck (1974), using his Personality Inventory, found that only Extraversion was significantly related to recidivism.

Whiskin (1964) and Hampton (1971) found that individuals judged neurotic were better probation or parole risks than those having personality disorders. Guze (1964) concluded that once a man has been convicted of a crime, psychiatric illness plays a very limited role in his future behavior. Cowden and Pacht (1967) found that elevated amounts of anxiety and dependency were associated with parole violation in juveniles, while larger amounts of guilt and depression were associated with successful adjustment. Payne (1974) found the psychopaths
had the highest recidivism rate of emotionally disturbed offenders.

**Nature of Crime**

Sentencing in society today reflects the attitude that the more serious the crime, the more likely the chance of recidivism. Of course, if a murderer recidivates it is a much more shocking and frightening thing, and the parole board that let him out may receive devastating publicity.

Who is the most likely to recidivate? The results are relatively clear when compared to the conflicting findings on other variables. Although Cowden (1966) and Unkovic and Ducsay (1969) studied the variable and found it unrelated to recidivism rates, Davis (1964), Hart (1923), Mandel and associates (1965), Nicholson (1968), Ohlin (1951) and Payne (1974) found individuals convicted of burglary, larceny or fraud much more likely to recidivate while, according to Davis (1964), Ohlin (1951), Payne (1974) and Tibbitts (1931), those convicted of murder and/or sex crimes show significantly lower rates than the average offender.

These findings should have significant bearing on treatment and corrections programs. However, public opinion may make such re-evaluation difficult.

**Neighborhood**

Slums have been referred to as the breeding ground of crime. Those who have studied geographic origin as a factor have found uniformly that those raised in rural areas have a significantly better chance to succeed on parole than those
raised in urban areas (Borden, 1928; Jenkins, 1942; Tibbits, 1931; Vold, 1931). Ohlin (1951) found a clear negative linear relationship between recidivism and rurality. Davis (1964) pointed out that where there is more supervision, there is more parole violation; however, it is difficult to say whether one would get more supervision in a rural or urban area.

The concept of "neighborhood" is a packaged variable and clearly is related to a great many other factors. Recidivism is related to a great many social conditions found in slums, such as drug addiction and high unemployment, but it is difficult to draw a true comparison between individuals of different neighborhoods, as lawbreakers from wealthy areas and suburbs are less likely to be sanctioned at all.

Parole Experience

While static theories rely almost exclusively on factors in one's background, the more dynamic predictive instruments have attempted to write in factors associated with one's experience on parole. Vold (1931) found some interesting phenomena. Those individuals who lived while on parole in communities adjacent to those in which they were brought up did better than those who returned home or moved far away. Individuals returning to the community where they had committed the offense violated more. Satisfaction with parole job was highly indicative of success. Those who made the highest wages and, strangely enough, those who made the lowest wages did best. Those who were visited by parole officers no more than once had the highest violation rates (Vold, 1931).
Tibbits (1931) found that individuals who were paroled into rooming house communities had the highest failure, while those who went to farms did the best. The Gluecks (1929) found that there was a difference of 10% to 85% recidivism score in individuals who showed good to poor attitudes toward their families after parole. There was also a 19% recidivism rate for those with good work habits after parole, as opposed to 92% for those with poor work habits. Ohlin (1951) found that whether the parole job was adequate or inadequate was highly predictive. Reeves (1961) urged that the individual's relationship with his parole officer should be incorporated into the tables. The Gluecks (1960) found constructive use of leisure time quite necessary for success on the outside.

Previous Record

The research in this area is quite clear. Recidivators recidivate and recidivate. In other words, individuals with a previous criminal record have recidivated once and are more likely to do so again. Heacox (1917) found that 86% of his parole violators had criminal records. The Gluecks (1929) in their first study found that of those who had recidivated, 69% had been arrested previously, and those who had been imprisoned previously made up 74% of the total failures. In later tables (Gluecks, 1960), they found previous arrests highly predictive of recidivism within five- and ten-year periods in males twenty-five to twenty-nine years old. Guze (1964) found previous record to be his most predictive variable, as did Payne (1974). Bartell and Winfree (1975) found that previous
incarceration for burglary was highly predictive of recidivism for this crime. Like findings were reported by Jenkins and associates (1942), Kirby (1954), Landis, Mercer and Wolff (1969), Mandel and associates (1965), Nicholson (1968), Tibbetts (1931) and Vichert and Zahnd (1965).

Prison Record

The parole board usually places heavy emphasis on an individual's record of conduct in prison. However, prison itself can be thought of as a deviant society, and what are the implications of adapting to this? A prison is also a total institution which manages every aspect of one's life, robbing one of initiative and self-direction while exposing one to all elements of society. What are the effects?

Hart (1923) found that recidivists showed more misbehavior in prison. Vold (1931) found that misconduct and punishment were indicative of future parole violation. Mandel and associates (1965) found recidivists had participated in more education programs, but non-recidivists showed higher achievement in such programs. Cowden (1966) found prison adjustment to be one of his three most predictive variables.

Warner and Bates (1923), Borden (1928) and Tibbetts (1931) found length of time in prison predictive of violation, with longer stays indicating higher rates. Vold (1931) did not find a clearly linear relationship but did find that serving 24 months was the optimum amount for success on the streets. Bartell and Winfree (1975) found that offenders who were incarcerated were more likely to violate than those who had
been placed on probation. Vichert and Zahnd (1965) found that those who were in prison for less than four months were lower risks.

Religiousness

One might feel that individuals who were active in religious activities would have a good chance of reforming their lives in the light of their faith. However, there are many reasons why offenders might participate in such activities; they might enjoy the social contact, find them a break in the monotony, or seek to impress prison officials. There is also a difference between individuals who are deeply religious and those who manifest religiousness, characterized by moralizing, adherence to superficial forms, and an inability to understand or incorporate into themselves the deeper meanings.

Kirby (1954) found that religious individuals were more successful. Cowden and Pacht (1967), however, found that while individuals who were active in religious activities were better adjusted in the institution, they did poorer after they were released. Unkovic and Ducsay (1969) found no significant difference on this variable. The Gluecks (1960) found that Jews were most successful, while those from mixed religious backgrounds were least successful.

Schooling

There are a number of ways schooling could be related to recidivism. The number of years completed might indicate the degree to which a person is capable of conforming to the demands of an institution. Amount of education has a bearing on how
one will be able to compete in society. Vold (1931), forty years ago, found that people who were totally illiterate or had less than a third grade education showed less recidivism. This may have been related to rural background, which in itself would mitigate against recidivism. Jenkins and associates (1942) found that among juveniles a good attitude toward school was associated with a successful parole. Mandel and associates (1965) found that while there was no overall difference in the reading level of successful parolees and unsuccessful ones, unsuccessful individuals had an overall lower grade level achievement.

The Gluecks (1960) found school misconduct, especially truancy and school retardation, highly predictive of failure in juveniles. These factors were less predictive among adults.

Work History

It is a fairly common belief that individuals turn to crime when they cannot make an honest living. Recent statistics indicate that there is a relation between property crimes and economic depression. A steady work record may also reflect a stable personality. However, there are always exceptions.

Hart (1923) found recidivists to have less stable work histories. The Gluecks (1929), in their first table, found parole violators to have poorer work habits and to be economically irresponsible. They found in their later tables (Gluecks, 1960) that failures are more likely semiskilled or unskilled, although this was not entirely consistent. They also found that those females who did not need to support families showed
the highest failure rate. Vold (1931) found that unskilled and semiskilled laborers showed the most recidivism. Individuals who had been regularly employed were the best risks. This was confirmed by Tibbitts (1931), Ohlin (1951) and Nicholson (1968).

Conclusion

Putting together all of the information available in the various studies, one can get some idea of the most typical recidivist. The violator is usually a young male who may have a problem with alcohol. He probably committed burglary, larceny or fraud by himself. He may have a character disorder. If treated in group therapy, he was probably an active, enthusiastic participant. He is probably Black, from an urban area, from a family broken emotionally if not physically. He is not necessarily from a poor family. He is probably divorced. His intelligence is probably normal, but the chances are that he disliked school, was frequently truant, dropped out, and functioned below his grade level. His work history has consisted of sporadic unskilled and semiskilled jobs, and he may be in debt. Chances are good that he has been arrested and imprisoned previously, and although he may have participated in educational or religious activities, he did not really gain much from them. He showed some misconduct in prison and was denied parole at least once. He probably went back to the community from which he was incarcerated. He had minimal contact with any kind of supportive family, and could not find a job he liked nor constructive activities to occupy his leisure time.
Much of this profile is what one might expect. However, probation officers tend to recommend for probation those individuals who are younger, smarter, and have more education and better attitudes (Meltzoff and Kornreich, 1920). Recidivists do not differ from nonrecidivists on these factors, and many times the officer may be viewing as positive some predictor factors which are actually negative.
The dialogue between the psychotherapist and the researcher has been repeated so often that it has become stereotyped....The therapist claims that therapy is effective because his experience tells him so, and he proceeds to describe a case. The researcher wryly observes that barberblood-letters were just as convinced of the efficiency of vivisection and were, no doubt, as adept at citing successful cases.....The researcher calls the therapist resistant because psychotherapy has grown as a craft, with its legend and lore, at a more rapid pace than it has as a science....The therapist refers to the researcher as a nihilistic devil's advocate whose resistant attitudes obviously stem from pathological psychodynamics. At the end, neither of the two is much shaken in his faith. (Meltzoff and Kornreich, 1970, p. 63)

The researcher can contribute significantly to the therapist's skill and effectiveness. Most studies in this area have reported positive response to psychotherapy. However, the question may be, not whether psychotherapy works, but with whom it works. Studies have reported that 30 - 50% of all patients drop out of therapy (Luborsky et al, 1971) and not all remainers show improvement. Considering the limited resources in time and personnel in the mental and health fields, it is important that researchers investigate the most effective matching of patients to treatment modalities. Few have so far attempted this. Most of the following research investigates relationships between vari-
ables and psychotherapy in a broadly defined sense.

Studies Utilizing Psychodiagnostic Instruments

Psychological tests have been used since their inception in predicting the outcome of various psychopathological states and in estimating probable response to treatment. Despite numerous methodological problems which shall be discussed later, the research in this area is quite extensive.

Rorschach

Certainly the Rorschach is the most researched of all psychological tests. Entire journals have been devoted to its study. A number of researchers have attempted to find clues among its numerous dimensions which would be of value in predicting which individuals would respond to psychotherapy. In a pioneer study Bradway, Lion and Corrigan (1946) utilized a sample of promiscuous females treated in psychotherapy and found that those subjects who showed eight or more of the following signs on an initial Rorschach could be classified reliably as treatable. Their signs included

R-20+
Time - 40" or less
FM - 2 or more
FK
Fc
FC = or > CF
D% = >50
P 4+
% R (last 3 cards 40% +)
No rejects
The authors cross-validated their method on a similar sample and verified their findings (Bradway et al, 1946).

The same year Harris and Christiansen (1946) reported a study of patients receiving brief psychotherapy for delayed recovery of physical illness. They devised a formula for the Rorschach which differentiated at the .01 level of significance between patients who responded favorably and those who did not. Their formula was \([+2CM, FM, Anat-sex; +1.5 (FK); +1(Fc, C, C'); -.5 (F); -1 CK, F-, Rej; -2 (c, FC); -2.5 (CF)] +4\) (Harris and Christiansen, 1946).

Siegel (1946) found that the number of refusals, FC, W%, H, O, Fc% and a favorable response to testing the limits differentiated between neurotic patients who improved and those who did not. However, he failed to report the level of significance.

In 1951 Rogers, Lawrence, Knauss and Hammond investigated 99 Rorschach categories in an attempt to predict which patients would leave therapy early. However, they were unable to find any significant differences. They concluded in a later study that M responses appeared to be the most promising of the Rorschach signs (Rogers, et al, 1953). Roberts (1954) also reported the failure of 11 Rorschach indices to predict the outcome of psychotherapy. He felt color signs were the only ones which warranted further study.

Gilly, Stotsky, Miller and Hiller (1953) studied remainers and terminators in psychotherapy. They found that subjects who remained showed high ego-involvement associated with high R,
high D and M, and much use of color and shading. Terminators were characterized by limited response productivity, few content categories, stereotyped response and little use of color. They also showed high F+ scores and were overly-deliberate, sticking only to "safe" topics. Patients who somatized their psychological problems and thus channeled their anxiety were poor risks and usually failed to give FK, k, Fc & M responses.

Bloom (1956) addressed himself to studying underproductive Rorschach protocols which do not lend themselves to the more popular formulas. He found that subjects successful in psychotherapy gave more responses and showed higher M & H scores. He hypothesized that this reflected a higher ability to fantasize and more sensitivity to external stimuli.

Affleck and Mednick's (1959) study of abrupt terminators found that these individuals are characterized by limited verbal productivity and difficulty in spontaneously expressing ideas which deal with human activity. They devised a prediction formula (R+ 19.8 - 18.6H) which could predict 68% of terminators.

Fishman (1973) reported on the application of a scoring system derived by Holt to measure an individual's ability to regress in the service of the ego. The system evaluates the Rorschach form content by the degree to which it deviates from the norm by condensation, displacement or logical contradiction. Then the degree of drive-laden, nonlogical thinking which is integrated into more realistic responses is measured. This system successfully predicted overall improvement as rated
by an independent observer, decrease in distress, and overall success as rated by the patient's and therapist's ratings.

Levi (cited in Carnes, 1973) has stated that rehabilitation failure can be predicted without exception from the percentage of anatomical responses on the Rorschach.

There are three predictive scales which have had validating research done on them. In 1951, Bruno Klopfer first published the Rorschach Prognostic Rating Scale. This scale is highly complicated and involves rating human movement, animal movement, inanimate movement, shading responses, color responses, and form level on a variety of criteria. Mindess (1973) found that the scale correlated .72 with therapeutic outcome in his sample. Kirtner, Frank, Wisham and Giedt (1953) reported a validity study conducted with 40 veterans and found that they could achieve a multiple r of .70, using only the M, FM, and shading indices. Sheehan, Frederick, Rosevear and Spiegelman (1954), in one of the few studies which used a homogeneous sample receiving the same treatment, found that the RPRS differentiated at the .01 level between stutterers who responded to therapy and those who did not. Filmer-Bennett (1956) was unable to differentiate between remainers and terminators when the Rorschach protocols were paired. Using the RPRS improved the differentiation only slightly. Cartwright (1958), Endicott and Endicott (1964), and Whiteley and Blaine (1967), all found the RPRS significantly correlated with favorable response to therapy. However, Fiske, Cartwright & Kirtner (1964)
found that the RPRS could not predict therapeutic changes.

Kotkov and Meadows (1953) reported a prediction formula which could predict continuation in psychotherapy. This formula \( Y = 0.00038R + 0.00007D% + 0.00241(FC-CF) \) correctly classified 69% of patients in individual psychotherapy (Auld & Leonard, 1953). However, these subjects were the original ones on which the formula was developed, and Auld and Leonard (1953) pointed out that cross-validation should be used with a different sample. Doing this, they found that the method was predictive only 52% of the time.

Gibby, Stotsky, Miller and Hiller (1953) reported on the development of a formula utilizing R, A%, H%, F%, C, FK, k, FC & M, which were hypothesized to reflect greater motivation for therapy, and which were felt to reflect greater awareness of anxiety in remainers. They validated this on 269 veterans and found that using the original formula \( Y = 0.00049 R + 0.00212 \) Total K + .00010m, they could predict accurately in 68% of the cases. Refining this so that they used 35 responses as the cutoff, they could differentiate remainers from terminators 71% of the time. (However, if they predicted that everyone would terminate, they were correct 60% of the time.)

**Minnesota Multiphasic Personality Inventory**

Harris and Christiansen (1948) utilized the MMPI in an attempt to predict response to psychotherapy. They found that low Pa, Pt and Sc scores, high K scores and low (Sc+K) scores differentiated those who improved from those who did not at the .05 level.
Barron (1953) developed an Ego-Strength Scale for the MMPI designed to predict response to psychotherapy. Patients who were later judged to be improved gave MMPI responses which reflected good physical functioning, spontaneity, conventional church membership, permissive morality, good reality contact, feelings of adequacy and vitality, and physical courage with lack of fear. Unimproved subjects showed chronic physical ailments, broodiness, inhibition, withdrawal, worrisomeness, intense religious experiences, repressive morality, dissociation, confusion and phobias. Cross-validation showed a correlation of .54 with therapist ratings of improvement in brief psychotherapy. Wirt (1955) reported a validation study on the scale, indicating that it separated groups of improved and unimproved subjects at the .05 level of significance. However, Getter and Sundland (1962) found no significant correlation between the Scale and improvement in therapy, hours in therapy, or acceptance of therapy.

Greenfield and Fey (1956) tested all entering freshman males at the University of Minnesota in order to devise a method for predicting which ones would utilize the school's psychotherapeutic services. They employed four special scales – Welsch's Anxiety Scale (A Index = \( \frac{Hs+D+Hy}{3} + (D+Pc)-(Hs+Hy) \)), Welsch's Internalization Ratio (IR = \( \frac{Hs+D+Pt}{Hy+Pd+Ma} \)); a Subjective Discomfort Index (Hy+D+Pt) and Gallagher's Maladjustment Score (Hs+D+Hy+Pd+Pa+Pt+Sc). None were found to be significantly correlated with the tendency to seek therapy, and the authors
concluded all the measures were probably highly correlated with some type of disorder for which patients do not seek therapy.

**Other Individual Tests**

Fiedler and Siegel (1949) utilized a free drawing test scored by Goodenough's method in an attempt to separate successfully treated neurotics from unsuccessfully treated ones. Using a cutoff score of 11, 100% prediction could be made.

Two studies utilizing the Stanford-Binet found that IQ's correlated with response to therapy (Klugman, 1948; Kriegman and Hilgard, 1944). Fiske, Cartwright and Kirtner (1964) did not find WAIS scores positively correlated with outcome criteria. However, Hiler (1958) did find a significant correlation between response to therapy and all subtests in the Wechsler-Bellevue, especially on Similarities.

Jachim (1974) utilized a Social History questionnaire to differentiate remainers from terminators and found the former to be characterized by long histories of psychological problems, ease in acknowledging depression and guilt, and a solitary and retiring nature.

**Studies Utilizing Test Batteries**

Rosenberg (1954) divided a group of patients at a VA Hospital into a group of 20 who had improved and an equal group that had not improved. He studied their psychological evaluations which included the Wechsler-Bellevue, Rorschach,
and Sentence Completion Tests. The groups differed significantly on the following: 1) intelligence variables - IQ, productivity, rigidity and stereotypy; 2) affective variables - depth of capacity for feeling, sensitivity and 3) attitude and trait variables - energy level and health concerns.

Gallagher (1954), working with students in a counseling clinic, administered a test battery consisting of the Taylor Manifest Anxiety Scale, Elizur's Rorschach Anxiety Scale, the Mooney Problem Check List, and the MMPI. The students were followed through therapy and then divided into Most Successful, Least Successful and a middle group. The Manifest Anxiety Scale discriminated best between the groups. The number of words in the Mooney essay question differentiated the Success group from the other two. The authors pointed out that the discriminant ability of the other tests may have been diminished by the narrow range of maladjustment in the study.

Derr and Silver (1962) attempted to devise a rating scale based on the Rorschach, Bender, Sentence Completion, Rosenzweig Picture Frustration Test and an achievement test to predict which patients would respond positively to group therapy. Overt anxiety was the only variable which differentiated between the subjects significantly. The test measurement of this was significantly more predictive than therapist ratings.

Administering a battery consisting of the Rorschach, MMPI, TAT and Draw-a-Person, Endicott and Endicott (1964) found subjects who improved in psychotherapy were characterized
by positive ratings on RPRS and low F and K scales on the MMPI.

Barry and Fulkerson (1966) utilized a different approach. Hypothesizing that an instrument measuring abilities, performance and capacity could predict chronicity of disturbance, duration, and outcome of hospitalization, they tested 100 inpatients with the Differential Aptitude Test - Abstract Reasoning and Clerical Speed scales, Porteus Mazes, School and College Aptitudes Test Tapping Test, Necker Cubes, WAIS - Digit Span, sum and difference, Stroop Color - Word Interference Test and Word Fluency Test. Their results indicated that better test performance in chronic patients was associated with shorter hospital stays while better test performance in acute patients was associated with longer hospital stays.
Studies of Variables Correlated with Response to Psychotherapy

Affective Variables

Voluntary patients come into therapy because they are in some type of emotional distress. This distress may act as a continual motivational factor which keeps the patient in therapy. However, some affective states such as hostility, suspiciousness or very high anxiety may mitigate against success. Psychotherapy can arouse repressed feelings which are difficult for the patient to tolerate. Research on this variable has yielded contradictory findings.

Luborsky, Chandler, Auerbach, Cohen and Bachrach (1971), after reviewing literature related to psychotherapeutic outcome, concluded,

patients with high anxiety at the initial evaluation or at beginning of treatment are the ones likely to benefit from psychotherapy. High initial anxiety probably indicates a readiness, or at least an openness, for change. (P. 104)

Kirtner and Desmond (1958), found that patients who were improved after long-term therapy had initially been anxious about their impulse life. Adam (1961) reported that anxious offenders are more amenable to treatment than nonanxious ones as did Derr and Silver (1962), Distler, May and Tuma (1964), Gottschalk, Mayerson and Gottlieb (1967), Hamburg, Bibring, Fisher, Stanton, Wallerstein, Weinstock and Haggard (1967), Luborsky (1962).
However, Katz, Lorr and Rubinstein (1958) found no significant difference between improved and unimproved patients on the Taylor Manifest Anxiety Scale. Distler, May and Tuma (1964) found that while high initial anxiety was predictive of success in women, it was not correlated with success in men. Anxiety was found to be unrelated to therapeutic outcome by Bergin and Jaspar (1969), Greenfield (1958), Greenfield and Fey (1964), and Roth, Rhudick, Shaskan, Slobin, Wilkinson and Young (1964).

In studying hostility and its relation to treatment outcome, Schoenberg and Carr (1963) found greater improvement in dermatitis cases who showed more overt hostility. Leary and Harvey (1956) found hostile men more likely to change in therapy, for the better or worse, than hostile women. Feldman, Pascal and Swenson (1954) devised a scale to measure direction of aggression and found that patients who direct blame and hostility onto the environment have a poorer prognosis. This was confirmed by Gottschalk, Mayerson and Gottlieb (1967) using the Hostility - Inward Scale.

Both Gottschalk and associates (1967) and Uhlenhuth and Duncan (1968) found success to be significantly correlated with high scores on the MMPI Depression Scale. Conrad (1952) reported that patients with almost any type of mobilized affect, including anxiety, hostility and/or depression, showed more improvement than others. Bayard and Pascal (1954), studying
486 patients at Western Psychiatric Institute found level of affective expression correlated .33 with improvement. However, when duration of illness, hospital stay, treatment, direction of aggression, type of onset and precipitating stress were held constant, the correlation dropped to .05. Astrup and Noreik (1966) reported that flattened affect was negatively correlated with outcome. Stone, Frank, Imber, Battle, Hoehn-Saric, Nash & Stone (1966) all found level of dissatisfaction with self correlated with success in psychotherapy.

Katz and associates (1958) found authoritarianism, as measured by the California F-scale, to be unrelated to response to treatment but Kemp (1963), using the Rokeach Dogmatism Scale, found that "open-minded" patients showed more personal involvement in therapy. Both Barron (1953) and Tougas (1954) found high scores on an ethnocentrism scale to be correlated with therapeutic failure, but Rosen (1954) did not confirm their findings. Defensiveness has been reported to be negatively correlated with treatment outcome (Conrad, 1952; Zolik & Hollon, 1960; Strupp et al, 1963).

The findings concerning human relations and outcome have been consistent. Rosenblau and associates (1956) and Rayner (1964) using an object relations technique, Isaac and Haggard (1966) using the TAT, and Gottschalk and associates (1967) using a human relations scale, all found an interest in others to be indicative of a positive prognosis.

Studies of insight have yielded conflicting results. Raskin (1949) and Rosenbaum (1956) found no relationship.
However, Zolik and Hollon (1960) found that patients with more insight showed more improvement. Conrad (1952) reported that patients who could verbalize feelings and used intellectual controls were more successful. Studies of insight, along with other factors such as motivation, present a number of methodological problems.

Age

Several investigators have found a definite tendency on the part of therapists to select only younger patients (Bailey, Watshaw & Eichler, 1960; Crowler, 1950; Gallagher, Levin & Erlich, 1957; Gallagher, Sharaf & Levinson, 1965; Knapp, Levin, McCarter, Wermer & Zetzel, 1960; Rosenthal & Frank, 1958).

However, research on the relationship between age and response to individual psychotherapy has been contradictory. Casner's (1950) results indicated that patients under 30 did significantly better in therapy than older patients. Hamburg (1967) found that the age group over 46 showed significantly less improvement than younger patients. Gregory and Downie (1968) found younger veterans showed significantly better response than older patients. Similar findings also have been confirmed in studies by Stone, Frank, Nash & Imber (1961), Thorley and Craske (1950) and Zigler and Phillips (1961).

A negative relationship between youth and response to treatment was found by Conrad (1952) who reported, in a study of veterans, that the 25 most improved patients were about 5 years older that the least improved. Knapp, Levin, McCarter, Wermer &
Zetzel (1960) reported that older patients made significantly more improvement. Meltzoff and Blumenthal (1966) found that schizophrenics in day program therapy who were over forty-one made significantly more improvement than younger patients.

No relationship between age and improvement in psychotherapy was found by Bloom (1956), Cartwright (1955), Gaylin (1966), Gottschalk (1967) and Seeman (1954). Rosenbaum, Friedlander and Kaplan (1956) analyzed 305 patient records and reported no relationship between age and treatment outcome. This was confirmed by Feifel and Eeles (1963) and Rosenthal and Frank (1956).

There are a number of different theories as to why age should be related to therapeutic outcome. While younger patients may be more flexible and able to change, psychological disturbance appearing early in life may be more serious. Older patients may have less education. They may have a more chronic condition. None of the above mentioned studies specifically set out to study age, and consequently many relevant variables have not been controlled. Systematic bias in selecting patients, mentioned previously, has probably influenced the results. Other methodological problems will be discussed later.

Attitudes

Related to motivation is the patient's acceptance of his problems as his responsibility. Schroeder (1960) found that patients who scored high on devices measuring acceptance of responsibility showed a long and difficult therapy history with much growth. Imber, Hoehn-Saric, Stone, Nash & Frank (1966) also found a significant relationship between improvement
and the acceptance of responsibility for malfunction.

Several studies have found that initial expectancy of improvement on the part of the patient is positively related to outcome (Block, 1964; Goldstein & Shipman, 1961; Lipkin, 1954; Uhlenhuth & Duncan, 1968). However, Brady, Reznikoff and Zeller (1960) found no relation between expectations, as measured by the Picture Attitudes Test and the Sentence Completion Test, and outcome as rated by a therapist. No significant relationship between these two variables was found by Goldstein (1960) or Volsky and associates (1965).

Chronicity and Onset

Most studies of this nature have researched psychotic patients. However, Swensen and Pascal (1954) found that when a number of relevant variables were controlled, a group of improved patients differed significant from an unimproved group in that their illness showed a sudden onset. Another part of this study indicated precipitating stress differentiated improved from unimproved groups, but when other variables were controlled, the differences disappeared. Karush, Daniels, O'Connor and Stern (1968) found that the presence of a precipitating event was predictive of a positive outcome in patients with chronic ulcerative colitis.

Education

Educational level may be related to therapy on a number of different levels. It is interwoven with socio-economic level, family background, chronicity of disorder, intelligence and various personality factors.
Casner (1950) reported that patients with twelve or more years of education improved more than patients with less education. Educational level was positively correlated to outcome in studies by Bloom (1956), Bookbinder & Gusman (1964), Hamburg (1967), McNair, Lorr, Young, Roth & Boyd (1964) and Sullivan, Miller and Smelser (1958).

No relationship between education and therapeutic outcome was found by Frank (1957), Karson & Wiedershine (1961), Knapp and associates (1960), Lorr and McNair (1964), Rosenbaum (1956) and Rosenthal and Frank (1958).

Four studies have addressed themselves to the relationship between student status and therapeutic outcome. Three (Cartwright, 1955; Casner, 1950 and Rogers & Dymond, 1954) found it to be significantly correlated. One study failed to confirm this finding (Gaylin, 1966).

Marital Status

Farina and Webb (1956) studied the relationship between certain premorbid factors and subsequent discharge adjustment of schizophrenic patients, and found that recent sexual adjustment predicted adjustment but not behavior on trial visits. Stone and associates (1961) also found a significant relationship (p.<.05) between successful therapeutic outcome and good premorbid sexual adjustment. Gregory and Downie (1968) reported that married patients had better post-hospital adjustment and this finding was consistent with a study reported by Buell and Anthony (1973).
However, Tolman and Mayer (1957) found marital status to be unrelated to psychotherapeutic improvement and Bookbinder and Gusman (1964) found neither marital nor sexual adjustment were related to psychotherapeutic results.

**Motivation**

Meltzoff and Kornreich (1970) stated

One of the axioms of psychotherapy is that an individual has to be motivated for it and want to change if any change is to take place. Psychotherapy is seen as a dynamic process in which the patient willingly plays an active role rather than a process in which the patient endures something done to him, whether he wants it or not....It remains to be explained why therapeutic gains have been successfully demonstrated in nonvolitional institutional settings where there is no dropout option... (p. 250)

Conrad (1952) reported that patients motivated by a need to change were more successful in psychotherapy. Cartwright and Lerner (1963) found that need to change was directly related to response to therapy. Strupp, Wallach, Jenkins & Wogan (1963) reported a correlation of .48 (p < .01) between motivation and outcome. Luborsky, Chandler, Auerbach, Cohen and Bachrach (1971), reviewing research on factors relating to outcome of psychotherapy, concluded that motivation is related to improvement.

Ross and Mendelsohn (1958), studying homosexual students in therapy, concluded that initial signs of high motivation were not ordinarily present in successful cases. Rosenthal and Frank (1958) found that patients with lower initial motivation improved more than patients with higher motivation. Siegel
and Frank (1962) found no significant relationship. This was confirmed by Schoenberg and Carr (1963) and Volsky, Magoon, Norman and Hoyt (1965).

Ends and Page (1959) suggested that motivation need not be an initial condition but may appear as the therapy progresses and insight develops. Likewise, motivation may disappear during therapy.

**Occupational Adjustment**

Occupational adjustment is another complex, packaged variable which may act as both a cause and a result of emotional problems.

Casner (1950), Conrad (1952), Sullivan and associates (1958) found occupational adjustment positively related to therapeutic outcome. Bookbinder & Gusman (1964), in studying the premorbid adjustment of 63 hospitalized patients, found a moderate correlation between occupational adjustment and response to psychotherapy. Gregory and Downie (1968) found that premorbid occupational adjustment was significantly correlated with out-of-hospital adjustment in a group of veterans. Buell and Anthony (1973) found that employment history was positively related to post-hospital employment.

No significant relationship between occupational adjustment and response to treatment was reported by Brill (1960), Miles, Barrabee and Finesinger (1951), Rosenbaum and associates (1956) and Tolman and Mayer (1957).

**Social Class**

Social class and socio-economic status are among the
variables which have received the most attention from researchers. Its relation to therapeutic outcome is confused by the findings that fewer lower-class patients are self-referred (Albronda, Dean & Startweather, 1964), their expectations and attitudes are less likely to be compatible with psychotherapy (Jones & Kahn, 1964; Redlich, Hollingshead & Bellis, 1955), fewer are ever referred to psychotherapy (Crowley, 1950; Gallagher, 1957; Rosenthal & Frank, 1958) and fewer accept or remain in psychotherapy when referred (Cole, Branch & Allison, 1962; Imber, Nash & Stone, 1956; Rosenthal & Frank, 1958; Schaffer & Myers, 1954).

Rosenbaum, Friedlander & Kaplan (1956) ranked more upper-class patients than lower class in the "much improved" category. Cole, Branch & Allison (1962) reported that upper-class patients had a significantly better chance of being terminated as socially improved. In a study by Kamin and Caughlan (1963), fewer lower-class patients reported feeling better. McNair and associates (1964) found that higher social class was associated with a higher self-rating of improvement and greater symptom reduction.

Katz, Lorr and Rubinstein (1958) reported that socio-economic status was unrelated to improvement in 232 VA out-patients. Gottschalk and associates (1967) found that lower socio-economic class members showed more improvement in brief psychotherapy than higher class patients.

These differences have been attributed to a number of conditions. Bernstein (1964) stated that psychotherapy may
be based on a mutual belief on the part of both the therapist and the patient that the illness may be removed by participation in a social relationship where the major activity is the transformation of the discrete experience through the medium of communication, essentially through speech. (p.156)

Dealing with such problems on an abstract, verbalized level may well be alien to an individual's cultural value system and the individual may be unable to adapt an appropriate speech mode because he has trouble dealing with the role relationship necessary for appropriate communication (Bernstein, 1964).

Lower class patients are often referred to less experienced therapists (Carlson, Coleman, Errera & Harrison, 1965; Schaffer & Myers, 1954). Redlich (1955) found that therapists felt unable to deal with insight therapy with lower class patients.

Social Competence

Overall social competence is usually composed of the above mentioned variables plus a variety of others such as military record. It is intimately bound to social class in general, chronicity, and onset of illness. It is extremely difficult to assess, as one's social competence is partly dependent upon the demands of one's environment and no studies have been located by this author which take these demands into account.

Stone and associates (1961) found that socially ineffective patients improved more than those who were more effective. Rosenblau and associates (1956) found that improved patients differed from unimproved in that they were financially and socially better off. This finding was confirmed by Farina and Webb (1956). Zigler and Phillips (1964) presented a study
which found a significant relationship between premorbid social competency and a positive prognosis. Gregory and Downie (1968) found that improved and unimproved patients differed significantly on social competency. General social adjustment was significantly related to outcome in the treatment of alcoholics (Williams, Letemendra & Arroyave, 1973).

Studies of Variables Correlated with Group Psychotherapy

Several studies have focused on characteristics associated with positive response to group therapy. Yalom (1970) felt that sociopaths were poor risks because they tend to consume inordinate amounts of group energy, maintain deceptive social fronts, fail to assimilate group norms and show a tendency to exploit other members. Kotkov (1958) found that group therapy drop-outs tended to be more "spontaneously composed" and hostile or placid and in need of prodding. They showed less tension and more somatization of conflicts rather than "emotional reactivity". They appeared to be less motivated and less psychologically minded. High denial and less emotional distress were noted by Nash, Frank, Gliedman, Imber and Stone (1957) in the study of group dropouts. Lower intelligence and less introspective ability was observed by Kotkov and Meadow (1952) and Yalom, Houts, Zimerberg and Rand (1967). However, Yalom (1966) found that factors in the treatment environment such as deviancy of the group itself, complications between individual and group therapy, early provocations by other group members, inadequate orientation and subgrouping were critical factors in an individual's continuation in therapy.

Cabeen and Coleman (1962) attempted to devise a method of
selecting sex offenders who would be responsive to inpatient group therapy. No difference was found on success in therapy between older and younger offenders. IQ bore no relationship to outcome; however, the authors suggested that those with higher IQ's may have found their intellect a barrier in gaining emotional insight. Homosexuals did not differ from heterosexuals in their improvement rate, and number of arrests did not differentiate successful from unsuccessful patients. Neurotics did differ from psychopaths in rate of improvement but did not differ on the initial testing (Cabeen & Coleman, 1962).

Studies of Variables Associated with Length of Stay in Psychotherapy

Obviously an individual who drops out of psychotherapy cannot therafter profit from it, though he may improve on his own. Myers and Auld (1955) examined the records of all patients seen in a year in an outpatient clinic and concluded that shorter therapy and poorer results were highly correlated.

In studying the relationship of social class to psychotherapy, the issue is often clouded by a failure to define the term consistently. If socio-economic class is defined by reference to father's occupation, the variable may be seen as casual. The social class one is raised in may have positive or negative influences on one's mental health. However, if social class is defined according to one's own occupation, then socio-economic class may represent the result of one's mental stability. In studying social class and therapy duration, Imber, Nash and Stone (1955) found a definite correlation even when therapists were held constant. Katz, Lorr and Rubinstein (1958) found
that occupational level and annual earnings were related to remaining in therapy, but that socio-economic factors were not related to improvement in remainers. Rosenthal and Frank (1958) found that termination was associated with less than nine years of education. This was confirmed by Bailey, Warshaw and Eichler (1959) in their study of psychomatic patients. Katz and Solomon (1958) found socio-economic status to be a differentiating variable.

At least two studies have dealt to some degree with the dynamics of the therapeutic process as it related to duration of therapy. Gliedman, Stone, Frank, Nash and Imber (1957) hypothesized that therapy is most valuable to patients who seek it on the basis of their conceptualized need to change or help themselves, and that the greater the patient's ability to present needs in terms which are acceptable or congruent to the therapist's theoretical orientation, the better would be his chance of success. They found that 71% of non-remainers expressed incentives which were incongruent with those of the therapist. However, the majority of remainers (63%) also did this. The authors felt that retaining incongruent incentives should not be discouraged as this serves to preserve the subject's self-respect. Freedman, Engelhardt, Hankoff, Glick, Kaye, Buchwald and Stark (1958) developed an Initial Contact-Relationship Index which measured therapist "warmth" and patient's acceptance of illness. Of those patients who encountered a "warm" relationship and came to therapy accepting their illness, only 19% dropped out. However, patients who encountered "warm" relation-
ships but denied their illness dropped out 83\% of the time.
In this study drop-outs were characterized as being more energetic,
showed greater interest in others, and were less inhibited by
strong anxiety. Remainders showed inertia, absence of interest
in relationships, and intense anxiety (Friedman et al, 1958).

Tolman and Meyer (1957) found that remainers were more
likely to be married or employed and showed more character
disorders. Taulbee (1958) found that continuers were more
responsive to their environment; more anxious, sensitive, insecure
and depressed; showed more self-appraisal, affective reactivity
and introspection; and had higher needs for acceptance and aff-
ection. Terminators showed more intellectual control, repression,
barren and stereotyped thought processes and social interactions,
and little emotional reliability or lability.

Rosenthal and Frank (1958) found that 35\% of patients in a
psychiatric clinic failed to accept psychotherapy when it was
offered to them. These individuals were usually referred to
the clinic by someone other than a psychiatrist or themselves.
43 - 52\% dropped out after the 5th or 6th session. 42\% of the
remainder eventually benefitted from therapy. These individuals
were only distinguishable by their degree of motivation.

Lorr, Katz and Rubinstein (1958) hypothesized that drop-
outs would have a greater history of antisocial behavior, a
lack of impluse control, more antagonism toward authority figures,
and a lack of goal persistence, personal ties and loyalties.
Their hypotheses were confirmed. The remainders in their study
were characterized as being more anxious, more self-dissatisfied,
more willing to explore personal problems, less antisocial, and more dependable, controlled and persistent. The presence of greater levels of hostility and antisocial behavior was confirmed by Kline and Kline (1973).

Both Katz and Solomon (1958) and Bailey, Warshau and Eichler (1959) found that continuing in therapy was highly correlated with having had previous psychotherapy.

White, Fichtenbaum and Dollard (1964) scored the contents of initial interviews according to the Dollard and Auld method. Those patients who continued in therapy were found to have the following characteristics: to have had previous positive experiences in therapy; had their interpretation of their situations confirmed by the therapists; had strong, frustrated dependency needs; were able to discuss sex and expressed fears of insanity or uncontrollable behavior; could verbalize hostility, love, guilt and pride in past achievements. Drop-outs showed anxiety related to dependency wishes evoked by therapy, were resistant, expected a physical cure, and denied illness. These variables predicted 75% of continuers and 46% of drop-outs.

Brandt (1965) reviewed literature in this area and reported that only sex, age and marital status consistently failed to differentiate between remainers and terminators. He stated that the only variables which consistently differentiated were personality variables which he did not innumerate.

Prognostic Scales

Several authors have attempted to devise scales which are not based on psychometric instruments to predict response to
psychotherapy. Theodore Blau (1950) presented a formula for predicting success based on the theory that the greater the number of positively and ambivalently valenced statements made by the patient in an initial interview, and the fewer negatively valenced statements, the better the prediction for success. The formula was \( PI = PAS\% + AMS\% - NAS\% \). It yielded a correlation of .90 with later ratings of success.

Thorne (1952) presented "The Prognostic Index" which utilized malignancy of symptoms, trend of disorder, chronicity, incapacitation, subjective status according to client, and an estimate of the client's insight. These variables are rated on a scale from 0 - 25. No results on its use were reported.

In 1956 Menninger Clinic began studying variables associated with therapeutic outcomes. They initially selected thirty-eight variables for study. Those most related to treatment outcome were found to be - anxiety level, severity of symptoms, extent to which environment suffers from disorder, externalization, level of psychosexual development, patterning of defenses, anxiety tolerance, insight, ego strength, motivation and interpersonal relations (Menninger's, 1956). Auerbach, Luborsky and Jackson (1972), also used Menninger's selected thirty-one variables and rated them on a scale from 1 - 5. They then predicted the outcome for 47 patients. The variables factored into groups representing aptitude for psychotherapy, emotional freedom, acute depression, general emotional health, and intellectual development. The highest correlations with therapy outcome were found to be associated with acute depression, intellectual
achievement, and general emotional health.

**Critique of Studies**

There has been no dearth of studies in this area but few consistent results have emerged. Almost every variable studied has been shown to have a positive correlation, a negative correlation or no correlation to the outcome criteria in one study or another. Very few of the studies are comparable and few are well-controlled.

Many studies have lumped together all patients who might appear at an outpatient clinic. Chronic psychotics may be grouped with individuals suffering situational reactions. Yet various subgroups may have different prognostic indices. It has been found that in schizophrenia, acute onset, precipitating stress, and absence of flat affect predict a favorable outcome. In neuroses, symptoms associated with autonomic discharge predict a good possibility of remission (Fulkerson & Barry, 1961). Manic-depressives and schizophrenics show different prognostic indices (Windle, 1952) and may represent uncertain weightings of situational and response variables (Fulkerson & Barry, 1961). There appears to be little value in devising predictive formulas to tell a therapist that an individual suffering from an adjustment reaction is more likely to improve than a chronic schizophrenic. More studies should address themselves to researching prognostic indices for various subgroups.

Not only have many studies utilized heterogeneous samples but they have often failed to control for therapist and therapy variables. Results from different therapeutic procedures,
null
ranging from lobotomies to intensive individual psychotherapy, have been lumped together with no control for quantity or quality. Cohen (1968) found that education and church attendance are related to early hospital release in opposite ways from one hospital to another.

Many studies have predicted from single predictors to a single criterion. Luborsky, Chandles, Auerbach, Cohen and Bachrach (1971) urged the use of multivariate approaches. These authors also stated that

Much of what is considered to be prediction seems really to be an evaluation of the patient as he is now, with the expectation that he will be somewhat the same later as he is now. (It is like the story of the man who asked the Rabbi, "How will life be for me if I move across the river?" The Rabbi asked, 'Well, tell me; how is life for you now?' The man replied, "It is bitter." The Rabbi then forecast, "It will be bitter across the river." (Luborsky et al, 1971, p. 114)

Since prognosis is the function of three types of variables, (1) the situation from which the prediction is made, 2) the intervening conditions and 3) the final conditions predicted), if one factor is going to be tested, the other two should be held constant. Most studies have utilized less than 30 therapeustic sessions and most have failed to follow-up on patients after therapy ended (Luborsky et al, 1971). There has also been a failure to control for the possibility that patients were obtaining other outside counseling.

The measurement of mental health or mental illness is extremely difficult. If this is so, measuring subtle changes
is even more problematic. Tests may be either insensitive or unreliable. Many studies have used therapist ratings; however, this may introduce bias. In most therapeutic situations some problems may show improvement while others remain the same. Simply evaluating overall change would not be appropriate. It has been pointed out that improvement during therapy may actually represent some change in the patient's environment. Fulkerson and Barry (1961) have pointed out that difficulties which may produce emotional disturbances can be a function of differing requirements of socio-economic and cultural systems and may change as the patient changes community or contacts. Additionally, since the whole concept of "mental health" is value-related, there may be considerable disagreement between raters as to what is a health-directed change. Improvement may actually be a function of the degree to which a patient is willing to conform to the values of the therapist. Finally the orientation of the rater may greatly influence his judgments. A rater who requires insight as criterion will see less improvement than a rater who uses disappearance of symptoms (Fulkerson and Barry, 1961).

A number of statistical problems have been found. A number of studies have utilized multiple t's or multiple $X^2$'s, thus increasing the likelihood of Type I errors. Various conditions have differing rates of spontaneous remission and these base rates should be taken into account when calculating a variable's predictability (Meehl & Rosen, 1955). The number of individuals correctly predicted should be the measure of
predictability rather than significance rates. Cross-validation of findings is definitely needed (Luborsky et al., 1971; Meehl & Rosen, 1955; Windle, 1952). In conclusion, in judging the direction of findings about a given variable, it must be remembered that journals tend to report studies with significant rather than insignificant studies. Only 24% of published studies yielded insignificant results (Luborsky et al., 1971).
Aggressive Sex Offenders

Definitions

The initial problem in studying the sex offender has been the definition of the problem. Unfortunately, the definition has been shaped largely by the sexual mores of the times, which means that the population of offenders has changed constantly. Numerous definitions were utilized in early studies (Bonner, cited in Karpman, 1954; Bowman, 1936; East, 1946; Hirning; cited in Karpman, 1954; Krafft-Ebing, 1893; Ploscowe, 1960; Schrenck-Notzing, 1895; Wortis, 1939).

Are these individuals suffering from a mental illness?

Karpman (1954) stated that sex offenders are not conscious agents deliberately and viciously perpetuating these acts, they are victims of a disease from which many of them suffer more than their victims (p. 482).

However, De River (1949) maintained that they are endowed with free will, have equal opportunities to decide that they either will or will not commit certain unlawful and perverted acts (p. x).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders defines sexual deviation as a category which is for individuals whose sexual interests are directed primarily towards objects other than people of the opposite sex, towards sexual acts not usually associated with coitus, or towards coitus performed under bizarre circumstances as in nectophilia, pedophilia, sexual sad-
ism and fetishism....This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them (p. 46, 1970).

This definition would seem to encompass initially everything from oral-genital contact between marital partners to intercourse with a corpse but at the same time to eliminate the individual who, because of physical, mental or emotional handicaps or physical or social isolation which limit the availability of normal sexual outlets, performs deviant acts, regardless of how bizarre they might be.

A sexual deviance is usually categorized as a character disorder, and individuals who are psychotic at the time they committed their acts would usually not be considered sexual deviants.

Legally the definition is equally confusing. An act may be defined as a sex crime depending upon the degree of consent of the partner, his or her age, kinship or sex, the nature of the act, the offender's intention or the setting. A behavior which in itself may be considered perfectly normal becomes a serious criminal offense if it runs counter to the above limitations. There are laws on the books today dealing with so-called "crimes against nature", referring primarily to activities which our culture considers unusual, but a cross-cultural view of sexual taboos reveals that very few acts have been considered universally offensive (Wortis, 1939).

Perhaps the most useful definition of the term 'sex offender' is that offered by Gebhard, Gagnon, Pomeroy and
Christenson (1964). They stated that this is an individual who commits an overt act for his immediate sexual gratification which a) is contrary to the prevailing sexual mores of the society in which he lives and/or is legally punishable and b) results in his being convicted. This is to be distinguished from the sexually deviant individual who commits the same acts but has never been adjudicated in connection with his behavior.

History of Attitudes Towards Aggressive Sexual Offenses

Attitudes Towards Rape

Reports of societal attitudes towards aggressive sexual assaults on both adults and children date back to early Egypt, but Susan Brownmiller (1975) suggested that sexual assault may have been the real basis of monogamous human relations from the earliest time. She stated that

one of the earliest forms of male bonding must have been the gang rape of one woman by a band of marauding men. This accomplished, rape became not only a male prerogative, but man's basic weapon of force against women, the principle agent of his will and her fear. His forcible entry into her body, despite her physical protestations and struggle, became the vehicle of his victorious conquest over her being, the ultimate test of his superior strength, the triumph of his manhood. (p.14)

Women, fearful of gang rape, were then forced to subjugate themselves to one man in return for his protection. This fear of rape has maintained women in a state of fear and passivity since that time (Griffin, 1971).

Both Brownmiller (1975) and Griffin (1971) theorized that rape laws exist to protect the rights of the male as
the possessor of the female body. The first laws addressed themselves only to the rape of a virgin and existed to compensate the father who, by the theft of his daughter's virginity, had been embezzled out of her fair market price.

The violation was first and foremost a violation of the male rights of possession, based on male requirements of virginity, chastity and consent to private access as the female bargain of the marriage contract. (Brownmiller, 1975, p. 378)

Perhaps the ultimate use of the female body as a show of political force was the medieval custom "jus primae noctis" or "droit du seigneur": the right of the manorial lord to devirginate any bride in his political sphere, as a reminder of his powers over the lives of his people.

On the other hand there historically has been a prevalent notion that rape does not exist. Amir (1971) pointed out that the theory that it is impossible to rape a woman against her will has been reflected throughout the history of Western civilization in such works as Chaucer's "A Miller's Tale", Shakespeare's Rape of Luciere, Balzac's "Droll Stories", and Cervantes' Don Quixote. Stories such as Updike's "Couples" and William Murray's "The Americano" illustrate the parallel conception that although rape may have its disadvantages, it can be sexually satisfying.

As a jurist in the widely publicized Inez Garcia trial stated, "After all, they weren't trying to kill her; they were just trying to show her a good time" (GSA, 1975).

On another level, psychoanalytic literature on rape focuses on the unconscious motivation of the victim. Alexander (1948),
stated that reflected in women is the tendency for passivity and masochism, and a universal desire to be violently possessed and aggressively handled by a man (p. 10).

Devereux (1957) indicated that a basic Freudian stance would be that part of the woman's self is on the side of the rapist. Factor (1954), in a case-study, referred to a woman's guilt following an attempted rape as being related to her desire to aid the man so that he could attack her successfully next time.

Psychiatrists have postulated the phenomenon of "riddance rape" in which the victim seeks to rid herself of anxiety by doing that which is feared - getting raped. Amir (1971) stated that the psychiatric approach, using psychoanalytic concepts and reasoning, emphasized the pathological and deviant behavior of victims of sex offenses and rape; especially in young or adolescent girls of lower-class origins (p. 297).

Predominant in the literature on rape prior to 1970 is the assumption that the ultimate proof of manhood is in sexual violence...Men are aggressive as they take or make women, showing their potency (power) in the conquest. Women on the other hand submit and surrender, allowing themselves to be violated and possessed (Astor, 1974 p. 201).

Rape then may be the logical conclusion of the culturally sanctioned male-female relationship.
Attitudes Towards Child Molestation

Attitudes towards sexual relations with children have varied throughout time and across cultures according to the particular approach to the age of consent. The Trobrianders of British New Guinea expect females to become sexually active between the ages of six and eight (Masters, 1962). In Western literature Dante fell in love with Beatrice when she was nine, and Petrarch's love, Laureen, was twelve.

In ancient Egypt, intercourse with prepubescent children was practiced as a religious ritual (Masters, 1962). Brothels in ancient Persia, China and Japan retained small boys to satisfy the sexual desires of their clients, while in ancient Rome sadists could utilize infants kept at such establishments (Masters, 1962). Masters (1962) also reported that brothels in 18th century England kept prepubescent females for males obsessed with deflowering virgins. Hartwell (1950) pointed out that some cultures have believed that having sex with a child would restore potency or cure venereal disease.

The most infamous pedophile was Gilles de Ray, a fifteenth century nobleman, who simultaneously sodomized and beheaded over 500 children (Revitch and Weiss, 1962).

The pedophile was diagnosed as emotionally disturbed long before the rapist was so identified, and was described in the earliest clinical works (Krafft-Ebing, 1892). However, interest in the child molesters was largely confined to the chronic offender. Recently, with an increase in attention to child abuse, sexual abuse has emerged as a more prevalent phenomenon.
than previously imagined.

**History of Clinical Attitudes towards Sex Offenses**

It would appear that increased interest in the sex offender has typically followed a sensationalistic sex crime. In 1888 a series of bizarre murders were committed in London's White-chapel District. The killer was never found but his memory remains a source of intrigue. "Jack the Ripper" was the first modern-day sex offender (Rimbelow, 1975). Within the next ten years, four noted psychiatrists published pioneer works on sexual abnormalities (Ellis, 1898; Freud, 1893; Krafft-Ebing, 1892; Schrenck-Notzing, 1895).

Krafft-Ebing (1892) was the first to offer a classification of sexual problems. He postulated that individuals with these difficulties were genetically tainted, with some suffering from acquired mental or cerebral diseases and others from retardation. Despite his over-emphasis on the evils of masturbation and his didacticism, Krafft-Ebing offered some extremely valuable insights into sexual abnormalities. He was the first person to establish the link between syphilis and insanity (Johnson, 1973). He established the first pathology of sexual disorders. He found some types of sexual malfunctions to be correlated with problems in the limbic system. He urged that a person suffering from retardation, mental illness, "clouded consciousness" or an irresistible impulse should not be held legally responsible for a sex offense. He suggested that sexual abnormalities are partially formed by learning, and he advocated the decriminalization of homosexuality. However, he pessimistically stated
There is no thought of treatment of an anomaly like these which have developed with the development of the personality. (Krafft-Ebing, 1883, p. 576)

Schrenck-Notzing (1895), offered a lengthy description of the treatment of sexual abnormalities by hypnosis. While he suggested some rather bizarre therapeutic suggestions such as "severe mountain walks extending over months" (p. 205), he also made suggestions for the use of hypnosis which are still valuable. His earnest concern for individuals with these disorders may well be heeded today.

Thanks to therapeutic nihilism, which unfortunately still finds numerous adherents among physicians, until now such patients have remained the lifelong victims of their imperative feelings, and not infrequently have seen themselves placed before the alternatives of the prison or the asylum. (Schrenck-Notzing, 1895, p. x)

During the early part of the Twentieth Century, Freud and his followers laid the foundation for the first highly developed theory of human sexuality. Their contributions will be discussed later. The first American contribution to the literature on sex offenders was made by Karpman (1923) who published a case study of an obscene letter writer.

Research since 1930 can be divided roughly into that which occurred prior to the passage of the Sexual Psychopath Laws in the early 1950's, and that which was published after that landmark. The earlier research was largely anecdotal, with writers drawing largely from private practice or court experience. The later work was able to draw from large numbers of individuals incarcerated under these statutes.
Early treatment of the sexual deviant was primarily in the form of individual psychotherapy for the privileged few. The first center for the treatment of sexual deviations was the Institute of Sexual Science established in 1918 in Germany by Magnus Hirschfield. This pioneer therapist even urged treatment for the lust murderer (Hirschfield, 1948).

In the United States early treatment focused on the physical basis of sex and offered such remedies as castration (Kopp, 1962), or large doses of testosterone propionate (Shapiro & Freeman, 1940). Incarceration as a method of treatment was advocated by East and Hubert (1939), who wrote: "Prison acts as a deterrent to crime: It is frequently curative" (p. 110), and by Cook (1949), who stated, "Imprisonment is a valuable therapeutic implement in treating certain types of criminal sexual psychopaths" (p. 140). However, other early theorists disagreed with this position (Karpman, 1954; Kinsey, 1948; Mullins, 1950; Richmond, 1933).

In 1947, following several widely publicized sex crimes, Herbert Hoover announced

The most rapidly increasing type of crime is that by the degenerate sex offender. A criminal assault takes place every 43 minutes, night and day, in the U.S. In the last ten years, arrests for rape increased 62%, commercial vice and prostitution - 110%, other sex offenses - 142% (p. 15)

Public reaction to this statement demanded that tough laws against any type of sexual misconduct be enacted, the apparent rationale being that since stringent enactments against kidnapping had been followed by a decrease in that crime, harsh sentences
could dissuade the sex offender as well. Making reference to a particular case, Guttmacher and Weihofen (1952) responded:

The fact that the particular crime (sex murder of a child) was carried out by an insane general paretic, who is about as responsive to law as a cat, is of no moment at such times. The supporters of such punitive measures often point to the decrease in kidnapping since more stringent penalties have been enacted. They totally neglect the fact that most crimes of kidnapping have, in part at least, an economic motivation and are largely under rational, conscious control, while brutal sex crimes against children are nearly always carried out in response to twisted unconscious and irrational impulses which the individual is incapable of understanding or controlling (p. 56).

States began passing Sexual Psychopath Laws based on numerous misconceptions. Hoover's statistics had included sexual acts between consenting adults and were in no way representative of serious sex crime (Karpman, 1954). Legislators assumed that offenders progressed from passive offenses such as exhibitionism to aggressive offenses such as rape (Guttmacher, 1951). This has been shown to be a misconception by the work of Gebhard and associates (1965). Many believed that serious sex crimes were rampant. East (1946) pointed out that sexual felonies represented only 4% of reported crimes. Sutherland (1950) quoted statistics which indicated that in 1930, of the 324 women between the ages of 35 and 40 who were murdered, only 17 involved rape. More women were killed by policemen than by sex offenders. This is not to dismiss the impact of these offenses, and certainly sexual crimes were more prevalent than these figures on reported felonies indicated (Wortels, 1948).
Several states, in passing Sexual Psychopath Laws, mandated that research be conducted on the efficiency of in-prison treatment programs. Studies were conducted at Sing Sing (Abrahamsen, 1950 and Glueck, 1955), at the New Jersey State Diagnostic Center at Menlo Park (Ellis & Brancale, 1956), at the state prison in Waupun, Wisconsin (Glover, 1960) and at Atascadero in California (Frisbie, 1949). The studies reported a number of characteristics of sex offenders, but their populations differed according to state laws defining criminal sexual behavior. Ellis and Brancale (1956) concluded that incarcerated sex offenders differ significantly from those convicted but not imprisoned, which seems to indicate that prison studies must not be assumed representative of all adjudicated offenders.

Several of these studies followed the participants after discharge and were able to report recidivism rates. An 8-20% rate has been reported for treated offenders (Gigeroff, Mohr & Turner, 1968; Gray, Tuchtie, Atcheson and Turner, 1961; Guttmacher, 1951; Pacht, Halleck & Ehrmann, 1962; Schulta, 1965; Selling, 1939; Turner, 1968). Studies of untreated offenders in England yield a 20% rate for untreated offenders and a surprising 33% for those who received treatment (Radzinowicz, 1957).

Several authors have noted that sex offenders have lower recidivism rates than other types of criminals (Bowlín, 1950; Guttmacher & Weinofen, 1952; Pioscowe, 1951; Sutherland, 1950).

Recent advances have been made in society's attitudes toward the sex offender. Sexual problems of all types are being acknowledged and treated. Perhaps the greatest single advance
in attitudes towards sex offenders has been a revised view of homosexuality. The traditional attitude that homosexuality in itself is a form of mental illness or a symptom thereof was first formally questioned in 1969 when Evelyn Hooker published the results of her classic study demonstrating that homosexuals do not differ from heterosexuals in psychopathology. She concluded

**Homosexuality as a clinical entity does not exist. Its forms are as varied as are those of heterosexuality. Homosexuality may be a deviant sexual pattern that is in the normal range, psychologically.** (Hoffman, 1969, p. 45)

Paul Gebhard, Director of the Institute of Sex Research, concurred:

The collective opinion of the members of the Institute of Sex Research...Based on extensive interviewing and other data, is as follows...homosexuality is not a pathology in itself nor necessarily a symptom of some other pathology. (Hoffman, 1969, p. 44)

Much of the research previously done on sex offenders has been distorted by the inclusion of large numbers of individuals incarcerated for privately committing homosexual acts with a consenting adult.

Studies of large numbers of sex offenders have dispelled several common myths. All sex offenders traditionally have been thought of as dangerous. Harry Kozol (1971) of the Center for the Diagnosis and Treatment of Sexually Dangerous Persons at Bridgewater, Mass., having studied over 3700 offenders, concluded that only 700 used any type of force or violence, and that only 200 were "truly dangerous in the sense that they were likely to
do physical harm." (Kozol, 1971, p. 51). In his study of child molesters, he concluded that two-thirds were not dangerous. He did point out that the dangerous pedophile usually shows a sexual interest in children of either sex, coupled with a gross abnormality of the personality such as psychosis, severe neurosis, or a sociopathic character disorder. Kozol (1971) also called attention to the type of rapist who commits an impulsive, opportunistic act but is not emotionally disturbed. He states, "such persons are least likely to repeat their crimes." (Kozol, 1971, p. 61)

Scandinavia has long been known for its liberal sexual attitudes. Lars Ullerstam (1966) in The Erotic Minorities presented a radical view of sexual deviations when he stated

There is one thing we can be dead certain of: the 'perversions' allow considerable chances to achieve human happiness and therefore they ought to be encouraged. (p. 37).

By this, he meant that society should provide appropriate outlets for unusual sexual desires such as theaters for exhibitionists and voyeurs and should encourage institutionalized individuals of all types to remain sexually active by providing sex surrogates.

Attitudes towards sex offenders have ranged from the belief that these individuals were congenitally malformed or morally depraved to the belief that they are merely expressing a type of behavior subtly approved and even encouraged by this culture. The controversy as to whether these individuals are suffering from some type of mental illness is as heated today as it was ninety
years ago. While significant steps have been made in dealing
with these individuals the fact that their disorder arouses fear
and disgust in the general public continues to hamper work in
this area.

Legal Considerations

Sex offenders are defined as such by the law, and their
status as felons cannot be entirely separated from their status
as patients. Consequently, the therapist should have some famil-
liarity with legal problems in this area.

The laws in this country concerning rape are heatedly
debated by feminists, criminologists, legislators and the general
public. Because a guilty verdict has carried the death penalty
in many states, the requirements for a conviction have been quite
strenuous. This presumably has been to prevent vengeful females
from crying "Rape", to prevent juries from being stampeded into
guilty verdicts by the emotionally-arousing nature of the charge,
and to protect the defendant for whom the proving of innocence
could be quite difficult. Consequently, the prosecution has been
required to present proof of resistance which, according to the
Corpus Juris Secundum, 1952,

must be actual resistance or excuse incom-
patible with consent for its absence....
the resistance must be in good faith and
not a mere pretense or as stated other-
wise, it must be real or genuine and act-
ive and not feigned or passive or perfuncitory
....the female need not resist as long as
either strength, endurance or conscious-
ness continues, but rather the resistance
must be proportionate to the outrage,
allowances must be made for relative
strength, the uselessness of continued
resistance. (Astor, 1974, p. 80)
The court also has required corroboration of the crime such as an eye-witness and/or evidence of force or penetration. In New York the identity of the assailant in a case of rape must be corroborated by a third person or by proof that he was at the scene, (e.g. a wallet dropped at the location).

A rape conviction has been upheld when a man has sexual relations with a woman who is asleep or drugged; however, in Com. vs. Duchiez, 42CC651, 1914, the court ruled that:

a man cannot be convicted of rape where he has carnal knowledge and intercourse with another man's wife who assents to such intercourse in belief that he is her husband because she finds him in her bed. (Amir, 1971, p. 26)

Additionally, a woman who is raped by her drinking partner may weaken her case because she takes a chance, cannot exercise her will, and introduces an element of stimulation for the male (Amir, 1971). Amir also has stated that the woman who has previously dated or had sexual relations with her assailant cannot later claim non-consent.

The major legal problem associated with pedophilia is the locally-defined age of consent. An individual may legally be defined as a child molester when his actual crime was engaging in sexual relations with his consenting, fully developed girlfriend. This greatly confuses the entire issue, as the dynamics of pedophilia dictate that the victim must be prepubescent. Laws, however, define the crime in terms of chronological age rather than sexual maturity.

As with all sex offenses, the crime is grossly under-
reported. Eaton (1969) estimates that only 20 - 50% are reported. Even after the authorities are called in, these cases often are extremely difficult to prosecute, as the chief witness is usually the child victim (Walters, 1975). The child may be frightened, confused and easily intimidated by the trial proceedings. Parents often are reluctant to submit the child to repeated questioning and cross-examination. At least one study has shown that the legal proceedings produced more severe trauma than the sexual assault (Schonfelder, 1970).

The passage of the Sexual Psychopath Laws raised a number of legal problems. The entire concept of sexual psychopathy is confusing and contradictory. "Psychopathy" traditionally has referred to a personality disorder in which the individual is, according to Karpman (1954),

> impervious to affective influence, teaching or experience, possessed of the gift of gab, without conscience, honor, insight or common sense with an inborn nature to get from the environment whatever he can (p. 193).

The entire concept implies that these individuals are suffering from a mental illness. Yet persons prosecuted under the Sexual Psychopath Laws are held legally responsible for their actions. One of the basic assumptions of these statutes is that the individual cannot control his actions; however, he cannot plead innocent by reason of insanity, pointing out that his actions were beyond his control. Karpman stated

> We cannot adhere to the view that an individual subject to abnormal episodes at some periods is a normal individual to
be held partly or fully responsible for antisocial acts committed during these episodes (p. 3).

Some states such as Wisconsin initially provided that an individual could be given an indeterminant sentence as a sexual psychopath without his ever having committed any illegal act. Some states simply require a statement from a licensed physician, labeling the individual as a "sexual psychopath" (a term for which there is no uniform definition) (Bowman & Engle, cited in West, 1970). To release the individual, a psychiatrist must assure the court that the person no longer represents a danger to society. Such a statement may place a physician in a position of undue responsibility (Karpman, 1954).

The Sexual Psychopath Laws violate the rights of the accused by denying him due process or equal protection under the law, and they fail to provide protection against self-incrimination, double jeopardy, and cruel and unusual punishment (Bowman & Engle, cited in West, 1970). Fortunately, many states with such statutes make little use of them, as prosecutors prefer to deal with criminal court procedures (Sutherland, 1950).

Theoretical Explanations of Aggressive Sexual Deviations

Biological Determinism

Under this heading can be found a variety of theories, ranging from extremely naive to highly sophisticated. However, all address themselves to the possibility that some type of biological process, be it genetic, hormonal, chromosomal or neurological, is responsible for sexually aberrant behavior.
The first proponent of this school of thought was Caesare Lombrosa. It was his theory that criminals of all types were physically inferior throwbacks to a more primitive and savage man. However, he failed in his analysis to control for such factors as race or to contrast his group of criminals with a group of normals. Nevertheless his views were echoed as late as 1949 by DeRiver, who included photographs in his book, accompanied by statements such as

The facial structure clearly shows his contrasexual nature....Note the dreamy neuropathic eyes often found among sexual criminals (p. 97).

Some researchers have indicated that organic dysfunction related to epilepsy or head injuries may have a bearing on sexual misconduct (Badzinowicz, 1957; Selling, 1939; Stekel and Karpman, 1930; Wolbarst, 1931). Rosen (1964) reported sexually deviant behavior linked with a variety of neurological disorders.

Tauber (1975) hypothesized that sexual perversions are a form of psychosomatic disturbance resulting from a lack of early touching and embracing. This produces benumbed skin and muscles which do not respond to the common types of erotic stimulation. Lindner (1973) presented the theory that psychogenic seizures are a defense against overwhelming anxieties related to unconscious incestuous desires.

Klinefelter's Syndrome and the XXY chromosome pattern are felt by some to be related to criminal behavior. However, Baker, Telfer, Richardson and Clark (1970) found no significant differences between the incidence of sex chromosome errors in
penal and nonpenal populations when subjects of all heights and chromosome patterns were compared.

Several researchers have found testosterone levels associated with hostility and violence. Rada (1977), studying rapists, found that offenders judged to be the most violent had significantly higher testosterone levels, although this did not correlate with individual hostility scores. He did find the highest testosterone level in an individual who had killed his victim.

**Instinct Theory**

This theory has been primarily expounded by Clifford Allen (1940), and is based upon a large amount of animal research. He hypothesized that instincts originate in reflex behavior but can be altered by the environment, and that the instinctual response should be allowed to emerge when it appears spontaneously. The human child is born with all physical reactions necessary for sexual behavior. Allen (1940) pointed out that as the sexual desires awaken, the individual begins a trial-and-error search for satisfaction, and any set of conditions which satisfy these needs will be reinforced. The theory, as expounded by Allen (1940) and Pinkava (1971), focuses on the frustration or mischanneling of the sexual instincts, and stresses as prime preventive measures early marriage and the satisfaction of the oral needs during infancy.

**Psychoanalytic Theory**

In *Three Contributions to the Theory of Sex* (Freud, 1938),
Sigmund Freud wrote

The fact of sexual need in man and animal is expressed in biology by the assumption of a 'sexual instinct'. Popular conception makes definite assumptions concerning the nature of qualities of the sexual instinct. It is supposed to be absent during childhood and to commence about the time of puberty; it is assumed that it manifests itself in irresistible attraction exerted by one sex upon the other, and that its aim is sexual union or at least as would lead to such union.

But we have every reason to see in these assumptions a very untrustworthy picture of reality. Closer examination indicates that they are based on errors, inaccuracies and hasty conclusions. (p.553)

It was Freud's response to these errors that produced the first fully formulated theory of psychosexual development. His explanation of perversion is based on fixations at various psychosexual stages that result in the distortion of a sexual object or a sexual aim.

Fenichel (1945) stressed that castration fear is basic to the understanding of perversions. As Anna Freud (1965) pointed out, castration anxiety may produce a permanent aversion to women. Bak (1968) stated that denial of the fear of castration is common to all perversion. He pointed out that this fear may be patched over by the persistence of the "Phallic Mother Figure" (a female equipped with a penis), which may permanently prevent the acquisition of an accurate and stable body image.

Ostrow (1974) stressed castration anxiety as the source of perversions, and explained that the individual who acts-out a perversion is attempting to alleviate anxiety by symbolically obtaining his father's penis or reassuring himself of the integrity of his own organ. He may be attempting to capture his
father's love or mother—a younger representation of himself (Ostrow, 1974). Many such individuals become fixated on lost or inadequate penises, while others become fixated on their childhood impotence in the face of a demanding, seductive mother. Alternately they repudiate their penises in order to refute incestuous cravings, or they retain the image of a small penis as protection against their father's threats.

Perversions arise if this anxiety impairs the body image or produces female-related phobias of pubic hair or the "vagina dentata". Additionally, an individual's sexual development may be impaired if he has fixated on the image of the phallic mother or if, through the seductive behavior of the mother, incestuous desires remain alive. Fear or absence of the father may prevent him from achieving a masculine identity. Perverse behavior will then result unless a neurosis intervenes to prevent the acting-out.

A perversion, according to psychoanalytic theory, is an act rather than a repressed neurotic conflict. Why, then, is the sexual conflict acted-out? Ostrow (1974) suggests that the ego in this case is unable to substitute fantasy for action, and the superego too weak to exert control, but later may produce guilt and remorse. This individual, according to Ostrow (1975), is only capable of relating primitively to others by viewing them as part-objects rather than as wholes, as sets of genitals rather than as individuals. The perverse act provides gratification, and reinforces itself by warding off castration anxiety, acting-out forbidden wishes in a disguised form or re-enacting.
childhood trauma. It may permit gratification with a substitute object so that anxiety over object loss is allayed, or stimulate desire and potency so that the perverse episode may be consummated by intercourse (Ostrow, 1974).

Gillespie (1956) indicated that the perverse act remains ego-syntonic because the ego is able to accept that part of infantile sexuality while repressing the rest. By accepting some sort of behavior, the ego may be warding off destructive impulses toward the object. Thus, the ego may compromise with hostile impulses by allowing some sort of expression such as "braid cutting" in order to control the rest of the impulse.

The primary difference between traditional Freudsians and the neo-Freudsians such as the Ego Psychologists is the former's stress on the role of traumatic sexual experiences as a principal source of fixation. Ostrow (1975) stated

Anxiety in early experience is libidinized and the traumatic situation is re-enacted with certain modifications - under certain conditions in which the person retains control (p. 47).

Stoller (1975) stated

My hypothesis is that a perversion is the reliving of actual historical sexual trauma aimed precisely at one's sex (an anatomical state) or at one's gender (masculinity or femininity), and that in the perverse act the past is wiped out (p. 10).

Gardner (1950) offered a psychoanalytic explanation of rape, hypothesizing that the rapist "enters puberty deriving equal pleasure from aggression and sexual impulses."

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There are a number of psychoanalytic theories of pedophilia. Fenichel (1945) suggested that in this perversion the child is viewed as a narcissistic representation of the pedophile himself, and the offender then treats the child as he wishes his own parents would have treated him. Fenichel (1945) pointed out that heterosexual men may project the feminine parts of their egos onto little girls. Socarides (1959) felt that pedophiles had experienced early, excessive, aggressive and libidinal internal drives. As a defense maneuver against these drives, the child projects the aggression he feels for his mother onto her so that she is seen as the aggressor. However, in order to avoid incorporating into himself this "bad" mother, he splits her into "good" and "bad" components. This produces an ego split which allows the individual to identify with a child and then play out the role of an erotic mother.

Bell and Hall (1971), in their psychoanalytic interpretation of the dreams of a pedophile, have offered five overlapping theories of this condition. They felt that the condition could be an attempt to recapture the spontaneity experienced in the infantile asexual state. It may represent a fixation at a psychosexual stage or an opportunity to pursue sociosexual relationships which require no commitment. The offender may be attempting to answer gender questions or may be rejecting adult sexual relations which are endowed with threatening incestuous qualities.
**Ego Psychology**

Ego psychologists maintain that the ego, rather than being a secondary growth of the id, is an autonomous structure with inborn processes oriented around perception, thinking, recall, language, object comprehension, motor development and learning. Sexual deviations are produced by an impairment of one of the ego functions. Fenichel (1945) and Ostrow (1974) theorized that deviants form unusually vivid, eidetic visual experiences of some sexually traumatic event and thus becomes fixated at that point in psychosexual development. Any breakdown in the perceptual function may result in autistic behavior, a persistent state of primary narcissism, and difficulty in forming object relations (Fenichel, 1945).

Disordered cognitive functions may play a role in perversion by producing primitive thinking characterized by disorganization, tolerance of ambiguity and emotionality (Fenichel, 1945; Hammer, 1968; Ostrow, 1975). Additionally, thought processes may take on a magical quality so that one believes that by performing a 'magical' gesture, one can manipulate another's behavior. The fetishist may be utilizing primitive symbolism, which is another characteristic of archaic thought processes.

Ostrow (1974) and Hammer (1968) both pointed out that perverse behavior may be related to an inability to utilize organized abstract thought processes or substitute fantasy for action.

A. Freud (1965) and Glover (1956) have suggested that per-versions represent or serve to patch up flaws in reality testing. Fenichel (1945) suggested that a distortion of language devel-
opment could be related to acting-out, in that the individual would be unable to substitute thought for action. This proclivity also could be related to a disturbance of motility so that the individual feels unable to manipulate his environment effectively.

Ego psychologists have stressed also the role of object development in the perversions. If the mothers is unable to act as a need-fulfilling and comforting agent, difficulties arise in individuation and resultant separation anxiety causes a breakdown in object relations characteristic of the perversions. Blanck and Blanck (1974) stated that a breakdown in the mother-infant dyad may result in an inability to neutralize the sexual and aggressive drives. These drives then fail to become attached to a specific object and an aggressive, sexual perversion develops. Gillespie (1956) hypothesized that the perversion may be a way of dealing with the danger of destructive impulses by allowing for their modified expression. Stoller (1975) felt that all preversions represent erotization of aggressive impulses.

Ostrow (1974) pointed out that the perversion is expressed because the super-ego fails to exercise control. This, he stated, is due to its being weakened by the ego's tolerance of inconsistency. Hammer (1968) stated that witnessing the primal scene weakens the superego as the child no longer respects authority figures.
Neurosis Theory

Traditional psychoanalytic theory stresses the difference between the perversion, which is an act, and the neurosis, which represents a repressed conflict. However, other authors have felt that sexually deviant acts are part of a neurotic process usually related to disturbances in the development of the personality, leaving the individual with intrapsychic conflicts and feelings of inferiority and insecurity. These authors have often focused on the role of the seductive mother (Johnson & Robinson, 1957; Karpman, 1954; Littin, Griffin & Johnson, 1956; Wylie & Delgado, 1958). The parental role in unconsciously granting permission or exercising subtle coercion in the direction of sexual deviancy was stressed by Littin and associates (1956). Mathias (1972) blamed parents who failed to provide appropriate role models.

Feelings of inferiority were stressed by Bromberg (1965) and Mathias (1972) who stated, regarding the rapist, that he conceives of sexual intercourse as something no individual voluntarily engages in - especially with him (p. 48).

Rada (1977) stated

The major motive of the rapist is the desire for control; the means for obtaining this control is the commission of the rape event; the mode by which this control is effected may, on one end of the continuum be primarily sexual; on the other end of the continuum primarily aggressive; or when these two meld in the middle, primarily humiliating. (Chap. 2, p. 6)
Glueck (1952) related the role of early developmental trauma to pedophilia, stating that pedophiles have experienced a continuously traumatic, prohibiting and inhibiting sexual environment during their childhoods. They grow up with pervasive difficulties relating to others and have impaired ability to use fantasy as an escape outlet for sexual conflicts due to impaired abstract thought processes.

A general developmental theory was presented by Torbert (1959) who stated that a pedophile is a person who, because of a sense of weakness, inadequacy and low self-regard, not unrelated to severe disruption of his family unit during childhood, finds a solution for his tensions in identification with the physically weaker and emotionally less sophisticated child. (p. 278)

Jungian Theory

Robert Stein (1975), in Incest and Human Love, presented a modified Jungian approach to sexual disorders. Initially he differentiated between Freud's world view which is basically Cartesian, stressing logic and distrust of the instincts, from the Jungian approach which theorized that creativity flows from the instincts, and that

Man's unique course of development, including ethical values and social organization, is based on an instinctively based disposition. (Stein, 1973, p. 14)

Stein went on to say

Nature, including human nature, contains a directing intelligence which is the source of all knowledge concerning nature of man's being and becoming. (p. 19)
Stein (1975) expanded the concept of the seductive parent's relationship to sexual deviation, stating that the incest taboo functions to make the union between mother and father sacred, therefore stimulating the formation of such archetypal images as the "sacred union of the divine couple", "the hierosgamos", "the royal marriage", "the sun and the moon", "the mandala" and a number of archetypes representing the union of opposites.

Meaningful sexual love is composed of phallus, "a sudden, powerful surge from within, flowing rapidly with the desire to make contact with another object." (Stein, 1975, p. 240), and eros, "the desire to merge and unite" (p.241).

In its pure form (phallos) tends to rape and ultimately destroy the object of its fascination...The penetrating, dissecting quality of curiosity becomes destructive and anti-human without eros to preserve the integrity and mystery of the unknown object. (Stein, 1975, p. 83)

While the incest taboo allows the archetypes representing this union to emerge, violation of the taboo splits the union. The individual may then identify with phallos and manifest only aggression and force, or he may identify with eros and remain passive, yielding and impotent. The individual remains unaware of his incompleteness and has little desire to seek a love relationship with a nonincestuous female.

Behavior Theory

A good many studies have reported behavior therapy with cases of sexual deviation, but few have dealt with theoretical issues, as sexual deviations are considered to be simply another form of learned behavior. Allen (1940) theorized that sexual
conditioning physically influences the hypothalamus, which in turn effects the endocrine mechanisms. The mother conditions the child to hold certain attitudes towards women. Then, as the individual matures, he experiments with various types of sexual behavior, retaining those most reinforced. McGuire, Carlisle and Young (1965) theorized that sexual deviations have been learned as a part of masturbation fantasies. The learning takes place as part of an initial seduction which supplies a basic fantasy. If this seduction is deviant in nature, it is reinforced during each masturbation and may gradually become distorted and develop into more bizarre activities.

Anthropological Theories

As mentioned previously, one of the major difficulties in defining sexual deviation is the variety of cultural attitudes toward acceptable sexual behavior. Even the various states in this country differ widely in their laws. Incest may be defined as sexual relations with members of the nuclear family, or this may be extended to include third cousins. In some states, homosexual marriages are recognized, but in others the same conduct can result in an indeterminant prison sentence.

There is no sexual behavior which some culture in some instance has not condoned (Masters, 1962). The Aranda of Australia and the Nambas of New Hebrides approve of homosexual relations between adults and male children. The Keraki of New Guinea conduct initiation ceremonies involving such conduct, and allow marriage with prepubescent brides. The Ponapeons of
the Caroline Islands use senile men to enlarge the genitals of prepubescent females (McCaghy, 1966). While Kluckholm (McCaghy, 1966) pointed out that no society permits unlimited sexual contacts between adults and children, Brown (1952) indicated that only 23 out of 110 cultures punish the act. Some groups, such as the Plateau Tonga of New Rhodesia, leave the punishment to divine forces (McCaghy, 1966). The Ba-ila of New Rhodesia put the blame on the child. Ford (1960), in studying 200 cultures, found that there was no relationship between the types of sexual behaviors condoned and the level of development of the culture.

Societal changes may produce changes in the patterns of sex offenses within a culture. Among the Gusii in southwest Kenya, the rape rate in 1959 was 47.2 per 100,000, as opposed to 13.85 per 100,000 in the U.S. (Levine, 1959). The Gusii typically choose their wives from hostile tribes, and their legitimate heterosexual encounters are "aggressive contests, involving force and pain-inflicting behavior related to hostility between clans" (p.10). Social forces in Kenya have brought the tribes closer together, so that males have more exposure to potential sexual partners. However, the females are under severe formal restrictions against non-marital relations, while economic factors act as barriers to early marriage. This produces sexual frustration among males in a society which equates sexual behavior with assault and aggression. When the tribes remained physically separated, rape was rare; however, as Levine (1959) indicated, changing societal patterns broke down the cultural
barriers which controlled this behavior, resulting in the high 1959 rate.

**Sociological Theories**

As Charles McCaghy (1966) stated

> To violate the mores of society as to partner, time, place and form of sex act is to invite sanctions ranging from ridicule to death (1966, p. 4)

In every society it is the power structure that is responsible for the formulation and enforcement of the legal code, and often these individuals are not representative of the dominant values. Lawmakers may be eager to adhere to the most puritanical sexual codes, in order to present themselves as beyond reproach in this highly sensitive area. Likewise, few may have the courage to vote for liberalization of these codes. Our sexual statutes are written so that 99% of adult males could be defined as sex offenders somewhere in this country (Kinsey, 1949). As anthropological studies point out, no sexual behavior is universally recognized as deviant. "Deviance" is a label applied by a social group, not an inherent characteristic. As seen previously, characteristics of a society may help to mold the type of sexual offenses prevalent in that culture.

Amir (1971), in his study of rapists, has stressed the role of the "culture of violence" in explaining the predominance of ghetto black offenders. He hypothesized that this culture emphasizes and condones aggressive behavior. Additionally, according to Amir (1971), these individuals may be subjected to early sexual stimulation due to crowded living conditions,
and sexual prowess may be used to gain status in the absence of other means. It should be pointed out, however, that Amir's (1971) statistics have been drawn from court records. His rapists may be more representative of individuals who are convicted of felonies in urban areas than rapists in general.

Political Theory

The feminist movement has produced a good deal of writing on sex offenses. Dealing with rape as the ultimate sexist act, Susan Brownmiller (1975) stated:

Rather than society's aberrants or 'spoilers of purity', men who commit rape have served in effect as front line terror guerrillas in the largest sustained battle the world has ever known (Brownmiller, 1975, p. 210).

Rape is encouraged in this society because:

Molestation isn't regarded seriously. It is winked at, rationalized and allowed to continue through a complex of customs and mores that applaud the male's sexual aggression and denies the female's pain, humiliation and outrage. (Rush, cited in Connell and Wilson, 1974)

Rush (1974) went on to say that

Sexual abuse of children is permitted because it is an unspoken but prominent factor in socializing and preparing the woman to accept a subordinate role.... to submit in later life to the adult forms of sexual abuse heaped on her by her boyfriend, her lover and her husband. (Connell & Wilson, 1974)

The question then becomes, not why there are sex offenders, but why aren't there more?
Certainly society has sexually typed women and men into specific roles. Melani and Fodaski (Connell & Wilson, 1974) stated that

Men are again and again encouraged to show force and dominance, to disregard the weak refusals of the female, and when persuasion fails, simply overpower the passive partner with aggression and control (p. 84).

Women, on the other hand, are taught to be dependent, passive, weak and fearful (Griffin, 1971). Men are portrayed as emotionally remote, super-potent playboys (Russell, 1975). They are subjected to the virility mystique, which encourages them to separate their sexual responsiveness from their needs for love, respect and affection (Russell, 1975). They are the victims of their own unrealistic sex role.

Built on the lie of unattainable strength, will, cool, desire and self-realization, many men's ego's are understandably fragile....No longer forced to perform, no longer aspiring to emulate this hero or that playboy, perhaps men would learn to integrate sex and emotion, discover sensitivity, communicate deep feelings honestly and experience joy. (Russell, 1975, p. 256)

Theories of sexual aberrations reflect the particular bias represented by the writers' various disciplines. Psychologists view the act as the product of psychopathology or the learning processes, both of which are intrapsychic processes. The anthropologist sees the behavior as part of cultural processes, while the sociologist and criminologist may seek explanations in subculture mores, differential associations or a breakdown in societal controls. The political theorist sees the act as a
means of subjugating a weaker group in order to control and exploit them.

Recently interdisciplinary efforts have been directed toward the study of sexual assaults. Hopefully this cross-fertilization will yield suggestions for creative approaches to prevention, public education and treatment of the offender and victim.

Incidence and Demography of Aggressive Sexual Assaults

Sexual assaults are notoriously under-reported because society tends to stigmatize the victim. According to McDonald (1971), there were 31,060 reported forcible rapes in 1968. This represented an increase of 15% over 1967 and of 80% over 1960. There is controversy over whether the increase represents a real increase in frequency (McDonald, 1971), or an increase in the reporting rate (Newsweek, July 31, 1972). Reported rapes are estimated variously to represent 10% (Griffin, 1971), 30% (McDonald, 1971) or 50% (Amir, 1971) of the actual rate.

It has been estimated that 58% of reported sexual assaults involve victims under 17 years of age, with 23.5% involving children under 13. Child molestation shows an even greater disparity between the reported rate and the actual rate as children more frequently keep the assault secret and parents may be reluctant to involve their children with the police or courts. According to Walters (1975), 21% of his sample of university freshman reported that during their childhood they had received verbal or other types of sexual signals from adults
and 17% had experienced actual physical sexual contact.

New York statistics indicate that two-thirds of all rape cases involve strangers (Astor, 1974) while Amir (1971) stated that 60% of participants in the Philadelphia sample knew each other. In a San Diego study of child molestation, 65% of the offenders were known to the child (Eaton, 1969). This is considered to be an under-estimate, as a family is less likely to report an assault involving a friend or a relative.

Amir (1971) in his study of rape indicated that in 77% of his sample both participants were black; the most common age group for victims was between 15 and 24, 92% of the victims were dependent on someone else for support, and in 82% of the cases, participants lived in the same neighborhood. He reported that the offender had been drinking in 2.9% of the cases, while both parties had been drinking 21% of the time. Most initial encounters were on the street (42%), in the summer, and between 10 P.M. and 4 A.M., Saturday and Sunday (Amir, 1971). In 71% of the cases, the rape was planned; 85% of the time, force was used; and 55% of the victims were submissive.

Types of Rape

The traditional classification of rape divided the act into three types - forcible rape, attempted rape and statutory rape. Burgess and Holmstrom (1974) offered an alternative categorization which divides the act according to the type of nonconsent: a) "Rape" is defined as sex without the victim's consent and is divided into two subcategories. The "blitz rape" is the assault "out-of-the-blue" in which there has been no prior
interaction between the assailant and the victim. The "confidence rape" is an attack in which the assailant obtains sex under false pretenses by using deceit, betrayal and often violence. The victim is usually known to the assailant. b) An "accessory-to-rape" situation arises when a victim is unable to consent due to her level of personality and/or cognitive development. The assailant may pressure the victim with promises of material goods, human contact, or by convincing her that the act would be appropriate and/or enjoyable. c) The "sex-stress" situation arises when the victim has consented but when the man exploits the agreement through perversion or violence, or when the woman becomes too anxious to continue the act. This also encompasses situations in which a prostitute's contract is broken (Burgess & Holmstrom, 1974).

Amir (1971) devoted a large section of his book to "victim-precipitated rape". This is a situation in which the behavior of the victim is interpreted as a direct invitation to sexual relations or as a sign that she will be available for sexual contact if he will persist in demanding it. (Amir, 1971, p. 206)

According to Amir, the victim's behavior can be defined by acts of commission or omission. He estimated that one-fifth of all rapes fall into this category.

Another type of rape is one involving multiple offenders. Geis (1971) found that 70% of the reported rapes which he studied were of the gang variety. The offenders tended to be younger than the solitary rapist, and to have longer criminal records; more use of alcohol was found. William Blanchard (1959) felt
that gang rapes involved a denial of homosexual attractions between gang members. The leaders he studied showed clearly sadistic impulses, and were exhibitionists to the extent that they wished to demonstrate their sexual prowess to their peers. The leader's ability to channel the group's attention to sexual matters was the primary motivating force behind the deed.

Characteristics of Sex Offenders

Reports from studies of heterogeneous groups of sex offenders indicate most sex offenders are between 26 and 32 years old (Frankel, 1950; Guttmancher, 1954; Pollens, 1938). While the majority of all sex offenders are older than other types of criminals (Glueck, 1955), rapists tend to be younger (Langley Porter, 1953). Waggoner and Boyd (1941) studied juvenile offenders, finding that their sexual patterns had been firmly established between the ages of 10 and 16. In school these offenders were either model students or severe behavior problems. None of these individuals had received sexual instruction from their parents.

Reiss (1960) suggested that adolescents in this society may behave in sexually inappropriate ways because this culture lacks initiation rites or clearly defined educational processes. The adolescent also lacks a distinct status within the social structure so that while he is acknowledged to be a sexually mature being, he is maintained in the role of a dependent by educational and economic conditions, and thus almost forced to act in a sexually irresponsible manner (Reiss, 1960).
Henninger's (1939) study revealed that 5% of his sample were senile. These individuals most often engaged in pedophilia. His findings were confirmed by Bowling (1950), Frosch and Bromberg (1939) and Hirning (1947). Mohr (1964) in his Toronto study of pedophiles found a trimodal age distribution with the average ages of seventeen, thirty-seven and fifty-seven years. Adolescent offenders showed retarded maturation, immature social relations, and a lack of judgment. They tended to have unstable relations with other men and few, if any, relationships with females. The middle-aged group came from deteriorating families and often were experiencing vocational problems. The senescent group tended to be lonely and socially isolated.

The racial make-up of offenders has varied with geographical locale of the study. Frankel (1950), Frosch and Bromberg (1939) and Guttmacher (1951) found the majority of offenders to be native-born whites. A California study found the majority to be Spanish-surnamed (California Legislature Assembly, 1950). Some writers have felt that race exerts a significant influence (Wortis, 1931); however, this has not been confirmed by the research. The racial distribution among sex offenders, as among all offenders, correlates highly with the poverty distribution in the locale for a number of reasons.

Conflicting results have been reported regarding the intelligence of sex offenders. Bowling (1950), Ellis and Brancale (1956), Frankel (1950) and Pollens (1938) found the mean IQ to be below normal. Abrahamsen (1950), Bonner (1948), Frankel (1950) and the Langley Porter Clinic (1953) reported a normal
distribution. Durham (cited in Karpman, 1954) stated that the majority of his group had above average intelligence. It should be noted here that these findings refer to IQ scores, not the general concept of intelligence, and that these scores may be derived from different tests and from samples which may vary in test-taking ability due to language and other cultural factors.

Frankel (1950) found that less than 12% of his group had a high school education or above. Langley Porter (1953) also found a low level of educational achievement. Glueck (1952) found that more sex offenders earned honorable discharges from the military than non-offenders. He also found that sex offenders tended to have fewer job skills, more personal service-oriented jobs, and to work alone more frequently. As a group they tended to have more consistent work histories and fewer job-related emotional problems.

Most of the data has indicated that the majority of sex offenders are not married (Durham cited in Karpman, 1954; Frankel, 1950; Shaskan, 1939). However, these studies included individuals incarcerated for homosexual acts. Schultz (1965) found that most married sex offenders claimed that their wives were unfaithful, regardless of the actual situation. Gebhard, Gagnon, Pomeroy and Christiansen (1965) found higher divorce rates among offenders. Their general marital adjustment was characterized by fewer planned marriages and the unions often showed an immature fantasy quality in which the offender related to his wife as if she were his mother (Glueck, 1955). This author also suggested that children are viewed as interfering
with this relationship and were frequently made targets of the offender's hostility.

Most of the offenders in the Gebhard study (1965) had indulged in homosexual activities. However, this was not necessarily done outside of prison. Among those individuals not classified as homosexuals, heterosexual aggressors had the highest frequency of sexual experience with males. On the whole, the offenders tended to ignore their partner's feelings. However, being aroused by sado-masochistic materials was not characteristic of aggressors. Glueck (1955) found that his group of offenders showed more concern and anxiety over masturbation than his control group. The offenders showed fewer sexual fantasies but, when present, their fantasies were more bizarre and had more homosexual content. They petted less frequently and had experienced more severe anxiety in their first sexual experience. Glueck (1955) also noted less sexual adequacy, less satisfaction, and less concern with their partners.

Sexual frustration has been commonly thought to be motivating factors in sex offenders. Hartman and Nicolay (1966) found that in a sample of expectant fathers charged with crimes, 41% had been arrested for a sex offense compared to 16% of non-expectant fathers arrested for sexual crimes. Most of those arrested were expecting their first-born. The authors felt that their crimes, rather than being attributable to sexual frustration per se, resulted from the arousal of maternal associations which impaired sexual performance. The rape then served to reduce anxiety about masculinity. Goldhirsch (1961) found
a higher number of sexually explicit dreams among imprisoned sex offenders than among non-sex offenders. However, this says little about the causality between these types of dreams and sexual assault. Karacen (1974) found no significant difference between the nocturnal penile tumescence of convicted rapists and other prisoners.

Many of those who advocate anti-obscenity ordinances maintain that pornography excites males into committing rape. To test this, Kercher and Walker (1973) showed sexually explicit slides to twenty-eight rapists and 28 controls, and then measured penile volume, GSR and subjective ratings by the subjects. The rapists showed no difference in penile volume, greater GSR and more negative responses to the slides. The authors felt that this reflected a response to the threatening nature of sexual behavior by the sex offender. Goldstein, Kant, Judd, Rice and Green (1971) found that convicted sex offenders and habitual users of pornography had much less exposure to this material during adolescence than a non-deviant control group.

There has been a great deal of disagreement over whether sex offenders are emotionally disturbed. Abrahamsen (1950) reported that while most offenders had some type of emotional disorder, only 2 out of 102 could be classified as psychopaths. Braude (1950) indicated that 82% of his sample had psychiatric problems. Glueck (1952) reported that 79% of the pedophiles incarcerated at Sing Sing were psychotic. Shaskan (1939), studied sex offenders at Bellevue, and reported that out of 100 subjects, 15 were psychotic, 7 psychopathic, 1 epileptic,
hysterical, 1 suffering from Parkinson's Disease and 20 were alcoholics. Apfelberg, Sugar and Pfeff (1944) found that 39% of their subjects showed excessive use of alcohol. Amir (1967) stated that his research showed that alcoholism was not related to rape, while Rada (1975) found that a significant number of the rapists in his study were alcoholics.

Pedophiles who are alcoholics do significantly worse in therapy than nonalcoholics (Glueck, 1952). Ploscowa (1951) reported that most of his subjects were immature while Henninger (1941) characterized his group as regressed. Bonner (1948) emphasized impaired judgment. Durham (cited in Karpman, 1954), Fenichel (1945), Gardner (1950), Karpman (1954) and Pollens (1938) described deviants as having infantile personalities. Glueck (1952) reported that pedophiles in his study showed impaired judgment, reasoning and reality contact.

Disturbed parental relationships have been reported in a number of studies (Bowman, 1938; Ellis & Brancale, 1956; Gebhard et al., 1963; Glover, 1960; Goldstein, Kant, Judd, Rice and Green, 1971; Henry & Gross, 1938; Waggoner and Boyd, 1941). Paternal rejection was reported by Glover (1939); Glueck (1952); Gebhard and associates (1960); Hartog, Melani & Fodaski (Cited in Connell and Wilson, 1974); Henry and Gross (1938); Schultz (1965) and Waggoner and Boyd (1941). Maternal seduction was emphasized by Brancale and associates, (1956), Glover (1939), Glueck (1952), Hammer and Glueck (1970), and Fisher and Rivlin (1971). Bonner (1948), Doshay (1943) and Pollens (1938) found their patients had often been subjected to serious parental neglect.
Several family patterns have been presented. According to Schultz (1965), many offenders had hostile fathers, whom they feared. These individuals then turned to their mothers for unending affection and unfailing protection and, when she failed, she was held responsible for the offender's frustration and impotence.

Menaker (1939) stressed family constellations characterized by a) a masculine, restricting, depriving mother with a weak father, b) a neurotic, narcissistic mother coupled with a tyrannical father and c) a broken home. Disturbed parental sexual attitudes were stressed by Bonner (1948), Hartwell (1950) and Karpman (1954) who stated:

Fault lies with the parents, who, themselves products of unhealthy repression and much involved in sexual problems, do not know and cannot set themselves to be frank and open with the child whose naive and artless curiosity should be handled in an equally simple way (p. 198).

Sexual abuse of the offender during his childhood was stressed by Bowman (1938) and Goldstein and associates (1971). Rada (1977) did not find deviant parental relations to be of outstanding significance in the etiology of the rapists.
Typologies of the Sex Offender

The Pedophile

The pedophile is an individual who turns to prepubescent children for sexual gratification. However, there are a variety of reasons why this occurs. Since the condition was first studied, researchers have attempted to classify these individuals.

In 1892 Krafft-Ebing classified pedophiles into those with acquired mental illness; senile individuals; chronic alcoholics; and individuals suffering from paralysis, epilepsy, head injuries, apoplexy or syphilis. Generally speaking, pedophiles have been divided into several broad categories. Antisocial offenders have been found to have committed sexual offenses with adults as well as children, and to have committed more non-sexual crimes (McCaghy, 1966). Fitch (1962) described these individuals as

Men with records of instability in many fields of behavior who felt themselves to be deprived and rejected by society and whose sexual offenses, generally committed on complete strangers, were impulsive acting-out of temporary aggressive moods (1962, p. 30).

East (1949) apparently was describing this type of individual when he wrote

Some sexual offenders appear to belong to the constitutional psychic inferior group of psychopathic personalities and are not necessarily sexual perverts in the narrow sense (1949, p. 46).

Fenlow (1973) found that 50% of this sample of individuals arrested for the sexual assault of children were suffering from brain damage. This may be related to a high percentage
of senile offenders. Henninger (1939) studied this type and theorized that their relations with children were related to a desire to regain their youth. Mohr (1964) found a trimodal distribution in which one peak occurred between the ages of 55 and 59. While these individuals are probably not senile, they share with the senile offender such characteristics as loneliness, emotional and sexual isolation, and impotence.

Another type of offender is the person who is unable to identify with an adult sexual role. (Fitch, 1962). Gebhard and associates (1965) considered this group the most disturbed of their sex-offender population. These individuals were characterized as immature, under-developed persons who show marked anxiety over potency and inferiority. In retreat from adult challenges, they frequently establish peer relations with children, whom they find less threatening and judgmental. (Revitch & Weiss, 1962).

Another group are those whose offenses seem to be a reaction against sexual or emotional frustration at an adult level. (Fitch, 1962). Often these individuals are incest offenders. Gebhard and associates (1965) found that this type typically was labeled as "heterosexual aggressors against children"; and that they had a history of broken marriages marked by restrained sexual activity with their wives. Mohr (1964) found that the group of offenders who first engage in sexual activity with children when they are between 35 and 39 typically have poor marital relations and have been drinking heavily at the time of the offense.
The Rapist

Most researchers who have worked with rapists have been impressed by the heterogeneity of the group. Consequently, they have tried to categorize not only the types of rapes but the types of rapists. One of the first to do this was Guttmacher (1951) who divided his offenders into: a) those in whom the assault is an explosive expression of pent-up sexual impulses; b) those with a sadistic impulse to punish and hurt females; c) those who are aggressive criminals and habitually take what they want by force, and d) those to whom rape is a symbolic act representing the incest conflict, denial of homosexuality or, as in the case of Eldridge Cleaver, political retribution. Gebhard and associates (1965) divided their heterosexual aggressors of adults into: a) the assaultive offender who may either use aggression as a means to an end or an end in itself; b) the amoral delinquent; c) the explosive offender who is reacting to a stress situation; d) the individual whose thinking is heavily influenced by sexual stereotypes such as the belief that there are "good women" and "bad women", and that women really want to be raped, and e) individuals with mental deficiency, psychosis, brain damage and other physical or mental illnesses.

Howell (1972-73) classified his subjects into: a) those who tended to be afraid of females and/or impotence and need to conquer these fears; b) those who are basically antisocial and have been angered by the rejection of a female other than the victim, and c) those whose act is related to a fetish. Cohen and Seghorn (1969) classified rapists into: a) those who
rape as an expression of aggression only; b) the sexual-compensatory rapist who is attempting to reassure himself of his sexual adequacy and ward off fears of homosexuality; c) the sexual-aggressive rapist who can be aroused only in a force situation, and d) the predatory rapist who engages in a variety of anti-social activities.

Burgess and Holmstrom (1974) initially classified assailants into four categories which paralleled those of Gebhard and associates (1965) and Cohen and Seghorn (1969). They have more recently revised their system and now divide assailants into the power offenders who may wish either to assert their power or utilize their power to reassure themselves of their masculinity, and the angry offenders who may utilize anger as revenge or retaliation, or express it as part of their sadistic tendencies (Burgess, 1976).

Russell (1975) interviewed a variety of offenders to illustrate different types. The individual with the virgin/whore mentality

*staunchly believe(s) that women want a forceful man who won't accept their 'no' at face value.* (Russell, 1975, p. 110)

Eldridge Cleaver exemplifies the offender who commits rape as a political statement. Some individuals such as Jimmy, quoted below, cannot, according to Russell (1975), distinguish between rape and love.

At that point it gave me a sense of power, a sense of accomplishing something that I felt I didn't get. You see something or somebody that you want and you know that under normal circumstances, you wouldn't
be able to attract this person, so you take her. (Russell, 1975, p. 244)

Roger is an example of an offender who tends to act-out his fantasies on "nonpersons".

When she said that, all of a sudden it came into my head, 'My God, this is a human being!' I came to my senses and saw I was hurting this person, that it was not an actress in a movie (Russell, 1975, p. 249)

Roy is an example of a power rapist.

I forced myself to do it to prove a point to her, to prove that she wasn't as big as she thought she was. (Russell, 1975, p. 253)

Fred illustrates an offender who punishes women who venerate what he feels he is not: a complete man

I am endowed very small and this has been a source of embarrassment to me because I've never been able to perform properly. (Russell, 1975, p. 254)

Rada (1977) presented five categories: 1) rape as a defense against feelings of sexual inadequacy, 2) rape as a defense against dependency needs, 3) rape as a displacement of hostility onto the victim, 4) rape as a defense against homosexual wishes and 5) rape as a symptom of the Madonna-prostitute complex.

Selkin (1975) has divided rapists into two categories. Most, he said,

are victims of what analysts call ego splits. They are married, young, employed and living a life that one would not describe as typical of a person who is mentally ill. But their family life is disturbed. They can't relate successfully to their wives or parents; as youngsters they had problems with an older sister or an aunt who they say,
"messed on them".

After the crime these men will deny their behavior. Typically they'll say, 'I don't remember. It wasn't me' or 'I felt like I was watching a movie.' (p. 76)

The other type is the predatory rapist. "These men", according to Selkin, "are out to exploit and manipulate others, and sometimes they do it through rape." (Selkin, 1975, p. 76)

Karpman (1954) explained the dynamics of rape saying

In some men only the resistance of the woman makes them potent. (p. 358)

In general, it would appear that researchers, often depending upon their own orientation, have classified the rapist into three motivational systems - situational, emotional and criminal. Some researchers recognize one category, some two, and some three. The situational rapist may be conceived of as a basically normal individual carrying certain preconceptions about women and rape which have been fostered by the culture, and who, under certain social situations or conditions of stress, may commit a rape. The emotionally disturbed rapist may be compensating for feelings of inadequacy, expressing pent-up hostility or duplicating a traumatic developmental experience. The criminal rapist is simply a criminal type who takes sex as he would take money, cars or television sets.

**Therapy**

**Effectiveness**

As indicated in the introduction of this paper, the effectiveness of treating sex offenders has been questioned as it has been thought that they lack necessary prerequisites such as
motivation, anxiety or cognitive skills.

Several authors have felt that therapy could aggravate the behavior by providing the individual with a rationalization for his behavior (Cruvant et al, 1950; Markille, cited in West, 1971; McCaghy, 1966). A number of writers have taken a pessimistic view (Abrahamsen, 1950; Barratt, cited in Karpman, 1954; Bowman, 1951; Bowling, 1950; Brownmiller, 1976; East, 1946; Hartwell, 1950; Kinsey, 1948; Sadoff, 1975; Smith, 1968; Taylor, cited in Rosen, 1964; Wile, 1941).

However, a number of authors agreed with Karpman (1954) that "sex offenders are not as discouraging as some psychiatrists believe" (Brawde, 1950; Ploscowe, 1951; Pollens, 1938; Rosen, 1964; Schrenck-Notzing, 1895; Shaskan, 1939).

Several authors have theorized that certain types of offenders are more responsive to treatment than others; however, none of these theories have been explored through research. Allen (1940) stated that sexual deviations are as easily treated as neurosis if the individual is not obtaining some type of secondary gain. He felt that a younger age, shorter duration of symptoms, higher IQ, desire for a cure and absence of alcoholism predicted success. Kozol, Cohen and Garofalo (1966) felt that successfully paroled sex offenders could be characterized as showing compassion for others, few hostilities, and a fairly positive self-image. Mathias (1972) stated that the unresponsive offender tends to be unreliable, manipulative, unmotivated, and inclined to handle anxiety with acts of sexual deviation which
tranquilizes him and thus reinforces the behavior.

Rosen (1964) listed seventeen criteria for successful treatment:

1) Young
2) First offender
3) Not previously treated unsuccessfully
4) High IQ
5) Able to express self, good abstract thinking
6) Socially well-adjusted otherwise
7) Depression, shame, disgust, and guilt, not "free-floating" but in close relation to the perverse fantasy or action
8) Healthy Social Environment
9) Married, bisexual or past heterosexuality
10) Desire for cure
11) Sincere effort to control behavior
12) Acceptance of responsibility
13) Socially discreet
14) Absence of co-existing perversion
15) Not neurotic, psychopathic or psychotic
16) Not homosexual or pedophilic
17) Shy with women

Marcus (1971) suggested that the following criteria be used to identify those potentially dangerous offenders who would be inappropriate for outpatient therapy. Characteristics include:

1) Brutality sustained in childhood, especially from father
2) Bedwetting, firesetting, and cruelty to animals
3) Delinquent acts between the ages of 8 and 13
4) Escalation of sex offenses
5) Inter-related criminality with sexual offenses
6) Sustained excitement prior to act and at time of offense
7) Lack of concern for victim
8) Bizarre fantasies with minor offenses
9) Explosive outbursts
10) Absence of psychosis
11) Absence of alcoholism
12) High IQ
13) Lack of human warmth or humanitarian depth
14) Lack of social know-how

Psychoanalysis

Most of the early writing on the psychoanalysis of sex offenders was presented in case study form (Abel, 1964; Karpman, 1930; Schmideberg, 1972; Tio, 1967; Willie, 1961; Woody, 1973). Allen (1940) suggested that sexual deviations could be treated in a number of ways, including three levels of psychoanalysis - suggestion, superficial analysis and deep transference.

Freud (1939) pointed out that the success of therapy depends on a number of factors - strength of genital drive, amount of fixated libido, whether the progressive wish is stronger than the regressive one and whether the object world offers opportunities for adult sexual gratification. Blanck and Blanck (1974) indicated that psychotherapy should strive to support the ego by emphasizing its strong points, to improve the defensive functions of the ego by helping it cope with anxiety and respond appropriately to signal anxiety, by stressing verbalizations,
by building the ego's interpretive powers and by encouraging neutralization of drives. They also suggest that the therapist should encourage the neutralization of libido so that object relations can be established as well as encouraging the neutralization of aggression.

Meyer (1975) has challenged theorists who suggest that simple suggestion or behavior therapy is appropriate, stating that

The psychodynamic model predicts difficulty with directive techniques in that the conflict, with its fantasied and historical substructure, is actively excluded from awareness and, therefore, is inaccessible to rational thought, conscious memory, immediate experience and the mediating influence of suggestion (p. 1546).

Ostrow (1974) pointed out that patients seek therapy for sexual deviations because one facet of their personality isn't functioning in the perversion. The compliance of their ego is lacking, and thus they experience pain and guilt. The ego must then be strengthened by correcting cognitive problems such as magical thinking or deviant fantasies by producing changes in the action-discharge pattern and by lessening the ego's ability to tolerate incongruency (Abel & Blanchard, 1974). Transference can aid in this by providing gratification through recreating the original relation with the mother, and thus decathing the original needs. The exposure of the perversion's origin in psychoanalysis reduces the intensity of the craving, and permits the interposition of a corrective perception (Ostrow, 1974). Additionally, the superego must be reinforced and the
patient helped to achieve a sense of genital reality.

**Behavior Therapy**

Psychoanalysts make a number of assumptions about their patients. They assume the ability to function on an abstract, verbal level and to pursue expensive, prolonged treatment. While some may meet these conditions, many cannot, including those who are incarcerated. Behavior therapy offers a way to change a specific behavior in a relatively short time. It focuses on the learned aspects of behavior, and seeks to refute the psychoanalytic assumptions that: a) recovery is based on the recall of early, traumatic experiences; b) recovery is related to the uncovering and modification of specific early conflicts; c) removal of symptoms without resolving conflict leads to recurrence or new symptoms (Stevenson & Wolpe, 1960).

If sexually deviant acts are learned, they can be unlearned and replaced by other sexual behaviors. Bond & Hutchison (1960), Brady (1975), and Stevenson and Wolpe (1960) reported cases where deviant behavior resulted from anxiety over heterosexual activities, and was corrected by teaching the individual to relax when presented with a progression of potentially anxiety-provoking scenes. However, the effectiveness of this method was questioned by Douglass Quirk (1974) who reported that the Bond - Hutchison (1974) case experienced a full return of symptoms shortly after completing therapy, but was later treated successfully with biofeedback. Wickramasekera (1968) combined the reinforcement of approach responses with relaxation training in an interference theory approach and was able to report the
total elimination of sexually deviant acts and thought in eighteen sessions. Kohlenberg (1974) enhanced this approach through the use of Masters and Johnson's "in vivo" desensitization method which utilizes the sex partner to introduce a graded sequence of sexual interactions. His subject was a homosexual pedophile whom he reconditioned into an adult homosexual orientation. This therapeutic approach was criticized by Strupp (1974), who felt that Kohlenberg had persuaded his client to accept a homosexual orientation, and that the client had conformed to this merely to gain the therapist's approval. Kohlenberg (1974) indicated that he had approached the patient's sexual re-orientation in a value-free manner, respecting the patient's wish to retain his homosexuality but to rid himself of pedophilia. Strupp (1974) countered that the therapist's behavior is never value-free and that any behavior which he does not actively discourage is actively encouraged.

Rosen (1964) advocated the use of "in vivo" retraining through the utilization of specially trained prostitutes.

Thorpe (Abel & Blanchard, 1974) attempted to reshape the sexual fantasies of his patients by having them masturbate, using their usual aberrant fantasies until orgasm was imminent, at which time they were to fantasize "normal" activities. Marquis (Abel & Blanchard, 1974) reported that this method was successful with 75% of his patients. However, Evans (1968) argued that this method only reinforced the sexually deviant act. This method was also used successfully by Mees (1966) and Davison (1968) in eliminating sadistic
fantasies.

Fookes (1969), Rooth & Marks (1974) and Rosenthal (1973) reported the successful use of aversion therapy in a variety of sexual deviations. However, Feldman, MacCulloch and McCulloch (1968) reported that among their subjects only those with "fairly normal" personalities and social environments responded well.

Abel, Blanchard & Becker (Rada, 1977) reported a behavior modification treatment program for rapists being conducted at Tennessee Psychiatric Hospital and Institute in Memphis. The program aims principally at decreasing sexual arousal to rape, increasing appropriate heterosexual arousal and enhancing heter-social skills. Aversive conditioning using electrical shock to the erection and covert sensitivation are used to lessen arousal to rape themes. Masturbatory conditioning of various types is used to increase arousal to appropriate stimuli, and relaxation training, rehearsal with a female therapist, along with training in conversation, expression of emotion and assertiveness, are used to increase the offenders' social skills.

Drug Therapy

The most popular drug to be used in the treatment of sex offenders has been oral stilboestroil, which was reported effective in reducing sexual drive by Bierer and Somerer (1950), Dunn (1940), Golla and Hodge (1949), Hamilton (1943), Rowe and Lawrence (1928), Thorek (1924) and Whitaker (1959). However, these authors noted that complications such as gynaecomastia and degenerative changes in testicle tissue were frequently found. Field (1970) pointed out that by eliminating the sexual
reinforcement of deviant behaviors, it would be easier to strengthen competing social reinforcers. He implanted slow-releasing doses of female hormone, Oestradiol BPC, in 33 sex offenders in England. A significant reduction in recidivism was noted.

More recently the use of Benperidol (Chlorpromazine) has been reported. Tennent, Bancroft and Cass (1974) compared this drug with a placebo and noted that fewer sexual fantasies were reported by the patients on Benperidol. However, this drug has been associated with breast cancer (Bancroft, Tennent, Loucas & Cass, 1974). Work with the anti-androgens such as Cyproterone Acetate has demonstrated ability to lower sexual drive without harmful side effects (Cooper, Ismail, Phanjoo & Love, 1968 and Bancroft et al, 1974). Blumer and Migeon (1975) reported the loss or satisfactory decrease of sexual arousal with Depo-provera, 300 mg; however, the drug produced such depression that 75% of the subjects refused continued usage.

Drug therapy may be beneficial to those offenders driven by insatiable sex drives; however, studies of large groups of offenders (Gebhardt et al, 1964) have not found hypersexuality to be characteristic of the majority. More commonly these studies have reported feelings of impotence, sexual inadequacy and insecurity which would only be compounded by making these fears more real, and could lead to increased hostility manifested in physical, if not sexual, assaults.
Surgical Approaches

Two types of surgical intervention have been suggested. Allen (1940) suggested the shortening of the ischio-cavernous muscle of the penis to enhance erection and reduce the need for bizarre arousal behaviors. However, by far the majority of work in this area has involved castration. In 1929 Denmark passed the first law legalizing the castration of sex offenders. If the request was not voluntary, the court needed clear evidence of a biological aberration or mental retardation with sexual delinquency. 2% of the sex offenders have undergone this procedure (Campbell, 1967). Studies conducted at the Danish Asylum for Psychopathic Criminals showed that only 2 of 79 castrates recidivated.

Castration is used also in Sweden, Norway, Finland, Holland, Switzerland, Greenland and Iceland. Studies in Norway found no recidivism among castrates. (Langley Porter, 1953). This research also found that when the operation was voluntary, "new calm and productivity was produced" (1954, p. 172), but that paranoia often resulted when the patient was pressured into the procedure. Tappan (1951) stressed that the operation always should be accompanied by therapy to aid the individual in synthesizing the experience.

In the U.S. after World War II, a number of castrations were performed. Hawkes (Campbell, 1967) defended this approach, contending that

Physically the castrate is an improved organism. General health and longevity are increased. Contrary to general
belief, castrates are not sexually incapacitated. The sex drive is admittedly reduced but successful marriages with regular sexual performances are recorded. (p. 68)

However, one case has been reported in Denmark of castration followed by murder (Langley Porter, 1953). Lindner (Langley Porter, 1953), referring to a castrated patient, stated

Castration had only served to strengthen his urges and force them towards expression by more primitive and aggressive means. (p. 57)

Group Therapy

One of the earliest uses of group therapy was at Atascadero, where a program known as the "Emotional Security Program" was instituted in the mid-50's. Patients in the program participated in group therapy and a self-government program where important therapeutic decisions were made by patient communities (Schultz, 1965). Several prisons with inmates committed under sexual psychopath laws have offered group therapy. Although this often has been simply a method to provide token treatment of large groups of inmates, a few therapists have presented well-reasoned uses of this method for incarcerated offenders. Costell and Yalom (cited in Resnik and Wolfgang, 1972) stated that

Group psychotherapy provides an arena in which their symptoms or offenses may be translated into the interpersonal context and in which disturbed interpersonal relationships may be appreciated, understood and altered. (p. 119)

The group is able to provide the participants with motivation, hope, and the realization that their individual problems are not
unique, as well as an opportunity to help others. The members can develop socializing techniques, utilize role models, and experience catharsis (Resnik & Wolgang, 1972). Costell and Yalom (1972) reported that homogeneous groups work best with homosexuals and pedophiles, while heterogeneous groups were most successful with rapists. Marcus (1971 p. 33), in a Canadian treatment program for incarcerated offenders, played video-taped sessions back to the group and noted that

an emotional dilemma induced by the gap and the subjective feelings of viewers, produced a crisis in which the person attempts to bring two aspects into harmony thus increasing self-knowledge. (Marcus, 1971, p. 33)

Anderson (1969) exchanged video-tapes of sessions between offenders and a group of college students.

The first reported use of outpatient group therapy was conducted at Philadelphia General Hospital with sex offenders, primarily exhibitionists, on probation or parole. It was assumed initially that the sex offender has both a low tolerance for anxiety and a fear of authority, and that in one-to-one treatment the therapist would be viewed as an anxiety-arousing authority figure. Consequently, the patients would fail to show up or would withdraw into passive resistance (Resnik & Peters, 1967). Traditionally trained therapists frequently find that they have communication difficulties with individuals who have poor educations and limited verbal skills (Peters & Sadoff, 1971). Individuals convicted of sex offenses usually show both of these characteristics, as the more intellectually and economically
stable deviants are rarely caught and/or convicted. The use of the group was viewed by the Philadelphia project as a means of helping to bridge the verbal, educational and cultural gap, and as a means of providing a group setting (Resnik & Peters, 1967).

The groups acted to counteract the social isolation of the members. Communicating with others of his status tended to build up the member's self-esteem, and subsequently his respect for others. The groups also acted to exert pressure in the direction of social conformity and to reinforce control of impulses (Peters & Sadoff, 1971).

Follow-up of the Philadelphia project, comparing 92 offenders in group therapy with 75 under general supervision, found a recidivism rate of 1% for the patients treated in groups versus a 5% rate for the others. 27% of the general supervision group committed crimes other than sex offenses as opposed to 3% of the group therapy patients (Peters, Pedigo, Steg & McKenna, 1968).

New Directions

The sexual psychopath laws which, in a limited way, provided for the first programs of treatment for sex offenders, produced an ironic situation. Since only those who were designated as "sexual psychopaths" were eligible for treatment, psychiatrists tended to affix this label to those most treatable.

Psychotherapists tend to designate as sexual psychopaths (who are thus treatable), those who come from middle-class backgrounds, those who are more intelligent, and those who do not have a long history of criminal behavior outside of their sexual transgressions. The 'sick-
est' and most dangerous are not always designated as sexual psychopaths. (Resnik & Wolgang, 1972, p. 4)

Consequently those most amenable to rehabilitation frequently have been incarcerated on indeterminate sentences, while those who may be more dangerous have been given fixed and often shorter prison terms. The presence of community programs offers an alternative to incarceration for the most treatable offenders, while prison-based programs can concentrate on the more dangerous offenders. This, of course, implies an ability to differentiate between the two.

Community-based programs also have the advantages of being able to treat misdemeanor offenders who would not be incarcerated. They are able to maintain the family unit, to avoid stigmatism, and to reduce the cost of treatment. Imprisonment is a traumatic experience, especially for the sex offender who is ostracized, ridiculed and frequently abused by his fellow prisoners. If an effective alternative can be found, it certainly should be utilized for, as Marcus stated,

You do not cure a frightened or alienated man by frightening and alienating him more. (1971, p. 2)

Community-based programs such as the Philadelphia project (Resnik & Peters, 1967) and Paso (Positive Approaches to Sex Offenders - Schwartz, 1974) focus on individual, marital and group counseling, vocational assistance, family support, and a variety of social services. While Sadoff (1975) doubts that the rapist can be treated outside of prison, a few programs including PASO are now attempting this.
New methods also are being used in prison programs. Resnik and Wolgang (1972) recommend conjugal as well as home visits. These authors also recommend that conflict-ridden offenders be allowed to act-out their impulses in a controlled situation. The clinical use of nakedness, efforts to personalize the victim, and mixing deviants and nondeviants in group therapy also have been proposed (Resnik & Wolfgang, 1972).

Little can be said about the relative effectiveness of different types of therapy with sex offenders, as no studies could be found which compared the various methods. While evaluation of treatment is essential, it is marked by such methodological problems that Mohr (in Resnik & Peters, 1972), author of Exhibitionism and Pedophilia, stated

anyone familiar with the literature on the evaluation of psychotherapeutic procedures cannot help but think of Dante's caveat: "Lasciate ogni speranza voi ch'entrate ("abandon hope all ye who enter here") (1972, p. 227)

Therapy for the sex offender has evolved in the same direction as other types of therapy. During the first half of this century, the affluent could obtain extensive, expensive individual psychotherapy. The rest of the population was treated by prolonged incarceration in mental hospitals or, in the case of the sexual deviant, in prison. In these institutions and in the community, the shortage of therapists resulted in heavy reliance on drugs and, in more severe cases, surgery. Both behavior therapy and group therapy have provided means to extend treatment to larger groups of patients, the former by shortening the time;
the latter by raising the necessary therapist-patient ratio. The move towards community mental health centers which offer therapy to all, success in the treatment of drug abuse, and laws concerning the "least restrictive environment" have all contributed to the establishment of community-based treatment programs for the sex offender.

Psychometric Findings

A variety of both projective and objective tests have been utilized with sex offenders. Utilizing the Rorschach Prandoni, Jensen, Matianga and Warson (1973) found that sex offenders showed significantly more rejections and higher mean reaction time on Cards 2, 4, 6 and 7. The offenders showed more rejection and longer reaction time on Card 6 (Prandoni et al, 1973). Perdue and Lester (1972) contrasted Rorschach responses between aggressive and non-aggressive sex offenders and found no significant differences. Studying flexor and extensor human movement responses, Hammer and Jack (1955) reported that rapists in their study gave more extensor movements, reflecting their assertive orientation; however, fewer rapists saw popular human movement responses. Pedophiles emphasized flexor responses, indicative of passivity. Dutton (1953) found that the Rorschachs of pedophiles indicated immature, ineffective personalities who are afraid of and unable to develop and maintain adequate adult relations. Guttmacher's (1951) Rorschach research with the pedophile indicated that this individual has very little self-confidence, and doubts his ability to relate to, influence or win over another person.
In general, he lacks the confidence and courage to approach adult females and thus turns to children. Rapists' Rorschachs reflected conflict and inner disharmony beneath a rigidly-controlled surface. While generally over-controlled, there was evidence of the sudden breaking through of damned-up impulses when controls weakened, leading to explosive and violent behavior. These offenders showed social isolation and a lack of inner resources to form satisfactory relations with others. They gave more responses reflecting violent penetration (Guttmacher, 1951).

Using a battery which consisted of the Rorschach, Thematic Apperception Test and Blacky, Glueck (1955) contrasted a variety of sex offenders with non-sexual offenders matched on age, race, religion, education and IQ. The sex offenders showed twice as many homosexual traits on the Rorschach. They showed more feminine identification, more feelings of inadequacy, less ability to verbalize or to utilize good judgment. They had greater fears of injury, little insight and impaired interpersonal relations with a more concrete orientation. More anxiety, mood disturbances, paranoid trends and impaired impulse control were noted. Analyzing their psychosexual development, it was reported that the sex offenders in general felt more sexually traumatized, with the rapists having more unresolved Oedipal conflicts. More marked disturbances in the functioning of conscience mechanisms were noted (Glueck, 1955). The rapists in their study were closest to the controls, but had more unresolved incestuous feelings for their mothers. Heterosexual pedophiles had experienced tension and hostility in relation to adult sex, along with
disturbed reality perception and obsessive-compulsive tendencies. The homosexual pedophiles apparently had experienced the most sexual trauma in childhood, with rejecting fathers and mothers who utilized them as objects for their rage.

Strickler (1967), utilizing the Blacky with a group of pedophiles, found that his subjects showed immature, feminine personalities with consistent problems in the oral area. Hammer (1955) found significant fears of castration and phallic anxiety associated with "dead" tree responses in the House-Tree-Person protocols of pedophiles. Calmas (1965) hypothesized that among 58 subjects at the Bridgewater Treatment Center the patterns of perceived mother-son interaction would differ among clinical groups. Using the Mother-Son Interaction Test, displaced-aggression rapists tended to view their mothers as more affectionate than did other groups. The impulse rapists felt their mothers to be more rejecting. Non-aggressive, regressed pedophiles expressed more affection toward their mothers than did other pedophile groups. Pedophiles viewed their mothers as being more seductive than did rapists.

Several studies have utilized a semantic differential technique with a group of pedophiles on probation and parole. Vanasek, Frisbie and Dingman (1968) found that pedophiles in the community had a higher need to present a good stereotype and an acceptable facade than a similar group in a state hospital. Dingman, Frisbie & Vavasek (1968) reported that the longer this group remained in the community, the poorer their self-image became and the lower their morale. From these findings they urged treatment during
the resocialization process.

Cowden & Pacht (1969) were able to distinguish sex offenders from normals using the Sex Inventory, with the offenders showing more sexual maladjustment, greater loss of sexual control, and more homosexuality. Torbert, Barteleme & Jones (1959) tested pedophiles and a group of non-sexual offenders in San Quentin with the MMPI. Their results indicate that pedophiles show more sexual dissatisfaction, stronger religious beliefs, more feelings of general dissatisfaction, inadequacy, guilt and over-sensitivity. Carroll & Fuller (1971) reported that sex offenders did not differ significantly on any MMPI scale from a normal, non-criminal, non-clinical control group. Schmidt (1945), however, reported that sex offenders scored higher on the M-F, paranoid and schizophrenic scales. Swenson and Grimes (1958) found higher psychopathic deviance. Karacen (1974) found higher PD, mania and depression scores. Foote (1974) found higher dependency (Dy) and lower psychaesthesia (Pt) scores. Marsh, Hilliard and Liechte (1969) developed a special sexual deviation scale.

Rada (1977) reported testing a group of rapists and a normal control group with the Buss-Durkee Hostility Inventory (BDHI) and the Megargee Over-Controlled Hostility Rating Scale. The rapists scored significantly higher. In a replication, brutally violent rapists scored significantly higher on the BDHI than less violent rapists and non-violent child molesters. Fisher and Rivlin (1971) gave 100 rapists and a control group of non-offender and non-sex offender males the Edwards Personal Preference Schedule and found that rapists scored higher on
intraception, abasement, endurance and heterosexuality, but lower on autonomy, dominance and aggression than the non-offender males. Contrasted with a non-offender prison group, the rapists were higher on succorance, abasement, nurturance and endurance, and lower on achievement, autonomy, change, heterosexuality and aggression. In general they tended to be less self-assured and independent, less dominant, less aggressive, more self-critical, with a tendency to be introspective, a greater need to endure and a higher heterosexual drive.

Prevention

Writers in the field split almost evenly between those who felt that early identification, social services, recreation and sex-education could reduce sexual crimes (Bonner, 1948; Karpman, 1954; Gardner, 1950; Pollens, 1938) and those who took a dim view of any preventive measures (Hartwell, 1950; Ploscowe, 1938; Sellings, 1939; Tappan, 1949).

Early theorists offered preventive measures which focused primarily on discouraging masturbation and encouraging normal sexual contact. Schrenck-Notzing (1895) stated that male children should be taught to "school the will" (p. 176), and should be discouraged from learning female occupations. Developmental theorists, including psychoanalysts, have aimed their suggestions for prevention at improving early mother-child relations. Allen (1940) stated that the infant should be breast-fed regularly and unemotionally, and that sucking should not be used as a remedy for unhappiness. The young child should be given hard food to bite and little fuss should be made over toilet training.
Appropriate sex education should be offered. Unhappy marriages should be terminated. Parents should not be unduly concerned over masturbation. Adolescents should be allowed to engage in activities appropriate to their sex, and begin normal sexual contacts as soon as possible. Early marriage should be encouraged (Allen, 1940). Guttmacher (1950) suggested that everything possible should be done to encourage stable families. Both Johnson (1957) and Thomson (1959) suggest that if hostile seduction on the part of the mother can be prevented, then sexual aberrations can be reduced.

Guttmacher (1952) and Shultz (1965) both stressed prevention through early identification of problems in children. Shultz (1965) suggested that a lack of guilt feelings about sexual misconduct, aggressive, hostile reactions to others, abnormal lack of affection for family and intimates, tendencies to seek immediate gratification, sexual delinquency inconsistent with the child's age, and the torturing of animals or younger playmates should all be regarded as early warning signs. Early intervention may then ward off a serious problem.

In 1951 the governor of Michigan commissioned a study on sex offenders. The commission made numerous recommendations for changes in legislation and court procedures, in the area of prevention. The educational subcommittee recommended that teachers be trained in mental health and that they teach classes in mental hygiene. Schools should help to identify problem children. The committee suggested that courses be offered to journalists in how best to cover sexual crimes. Local communities should estab-
lish mental health organizations to encourage effective inter-
vention and treatment programs. The Spiritual subcommittee
suggested that churches become more "family-centered" so that
they can assist parents in inculcating spiritual and moral values
into children. Churches should establish counseling services for
their parishioners and encourage sex education. All of these
suggestions would encourage improved mental health.

Recent approaches to sex offenses stress the elimination
of sexist attitudes which place women in a vulnerable position
(Brownmiller, 1975), and which make unrealistic demands upon men
(Russell, 1975). Demands are being made upon the media to erase
the image of the romantic rape and the heroic rapist (Brownmiller,
1975).

Perhaps no topic in the study of human deviancy arouses
as much emotionally-laden reaction as the topics of rape
and child molestations. The horror which these acts produce has
helped to feed a great amount of misinformation. Study of the
problem has been impaired, efforts misdirected and resources
wasted. False stereotypes have been constructed which have
focused interest and concern away from the real problem. Con-
troversy continues and there remains little agreement as to any
part of the problem. The Women's Movement has spawned new and,
perhaps for the first time, continued interest in the topic.
Lawyers, doctors, correction authorities and individuals treating
the offender as well as those assisting the victim have started
a dialogue which promises to be productive.
CHAPTER III

METHODOLOGY

Subjects

The subjects for this research were 58 aggressive sex offenders, all of whom had been adjudicated on a sex offense. Twenty-two of the subjects were Anglo, thirty-two Spanish surnamed, three Black and one Indian. Their average age was twenty-seven, with the offenders of children having an average age of thirty-one and offenders of adults having an average age of twenty-four. The subjects had an average educational level of twelve years. These subjects had been ordered to pursue treatment through the PASO Program, either in lieu of prosecution or as a condition of probation. They have been referred to this author over the past four years for psychological evaluations to be utilized in planning their treatment program. The evaluations were conducted at the Bernalillo County Mental Health/Mental Retardation Center, Albuquerque, New Mexico. All of the evaluations took place during the first weeks of the offender's participation in the program. Subjects about whom there was doubt regarding guilt have been eliminated from the study.
Procedures for Collecting Data

Subjects in this study were referred for a psychological evaluation by the PASO Program. This evaluation usually took place no later than three weeks after they began participation. Most of the subjects were given a psychological battery which included a social history and the following tests:

- Revised Beta Examination
- Rorschach
- Graham-Kendall Memory-for-Designs
- Mooney Problem Check List

Occasionally, one of the written evaluations had to be eliminated due to a subject's illiteracy.

The Revised Beta Examination was selected as the most appropriate intelligence test for this population as it is nonverbal and less likely to discriminate against bilingual subjects. Additionally, the instrument has been standardized on a group of incarcerated offenders comparable in age and education to this sample. A reliability coefficient of .90 has been derived for the Beta from the intercorrelations among the subtests using the standardization group. The standard error of the mean was 4.8 for one research group and 4.3 for another. The Beta shows a .92 correlation with the WAIS Adult Intelligence Scale (Kellogg & Morton, 1957).

The Rorschach was coded according to 1) Elizur's Hostility Score, 2) Elizur's Anxiety Score, 3) Beck's Genetic-Level Scoring System and 4) Pruitt and Spilka's Empathy-Object Scale (Lerner, 1975). All scores were cross-checked with another evaluator and adjusted until 100% agreement was reached.
Elizur (Lerner, 1975) found an inter-rater reliability of .77 for the Anxiety Scale and .82 for the Hostility Scale. He stated that "these figures are fairly high as compared with similar studies of projective techniques" (Elizur in Lerner, 1975, p. 232). The Anxiety Scale was found to be significantly correlated with questionnaires measuring fears, phobias and lack of self-confidence, with self-ratings on fear, worry, sexual shyness and inferiority, and with an interviewer's rating of anxiety (Elizur in Lerner, 1975). The Hostility Scale showed a significant correlation with a questionnaire measuring self-blame and perception of others as hostile, with self-rating scales of hostile and aggressive feelings, and with an interviewer's rating of hostility (Elizur in Lerner, 1975).

Becker's Genetic-Level Scoring System combines form, level, and integration with pathological responses to produce a single score. A study by Freedman (Lerner, 1975) reported inter-rater reliabilities of 91.6, 89.7, 94.8 and 95.5. Other studies reported by Lerner (1975) report inter-rater reliabilities of between 89.7 and 95.6. He concluded that "the levels of reliability attained for genetic level scoring are uniquely high for research involving ink blot measures" (Lerner, 1975, p. 22). Validity studies have found the genetic-level score significantly correlated with chronological age, thought disorders and level of perceptual functioning. Low levels of genetic functioning have been found to be significantly correlated with behavioral disorders, including overt
sexual perversion (Lerner, 1975).

Pruitt and Spilka (Lerner, 1975) devised a scale measuring empathy on the basis of M and H responses on the Rorschach. They reported that a reliability coefficient of .66 (p < .01) based on Hoyt's analysis of variance was found between increases in RE-OR Scale scores and therapeutic gain following treatment which emphasized improving interpersonal relations (Lerner, 1975).

The Graham-Kendall Memory-for-Designs Test is a brief screening test for left occipital-parietal lobe dysfunction. Test-retest reliability has been reported to be .77 (Buros, 1972). This test shows high correlation with other tests of organic dysfunction but its scope is narrow and it cannot detect a wide range of neurological impairments.

The Mooney Problem Check List was selected as it allows the subject to mark as many problems as he is willing to acknowledge and gives a picture of the problems to which he willing to admit. The last page allows the subject to respond to three questions in essay form. Reliability coefficients of the groups of problems were found to vary from .90 to .98 over a ten-week period (Mooney & Gordon, 1950). The List has face validity and Mooney and Gordon (1950) reported that in a study of college students, 92% felt that the list gave a "fairly complete picture of their problems" (p. 8). The List, in this research, has been coded for how many problems the subject underlined, whether he indicated an interest in therapy, and on his response to the following statements:
(20) Lacking self-confidence
(68) Lacking ambition
(115) Speaking or acting without thinking
(118) Sometimes acting childish or immature
(119) Being envious or jealous
(166) Sometimes lying without meaning to
(212) Constantly worrying
(215) Having a bad temper
(216) Feelings too easily hurt
(267) Sometimes being dishonest
(82) Too much quarreling in the home
(138) Afraid of losing the one I love
(280) Sexual needs unsatisfied
(282) Sexual desires differ from husband or wife
(167) Feeling blue and moody
(126) Loneliness
(106) Not enough money for necessities

Social background information was gathered from a standard social history interview and the following variables were extracted:

1) Parents' marital status during the offender's childhood
2) Father's occupation
3) Number of sisters
4) Previous criminal convictions
5) Previous prison incarceration
6) History of blackouts
7) Claims blackout during offense
8) Suspected organic dysfunction
9) Marital status
10) Neighborhood
11) Occupation
12) Longest length of time on the single job
13) Educational level
14) Degree of violence in the crime (Information obtained from primary therapist's discussion with police, lawyer or victim)
15) Frequency of offense
16) Military discharge
17) Alcoholism
Statistical Procedures

The information drawn from the psychological evaluations was coded for forty-five variables. The clinical constructs derived by combining several pieces of information (Distress, Environmental Stress, Abstract Conceptualization, Life Adjustment and Denial) were constructed by reducing the separate test scores to z scores \((X - \bar{X}/SD)\) and then adding the scores to form a new variable. Dummy variables were constructed for nominal data. This reduced each nominal category to a binomial (yes - no) statement. Ordinal scales were utilized for information which could be rank ordered. Utilizing UNM's IBM - Model 65 Computer, the data was subjected to a stepwise multiple regression using the SPSS program (Nie, Hull, Jenkins, Steinbrenner & Bent, 1975). When the amount of missing data for a single variable did not exceed one case, the program constructed a weighted standardized predictor \((WSP = \text{number of independent variables in regression equation } EBiZi) / \text{Number of nonmissing independent variables}\) to estimate the information. The data was then subjected to a stepwise discriminant analysis utilizing Wilks Lambda (Nie et al, 1977).

It was decided to utilize both multiple regression and discriminant analysis as the former produces a relative measurement of a relationship rather than simple assignment to the group. While the criterion was dichotomous, it was felt that the clinician would wish to know the relative value of an individual's score on the regression formula.
To test for sample stability and to investigate validity considerations, a cross-validation using a jack-knife approach was utilized (Lindsey, 1965). This was done by randomly selecting out one responder and one nonresponder and subjecting the data to a stepwise multiple regression. This was done repeatedly until all pairs had been eliminated from one run.
CHAPTER IV

RESULTS

Follow-up of the subjects revealed that 39 of the 58 responded positively to treatment by remaining in the program until transferred or successfully terminated by their therapists, and not recidivating. Four subjects, three offenders of adults and one offender of children, recidivated. The rest of the failure group dropped out or were terminated due to their lack of response. Table 2 contains descriptive information about the two groups of subjects. Inspection of the Table indicates that among offenders of adults, 23% came from homes where the parents were divorced, 9% of their parents were separated, 14% widowed, 5% were raised by single parents and 50% of the parents were married. 31% of the parents of offenders of children were divorced, 3% separated, 11% widowed and 56% married.

Most of the fathers of child molesters worked at or above a skilled level (61%) which was also true for offenders of adults (54%). More offenders of children had sisters (75%) than offenders of adults (62%). At least half of the offenders in both groups had no history of previous convictions (O.C. = 50%, O.A. = 57%). Most had never been prison (O.C. = 78%, O.A. = 71%). Most had no history of blackouts (O.C. = 75%, O.A. = 66%). Most of the offenders admitted their guilt (O.C. = 72%, O.A. = 73%). Organic dysfunction was suspected in more of offenders of adults (27%) than the offenders of children (8%). More of the offenders of adults were married (O.A. = 59%, O.C. = 25%).

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More of the offenders of adults lived in a poor neighborhood (40%) than offenders of children (22%). Approximately the same percentage of offenders were employed at or above a skilled level (O.C. = 52%, O.A. = 50%) but offenders of children showed longer employment on a single job (O.C. = 65 months, O.A. = 28 months), perhaps because they were older (O.C. = 31; O.A. = 24). The groups had the same average level of education (11.8 years).

Offenders of adults had used more violence (O.A. = 73%, O.C. = 11%). More offenders of adults had committed multiple crimes (O.A. = 57%, O.C. = 33%) with a range of 499 compared to a range of 7 for child molesters. Roughly the same percentage had received Less Than Honorable military discharges (O.A. = 8%, O.C. = 9%). More offenders of children were known or suspected alcoholics (O.C. = 53%, O.A. = 32%). The groups had the same mean IQ (100). 64% of the child molesters were successfully treated. 59% of the offenders of adults were successfully treated. Slightly more than half in both groups were Spanish - surnamed (O.C. = 55%, O.A. = 54%). (It should not be assumed that Spanish - surnamed individuals make up a comparable percentage of sex offenders in this state. They may be more likely to be referred to a publicly-supported treatment program.)
<table>
<thead>
<tr>
<th>Variable</th>
<th>VI-Parent's Marital Status</th>
<th>V2-Father's Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders of Children</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>1: Absent</td>
<td>1.</td>
<td>2: Unemployed</td>
</tr>
<tr>
<td>2: Employed</td>
<td>2.</td>
<td>3: Skilled</td>
</tr>
<tr>
<td>3: White Collar</td>
<td>3.</td>
<td>4: Professional</td>
</tr>
<tr>
<td>4: Other (missing data)</td>
<td>4.</td>
<td>5: Professional</td>
</tr>
<tr>
<td>5: Other (missing data)</td>
<td>5.</td>
<td>6: Professional</td>
</tr>
<tr>
<td>6: Other (missing data)</td>
<td>6.</td>
<td>7: Other (missing data)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>31%</td>
<td>3%</td>
<td>5%</td>
<td>8%</td>
<td>28%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

-152-
<table>
<thead>
<tr>
<th>Variable</th>
<th>V3 - Number of Sisters</th>
<th>V4 - Number of Previous Criminal Convictions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0  1   2   3   4   5   6   7+</td>
<td>0   1   2   3   4</td>
</tr>
<tr>
<td>Offenders of Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9   10  4   3   4   1   1   3</td>
<td>18  11  3   0   0</td>
</tr>
<tr>
<td></td>
<td>25% 28% 11% 8% 11% 3% 3% 8%</td>
<td>50% 31% 8% - -</td>
</tr>
<tr>
<td>Offenders of Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8   4   6   2   1   1   0   0</td>
<td>12  5   2   1   1</td>
</tr>
<tr>
<td></td>
<td>38% 19% 28% 9% 4% 4% - -</td>
<td>57% 24% 9% 4% 4%</td>
</tr>
</tbody>
</table>

Mean (Offenders of children) = 2
Mean (O.C.) = 1.4

Mean (Offenders of adults) = 1.4
Mean (O.A.) = 0.9
### TABLE 2 Cont. (2)

<table>
<thead>
<tr>
<th>Variable</th>
<th>V4-Number of Pre. Crim. Conv. cont.</th>
<th>V5-Number of Prison Incarcerations</th>
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<tbody>
<tr>
<td></td>
<td>5-10</td>
<td>11-15</td>
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<tr>
<td>Offenders of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Offenders of</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Adults</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mean (O.C.) = 1.4  Mean (O.C.) = .3
Mean (O.A.) = .9   Mean (O.A.) = 1.2
<table>
<thead>
<tr>
<th>Variable</th>
<th>Offenders of Children</th>
<th>Offenders of Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>V6-History of V7-Claims Blackout During Offense</td>
<td>19% 17% 27% 6%</td>
<td>24% 66% 10% 9%</td>
</tr>
<tr>
<td>V8-Suspected Organic Dysfunction</td>
<td>92% 3% 33%</td>
<td>4% 12% 7% 9%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Variable</td>
<td>V9-Marital Status</td>
<td>V10 - Neighborhood</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Offenders of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Offenders of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

1. Divorced, twice or more  
2. Divorced, once  
3. Separated  
4. Widowed  
5. Single  
6. Common-law, previous unions  
7. Common-law, first  
8. Married, previous unions  
9. Married, first  

1. NE  
2. SE  
3. NW  
4. SW  
5. Not in City
TABLE 2 Cont. (5)

<table>
<thead>
<tr>
<th>Variable</th>
<th>V11-Occupation</th>
<th>V12-Longest Time on Single Job</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Offenders of Children</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>Offenders of Adults</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>27%</td>
</tr>
</tbody>
</table>

1. Unemployed
2. Unskilled
3. Skilled
4. White collar
5. University student
6. Less than one year
7. 1 - 2 years
8. 2.1 - 3 years
9. 3.1 - 4 years
10. 4.1 - 5 years
11. 5.1 - 10 years
12. 10.1 - 15 years
13. 15.1 + years
14. Other (missing data)

Mean (O.C.) = 65 months
Mean (O.A.) = 28 months
### TABLE 2 Cont. (6)

<table>
<thead>
<tr>
<th>Variable</th>
<th>VL3-Educational Level</th>
<th></th>
<th>VL4-Degree of Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Offenders of Children</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>6%</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Offenders of Adults</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>12%</td>
<td>43%</td>
<td>12%</td>
</tr>
</tbody>
</table>

1. Less than 6 years
2. 6.1 - 8.0 years
3. 8.1 - 10.0 years
4. 10.1 - 11.8 years
5. High School grad.
6. 13 - 14 years
7. 14.1 - 16 years

1. Force without violence
2. Force with weapon
3. Some violence
4. Serious violence
5. Other (missing data)

Mean (O.S.) = 11.8
Mean (O.A.) = 11.8
<table>
<thead>
<tr>
<th>Variable</th>
<th>V15-Number of Offenses</th>
<th></th>
<th>V16-Military Record</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Offenders of</td>
<td>24</td>
<td>4</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Children</td>
<td>67%</td>
<td>11%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Offenders of</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adults</td>
<td>43%</td>
<td>38%</td>
<td>4%</td>
<td>9%</td>
</tr>
</tbody>
</table>

1. 1
2. 3
3. 3
4. 4
5. 5
6. 6 - 10
7. 11 - 15
8. 16 - 25
9. 26 - 50
10. 500
11. Other (missing data)

Mean (O.C.) = 3.1

1. Did not serve
2. Served less than honorably
3. Served honorably
<table>
<thead>
<tr>
<th>Variable</th>
<th>V17-Alcohol</th>
<th>V18-IQ</th>
<th>V43-Actual Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders of Children</td>
<td>31% 22% 44% 3% 6% 14% 25% 22% 17%</td>
<td>3% 64% 4% 14%</td>
<td>27% 45% 9%</td>
</tr>
<tr>
<td>Offenders of Adults</td>
<td>23%</td>
<td>9% 64% 4% 14%</td>
<td>-</td>
</tr>
</tbody>
</table>

1. Below 80
2. 81 - 90
3. 91 - 100
4. 101 - 110
5. 111 - 120
6. 121 +
7. Other (missing data)

Mean (O.C.:) = 100
Mean (O.A.:) = 100

-160-
<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders of</td>
<td>15</td>
<td>20</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Children</td>
<td>42%</td>
<td>55%</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>Offenders of</td>
<td>7</td>
<td>12</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Adults</td>
<td>32%</td>
<td>54%</td>
<td>9%</td>
<td>4%</td>
</tr>
</tbody>
</table>

1: Anglo
2: Spanish surname
3: Black
4: Native American
Clinical Constructs - All Subjects

To test the hypotheses on all subjects, the clinical constructs were subjected to a stepwise multiple regression analysis (Table 3). The N listed on the table represents the number of subjects utilized in the equation. The program devised dummy data where information was missing. Degrees of freedom were calculated using only the subjects for which there was complete data. Inspecting Table 3 reveals first the "F for Variable" column, which is applicable to the bivariate regression between each predictor variable and the criterion variable. The bivariate regression of Y' (Actual Response) on V46 (Environmental Stress) was significant at the .05 level. The multiple R is listed in cumulative fashion and is comparable to a correlation coefficient except that it ranges only from 0 to 1.0 rather than from -1.0 to 1.0. V46, Environmental Stress, showed a multiple r of .53. Utilizing all of the variables, the R increased slightly to .57.

Column R indicates the amount of variance in Y' which is accounted for by the predictor variable. In this case, V46, Environmental Stress, accounted for 32% of the variance in Y' (Actual Response).

Due to the small sample in this study, the Adjusted R must be used. This reduced the amount of variance in Y' accounted for by V46 to 22%. As more nonsignificant variables were added, the formula, according to the adjusted R², accounted for less and less of the variance. The RSQ Change
<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Initial F for Variable</th>
<th>Multiple R</th>
<th>Adjusted R²</th>
<th>RSQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>V43 (Actual Response)</td>
<td>df=1,44 16.86*</td>
<td>0.53</td>
<td>0.28</td>
<td>0.26</td>
</tr>
<tr>
<td>V46 (Environmental Stress)</td>
<td>df=1,43 1.77</td>
<td>0.55</td>
<td>0.31</td>
<td>0.27</td>
</tr>
<tr>
<td>V49 (Distress)</td>
<td>df=1,42 .51</td>
<td>0.56</td>
<td>0.31</td>
<td>0.26</td>
</tr>
<tr>
<td>V48 (Denial)</td>
<td>df=1,41 .36</td>
<td>0.57</td>
<td>0.32</td>
<td>0.25</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>df=1,40 .09</td>
<td>0.57</td>
<td>0.32</td>
<td>0.24</td>
</tr>
<tr>
<td>V22 (R. Empathy-Object)</td>
<td>Insufficient for Inclusion</td>
<td>0.57</td>
<td>0.32</td>
<td>0.22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Simple R</th>
<th>Equation F (Cumulative)</th>
<th>B</th>
<th>Beta</th>
<th>Final F for Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>V43 (Actual Response)</td>
<td>-0.53**</td>
<td>df=1,44 16.86</td>
<td>-0.19</td>
<td>-0.53</td>
<td>df=1,44 13.98 **</td>
</tr>
<tr>
<td>V46 (Environmental Stress)</td>
<td>0.19</td>
<td>df=2,43 9.46</td>
<td>0.02</td>
<td>0.27</td>
<td>1.75</td>
</tr>
<tr>
<td>V49 (Distress)</td>
<td>0.02</td>
<td>df=3,42 6.40</td>
<td>-0.10</td>
<td>-0.11</td>
<td>0.62</td>
</tr>
<tr>
<td>V48 (Denial)</td>
<td>0.01</td>
<td>df=4,41 4.82</td>
<td>-0.09</td>
<td>-0.10</td>
<td>0.36</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>0.01</td>
<td>df=5,90 3.79</td>
<td>0.02</td>
<td>0.04</td>
<td>0.05</td>
</tr>
<tr>
<td>V22 (R. Empathy-Object)</td>
<td>0.01</td>
<td>df=6,39 3.09</td>
<td>-0.001</td>
<td>-0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>V21 (Abstract Conceptual.)</td>
<td>Constant= 1.48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standard Error of Estimate = .47  * p<.05  ** p<.01
indicates the amount of change in the value of $R$ with the addition of each variable. The simple $R$ is the independent correlation between each predictor variable and $Y'$. The highest correlation ($-0.53$) occurred between $Y'$ and $V46$.

The "Equation F" column presents the cumulative F scores which measure the changes in the significance of the regression equation as variables are added. In this case, the regression equation was significant when it was comprised of only $V46$ but dropped below the significance level with the addition of other variables.

The $B$ column lists the unstandardized regression coefficients. These are the weights given to the variables in the equation, and represent the slope of the regression line and the expected change in $Y$ with a change in one unit in $X$. The constant, in this case $1.48$, represents the $Y$ intercept.

The column headed "Beta" lists the standardized regression coefficients. It is easier to see the relative weights associated with each variable by studying the betas. Here it can be seen that $V46$ with a beta of $-0.53$, received the heaviest weighting.

The last column, Final F for variable, reflects the final F for each variable in the final regression equation. In this case the final F for $V46$ decreased slightly from 16.86 to 13.98 as other variables were added. This was because some of the other variables accounted for some of the variance originally attributed to $V46$. 

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The standard error of the estimate for the whole equation represents the average error in predicting Y from the regression equation. In this case, the SEE was .47, indicating that there is a considerable margin of error in predicting Y'. This is, in part, due to the small N and the fact that all of the subjects had true scores of either 1 (success) or 2 (failure). Table 4 shows how the residuals cluster in a relatively normal distribution around the mean. However, the criterion scores cluster at the extreme ends. In other words, the individuals were classified as either responders or nonresponders without intragroup variability. The regression scores reflect the individual variation. Thus some individuals fall so close to the mean that it would actually be impossible to classify them. Others could be classified as having a moderately high probability of responding while others could be classified as having a very high probability of responding.

These results indicate that a regression equation of \( Y' = 1.48 + V46(-.19) + .47 \) exists which is significant (\( F_{1,45} = 16.86, p < .01 \)) and accounts for 22% of the variance between subjects who responded to treatment and subjects who did not respond to treatment.

\( H_1 \), stating that there is a regression function which accounts for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment was supported.

\( H_8 \), stating that V46, Environmental Stress, would account for a significant amount of the variance between offenders
who responded to treatment and offenders who did not respond to treatment was supported. This variable showed a correlation of \(-.53(p < .05)\) with \(Y'\) and accounted for a significant amount of the variance in response to treatment \((F_{1,44} = 16.86, p < .05)\).

The null hypotheses for \(H_a\) (Distress), \(H_b\) (Motivation), \(H_c\) (Denial), \(H_d\) (Abstract Conceptualization), \(H_e\) (Empathy-Object), \(H_f\) (Life Adjustment) and \(H_h\) (Frequency of Crime) were supported.

\[
\begin{align*}
H_a & \quad r = -.19(p > .05) \quad F_{1,43} = .51(p > .05) \\
H_b & \quad r = -.11(p > .05) \quad F_{1,41} = .36(p > .05) \\
H_c & \quad r = -.19(p > .05) \quad F_{1,42} = .51(p > .05) \\
H_d & \quad F\text{-level insufficient for entry into equation} \\
H_e & \quad r = .01(p > .05) \quad F_{1,40} = .09(p > .05) \\
H_f & \quad F\text{-level insufficient for entry into equation} \\
H_h & \quad r = -.07(p > .05) \quad F_{6,39} = .02(p > .05)
\end{align*}
\]

Inspection of the correlation matrix indicated no significant multicolinearity which could account for the failure of these variables to contribute to the explanation of the variance.

Tables 4 and 5 deal with evaluation of the residuals. Table 4 is a scattergram of standardized residual scores plotted around their mean. Inspection of the table indicates that all of the standardized residuals are within two standard deviations above or below the standardized mean. Thus it can be said that the assumption that each array of \(Y\) for a given combination of \(X\)'s follows the normal distribution has been met. There were no "outliers" or "deviant cases".
TABLE 4
Plot of Standardized Residuals for All Subjects Clinical Constructs

PLOT OF STANDARDIZED RESIDUAL
-2.0 -1.0  0.0  1.0  2.0
TABLE 5

Plot of Standardized Residuals (Down) with
Standardized Dependent Variable (Across) for
All Subjects
Clinical Constructs

DEPENDENT VARIABLE: V43

VARIABLE LIST 1
REGRESSION LIST .1

ROWS, COLUMNS Y: VALUES OUTSIDE (-3.0, 3.0)
ROWS, COLUMNS X: VALUES IN (-3.0, -2.05) OR (2.05, 3.0)

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Table 5 shows the plot of the standardized residuals with the predicted standardized dependent variable. The pattern indicates that the error terms do not show collinearity. Tables 4 and 5 also indicate that three criteria regarding the error terms in multiple regression have been met: 1) independence of error terms, 2) mean approximating zero and 3) the same variance throughout the range of Y values. The Durbin - Watson Test confirms the noncollinearity of the error terms (q=1.77, p<.01).

Clinical Constructs - Offenders of Children

The clinical constructs were also tested using only the offenders of children. Results of the stepwise multiple regression analysis are given in Table 6. Inspection of the table indicates that V46 (Environmental Stress) accounted for a significant amount of the variance between offenders of children who respond to treatment and offenders of children who did not respond to treatment (F_{1,27}^1 =7.10, p<.05). This supports H₁ and H₇. The regression equation Y' = 3.94 + V46(-.15) ± .50 shows a multiple R of .46. It accounts for 21% of the variance and 18% of the adjusted variance. V46 has a correlation of -.46 (p<.01) with Y'. This variable has the highest B and beta weights. Its significance is reduced from 7.10 (p<.05) to 4.21 (p<.05) when other variables are added, as they account for variance originally attributed to V46. It should be noted that although V50 (Abstract Conceptualization) was not significant (F_{2,26} =1.31, p>.05), it did add to the adjusted
### TABLE 6
Multiple Regression on Clinical Constructs for Offenders of Children
(N = 36)
(N without missing data = 27)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Initial F for Variable</th>
<th>Multiple R</th>
<th>Adjusted R²</th>
<th>RSQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>V46(Environmental Stress)</td>
<td>df=1,27 7.10*</td>
<td>0.46</td>
<td>0.21</td>
<td>.18</td>
</tr>
<tr>
<td>V50 (Abstract Processes)</td>
<td>df=1,26 1.31</td>
<td>0.50</td>
<td>0.25</td>
<td>.19</td>
</tr>
<tr>
<td>V48 (Denial)</td>
<td>df=1,25 .74</td>
<td>0.52</td>
<td>0.27</td>
<td>.18</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>df=1,24 .66</td>
<td>0.54</td>
<td>0.29</td>
<td>.17</td>
</tr>
<tr>
<td>V47 (Life Adjustment)</td>
<td>df=1,23 .43</td>
<td>0.55</td>
<td>0.30</td>
<td>.15</td>
</tr>
<tr>
<td>V49 (Distress)</td>
<td>df=1,22 .41</td>
<td>0.56</td>
<td>0.31</td>
<td>.13</td>
</tr>
<tr>
<td>V22 (R. Empathy-Object)</td>
<td>df=1,21 .02</td>
<td>0.56</td>
<td>0.31</td>
<td>.08</td>
</tr>
<tr>
<td>V15(Frequency of Offense)</td>
<td>F insufficient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Simple R</th>
<th>Equation F (Cumulative)</th>
<th>B</th>
<th>Beta</th>
<th>Final F for Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>V46(Environmental Stress)</td>
<td>-0.46**</td>
<td>df=1,27 7.10*</td>
<td>-0.15</td>
<td>-0.41</td>
<td>4.21*</td>
</tr>
<tr>
<td>V50 (Abstract Processes)</td>
<td>0.32</td>
<td>df=2,26 4.24*</td>
<td>0.11</td>
<td>0.27</td>
<td>1.02</td>
</tr>
<tr>
<td>V48 (Denial)</td>
<td>0.06</td>
<td>df=3,25 3.05</td>
<td>-0.20</td>
<td>-0.25</td>
<td>1.29</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>0.06</td>
<td>df=4,24 2.42</td>
<td>-0.22</td>
<td>-0.25</td>
<td>1.17</td>
</tr>
<tr>
<td>V47 (Life Adjustment)</td>
<td>0.27</td>
<td>df=5,23 1.98</td>
<td>0.02</td>
<td>0.14</td>
<td>.44</td>
</tr>
<tr>
<td>V49 (Distress)</td>
<td>0.21</td>
<td>df=6,22 1.67</td>
<td>0.02</td>
<td>0.17</td>
<td>.40</td>
</tr>
<tr>
<td>V22 (R. Empathy-Object)</td>
<td>0.07</td>
<td>df=7,21 .01</td>
<td>-0.01</td>
<td>-0.03</td>
<td>.02</td>
</tr>
<tr>
<td>V15(Frequency of Offense)</td>
<td></td>
<td></td>
<td>Constant=3.94</td>
<td></td>
<td>df=1,21</td>
</tr>
</tbody>
</table>

Standard Error of Estimate = .50  * p<.05  **p<.01
TABLE 7

Plot of Standardized Residuals for Offenders of Children Clinical Constructs

-2.0 -1.0 0.0 1.0 2.0

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-171-
TABLE 8

Plot of Standardized Residuals (Down) with Standardized Dependent Variables (Across) for Offenders of Children Clinical Constructs

DEPENDENT VARIABLE: V43

VARIABLE LIST 1

REGRESSION LIST 1
variance while the other variables decreased adjusted R.

Standard error of the estimate is .50. An explanation of possible causes for the high value of this figure was discussed previously.

The null hypotheses for Ha (Distress), Hb (Motivation), Hc (Denial), Hd (Abstract Conceptualization), He (Empathy - Object), Hf (Life Adjustment) and Hh (Frequency of Crime) were supported.

\[
\begin{align*}
H_a & : r = .21(p > .05) \quad F = 6.22 = .41(p > .05) \\
H_b & : r = .06(p > .05) \quad F = 4.24 = .66(p > .05) \\
H_c & : r = .06(p > .05) \quad F = 3.25 = .74(p > .05) \\
H_d & : r = .32(p > .05) \quad F = 2.26 = 1.31(p > .05) \\
H_e & : r = .07(p > .05) \quad F = 7.21 = .02(p > .05) \\
H_f & : r = .27(p > .05) \quad F = 5.23 = .43(p > .05) \\
H_h & : F\text{-level insufficient for entry into equation}
\end{align*}
\]

Inspection of the correlation matrix indicated no significant multicollinearity which could account for the failure of these variables to contribute to the explanation of the variance.

Table 7, a scattergram of standardized residual scores plotted around the standardized mean, indicated that all of the standardized residuals are within two standard deviations above or below the standardized mean. Thus it can be said that the assumption that each array of Y for a given combination of X's follows the normal distribution and that the standardized mean approximates zero. There were no "outliers" or "deviant cases".

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Table 8 shows the plot of the standardized residuals with the predicted standardized dependent variable. The pattern indicates that the error terms do not show colinearity and are independent of each other. The Durban - Watson Test confirms the noncolinearity of the error terms (q=2.40, p<.01).

Clinical Constructs - Offenders of Adults

The clinical constructs were then subjected to a step-wise multiple regression, using only the offenders of adults (Table 9). Inspection of the table indicates that there is a regression equation which accounts for a significant amount of the variance between offenders of adults who respond to treatment and offenders of adults who do not respond to treatment ($F_{2,14}=5.05, p<.05$).

$Y' = .02 + V47(-.08)+V50(-.28)+.53\ V47\ (Life\ Adjustment)$

accounted for a significant amount of the variance ($F_{1,15}=6.07, p<.05$). The multiple $R$ of .54 accounts for 29% of the variance (24% of the adjusted variance) and showed a significant correlation of .54 (p<.05). This variable had the highest $B$ and beta weights. Addition of the entire set of variables lowered the F-level below the significance level ($F_{8,8}=1.21, p>.05$) for $V47$. While $V50\ (Abstract\ Conceptualization)$ did not independently account for a significant amount of the variance ($F_{2,14}=3.16, p>.05$), it did show a significant correlation of .50 (p<.05) with $Y'$ and did contribute to the 2 Adjusted $R$.

These findings support $H_f$, relating to Life Adjustment, and $H_1$, stating that there is a regression function which
TABLE 9  
Multiple Regression  
on  
Clinical Constructs  
for  
Offenders of Adults  
(N = 21)  
(N without missing data = 17)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Initial F for Variable</th>
<th>Multiple R 2</th>
<th>Adjusted R²</th>
<th>RSQ</th>
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<tbody>
<tr>
<td>V43 (Actual Response)</td>
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<tr>
<td>V47 (Life Adjustment)</td>
<td>df=1,15 6.07*</td>
<td>0.54</td>
<td>0.29</td>
<td>0.24</td>
</tr>
<tr>
<td>V50 (Abstract Processes)</td>
<td>df=1,14 3.16</td>
<td>0.65</td>
<td>0.42</td>
<td>0.34</td>
</tr>
<tr>
<td>V15 (Frequency of Offense)</td>
<td>df=1,13 0.14</td>
<td>0.65</td>
<td>0.42</td>
<td>0.29</td>
</tr>
<tr>
<td>V49 (Distress)</td>
<td>df=1,12 0.19</td>
<td>0.66</td>
<td>0.43</td>
<td>0.24</td>
</tr>
<tr>
<td>V48 (Denial)</td>
<td>df=1,11 0.05</td>
<td>0.66</td>
<td>0.44</td>
<td>0.18</td>
</tr>
<tr>
<td>V46 (Environmental Stress)</td>
<td>df=1,10 0.03</td>
<td>0.66</td>
<td>0.44</td>
<td>0.10</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>df=1,9 0.04</td>
<td>0.66</td>
<td>0.44</td>
<td>0.01</td>
</tr>
<tr>
<td>V22 (R. Empathy-Object)</td>
<td>df=1,8 0.02</td>
<td>0.66</td>
<td>0.44</td>
<td>-.11</td>
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</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Simple R</th>
<th>Equation F (Cumulative)</th>
<th>B</th>
<th>Beta</th>
<th>Final F for Variable</th>
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<td>V43 (Actual Response)</td>
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<tr>
<td>V47 (Life Adjustment)</td>
<td>-0.54*</td>
<td>df=1,15 6.07*</td>
<td>-0.08</td>
<td>-0.51</td>
<td>df=1,8 1.21</td>
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<tr>
<td>V50 (Abstract Processes)</td>
<td>-0.50*</td>
<td>df=2,14 5.05*</td>
<td>-0.08</td>
<td>-0.28</td>
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<td>V15 (Frequency of Offense)</td>
<td>-0.21</td>
<td>df=3,13 3.20</td>
<td>0.005</td>
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<td>0.28</td>
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<tr>
<td>V49 (Distress)</td>
<td>-0.40</td>
<td>df=4,12 2.30</td>
<td>-0.01</td>
<td>-0.15</td>
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<tr>
<td>V48 (Denial)</td>
<td>-0.12</td>
<td>df=5,11 1.70</td>
<td>0.09</td>
<td>0.10</td>
<td>0.06</td>
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<tr>
<td>V46 (Environmental Stress)</td>
<td>-0.44</td>
<td>df=6,10 1.30</td>
<td>-0.06</td>
<td>-0.13</td>
<td>0.06</td>
</tr>
<tr>
<td>V24 (Motivation)</td>
<td>-0.25</td>
<td>df=7,9 1.01</td>
<td>0.09</td>
<td>0.07</td>
<td>0.04</td>
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<tr>
<td>V22 (R. Empathy-Object)</td>
<td>-0.20</td>
<td>df=8,8 0.79</td>
<td>0.02</td>
<td>0.05</td>
<td>0.02</td>
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</table>

Standard Error of Estimate = .53

*p<.05  **p<.01
TABLE 10

Plot of Standardized Residuals for Offenders of Adults Clinical Constructs

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<th>Plot of Standardized Residual</th>
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</table>
accounts for a significant amount of the variance between offenders of adults who did respond to treatment and offenders of adults who did not respond to treatment.

The null hypotheses were supported for $H_a$ (Distress), $H_b$ (Motivation), $H_c$ (Denial), $H_d$ (Abstract Conceptualization), $H_e$ (Empathy - Object), $H_g$ (Environmental Stress) and $H_h$ (Frequency of Crime).

\[
H_a \ r = -.40(p > .05) \text{ F 1,12} = .10(p > .05) \\
H_b \ r = -.25(p > .05) \text{ F 1,9} = .04(p > .05) \\
H_c \ r = -.12(p > .05) \text{ F 1,11} = .05(p > .05) \\
H_d \ r = -.50(p > .05) \text{ F 1,14} = .16(p > .05) \\
H_e \ r = -.20(p > .05) \text{ F 1,8} = .02(p > .05) \\
H_g \ r = -.44(p > .05) \text{ F 1,10} = .03(p > .05) \\
H_h \ r = -.21(p > .05) \text{ F 1,13} = .14(p > .05)
\]

Inspection of the correlation matrix indicated no significant multicolinearity which could account for the failure of these variables to contribute to the explanation of the variance.

The standard error of the estimate is .53. An explanation of possible causes for the high value of this figure was previously discussed.

Table 10, a scattergram of standardized residual scores plotted around the standardized mean, indicates that all of the standardized residuals are within two standard deviations above or below the standardized mean. Thus it can be said that the assumption that each array of $Y$ for a given combination of $X$'s follows the normal distribution and that the stand-
ardized mean approximates zero has been met. There were no
or "deviant cases".

Table 11 shows the plot of the standardized residuals
with the predicted standardized dependent variable. The pat-
tern indicates that the error terms do not show colinearity
and are independent of each other. The Durbin - Watson Test
confirms the noncolinearity of the error terms (q = 1.83, p < .01).

Prediction Equation - Offenders of Children

Because many of the traditional assumptions about respon-
se to psychotherapy did not account for the differences bet-
ween responders and nonresponders among offenders of children,
an attempt was made to locate a combination of variables
which would be more useful in this respect. The individual
variables which comprised the clinical constructs were com-
bined with the supplementary variables and a correlation matrix
was derived. Variables having the highest correlations with
the Y' and lowest correlations with each other were entered
into a stepwise multiple regression (Table 12). This regre-
sion equation $Y' = 2.01 + V46(-.16) + V4(.10) + V9(.06) + V17(-.15) + .43$
accounted for a significant amount of the variance between
offenders of children who responded to treatment and offenders
of children who did not respond to treatment ($F_{4,26} = 4.50, p < .05$).

Constructing a confidence interval around each end of the con-
tinuum, it can be seen that the actual value of 1 corresponds
with a range of estimates from .6 to 1.4. (A low score would
be associated with responding, a high score with nonresponding.)
The true score of 2 corresponds with estimates ranging from

-178-
TABLE 11
Plot of Standardized Residuals (Down) with Standardized Dependent Variable (Across) for Offenders of Adults Clinical Constructs
TABLE 12
Multiple Regression on Selected Variables for Offenders of Children (N = 36) (N without missing data = 30)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Initial F for Variable</th>
<th>Multiple R</th>
<th>2 R</th>
<th>Adjusted R²</th>
<th>RSQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>V43 (Actual Response)</td>
<td>df=1,28 7.36*</td>
<td>0.46</td>
<td>0.21</td>
<td>0.18</td>
<td>0.21</td>
</tr>
<tr>
<td>V46 (Environmental Stress)</td>
<td>df=1,27 3.34</td>
<td>0.54</td>
<td>0.29</td>
<td>0.24</td>
<td>0.09</td>
</tr>
<tr>
<td>V4 (Previous Criminal Convictions)</td>
<td>df=1,26 2.79</td>
<td>0.60</td>
<td>0.36</td>
<td>0.29</td>
<td>0.07</td>
</tr>
<tr>
<td>V9 (Marital Status)</td>
<td>df=1,25 2.36</td>
<td>0.65</td>
<td>0.42</td>
<td>0.33</td>
<td>0.05</td>
</tr>
<tr>
<td>V17 (Alcoholism)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Simple R</th>
<th>Equation F (Cumulative)</th>
<th>B</th>
<th>Beta</th>
<th>Final F for Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>V43 (Actual Response)</td>
<td>-0.46**</td>
<td>df=1,28 7.36*</td>
<td>-0.16</td>
<td>-0.44</td>
<td>df=1,26 6.62</td>
</tr>
<tr>
<td>V46 (Environmental Stress)</td>
<td></td>
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<tr>
<td>V4 (Previous Criminal Convictions)</td>
<td>0.42*</td>
<td>df=2,27 5.66*</td>
<td>0.10</td>
<td>0.41</td>
<td>4.94**</td>
</tr>
<tr>
<td>V9 (Marital Status)</td>
<td>0.04</td>
<td>df=3,26 4.95*</td>
<td>0.06</td>
<td>0.36</td>
<td>4.00</td>
</tr>
<tr>
<td>V17 (Alcoholism)</td>
<td></td>
<td>df=4,26 4.50*</td>
<td>-0.15</td>
<td>0.26</td>
<td>2.36</td>
</tr>
<tr>
<td>Constant</td>
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<td></td>
<td>2.01</td>
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</tbody>
</table>

Standard Error of Estimate = .43 *p<.05  **p<.01
1.6 to 2.4. Consequently, there is a middle area ranging from 1.4 to 1.6 within which scores cannot be classified.

It was decided previously that any variable which contributed to the adjusted \( R^2 \) without deflating the F below the .05 level of significance would be included. It was felt that this would contribute valuable information to the clinician who would probably want as much diverse information about possible predictors as possible.

Two of the variables contributed significantly by themselves. \( V46 \) (Environmental Stress) showed the highest level of significance (\( F_{4,26} = 6.26, p .05 \)) and a significant correlation with \( Y'(r = .46, p .01) \). \( V4 \) (Previous Criminal Convictions) accounted for a significant amount of the variance (\( F_{4,26} = 4.94, p .05 \)) and was significantly correlated with \( Y'(r = .42, p .05) \).

Tables 13 and 14 deal with the residuals. Table 13 indicates that the residuals are normally distributed between two standard deviations above or below the mean. Table 14 indicates that the error terms of the residuals are randomly distributed. The noncollinearity of the error terms was confirmed by the Durbin – Watson Test (\( q = 2.29, p .01 \)).

Lindsey (1965) suggested utilizing a cross-validation with the jack-knife approach to evaluate how results of a study may change on different populations. In this study the method is utilized to test the stability and reliability of the results. Validation of the results should be done on
TABLE 13

Plot of Standardized Residuals on Selected Variables for Offenders of Children
TABLE 14

Plot of Standardized Residuals (Down) with
Standardized Dependent Variables (Across) on
Selected Variables for
Offenders of Children

DEPENDENT VARIABLE: V43

VARIABLE LIST 1

REGRESSION LIST 1
TABLE 15
Cross-Validation of Multiple Regression
for Offenders of Children

<table>
<thead>
<tr>
<th>Beta</th>
<th>X (1)</th>
<th>Beta</th>
<th>XXXX (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V4</td>
<td>.48</td>
<td>V11</td>
<td>.19</td>
</tr>
<tr>
<td>Previous</td>
<td>.49</td>
<td>Occupation</td>
<td>.20</td>
</tr>
<tr>
<td>Criminal</td>
<td>.50</td>
<td>AXX (3)</td>
<td>.21</td>
</tr>
<tr>
<td>Convictions</td>
<td>.51</td>
<td>X (1)</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>.52</td>
<td>XX (2)</td>
<td>.23</td>
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<tr>
<td>( \bar{X} = .50 )</td>
<td>.54</td>
<td>XX (2)</td>
<td>.24</td>
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<tr>
<td>SC = .03</td>
<td>.55</td>
<td>.56</td>
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<table>
<thead>
<tr>
<th>Beta</th>
<th>X (1)</th>
<th>Adjusted R²</th>
<th>AXX (4)</th>
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</thead>
<tbody>
<tr>
<td>V17</td>
<td>.34</td>
<td>.25 X (1)</td>
<td>.26</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>.35</td>
<td>.36</td>
<td>.27</td>
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<tr>
<td>( \bar{X} = .35 )</td>
<td>.37</td>
<td>.38</td>
<td>.28</td>
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<tr>
<td>SD = .06</td>
<td>.39</td>
<td>.40 X (1)</td>
<td>.29</td>
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<td>.41</td>
<td>.42</td>
<td>.30</td>
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<td>.43</td>
<td>.44 X (1)</td>
<td>.31</td>
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<td>.32</td>
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<td>.48 X (1)</td>
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<td>.37</td>
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<table>
<thead>
<tr>
<th>Beta</th>
<th>X (1)</th>
<th>V40 Loneliness</th>
<th>AXXX (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V9</td>
<td>.21</td>
<td>.20 X (1)</td>
<td>.19</td>
</tr>
<tr>
<td>Marital Status</td>
<td>.22</td>
<td>XX (2)</td>
<td>.21</td>
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<td>.23</td>
<td>XXX (3)</td>
<td>.22</td>
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<tr>
<td>( \bar{X} = .24 )</td>
<td>.24</td>
<td>A (1)</td>
<td>.23</td>
</tr>
<tr>
<td>SD = .03</td>
<td>.25</td>
<td>.26 X (1)</td>
<td>.24</td>
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<td>XXX (3)</td>
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<td>.28</td>
<td>.29 X (1)</td>
<td>.26</td>
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<td>.30</td>
<td>.31</td>
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A = Main Score
X = Cross-validation Score
another population.

Table 15 shows the result of the full population compared to results derived from subgroups of the population. The beta scores and adjusted $R^2$ scores appear to be stable and reliable.

To evaluate the effectiveness of these variables in correctly classifying the offenders of children into responders and nonresponders, a stepwise discriminant analysis was conducted (Table 16). One can see that only the three variables with the highest significance level on the multiple regression (V4-Previous Criminal Convictions, V17-Alcoholism, V9-Maternal Status) were selected by the analysis for entry into the discriminant function. It can be seen that Previous Criminal Convictions was the most discriminating variable, with an $F=11.51 (p<.01)$. Lambda is an inverse measure of the discriminating power in the original variables which has not yet been removed by the discriminant functions - the larger the lambda, the less information remaining. Discriminant analysis differs from multiple regression in that, rather than having one prediction score calculated which estimates the subject's true score, two scores are calculated (one score for each group).

Looking at the discriminant function, one comes first to the eigenvalue column, which shows the variance existing in the discriminating variables. This becomes more useful when more than one discriminant function is derived, as does the next column (Relative percentage). Squaring the canonical correlation reveals that 36% of the variance between responders and nonresponders is accounted for by the discriminant function.
TABLE 16

Discriminant Analysis
on
Selected Variables
for
Offenders of Children
(N = 34)
(N without missing data = 34)

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Variable Entered or Removed</th>
<th>F to Enter or Remove</th>
<th>Number Included</th>
<th>Wilks Lambda</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V4</td>
<td>11.51</td>
<td>1</td>
<td>0.69</td>
<td>0.002</td>
</tr>
<tr>
<td>2</td>
<td>V9</td>
<td>1.55</td>
<td>2</td>
<td>0.65</td>
<td>0.005</td>
</tr>
<tr>
<td>3</td>
<td>V17</td>
<td>1.75</td>
<td>3</td>
<td>0.61</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Classification Function Coefficients

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>V4</td>
<td>0.74</td>
</tr>
<tr>
<td>V9</td>
<td>0.56</td>
</tr>
<tr>
<td>V17</td>
<td>2.91</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eigenvalue</th>
<th>Relative Percentage</th>
<th>Canonical Correlation</th>
<th>Functions Derived</th>
<th>Wilks Lambda</th>
<th>Chi Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.64</td>
<td>100</td>
<td>.63</td>
<td>0</td>
<td>0.61</td>
<td>12.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Actual Group | No. of Cases | Predicted Group Membership |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responder</td>
<td>Nonresponder</td>
</tr>
<tr>
<td>Responder</td>
<td>23</td>
<td>(21) 91.3%</td>
</tr>
<tr>
<td>Nonresponder</td>
<td>12</td>
<td>(7) 58.3%</td>
</tr>
</tbody>
</table>

Percent of "grouped" cases correctly classified = 74.29%
\[ Y' \text{ (responders)} = V4(.74) + V17(.56) + V9(2.91) + (-4.97) - 4.97 \]
\[ Y'_2 \text{ (nonresponders)} = V4(1.68) + V17(.89) + V9(2.02) = (-6.53) - 6.53 \]

This function is highly significant \((X^2 = 12.17, p = .007)\).

This function was able to classify 74.29\% of the cases correctly.

**Prediction Equation - Offenders of Adults**

In constructing the prediction equation for offenders of adults, the following variables (V21-Rorschach Genetic-Level, V9-Marital Status, V11-Occupation and V16-Military Record) were selected for their correlations with \( Y' \), combined with their lack of multicolinearity. The regression equation
\[ Y' = 3.47 + V21(-.28) + V9(-.06) + V11(-.10) + V16(-.14) + 3.47 \]
is significant \((F_{4,17} = 4.17, p < .05)\) and accounts for 38\% of the adjusted variance between offenders of adults who responded to treatment and offenders of adults who did not respond to treatment (Table 17).

The Rorschach Genetic-Level score was the most predictive \((F_{1,20} = 8.42, p < .01)\) and accounted for 38\% of the adjusted variance, with \( r = .54 \). Occupation accounted for a more significant amount of the variance than Marital Status \((F_{1,17} = 4.02, p > .05\) vs. \( F_{1,17} = 2.77, p > .05\)). Constructing a confidence interval around each end of the continuum, it can be seen that with a range around 1 from .7 to 1.3 and a range around 2 from 1.7 and 2.3. Consequently there is a middle range from 1.3 to 1.7. Scores which fall in this range cannot be classified.

Examination of Table 18 indicates that all of the resid-
### TABLE 17
Multiple Regression on Selected Variables for Offenders of Adults (N = 22)
(N without missing data = 22)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Initial F for Variable</th>
<th>Multiple R</th>
<th>2 R</th>
<th>Adjusted r^2</th>
<th>RSQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>V21 (R. Genetic-Level)</td>
<td>df=1,20 8.42**</td>
<td>0.54</td>
<td>0.30</td>
<td>0.26</td>
<td>0.30</td>
</tr>
<tr>
<td>V9 (Marital Status)</td>
<td>df=1,19 1.32</td>
<td>0.58</td>
<td>0.34</td>
<td>0.27</td>
<td>0.05</td>
</tr>
<tr>
<td>V11 (Occupation)</td>
<td>df=1,17 2.58</td>
<td>0.65</td>
<td>0.42</td>
<td>0.33</td>
<td>0.08</td>
</tr>
<tr>
<td>V16 (Military Record)</td>
<td>df=1,18 2.38</td>
<td>0.70</td>
<td>0.50</td>
<td>0.38</td>
<td>0.07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Simple R</th>
<th>Equation F (Cumulative)</th>
<th>B</th>
<th>Beta</th>
<th>Final F for Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>V21 (R. Genetic-Level)</td>
<td>-0.54*</td>
<td>df=1,20 8.42**</td>
<td>-0.28</td>
<td>-0.38</td>
<td>df=1,17 3.99</td>
</tr>
<tr>
<td>V9 (Marital Status)</td>
<td>-0.38*</td>
<td>4.94*</td>
<td>-0.06</td>
<td>-0.32</td>
<td>2.77</td>
</tr>
<tr>
<td>V11 (Occupation)</td>
<td>-0.27</td>
<td>4.43*</td>
<td>-0.10</td>
<td>-0.38</td>
<td>4.02</td>
</tr>
<tr>
<td>V16 (Military Record)</td>
<td>-0.23</td>
<td>4.17*</td>
<td>-0.14</td>
<td>-0.28</td>
<td>2.38</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td></td>
<td>3.47</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standard Error of Estimate = .43

*p<.05  **p<.01
TABLE 18

Plot of Standardized Residuals on Selected Variables for Offenders of Adults
TABLE 19
Plot of Standardized Residuals (Down) with Standardized Dependent Variables (Across) on Selected Variables for Offenders of Adults

DEPENDENT VARIABLE: V43

VARIABLE LIST 1

REGRESSION LIST 1

-2.0 -1.0 0.0 1.0 2.0
YX+------------+------------+------------+------------+------------

2.0 +

1.0 +

0.0 +

-0.0 +

-1.0 +

-2.0 +

Y

-2.0 -1.0 0.0 1.0 2.0
YX+------------+------------+------------+------------+------------

X

-2.0 -1.0 0.0 1.0 2.0
YX+------------+------------+------------+------------+------------

XY+------------+------------+------------+------------+------------

-190-
uals fall within two standard deviations of their mean. Table 19 indicates that the error terms for the residuals are randomly distributed. The Durbin - Watson Test confirms the noncollinearity of the error term (q=2.23, p .01).

Table 20 illustrates the results of cross-validation with the jack-knife approach (Lindsey, 1965). This indicates that the full sample results did not differ significantly from the results calculated on subgroup samples and are therefore stable and reliable.

The variables from the regression equation were then subjected to a stepwise discriminant analysis to evaluate their ability to classify the subjects into responder or non-responder groups (Table 21). Three of the variables (V21-Rorschach Genetic-Level Scoring System, V9 Marital Status, V11-Occupation) were selected for inclusion in the function. The canonical correlation (.81) indicates that the discriminant functions $Y'$ (responder)=$V9(3.16)+V11(4.33)+V21(18.60)-56.58$ and $Y'_2$(nonresponders)=$V9(2.26)+V11(3.14)+V21(14.19)-31.45$ account for 64% of the variance between offenders of adults who respond to treatment and offenders of adults who do not respond to treatment. This is highly significant ($X^2=12.29$, p .006). 94% of the cases were correctly classified according to this function.
\[
\begin{array}{c|c}
\text{Beta} & \text{X (1)} \\
.38 & .19 \\
\text{V21} & .39 \\
\text{Rorschach} & .40 \\
\text{Genetic} & .41 \\
\text{Level} & .42 \\
\bar{X} = 39 & .45 \\
SD = .04 & .46 \\
\bar{X} = 27 & .47 \\
SD = .05 & .48 \\
\end{array}
\]

\[
\begin{array}{c|c}
\text{Beta} & \text{V9} \\
.21 & \\
\text{Marital Status} & .23 \\
\text{Beta} & .24 \\
\bar{X} = 39 & .26 \\
SD = .04 & .28 \\
\bar{X} = 27 & .29 \\
SD = .05 & .30 \\
\end{array}
\]

\[
\begin{array}{c|c}
\text{Beta} & \text{X (1)} \\
.34 & .29 \\
\text{V11} & .35 \\
\text{Occupation} & .36 \\
\bar{X} = .37 & .39 \\
SD = .05 & .40 \\
\end{array}
\]

\[
\begin{array}{c|c}
\text{Beta} & \text{X (1)} \\
.14 & .34 \\
\text{V16} & .15 \\
\text{Military Service} & .16 \\
\bar{X} = .31 & .17 \\
SD = .07 & .18 \\
\end{array}
\]

\[
\begin{array}{c|c}
\text{Beta} & \text{X (1)} \\
.24 & .35 \\
\text{V16} & .36 \\
\text{Military Service} & .37 \\
\bar{X} = .31 & .38 \\
SD = .07 & .39 \\
\end{array}
\]
TABLE 20 Cont. (1)

<table>
<thead>
<tr>
<th>Adjusted R²</th>
<th>( \bar{X} = .37 )</th>
<th>SD = .09</th>
<th>.60</th>
<th>A = Main Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>.37</td>
<td>.40</td>
<td>.41</td>
<td>.61</td>
<td>X = Cross-validation scores</td>
</tr>
<tr>
<td>.38</td>
<td>.42</td>
<td>.43</td>
<td>.62</td>
<td>( X (1) )</td>
</tr>
<tr>
<td>.39</td>
<td>.44</td>
<td>.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.40</td>
<td>.46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.42</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.43</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.44</td>
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</tr>
<tr>
<td>.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( A (1) \)
TABLE 21

Discriminant Analysis on Selected Variables for Offenders of Adults (N = 22) (N without missing data = 15)

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Variable Entered or Removed</th>
<th>F to Enter or Remove</th>
<th>Number Included</th>
<th>Wilks Lambda</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V21</td>
<td>8.06</td>
<td>1</td>
<td>0.62</td>
<td>0.01</td>
</tr>
<tr>
<td>2</td>
<td>V9</td>
<td>3.17</td>
<td>2</td>
<td>0.49</td>
<td>0.01</td>
</tr>
<tr>
<td>3</td>
<td>V11</td>
<td>4.63</td>
<td>3</td>
<td>0.34</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Classification Function Coefficients

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>V9</td>
<td>3.16</td>
</tr>
<tr>
<td>V11</td>
<td>4.33</td>
</tr>
<tr>
<td>V21</td>
<td>18.60</td>
</tr>
<tr>
<td>Constant</td>
<td>-56.58</td>
</tr>
</tbody>
</table>

Discriminant Function

<table>
<thead>
<tr>
<th>Eigenvalue</th>
<th>Relative Percentage</th>
<th>Canonical Correlation</th>
<th>Functions Derived</th>
<th>Wilks Lambda</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.91</td>
<td>100</td>
<td>0.81</td>
<td>0</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Discriminant Function cont.

<table>
<thead>
<tr>
<th>Chi Square</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.29</td>
<td>3</td>
<td>.006</td>
</tr>
</tbody>
</table>

Actual Group | No. of Cases | Predicted Group Membership | Responders | Nonresponders |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Responder</td>
<td>10</td>
<td>(9) 90.0%</td>
<td>(1) 10.0%</td>
<td></td>
</tr>
<tr>
<td>Nonresponder</td>
<td>5</td>
<td>(0) 0.0%</td>
<td>(5) 100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of "grouped" cases correctly classified = 93.33%
CHAPTER V
DISCUSSION

Clinical Constructs

H1 stated that there is a regression function which accounts for a significant amount of the variance between offenders who respond to treatment and offenders who do not respond to treatment. While this was supported for the offender group as a whole, only Environmental Stress significantly differentiated responders from nonresponders. This variable accounted for only 26% of the variance. Strikingly different results were found when the clinical constructs were tested for the subgroups, offenders of children and offenders of adults. This reflects the basic difference in the dynamics of the two conditions and points out the difficulties involved in predicting treatment success with heterogeneous groups.

Ha', dealing with Distress, was based on a variety of studies which found emotional distress to be correlated with success in psychotherapy (Adam, 1961; Cohen & Bachrach, 1971; Derr & Silver, 1962; Distler et al, 1964; Gottschalk, Mayerson & Gottschalk, 1967; Hamburg et al, 1967; Kirtner & Desmond, 1958; Luborsky, 1962; Luborsky et al, 1971; Mathias, 1972; and Rosen, 1964). Findings in this research supports studies reported by Bergin & Jaspar (1969), Disler and associates (1964), Greenfield (1958), Greenfield and Fey (1956), Katz and associates (1958) and Roth and associates (1964) that anxiety is not correlated with success. This was true for both child molesters ($F_{1,24} = .56, p > .05$) and offenders of
adults (F - not sufficient for inclusion). The findings that sex offenders who responded to therapy and those that did not respond did not differ in amount of reported emotional distress rejects the suggestion of Bowen (1951), East (1945), Fenichel (1945) and Smith (1968) that emotional distress is a prerequisite to success in psychotherapy.

H_b, related to Motivation, was based on findings by Cartwright and Lerner (1963), Conrad (1952), Luborsky (1971) and Strupp and associates (1963), indicating that motivation is highly correlated with success in psychotherapy. When combined with other variables, motivation was not a significant predictor of response among offenders of adults (F_{1,9} = .04, p > .05) or offenders of children (F_{1,23} = .66, p > .05). This appears to support findings by Ross and Mendelsohn (1958), Sadoff and associates (1971), Schoenberg and Carr (1963), Siegel and Frank (1962) and Volsky and associates (1965) indicating that there is a questionable relation between a brief, verbal measure of motivation and treatment outcome.

H_c, relating to Denial, was based on evidence that individuals who make heavy use of denial and fail to take responsibility for their condition make poor therapy risks (Barron, 1953; Imber et al., 1966; Kirtner and Cartwright, 1958; Nielsen, 1968; Schroeder, 1960; Stone et al., 1961; Truax et al., 1966). This research failed to support their findings. This was true for both child molesters (F_{1,23} = .13, p > .05) and offenders of adults (F_{1,12} = .09, p > .01). Most of the subjects admitted their guilt (Child molesters - 85%, offenders
of adults - 75%) and few refused to admit to emotional problems. This questions the theory presented by Bonner (cited in Karpman, 1954), Frosch & Bromberg (1939), Guttmacher (1952), Karpman (1954) and McCaghy (1966) that sex offenders are poor treatment risks because they make heavy use of denial.

These three hypothesis were based primarily on material drawn from the Mooney Problem Check List. This is self-report data and reflects an individual's awareness of his social situation. Individuals familiar with therapy may be aware of the therapist's preconcieved notions about a good patient and attempt to present a picture which conforms to that image. Individuals who are not familiar with therapy or individuals whose culture stresses strength and frowns on admission of personal weakness may consider it inappropriate to admit that they feel anxious, depressed, angry or in need of psychological treatment. The legal status of an individual may play a critical role in the picture he presents of himself. Some of these individuals had not yet been tried. It may not have been in their best interests to present themselves as highly disturbed individuals with sexual conflicts, although they might readily admit to such problems after trial. Finally insight into one's problems does not necessarily make those problems easier to treat. The group of derelict alcoholic child molesters in this study admitted to a great number of problems, but proved to be poor treatment candidates. Motivation, insight, acceptance of responsibility with associated emotional distress such as guilt may be the outcome rather than the antecedent
of successful treatment.

Hₐ, related to Empathy, was based on research by Gottschalk and associates (1967), Isaac and Haggard (1966), Rayner (1966), Rosenbaum and associates (1956) and Truax and associates (1966) which indicated that level of empathy and development of object relations is positively correlated with therapy outcome. Researchers in the area of sex offenses have suggested that these individuals have an impaired ability to relate to others and to develop mature object relations (Fitch, 1962; Gebhard et al., 1965; Guttmacher, 1952; Howell, 1972–1973; Karpman, 1954; McCagh, 1966; Russell, 1975; Tappan, 1951). If empathy is a prerequisite to treatment, then sex offenders with higher Empathy-Object score should do significantly better than offenders with lower scores. This was not the case for either child molesters (F₁,₂₁ = .02, p>.05) or offenders of adults (F₁,₈ = .02, p>.05). Inspection of the Empathy-Object scores indicated that all of the groups scored below a mean scores for normals of 2.7 (Lerner, 1975). The groups scored as follows:

- Offenders of Adults (Responders) = 1.55
- Offenders of Adults (Nonresponders) = .89
- Offenders of Children (Responders) = 1.27
- Offenders of Children (Nonresponders) = 1.20

It would appear that sex offenders are deficient in empathy but the scores of responders and nonresponders are not significantly different (Offenders of adult – t = 1.51, p>.05; Offenders of children – t = 1.24, p>.05). Empathy may be an outcome rather than an antecedent of successful therapy. or it
may not be correlated with successful treatment at all.

\(H_n\), relating to Frequency of Crime, was based on research by criminologists including Bartel and Winfree (1975), the Gluecks (1929), Guze (1964), Reecox (1917), Jenkins and associates (1942), Kirby (1954), Lande's and associates (1969), Mandel and associates (1942), Nicholson (1968), Payne (1974), Tibbitts (1931) and Vichert and Zahnd (1965), indicating that frequency of crime was a significant predictor of failure on probation and parole and/or recidivism. The F-level of this variable for the child molesters was insufficient to enter the equation. For the offenders of adults the variable did not account for a significant amount of the variance between groups (\(F_{1,13} = .14, p>.05\)). In fact, the variable shows an inverse relationship with Y', and investigation of the data indicated that two successfully treated offenders had a combined history of 550 rapes. The multiple offenders in this study tended to be individuals with very stable life histories who showed gross disturbances in highly encapsulated aspects of their lives.

\(H_g\), dealing with Environmental Stress, was based on research by Fitch (1962), Gebhard (1965), Guttmacher (1952), Karrish and associates (1968), Mohr (1964), Selling (cited in Karpman, 1954) and Wile (cited in Karpman, 1954) indicating that individuals who break down under intense environmental pressure and commit sex offenses are better candidates for psychotherapy than other types. This variable accounted for a significant amount of the variance among the child molesters (\(F_{1,27} = 7.10, p<.01\)) and, partially because child molesters
made up the majority of total subjects, among the group as a whole \((F_{1,44} = 16.86, p < .01)\). However, this was not a significant predictor among the offenders of adults \((F_{1,10} = .03, p > .05)\). Mohr (1964) in his work on pedophiles indicated that these individuals show a tri-partite age distribution with peaks at 17, 37 and 57 years of age. This was confirmed by this research \((\bar{X} = 18, \bar{X} = 36, \bar{X} = 58)\). The middle-aged offender, who made up the majority of this sample, was described by Mohr (1964) as an individual with a fairly stable life history who collapses under the strain of deteriorating families and vocational problems. This individual is apparently more treatable than the child molester, who is basically the antisocial type described by East (1949), Fitch (1962) and McCaghy (1966), who takes sex as he takes cars, money or TV sets and assaults the nearest available sex object, adult or child. This will be discussed further in the next section.

\(H^*_f\), relating to Life Adjustment, was based on research by Buell and Anthony (1973), Fauna and Webb (1956), the Gluecks (1929), Gregory and Downie (1968), Hart (1923), Rosen (1964), and Stone and associates (1961) among others, which indicates that successful adjustment in educational institutions, the military, vocational settings and marriage is positively correlated with success in psychotherapy. This was confirmed for the offenders of adults \((F_{1,15} = 6.07, p < .05)\) but not for offenders of children \((F_{1,23} = .43, p > .05)\). This differentiation may be due to the fact that the child molesters were
older than the offenders of adults when adjudicated for a sex
offense and as a group had a past history of stable work his-
tory (85% of the nonresponders held a single job for over two
years). They had been able to establish a stable school, mil-
itary, vocational and marital history before the onset of their
disorders, while the offenders of adults were much younger when
arrested (24 years vs. 31 years), and show greater variance as
a group in Life Adjustment. It would appear that the more en-
capsulated the problem and the less it is related to inability
to conform to social demands, to relate to authority figures
and to exercise self-control, the more able an individual is
to respond to the additional societal institution of psycho-
therapy.

Hₐ, related to Abstract Conceptualization, was based on
findings by Barron (1953), Casner (1950), Cruvant and associ-
ates (1950), Fiske and associates (1964), Hammer (1968), McNair
and associates (1964), Mile and associates (1951), Ostrow (1974),
Rosen (1964), Rosenberg (1954), Thorley and Craske (1950), that
response to treatment is specifically related to intelligence
or, more specifically, the ability to think abstractly. (The
distinction between IQ and the ability to think abstractly
will be discussed in the next section.) This variable did
not account for a significant amount of the variance for
either offenders of children (F₁,26 = 1.31, p>.05) or offenders
of adults (F₁,14 = 3.16, p>.05). However, it did show a
significant correlation with Y' (r = .50, p<.05) for the
offenders of adults group. It was the only variable to
be in the same position relative to the other variables for both groups. It is presumed that the variance would have accounted for has been picked up by Environmental Stress in the case of the child molesters and Life Adjustment in the case of the offenders of adults.

Prediction Equations

Child Molesters

Since the clinical constructs did not account for as much variance as one might wish, other variables were added. A prediction equation was constructed for the child molester which accounted for 33% of the adjusted variance ($F_{4, 26} = 4.50, p < .05$) and was able to classify 74% of the subjects correctly. This is a respectable figure when compared to other prediction equations which report 68% (Affleck & Mendick, 1959), 69% (Auld & Leonard, 1953) and 68% (Gibby et al, 1953) correctly classified cases.

This equation is composed of four variables, one of which (Environmental Stress) is a composite variable. Environmental Stress was the most significant component ($F_{1, 26} = 6.62, p < .05$) and accounted for 18% of the variance. Looking at the components, one can see that responders reported twice as much quarreling in the home, twice as much concern over losing a loved one, twice as much concern over unsatisfied sexual needs and three times as much concern about money problems as non-responders. The second most predictive variable was Previous Criminal Convictions ($r = .42, p < .05$) followed by Marital Status ($r = .04, p > .05$). The fourth, Alcoholism, did not
differentiate the groups significantly by itself \( F_{1,26} = 2.36, p > .05 \) but did contribute to explaining the adjusted variance, whereas the rest of the forty-six variables lowered the amount of explained adjusted variance. Responders differed significantly from nonresponders regarding alcoholism \( t = 2.14, p < .05 \).

What does this say about the two groups of child molesters? The responder appears to be an individual who is under a significant amount of stress in his home and at work. Examining related variables, one can see that child molesters tend to have very stable work histories; they had worked on an average of six years at a single job. However, four times as many responders as nonresponders were unemployed at the time of the offense. This undoubtedly contributed to the amount of stress they were under. The rest of the variables indicate that they are concerned about problems involving interpersonal relations, particularly with their wives. Arguments, unsatisfactory sexual relations and threatened marital breakdown characterized their home lives. These are the individuals who correspond to the "frustrated" adult offender described by Fitch (1962), Gebhard and associates (1965) and Mohr (1964).

East (1949), Fitch (1962) and McCaghy (1966) described the antisocial type of child molester. This individual shows a basic disregard for the rights of others. He demonstrates what Gebhard (1965) described as "perverse, polymorphus sexuality", characterized by a lack of appropriate channeling
of sexuality as to object or act. Because anti-social molesters have poorly developed object-relations, they often engage in a variety of criminal activities such as burglary, and make little distinction as to nature or willingness of sexual partners. In this study responders did not differ from nonresponders as to the number of sexual offenses, they had committed \( t = 2.34, p > .05 \), but nonresponders had significantly more property offenses \( t = 2.25, p < .05 \). This variable is somewhat related to alcoholism, with chronic alcoholics having more arrests but much variation, as both variables entered the equation.

While responders did not differ from nonresponders as to whether they were married at the time of the offense \( X^2 = 5.47, p > .05 \), they apparently differed with regard to worry about their marital problems, as they showed a significant difference in whether they were "afraid of losing a loved one" \( X^2 = 6.01, p < .05 \). They also differed significantly in the number of previous divorces \( t = 2.37, p < .05 \). This may indicate that nonresponders have had greater difficulty in relations with adult females. Fitch (1962) and Gebhard (1965) suggest that child molesters who have never been able to establish satisfactory relations with adult females are quite difficult to treat. However, an equal number of responders and nonresponders were single and the category, "single" was the largest individual category. Marital status showed a significant correlation with previous criminal convictions \( r = -.48, p < .05 \); however, it did not show a signif-
icant correlation with alcoholism ($r = -0.18$, $p > 0.05$). Therefore it would appear that child molesters with a history of previous divorces are often the antisocial child molester type whose personality problems may be deep-rooted and wide ranging. The responders with lower divorce records may show better overall adjustment. Of the married group, more wives of nonresponders separated from their husbands upon disclosure of the offense. It is not known whether the nonresponders had more serious personality problems which were reflected by less stable marriages or whether the absence of their wives deprived them of the support and encouragement for continuing in therapy and thus contributed to their failure.

The responders less frequently showed a history of alcoholism. Only 17% of responders were classified as chronic alcoholics, with 26% being suspected alcoholics, as opposed to 54% of the nonresponders who were chronic alcoholics and an additional 23% who were suspected. The chronic alcoholics in this sample were most frequently derelict-types (74%). They showed a history of failure to respond to alcoholism-treatment programs and few factors in their environment provided support or encouragement for continued participation in therapy. Their pedophilia could not be treated without treating their alcoholism, which was highly resistant to modification. This confirms Glueck's (1952) finding that alcoholic pedophiles do significantly worse in therapy than nonalcoholic pedophiles.

The discriminant function utilized V4 (Previous Crimin-
al Convictions), V9 (Marital Status), and V17 (Alcoholism). These three variables correctly classified 74% of the subjects. Of the actual responders, it classified 21 out of 23 correctly. However, of the nonresponders, it misclassified 7 as responders. Reasons for this discrepancy will be discussed later.

**Offenders of Adults**

The regression equation for offenders of adults was constructed with variables drawn from the clinical constructs. It utilized the Rorschach Genetic-Level Score from the Abstract Conceptualization construct and Marital Status, Occupation and Military Record from the Life Adjustment construct. The Rorschach score was selected for several reasons. IQ scores, especially among a culturally mixed population such as this, tend to have questionable validity. The Rorschach score showed almost the same correlation with Y' as did the score and the IQ score combined ($r = -0.49$, $p \lessdot .05$ vs. $r = -0.50$, $p \lessdot .05$). The Rorschach score incorporates two basic Rorschach dimensions: integration and form level. It measures how well an individual can combine separate elements of the stimulus in a realistic relationship. It is based on Werner's developmental theory (cited in Lerner, 1975) which hypothesizes that as the individual matures his cognitive and perceptual processes become more differentiated and then more integrated. Research with the Genetic-Level Score has confirmed this (Lerner, 1975). The score also is positively related to allocentric thinking, social competence, acting-out and response to treatment (Lerner, 1975). This will be discussed further in later sections.
The Rorschach score differentiated responders among offenders of adults in a highly significant way ($F_{1,20} = 8.42, p \leq .01$). It accounted for 28% of the total adjusted variance. In general, the responder seems to be more mature, shows more allocentric thought processes and is better able to analyze a situation than the nonresponder.

Marital status showed a significant correlation with actual response to treatment ($r = -.38, p \leq .05$). Significantly more responders were married or living in common-law relationships at the time of the offense than were nonresponders ($X^2 = 5.87, p \leq .05$). None of the responders had been divorced. This suggests that responders may have basically better relations with women than nonresponders. However, the differentiation also may be related to the fact that most of the wives participated in therapy and many of the couples received additional marital counseling. Thus the married individual tended to receive more therapy directly and indirectly. Study of the correlation matrix revealed that marital status was correlated significantly with motivation ($r = .64, p \leq .01$) and absence of denial ($r = .59, p \leq .05$). This may reflect the presence of a second person, the wife, who encouraged the individual to cooperate with therapy and helped to prevent him from withdrawing into denial.

Analyzing VII, Occupation, significantly more of the nonresponders were unemployed or working in an unskilled occu-
pation at the time of the offense than were the responders \( X = 5.10, p < .05 \). This may suggest that the responders had been able to postpone immediate gratification in order to acquire vocational training and were able to control their behavior in order to hold down a stable job. This variable was significantly correlated with the Rorschach Anxiety Score \( r = .60, p < .05 \) which may suggest that an individual with a higher occupational level is either more chronically anxious due to his increased responsibility or is more anxious over the possibility that his sex offense may cause him to lose his job.

Significantly more responders than nonresponders had served honorably in the military \( X = 3.85, p < .05 \). This is another reflection of a general pattern of stable adjustment prior to the offense. Military record was significantly and negatively correlated with residence in a poverty neighborhood \( r = -.56, p < .05 \), indicating that this is a generalized measure of socio-economic status. Child molesters tend to be older (24 vs. 31) and appear to have drinking problems which are of longer duration and more resistant than the drinking habits of the younger offenders of adults.

Results on marital status for both groups confirmed results reported by Cohen (1968), Gregory and associates (1968), Mandel and associates (1942) and Stone and associates (1961).

Previous criminal convictions accounted for a significant amount of the variance for the child molester group, supporting studies by Gebhard and associates (1964), Glueck and Glueck (1964), Guze (1964), Heacox (1917) and Payne (1964). However,
data from the offenders of adults group was not consistent with this finding.

The Rorschach Genetic-Level score for offenders of adults was consistent with other studies relating to maturity, control, social awareness and response to therapy (Lerner, 1975). However, it did not differentiate significantly among offenders of children. It was found that for the child molesters neither the responders nor the nonresponders differed significantly from the offender of adult nonresponders ($t = 2.37, p > .05$; $t = 1.84; p > .05$).

Occupational level differed significantly between responders and nonresponders in the offender of adults group. Studying longer prediction equations for offenders of children, it can be seen that there is a tendency for this variable to come in as a predictor. Clearly, the role of this variable with the population of child molesters warrants further investigation. Offenders of adults data support studies by Bailey and associates (1964), Buell and Anthony (1973), Casner (1950), Conrad (1952), Gregory and Downie (1968), Katz and associates (1958) and Sullivan (1958).

**Significant Findings**

**Clinical Constructs**

The initial section of this research was designed to test eight basic assumptions regarding response to psychotherapy (Meltzoff & Kornreich, 1970). Because clinicians who deal with offender populations frequently are called upon to make recommendations regarding treatment, it was felt that more
specific information on an offender group was needed. The constructs were tested as a group so that relative effectiveness could be determined. Five of the constructs (Emotional Distress, Motivation, Denial, Empathy and Frequency of Crime) did not differentiate responders from nonresponders. Environmental Stress differentiated among child molesters, while Life Adjustment differentiated offenders of adults. The fact that two groups of sex offenders differed markedly in the constructs which predicted responsivity indicates that further research could be conducted with other offender groups to evaluate what types of personality or situational characteristics are associated with success in therapy. In the meantime clinicians should refrain from reliance on these traditional assumptions, recognizing that the validity of each may change from group to group.

**Predictive Equations**

While the predictive ability of the two equations differed, with offenders of adults having a higher rate of correct classifications (93.33% v. 73.29%), both formulas predicted significantly greater than chance ($X^2 = 12.29$, $p < .006$; $X^2 = 12.17$, $p < .007$). The standard error estimate was relatively large and the adjusted variance explained was relatively small for two reasons: a) the N of this study is small, b) the multiple regression scores are estimates of an individual's range of probable responsiveness to treatment while his actual score represented only response or nonresponse. An individual who responded extremely well and an individual who barely met
the criterion for responding both received a score of 1, while
their prediction scores could range considerably. The cross-
validation suggests that these equations are valid with other
samples. However, this information is not meant to be util-
ized by the clinician in regression equation form, but simply
provide one more piece of information in the context of a
thorough evaluation. The clinician can see, for example, that
the overall life adjustment of a rapist may be the most rele-
vant factor in his probable response to treatment. For the
child molester, responsiveness may depend heavily upon whether
he was responding to environmental stress, whether he has a
history of other criminal convictions, and whether he is al-
coholic.

Among incorrectly grouped cases, one offender of adults
was classified as a nonresponder when actually he did respond
well to treatment. However, seven child molesters were cate-
gorized as responders when they were actually nonresponders.
A possible explanation for this is offered in the next section.
However, it can be seen the prediction model for the child
molesters is less complete than for the offenders of adults.
It could be hypothesized that the percentage of correctly
categorized cases would go down as the N went up. However,
randomly eliminating fifteen subjects only raised the rate
to 77%. A study of the actual predictions made by the eval-
uator at the time of the evaluation, but not given to the thera-
pist, revealed the same problems in predicting outcome, for
child molesters frequently were classified incorrectly.
Several of those misclassified as responders were individuals whose charges were dropped during treatment, so they were no longer bound by the legal mandate which applied to the other subjects, and dropped out of therapy.

Rorschach Genetic-Level Score

The significance of the Rorschach score in differentiating responders from nonresponders among offenders of adults ($F_{1,20} = 8.42, p<.01$) should be of special interest to Rorschach researchers. Additionally, the dynamics measured by this particular score may shed some light on the difficulty of predicting response for child molesters. Essentially what this score is measuring is allocentric thinking vs. auto-centric thinking (Lerner, 1975). Allocentric thought processes are associated with mature cognitive, perceptual and emotional levels. The allocentric individual is capable of viewing a situation objectively, of differentiating and then re-integrating its various components, and of actively mastering his environment (Lerner, 1975). On the other hand the autocentric individual views situations subjectively and has difficulty analyzing components of a situation. The situation may control him, as he tends to respond emotionally and impulsively to it (Lerner, 1975). Children, sexual deviants, process schizophrenics and socially incompetent individuals have been found significantly more autocentric than adults, individuals with fears of sexual deviation, reactive schizophrenics and socially competent individuals (Lerner, 1975). Child molesters as a group scored significantly lower than the responder
group of adult offenders ($t=2.34, p<.05$) and did not differ significantly among themselves ($t=.43, p>.05$). This appears to support theories that child molesters tend to be infantile (Fenichel, 1945), show cognitive disorganization and emotionally (Bell & Hall, 1971), have difficulty substituting thought for action (Fenichel, 1945), have impaired abstract processes (Glueck, 1952) and regressed emotionality (Torbert, 1959). Like children, they are more stimulus-bound and their behavior is in a large measure determined by the situation to which they respond impulsively. With the offenders of adults, this concept was highly useful in predicting response to therapy. If one views child molesters as highly dependent upon environment to determine their actions, one sees that a model which does not account for many situational variables will be less predictive for these individuals. Individuals who have been classified as responders may recidivate if the opportunity presents itself, or may drop-out if the environment does not encourage participation. On the other hand, the individual who has been classified as a nonresponder may succeed if his situation is supportive and temptations few.

While studies of both response to psychotherapy and recidivism have examined characteristics of the individual and characteristics of the individual's environment, none were found by this author which studied autocentric.allocentric thinking as a moderator between the two. Numerous interesting research questions are raised by this issue. Its therapeutic implications will be discussed later.
CHAPTER VI

IMPLICATIONS, LIMITATIONS AND CONCLUSIONS

Implications

Implications for Evaluation

This research indicates that an individual's response to treatment can be predicted roughly at an initial evaluation. A community-based offender program has an obligation to refrain from taking a "cure-all" approach, since programs for offenders are highly controversial and closely scrutinized. The recidivism of one patient may have a devastating impact on the program, reducing to irrelevancies the successfully treated cases. Consequently the program should refrain from accepting patients who give little evidence of being able to profit from treatment, while serving as many individuals who appear responsive as possible. If the program can document the reasons for accepting each of its patients into therapy, it can protect itself from many of the accusations now leveled at this type of facility. Certainly this is not to imply that only individuals who meet rigid criteria should be accepted. Models such as the ones presented here create actuarial rather than individual predictors, and there were exceptions to every variable. For example, there were chronically maladjusted rapists and alcoholic child molesters with long criminal records who responded to treatment. Among child molesters there were stress-type, non-criminal, non-alcoholic individuals who did not respond to treatment. Clearly, complex rather than simple effects are involved. The therapist should docu-
ment why a patient who could be considered a poor treatment risk is being accepted. Each program should attempt to evaluate what factors are associated with success and how the program can be modified to serve "high-risk" clients.

Implications for Treatment

Looking specifically at the variables which differentiated responders from nonresponders for this treatment program, a number of recommendations can be made.

For example, among child molesters, responders were characterized as being quite concerned about marriage stability and vocational problems. These issues have been described by Mohr (1964) as causative factors in the regressive behavior of middle-aged pedophiles. These worries will have been accentuated at the time of treatment by adjudication for a sex offense. Marriage counseling should thus be a large part of the therapy program. Vocational assistance also should be available.

It also is suggested that the community-based treatment programs are not the place to treat the child molester with an antisocial personality. However, in evaluating this individual, one should attempt to differentiate the antisocial personality (APA, 1970) from the individual who has been convicted of nonsexual offenses but does not show antisocial personality dynamics.

Because nonresponders among child molesters tended to have a higher divorce rate without subsequent marriage, their opinions of women may be heavily influenced by their ex-wives.
They may need to remodel their opinions of adult females. Use of female therapists may facilitate this process.

77% of the nonresponders were known or suspected alcoholics. While these individuals were referred to the local antabuse clinic, their participation could not be closely monitored by the sex offender program. Moreover, two intimately related aspects of this problem syndrome were split and treated by different people at different places with little interaction between the programs. It is suggested that sex offender programs, where possible, should also treat their patient's alcoholism through their own counseling and/or antabuse clinics or secondarily, maintain extremely close contact with the local alcohol treatment program.

The child molesters as a group and the nonresponders among offenders of adults showed impaired abilities to objectively analyze situations, as shown by their lower Rorschach Genetic-Level scores ($t=2.34, p<.05$; $t=2.97, p<.01$). This score also indicated that such individuals tend to be more emotional, impulsive and susceptible to environmental influences than the more autocentric person (Lerner, 1975). It may be useful to teach the individual to analyze his environment for antecedent cues and contingents which may trigger his behavior. The therapist should also recognize the need for her active attention to the patient's environment. This may involve changing a patient's residence, working with an extended family or with outside agencies to adjust the individual's situation so that temptations are minimized. Hopefully,
the patient can be taught to recognize and avoid these situations while his inner resources are being strengthened.

The child molesters as a group and nonresponders among offenders of adults showed impaired abilities to objectively analyze situations, as shown by their lower Rorschach Genetic-level scores (t=2.34, p < .05; t=2.97, p < .01). This score also indicated that such individuals tend to be more emotional and impulsive (Lerner, 1975). Because allocentric individuals tend to be stimulus-bound (Lerner, 1975), their environments tend to dictate their behavior more so than for the autocentric individual. It is possible to address this problem at two levels. The behavior must be controlled while ego processes and social relationships are improved. Initially, individuals with problems in this area could be taught to analyze their environments for antecedent cues and contingents. What environmental cues trigger these behaviors? What conditions must be present for sexual acting-out to occur? The individual can then be taught how to avoid these situations or substitute responses incompatible with acting-out. The therapist should recognize the need for her to attend actively to the environment of her patients, especially, the child molester. This may involve changing a patient's residence, working with extended family and friends, or working with other agencies such as church groups to provide opportunities for building new peer relations. At the same time, other techniques can focus on improving understanding of social situations and of the consequences of his behavior. Videotapes of victim re-
sponse to rape, role playing and psychodrama may be useful.

Marital status differentiated responders from nonresponders among adult offenders, indicating that marital counseling should be an intricate part of the therapeutic process. The offender needs as much support from his environment as possible, and breakdown of his marriage may further impair his already-disturbed relationship with females. The wife also has endured an emotional trauma for which she needs support.

The nonresponder adult offender shows lower occupational level and socio-economic status. This is presumed to represent inadequate adaptation to societal institutions such as schooling, employment situations and the service. However, having a good job may also be a source of continual motivation for the individual in therapy, who has more to lose if he drops out and thus violates his probation. An unemployed individual may find it difficult to establish normal heterosexual relationships, as he does not have the money to date. Furthermore, conviction for a sexual offense may cause an individual to lose his job. Vocational assistance is thus important for the offender of adults as well as the offender of children.

**Broader Implications**

The tide of popular opinion appears to be increasingly skeptical regarding the rehabilitation of public offenders. Legislation is pending in several states to abolish probation and parole. However, most community-based offender programs are less than five years old. They have hardly had time to
recognize their problems, much less learn from them. As with psychotherapy, the question is not whether offender rehabilitation works, but with whom it works and how it can be changed to work successfully with more individuals in the future. Consequently meaningful research directed to this issue should be a part of such programs.

This program successfully rehabilitated 67% of the sex offenders in this study, with only 7% recidivating, at the cost of one therapist plus minimal supportive services. It saved the state the cost of keeping these individuals in prison, and maintained most of them as tax-paying citizens. It saved welfare costs for supporting dependent children and the countless indirect costs of broken families, of seriously stigmatized individuals and of the possibly increased recidivism through imprisonment (Bartel & Winfree, 1975).

Limitations

This study has a number of problems associated with research in the clinical area. The number of subjects was limited, considering that mutivariate techniques are designed for large samples. The small N raised the standard error of estimate and necessitated the use of a correction figure \( \frac{2}{R^2} \) which decreased the amount of explained variance. Further studies with larger samples are needed to validate the results of this study.

A problem which plagues studies of recidivism is that the definition of the term is based on a combination of private reports, public records and criminal files. An individual
may have recidivated countless times, but as long as he does not admit to this and is not caught, he will be misclassified. On the other hand, known sex offenders are the first suspects when new crimes are reported, and run a disproportionately large risk of being re-arrested regardless of guilt. The reader should bear in mind that the majority of offenders in this study were Spanish-surnamed individuals. Further research is being planned to replicate this study on the Spanish-surnamed group and then on the Anglo group when more subjects can be obtained. Results of this study cannot be generalized to other groups with dissimilar ethnic composition.

In designing this study, it was hoped that a psychometrically-sound rating scale could be utilized by which the therapist could rate the patient's response to treatment. No such instrument could be located. It is hoped that such an instrument can be developed and utilized in future research.

As previously mentioned, the regression equations in this study are not intended for use by clinicians. Standard errors of estimate are large when compared with the total variance, and a much more complex formula must be utilized when applying the equation to new subjects. The results are intended only to be guideposts for use as part of a thorough evaluation interview, and Glueck (1952) has published the format of his extensive evaluation procedure. The dynamics of the variables which proved significant in this study should be investigated carefully, as well as other aspects of the patient's personality, social relations, sexual characteristics and family back-
ground. His environment should be investigated thoroughly for strengths and weaknesses. The patient's dependence upon his environment is of prime importance, especially in some cases. As previously stated, the allocentric individual appears to be less dependent upon his environment, be it good or bad, than the autocentric individual. The evaluation should focus on identifying the individual's strengths so they can be capitalized upon in therapy.

While all subjects in this study had the same primary therapist and received both individual and group therapy, some individuals did; as previously mentioned, receive additional marriage counseling, some wives were involved in individual therapy, and some received other types of social services. No attempt was made to control for this, as it was felt controls might hamper the treatment process. As with most studies in clinical settings, the needs of the patient must come before the needs of the researcher.

In measuring the clinical constructs, relatively simple measures were utilized. While the constructs of empathy, motivation, distress, denial and abstract conceptualization did not differentiate significantly between responders and nonresponders, this should not be interpreted to mean that these variables are unrelated to treatment outcome. These traits may develop during the therapeutic process, or they may be the motivating factor behind continuation in a program. This could be evaluated only by repeated testing which, in this case, was not possible. Concepts such as motivation
are extremely difficult to measure, particularly during one evaluation session. Consequently, it is entirely possible that it is related to treatment outcome in a way that our measurements are inadequate to detect. It should be stressed that this study showed only that: 1) the Rorschach Empathy-Object Score obtained at an initial evaluation did not significantly differentiate responders from nonresponders in this group; 2) the question "Do you wish to discuss your problems with someone?" asked at an initial evaluation did not significantly differentiate responders from nonresponders; 3) the "Distress" score, composed of selected Rorschach and Mooney responses obtained at an initial evaluation, did not significantly differentiate responders from nonresponders; 4) "denial", as defined by denying guilt and responding affirmatively to significantly fewer Mooney problems than other sex offenders during initial evaluation, did not significantly differentiate responders from nonresponders; 5) "abstract conceptualization", defined as scores on the Rorschach Genetic-Scoring Scale and Beta score at an initial evaluation, did not significantly differentiate responders from nonresponders; 6) "life adjustment", defined as a composite of level of education, marital status, military record, occupation and longest time on a single job, did not significantly differentiate responders from nonresponders among offenders of children; 7) "environmental stress", as measured by questions drawn from the Mooney regarding marital and sexual maladjustment and financial problems marked affirmatively at an initial evaluation, did not
significantly differentiate responders and nonresponders among offenders of adults. It is not suggested that clinicians omit such variables at initial evaluations. However, it is suggested that clinicians refrain from ruling out offenders from therapy simply because they respond negatively on one or more of these measures.

Summary

This was a four-year longitudinal study conducted to evaluate hypothesized relationships between certain factors assessed during an initial psychological evaluation and eventual outcome of treatment. In connection with this, an extensive review of the literature was conducted. Factors connected with both recidivism and response to psychotherapy were studied. Criminologists have devoted a considerable amount of effort to devising prediction tables to aid parole boards in making decisions. While the studies have been hampered by the type of information available to researchers, the results are more consistent than those found in studies of response to treatment. It was found that alcohol has been consistently associated with recidivism, and individuals who commit property crimes by themselves, and who grew up in urban slums, have a much higher chance of violating probation or parole. Individuals with previous prison records, especially when coupled with unstable work records, have been shown to have higher recidivism rates. Studies of age, attitudes, ethnicity, health, home conditions, intelligence, mental illness, parole experience, religiousness, and schooling have yielded con-
flicting results.

Studies of response to treatment have yielded even fewer consistent results. These investigations have been plagued by a number of methodological problems, including heterogeneous samples of patients subjected to differing treatments.

The first psychological test to be used to predict response to treatment was the Rorschach. A variety of different signs have been utilized. Bradway and associates (1940) were able to predict response among promiscuous females. Sheehan and associates (1954) differentiated among stutterers, and Harris and Christiansen (1946) predicted response among patients recovering from physical disease. Various authors have suggested that different signs such as human movement (Rogers et al., 1951 and Bloom, 1956) color signs (Roberts, 1954 and Gilly et al., 1953), number of responses (Gilly et al., 1953 and Mednik & Afflect, 1959), and anatomical responses (Levi, 1973) have significant predictive value. Klopfer (1951) devised the Rorschach Prognostic Rating Scale. Validations of these scales have yielded conflicting findings.

Harris and Christiansen (1948), Barron (1953) and Greenfield and Fey (1956) devised predictive formulas using the MMPI. However, validation studies are either lacking or have yielded conflicting findings. Free drawing tests (Fiedler & Siegel, 1949), intelligence tests (Fiske et al., 1964; Hiler, 1958; Klugman, 1948; Kriegman & Hilgard, 1944;
Rosenberg, 1954), sentence completion tests (Rosenberg, 1954), anxiety scales (Gallagher, 1954), Rosenzweig (Derr & Silver, 1962) and aptitude tests (Barry & Fulkerson, 1966 and Derr & Silver, 1962), singly or in combination, have been utilized to predict response, but here again validation studies are needed.

A number of individual personality characteristics have been studied as possible predictors of response to psychotherapy. Conflicting findings have been found in studies of affective states, including anxiety, hostility and authoritarianism. Consistent findings were revealed in studies of ethnocentrism and defensiveness, as well as empathy. Studies of the age of patients as related to therapy outcome have been inconsistent. Research relating to attitude, educational level, marital status, motivation, social class and social competence have shown contradictory responses. Consistent findings have been reported in the area of the relationship between onset of illness and outcome, and occupational adjustment and outcome.

In studying response to group psychotherapy, research has suggested that individuals with sociopathic tendencies (Yalom, 1970), a lack of tension and a tendency to somatize (Kotkov, 1958), an absence of distress coupled with denial (Nash et al, 1957), and with low intelligence (Kotkov & Meadow, 1952 and Yalom et al, 1967), make poor group members. Studies limited to length of stay in psychotherapy have indicated that drop-outs tended to be members of lower socio-
economic classes (Imber et al., 1955; Katz et al., 1958; and Katz & Solomon, 1958), to have less education (Rosenthal et al., 1958 and Bailey et al., 1959) and to have sociopathic tendencies (Kline and Kline, 1973 and Lorr et al., 1958).

An extensive review of the literature on sex offenders was conducted. This field also has been characterized by contradictory findings, partly due to the fact that individuals convicted of statutory rape, and exhibitionists may be included in one study and excluded from another. Interest in sex offenders has fluctuated usually being stirred by sensationalistic crimes accompanied by public outcry.

References to rape are found throughout human history. Susan Brownmiller (1975) has suggested that monogamous heterosexual unions were established as women found it necessary to give themselves to one man in return for his protection against other sexually assultive males. The first rape laws were directed toward compensating the male for the loss of the sanctity of his property, usually a wife or daughter (Brownmiller, 1975; Griffin, 1971). Early attitudes toward child molestation have varied, depending upon the local age of consent. However, the pedophile was defined as emotionally disturbed before the rapist.

Ellis (1898), Freud (1893), Krafft-Ebing (1892) and Schrenck-Notzing (1895) were the first clinicians to write on sexual deviations. Aside from Freud, they relied heavily upon concepts such genetic tainting and congenital moral weaknesses. Freud (1893) offered the first formulated theory
of human sexuality.

Early treatment was available only to a fortunate few through private therapists. A number of clinicians formulated theories explaining sexual deviations based upon personal experiences (Cook, 1949; East, 1949; East & Hubert, 1939; Karpman, 1923; Richmond, 1933; Wortels, 1948).

In 1947 the first of a number of Sexual Psychopath Laws were passed. A number of states conducted studies on individuals imprisoned under these statutes (Abrahamsen, 1950; Ellis & Brancale, 1956; Frisbie, 1949; Glover, 1960, Glueck, 1955).

A number of different theoretical explanations of sexual deviations have been offered. Some authors including Rada (1977) have pointed out the importance of physiological factors. Allen (1940) and Pinkava (1971) focused on an instinct approach to the problem. A number of psychoanalysts including Freud (1938), Bell and Hall (1971) and Stoller (1975) have offered explanations of perversions. The importance of the ego functions has been stressed by Fenichel (1945), Ostrow (1974), Blanck and Blanck (1974) and others. A great number of authors have written on the neurotic mechanisms related to sexual abnormalities (Karpman, 1954; Mathias, 1972). Stein (1975) presented a Jungian approach. McGuire and associates (1965) presented an explanation based on learning theory. Several anthropologists have written on what in this country are considered sexual deviations (Ford, 1960; Levine,

Studies dealing with characteristics of sex offenders have indicated that most sex offenders are between 26 and 32 years of age (Frankel, 1950; Guttmacher, 1954) with rapists being younger (Langley Porter, 1953). Results concerning ethnic background, intelligence, marital status and incidence of emotional disturbance have been contradictory. Gebhard and associates (1963) along with many others have demonstrated the presence of disturbed parental relations and maladaptive family patterns.

Many authors have developed typologies of sex offenders. Pedophiles have been grouped into antisocial offenders, senile offenders, individuals unable to identify with the adult sexual role and stress offenders.

Rapist have been classified into those for whom the act is an expression of hostility, pent-up sexual impulses, homosexual fears, frustrated dependency, power and an antisocial life style.

Although the effectiveness of therapy with sex offenders has been heatedly contested, a variety of treatments have been utilized. These include pyshcoanalysis, behavior modification, drug therapy, castration and group therapy.

Psychometric studies with a variety of tests have shown pedophiles to have little self-confidence (Guttmacher, 1951),
more tension and hostility over adult sex (Glueck, 1955), immaturity (Strickler, 1967), castration fears (Hammer, 1955) and seductive feelings towards their mothers (Calmas, 1965). Rapists have been shown to be assertive (Hammer & Jack, 1955), to have unresolved Incestuous feelings (Glueck, 1955), and to show more hostility (Rada, 1977).

Research

Frequency of Offense, Empathy, Motivation, Emotional Distress, Denial, Environmental Stress, Life Adjustment, and Abstract Conceptualization, eight variables drawn from the literature regarding response to psychotherapy and prediction of recidivism, were tested using measures drawn from an initial psychological evaluation. Of the eight, only Environmental Stress differentiated significantly between responders and nonresponders in a group composed of offenders against adults and children. This variable also accounted for a significant amount of the variance between offenders of children who responded to treatment and offenders who did not respond to treatment. Among offenders of adults, only Life Adjustment differentiated between responders and nonresponders.

Two regression equations were derived. The equation for offenders of adults correctly classified subjects as responders or nonresponders 93% of the time. The equation for offenders of children correctly classified subjects as responders or nonresponders 74% of the time. The larger error involved in classifying offenders of children was
hypothesized to be related to a possible regressed and auto-centric condition, which might render them more susceptible to changes in environment not accounted for by the regression model.

Observations were offered relating to the most and the least responsive patients in each of the two groups, and to possible components in treatment programs which might improve services to "high-risk" clients. It was noted, however, that such observations must be interpreted in the light of the specific constraints of the present study, including the nature of the population, the nature and goals of the program, and the specific definitions of the variables.

Suggestions were offered for further research which would clarify issues relating to possible changes and interactions among variables during treatment, as well as certain questions about definitions and measurement of variables.
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Special Training

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Community Activities


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