

# CONSIDERING SEX OFFENDERS: A MODEL OF ADDICTION

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In the past decade, feminist consciousness-raising and political action have changed the definition of sexual violence from a private event to a public issue. The testimony of victims, first in consciousness-raising groups, then in public speakouts, and finally in formal survey research, has documented the high prevalence of all forms of sexual assault. The best currently available data indicate that for women, the risk of being raped is approximately one in four, and that for girls, the risk of sexual abuse by an adult is greater than one in three.<sup>1</sup> Boys appear to be at lower, but still substantial, risk for sexual assault by older boys or men.<sup>2</sup> The findings that most victims are female and that the vast majority of offenders are male have been reproduced in every major study. They are not artifacts of reporting, and in any case reporting is extremely low; probably less than 10 percent of all sexual assaults are reported to police, and less than 1 percent result in arrest, conviction, and imprisonment of the offender.<sup>3</sup>

In bringing sexual assault to public awareness, feminist thinkers have offered not only documentation but also a social analysis in which sexual assault is intrinsic to a system of male supremacy. Feminist theorists have called attention to the social legitimacy of many forms of sexual assault, including glorification of sexual vio-

<sup>1</sup> Diana E. H. Russell, *Sexual Exploitation: Rape, Child Sexual Abuse, and Sexual Harassment* (Beverly Hills, Calif.: Sage, 1984).

<sup>2</sup> David Finkelhor, *Sexually Victimized Children* (New York: Free Press, 1979).

<sup>3</sup> Russell.

lence in the dominant culture. If, as some feminists argue, the normative social definition of sexuality involves the erotization of male dominance and female submission, then the use of coercive means to achieve sexual conquest might represent a crude exaggeration of prevailing norms, but not a departure from them.<sup>4</sup> Moreover, feminist theorists have suggested that sexual assault serves a political function in preserving the system of male dominance through terror, thus benefiting all men whether or not they personally commit assaults.<sup>5</sup>

An alternative set of concepts for understanding sexual assault has been developed within the mental health professions, where traditionally, sexual assault has been understood as deviant and unusual. Explanations have focused on the psychopathology of the individual offender, his victim, or his family. Explanations based on a model of psychopathology suffer from a weak empirical base; however, unlike feminist explanations, they are consistent with conventional and widely shared beliefs. They appeal to the common-sense notion that men who commit sex crimes must be "sick." Moreover, they offer the possibility of understanding the enormous range and variability of behaviors included under the term "sexual assault."

### Feminist social theory

There is an overwhelming amount of evidence to support a socio-cultural analysis of sexual assault. In the past decade, feminist social theorists have generated a vast quantity of new research and have successfully predicted the salient factors associated with sexually assaultive behavior. Cross-cultural studies have shown that a high prevalence of rape is associated with male dominance. Rape is common in cultures where only a male creator/deity (rather than a couple or a female creator/deity) is worshipped, where warfare is

<sup>4</sup> New York Radical Feminists, *Rape: The First Sourcebook for Women*, ed. Noreen Connell and Cassandra Wilson (New York: New American Library, 1974); Catherine MacKinnon, "Feminism, Marxism, Method, and the State: Toward Feminist Jurisprudence," *Signs: Journal of Women in Culture and Society* 8 (1983): 635–58; Judith Herman, *Father-Daughter Incest* (Cambridge, Mass.: Harvard University Press, 1981); Pauline Bart, "Why Men Rape," *Western Sociological Review* 14 (1983): 46–57; Pauline Bart and Patricia O'Brien, *Stopping Rape: Successful Survival Strategies* (New York: Pergamon, 1985).

<sup>5</sup> Susan Griffin, "Rape, the All-American Crime," *Ramparts* 10 (1971): 26–35; Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: Simon & Schuster, 1975).

glorified, where women hold little political or economic power, where the sexes are highly segregated, and where care of children is an inferior occupation.<sup>6</sup>

In our own culture, where all of these conditions obtain, rape-supportive attitudes and beliefs are widely held. Literature for a predominantly male mass audience—that is, pornography<sup>7</sup>—and the writings of lionized literary figures contain particularly articulate expressions of such attitudes.<sup>8</sup> The popularity of this literature offers indirect evidence of rape-supportive attitudes; more direct evidence is provided by attitudinal survey research.<sup>9</sup> Large-scale surveys conducted primarily with high school and college students indicate that a majority of students consider the use of force acceptable to achieve sexual relations in certain circumstances (e.g., if a woman is “getting a man sexually excited”). Though students of both sexes endorse these attitudes, males embrace them more heartily than females.<sup>10</sup> Moreover, a considerable minority of male students (35 percent) admit to some hypothetical likelihood of committing rape if guaranteed immunity from detection or punishment.<sup>11</sup>

A significant proportion of the male population not only endorses rape-supportive attitudes and finds the fantasy of rape agreeable, but also becomes sexually aroused by depictions of rape. The most widely appealing scenario appears to be one in which a female victim, after being subdued, becomes sexually excited by the rape. In one study, a majority of college males found this scenario as arousing as a portrayal of nonviolent, consensual intercourse, while a significant minority found the coercion scenario *more* arousing. It also appears to be the case that those who are aroused by depictions of sexual violence are more likely to hold rape-supportive attitudes and describe themselves as likely to commit rape.<sup>12</sup>

It is possible that the attitudes and patterns of sexual arousal documented in these studies are characteristic only of adolescents

<sup>6</sup> Peggy Sanday, *Female Power and Male Dominance: On the Origins of Sexual Inequality* (London: Cambridge University Press, 1981).

<sup>7</sup> Andrea Dworkin, *Pornography: Men Possessing Women* (New York: Perigee, 1981).

<sup>8</sup> Kate Millett, *Sexual Politics* (New York: Doubleday, 1970).

<sup>9</sup> Martha Burt, “Cultural Myths and Support for Rape,” *Journal of Personality and Social Psychology* 38 (1980): 217–30.

<sup>10</sup> Jacqueline Goodchilds and Gail Zellman, “Sexual Signaling and Sexual Aggression in Adolescent Relationships,” in *Pornography and Sexual Aggression*, ed. Neil Malamuth and Edward Donnerstein (New York: Academic Press, 1984).

<sup>11</sup> Neil Malamuth, “Rape Proclivity among Males,” *Journal of Social Issues* 37 (1981): 138–57.

<sup>12</sup> Neil Malamuth, “Aggression against Women: Cultural and Individual Causes,” in Malamuth and Donnerstein, eds.

and that a mature male population might exhibit less hostility to women in general, and less enthusiasm for rape in particular. However, at the very least, these findings suggest that adolescent male subculture provides a powerful indoctrination in sexual violence. If the effects of this socialization were limited to attitudes and masturbatory fantasies, it might be possible to await the supposed maturation process with equanimity. However, there is strong reason to believe that adolescence is a critical period in the development of sexually assaultive behavior. Clinical studies of habitual sex offenders consistently document the occurrence of the first sexual assault in adolescence.<sup>13</sup> Studies of reported rape consistently indicate that about 25 percent of rapists are under eighteen.<sup>14</sup> Large-scale surveys of nonclinical populations indicate that before reaching adulthood, a significant number of young men have already committed a sexual assault. In a national probability survey of adolescents, Suzanne Ageton found that 1 percent of the boys acknowledged an attempted or completed rape in the previous year.<sup>15</sup> Extrapolating to the number of years at risk yields a rough estimate that between 1 and 7 percent of boys attempt or complete a sexual assault while still in their teens. Mary Koss, C. Gidycz, and N. Wisniewski, in a national survey of male college students (average age twenty-one), found that 4.4 percent acknowledged having committed rape in a dating situation, and another 3.3 percent acknowledged attempting rape. In the same study, Koss described a spectrum of sexual behaviors reported by the participants, ranging from unaggressive to highly aggressive. While the majority of young men (74.8 percent) reported that they have had exclusively consensual sexual relations, one in four (25.1 percent) acknowledged using some form of coercion to achieve sexual relations with an unwilling partner.<sup>16</sup> Similar results have been obtained in two other studies.<sup>17</sup>

<sup>13</sup> A. Nicholas Groth, R. E. Longo, and J. B. McFadin, "Undetected Recidivism among Rapists and Child Molesters," *Crime and Delinquency* 28 (July 1982): 102-6.

<sup>14</sup> U.S. Department of Justice, Federal Bureau of Investigation, *Uniform Crime Reports (1977-1980)* (Washington, D.C.: Government Printing Office, 1981).

<sup>15</sup> Suzanne Ageton, *Sexual Assault among Adolescents* (Lexington, Mass.: Lexington Books, 1983).

<sup>16</sup> Mary Koss, C. Gidycz, and N. Wisniewski, "The Scope of Rape: Incidence and Prevalence of Sexual Aggression in a National Sample of Higher Education Students," *Journal of Consulting and Clinical Psychology* 55 (1987): 162-70.

<sup>17</sup> K. Rapaport and B. R. Burkhart, "Personality and Attitudinal Characteristics of Sexually Coercive College Males," *Journal of Abnormal Psychology* 93 (1984): 216-21; John Briere, S. Corne, M. Runtz, and N. Malamuth, "The Rape Arousal Inventory: Predicting Actual and Potential Sexual Aggression in a University Population" (paper presented at the annual meeting of the American Psychological Association, 1984).

Both the adolescent and college student studies demonstrate a strong association between social attitudes and sexually aggressive behavior. In Ageton's study, boys who committed sexual assaults were also likely to belong to a peer group that accepted all forms of interpersonal violence. Almost half of the young offenders told their peers about their exploits, and most of their friends approved of their behavior. Very few (14 percent) expressed any feelings of guilt. (By contrast, 40 percent of adolescent sexual assault victims felt guilty.)<sup>18</sup> In a study by Koss et al., the young men who acknowledged an attempted or completed rape were also those most likely to endorse rape-supportive attitudes.<sup>19</sup> A third study has demonstrated that young men who had committed sexual assaults differed markedly from their peers on a "rape arousal inventory," a self-report measure of arousal to a fantasized rape scenario.<sup>20</sup>

While measures of attitudes and arousal prove to be strongly correlated with actual assaultive behavior, standard psychological measures prove useless as predictors. No significant differences between the sexually assaultive men and their peers can be demonstrated on standard projective-test and screening measures of psychopathology. The young rapists in the college-student surveys were demonstrably sexist, but not demonstrably "sick."<sup>21</sup> Similarly, major ethnic or class differences have not so far been observed. The attitudes and behaviors of male dominance appear to vary surprisingly little across class and racial lines.

In summary, a large body of recent data describes a broad range of sexual attitudes and behavior, from nonaggressive to highly aggressive, among the American male population. This research demonstrates the interrelationship of rape-supportive attitudes, arousal to violent pornography, self-reported likelihood of committing a sexual assault, and actual assaultive behavior. These data suggest that attitudinal or arousal measures may be meaningful indicators in identifying those males likely to commit sexual assaults.

The major weakness of feminist sociocultural theory and research is that this work does not explain the wide variability among men whose attitudes and behavior would otherwise identify them as likely to rape. John Briere et al., for example, identify a population of college men who espouse rape-supportive beliefs, become aroused to rape scenarios, and describe themselves as likely to rape

<sup>18</sup> Ageton.

<sup>19</sup> Mary Koss, K. E. Leonard, D. A. Beezley, and C. J. Oros, "Nonstranger Sexual Aggression: A Discriminant Analysis of the Psychological Characteristics of Undetected Offenders," *Sex Roles* 12 (May 1985): 981-92.

<sup>20</sup> Briere et al.

<sup>21</sup> Koss et al.

if promised immunity from punishment, but who do not acknowledge ever having committed a sexual assault. It is not clear whether these men simply have not yet raped and will probably do so in the future, whether they have in fact already committed assaults that they do not acknowledge, or whether some as yet unidentified inhibitory factors distinguish this apparently dangerous group from those who have already committed rape. Furthermore, within the group who already admit to sexual assaults, there is no present way to distinguish those who are unlikely to repeat their offense from those who have already developed or will develop a compulsive pattern of sexually assaultive behavior.

More specifically, in most of this research "sexual assault" is defined in terms that concentrate on middle range violent acts against the most socially legitimate victims: adolescent girls or adult women. Research on the range of attitudes and behaviors regarding assaults against men or children, or extremely violent sexual assaults against women, is currently at a very early stage of development. Indirect evidence from content and market analyses of pornographic literature indicates that there is a small but growing and economically significant consumer market for these types of materials.<sup>22</sup> Direct studies of sexual arousal to scenarios in which a male or child victim is shown or in which extreme violence is depicted have been limited to identified sex offender populations, where specific patterns of arousal have been associated with the offender's preferred mode of sexual aggression.<sup>23</sup> The degree to which such patterns of arousal are present in the general male population is as yet unknown. One study indicates that pictures of girls begin to evoke detectable sexual arousal responses in a population of heterosexual men when the subjects in the photographs are six to eight years old.<sup>24</sup> Preliminary findings from a nationwide, random sample telephone survey indicate that 4–17 percent of the male population acknowledge having molested a child.<sup>25</sup> Further research is clearly indicated in this area.

<sup>22</sup> Park Dietz and B. Evans, "Pornographic Imagery and Prevalence of Paraphilia," *American Journal of Psychiatry* 139 (1982): 1493–95.

<sup>23</sup> Vernon Quinsey and W. L. Marshall, "Procedures for Reducing Inappropriate Sexual Arousal: An Evaluation Review," in *The Sexual Aggressor: Current Perspectives on Treatment*, ed. Joanne Greer and Irving Stuart (New York: Van Nostrand Reinhold, 1983); C. M. Earls and W. L. Marshall, "The Current State of Technology in the Laboratory Assessment of Sexual Arousal Patterns," in Greer and Stuart, eds.

<sup>24</sup> Karl Freund, C. K. McKnight, R. Langevin, and S. Cibiri, "The Female Child as a Surrogate Object," *Archives of Sexual Behavior* 2 (1972): 119–33.

<sup>25</sup> David Finkelhor and I. A. Lewis, "An Epidemiologic Approach to the Study of Child Molestation" (paper presented to the New York Academy of Sciences, New York City, January 1987).

## Psychological theories

Psychological study of sex offenders is hampered greatly by the difficulty of identifying a representative population for study. Although victims of sex crimes increasingly have been willing to testify about their experiences, offenders have not. Most clinical studies to date focus on sex offenders whose crimes have been reported to police, a group probably comprising less than 10 percent of all offenders; many studies are restricted to incarcerated offenders, a group representing perhaps 1 percent of the total. The processes of reporting, criminal prosecution, conviction, and sentencing shape the research population and limit the general applicability of study findings. For example, sexual assaults are much more likely to be reported to police when the offender is unknown to the victim, when he belongs to a minority ethnic group, or when the assault is very violent. Similar selection processes are likely to operate at each stage of criminal proceedings. Thus, the group of sex offenders who become ensnared in the criminal justice system cannot be considered a representative population. Generalizations regarding the psychology of offenders based on clinical studies of reported or convicted criminals are therefore highly questionable.

Psychological studies of convicted sex offenders have uniformly failed to demonstrate any association between psychiatric diagnosis and sexually assaultive behavior. The great majority of convicted offenders do not suffer from psychiatric conditions (psychotic disorders or severe mental retardation) that might be invoked to diminish criminal responsibility.<sup>26</sup> Alcoholism is frequently cited as a contributing factor in sex offenses, not least by offenders themselves who, if they admit their behavior, often attribute it to alcohol intoxication.<sup>27</sup> In several studies, a significant proportion of convicted sex offenders have been observed to be alcohol abusers: estimates range from 25 to 50 percent.<sup>28</sup> However, since these stud-

<sup>26</sup> Paul Gebhard, J. Gagnon, W. Pomeroy, and C. Christenson, *Sex Offenders: An Analysis of Types* (New York: Harper & Row, 1965); F. A. Henn, "The Aggressive Sexual Offender," in *Violence: Perspectives on Murder and Aggression*, ed. I. L. Kutash, S. B. Kutash, and S. Schlesinger (San Francisco: Jossey-Bass, 1978); A. Nicholas Groth, *Men Who Rape* (New York: Plenum, 1979); Raymond Knight, R. Rosenberg, and B. Schneider, "Classification of Sex Offenders: Perspectives, Methods, and Validation," in *Rape and Sexual Assault: A Research Handbook*, ed. Ann Burgess (New York: Garland, 1985).

<sup>27</sup> Diana Scully and Joseph Marolla, "Convicted Rapists' Vocabulary of Motive: Excuses and Justifications," *Social Problems* 31 (1984): 530-44.

<sup>28</sup> Richard Rada, R. Kellner, D. R. Laws, and W. Winslow, "Drinking, Alcoholism, and the Mentally Disordered Sex Offender," *Bulletin of the American Academy of Psychiatry and Law* 6 (1978): 296-300; Knight, Rosenberg, and Schneider.

ies generally lack appropriate comparison groups, it is not clear whether this extent of alcohol abuse is characteristic of sex offenders specifically, of a general prison population, or of a demographically similar population of men who have not committed crimes. Alcohol abuse is very common in the general male population, with estimates ranging from 11 to 60 percent, depending on the definition employed.<sup>29</sup>

The role of alcohol can probably best be understood as a facilitating one: intoxication may aid in overcoming inhibitions for those already predisposed to commit sexual assaults. Interestingly, it appears that a placebo may be as effective as alcohol in dissolving inhibitions. In one ingenious study, G. Terrence Wilson and David M. Lawson show that young men who had drunk alcohol, and those who had not but believed that they had, become equally aroused by violent rape pornography. Both groups were more aroused than a comparison group who believed they were sober.<sup>30</sup> Thus, the social meaning of drunkenness, with its implied exemption from ordinary behavioral limits, may play a more significant role than the pharmacological effects of alcohol in the behavior of an offender.

Though the majority of convicted sex offenders do not suffer from major psychiatric disorders, many do meet the diagnostic criteria for the so-called personality disorders. Sociopathic, schizoid, paranoid, and narcissistic personality disorders are all frequently described in criminally identified offenders.<sup>31</sup> All of these disorders involve a preoccupation with one's own fantasies, wishes, and needs, a lack of empathy for others, and a desire to control and dominate others rather than to engage in mutual relationships. As in the case of alcoholism, it is unclear whether such disorders are any more common in convicted sex offenders than in other prisoners: the one adequately controlled study in the literature indicates that they are not.<sup>32</sup> Moreover, there is no evidence whatsoever that these personality disorders are more common in an undetected offender population than they are in the male population at large.

The most striking characteristic of sex offenders, from a diagnostic standpoint, is their apparent normality. Most do not qualify for

<sup>29</sup> George Vaillant, *The Natural History of Alcoholism: Causes, Patterns, and Paths to Recovery* (Cambridge, Mass.: Harvard University Press, 1983).

<sup>30</sup> G. Terrence Wilson and David M. Lawson, "Expectancies, Alcohol, and Sexual Arousal in Male Social Drinkers," *Journal of Abnormal Psychology* 85 (1976): 587-94.

<sup>31</sup> Knight, Rosenberg, and Schneider; Henn.

<sup>32</sup> I. Karacon, R. L. Williams, M. W. Guerraro, et al., "Nocturnal Penile Tumescence and Sleep of Convicted Rapists and Other Prisoners," *Archives of Sexual Behavior* 3 (1974): 19-26.

any psychiatric diagnosis.<sup>33</sup> One psychiatrist who has extensive experience in treating undetected (that is, unreported) offenders in the community characterizes them in these words: "These paraphiliacs are not strange people. They are people who have one slice of their behavior that is very disruptive to them and to others; behavior they cannot control. But the other aspects of their lives can be pretty stable. We have executives, computer operators, insurance salesman, college students, and people in a variety of occupations in our program. They are just like everyone else, except they cannot control one aspect of their behavior."<sup>34</sup>

Another therapist with extensive experience treating offenders describes her perception of them as follows: "I look at the case file and then I look at the offender and the two don't connect. The offenders are often bright, attractive, they take care of themselves, they have lots of social skills, and they can appear very competent or they can appear pathetic and hurt. My first reaction on meeting a new offender is always "there must be some mistake. He couldn't have done what his record says he did."<sup>35</sup>

Failing to find any readily apparent mental disorder that characterizes sex offenders, psychological investigators have increasingly focused on aspects of their developmental histories that might offer clues to understanding their behavior. The hypothesis most frequently entertained is that sex offenders were themselves sexually victimized in childhood or adolescence. The sexual offense is thus a reenactment of the trauma or an attempt to overcome it through the mechanism of "identification with the aggressor." Proponents of this theory often invoke the concept of a "cycle of abuse," or of "generational transmission," whereby the sexually victimized children of one generation become the victimizers of the next.

The "cycle of abuse" concept is extremely popular. It is commonly invoked to explain most crimes of violence occurring in the private sphere, such as wife-beating and child abuse. It is generally accepted for several reasons: first, most experienced clinicians have seen cases that do indeed illustrate a multigenerational pattern of violence and abuse. These are among the most difficult, complex, and memorable cases that clinicians encounter. Second, the concept is intellectually satisfying: it is congruent with well-documented

<sup>33</sup> Gene Abel, J. Rouleau, and J. Cunningham-Rather, "Sexually Aggressive Behavior," in *Modern Legal Psychiatry and Psychology*, ed. A. L. McGarry and S. A. Shah (Philadelphia: Davis, 1985).

<sup>34</sup> Gene Abel, quoted in Faye Knopp, *Retraining Adult Sex Offenders: Methods and Models* (Syracuse, N.Y.: Safer Society Press, 1984), 9.

<sup>35</sup> Georgia Green, Bridgewater Special Treatment Center, Maximum Security Prison, Bridgewater, Mass. (personal communication, April 1986).

clinical observations of reenactment of trauma and heightened aggression in abused children.<sup>36</sup> These short-term observations are simply projected unmodified into the future and the transformation of victim to offender is readily imaginable. Third, the concept is emotionally satisfying: it permits clinicians to empathize with offenders and also offers the comforting assurance that their behavior is an understandable result of a pathological history. Finally, such a concept is politically advantageous for the mental health professions. Expenditures for treatment of offenders are more easily justified to a punitive and economy-minded public if the mental health professions can claim that treatment will interrupt the cycle of abuse and prevent the development of the next generation of offenders.

Indeed, the only serious problem with the "cycle of abuse" concept is its lack of empirical validity.<sup>37</sup> When the theory is applied to sexual assault, its most glaring weakness is its inability to explain the virtual male monopoly on this type of behavior. Since girls are sexually victimized at least twice or three times more commonly than boys, this theory would predict a female rather than a male majority of sex offenders. Unable to account for this contradiction, proponents of the cycle of abuse theory are sometimes reduced to denying reality: it is among adherents of this theory that one still encounters assertions that large undetected reserves of female offenders are yet to be discovered.<sup>38</sup>

More commonly, proponents implicitly recognize the effects of profound gender differences in the socialization of sex and aggression, differences that may in fact be amplified by the effects of victimization.<sup>39</sup> Thus modified, the cycle of abuse concept would predict that sexually abused boys grow up to be sex offenders, and abused girls grow up to be their wives, girlfriends, and victims.

<sup>36</sup> Arthur Green, "Child Abuse: Dimensions of Psychological Trauma in Abused Children," *Journal of the American Academy of Child Psychiatry* 22 (1983): 231–37; Jean Goodwin, "Post-Traumatic Symptoms in Incest Victims," in *Post-Traumatic Syndromes in Children*, ed. Robert Pynoos and Spencer Eth (Washington, D.C.: American Psychiatric Press, 1986); Lenore Terr, "Chowcilla Revisited: The Effects of Psychic Trauma Four Years after a School Bus Kidnapping," *American Journal of Psychiatry* 140 (1983): 1543–50.

<sup>37</sup> A thorough and well-documented critique of the concept as applied to wife-beating and child abuse may be found elsewhere and will not be repeated here. See Mildred Pagelow, *Family Violence* (New York: Praeger, 1984); Joan Kaufman and E. Zigler, "Do Abused Children Become Abusive Parents?" *American Journal of Orthopsychiatry* 57 (1987): 186–92.

<sup>38</sup> Groth (n. 26 above); Blair Justice and Rita Justice, *The Broken Taboo* (New York: Human Sciences Press, 1979).

<sup>39</sup> Elaine Carmen, P. P. Rieker, and T. Mills, "Victims of Violence and Psychiatric Illness," *American Journal of Psychiatry* 141 (1984): 378–83.

No long-term study following abused children into adulthood has ever been done. Nor would it be possible, from an ethical standpoint, to do such a study without intervening to stop the abuse. Therefore, there is no way presently to document what proportion of abused children grow up to become offenders, and what proportion do not, or to compare their fates with those of children who were never abused. The best available evidence documenting a connection between childhood abuse and sexually assaultive behavior comes from retrospective studies of identified sex offenders. Most of these studies are unrepresentative of the general (unreported) offender population. Moreover, most lack appropriate comparison groups, and many are vague in their definition of childhood sexual abuse. Nicholas Groth, for example, in a widely quoted study, defines sexual abuse as "any sexual activity witnessed and/or experienced that is emotionally upsetting or disturbing."<sup>40</sup> Few people are fortunate enough to reach adulthood without being upset by a sexual experience. Thus, the validity of the findings in such studies seems highly questionable.

Despite the general weakness of the cycle of abuse concept, some points of consensus do emerge from this work. Estimates of the correlation between an abuse history and sexually assaultive behavior vary widely depending on the type of population studied: the more deviant the population, the greater the likelihood that prior abuse histories will be discovered. For example, two community-based programs for adolescent offenders report that their patients do not appear to have abuse histories significantly more often than the general population.<sup>41</sup> By contrast, a maximum security, "end of the road" institution for very violent juvenile offenders reports that 100 percent of their inmates have been sexually assaulted.<sup>42</sup> In the largest available studies of criminally and medically identified offender populations, the figure seems to hover between 25 and 40 percent.<sup>43</sup> Thus many offenders do seem to have an abuse history, but apparently the majority do not.

<sup>40</sup> Groth, 98.

<sup>41</sup> Lutheran Social Service of Minnesota, "Personal Socio-Awareness Program," cited in Faye Knopp, *Remedial Intervention in Adolescent Sex Offenses: Nine Program Descriptions* (Syracuse, N.Y.: Safer Society Press, 1982); Judith Becker, J. Cunningham-Rather, and M. Kaplan, "Adolescent Sexual Offenders: Demographics, Criminal and Sexual Histories, and Recommendations for Reducing Future Offenses," *Journal of Interpersonal Violence* 1 (1986): 431-45.

<sup>42</sup> Closed Adolescent Treatment (CAT) Center, Denver, Colo., cited in Knopp, *Remedial Intervention*, 119.

<sup>43</sup> Groth; Gene Abel, J. V. Becker, and L. Skinner, "Treatment of the Violent Sex Offender," in *Clinical Treatment of the Violent Person*, ed. L. Roth (Washington, D.C.: NIMH Monograph Series, 1983).

Histories of abuse do appear to be particularly common in pedophiles who prefer boy victims. The members of this group have a number of characteristics that distinguish them from other sex offenders. Their deviant behavior often has an early onset, they may lack any significant interest in consenting sexual relations with adults (this is the group that Groth describes as “fixated” offenders),<sup>44</sup> their behavior is often extremely compulsive and resistant to treatment,<sup>45</sup> and they tend to have many victims. In one series, a group of 146 homosexual pedophiles at large in the community had committed an average of 279 assaults *each*.<sup>46</sup> Impressionistic reports from several treatment programs indicate that while psychiatric diagnoses of any kind are uncommon in this group, sexual abuse histories are particularly common, ranging from 40 to 60 percent.<sup>47</sup> In one outpatient treatment program, the staff estimated that 55 percent of the child molesters had been victimized, most commonly by male babysitters. They further observed that young men who raped women did not appear to have unusually frequent abuse histories, but that young men who raped men were almost uniformly victims of sexual abuse.<sup>48</sup> Taken together, these data suggest the possibility that childhood sexual trauma in boys may be a particularly significant risk factor for the development of sexually abusive behavior *directed at males*. The cycle of abuse theory may turn out to have some prediction power for this population.

At best, however, if the cycle of abuse theory is fully borne out by future research, it can only demonstrate that boyhood sexual

<sup>44</sup> A. Nicholas Groth, W. F. Hobson, and T. S. Gary, “The Child Molester: Clinical Observations,” in *Social Work and Child Sexual Abuse*, ed. John Conte and D. Shore (New York: Haworth, 1982).

<sup>45</sup> Judith Becker, e.g., reports that pedophiles who prefer boy victims are one of the most treatment-resistant groups in her program. This group also has an early onset of compulsive behavior (72 percent by age nineteen) and has a very high average number of victims (seventy-six victims per offender). In “Behavioral Treatment of Sex Offenders” (workshop presented at the Massachusetts Department of Mental Health, Conference on Child Sexual Abuse, “Comprehensive Approaches to Treatment,” Boston, 1985).

<sup>46</sup> Gene Abel, M. S. Mittleman, J. Becker, et al., “The Characteristics of Men Who Molest Young Children” (paper presented at the World Congress of Behavior Therapy, Washington, D.C., 1983).

<sup>47</sup> Groth, Hobson, and Gary claim that the “majority” of their patients were sexually abused as children but offer neither numerical data nor a description of the methodology by which they obtained this information; see also T. Seghorn, T. R. Boucher, and M. Cohen, “Sexual Abuse in the Life Histories of Sexual Offenders: A Retrospective Longitudinal Analysis” (paper presented at the Sixth World Congress for Sexology, Washington, D.C., 1983).

<sup>48</sup> University of Washington Hospital, Adolescent Clinic, Juvenile Sex Offender Program, cited in Knopp, *Remedial Intervention* (n. 41 above).

victimization is one among many factors that increase the risk for the later development of sexually abusive behavior. It is highly unlikely that the concept will prove applicable to the majority of sex offenders. At this point, based on the best available research data, we have to assume that most sexually abused boys do not become sex offenders, and that most offenders themselves were not abused as boys.

Failing to demonstrate obvious psychopathology or a pathogenic history in most offenders, many clinicians have moved away from the unrewarding and difficult study of the offender himself in order to concentrate on the more accessible aspects of his family and social environment. In many psychopathological explanations of the sex offender's behavior, the offender himself tends to disappear, while attributes of his parents, wife, or victim are cited.<sup>49</sup> Father-daughter incest, for example, is frequently described as a symptom of a dysfunctional family system, in which all family members are implicated.<sup>50</sup> The father's sexual exploitation of his daughter is explained on the basis of situational stresses, sexual deprivation, or marital conflict. The mother's role is often described as pivotal: she is held responsible for creating a "role reversal" with her daughter and for driving her husband to seek gratification elsewhere by withholding sex and nurturance.<sup>51</sup> The compulsive quality of the incestuous father's sexual interest in children is implicitly ignored or explicitly denied—this in spite of the fact that numerous studies indicate that one-third to one-half of incestuous fathers repeat their offenses with more than one child.<sup>52</sup> Direct behavioral studies of such fathers, however, indicate that their sexual preoccupation with children is not necessarily confined to the immediate family situation and, by implication, is likely to persist regardless of changes in family structure.<sup>53</sup>

<sup>49</sup> The so-called victim-precipitation theories of sexual assault have been thoroughly critiqued elsewhere, are now largely discredited, and will not be reviewed here. See Connell and Wilson, eds. (n. 4 above); Brownmiller (n. 5 above).

<sup>50</sup> Ruth Kempe and C. Henry Kempe, *Child Abuse* (Cambridge, Mass.: Harvard University Press, 1978); Justice and Justice (n. 38 above); Alvin Rosenfeld, "Sexual Abuse of Children: Personal and Professional Responses," in *Child Abuse*, ed. Eli Newberger (Boston: Little, Brown, 1982).

<sup>51</sup> For a review and critique of mother-blaming in the incest literature see Kevin MacIntyre, "The Role of Mothers in Father-Daughter Incest: A Feminist Analysis," *Social Work* 26 (1981): 462–66; and Margaret Myers, "A New Look at Mothers of Incest Victims," *Journal of Social Work and Human Sexuality* 3 (1985): 47–58.

<sup>52</sup> Herman (n. 4 above).

<sup>53</sup> Abel, Mittleman, Becker, et al. (n. 46 above). In this study, 44 percent of the incestuous fathers had also abused girls outside the family.

If the offender does not disappear entirely in psychopathological formulations, his sexual offense often does. Most psychodynamic explanations tend to minimize the sexual component of the offender's behavior and to reinterpret the assault as an ineffectual attempt to meet ordinary human needs. This renders the behavior more comprehensible (and, presumably, more accessible to psychotherapy) and the offender more sympathetic. The victimizer becomes a victim, no longer an object of fear but of pity. Groth, for example, describes a type of "power rapist" who commits his crimes "in an effort to combat deep-seated feelings of insecurity and vulnerability." The offense is described as an expression of the offender's wishes for "virility, mastery, and dominance." Groth describes the rapist as a man who "does not have his life under control and experiences adult life demands and responsibilities as overwhelming," and who "finds adult sexuality threatening for it confronts him with his unadmitted doubts about his masculine adequacy."<sup>54</sup> Elsewhere, Groth describes the child molester in similar terms: "an immature individual whose pedophilic behavior serves to compensate for his relative helplessness in meeting adult bio-psycho-social life demands. . . . Through sexual involvement with a child, the offender attempts to fulfill his psychological needs for recognition, acceptance, validation, affiliation, mastery, and control."<sup>55</sup> Emphasizing these "needs" for power and dominance, Groth minimizes the sexual motivation for the offenses, sometimes calling them "pseudo-sexual acts." The compulsive, repetitive quality of the sexual assaults is attributed not to the fact that they are pleasurable, but to the fact that they are emotionally disappointing. This, in spite of considerable testimony from rapists and other offenders that the sexual assault often produces an intense "high."<sup>56</sup>

The effect of this euphemistic reformulation of the offender's behavior is to detoxify it, to make it more acceptable. The offender's craving for sexual domination is reinterpreted as a longing for human intimacy. His wish to control others is reinterpreted as an ordinary masculine need for "mastery." Since normative concepts of manhood do to some extent include the domination of women and children, the offender's desire to share in adult male prerog-

<sup>54</sup> A. Nicholas Groth and W. F. Hobson, "The Dynamics of Sexual Assault," in *Sexual Dynamics of Anti-social Behavior*, ed. L. B. Schlesinger and E. Revitch (Springfield Ill.: Charles C. Thomas, 1983), 165-66.

<sup>55</sup> Groth, Hobson, and Gary (n. 44 above), 137.

<sup>56</sup> S. D. Smithyman, "The Undetected Rapist" (Ph.D. diss., Claremont Graduate School, 1978); Diana Scully and Joseph Marolla, "Riding the Bull at Gilley's: Convicted Rapists Describe the Pleasures of Raping" (Virginia Commonwealth University, Department of Sociology/Anthropology, 1985; typescript).

atives is validated; his choice of means is considered unfortunate. Since the gratification obtained from the sexual assault itself is minimized, this sort of explanation offers the promise that the assaultive behavior will be readily given up if the offender can learn other, more socially acceptable ways of achieving "masculine adequacy."

Such psychodynamic formulations do make it possible to empathize with the offender, a prerequisite for any rehabilitative effort, and they do offer the hope that psychological treatment may be effective. The danger in these formulations, however, is inextricable from their advantages. In attempting to establish an empathic connection with the offender, the would-be therapist runs the risk of credulously accepting the offender's rationalizations for his crimes (as well as supplying him with new ones). Moreover, such formulations allow attention to be diverted from the troubling sexual offense to other problems more amenable to ordinary psychotherapy.

Treatment models based on these psychodynamic concepts tend to focus on the offender's general social attitudes and relationships or on his own experiences as a victim, but not on the concrete details of his sexual fantasies and behavior. For example, a prison-based program described by Groth has proliferated into ten discussion-group components including such topics as sex education, relationships to women, management of anger, stress reduction, and communication skills, but it has no method for monitoring the offender's continued arousal to fantasies of sexual assault.<sup>57</sup> Another outpatient treatment program for incest offenders developed by a nationally famous sex therapist includes social skills training, stress management, couple therapy, sex therapy, and family therapy, but again, no particular focus on the offender's sexual desire for children. The patient is required to sign a contract stating that he will not reoffend while in treatment; but it is not clear how compliance with this "contract" is monitored or enforced, other than by asking the offender to report on himself.<sup>58</sup>

The validity of psychodynamic formulations of sexual assault, and the treatment models generated from them, are not merely matters of academic interest. There are serious risks in having overconfident expectations of the efficacy of treatment. Since no long-term follow-up studies of treatment have been done, and since the difficulties in carrying out such studies are great, most treatment programs rely on self-evaluation of their own effectiveness. The greater the effort invested in offender treatment, the

<sup>57</sup> Groth, Hobson, and Gary.

<sup>58</sup> Mark Schwartz and William Masters, "Treatment of Paraphiliacs, Pedophiles, and Incest Families," in Burgess, ed. (n. 26 above).

greater the motivation of the treating professionals to believe in the success of treatment and to overlook evidence to the contrary. When a treatment program minimizes the importance of the actual sexual behavior and does not provide any concrete method for monitoring it, failures are likely to go unrecognized, sometimes with disastrous consequences. In one extreme documented case, a young man mandated to psychiatric treatment after committing a rape at age fourteen subsequently committed six additional rapes and five rape-murders *while in treatment*. His psychiatrist was entirely unaware of these crimes and could apparently detect no clues to their occurrence in the material offered by the patient in his treatment sessions.<sup>59</sup>

Such dramatic treatment failures may, in fact, be unusual, but disasters of this kind serve as reminders that our current understanding of the psychology of sex offenders is very crude, any treatment must be considered entirely experimental, and claims for therapeutic success should be offered with great caution and received with healthy skepticism.

### A model of addiction

An incestuous father writes: "Once I started it continued, there was no stopping point for me. I told myself it would pass, but it did not, and as my daughters grew and became women I would fondle and touch them. I became addicted to their favors, and with addiction they lost a father. It was just terrible."<sup>60</sup> Clinicians who work closely with sex offenders often describe them as addicts. As one author puts it: "We suggest that you consider sexual deviants as special types of junkies. Self-control will in every case be a full-time job, every waking hour for the rest of their lives."<sup>61</sup>

Though the analogy of addiction is commonly invoked by offenders and clinicians alike, the implications of an addiction model are rarely elaborated, either in the feminist social analysis of sexual violence or in the psychological literature on offenders. Yet the concept of addiction offers a point of intersection for the observations developed by psychologists and those of social theorists. A model of addiction also offers clear guidelines for the development

<sup>59</sup> Robert Ressler, Ann Burgess, and J. Douglas, "Rape and Rape-Murder: One Offender and Twelve Victims," *American Journal of Psychiatry* 140 (1983): 36–40.

<sup>60</sup> From an anonymous personal communication, 1984.

<sup>61</sup> D. R. Laws and Candace Osborne, "How to Build and Operate a Behavioral Laboratory to Evaluate and Treat Sexual Deviance," in Greer and Stuart, eds. (n. 23 above).

of offender treatment programs, for preventive educational work, and for legal and regulatory strategies.

It is known that sociocultural factors play a major role in creating a climate of risk for addiction. Alcoholism, for example, flourishes in cultures that do not allow children to learn safe drinking practices (i.e., moderate alcohol consumption integrated with social and family life), and that glorify or excuse adult drunkenness.<sup>62</sup> By analogy, compulsive, exploitative sexual behavior may be fostered in cultures that do not permit children to learn safely about sex, and that glorify or excuse sexual violence. American culture, in which sex education for children is generally lacking and in which sexual violence is often admired, would qualify as a high-risk culture. Some subcultures might be particularly likely to produce sex offenders if childhood sexual curiosity is severely punished or if high levels of interpersonal violence are tolerated. This would explain the frequent presence of extreme religious fundamentalism and rigidly punitive sexual attitudes in the backgrounds of sex offenders.<sup>63</sup> Similarly, this would explain the findings that associate membership in a violent peer group with commission of sexual assaults in adolescence.<sup>64</sup>

The virtual male monopoly on sexually assaultive behavior is also congruent with a model of addiction. In most, if not all, compulsive antisocial behaviors (alcoholism, drug dependency, gambling), men consistently outnumber women by a ratio of at least three to one.<sup>65</sup> The greater social latitude and tolerance accorded to antisocial behavior in males undoubtedly fosters addictions. Another contributing factor may be the impoverishment in male development of the emotional resources of intimacy and interdependence. Lacking these resources, men may be more susceptible to developing dependence on sources of gratification that do not require a mutual relationship with a human being: the bottle, the needle, or the powerless, dehumanized sexual object.<sup>66</sup>

<sup>62</sup> Vaillant (n. 29 above); A. Greely and W. C. McReady, *Ethnic Drinking Subcultures* (New York: Praeger, 1980); D. J. Pittman and C. R. Snyder, *Society, Culture, and Drinking Patterns* (New York: Wiley, 1962).

<sup>63</sup> Gebhard et al. (n. 26 above); M. J. Goldstein, H. S. Kant, and J. J. Hartman, *Pornography and Sexual Deviance* (Berkeley and Los Angeles: University of California Press, 1974); Roland Summit and Joanne Kryso, "Sexual Abuse of Children: A Clinical Spectrum," *American Journal of Orthopsychiatry* 48 (1978): 237–51.

<sup>64</sup> Ageton (n. 15 above).

<sup>65</sup> L. N. Robins and E. M. Smith, "Longitudinal Studies of Alcohol and Drug Problems: Sex Differences," in *Alcohol and Drug Problems in Women*, ed. O. J. Kalant (New York: Plenum, 1980).

<sup>66</sup> Helen Lewis, *Psychic War in Men and Women* (New York: New York University Press, 1976).

The concept of addiction is also useful in identifying a spectrum of behaviors within a population at risk. In our culture, for example, although social exposure to alcohol is almost universal, the range of drinking behavior is very broad, encompassing abstainers, social drinkers, and alcohol abusers. The line of demarcation between heavy social drinking and alcohol abuse is unclear, and drinking patterns vary even among problem drinkers. Alcohol abuse may be situational, appearing only transiently in response to particular cultural demands (adolescent initiation rituals, for example); it may be episodic, as in the case of “binge” drinkers; or it may become compulsive and relentlessly progressive at any time in the life cycle, from adolescence onward.

A similar spectrum of behaviors exists in the general population with regard to sexual assault. As Koss, Gidycz, and Wisniewski demonstrated in their college student survey, a small group of young men abstained from sexual relations, the majority engaged in socialized, consensual relations, and a considerable minority engaged in coercive or frankly violent sexual activities. The line of demarcation between socially acceptable and abusive sexual behavior was unclear in the minds of her informants: for example, a considerable number of the young men who had achieved sexual relations by force or threat of force did not label their behavior as rape, nor did many of their victims.<sup>67</sup>

Not all offenders develop an addictive pattern of sexually coercive behavior (nor, conversely, is all addictive sexual behavior criminal or coercive). An addiction model of sexual assault would predict a range of behaviors from the opportunistic to the highly compulsive. Some offenders might commit assaults only in response to peer pressure in a male-bonding situation where the social rules permit or encourage such behavior (e.g., a fraternity party or military adventure); others might develop a “binge” pattern of episodic assaults; and a third group might develop a repetitive or escalating pattern of sexual violence relatively uninfluenced by the social setting. This range of behaviors is evident in the clinical literature.<sup>68</sup>

Both alcohol abusers and sex offenders rarely run afoul of the law. The harmful effects of a compulsive drinking pattern are generally felt first by the drinker’s family, detected somewhat later at his workplace, and even later by his physician. An arrest for an alcohol-related offense (most commonly driving while intoxicated) seldom occurs until the alcoholism is fairly advanced and the alcoholic has been driving drunk for a considerable period of time.

<sup>67</sup> Koss, Gidycz, and Wisniewski (n. 16 above).

<sup>68</sup> Patrick Carnes, *The Sexual Addiction* (Minneapolis: CompCare, 1983).

Similarly, most sex offenders who do get arrested have already developed a well-established compulsive pattern. Because they are rarely detected until they have reached an advanced stage of addiction, we know very little about the early and middle stages in the development of the pattern of sexual assault. Retrospective reconstructions by apprehended offenders commonly reveal histories of sexual offenses beginning in adolescence, or even before puberty.<sup>69</sup> The existing clinical data suggest that early onset of abusive behavior indicates a syndrome that is extremely tenacious and resistant to change, while later onset may be associated with a more episodic course.<sup>70</sup> Unfortunately, assaults committed by juveniles are often cavalierly dismissed either as adolescent experimentation (in the case of child molestation, date rape, or gang rape), or insignificant nuisance activities (in the case of peeping, exhibitionism, obscene phone-calling, or fetishism). Early signs of an addictive (that is, repetitive and progressive) process are generally denied or overlooked under the assumption that these behaviors will be outgrown.

Because so little attention has been paid to the early stages of compulsive sexual behavior, at present we have no reliable criteria for distinguishing between men who commit situational sex crimes, which are truly unlikely to be repeated, and men who are likely to develop a repetitive pattern of sexual assault. Current clinical attempts to codify recidivism risk in young offenders focus mainly on assessing the degree to which clear symptoms of compulsive behavior are already apparent.<sup>71</sup>

Sex offenders subjectively describe a cyclical pattern of altered mood and behavior that appears relatively impervious to conscious control. Environmental or internal stimuli may trigger sexual fantasies that develop into a compelling craving to carry out the fantasied act. A trance-like excitement builds, heightened by risk and danger as the offender stalks and secures access to his victim. An intense "high" during anticipation and completion of the act may be followed by fear, disgust, depression, and remorse, coupled with a short-lived resolve never to repeat the act. This dysphoria is relieved by increasing preoccupation with sexual fantasies, and the cycle is repeated. The behavior develops a repetitive, compulsive

<sup>69</sup> Gene Abel, M. Mittelman, and J. Becker, "Sex Offenders: Results of Assessment and Recommendations for Treatment," in *Clinical Criminology: Current Concepts*, ed. H. Ben-Aron, S. Hucker, and C. Webster (Toronto: M & M Graphics, 1985).

<sup>70</sup> Groth, Hobson, and Gary (n. 44 above).

<sup>71</sup> Knopp, *Remedial Intervention* (n. 41 above). See esp. chap. 2, "Some Criteria for Early Intervention in Adolescent Sex Offenses."

quality which is only transiently interrupted by internal inhibitions. Some offenders describe a progressive pattern in which increasingly risky or violent assaults are required to produce the desired "high." In the words of one child molester, "It's like drugs. After you lose the effect of one drug, you go on to a different one. If I hadn't been in this program . . . I'm pretty sure I would have gone up to rape."<sup>72</sup>

The offender clearly does retain some capacity for self-control, but he uses it only when he perceives that external controls are present, in order to avoid detection or other adverse consequences to himself. It is this partial loss of internal control that makes the offender so confusing and difficult to understand. Is he in control of his behavior or is he not? Is his a moral or a medical problem? Does he lack will power or is he suffering from a "disease"? Such questions have been debated about alcoholics and other addicts in every historical epoch, without clear resolution or the development of a public consensus.<sup>73</sup>

Behavioral as well as subjective descriptions of sex offenders suggest that they share many of the characteristics of alcoholics or other addicts. The offender behaves as though his primary attachment is to the mood-altering addictive activity. All other relationships are sacrificed or manipulated in the service of this activity. An elaborate defensive structure develops, the purpose of which is the protection and preservation of the addiction.<sup>74</sup> Denial is the primary defensive mode employed, but in addition, an extensive body of paranoid defenses and rationalizations may be developed. If the addict acknowledges his behavior at all, he generally blames other people for it. An unhappy childhood, stormy marriage, or frustrating job provides the justification and the excuse for the addiction. The rapist's cry and the alcoholic's are one and the same: "She drove me to it!"<sup>75</sup>

In the case of alcoholism, these rationalizations no longer have credibility in the professional literature. Early childhood trauma, marital conflict, depression, and situational stress were once thought to be causative factors in the genesis of alcoholism. With the advent of more sophisticated research, however, such notions have been discredited. The inadequacies and personality defects commonly observed in alcoholics are now understood to be a result of addiction

<sup>72</sup> Ibid., 26.

<sup>73</sup> Mark Lender and James Martin, *Drinking in America* (New York: Free Press, 1982).

<sup>74</sup> Carnes.

<sup>75</sup> Scully and Marolla, "Convicted Rapists' Vocabulary of Motive" (n. 27 above).

rather than their cause. Whatever the alcoholic's history or preexisting personality structure may have been, once he becomes addicted he develops a personality disorder and generally recalls his childhood as miserable. Furthermore, alcohol abuse is likely to lead to depression, marital dissatisfaction, and situational stresses.<sup>76</sup> As in the case of now discredited theories of the etiology of alcoholism, psychodynamic formulations of the psychology of sex offenders are unlikely to be borne out by well-designed research in the general population of offenders.

The concept of sexual assault as a potentially addictive behavior has major implications for treatment and social rehabilitation of offenders. The first implication is that at present, the commission of one sexual assault cannot be dismissed as "adolescent curiosity" or any other benign, self-correcting problem. In the absence of well-documented criteria for distinguishing situational offenders from early addicts, it would seem prudent to consider all offenders potential addicts.

The second implication is that when dealing with a sex offender, one cannot assume that he has any reliable internal motivation for change. The offender may have lost effective control of his behavior, though he has not lost moral or legal responsibility for it. External motivation for change must therefore be provided. Legal sanctions and careful, sustained supervision (e.g., intensive probation or parole, and in some cases incarceration) are the appropriate source of external motivation. Professionals who attempt treatment must ally and cooperate with law-enforcement authorities and obtain a waiver of confidentiality from the patient. Though such measures may seem punitive or antitherapeutic, they are both therapeutic and necessary when a patient represents a clear danger to himself or others. Sex offenders are dangerous. They cannot be treated or rehabilitated unless their behavior is effectively controlled.

The third implication is that the primary focus of any therapeutic effort must be on changing the addictive behavior itself. For alcoholics, this means that the central focus of treatment is on drinking. For sex offenders, this means that treatment must focus in concrete detail on the unacceptable sexual behavior. The offender's patterns of sexual fantasy and arousal, his modus operandi for securing access to his victims and evading detection, his preferred sexual activities, and his system of excuses and rationalizations must be painstakingly documented, and changes must be closely monitored. The offending sexual behaviors cannot be wished away by describing them as

<sup>76</sup> J. McCord and W. McCord, *Origins of Alcoholism* (Stanford, Calif.: Stanford University Press, 1960); Vaillant (n. 29 above).

attempts to meet nonsexual “needs” for mastery or nurturance. Some experienced therapists require that a statement from the victim describing the offender’s crime and its impact on her life be made available in the record before any form of treatment is attempted. Frequent review of this document is necessary to counteract the tendencies toward denial and minimization of the offense which both patient and therapist may share.

The minimum components of a potentially successful therapeutic program for sex offenders would include a behavior modification component directly focused on the unacceptable sexual activities, a reliable method of monitoring the offender’s continuing interest in sexual assault independent of his own self-report, and a supervision structure that reliably and swiftly provides sanctions for repeated offenses. Various operant conditioning methods have been shown to be at least transiently effective in changing patterns of sexual arousal,<sup>77</sup> and the penile strain-gauge, used for measuring arousal to sexual stimuli, has shown promise as a monitoring device.<sup>78</sup> Further research is needed to develop the most effective and practical methods of behavior modification. Some programs, for example, employ the technique of masturbatory satiation, encouraging repetitions of deviant fantasies until the patient is thoroughly bored with them,<sup>79</sup> while other programs forbid pornography, discourage masturbation, and rely mainly on aversive conditioning techniques.<sup>80</sup> The relative value of these different approaches has not been systematically evaluated.

Psychopharmacologic methods have also been used in an attempt to change addictive behavior and motivation. For example, some alcoholism programs rely heavily on daily administration of disulfiram, a medication that changes the patient’s metabolism so that ingestion of alcohol produces extremely unpleasant symptoms. In the treatment of sex offenders, antiandrogenic hormones have been used experimentally to decrease sexual arousal. The particular object of the offender’s desire is unchanged, but the intensity of

<sup>77</sup> Knopp, *Retraining Adult Sex Offenders* (n. 34 above); Judith Becker and Gene Abel, “Adolescent Sex Offenders: Issues in Research and Treatment,” ADM85-1396 (Washington, D.C.: U.S. Department of Health and Human Services, 1985); Quinsey and Marshall (n. 23 above).

<sup>78</sup> Earls and Marshall (n. 23 above).

<sup>79</sup> Gene Abel, Judith Becker, J. Cunningham-Rather, et al., *The Treatment of Child Molesters* (New York State Psychiatric Institute, New York, N.Y., 1984; typescript); D. R. Laws and J. A. O’Neil, “Variations on Masturbatory Conditioning,” *Behavioral Psychotherapy* 9 (1981): 111–36.

<sup>80</sup> Steven Silver, “Outpatient Treatment for Sex Offenders,” *Social Work* 21 (1976): 134–40.

the desire is reportedly weakened.<sup>81</sup> Of course, the patient's motivation to comply with treatment cannot be taken for granted. Alcoholics who relapse frequently discontinue their daily dose of disulfiram; similarly, recidivist sex offenders may discontinue their medroxyprogesterone. An effective pharmacologic agent alone does not constitute a treatment program.

The treatment of addiction begins with a focus on the negative consequences of the behavior, but it does not end there. An addicted person is not likely to give up the central gratification of his life in response to negative sanctions only. Strong positive inducements must be offered as well. Studying the recovery process in alcoholics and heroin addicts, George Vaillant identified four factors associated with achievement of stable abstinence. The first is a constant reminder of the negative consequences of the addiction. The remaining three are a substitute addiction, a new source of hope and self-esteem, and social support.<sup>82</sup>

Highly structured group treatment and self-help programs appear to be the most successful approach to the social rehabilitation of addicts, including sex offenders. A group of peers who are reliably available on demand and who are committed to the goal of recovery through abstinence fulfills all four of these criteria. A constant reminder of the negative consequences of addiction is found in the testimony of group members; a substitute addiction and social support are available in the activities of the group itself; a new source of hope is provided by the testimony of group members who have changed their lives; and a new source of self-esteem is provided by the structure of a program which requires acknowledgment of the harm done but offers an opportunity for restitution and service to others.

Some form of structured group process has evolved in almost every existing treatment program for sex offenders.<sup>83</sup> Most programs also explicitly or implicitly define stages of recovery analogous to the twelve steps of Alcoholics Anonymous (AA).<sup>84</sup> In particular, the first, fifth, ninth, and twelfth steps defined by AA seem to have particular relevance for sex offenders. The first step involves acknowledgment of powerlessness over the addiction. For the sex offender, this means the breaking of secrecy, the admission of previously denied or rationalized behavior, and the acceptance of the

<sup>81</sup> Fred Berlin, "Sex Offenders: A Biomedical Perspective and a Status Report on Biomedical Treatment," in Greer and Stuart, eds. (n. 23 above).

<sup>82</sup> Vaillant (n. 29 above).

<sup>83</sup> Knopp, *Retraining Adult Sex Offenders*.

<sup>84</sup> Carnes (n. 68 above).

need for others in order to control it. The fifth step, which follows a searching self-examination, involves admission “to God, to ourselves, and to another human being the exact nature of our wrongs.” For sex offenders, this means full disclosure of the number and type of assaults committed and a beginning recognition of the harm done to others. The ninth step involves making amends to the persons who have been harmed. For sex offenders, this step often involves a ritualized apology to the victim, especially if she is a family member or otherwise involved in an ongoing relationship with the offender.<sup>85</sup>

Finally, the twelfth step involves the validation of recovery by sharing the experience in some public forum. It is this mobilization of altruism that provides for the offender the possibility of restored self-esteem and social rehabilitation. Only when his experience is offered in service to others can his crime be expiated. Grass roots treatment programs for offenders have often developed creative ways of involving offenders in public service. In one program, incarcerated offenders staff a well-publicized “hotline,” counseling men who feel tempted to commit sexual assaults.<sup>86</sup> In another, offenders in outpatient treatment consent to have their group therapy observed by professionals in training. The group meetings take place in a courtroom, and the observers sit in the jury box.<sup>87</sup> In another outpatient program, treatment is not completed until the offender has participated in a public education forum or helped to orient a new patient just entering the program.<sup>88</sup> All of these can be considered variants of the twelfth step of AA: “Having had a spiritual awakening as a result of these steps, we tried to carry the message to others.”

The use of religious terminology in descriptions of the recovery process is not coincidental. Relinquishing an addiction represents a profound psychological change, analogous to religious conversion. When the addiction has resulted in the commission of crimes, the destruction of social bonds is so extensive that sometimes a religious framework may offer the only hope of reconnection. This is not to say that religious conversion guarantees recovery (a sex offender who announces that he has been “born again” is not thereby cured), but rather that something analogous may be an important part of

<sup>85</sup> Henry Giarretto, *Integrated Treatment of Child Sexual Abuse* (Palo Alto, Calif.: Science and Behavior Books, 1982).

<sup>86</sup> Edward Brecher, *Treatment Programs for Sex Offenders* (Washington, D.C.: U.S. Department of Justice, 1978).

<sup>87</sup> Mary Devlin, personal communication, Brockton, Mass., 1982.

<sup>88</sup> Peter Coleman, personal communication, Tacoma, Wash., 1977.

the recovery process. That such conversions are rare and difficult to predict is a reminder that any claims for therapeutic success with sex offenders should be offered with great modesty.

A final implication of the addiction model for treatment of sex offenders involves the prognosis for rehabilitation. Significant recovery from any addiction takes time. Addiction interferes with normal maturation and destroys social relationships. These problems remain even after the compulsive behavior is given up. Indeed, it is only after reliable limits have been placed on the addictive behavior that the addict faces the degree to which his abilities and his relationships with others have deteriorated. In recovery from alcoholism, for example, full rehabilitation (i.e., achievement of a level of functioning equal to the best level attained prior to the onset of the addiction), has been shown to require at least three years of sustained abstinence.<sup>89</sup> A similar time frame should be anticipated for recovery even with cooperative, well-motivated sex offenders. Current claims of successful treatment outcome after twelve weeks<sup>90</sup> or six months<sup>91</sup> are unlikely to be borne out with careful follow-up.

Even after the achievement of full recovery, some ongoing maintenance activity may be required indefinitely to prevent relapse.<sup>92</sup> Once an addiction has become established, it must be considered a lifelong process. An addict may achieve abstinence; he does not achieve cure. In the words of one experienced therapist:

We only talk about *controlling* sexual deviancies, about *reducing* them to minimal levels. Our long-range goal is to eliminate them, but we don't expect realistically to meet that goal. . . . The closest parallel—it is a good, but not a 100 percent analogy—is alcoholism. You don't talk about “ex-alcoholics,” because if someone describes himself as an ex-alcoholic you are going to worry about him. And we do not talk about ex-sex offenders. We talk about alcoholics who don't drink any more—sober alcoholics. And we talk about sex offenders who do not offend any more. The conditioning patterns are ingrained in adult clients. We try to educate them to be aware of that, that it is really going to be a lifelong process. If someone in our program tells us “I'll never do it

<sup>89</sup> Vaillant.

<sup>90</sup> Schwartz and Masters (n. 58 above).

<sup>91</sup> Giarretto.

<sup>92</sup> William Pithers, J. Marques, C. Gibat, et al., “Relapse Prevention with Sexual Aggressives: A Self-Control Model of Treatment and Maintenance of Change,” in Greer and Stuart, eds.

again," we say, "Hey, you are not ready to leave this program."<sup>93</sup>

Viewing sexual assault as a potentially addicting behavior means coming to terms with the fact that the problem is complex and tenacious, and that promises of rapid solution are not likely to be fulfilled. Treatment and rehabilitation of offenders is an ambitious undertaking, requiring constancy of purpose and sustained mobilization of social resources on a large scale. The required degree of cooperation between the criminal justice and mental health systems has rarely been achieved, even for short periods of time. Yet nothing less is likely to be at all effective.

If the implications for treatment are somewhat discouraging, the addiction concept offers considerable hope for the efficacy of preventive measures. Because patterns of addiction are so highly sensitive to social risk factors, preventive intervention aimed at decreasing known risk factors or at protecting populations known to be at high risk should result in a significant lowering of the rate of sexual assault.

In practical terms, this means that sex education for all children remains a valuable aspect of primary prevention. However, the existing sex-education establishment, which generally advocates a male-oriented, libertarian position, cannot be counted on to implement an acceptable program. Ideally, educational efforts must combine full presentation of accurate information, respect for individual privacy and choice, and an articulated vision of socially responsible conduct. Issues of power and exploitation must be addressed explicitly. Boys and young men might be considered a priority for preventive work, especially where they are organized in groups that foster traditional sexist and rape-supportive attitudes. Target populations might include, for example, athletic teams, college fraternities, and the military. Primary prevention work with groups at high risk for victimization or for offending behavior may also result in early disclosure of sexual assaults that have already occurred, increasing the possibility for early intervention and treatment of both victim and offender.

Vigorous enforcement of existing criminal laws prohibiting sexual assault might also be expected to have some preventive effect, since both compulsive and opportunistic offenders are keenly sensitive to external controls. The reforms in rape legislation and women's presence in the criminal justice system should result in an increased willingness to hold offenders publicly accountable for

<sup>93</sup> Robert Wolfe, quoted in Knopp, *Retraining Adult Sex Offenders*, 19.

their crimes. Prosecution is particularly important in cases where traditional cultural standards legitimate and condone sexual assault (for example, in marital or date rape or the rape of prostitutes). In these cases, prosecution serves an educational function, exposing and challenging traditional rape-supportive attitudes.

Further research is required to identify those factors which seem to protect high-risk boys and men from becoming offenders and to distinguish one-time offenders from those who go on to develop an habitual pattern of sexual assault. For instance, the influence of pornography in consolidating sexual fantasy and violent behavior is not yet fully understood. If pornography is understood to be a definitive ideological expression of male supremacy and it is shown to play a role in conditioning masturbatory fantasy and sexual response, then a link between violent pornography and sexual violence becomes apparent.<sup>94</sup> Indeed, recent research indicates that repeated exposure to violent pornography amplifies sexist and rape-supportive attitudes in men (not in women). Of great concern is the finding that the most pronounced effects of violent pornography are seen in men who already have highly adversarial and callous attitudes toward women and admit to a high likelihood of committing rape.<sup>95</sup>

The effect of the outcome of the first assault on further assaults is another topic that merits attention: Judith Becker, for example, believes that an addictive pattern is powerfully reinforced when the first assault meets with no adverse consequences.<sup>96</sup> Public exposure of the attacker may prove to be an important deterrent to the commission of repeated crimes. The goal of research in this area should be the identification of a group of "early warning signals" and "early intervention strategies" for use in widespread public prevention campaigns.

### **Social consensus and change**

For the past hundred years and more, feminist thinkers and organizers have struggled with the problem of addiction. Though most

<sup>94</sup> Documentation of such a link is now emerging. See Pauline Bart, "Pornography: Institutionalizing Women-Hating and Eroticizing Dominance and Submission for Fun and Profit," *Justice Quarterly* 3 (1986): 103–5; Irene Diamond, "Pornography and Repression: A Reconsideration," in *Women: Sex and Sexuality*, ed. Catharine Stimpson and Ethel Person (Chicago: University of Chicago Press, 1980); Malamuth and Donnerstein, eds., *Pornography and Sexual Aggression* (n. 10 above).

<sup>95</sup> Malamuth, "Aggression against Women" (n. 12 above).

<sup>96</sup> Becker (n. 45 above).

addicts have been men, women and children have suffered the consequences of their addictions. One hundred years ago, the formation of the Women's Christian Temperance Union organized the entrance of women into the political arena on an unprecedented scale. The cause of temperance was strongly linked to other progressive social reforms, most particularly to women's suffrage. The women of the temperance movement saw the male saloon culture as the destroyer of home and family, and attributed male violence against women and children to the corrupting effects of the traffic in alcohol. Their attack on intemperance was also an attack on the male attitude of privilege and entitlement to antisocial behavior.<sup>97</sup> The political forces arrayed against the temperance movement were essentially those who advocated male supremacy and unrestricted individualism both in social conduct and in economic life.<sup>98</sup>

The organized efforts of the first wave of feminism ultimately resulted in the passage of two constitutional amendments, one year apart. The nineteenth amendment, passed in 1920, enfranchised women as citizens; the eighteenth amendment, passed in 1919, prohibited the manufacture or sale of alcohol.

In the absence of a well-established social consensus against drinking, Prohibition proved legally unenforceable and was repealed after little more than a decade. A large proportion of the population continued to drink in defiance of the law. Rather than eliminating the traffic in alcohol, prohibition fostered the development of a powerful, criminally organized alcohol industry, which was passively tolerated by law enforcement officials (when they did not actively collude in it).

Because of the ultimate failure (and resultant disrepute) of the prohibitionist legal strategy, the social and cultural successes of the temperance movement have often been overlooked. Alcohol production and consumption actually *were* reduced during Prohibition,<sup>99</sup> and deaths from complications of alcoholism also declined.<sup>100</sup> Moreover, following repeal, alcohol consumption increased slowly but has never returned to the very high levels that preceded the temperance movement.<sup>101</sup> The legalized alcohol industry that

<sup>97</sup> Elizabeth Pleck, *Domestic Tyranny: The Making of American Social Policy against Family Violence from Colonial Times to the Present* (New York: Oxford University Press, 1987).

<sup>98</sup> Lender and Martin (n. 73 above).

<sup>99</sup> H. W. Haggard and E. M. Jellinek, *Alcohol Explored* (New York: Doubleday, 1942); J. C. Burnham, "New Perspectives on the Prohibition 'Experiment' of the 1920s," *Journal of Social History* 2 (1968): 51–68.

<sup>100</sup> M. A. Terris, "Epidemiology of Cirrhosis of the Liver: National Mortality Data," *American Journal of Public Health* 57 (1967): 2076–88.

<sup>101</sup> Lender and Martin.

emerged after repeal did submit to a greater degree of regulation, including partial advertising censorship and restrictions on distribution of alcohol to minors. The industry also accepted token responsibility for public education on responsible drinking and for alcoholism research and treatment. The temperance movement also permanently influenced public attitudes about drinking to some degree. While the majority consensus today rejects governmental suppression of alcohol, it does generally support some restrictions in recognition of alcohol's potential dangerousness to public health and social order. Finally, the temperance movement in many stages of its history was instrumental in organizing self-help and medical treatment for alcoholism.

The existence of a national and international traffic in women and children as sexual objects is well documented by feminist writers both in the past and in the present.<sup>102</sup> Just as heroin addicts have their pushers, sexual addicts have their pornographers, pimps, and sex rings. At present, the industry of sexual exploitation has both a nominally criminalized component (prostitution, child sex rings, child and hard-core pornography) and a "legitimate" component (soft-core pornography, men's magazines). Both the legal and illegal components of the industry operate with little social restriction and increasing audacity. The pornography industry, in particular, has significantly increased its portrayal of explicitly violent sexual assault in the past decade.<sup>103</sup> Such depictions are also increasingly common in the general mass media and advertising. An effective strategy for eliminating sexual violence thus must include not only a strategy for early identification, control, and treatment of offenders, not only a strategy for preventive education, but also a strategy for engagement with the organized sex industry. The experience of the temperance movement would suggest that abolition of the industry in its entirety is a goal that must await completion of a feminist revolution. In a culture where individual liberty is valued far more than social responsibility, some form of the sex and pornography industry is likely to be tolerated (even by puritanical conservatives, and even by liberal feminists), just as other addiction industries that injure the public health are tolerated (tobacco sub-

<sup>102</sup> Florence Rush, *The Best-Kept Secret: Sexual Abuse of Children* (Englewood Cliffs, N.J.: Prentice-Hall, 1980); Kathleen Barry, C. Bunch, and S. Castley, eds., *International Feminism: Networking against Female Sexual Slavery* (New York: International Women's Tribune Centre, Inc., 1984); Ann Burgess, A. N. Groth, and M. McCausland, "Child Sex Initiation Rings," *American Journal of Orthopsychiatry* 51 (1981): 110-19.

<sup>103</sup> Neil Malamuth and Edward Donnerstein, "The Effects of Aggressive-pornographic Mass Media Stimuli," in *Advances in Experimental Social Psychology*, vol. 15, ed. L. Berkowitz (New York: Academic Press, 1982).

sidized as well as legalized, alcohol legalized, and narcotics largely under prohibition).

Within the scope of a short-term reform strategy, the greatest hope for development of a public regulatory consensus may be found on the issue of sexual violence. The recent attempt legally to redefine pornography as the subordination of women and to seek civil rather than criminal remedies represents an important conceptual advance.<sup>104</sup> Direct action and boycott strategies, reminiscent of the "women's crusade" against saloons a century ago, have also proven effective against pornographers and advertisers when their materials include blatant sexual violence.<sup>105</sup>

To a considerable degree, the feminist movement in the last decade has succeeded in changing the public view of victims of sexual violence and in mobilizing public support in favor of more active prosecution of sex offenders. The final step in this stage of consciousness-raising involves the development of a new consensus in favor of stricter and more effective regulation of the organized sex industry, with particular focus on curtailing the most extreme and outrageous incitements to sexual violence.

A more long-range goal requires effecting a profound change in the general climate of sexual attitudes and socialization, so that no form of sexually exploitative behavior is excused or tolerated. The feminist movement, which in the last two decades has brought the issue of sexual violence into public consciousness, remains the only social force committed to and capable of bringing about such change. It is possible to envision a society whose practices in this regard are exactly the opposite of our own: one which freely permits children to learn safely about sex, but which firmly and consistently rejects any form of sexually exploitative behavior. Such a society should produce few customers for those who traffic in human flesh, few sexual addicts, and few sex offenders.

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<sup>104</sup> Catharine MacKinnon and Andrea Dworkin, City Council General Ordinance no. 35, Indianapolis, Indiana, 1984.

<sup>105</sup> Laura Lederer, *Take Back the Night: Women on Pornography* (New York: Morrow, 1980); Steven Penrod and Daniel Linz, "Using Psychological Research on Violent Pornography to Inform Legal Change," in Malamuth and Donnerstein, eds. (n. 10 above).