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**Using Polygraph Testing to Assess Deviant Sexual History
of Sex Offenders**

by

Michael A. O'Connell

**A dissertation submitted in partial fulfillment
of the requirements for the degree of**

Doctor of Philosophy


University of Washington

1997

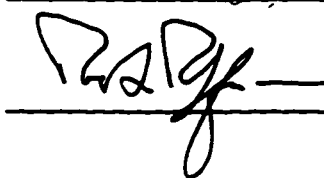
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Abstract

**Using Polygraph Testing to Assess Deviant Sexual History
of Sex Offenders**

by Michael A. O'Connell

Chairperson of the Supervisory Committee: Professor Jerald R. Forster

College of Education

Information was extracted from 127 archival clinical case files of adult males who acknowledged committing some sex offense or sexually deviant behavior. Subjects' self-reports about deviant sexual behavior were recorded at three different points in the evaluation process: (1) On referral, (2) After clinical interviews and (3) After sexual history polygraph testing. Using polygraph testing as an adjunct to clinical interviews added significantly to subjects' reports of the number of incidents of deviant sexual behavior and to the number of different types of sexual deviancy. Public policy decisions and clinical interventions with sex offenders should include assumptions that sex offenders probably have more extensive deviant histories than would be known without polygraph testing.

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Chapter I

Introduction and Literature Review

The problems of sexual abuse of children have been widely-reported and much discussed in recent years. While there is general agreement that this is a bad thing, there is still much controversy about what to do about this problem. This study will look at one piece of this complex issue. We will examine one intervention strategy that attempts to reduce the incidence and negative effects of sexual abuse.

Effects of Sexual Abuse

The problem of sexual abuse of students in schools is not insignificant. An extensive questionnaire was answered by a random probability sample of 4,340 adults in Los Angeles, Denver, Omaha, Louisville, and Washington D.C. (Cameron et al., 1986). In this study, one percent of the respondents reported that they experienced sexual advances by a teacher in elementary school and three percent reported sexual advances by a secondary school teacher. About a third of all of these advances culminated in physical sexual interaction.

There are several studies indicating that child sexual abuse is associated with a measurable drop in school achievement (Basta & Peterson, 1990; Leiter & Johnsen, 1994; Reyome, 1993). A sudden drop in school performance is one symptom that should raise questions about the possibility of a child being sexually abused (Faller, 1995).

Most child sexual abuse victims are abused by persons other than school staff. Even when the molestation is not perpetrated by teachers, sexual abuse of children

interferes with their learning in other ways. However and by whomever they are abused, child sexual abuse victims experience a wide range of consequences.

There is a growing research base in victimology in general, but also specifically around victims of sexual abuse. Among the best summaries from the literature are those that have been compiled by David Finkelhor (Browne & Finkelhor, 1986; Kendall-Tackett, Williams & Finkelhor, 1993). O'Connell, Leberg and Donaldson (1990) present a Primer on Victimology in their discussion of evaluation and treatment of sex offenders. Recent studies add to the knowledge base regarding the effects of child sexual abuse (Boudewyn & Liem, 1995; Urquiza & Goodlin-Jones, 1994). Summarizing the relevant studies: while not every victim is devastated by the experience, being the victim of sexual abuse is a generally and broadly negative experience with both short- and long-term damaging effects for large numbers of people.

The problems experienced by victims of sexual abuse indicate that it is essential that schools, families and the community-at-large be sensitive to the possibilities of sexual abuse and be ready to intervene to help victims recover. It is important that child sexual abuse victims be aided so that they can attend to their educational objectives and other, important developmental tasks. Beyond that, the long-term effects can lead to lifelong problems of depression and self-destructive behavior.

Interventions to Prevent Sexual Abuse

As important as it is to help victims of sexual abuse recover from their

victimization, it makes even more sense to prevent offenses from occurring in the first place. There are three ways in which this could be addressed:

- (1) Help kids become less vulnerable, more resistant to sexual abuse.
- (2) Convince potential offenders not to engage in sex offenses in the first place.
- (3) Prevent identified offenders from reoffending.

Approaches to help kids become less vulnerable and more self-protective have included school-based, primary prevention programs (Kolko, 1988; Reppucci and Haugaard, 1989; Wurtele, 1987). As useful and reasonable as these programs may be, it seems unfair to place the entire responsibility for preventing child sexual abuse on potential child victims. In addition to helping make children more abuse-resistant, it seems reasonable to try to reduce the likelihood that adults will attempt to sexually exploit children.

Education and social ostracism can be used to convince potential offenders not to offend. In one form or another, this approach has been used for millennia, usually by making a public example of those who have been apprehended. One limitation to this approach is that sex offenders typically engage in thinking errors and cognitive distortions when they are offending. This results in their failing to fully appreciate the reality, significance or impact of their offending behavior (Jenkins-Hall, 1989; Nichols and Molinder, 1984; O'Connell et al, 1990; Segal & Stermac, 1990). In fact, most sex offenders, generally agree that sexual offending is wrong. Child molesters may be well aware of the harm sexual abuse causes children, remembering

their own experiences or having heard about the effects on a friend or family member. Sex offenders often state that they advocate harsh treatment for sex offenders. The problem is, in the midst of offending, offenders often don't see what they're doing as sex offending. They redefine their behavior, giving themselves permission to engage in activities which, if they knew someone else was doing it, they would find reprehensible.

The third possible response is to prevent identified offenders from reoffending. This is especially attractive if there is reason to believe that someone who has committed one sex offense is at increased risk of engaging in other sexually deviant behavior.

Sexually deviant behavior and sexual abuse of children take place in secret. This makes it extremely difficult to decide who might sexually abuse children. Even when someone is suspected or known to have committed a sex offense, it is still difficult to know if that person will present a threat to children in the future.

Theories About Sex Offenders

Historically, clinical approaches to working with sex offenders have been shaped by the theories that sought to make sense of what motivated sexual offending. One widely-held notion was that sex offenders are frustrated in their attempts to satisfy their needs through appropriate sexual relationships with consenting, peer-aged partners. In describing child molesters, Kinsey, Pomeroy and Martin (1948) reported that, "the usual professional interpretation describes these offenders as sexually thwarted, incapable of winning attention from older females and reduced to vain

attempts with children who are unable to defend themselves" (p. 238).

A somewhat different framework proposed that sex offenders have arrested psychological development (Hammer & Glueck, 1957). Frisbie (1966) stated that "the sex offender traditionally is a dependent, inadequate, emotionally immature male with distorted perceptions of adult females (p. 140)." This school of thought postulated that child molesters' sense of inadequacy and immaturity led them to feel more comfortable with children than with adults. Child molesters then extended their involvement with children into the sexual realm. This kind of thinking has continued to influence some approaches to evaluation and treatment of both rapists and child molesters.

Groth (1979) presented a theory about different types of rapists, based on clinical experience. This typology sought to differentiate among men who raped, based on their psychological motivation. It was this publication that made popular the categorization of rapists as anger rapists or power rapists. This fit in nicely with the prevailing notion that sex offenses were motivated by non-sexual emotional forces. See O'Connell (1991) for a discussion of the limits of that perspective.

Groth followed up with co-authors Hobson and Gary (1982) to present a theory of child molester types. Child molesters were presented as either fixated or regressed. Fixated child molesters were those who had a primary emotional and sexual attachment to children. Regressed offenders were those who had a primary psychological and sexual attraction to adults but who, under stress, could act out sexually with children.

The notion of distinct sex offender typologies fit the older tradition which expected a narrow range of sexually deviant outlet. Supported by single case studies with discussions of the theoretical implications (Barnett, 1972; Salzman, 1972; Socarides, 1973; Zechnich, 1971), the tendency was to see sexually deviant behavior and sex offending as a symptom of an underlying emotional pathology. This meant the motivation to commit sex offenses was narrow, unusual and aberrant. Those who would molest only boys could be differentiated from those who would only molest girls. Child molesters who had offended against children outside the family would pose little risk to their own children. Exposers might be regarded as pursuing a particular psychological need that was satisfied by exhibitionism to adults and would present no risk to children.

In an article about undetected recidivism among rapists and child molesters, Groth, Longo and McFadin (1982) raised some doubts about what had been assumed to be the narrow and limited range of offenses committed by sex offenders. They presented a study of two groups of incarcerated sex offenders who, in interviews, admitted committing between two and five times as many sex crimes as the number for which they were apprehended. They conclude, "If we are to deal effectively and meaningfully with the problem of sexual assault, we must recognize that it is a repetitive pattern behavior, most of which is undetected" (p. 458). They compare this assessment with a list of prior publications which had all emphatically concluded that sex offenders had low rates as repeaters of all types of crime.

Abel and his colleagues created a furor when they presented a paper at the

World Congress of Behavioral Therapy (Abel, Mittelman, Becker, Cunningham-Rathner, & Lucas, 1983). This study was conducted under unique circumstances and resulted in some significant and surprising results. Over 500 subjects who participated in outpatient treatment at clinics at New York City and Nashville, Tennessee, were evaluated using a creative research design. The experimenters were granted a certificate of confidentiality by the U.S. Department of Justice. This allowed the researchers to collect extensive sexual history information from their clients and specifically allowed them to not report that information to law enforcement agencies, as is normally required under child abuse reporting laws and other legal strictures. Moreover, the master files of these interviews were then shipped out of the country, and the experimenters kept only coded information, further enhancing the confidentiality of the client's self-report.

The evaluation regimen also included physiological assessment of all the subjects, using penile plethysmograph testing. The authors indicated that discussing the plethysmograph results with the subjects often elicited additional disclosures of deviant sexual history.

This study uncovered extensive histories of previously undetected and unreported sex offenses. Moreover, a wide range of deviant sexual behavior was reported by the subjects. Thus, men who were referred to treatment for sexually abusing minor females, also reported a history of sexual abuse of boys. Subjects who came to the clinic for sexually abusing a family member, also reported instances of sexual abuse of non-family members. Child molesters often reported a wide range of

paraphilic behaviors, including rape, exhibitionism, voyeurism, frottage and sadism. The study's results raised serious questions about previously-held notions about the narrow scope of sexually deviant outlet. It had profound implications for evaluation and treatment of sex offenders and assessment of risk.

This study was presented at a time when a new profession was emerging. A small number of psychotherapists had begun to do evaluation and treatment of sex offenders in a new and somewhat different way. The primary mechanism driving this new professional movement was the assessment of sexually deviant arousal using the penile plethysmograph.

The plethysmograph measures the degree of erection (penile circumference) with a small gauge the subject slips over the shaft of the penis. In a private setting the subject is presented with a variety of sexual stimuli by way of audio tapes, slides, etc. The amount of arousal to one set of stimuli can be compared to arousal to other cues. Early work by Freund (1967) and Zuckerman (1972) suggested that sex offenders had a preference for sexually deviant stimuli, compared to non-deviant stimuli. Follow-up studies strengthened the notion that sex offenders, especially child molesters, have a strong sexual preference for the deviant behavior related to their offending (Abel, Mittelman & Becker, 1985; Quinsey, Chaplin & Carrigan, 1979.)

The outcome of this research was the development of a new tradition of behavioral treatment of sex offenders. The primary objective of this approach was to reduce the likelihood of reoffense by reducing deviant sexual arousal. Abel, Becker, Cunningham-Rathner, Roleau, Kaplan & Reich (1984) and Knopp (1984) provided

some models for this behavioral treatment approach. This approach involved addressing offense behavior in specific detail in order to determine its precursors and reinforcers. A new professional organization, the Association for the Behavioral Treatment of Sexual Abusers (ABTSA), was formed to promote this model of treatment. The use of physiological assessment became an essential part of pre- and post-treatment evaluation of sex offenders.

Treatment, rather than focusing on underlying psychological motives and emotional stressors, tended to focus on reducing the arousal to sexually deviant stimuli. This behaviorally-oriented treatment paradigm had some significant consequences that are relevant to the present study. Therapists using this approach were more likely to expect resistance and denial from their clients when asking about or addressing deviant sexual history or behavior. The use of penile plethysmograph assessment introduced the prospect of using other sources of information besides the client's self-report and official records. The behavioral orientation of assessment and treatment included an assumption that sex offenses were sexually motivated. That is to say, it was assumed that a primary motivation behind engaging in sexually deviant behavior was the pursuit of sexual pleasure rather than the resolution of a more ambiguous emotional complex.

Even though there were some substantial differences of opinion within this emerging clinical specialty, there were some commonalities. These new perspectives influenced what therapists expected to find when they explored their clients' sexual histories. These clinicians were interested and willing to talk about deviant sexual

arousal and behavior. They asked a lot of questions about deviant sexual arousal and behavior. They were not inclined to accept, at face value, client reports of limited deviant sexual histories. Rather, they were inclined to work through client denial or minimization of past and present deviant sexual arousal and behavior. As a result, they heard about a lot more deviant sexual arousal and behavior. For this group of specialized clinicians, the findings of Abel et al. (1983) were a welcome confirmation about what they had been finding in clinical practice.

Abel and his colleagues published several papers, expanding upon and refining the results of the study they first reported in 1983 (Abel, Becker, Mittleman, Cunningham-Rathner, Rouleau & Murphy, 1987; Abel, Becker, Cunningham-Rathner, Mittleman & Rouleau, 1988). These studies included offenders who were referred for assessment and treatment, not only for child molestation, but for other paraphilias, including exhibitionism, voyeurism and obscene phone calling. These subjects reported engaging in a large number of sexually deviant acts and reported a wide range of sexually deviant behaviors.

Following publication of the studies by Abel and his colleagues, there was a growing awareness that sex offenders were likely to substantially under-report the true nature and extent of their deviant sexual history. For many therapists who specialized in treating sex offenders, the findings of Abel and his colleagues supported their inclination to be dubious of client self-reports of limited deviant history. This was in marked contrast to the traditional practice of psychotherapy.

Beyond the specific field of evaluating and treating sex offenders, was a larger

world of research about sexual abuse and victimization. This work substantiated notions about the generally hidden nature of sexual abuse and child sexual abuse in particular. Finkelhor (1984) and Finkelhor et al. (1986) summarized a wealth of data. Interviewing adults about childhood sexual victimization indicates that a large percentage of sex crimes against children are never reported. Similarly, there have been studies using anonymous questionnaires and other measures to assure confidentiality that show that approximately three percent of college men admit to sexually molesting a child (Fromuth, Burkhart & Jones, 1991; Templeman & Stinnett, 1991).

Abel continued to publish articles, expanding his data base, refining his initial studies, providing new insights and raising new implications about evaluation and treatment of sex offenders (Abel & Osborn, 1992; Abel & Rouleau, 1990). Several other investigators, using somewhat less complex and sophisticated procedures, found similar results. Freund (1990) assessed a large group of men referred for voyeurism, exhibitionism, frottage and rape. Freund noted that both his studies and those of Abel et al. (1988) showed relatively high rates of additional paraphilias, although Freund's results were less dramatic than those of Abel and his colleagues. Freund noted that Abel's patients were research subjects in a sophisticated study and were guaranteed anonymity and confidentiality. Freund's subjects were patients in a more typical clinical situation.

Weinrott and Saylor (1991) found results consistent with Freund(1990), again somewhat lower than the results of Abel and his colleagues. In this study, they relate

the self-reported histories of sexual and non-sexual offending by sex offenders confined to an inpatient psychiatric hospital treatment program. In this study the subjects answered a series of questions via a computer program. The results of this study indicated many more sex and non-sex offenses than had previously been known to the authorities or were available in official records.

Addressing a somewhat different population, Laws (1994) uses both self-report and phallometric (penile plethysmograph) data from rapists in a prison-based treatment program and found that they had a much higher incidence of past sexual offending against children and sexually deviant arousal to children than previous research and theory would have suggested. This study suggests that persons, previously identified only as rapists, may present a significant risk of sexual violence towards children.

Although there was a growing acceptance, some might even say enthusiastic embrace of the implications of the research by Abel and his colleagues, some continue to raise questions. Challenges have come from serious and respected researchers in the specialized field of sex offender treatment (Marshall & Eccles, 1991). These authors note how the studies by Abel and his colleagues have shaped perceptions and expectations about sex offenders. They state, "Its influence has been substantial, so much so that the results are frequently cited as gospel" (p. 69). Further noting that few other studies were able to replicate the degree of crossover into other paraphilias reported by Abel and his colleagues, they contend, "We certainly do not believe that Abel and Rouleau's (1990) recommendations for assessment and treatment should be

followed until future research confirms their observations" (p. 71). In a companion article (Marshall, Barbaree & Eccles, 1991) they continue to express surprise and mistrust of the results of the crossover research by Abel and his colleagues. They further note that earlier studies had found very different results.

Earlier studies, on the other hand, provide a quite different picture of the generalized deviance of sex offenders. Frisbie, Vanasek and Dingman (1967) and Gebhard, Gagnon, Pomeroy and Cristensen (1965), in large-scale studies, found that incarcerated sex offenders had, on average, engaged in fewer than two different paraphiliac acts, that is, they averaged less than one additional paraphilia (p. 324).

Marshall et al. (1991) go on to describe their own assessment process. They elicited client self-reports of deviant sexual histories from subjects who were referred for evaluation and treatment for sexually molesting children. They express conviction in the validity of these sexual histories, as they note that they waited until at least five interviews had been conducted by the same clinician before they asked the critical questions. Even then, they note, they did not ask the questions unless they were sure they had the patient's confidence. They also indicate that they took pains to elicit information that would not identify a specific victim, reducing the likelihood that they would be required to disclose the information to authorities. They note that while they got significant reports of additional paraphilias, they are substantially less than those reported by Abel and his colleagues. They state, "In fact, not one of our 129 offenders had more than 3 additional paraphilias, whereas 36% of Abel et al.'s (1988)

corresponding groups had 4 or more paraphilias" (p. 333).

The research by Abel and his colleagues found higher rates of crossover into other paraphilias than were found in any other studies. Most researchers chose to account for the differences by noting the absence, in their studies, of the unusual certificate of confidentiality. It was acknowledged that this procedure allowed Abel and his colleagues to provide additional motivation for clients to be open and self-disclosing about the range of their deviant sexual histories.

Marshall et al. (1991) suggest that the difference between their findings and those of Abel et al. are most likely due to sample differences. They point out that Abel and his clinic may have attracted the most problematic child molesters, and thus those who had the most deviant histories. They go on to question whether expectations of extensive deviant sexual histories may be overblown. It should be noted, however, that even the findings of Marshall and his colleagues indicated significantly more deviant sexual history and a wider range of deviant sexual behavior than was ever considered possible 20 years before.

The Hidden Nature of Deviancy

Beyond the issue of the generally hidden nature of sexual deviancy, there was a growing awareness and acceptance that sex offenders, and others suspected of committing interpersonal violence would, when confronted, tend to minimize and deny the nature and extent of their deviant behavior. Saunders (1991) offers some methods for adjusting measures of violence in order to take Social Desirability Response Bias into account when measuring spousal abuse and emotional abuse.

In a similar vein, Lanyon, Dannenbaum and Brown (1991) discuss a variety of methods, especially using validity scales of psychological tests, to detect fake-good presentations by child abusers undergoing evaluation and assessment. In a discussion that specifically addresses child molesters, Cauffman, Hilliker, Lathrop and Daleiden (1993) discuss how offenders under-report the nature and extent of violence, when compared with information from case files. They discuss the implications this has for assessment, treatment and reoffense-prevention efforts.

Clark and Tiffit (1966) reported on a different approach to address the problem of limited self-reported information about deviant and violent behavior. They discussed the limited utility of "trap questions" built into anonymous questionnaires to detect certain kinds of gross inaccuracy. In their study, male college student subjects were first administered an anonymous questionnaire asking them to report how often they had committed each of 35 specific behaviors since beginning high school. The items included a variety of property and violent crimes, sexually deviant behavior, and the like.

After completing the questionnaire, the subjects were told of a second phase of the investigation. The student-subjects were then induced to participate in an interview with the offer of additional pay. At the beginning of the interview, the investigators strongly alluded to the likelihood that the subjects had given inaccurate responses on the earlier questionnaires. Each subject was then invited to make modifications to the answers he had given on the questionnaires, but first was advised that the investigators would like him to voluntarily take a polygraph (lie detector)

examination on the final responses. All of the 45 respondents agreed to continue participation. Thus, this investigation obtained three different sets of responses:

- (1) initial responses to the anonymous questionnaire,
- (2) the responses made after the private interview, given prior to a polygraph exam and
- (3) responses made during the course of the polygraph examination.

The subjects acknowledged more incidents of deviant behavior in the course of the second-stage interview and even more deviant behavior during the course of the polygraph examination. Investigators found that a psychometric scale (the MMPI Lie Scale) did not predict inaccurate reporting on the initial questionnaire. In fact they found no "liars" in the population, using traditional Lie Scale cutting points. In their conclusions, the investigators note the limitations of typical validity indicators. They go on to conclude that this procedure enabled them to solicit substantially more self-disclosure about deviant behavior.

The Clark and Tiff (1966) study is not well known among therapists who evaluate and treat sex offenders. However, beginning about 1980, a small but growing number of therapists specializing in the evaluation and treatment of sex offenders (especially in Pacific Northwest states) began to administer polygraph exams to their clients. At first, this practice tended to be limited to specific instances when, for example, there were gross disparities between the alleged behavior and what was acknowledged by the client. Over time, this procedure began to expand into a process not unlike what was described in Clark and Tiff's study. By the mid-1980's,

a growing number of therapists were using polygraph exams to corroborate clients' self-report of deviant sexual history.

Polygraph Testing of Sex Offenders

Hindman (1988) reported on a modest study of sex offender clients in her outpatient clinic. This study addressed two issues: (1) the nature and extent of deviant sexual history and (2) whether to take seriously the growing number of her clients who were reporting sexual victimization as children. This second piece was of interest because there was a growing assumption, at the time, that child molesters were driven to their behavior as a re-enactment of their own childhood sexual victimization. As this assumption began to receive attention in the media and took on the quality of a generally-accepted truth, more and more of her clients were reporting that they had been sexually abused as children. This study first described what clients in her clinic were reporting during their evaluations in the years before 1982, when their self-report was not corroborated by polygraph exam. It then compared those reports with what clients in evaluation reported after 1982, when they were subject to confirmation polygraph exams. Many fewer of the post-1982 child molester clients reported sexual victimization than had reported it during the earlier period, before the use of polygraph exams. In fact, the number declined from 67% to 29%, in line with general-population studies of male childhood sexual victimization. In addition, the post-1982 clients reported more offenses, more victims, and a longer history of child molestation than had been admitted by earlier clients whose self-reports were not corroborated by polygraph testing. These results looked very much like those

reported by Abel and his colleagues.

Abrams, Hoyt and Jewell (1991) reported a similar study with a larger number of subjects. His findings were very similar to those of Hindman. However, neither of these studies were widely circulated throughout the professional literature and they may have been dismissed as not meeting standards of rigorous research. The Abrams study was criticized by Cross and Saxe (1992) for methodological problems.

Emerick and Dutton (1993) reported on a study using polygraph assessment to corroborate the self-report of adolescent sex offenders. They compared the information known about deviant sexual history (a) from the referral information (police reports and the like), (b) with what the adolescent sex offender clients reported during their clinical interviews and (c) with the self-reports that were elicited through a polygraph interview procedure. The authors caution that these youths had been referred to their inpatient program because they were judged to be at "high risk" by the referring agency and they should not be regarded as representative of the larger adolescent sexual offender population. This study described ever-increasing numbers of offenses and types of deviant sexual behaviors reported throughout the process, from referral information to clinical interviews and then to the polygraph interviews. The number of paraphilias reported by this adolescent sample was somewhat lower than the figures reported in Abel et al.'s study of adult sex offenders. However, these investigators found, in moving from referral information to clinical interviews to polygraph exams, their adolescent clients reported a wider array of different paraphilic (sexually deviant) behaviors and an increasing number of victims. In

addition, an increasing number of subjects reported offending against victims of both genders. In contrast to the Abrams et al. (1991) study, these authors offer cautions about the limitations and ethical use of polygraphy. They particularly caution against using polygraphy to determine guilt or innocence, but specifically note that their study addressed treatment needs and risk assessment, after a separate determination of guilt had been made.

Polygraph Theory and Research

While the polygraph, or lie detector, has been the subject of considerable controversy, there is general agreement on what it is and how it works. Numerous sources describe the polygraph procedure, instrumentation and rationale in essentially similar ways (Ansley & Garwood, 1984; Iacono & Patrick, 1988; Jayne, 1990; Saxe, Dougherty & Cross, 1983). The polygraph instrument measures physiological responses and records these measurements, usually on a graph or chart. The responses that are measured usually include respiration, blood pressure and electrodermal response, also known as Galvanic Skin Response. Each of these measures has been shown to be related to physiological arousal (Brown, 1967).

Polygraph theory is based on the assumption that people will experience physiological arousal if they are afraid of being caught in a lie, when they are not truthful in answering a question. The Control Question Technique (CQT) is the most widely used technique in the situations under discussion here. When this technique is used, subjects are asked both Relevant Questions (eg. Did you commit a specific crime?) and Control Questions (eg. Have you ever lied to a person in authority?) The

theory is that a subject will experience greater arousal when lying about a matter of great importance (eg. denying committing a crime that one actually engaged in) than when lying about a matter of less significance (eg. denying ever lying to a person in authority.) This method requires that the polygrapher maneuver the subject into lying about the control question, suggesting that an admission to that question would be looked upon unfavorably. The theory posits that the arousal elicited by lying about the control question will be less than the amount of physiological arousal that occurs when lying to the relevant question. Polygraph chart interpretation involves comparing the differences in arousal between these two different kinds of questions and then summing the differences over several charts in order to make a determination of either Deception or No Deception.

Controversy about the use of polygraph examinations occurs in two areas. The first has to do with questions about the accuracy, validity and reliability of the polygraph procedure. The second issue has to do with whether it is good public policy to use polygraphs. This second concern extends to questions about whether polygraph testing is even ethical. One of the ethical considerations that is related to how polygraphs are used in this study has to do with the very nature of questioning the veracity of clients' self-reports. Rogers (1988) states that "Traditional practice has often assumed the veracity of psychiatric patients in describing their psychological impairment. This assumption, given the complex delivery system for mental health services, may well be naive" (pp. 1). As noted above, questions about the truthfulness of sex offenders' self-reports are well-established and widely accepted.

O'Connell et al. (1990) suggest that it would be irresponsible and unethical for a therapist treating a sex offender to limit assessment information to that provided by the client. This view has been incorporated into the professional standards of practice published by the international organization of therapists who evaluate and treat sex offenders (Association for the Treatment of Sexual Abusers, 1990).

There are a wealth of studies available and reviews published that address questions of polygraph accuracy, validity and reliability. Few of these studies have managed to address the issue in a completely objective way. Many studies clearly have a particular point to prove. The conclusions of most of these studies are consistent with the point that the investigators set out to make. Many reviews of polygraph research select studies that support a particular point of view.

Even without the problems of biased research or reviews of studies of polygraph validity, it is most difficult to assess the accuracy of polygraph exams. This is because research on polygraph validity is usually confounded by factors that make it problematic to generalize the results to real-world situations. At the heart of this difficulty is the question of how to establish the criterion of ground truth. If the polygraph exam purports to tell whether a subject is being deceptive or truthful (no deception indicated), what is the truth of the matter against which those results are compared? In real-world situations, the truth is not well-known. If it is known, with absolute certainty, that a suspect committed a particular crime, there is no need for the police to establish whether he is telling the truth when he says he didn't. A polygraph exam is administered when there is some doubt about whether or not he

might be telling the truth when he says he had nothing to do with the crime.

One way of attempting to solve this dilemma is for researchers to establish ground truth as part of a laboratory experiment. Studies of this sort typically involve a mock crime situation and subjects who are college students. Usually, half of the subjects participate in a mock crime and the other half do not. Afterwards, the subjects are polygraphed. They all deny having committed the crime and the polygraph examiners, who are "blind" as to which subjects have participated in the mock crime, try to decide which of them are being deceptive. The results of these polygraph assessments are compared with the ground truth, known to the experimenters. There are numerous studies of this sort. The results range from very high levels of validity to those which indicate that polygraph results predict deception at rates not much better than chance (e.g., Barland & Raskin, 1975; Szucko & Kleinmuntz, 1981).

However, laboratory studies have another problem. How well can the results of these studies be generalized to actual situations where polygraph exams are used? Somebody who is participating in a laboratory study as part of a college course requirement does not have the same psychological set as most subjects in real-world polygraph examinations. In the typical polygraph test there are likely to be important contingencies on the line. Subjects of the testing can be at risk of losing their freedom, their jobs or their ability to have contact with their children. In an attempt to create more meaningful emotional contingencies, some laboratory studies have been constructed so that the subjects earn more money when they "beat" the polygraph. In

one study using prison inmates (Raskin & Hare, 1978), subjects were offered a bonus equal to one month's wages if they could produce a truthful outcome, indicating that they had not participated in the mock crime. In a further refinement of this approach, Patrick and Iacono (1986) attempted to create a "group threat" situation in a study with prison inmates. Monetary rewards for the group were dependent on each individual in the group showing truthful. If the group's rewards were lost, the persons responsible would be made known to the group. Still, such simulations do not satisfy all questions about the generalizability of the results.

In an attempt to avoid these problems of generalizability, field studies of actual criminal cases can be used to assess the accuracy of polygraph exams. In field studies, ground truth is approximated through some type of educated guess, usually in one of two ways. Some studies use case disposition, usually involving confessions or convictions. Other studies establish a criterion of ground truth by way of a decision by a panel of informed experts.

Using criminal convictions as a means of establishing ground truth assumes that criminal courts convict the guilty and find the innocent not guilty. This is an assumption that may be open to challenge. Confessions are used to establish ground truth in the following ways: It is assumed that truly deceptive subjects are those who later confess to what they denied doing during the polygraph exam. Those who are not attempting deception, truly innocent parties, are determined by cases where somebody else eventually confesses to the crime for which they were being examined. However, the results of the polygraph exam can influence whether or not somebody

confesses to a crime. Therefore this is not a measure of truth or deception that is independent of the polygraph exam. This raises the likelihood that this approach could result in artificially high levels of accuracy of polygraph testing, especially for guilty/deceptive subjects. Many of the reviews of studies authored by proponents of polygraph testing tend to include studies of this type.

The second method of establishing ground truth in field studies is to use panels of independent experts, examining information on a case, separate from the polygraph results. Bersh (1969) compared the results of polygraph testing to the conclusions of an independent panel of four Army and Air Force Judge Advocate General (JAG) attorneys, who worked as prosecutors, defense counsels and judges. The panel reviewed the case files of the criminal cases, eliminating polygraph data, and reached a determination as to whether they believed the defendant was guilty or not guilty. When a unanimous decision was required by all four members of the panel, agreement between the polygraph examiner and the JAG panel was 92%. When only three of the four JAG panel members were required to agree, agreement was 88%. In a similar study by Barland and Raskin (1976), agreement between the panel and the polygraph examiners averaged about 87%. As with the Bersh study, agreement between the panel and the polygraph results increased as the standard for panel decision became more stringent. This study also demonstrated a pattern that appears throughout the research on polygraph accuracy. There were substantially more disagreements between the panel and the polygraph results when the panel had concluded that the subject was not guilty. The major obstacle to polygraph validity

seems to be false positives, that is to say, polygraph results indicating deception when, in fact the subject is being truthful.

There has been only one field study of polygraph accuracy that has managed to compare polygraph assessments with some measure of objective truth (Ginton, Daie, Elaad & Ben-Shakhar, 1982). In this study, 21 members of the Israeli Police Force were participating in a police training course. A paper and pencil task was administered to the subjects. This was presented as an aptitude test they had to take as part of their course. Beneath the answer sheet there was a hidden chemical page that received an impression of what was written on the answer sheet. After the test, the chemical page was separated from the answer sheet and the answer sheet was handed back to the subjects. An answer key was handed out and the subjects were asked to score their own tests. At this point, the subjects could improve their scores by adding correct solutions to previously blank answer spaces or by changing their original wrong answers. It was possible to know if a subject had tampered with his answer sheet by comparing it to the original answers on the chemical copy. As it turned out, 7 of the 21 subjects cheated while scoring their tests.

After several days, the subjects were told there was reason to be suspicious that some of them had cheated. All 21 of the subjects initially agreed to take a polygraph test. At a later stage, one "guilty" subject did not show up for the test and two subjects (one guilty and one innocent) refused to take it. Three other guilty subjects confessed before taking the polygraph test. As a result there were only 15 subjects who went through with the polygraph testing and of those only two had

actually cheated in their scoring. The polygraphers were informed about the nature of the experiment, but were blind as to the guilt or innocence of particular subjects, and did not know the proportion of guilty subjects in the group.

This study compared several different methods of polygraph scoring and interpretation with the criterion objective truth. All of the methods of scoring and interpreting polygraph results had a high degree of accuracy for detecting guilty subjects but a somewhat lower degree of validity for innocent subjects. Polygraph testing results were most accurate when polygraphers scored the charts of tests they administered, followed by slightly lower accuracy when the scoring was done by polygraphers who only had access to the polygraph charts, and substantially lower when polygraphers scored the charts, but were under time pressures.

There appear to be some subtle and situational variables that affect polygraph validity. This study is in agreement with several reviews of the research (Ansley & Garwood, 1984; Barland, 1988; Blinkhorn, 1988), suggesting that there is an art to polygraph interpretation that may be difficult to completely translate into objective protocols and numerical scoring. Polygraph examiners apparently pick up meaningful information by observing and interacting with subjects that is in addition to the data that appear on the polygraph charts.

All of the Israeli Police subjects were later informed as to the nature of the experiment and were assured that all information concerning their participation in this study was to be kept in strict confidence and to be used only for research analysis. The authors note the ethical problems with using such a method of validating

polygraph procedures, but state, "We do not believe that polygraphy can be validated in a controlled experiment without resorting to this kind of deception..." (p. 136). The small number of subjects of this study limits its statistical significance, but the results are consistent with other research on polygraph accuracy.

As mentioned above, many of the studies and reviews of the research on polygraph validity are written in such a way as to make it clear that they are intended to advocate a particular point of view. Opponents of polygraph testing, Iacono and Patrick, best represent their position in a 1988 chapter in a book on clinical assessment of malingering and deception. In this chapter, as in their many publications (Iacono, 1991; Iacono & Patrick, 1987; Patrick & Iacono, 1989; Patrick & Iacono, 1991), they point to potential flaws in polygraph theory, to the limitations of studies that suggest higher levels of polygraph accuracy, and to ethical concerns surrounding polygraph use. Lykken (1988) is one of the most vociferous opponents of polygraph testing. He is openly derisive and characterizes the polygraph as an invalid measure which presents grave ethical problems. He states, "Unlike the fictional Pinocchio, we are not equipped with a distinctive physiological response that we emit involuntarily when, and only when, we lie... It seems to me that we must now acknowledge that this application of psychophysiology has been a failure..." (p. 124-125). In his 1978 review of a book on polygraph techniques, Lykken characterizes confidence in polygraph results as a "naive faith, like the faith shared by voodoo practitioners and victims, which makes the lie detector such a powerful technique -- not as a test but as a method of eliciting confessions, a kind of psychic

rubber hose" (p. 82).

Saxe, Dougherty and Cross (1985) summarize their Office of Technology Assessment project (1983), described in more detail, below. In this article, in stark contrast to the technical report, they emphasize what they see as the problems with the theoretical rationale and the scanty evidence of the validity of polygraph testing. Cross and Saxe (1992) dismiss the use of polygraph testing in child sex abuse cases. They state, "The difficulties of ascertaining truth in child sexual abuse matters should not provide license to use invalidated, and potentially misleading, psychological test procedures" (p. 30).

Kleinmuntz and Szucko (1982, 1984a, 1984b) and Szucko and Kleinmuntz (1981) set out to discredit polygraphy and rally the profession of psychology against polygraph testing. They offer some studies of their own design. They incorrectly refer to Bersh (1969) and Barland and Raskin (1976) as examples of studies that show that polygraph testing is highly inaccurate. Their articles appear more as political opinion pieces than as scientific research and reviews. They dismiss the Barland and Raskin (1976) study as an unpublished paper. In their article "Lie Detection in Ancient and Modern Times" (1984b) they compare polygraphy to the practice of ancient Bedouins who would require persons involved in a dispute to lick a hot iron to determine who was telling the truth. They provide several anecdotes of persons unfairly regarded as guilty of crimes they did not commit, the result of unfavorable polygraph testing. They assert that polygraph firms have high rates of false positives because of "...client loyalty and referrals. However, it seriously compromises the

polygrapher's objectivity and biases the findings against the nonpaying client, who is likely to be an individual with limited resources and is unlikely to have the power of a repeat player (Galanter, 1974)" (p. 773.) The reference they site is a philosophical piece in a sociological journal that discusses how poor and powerless people are generally at a disadvantage in the criminal justice system. In discussing the results of their 1984a results, they state "Our findings show... unacceptably high error rates (which) agree with the conclusions reached in a recent U.S. Congress Office of Technology Assessment report which reviewed the scientific validity of the polygraph" (p. 449). As will be discussed, below, their conclusions are not at all congruent with the Office of Technology Assessment report.

Lalumiere and Quinsey (1991a; 1991b) raise questions about the utility of polygraph testing of child molesters. They point out that the weakness of polygraph testing is the possibility of false positives. Because of this, they state, "It is important to consider the consequences of showing a guilty pattern on the test... Polygraph testing could help, however, by triggering concerns among practitioners or therapists..." (p. 7). They go on to indicate the need for research on the application of polygraph testing with sex offenders, the purpose of this study.

There are numerous studies and review articles written by proponents of polygraph testing. While these authors may fairly represent the research data, their advocacy raises questions about the objective nature of the reviews. Jayne (1990) has written a summary on the effectiveness of polygraph testing on behalf of the American Polygraph Association. He refers to some research that shows polygraph

accuracy above 90%, but suggests using a more conservative estimate of polygraph validity in the 90% range, "with false positive results slightly more prevalent than false negative results" (p.7). Ansley and Garwood (1984) authored a comprehensive review of polygraph testing for the Department of Defense. This monograph reviews 41 separate polygraph studies and provides detailed abstracts on each of those studies. While this provides a thorough and detailed account of the studies reviewed, it should be noted that Ansley was the chief of the polygraph division of the National Security Agency and is a frequent and well-published proponent of polygraph testing. The conclusions, indicating the accuracy and efficacy of polygraph examinations, must be viewed with some caution.

In a rebuttal to Cross and Saxe (1992), Williams (1995) advocates for the use of polygraph exams in child sex abuse cases. He offers some cogent arguments to counter many of Cross and Saxe's objections, but then cites Ansley's 1990 review of more recent research that appeared in the journal of the American Polygraph Association. This article claims an overall accuracy rate of 98% for polygraph testing, a figure that strains credibility, given the much lower figures cited by most well-designed studies.

The most thorough and objective assessment of polygraph validity and review of the research literature was sponsored by the U.S. Congress, Office of Technology Assessment (OTA) and authored by Saxe, Dougherty and Cross (1983). This involved an exhaustive review of the existing scientific studies of polygraph tests. It was done in response to congressional concerns about a Reagan Administration plan

to expand the use of polygraph testing of federal employees with access to sensitive materials. The report states that this study was commissioned because of two areas of concern: (a) generalized concerns about the potential for infringement of employee's civil liberties, and (b) questions about whether polygraph testing in these circumstances would be effective.

The study's primary authors have subsequently written several opinion and advocacy pieces, attacking the theory, ethics and scientific validity of polygraph testing. However, in writing this report, under the supervision of the OTA staff and an advisory panel, they were apparently limited to analyzing the available data and offering conclusions supported by that research. This study examined six prior reviews of the research. In addition, they scrutinized 24 studies that met their minimum scientific standards. In their concluding comment, they state, "The focus of the OTA technical memorandum is not whether the polygraph test has been useful, but whether there is a scientific basis for its use" (p. 102). The OTA report concluded that there is some evidence for the validity of polygraph testing as an adjunct to typical criminal investigations of specific incidents and more limited evidence when such investigations extend to incidents of unauthorized disclosure. However, they concluded that there is very little research or scientific evidence to establish polygraph test validity in large-scale screening situations. In the study summary, the OTA report states, "Overall, the cumulative research evidence suggests that when used in criminal investigations, the polygraph test detects deception better than chance, but with error rates that could be significant" (p. 2).

The American Medical Association (1986) prepared a policy statement based on their own review of the research, but lending great weight to the assessment of the OTA technical memorandum. They, too, indicate that polygraph examinations are not an appropriate screening device when used on a large workplace population. They also note, "It is obvious that the polygraph is not yet sufficiently accurate to establish the ultimate proof of guilt or innocence in a criminal trial"(p. 1173). However, they conclude, "It is established that the classification of guilty can be made with 75%-97% accuracy, but the rate of false positives is often sufficiently high to preclude use of this test as the sole arbiter of guilt or innocence. This does not preclude using the polygraph test in criminal investigations as evidence or as another source of information to guide the investigation with full appreciation of the limitations of its use" (p. 1172).

Polygraph accuracy can be limited by the base rates of truthfulness of the subjects being tested. Iacono and Patrick (1988), Ben-Shakhar, Lieblich and Bar-Hillel (1982) and Raskin (1988) discuss how base rates affect polygraph accuracy. Raskin (1988) describes the potential for problems:

Confidence in test results depends heavily on the base rate in the population, whether it be a medical test for cancer, a breathalyzer test for intoxication or a polygraph test for deception... Let us assume we have a test for cancer which is 95 percent accurate in detecting the presence of cancer. Our confidence in positive or negative outcomes is 95 percent only when half the people who take the test actually have cancer and half do not. If that base rate departs

substantially from 50 percent, then our confidence in the two types of test outcomes will vary considerably. If only 10 percent of the people who take the test actually have cancer, then 99 percent of the negative test outcomes are correct. However, with that low base rate of cancer, only 68 percent of those whose tests indicate the presence of cancer actually will have cancer.

Obviously, we cannot assume a test which produces 95 percent overall accuracy always produces results in which we can have 95 percent confidence (p. 103-104).

If there are few people who would lie about a particular question, then even a low percentage of polygraph false positives would result in a large number of truthful subjects being incorrectly assessed as deceptive. Thus, to reduce the likelihood of false positives, polygraph exams would be more usefully employed when subjects are most likely to lie. This would include situations when there is corroborating evidence or some reason to suspect that the subject is not being truthful. Polygraph testing would be most likely to produce false positive results in situations where there is no reason to expect the subject is lying. It is for this reason that the OTA and AMA reviews conclude that polygraph testing is not appropriate in low-base-rate situations such as across-the-board testing to detect employee theft where none is known to have occurred.

If polygraph exams are to be used as an adjunct to interviewing and other evidence, not as a final arbiter of truth, could those who use polygraph testing resist the temptation to view the results as a measure of certain truth? Several appellate

courts have expressed concern about this question in deciding that polygraph exams should not be admissible as evidence in courts of law. The concern has been expressed that the scientific flavor of polygraph testing and the commonly used term, lie detector test, would suggest an unwarranted degree of confidence in the results. Cavoukian and Heslegrave (1980) undertook a set of experiments to determine whether prospective jurors would be unduly influenced by polygraph results in criminal cases. They concluded that while polygraph evidence did affect jury decisions, their studies did not find evidence of blind acceptance. Further, they found that cautionary statements, from either a judge or polygraph expert, could largely eliminate the effect of polygraph influence on jury decisions. Similarly Peters (1982) reviewed 220 actual criminal cases where polygraph evidence was admitted with the agreement of both sides in criminal cases. This review concluded that polygraph evidence did not assume undue influence, favored neither the defense nor the prosecution, and resulted in a final resolution of many cases without the need to engage in lengthy trials. In the vast majority of cases, all parties ended up feeling that a satisfactory result was obtained.

Ben-Shakhar, Lieblich, and Bar-Hillel (1982) are generally skeptical about the usefulness of polygraph results in making important decisions. They note, "When used exclusively, we saw that polygraph results are often detrimental rather than useful" (p. 711). However, they go on to say polygraph evaluations can provide information that can be useful when used as but one item of evidence among others. They go on to state that polygraph exams are most useful when they elicit information

that can not be garnered by other means.

In summary, the research on polygraph accuracy suggests that it can detect deception at rates high enough to be useful in certain situations. However, it should not be used as the sole arbiter of the truth and should be used with a recognition of its limitations. For the purposes of the present study, polygraph testing was not used as a means to make definitive judgements about the truth. Neither was it used to make legal decisions. Rather it was used as an extension of clinical interviewing to elicit more complete self-reports.

Standards for Using Polygraph Testing with Sex Offenders

Both the Association for the Treatment of Sexual Abusers (1990) and O'Connell et al. (1990) have suggested polygraph testing as one method of corroborating the sex-offender client's self-report. Recently, the Association for the Treatment of Sexual Abusers (1997) has issued revised standards of practice which elaborate the value and limitations of polygraph testing. Only one state government has issued specific regulations for therapists who treat sex offenders. In the State of Washington, a statute and implementing regulations set minimum qualifications and standards of practice for Certified Sex Offender Treatment Providers. The Washington State Administrative Code (1994) requires that Sex Offender Treatment "Providers shall... include a compilation of data from as many sources as reasonable, appropriate and available" (WAC 246-930-320). The Code also states:

The use of polygraph examinations may enhance the treatment and monitoring process by encouraging the disclosure of information relevant and necessary to

understanding the extent of present risks and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examination is an important aspect in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into the account its appropriateness with each individual client and special client populations.... Sex offender treatment providers shall not base decisions solely on the results of the polygraph examinations (WAC 246-930-310).

Purpose of the Study

Given the reported potential for using polygraph testing as a method to uncover unreported deviancy, this study tested one method of using polygraph testing to corroborate sex offenders' self-report of sexual history. This study addressed two key questions:

- (1) What does polygraph testing add to what sex offenders report about their sexual histories? Do admitted sex offenders disclose greater levels of deviant sexual history at different stages in the evaluation process?
- (2) How do the results of this study compare to the most widely-cited set of studies (Abel et al., 1987, 1988, 1990, 1992) which reported sex offenders crossing over into many different areas of sexual deviancy? This gets to a larger question: What are the base rates of paraphilic behaviors clinicians should expect to find from persons referred for evaluation of one, or a few

areas of deviant sexual activity?

As this investigator did not have access to the Abel databases, comparisons will be limited to contrasting the results of this study to Abel et al.'s reported results. Comparisons will be further restricted because Abel used a different measure of sexual deviancy than was used in this study. While the present study recorded subjects' sexually deviant behaviors, Abel et al. reported clinical diagnoses of paraphilias, using a variation of the standard diagnostic criteria of the Diagnostic and Statistical Manual (DSM-II, DSM-III, DSM-III-R) of the American Psychiatric Association, (1968, 1980, 1987).

If polygraph testing does add significant information about deviant sexual histories of sex offenders, it could have implications for assessment, treatment and public policy.

Chapter II

Method

Sample

Data for this study were extracted from current and archival client files from the clinical practice of Michael A. O'Connell and Associates, Everett, WA. These include files of sex offender evaluations conducted between 1983 and 1996. During that period, all sex offender clients at this clinic, before beginning treatment, underwent a comprehensive sexual deviancy evaluation. A sexual history polygraph exam was administered as a integral part of this evaluation, coming at the end of the clinical interviews. Clinical interviews involved three to six hours of individual sessions.

The vast majority of these clients were referred to the O'Connell agency by some legal, law enforcement or social services agency, following allegations that the client had committed a sex offense. For a small percentage of the cases, the client had called a crisis or referral line following the commission of some act or impulse to act out in a sexually troublesome way. However, as many of these cases require mandatory reporting to legal authorities, there is a great disincentive for persons to self-report such behavior. In some cases, the subject will seek help in the form of evaluation and treatment after receiving encouragement by family or a member of the clergy.

In some cases, clients are referred by Child Protective Services, an arm of the state's Department of Social and Health Services. Child Protective Service (CPS) caseworkers are charged with protecting children from sexual, physical and emotional

abuse and neglect. When caseworkers suspect that (for example) a father has sexually abused a child, they often will suggest that the alleged perpetrator obtain a specialized evaluation or therapy. The subject will typically be given a list of recommended therapists.

CPS refers cases to the local law enforcement agency for criminal investigations. The investigating detective could also recommend that a suspect obtain specialized treatment for sexual deviancy. This is true whether the case was initially referred by a child protection agency or whether the law enforcement agency initiated the investigation. Referrals from law enforcement are more likely in cases when the suspect has admitted committing a sex offense and expresses some interest in obtaining help for the problem that led to the offense behavior.

More referrals come when cases have progressed to a point of criminal prosecution or civil court proceedings. Of these, most involve defendants who have admitted committing a sex offense and wish to participate in specialized, community-based treatment as an alternative to a prison sentence. The evaluation can begin before the defendant has entered a plea of guilty, and may be part of a defense attorney's attempt to see if the client is likely to be seen by the sentencing court as safe to be in the community and likely to benefit from outpatient treatment. Other cases involve defendants who have been convicted (usually following a Guilty plea) and are participating in an evaluation prior to the sentencing hearing.

Of the 127 cases used for this study, all but 10 were referred in conjunction with a criminal justice or child protection investigation. Of those 10, one eventually

resulted in criminal prosecution as a result of the evaluator's making a mandatory report to authorities. Of the remaining 9, 3 were voluntarily participating in treatment following an earlier conviction. The remaining 6 never had any criminal justice involvement, usually because the sex offending behavior had occurred far enough in the past that prosecution was not possible.

Thus, most of the cases from the O'Connell agency files involve subjects who have admitted some degree of sexual impropriety following investigation by a legal or social services agency. They are generally men (all of the cases in this sample are adult males) who have the resources to pay for a psycho-sexual evaluation (the present cost is about \$1200) and expect to pay for on-going psychotherapy. For a small percentage of the referrals, the initial evaluation is paid by the court or social service agency funds. In such cases, clients are less likely to come to evaluation acknowledging that they have participated in some degree of sexually deviant behavior.

This study analyzed 127 case files that met the follow criteria:

- (1) By the end of the evaluation, the subject had admitted to some sexually deviant behavior.
- (2) The subject was administered a sexual history polygraph examination resulting in a finding of "no deception." This may have required more than one test administration, usually with additional disclosures at follow-up testing, before finally "passing" the polygraph (113 of the 127 subjects).
- (3) Fourteen of the 127 subjects never "passed" the polygraph testing, but

were included in the study. In 8 of these 14 cases, the evaluator felt enough information was available in order to offer community-based treatment. In the remaining six cases, during the polygraph testing the subjects provided enough information that a reasonably complete clinical picture was available.

Not included in this study were subjects who:

- (1) Never admitted to any sexually deviant behavior.
- (2) Showed deceptive on the polygraph testing and their report of offending activity was substantially less complete than information that was available in victim and witness statements.
- (3) Did not complete the evaluation process, including sexual history polygraph testing.

Thus, this study does not include all subjects who were referred for sexual deviancy evaluation, but only those who made it far enough through the evaluation process to receive serious consideration for community-based treatment.

Subjects were all adult males, ranging in age from 17 to 73 years. Mean age was 41 years. Ethnicity was predominantly Caucasian (119), with 4 Hispanics, 2 American Indians, 1 African American and 1 Asian. Subjects had completed from 6 to 18 years of formal education, with a mean of 12 years. Subjects' marital status included 16 who had never been married, 74 who were married at the time of the evaluation, 31 who were divorced and 6 who were widowers. Monthly income information was not available for three of the subjects. Four others, including two students, reported no income. The remaining 120 subjects had monthly incomes

ranging from \$175 per month to \$5000 per month. Mean monthly income was \$1762. It should be noted that these income figures were recorded at the time of the evaluation, beginning as early as 1983.

Procedures

Data recording

The purpose of this study was to differentiate subjects' self-report at different points in the evaluation process. Thus, subjects' disclosures of sexually deviant behavior were recorded at three separate points: (1) on referral (2) after clinical interviews, and (3) after polygraph testing.

Subjects' self-report on referral. Information about deviant sexual history known at the time of referral are found in police reports, victim and witness statements and other official records that are made available to the evaluator as part of the case material, and are typically available in the case files. Added to this information was what the subject reported about deviant sexual history during the initial (usually 1-hour) clinical interview session. The subject is asked about the nature and extent of the referring problem. "What did you do with your step-daughter? Have you ever done this before? How many times? Have you done this with other children? Ever engage in any other sex offense behavior? Have you ever been accused of sex offending before? Has anyone ever raised questions about your sexual activities before?" This information is recorded in the case file notes and summarized in the Case History section of the final evaluation report.

Subject's self-report during clinical interviews. During evaluation interviews,

the client is questioned about his sexual history in some detail, following a more general social history. This is usually done in a chronological way, asking first about early sexual experiences, including childhood sexual victimization or sexual activities with younger children. The client is then asked about adolescent sexual experiences, when he began masturbating, dating and other sexual experiences. Subjects are asked about specific adolescent sexual activities, such as those involving other males or with pets or other animals. Along the way, the client is asked open-ended questions about sexual activities during this period in his life. At the end of the sexual history portion of the evaluation interviews, the client is specifically asked about any sexual activity with minors, or other activity related to the referral problem or previously-reported deviant sexual behavior. Finally, the evaluator asks a list of questions that essentially preview the structured pre-polygraph sexual history interview. Information from these interviews is recorded in hand-written notes and is summarized in the formal evaluation report.

Subjects' self-report during polygraph testing. Subjects who take sexual history polygraph exams undergo a comprehensive pre-polygraph interview with the polygrapher. This essentially replicates the sexual history clinical interviews. The polygrapher takes notes during the interview and reviews and summarizes his catalog of sexual history with the client before the instrumentation begins.

The subject is then asked a number of questions, to which he is expected to answer "no." For example, after reviewing the sexual history information, the subject will be asked, "Did you lie or withhold information about your sexual

history?" "Did you lie or withhold information about your sexual activity with minors?" "Did you lie or withhold information about not using any force or threats with your daughter or nieces?" The questions are crafted so as to corroborate the subject's self-report of general sexual history, as well as those parts of the sexual history or referral problem that are of greatest concern.

The resulting sexual history polygraph report includes a detailed summary of what the subject related about various types of sexual activity and specifically indicates when a client denied a particular activity. For example, under the category of Rape, the report may read, "The client denied any occasion of forcing a person to have sexual activity against their will." The polygraph report is in the O'Connell agency case file. The results are summarized in the evaluation report.

Coders and Coder Training

Six coders were recruited from local colleges and universities and the investigator's professional network of social service providers. Coders were introduced to the evaluation process and the clinical files. Information to be gathered included three specific types: (1) general information, such as the year of the evaluation or demographic information about the subject, such as age, ethnicity or income, (2) information about the evaluation process, such as whether the client showed truthful on polygraph testing and the number of polygraph failures, and (3) specific information the subject reported about the number of victims or the number of incidents of specific sexually deviant acts. Training encompassed over 500 person-hours of training time. Three coders completed the training, established inter-rater

reliability and completed the coding project. Once coding began, the investigator continued to meet with the coders for continuing training and review of coding instructions.

Training coders involved helping the coders understand sexual deviancy and the evaluation process. They also needed to become thoroughly familiar with the case files and where to look for specific information. The training process also required the investigator to help the coders manage their own emotional reactions to dealing with explicit descriptions of objectionable behavior.

Prior to coder training, the investigator established an outline of coding instructions, defining the criteria for the different paraphillic behaviors and establishing decision rules. In the pursuit of clarity and to aid scoring consistency, this scoring guide was revised several times during the course of coder training and after an initial measure of inter-rater reliability. A final version of the scoring guide was made during the period of coding, as the on-going coder training/consultation demonstrated a need for more precise coding instructions. The resulting scoring guide is shown in Appendix B.

Coders learned to record the precise number of incidents (and where applicable, the number of victims) subjects reported on referral, according to the coding instructions, for each of the 30 categories of deviant sexual behavior. Information about the number of incidents or victims recorded during clinical interviews included only those incidents or behaviors the subject had not reported on referral. Data recorded after polygraph testing included only that information that

was in addition to what had been reported on referral or during the clinical interviews.

Inter-rater reliability was established prior to official coding, using 3% (4 out of 127) of the case files and the five coders who had completed the training. A criterion was established by the investigator coding the files, following the coding instructions. Coder data entries (specific number of incidents or victims reported under the three conditions) were compared to the criterion. In the aggregate, coders recorded precisely the same entry as the criterion 95.5 percent of the time. A second, post-hoc criterion, reached by a consensus of the coders and the investigator, also resulted in an inter-rater reliability of .955. The lowest correlation of any coder's entries on any of the four cases to either of the criteria was .926.

Coding process

Coders extracted information from the clinical files using the data collection form found in Appendix A. Coders recorded subjects' self-report as to the specific number of times they engaged in each of 30 different types of sex offending or eccentric sexual behavior. In addition, for sexual abuse of children, coders recorded the number of different victims involved.

Appendices A and B list and define the 30 different types of sexual behaviors coded and recorded for this study. These include behaviors defined by the Diagnostic and Statistical Manual (American Psychiatric Association, 1994) as paraphilic behaviors: adult sexual abuse of children (eg. child molest girl, incest boy), exposing, peeping, etc. This study had a separate category for instances where the subject,

before he turned 18, sexually abused much younger children (pre-adult sexual abuse of children). We also recorded whether the subject reported engaging in masturbatory rehearsal of sexually deviant behavior (masturbatory fantasies of sex offense.) Also recorded were six activities generally regarded as eccentric sexual behavior or subject to general social approbation (eg. group sex, using prostitutes, engaging in extramarital affairs.)

Chapter III

Results

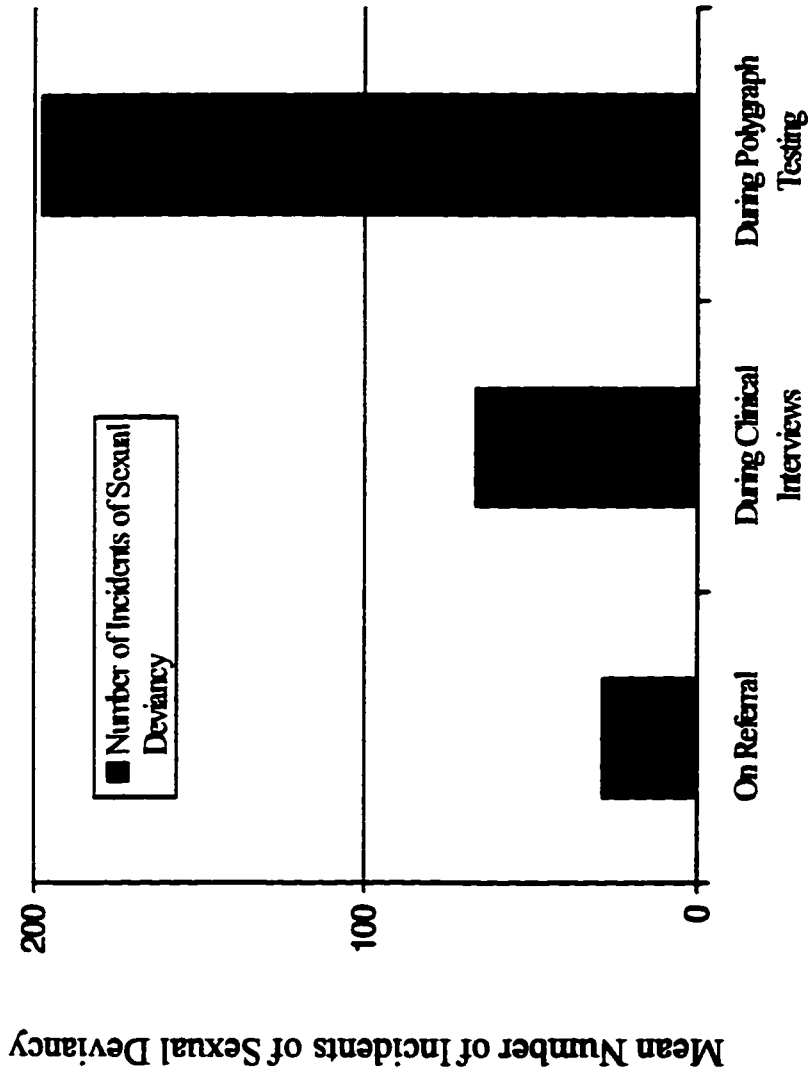
To compare what subjects reported about deviant sexual behavior at three different points in the evaluation process, each subject's disclosures were summed for the three conditions. The number of incidents of sexually deviant behavior reported on referral were compared to the additional incidents reported during the clinical interviews and the polygraph testing.

Incidents of Sexually Deviant Behavior

For the 127 cases, the mean number of incidents of sexually deviant behavior reported on referral was 28.25. On average, an additional 65.38 incidents were reported during clinical interviews, and an additional 197.44 incidents were reported during the course of polygraph testing. A multivariate test for repeated measures was statistically significant, Wilk's Lambda = .895, $F(2, 125) = 7.316$, $p < .001$. The results of this analysis are graphically represented in Figure 1. Thus, using polygraph testing as an adjunct to clinical interviews added significantly to disclosures about the number of incidents of deviant sexual behavior.

Incidents of Paraphilic Behavior

The sexually deviant behaviors reported above constitute a broad range of sexual activity. Paraphilic behaviors addressed in the Diagnostic and Statistical Manual (DSM-III-R) of the American Psychiatric Association (1987) constitute a more limited definition of sexual deviancy. The 30 deviant behaviors recorded for



**Figure 1: Self - Report of Sexual Deviancy* Under Three Conditions
 *(using 30 sexual behaviors recorded for this study)**

this study were pared to 15 paraphilic behaviors, eliminating such activities as using prostitutes, taking nude photos and engaging in group sex.

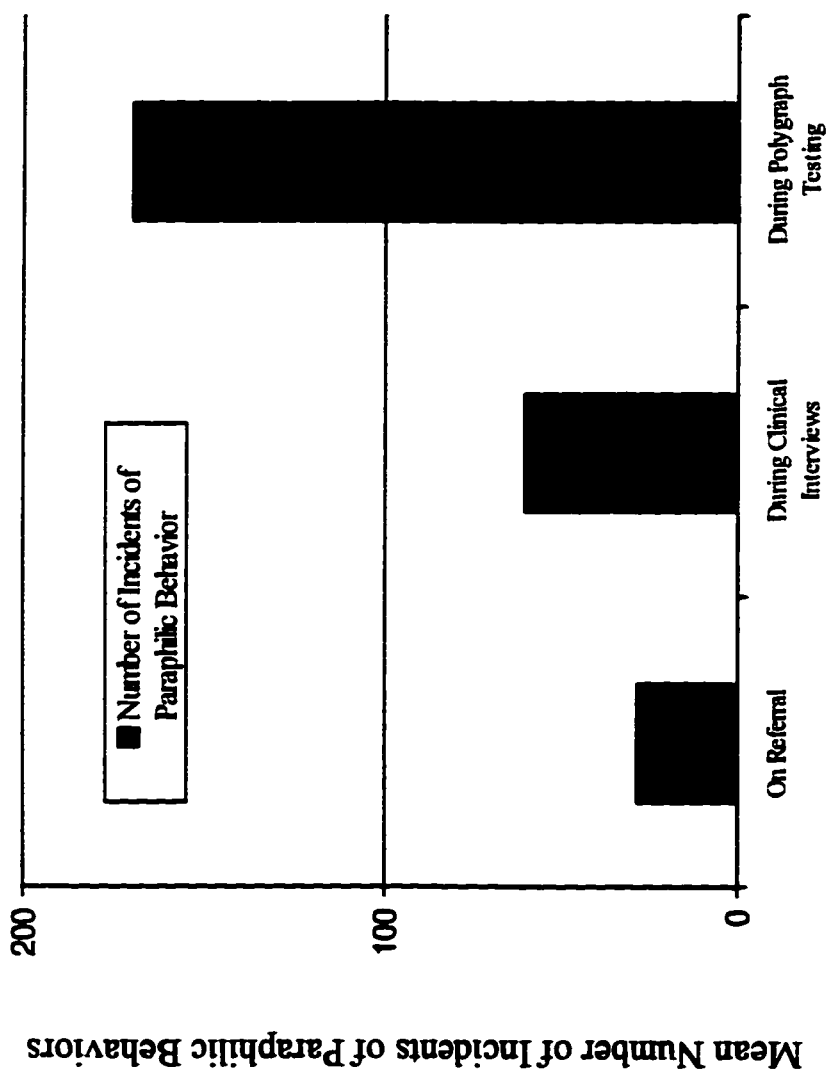
For the 127 cases, the mean number of incidents of paraphilic behavior reported on referral was 28.10. An additional 59.79 incidents were reported during clinical interviews, and an additional 169.59 incidents were reported during the course of polygraph testing. A multivariate test for repeated measures was significant, Wilk's Lambda = .924, $F(2, 125) = 5.115$, $p < .007$. The results of this analysis are presented in Figure 2. The use of polygraph testing added significantly to disclosures about paraphilic behaviors.

Incidents of Lifetime Sex Offending

While paraphilic behaviors represent a more narrow range of troubling sexual activity than does sexually deviant behavior, sex offenses involve sexually deviant behavior that are directed at and harm others. The next analysis compared what subjects reported about sex offending behavior beginning at their age 12. The mean number of incidents of sex offenses reported on referral was 28.06, an additional 56.50 were reported during clinical interviews and 135.96 more incidents were reported during the course of polygraph testing. Wilk's Lambda = .928, $F(2, 125) = 4.801$, $p < .01$. These results are still statistically significant but are less robust than those for the broader measures of sexually deviant behavior. The results of this analysis are shown in Figure 3.

Incidents of Adult Felony Sex Offenses

While any sexually deviant activity may be cause for concern, rape and sexual



**Figure 2: Self - Report of Paraphilic Behavior* Under Three Conditions
*(limited to 15 sexual behaviors associated with paraphilic diagnoses)**

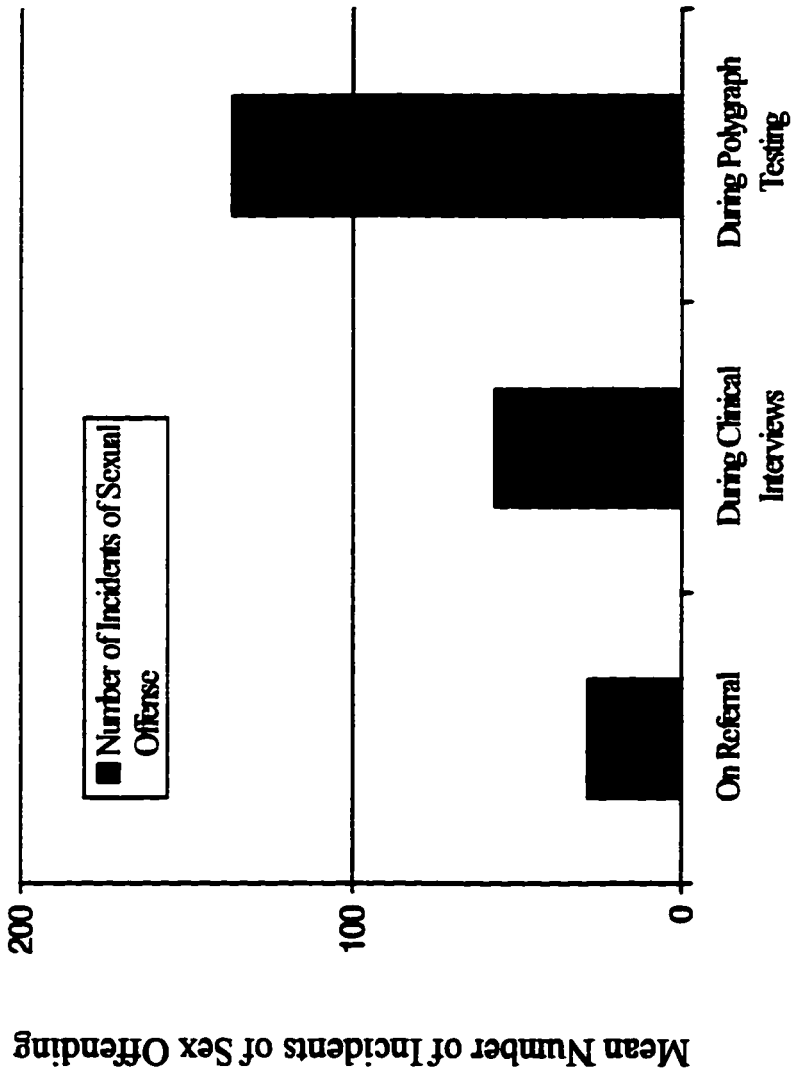


Figure 3: Self - Report of Life Time Sex Offense Under Three Conditions

abuse of children by adults are most worrisome. Self-reports of adult felony sex offenses were recorded across the three conditions. The mean number of felony sex offenses reported on referral was 22.46, an additional 23.74 incidents were reported during clinical interviews and an additional 45.04 incidents were reported during the course of polygraph testing. These results are depicted in Figure 4. There was substantial dispersal of felony sex offenses reported during polygraph testing (S.D = 174.40). Thus, while the number of offenses obtained was equal to the combined numbers reported on referral and during clinical interviews, the results did not attain statistical significance.

Crossover Into Different Types of Sexually Deviant Behavior

An additional analysis was undertaken to determine whether polygraph testing elicited more reports of different types of sexually deviant behavior. Of the 30 different sexually deviant behaviors, what subjects acknowledged by the end of clinical interviews was compared to the number reported by the end of polygraph testing. Subjects reported having engaged in a mean number of 3.67 different sexually deviant behaviors before and during clinical interviews. By the end of polygraph testing, subjects had reported a mean number of 7.31 different deviant behaviors. A paired t-test for dependent measures yielded a high degree of significance, $t(126) = 15.41$, $p < .000$. The results of this analysis are graphically presented in Figure 5.

As Figure 5 shows, before polygraph testing 17% of subjects reported

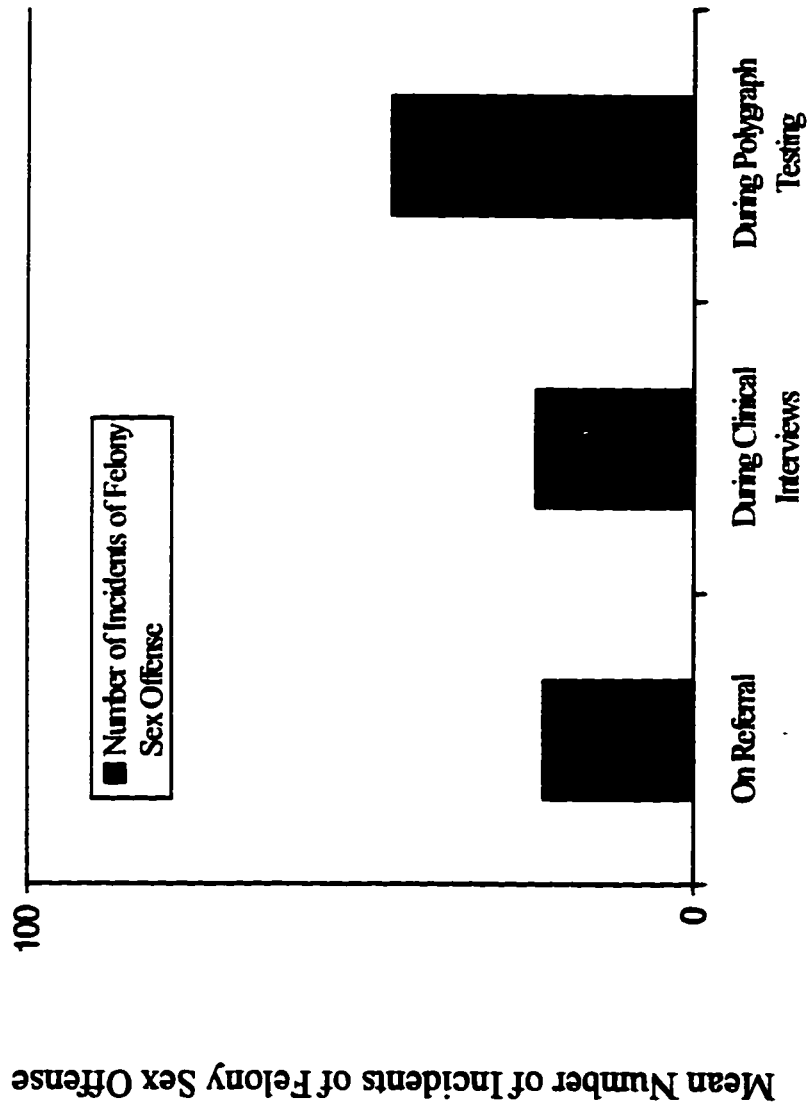
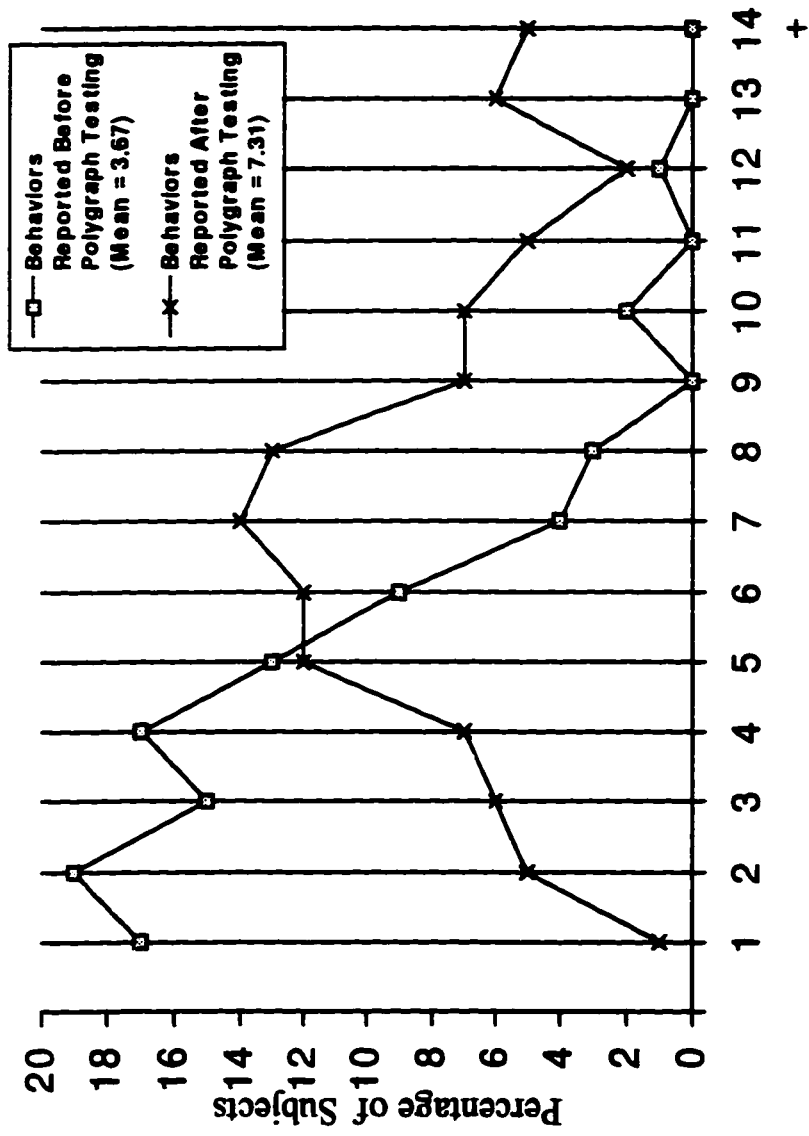


Figure 4: Self - Report of Adult Felony Sex Offenses Under Three Conditions



Number of Different Sexually Deviant Behaviors

Figure 5: Sexually Deviant Behaviors Reported Before and After Polygraph Testing

engaging in only one sexually deviant behavior. The mode was two deviant behaviors, which 19% of subjects reported. Seventeen percent reported engaging in 4 deviant behaviors. After that, the graph drops off sharply; and only 4% reported engaging in 7 different sexually deviant behaviors. After polygraph testing, however, the mode was 7 deviant behaviors, reported by 14% of subjects; and 13% reported they had engaged in 8 sexually deviant behaviors. Before polygraph testing, only 3% of subjects reported engaging in more than 8 deviant behaviors, while after polygraph testing 30% reported 9 or more deviant behaviors and 9% acknowledged engaging in 13 or more deviant behaviors.

Tables 1 and 2 present this information in a different format. Table 1 presents this data as reported through the clinical interviews. Table 2 presents the same information as reported through the polygraph testing. Across the top are listed the referral problems of the study subjects, the type of sexually deviant behavior that resulted in the client being referred for evaluation. Along the vertical axis are the 30 different sexually deviant behaviors recorded for this study. The tables indicate, for subjects with each of nine different referral problems, how many, and what percentage reported engaging in the 30 different deviant behaviors. For example, in Table 2, reading down the first column of figures, of 73 men referred for Child Molest Girl, 71, or 97%, acknowledged engaging in that behavior. Reading further down that column, 8 of these subjects, or 11%, also reported Child Molest Boy and 15 of these 73 men, or 21%, also reported molesting their biological daughters.

Table 1: Additional Sexually Deviant Behavior Reported Before Polygraph Testing Referral Problem

Additional Sexually Deviant Behaviors

	Child Molest Girl n=73		Child Molest Boy n=11		Incest Girl n=17		Incest Boy n=2		Rape n=11		Exposin n=8		Peeping n=1		Obscene Phone Calls n=1		Pre-adult Girls In Family n=2	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Child Molest Girl	70	96%	5	45%	5	29%	0	0%	5	45%	2	22%	0	0%	0	0%	0	0%
Child Molest Boy	5	7%	10	91%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Incest Girl	11	15%	2	18%	16	94%	0	0%	1	9%	1	11%	0	0%	0	0%	0	0%
Incest Boy	3	4%	2	18%	3	18%	1	5%	0	0%	0	0%	0	0%	0	0%	0	0%
Rape	6	8%	0	0%	2	12%	0	0%	8	73%	1	11%	0	0%	0	0%	0	0%
Exposing	11	15%	1	9%	1	6%	0	0%	2	18%	8	88%	0	0%	0	0%	0	0%
Peeping	17	23%	5	45%	8	47%	0	0%	1	9%	3	33%	1	1%	0	0%	0	0%
Frottage	3	4%	0	0%	2	12%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Cross-dressing																		
Masturbation	3	4%	1	9%	2	12%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Cross-dressing-wear	3	4%	1	9%	1	6%	0	0%	0	0%	1	11%	0	0%	0	0%	0	0%
S/M Bondage	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%
Sex w ith Males	17	23%	6	55%	4	24%	0	0%	3	27%	5	56%	0	0%	0	0%	0	0%
Obscene Phone	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Sex w ith Animals	5	7%	3	27%	4	24%	0	0%	1	9%	2	22%	0	0%	0	0%	0	0%
Urophilia	1	1%	1	9%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Corprophilia	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Necrophilia	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Immediate Family	2	3%	0	0%	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Extended Family	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Out of Family	2	3%	3	27%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-adult Girls Immediate Family	7	10%	1	9%	3	18%	0	0%	0	0%	1	11%	0	0%	0	0%	2	100%
Pre-adult Girls Extended Family	5	7%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Pre-adult girls Out of Family	6	8%	1	9%	1	6%	0	0%	0	0%	1	11%	0	0%	0	0%	0	0%
Mastabatory Fantasies	19	26%	8	55%	2	12%	0	0%	1	9%	5	56%	0	0%	0	0%	0	0%
Hitchhikers	3	4%	0	0%	1	6%	0	0%	1	9%	1	11%	0	0%	0	0%	0	0%
Prostitutes	28	38%	1	9%	3	18%	0	0%	2	18%	0	0%	0	0%	0	0%	0	0%
Phone Sex	3	4%	2	18%	0	0%	0	0%	0	0%	1	11%	0	0%	1	1%	0	0%
Group Sex	9	12%	0	0%	0	0%	0	0%	1	9%	3	33%	0	0%	1	1%	0	0%
Extramarital Affairs	25	34%	4	36%	12	71%	0	0%	3	27%	1	11%	1	1%	0	0%	0	0%
Nude Photographs	5	7%	2	18%	0	0%	0	0%	0	0%	1	11%	0	0%	1	1%	0	0%

Table 2: Additional Sexually Deviant Behavior Reported After Polygraph Testing Referral Problem

	Child Molest Girl		Child Molest Boy		Incest Girl		Incest Boy		Rape		Exposing		Peeping		Obscene Phone Calls		Pre-Adult Girls in Family	
	n=73		n=11		n=17		n=2		n=11		n=9		n=1		n=1		n=2	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Child Molest Girl	71	97%	5	45%	10	59%	0	0%	7	64%	4	44%	0	0%	0	0%	0	0%
Child Molest Boy	8	11%	10	91%	0	0%	0	0%	1	9%	1	11%	0	0%	0	0%	0	0%
Incest Girl	15	21%	2	18%	17	100%	0	0%	2	18%	2	22%	0	0%	0	0%	0	0%
Incest Boy	4	5%	3	27%	3	18%	1	50%	1	9%	0	0%	0	0%	0	0%	0	0%
Rape	15	21%	0	0%	3	18%	0	0%	9	82%	1	11%	0	0%	0	0%	0	0%
Exposing	23	32%	4	36%	5	29%	1	50%	5	45%	9	100%	1	100%	0	0%	0	0%
Peeping	42	58%	9	82%	13	76%	0	0%	6	55%	8	89%	1	100%	1	100%	0	0%
Frotage	21	29%	2	18%	5	29%	0	0%	3	27%	3	33%	1	100%	0	0%	0	0%
Cross-dressing																		
Masturbation	9	12%	1	9%	6	35%	0	0%	3	27%	0	0%	0	0%	0	0%	0	0%
Cross-dressing Wear	7	10%	1	9%	2	12%	0	0%	0	0%	1	11%	0	0%	1	100%	1	50%
S/M Bondage	10	14%	2	18%	2	12%	0	0%	0	0%	1	11%	0	0%	1	100%	0	0%
Sex with Males	39	53%	8	73%	14	82%	1	50%	9	82%	6	67%	0	0%	0	0%	0	0%
Obscene Phone	3	4%	0	0%	1	6%	0	0%	0	0%	1	11%	0	0%	1	100%	0	0%
Sex with Animals	35	48%	5	45%	11	65%	0	0%	9	82%	4	44%	0	0%	0	0%	0	0%
Urophilia	5	7%	1	9%	0	0%	0	0%	0	0%	1	11%	0	0%	0	0%	0	0%
Corprophilia	0	0%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Necrophilia	1	1%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Immediate Family	3	4%	0	0%	1	6%	1	50%	1	9%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Extended Family	0	0%	0	0%	1	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-adult Boys Out of Family	4	5%	5	45%	0	0%	0	0%	1	9%	2	22%	0	0%	0	0%	0	0%
Pre-adult Girls Immediate Family	12	16%	2	18%	6	35%	0	0%	1	9%	1	11%	0	0%	0	0%	2	100%
Pre-adult Girls Extended Family	6	8%	0	0%	2	12%	0	0%	2	18%	1	11%	0	0%	0	0%	0	0%
Pre-adult girls Out of Family	18	25%	3	27%	4	24%	0	0%	1	9%	4	44%	0	0%	0	0%	0	0%
Mastabatory Fantasies	38	52%	8	73%	9	53%	1	50%	5	45%	8	89%	0	0%	0	0%	0	0%
Hitchhikers	10	14%	1	9%	4	24%	0	0%	3	27%	3	33%	0	0%	0	0%	0	0%
Prostitutes	38	52%	2	18%	9	53%	0	0%	7	64%	2	22%	0	0%	1	100%	1	50%
Phone Sex	8	11%	2	18%	4	24%	1	50%	1	9%	4	44%	1	100%	1	100%	0	0%
Group Sex	13	18%	1	9%	4	24%	1	50%	2	18%	4	44%	0	0%	1	100%	0	0%
Extramarital Affairs	33	45%	4	36%	13	76%	0	0%	8	73%	2	22%	1	100%	1	100%	0	0%
Nude Photographs	22	30%	5	45%	7	41%	1	50%	1	9%	4	44%	0	0%	1	100%	1	50%

Additional Sexually Deviant Behaviors

Crossover Into Different Types of Paraphilic Behavior

To compare the results of this study to those reported by Abel et al. (1988) required some alteration of the categories of sexually deviant behaviors. The present study recorded 30 different sexually deviant behaviors. This list was reduced from a slightly longer list developed, over the past eight years, by the polygraph examiner. The polygrapher's list was developed in response to requests from the different therapists who have refer clients for polygraph corroboration of their sexual histories. The author has found the list of 30 sexually deviant behaviors recorded in this study to provide clinically useful information about sex offenders.

Abel and his colleagues recorded 21 paraphilic diagnoses, using a variation of the standard diagnostic criteria of the Diagnostic and Statistical Manual (DSM-III-R) of the American Psychiatric Association (1987). The present study did not record some behaviors reported in the Abel study (eg. transsexualism, obscene mail). A number of the behaviors recorded in this study were not recorded in the Abel studies (eg. necrophilia, use of prostitutes, group sex). For purposes of this analysis, this study's categories for pre-adult sexual abuse of children were regarded as either child molest or incest. Fifteen of the 30 sexually deviant behaviors recorded for this study are essentially equivalent to the Abel categories. They are listed below:

<u>Present study category</u>	<u>Abel categories</u>
Child molest girl	Female nonincest pedophilia
Child molest boy	Male nonincest pedophilia
Incest girl	Female incest pedophilia

Incest boy	Male incest pedophilia
Rape	Rape
Exposing	Exhibitionism
Peeping	Voyeurism
Frottage	Frottage
Cross-dressing	Transvestism
S/M Bondage	Sadism, Masochism
Sex with Males	Ego-dystonic homosexuality
Obscene phone calling	Obscene phone calling
Sex with animals	Bestiality
Urophilia	Urolagnia
Coprophilia	Coprophilia

Subjects in this study reported engaging in a mean number of 2.34 of these 15 paraphillic behaviors before and during clinical interviews. By the end of polygraph testing, subjects had reported a mean number of 4.53 paraphillic behaviors. A paired t-test for dependent measures, comparing paraphillic behaviors before and after polygraph testing, yielded a high degree of significance, $t(126) = 13.65$, $p < .000$. Figure 6 shows the percentage of subjects who reported engaging in various numbers of paraphillic behaviors before and after polygraph testing. Before polygraph testing 39% of subjects reported engaging in only one paraphillic behavior, 20% reported engaging in two paraphillic behaviors, and 23% reported engaging in three. The

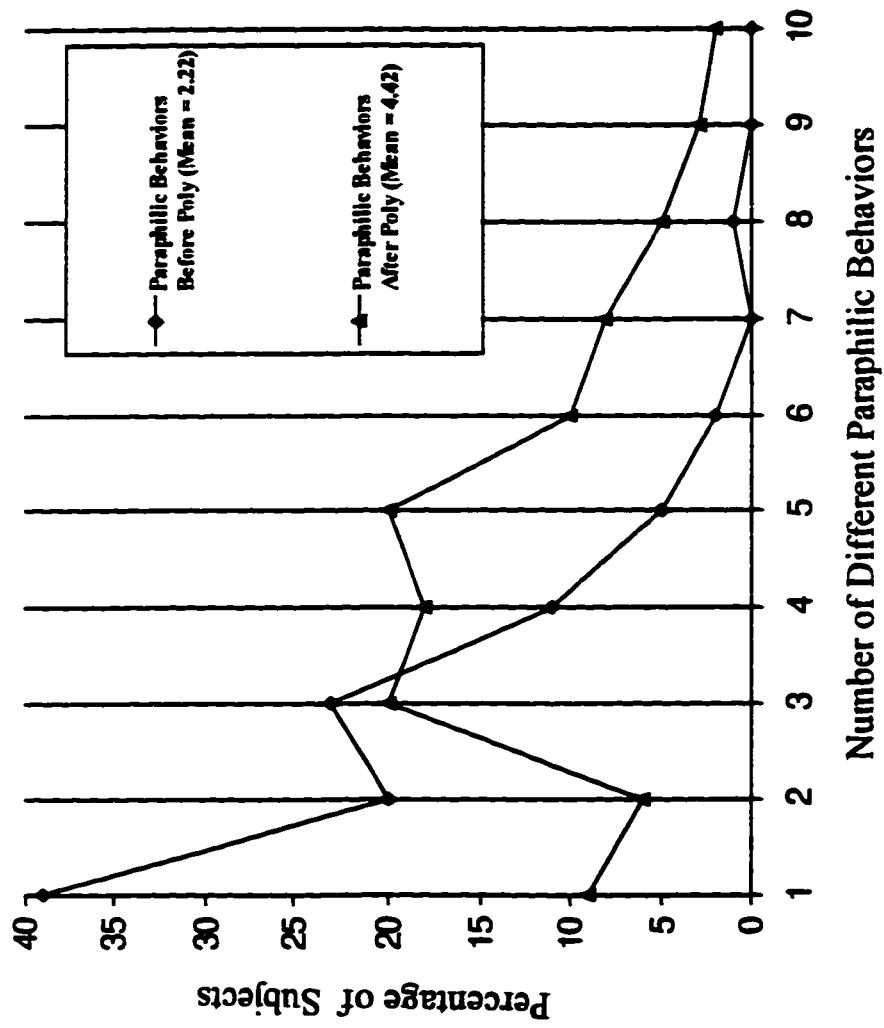


Figure 6: Number of Paraphilic Behaviors Reported Before and After Polygraph Testing

percentage of subjects reporting more than three paraphillic behaviors drops off dramatically. After polygraph testing, few subjects reported engaging in only one or two paraphillic behaviors, while 20% reported engaging in three paraphillic behaviors, 18% reported four, 20% reported five and 28% reported engaging in six or more paraphillic behaviors.

Figure 7 illustrates a comparison of the results of this study with those reported by Abel et al. (1988). Added to the graph presented in Figure 6 is an additional line depicting Abel's findings regarding the number of paraphilic diagnoses of his subjects. Abel et al. found 20% of their subjects had a history of two paraphilias, 20% had three, 11% had four paraphilias and 8% had eight.

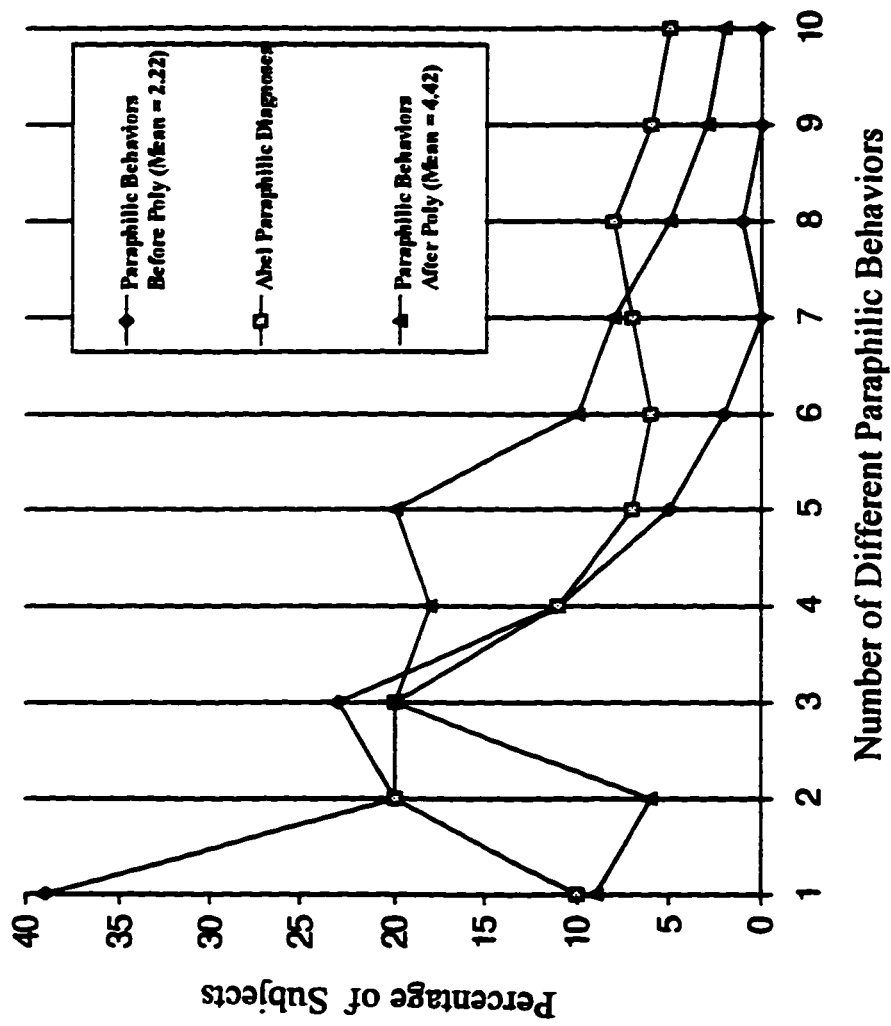


Figure 7: Number of Paraphilic Behaviors Reported Before and After Polygraph Testing Compared to Abel Paraphilic Diagnoses

Chapter IV

Discussion

This study shows that polygraph testing leads to more disclosures of sexually deviant behavior. This includes not only greater numbers of reported incidents of deviancy, but also disclosures of more different types of sexual deviancy. This suggests that sex offenders have more to report about their deviant sexual histories than has been noted in most prior studies.

These results provide support for the findings of Abel et al. (1983, 1987, 1988, 1990, 1992). Other studies, those conducted before the first of the Abel series, as well as several conducted more recently, have failed to find anywhere near the level of sexual deviancy reported in the Abel research. Attempts to replicate those findings, using clinical interviews alone, have always resulted in lower levels of reported sexual deviancy.

Marshall et al. (1991), using well-constructed clinical interviews, reported that none of their subjects disclosed more than three paraphilias. They wondered about the validity of Abel's results. Similarly, the present study had very few subjects reporting more than four types of sexual deviancy during similar clinical interviews. However, when subjects needed to pass polygraph exams corroborating their self-report, they reported a much wider array of sexual deviancy, not unlike that reported in Abel's studies.

The studies by Abel and his colleagues used an unusual method of eliciting disclosure, a unique certificate of confidentiality that prohibited disclosure to

authorities. That waiver allowed Abel et al. to circumvent normal, legally-mandated reporting requirements and would not be generally available to future clinicians or researchers. The present study utilized another method of encouraging disclosure. The use of polygraph testing helped the subjects overcome their understandable disinclination to disclose embarrassing information about themselves. Polygraphy is much more available than is the unusual certificate of confidentiality used by Abel in his early research.

When comparing the results of this study to those of Abel and his colleagues, it is useful to consider some differences in the design and procedures of the studies. As with most other research on this subject, the present study counted subjects' sexually deviant behaviors. Abel et al. reported clinical diagnoses of paraphilias, using a variation of the standard diagnostic criteria of the Diagnostic and Statistical Manual (DSM-II, DSM-III, DSM-III-R) of the American Psychiatric Association, (1968, 1980, 1987). The DSM standards for paraphilic diagnoses generally demand a period of time when the subject feels compelled to engage in a sexually deviant behavior. Undoubtedly, some of what this study's subjects reported would not meet the DSM standard for diagnosis. Nonetheless, this study essentially confirms the main findings of the Abel studies. Persons referred for evaluation and treatment of sexual deviancy have engaged in a great deal more sexually deviant acts and have engaged in many more different types of deviant sexual activity than was once generally believed.

The results of this study show that polygraph testing elicited additional reports

of all categories of sex offending and sexual deviancy. Subjects had reported, on average, twice as many incidents of adult felony sex offenses after polygraph testing than would have been known with only on referral information and what was disclosed during clinical interviews. While these results did not achieve statistical significance, they do suggest that polygraph testing can contribute to assessing potential risk to the community in the form of the most troublesome area of sex offending behavior.

Statistical significance was obtained when subjects' reports of all sex offenses were compared across the three conditions. Greater levels of significance were achieved for subjects' reports of paraphilic behavior and the broadest category, sexually deviant behavior. Thus, while polygraph corroboration of offenders' sexual histories can be useful in uncovering serious sex crimes, the polygraph testing procedure used in this study was most effective at eliciting the full range of sexually deviant behaviors. This has important implications for evaluation and treatment of sex offenders, as will be discussed in more detail in the next section.

This study shows how polygraph testing can elicit information about how sex offenders cross over into additional areas of sexual deviancy. For example, men who molest their biological daughters are widely regarded as the least deviant sex offenders and those least likely to reoffend. And, if you take their word for it, these incest offenders have not engaged in many other sexually deviant behaviors. The third column of numbers in Tables 1 and 2, marked "Incest Girl", lists the additional sexually deviant behaviors reported by subjects who were referred for sexually

abusing a biological daughter. Before polygraph testing, 71% of these girl incesters also reported having extramarital affairs. No other sexually deviant behaviors were reported by a majority of these subjects (see Table 1). However, after polygraph testing, a majority of these girl incesters acknowledged molesting girls other than their daughters, a history of peeping, sex with males, sex with animals, masturbating to fantasies of their sex offenses and using prostitutes (see Table 2). Thus, polygraph testing added significantly to self-report of crossover into additional sexually deviant behaviors.

Similarly, the first column in Tables 1 and 2, marked "Child Molest Girl," lists the additional behaviors reported by the 73 subjects referred for molesting girls other than their daughters. Before polygraph testing only six of these 73 girl molesters reported molesting girls outside their family during their adolescent years (Pre-adult Girls Out of Family). Three times as many, (18) reported this behavior after polygraph testing. This has significance for assessment and treatment because the length of time spent engaging in sex offending behavior is related to strength of deviant sexual arousal, which in turn is predictive of likelihood of reoffense (Becker & Quinsey, 1993; Quinsey, Rice & Harris, 1995).

Six of the 73 men referred for Child Molest Girl admitted to committing rape before polygraph testing. After polygraph testing 15 reported forcing someone to have sexual activity against their will. This is more than double the original number. 9 more rapists, than would have been known without the polygraph corroboration of their self-report.

Of the 73 girl molesters, the 9 additional rapists and the 12 additional subjects who reported molesting girls before their adult years do not constitute a large percentage of the sample. But for those subjects, additional information of this sort can be of vital importance in assessing dangerousness and crafting meaningful treatment interventions. Likewise, the numbers of adult felony sex offenses reported during polygraph testing can be meaningful without attaining statistical significance. The number of incidents of adult felony sex offenses known after polygraph testing is twice that reported before the polygraph testing. When it comes to assess risk to the community, knowing about the most damaging sexually deviant behavior of subjects is important, no matter that the number does not attain statistical significance.

The results for adult felony sex offenses did not attain statistical significance for the sample as a whole because the variance ($S.D. = 174.40$) was so high. Some subjects, such as those described in the Appendix C Case Example #1, "That's All Folks," did not have a great deal more to report. Others, however, reported substantially more incidents of felony sex offenses. For those subjects, characterized by Case #2, "Much More to the Story" and Case #4, "Too Dangerous to Treat in the Community" the increased information about the most problematic sexual offending was critical in making meaningful assessment, placement and treatment decisions.

Another commonly under-reported behavior prior to polygraph testing was Masturbatory Fantasies of Sex Offenses. Only 26% (33 of 127 subjects) admitted to this activity before polygraph testing (see Table 1). On the other hand, 54% (69 of 127) reported this behavior after polygraph testing. Thus, a majority of subjects came

to acknowledge that sex offenses didn't just happen, but were accompanied by some covert rehearsal and reinforcement of sexually deviant arousal. This finding is important because mental rehearsal of deviant behavior is believed to mediate and increase the probability of sexual acting out (Laws & Marshall, 1990). Implications of this finding will be discussed, further, in the following section.

Thus, using polygraph testing to corroborate subjects' self-reports of deviant sexual histories helps elicit significantly more information. The expanded self-reports included both greater numbers of sexually deviant acts as well as more different types of sexually deviant behavior. Accurate information about deviant histories of sex offenders is essential in order to design meaningful policies to protect community safety and implement useful treatment interventions.

Implications for Practice

Evaluation and Treatment. This study demonstrates a method for overcoming client denial and minimization. These are common human endeavors, used to reduce anxiety (Goleman, 1985). Denial becomes problematic when it interferes with one's ability to acknowledge and address a problem, especially if the problem becomes worse if left unattended. Such is the case when patients fail to acknowledge or report symptoms of cancer and delay treatment (Magarey, Todd & Blizard, 1977; Zervas, Augustine & Fricchione, 1993). Similar problems occur with HIV-positive patients denying AIDS symptoms (Bor & Miller, 1988). There has even been a proposal to include a diagnosis of adjustment disorder "with maladaptive denial of physical disorder" in the Diagnostic and Statistical Manual of Mental Disorders (Strauss,

Spitzer & Muskin, 1990).

Sexual deviancy has been likened to a sexual addiction (Carnes, 1983.) Denial and minimization of sexual deviancy is very much like the denial of symptoms or problems by those addicted to alcohol and other drugs. Studies on substance abuse report how denial delays appropriate interventions (Smith, 1986), how denial is inversely related to effectiveness of treatment interventions (Kosten, Jalali, Hogan & Kleber, 1983; Newsome & Ditzler, 1993) and describe techniques for overcoming denial (Levy, 1993). Similarly, dealing with denial is a feature of the literature on treatment of sex offenders (Laflen & Sturm, 1994; Winn, 1996). Polygraph testing was used in this study as a means of overcoming client denial and minimization about the nature and extent of the presenting problem. As such, it can be used to assist the therapist in crafting and implementing appropriate treatment interventions.

Appendix C provides six composite case examples of the types of cases that are represented by the data reported in this study. These illustrate how the use of polygraph testing to corroborate clients' reports of sexual history affects the evaluation and treatment process. The case examples show how clients come to share more of their deviant sexual history. That changes the assessment of their presenting problem as well as the way in which offenders approach therapy.

Evaluating sex offenders for community-based treatment requires addressing two basic issues: (1) what are the potential risks this person poses to the community and (2) how amenable is this person to participation in specialized treatment?

Assessing risk should include a thorough understanding of what this person has done

and is capable of doing. Assessing amenability to treatment requires some understanding of whether the client is willing to acknowledge and address the problem behaviors which led to his referral. Polygraph testing provides a means to elicit more complete client disclosures. A therapist may have more confidence in client denials of additional deviancy if self-report is corroborated by polygraph testing.

Information elicited from the sexual history polygraph testing creates a different definition of the client's problems entering treatment. It also creates a different therapeutic atmosphere. Meaningful treatment for sexual deviancy requires the client to work to stop engaging in sexual behaviors that only occur under conditions of secrecy. Meaningful treatment for sexual deviancy requires the client to deal openly and honestly with troubling subject matter. If the client's participation in treatment is restricted by his need to keep the lid on previously unreported deviancy, then he will not be able to fully engage in this therapeutic process.

Treatment interventions with sex offenders should aim to reduce the long-term likelihood of reoffense. Developing strategies and making plans to avoid potential problems requires that they be acknowledged as potential problems. Polygraph testing can help a sex offender client overcome his self-delusion that things were not so bad, that he only had a small problem in a limited area of sexual acting-out. Shared information that a client has engaged in many acts of different types of sex offending helps the therapist, working with the client and others, craft plans to limit opportunities and temptations to reoffend.

Masturbatory fantasies of sex offenses are an example of significant

information that was elicited through polygraph testing in this investigation.

Masturbating to fantasies of sex crimes is not, itself, a crime. No one is immediately or directly harmed by such activity. However, it is useful to know that offenders had imagined committing their offenses before and between the occasions in which they acted out the behavior. Behavioral theory postulates that covert reinforcement of sexual deviancy, experiencing sexual arousal and orgasm when masturbating to deviant images, should increase arousal to deviant sexual stimuli. All things being equal, the more arousal a sex offender experiences in response to some deviant sexual stimulus, the more likely it is that he will act out to achieve sexual pleasure. Abel, Mittelman and Becker (1985) and Quinsey, Chaplin and Carrigan (1979) have reported that sex offenders, especially child molesters, have a strong sexual preference for the deviant behavior related to their offending. Barbaree and Marshall (1988) have reported that the post-treatment level of deviant sexual arousal plays a significant role in determining the likelihood of reoffense. Thus, in treatment and afterwards, offenders should not reinforce deviant sexual imagery by masturbating to fantasies of offending behavior.

Having information about prior masturbation to fantasies of sex offenses makes this more than a theoretical formulation. Therapists treating sex offenders must overcome much resistance to address personal and embarrassing matters. Shared information that a client has, in the past, masturbated to fantasies of offending behavior makes this an issue that must be addressed in specialized treatment. Follow-up polygraph testing, during the course of treatment, can help ensure that offenders in

therapy have not returned to this problematic activity. Preventing offense involves avoiding the precursors of offending behavior. This study shows that for a majority of this sample, masturbatory fantasies of sex offending are a part of their deviant sexual histories.

Therapists evaluating and treating sex offenders without the benefit of polygraph corroboration of sexual history should be wary. The results of this study suggest it is likely their sex offender clients will not be telling them the full story about their sexually deviant activities. Similarly, these results have implications for courts, prosecuting attorneys and others responsible for ensuring public safety. They should know that when someone has been identified as having committed a sex offense, he probably has a much more extensive history of sexual deviancy than is known or than he will report, without the benefit of the polygraph testing procedures used in this study. Sentencing, community safety and treatment plans made without this information may be lacking critical information.

Public Policy. On the other hand, those responsible for public policy and community safety need to be well-informed users of this expanded information about deviant sexual histories. This study and those by Abel et al. suggest that there should be a different baseline against which sex offenders' sexual histories are compared. Many officials are accustomed to making sentencing or community placement decisions with the limited information provided by offenders. They are likely to be shocked and outraged when first seeing these expanded sexual histories. The additional disclosures made possible by use of the procedures employed in this study

could lead to knee-jerk imposition of long prison sentences or other severe consequences. As valuable as it can be for community safety and treatment to know the full extent of offenders' sexual deviancy, public policy-makers need to be careful not to discourage the disclosure of this information in evaluation and treatment. It may not be possible, or wise to implement an official policy of immunity from prosecution for additional crimes reported through polygraph corroboration of deviant sexual histories. Public officials should understand, however, that this additional information does not necessarily mean that a particular individual poses a significantly greater threat to public safety. More likely, it represents deviant behavior that would otherwise be hidden.

Concerns About Polygraph Accuracy. Polygraphy is not a flawless technique for getting to the truth. Research on polygraph validity predicts some false positives, subjects found to be deceptive when they were not intentionally withholding information. However, this study suggests that sex offenders who show deceptive on this type of polygraph testing are very likely to be withholding information from their sexual histories. The initial polygraph exam results indicated deception for 58 of this study's 127 subjects. They required as many as four test administrations, admitting more information with each succeeding test, in order to "pass." In addition to the 58 whose initial testing resulted in a deceptive finding, many other subjects were persuaded, during the initial test, to report more information when the first set of polygraph charts suggested they were not being truthful.

These results suggest that sex offenders who are taking polygraph exams to

corroborate their self-report of sexual history have a high base rate of intentionally attempting deception. That would lower the probability of false positive results with this population. The information that subjects don't want to admit, that which causes them to show deceptive on polygraph testing, is often the most important and revealing. The case examples in Appendix C illustrate this process.

It must be noted, however, that polygraph testing was not used in this study as a means to make definitive judgements of the truth. Rather, it was employed as an adjunct to clinical interviews. In fact, 14 of the 127 subjects in this study ultimately ended up with polygraph charts indicating deception or inconclusive results. However, even in these cases, polygraph testing encouraged clients to disclose important information.

Implications for Theory

The results of this study, when added to the extant research by Abel and his colleagues, provide additional reason to review theoretical assumptions about the etiology of sexual deviancy. If operant conditioning was the primary method by which sexually deviant behavior was shaped, that would predict a rather narrow sexual outlet based on reinforcement of a particular stimulus. Psychopathy would explain a wide range of anti-social acting out. But only a small percentage of the subjects in this study have extensive criminal histories or could be diagnosed as psychopaths. Nonetheless, on the whole, the subjects in this sample engaged in many incidents of sexually deviant behavior and have a history of engaging in many different types of sexual deviancy.

Perhaps a critical factor for some sex offenders is their lack of impulse control mechanisms. Those who engage in a wide array of sexual deviancy may not discriminate very carefully among different sexual stimuli. What distinguishes sex offenders from others could be, not only the strength and peculiar nature of their sexual desires, but their tendency to give in to base impulses. Or perhaps once a person engages in one type of sexual deviancy, their self-perception as a person who doesn't do those sorts of things becomes altered. Once one breaks down the door and crosses some critical threshold of sexual deviancy, then the way is open to a wide range of behaviors, limited only by opportunity and transitory pleasure. This might be a more global version of the Abstinence Violation Effect (Marlatt & Gordon, 1985; Russell, Sturgeon, Miner & Nelson, 1989) the mechanism by which a recovering alcoholic or drug addict will go on a binge, following a minor relapse.

If sex offending and sexual deviancy are even partly the result of inadequate controls over base impulses, this would support gathering information about a wide range of sexual behaviors. The 30 sexual behaviors recorded in this study included some, such as group sex or non-offending extramarital affairs, which are not sex crimes. Others, such as using prostitutes or picking up hitchhikers for sexual activity, do not constitute formal paraphilic behavior. Some, such as phone sex or taking nude photos, may not be far removed from normative sexual activity. But even these involve adventurous sexual activity that subjects were reluctant to report until required to take and pass polygraph testing. This sort of information may provide clues about subjects' likelihood of engaging in other atypical and socially disapproved sexual

activities.

Limitations of the Study and Implications for Research

There are some limits to making generalizations from these results. While the sample of subjects for this study includes persons from a broad range of socio-economic and demographic backgrounds, it is limited in some ways. Although some of these evaluations were paid for by public agencies, the majority of subjects had to pay more than \$1000 out of their own resources for an evaluation. This effectively limits many of modest means.

The subjects of this study are those who eventually admitted to committing a sex offense. That excluded those who would rather risk the possibility of a long prison term and choose to deny the charges throughout the course of a criminal trial. Subjects were participating in evaluations to determine who is likely to be amenable to community-based treatment. The O'Connell Agency is known for placing a high value on community safety. A percentage of those evaluated are assessed as too dangerous or not sufficiently motivated to be safely and effectively treated in an outpatient clinic. The agency's reputation undoubtedly influences who gets referred for evaluation, as some criminal defense attorneys are probably reluctant to refer their more questionable clients to the agency. Thus, this sample is probably better educated and has higher incomes and less deviant history than sex offenders who get sent to prison after being found guilty at trial. Nonetheless, this sample is probably representative of persons around the country who have been referred for specialized, community-based treatment of sexual deviancy.

There are three additional possible confounding factors that could have affected the results of this study. The procedure for assessing sexual history during the clinical interviews was somewhat different than that used during the pre-polygraph interviews. The pre-polygraph interview is a highly structured procedure, while the clinical interviews are somewhat less structured. Clinical notes indicate that most of the specific sexually deviant behaviors were clearly addressed in most of the interviews. However, in some cases, the evaluation may not have asked specific questions about less common behaviors, such as necrophilia or sadism.

The evaluator conducting the clinical interviews had great faith in the efficacy of the polygraph testing. While not consciously discouraging disclosures during the clinical interviews, the evaluator may not have pressed as hard for information knowing the polygraph testing was coming. However, as mentioned, above, the results of this study are similar to those reported by Marshall et al. (1991), who used well-constructed clinical interviews without follow-up polygraph corroboration.

It is possible that subjects reported more information during their pre-polygraph interviews than was true. Wanting to "pass" the examination may have led them to over-estimate their deviant sexual histories, and the polygraph charts may not have picked up their exaggeration. While social and emotional forces would seem to mitigate against such a pattern, it does remain a possible explanation for this study's main results.

In this study, information was extracted from an available, archival source of clinical files. Larger scale studies could be conducted at multiple sites, providing

greater sample diversity. This study used data that were gathered for the propose of making clinical decisions about community safety and treatment amenability, not reaching conclusions about the nature of sex offending and sexual deviancy. More research precision could be achieved by designing a study in advance, establishing variables and planning to interview sex offenders about sexual histories in precisely the same way, both in a therapist's office, and later just prior to polygraph testing.

Before considering replicating or expanding on this study, others should give careful consideration to the procedures used for the polygraph testing. In this study, the polygraph examiner was experienced and comfortable discussing deviant sexual histories with the testing subjects. As illustrated by the case histories in Appendix C, the evaluating therapist briefed the polygrapher about the subject's reported and suspected sexual history. Before beginning the polygraph instrumentation, the polygrapher spent more than an hour engaging the subject in a comprehensive interview addressing sexual history and sexually deviant behavior. Attempting to use polygraph testing as a quick and easy method for eliciting information might yield much less complete information than was obtained in this study.

This study demonstrates the value of having sex offenders referred for evaluation polygraphed to corroborate their self-report of deviant sexual history. What is not clear is how different sex offenders are from a non-clinical, non-criminal sample of adult males. Further studies that use a similar polygraph testing procedure with a normative sample could further our understanding of how sex offenders differ from the more general population.

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Appendix A
Data Collection Form

Subject ID No. _____

Referral Problem _____ 94

Year of Evaluation _____

Coder Initials _____

DEMOGRAPHIC INFORMATION

Age: _____

Race: _____

Education: _____

Marital Status: _____

Number of Marriages: _____

Present Monthly Income: _____

Present Occupation: _____

Childhood Victimization (yes or no)

Physical: _____

Emotional: _____

Sexual: _____

Indications of Substance Abuse (yes or no): _____

Known Prior Criminal Record

Arrests or Convictions (yes or no/crime): _____

Time served (yes or no/length of sentence): _____

Prior accusation of sex offenses (yes/no) _____

If yes - formal legal intervention? (yes/no): _____

Prior Treatment for Sex Offenses (yes/no): _____

Prior Mental Health Treatment of any form (yes/no): _____

Polygraph site _____

Did he/she (ever) pass sexual history polygraph exam (yes/no): _____

Number of polygraph failures: _____

Hours of clinical interviews: _____

MMPI Indicate Psychopathology? (yes/no): _____

MMPI Validity Scales Indicate Dissimulation? (yes/no): _____

MSI Validity Scales Indicate Dissimulation? (yes/no): _____

Evaluation Outcome _____

Subject ID No. _____	On Referral	During Clinical Interviews	After Polygraph Testing
Sexual Deviant Behaviors			
Number of victims/number of incidents			
No = 0 / Yes = number of victims/incidents			
<i>Pre-Adult Sexual Abuse of Children</i>			
Boys in the immediate family:			
Boys in the extended family:			
Boys out of the family:			
Girls in the immediate family:			
Girls in the extended family:			
Girls out of the family:			
<i>Adult Sexual Abuse of Children</i>			
Incest boy:			
Child molest boy:			
Incest girl:			
Child molest girl:			
LIFETIME SEXUAL DEVIANT BEHAVIORS:			
Number of Incidents only			
Rape:			
Sex with animals:			
Masturbatory fantasies of sex offense:			
Frottage:			
Exposing incidents:			
Obscene phone calls - harassment:			
Peeping incidents:			
Hitchhikers:			
Prostitutes used:			
Phone sex:			
S/M Bondage:			
Cross-dressing			
Use for masturbation :			
Wearing clothes for sexual arousal :			
Group Sex:			
Non-offending extramarital affairs:			
Nude Photos:			
Sex with males:			
Urophilia:			
Coprophilia:			
Necrophilia:			

Appendix B
Scoring Guide

Scoring Guide

Subject Identification Number

Be sure to put on both page one and page two.

- 1) Refer to subject list.

Referral problem

- 1) Look at Intake sheet. If more than one referral problem list the highest ranking offense.

Order of degree of severity:

Rape

Child molest girl/boy

Incest girl/boy

Frottage

Exposure

Obscene Phone

Peeping

- 2) Opening Paragraph of Evaluation Report

Indecent Liberties = *probably means child molest, incest or rape (see Michael if unclear)*

Rape of a Child/Statutory Rape = *read file to attribute exact offense - probably means child molest, incest or rape (see Michael if unclear).*

Year of Evaluation - date on the intake sheet

Coder Initials - Place your initials here and make sure to put on top of page two.

Age

- 1) On intake sheet next to name
- 2) Application (age at intake)
- 3) MMPI answer sheet
- 4) MSI

Race

- 1) MMPI answer sheet
- 2) MMPI profile
- 3) MSI
- 4) Ask Michael

Education

Record the exact number of completed years of education. Do not count GED as 12 yrs. If additional coursework has been taken and a degree has been attained add those years of college to 12.

ex: 10 yrs of education + GED = 10

10 yrs of education + GED + Associate degree = 14.

- 1) MMPI answer sheet
- 2) application (pg. 3)
- 3) MSI

Marital Status

- 1) MMPI
- 2) Application (pg. 2)
- 3) Evaluation report - read report at this time

Number of Marriages

- 1) Application (pg. 2) (double check with Evaluation report)
- 2) Evaluation report - Findings section

Present Monthly Income

If full time student at time of intake put zero.

- 1) application
- 2) Evaluation report - end of case history section or end of findings

Present Occupation -

- 1) Application
- 2) Evaluation report - end of case history section or findings or before testing information
- 3) Retired - look at last employer on the Application (pg. 2) and Evaluation report. record as retired - ~~XXXXXX~~
- 4) If full time student put student.

Childhood Victimization

Sexual involvement with someone 3 or more years older, up to and including age 14.

- 1) Evaluation report
- read report: Most likely in Findings

Physical

- Any physical punishment that sustains injury
- A pattern of physical punishment that is driven more by parental/adult anger rather than correcting behavior.

Emotional

- A pattern of verbal put-downs, disparagement that a reasonable person would find damaging to self-concept.

Sexual

- Sexual involvement with others against one's will.
- Sexual involvement with someone three or more years older - up to and including age 15.

Indications of Substance Abuse

- 1) Evaluation report
 - a) Conclusion section
 - is drug/alcohol abuse mentioned?
 - is drug/alcohol treatment or screening a condition for treatment?
 - is drug/alcohol screening (urinalysis or breathalyzer) requested?
- 2) Application (pgs. 3 & 4)
 - a) Arrest record for being drunk or drug use.
- 3) Polygraph report (may not be on some)
 - a) if person states, " I have a problem..." or other self-report statement.
- 4) End of Findings section before polygraph that should begin with, "Regarding use of alcohol/drugs..."

Known Prior Criminal Record**Arrest and/or Conviction**

- 1) Application (pg. 3) arrest history (double check)
- 2) Evaluation report - Findings section - in the Personal History

Time served

Any time in jail or prison not just the result of a conviction.

- 1) Application (pg. 3) arrest history (double check)

- 2) Evaluation report - Findings section - in the Personal History

Prior Accusations of sex offenses

This includes *any* instance - must be an accusation not only an incident with legal intervention. (How many opportunities has he had to acknowledge that he has a problem and do something about it.)

- 1) Evaluation report (double check with notes)
 - Look for "...denied prior accusations..."
 - a) Case history
 - b) Personal history - from Findings
- 2) Notes
 - a) Initial interview (look for earliest date)
 - b) End of Sexual History (usually this is the last of the evaluation notes).

Legal Intervention

- 1) Evaluation report
 - a) Case history
 - b) Personal history
- 2) Notes
 - a) Initial interview (look for earliest date)
 - b) End of Sexual History (usually this is the last of the evaluation notes).

Prior Treatment for Sex Offenses

- 1) Application (pg. 4) psychological testing/ counseling record.
- 2) Evaluation report
 - a) Case history
 - b) Personal history
- 3) Notes
 - a) Initial interview (look for earliest date)
 - b) End of Sexual History (usually this is the last of the evaluation notes).

Prior Mental Health Treatment

- 1) Application (pg. 4) psychological testing/ counseling record.
- 2) Evaluation report
 - a) Case history
 - b) Personal history
- 3) Notes
 - a) Initial interview (look for earliest date)
 - b) End of Sexual History (usually this is the last of the evaluation notes).

Polygraph Site

- 1) Name of the site on the polygraph report

Did he (ever) pass sexual history polygraph exam?

Only count the polygraphs covering Sexual History.

- 1) Check file list
- 2) Find polygraph report
 - (Behind Evaluation report, usually on top of Police report, Victim statement, etc. Occasionally it will be found *after* the Evaluation report, in this case it is usually noted.)
 - Look at the dates of the Polygraph report.
 - Look to see what kind of polygraph report
 - End of report should state "...pass - no deception." or "...fail - deception indicated"

Number of polygraph failures

Only count the polygraphs covering Sexual History.

- 1) Check file list
 - 2) Find polygraph report
(behind Evaluation report, usually on top of Police report, Victim statement, etc.
Occasionally it will be found *after* the Evaluation report, in this case it is usually noted.)
- Look at the dates of the Polygraph report.
 - Look to see what kind of polygraph report
 - End of report should state "...pass - no deception." or "...fail - deception indicated"

Hours of clinical interviews

- 1) Evaluation report, Data Sources section
 - Only count the interview hours spent with offender.
- 2) No recording on the Evaluation see Michael

MMPI Indicate Psychopathology?

- 1) Evaluation report (last thing before conclusions)
- 2) Check the dates against the evaluation dates- must be part of the evaluation not later.
- 3) MMPI report
 - Does the report indicate problems of behavior, mood or thought disorder?

MMPI Validity Scales Indicate Dissimulation?

- 1) Evaluation report (last thing before conclusions)
- 2) Check the dates against the evaluation dates.
- 3) MMPI report must say valid.
- 4) MMPI Profile Graph - 2 Standard deviations

MSI Validity Scales Indicate Dissimulation? - (On records before 1984 this does not exist.)

- 1) Evaluation report - test results
- 2) Case interpretation - check dates
- 3) Check MSI
 - Any scoring in far right column of the validity scales indicates dissimulation.
- 4) MSI II
 - Any scoring in far right column of the validity scales indicates dissimulation.

Evaluation Outcome -

- 1) Information available on the case list.
 - Treatment, prison etc.

Deviant Sexual Behavior Sheet

On Referral

* If there is any significant discrepancy between the victim/police report and the offender's admission upon referral, write down the self-report information on the scoring form, but note the numbers reported by the victim/police in a box directly next to it.

- 1) Evaluation report- Read case history for overview
- 2) Intake notes - notes on date of first evaluation interview
 - Look for what is reported with sexual history
 - Presenting offense
 - Questions about other similar types of behavior and other offenses or deviant behavior
- 3) Case information
 - Police report
 - Victim Statement
 - Child Protective Services report
 - Clients Statement to the Police
(Look for what is said about sexual history)
- 4) Review Evaluation Report for consistency
 - Any discrepancies see Michael

During Clinical Interview

- 1) Review Evaluation Report
 - Focus on what client says & what's in Michael's notes, as opposed to the evaluation report.
 - Especially findings section for social and sexual history
- 2) Interview notes
 - Start with sexual history and social history
 - If the data is more thorough in the Evaluation report than in the sexual history notes, review the social history and see if the information is there.
- 3) Any discrepancies see Michael

After Polygraph Testing

- 1) Polygraph report (includes pre-polygraph interview on report)

Pre-adult sexual abuse of children =

Perpetrator under the age of 18 and there is sexual activity with a person 3 or more years younger.

<u>Victim Age</u>	<u>Perpetrator Age</u>	
11	14, or more	
12	15, or more	
13	16, or more	
14	17, or more	<i>With a victim 14 or younger, sexual involvement must be with someone 3 or more years older.</i>
15	19, or more	<i>With a victim age 15 or more, sexual involvement must be with someone 4 or more years older.</i>

Thus, pre-adult sexual abuse of children must be with victims age 14 or younger.

Immediate Family = Siblings including step-siblings if they are sharing residence.

Extended Family = Anyone related to by way of birth family or family created by marriage.

Adult Sexual Abuse =

Perpetrator age 18 or older, sexual activity with someone under age 18 and four or more years younger.

<u>Victim Age</u>	<u>Perpetrator Age</u>	
14, 13 or younger	18, or more	<i>Perpetrator must be at least age 18 in order for sexual activity to qualify as adult sexual abuse of children.</i>
15	19, or more	<i>With a victim age 15 or more, sexual involvement must be with someone 4 or more years older</i>
16	20, or more	
17	21, or more	
18	N/A	<i>Thus, adult sexual abuse of children does not apply to victims 18 or older.</i>

Incest = Sexual activity with one's biological children.

Molest = All sexual activity with "age 18 rule" not including biological children.

Lifetime Deviant Sexual Behaviors

Deviant sexual behaviors that occur from age 12 and up.

When the same incident involves elements of more than one category of deviant sexual behavior it should be counted only as an incident in the higher category.

Rape = *Any occasion of forcing a person to have sexual activity against their will or without their knowledge except in case of sexual activity with minors, then it is defined here as rape if it is done with overcoming physical resistance or with the threat of physical violence.*

Sex with Animals = *Sexual behavior involving animals.*

Masturbatory fantasies of sexual offense = *Record the masturbatory behaviors as yes if the perpetrator admits to masturbating to a fantasy of a deviant behavior which he has committed before, (whether or not it was the reason for the referral). Record no if he reports fantasizing about a deviant behavior that he never admits to engaging in.*

Frottage = *Touching or rubbing or making contact with another person without their knowledge for sexual purposes.*

Exposing = *Exposing genitals to another person with whom he has not had sexual activity.*

Obscene phone calls = *Uninvited phone conversations with sexual content.*

Peeping = *Looking at another person without their knowledge for sexual pleasure.*

Hitchhiker = *Picked up a hitchhiker and sexual activity resulted.*

Prostitutes used = *Any physical sexual involvement for pay.*

Phone sex = *Commercial lines and/or talking dirty*

S/M Bondage = *Sadism and masochism involve being spanked, pinched or in any way intentionally inflicted or received pain during sexual activity. Bondage is being tied bound or cuffed or doing that to anyone during sexual activity*

Cross-dressing for masturbation = *Using women 's attire for masturbation.*

Wearing clothes for sexual arousal = *Experiencing sexual arousal while wearing women 's attire.*

Group Sex = *Engaging in sexual contact with more than one partner at a time.*

Circle jerk - *masturbatory behavior in a group setting - gets recorded at the bottom of the page.*

Non-offending extramarital affairs =

When married, having sexual relations with someone other than who you are married to.

Count the number of incidents of sexual activity (ex: intercourse 10 times with one person = 10 incidents or extramarital affairs is the same as 10 incidents with 10 different people.)

Marriage includes common law (living together for more than 2 years. When in doubt as to whether the length of time living together is two years, assume non-marriage.)

When leaving a marriage and openly establishing another relationship without securing a divorce this does not equal an extramarital affair.

If the second relationship continues for two or more years, it gets defined as a common law marriage.

Nude photos = *Taking a nude photograph or having one taken of oneself.*

Sex with males = *Any occasion of sexual activity with another male.*

Urophilia = *Sexual activity involving urine*

Coprophilia = *Sexual activity involving feces*

Necrophilia = *Sexual activity involving a corpse, human or animal. Record any and all activity- even if already recorded.*

General Notes:

Unless there is some specification that indicates an exact number of incidents per unit of time (for example 2-3x per week for a year = 2.5×52) we will assume 1 incident per month.

Any time there is a range (ex: 3-4 record as mid range = 3.5)

Weekly and hourly rates should be calculated.

“Couple” = 2

“Few” = 3

“Several” = 4

“Numerous” = 7= “a number of...”

When other terms are used (ex: many) - pick from these the one that most closely captures the meaning and assign that number.

When given an age range to calculate, subtract the younger age from the older age.

In terms of incidents, the default is only one if unable to specify the number of incidents but it is clear that the activity has been engaged in. (Exception to this rule is if the exact number is present in the polygraph report and the perpetrator has clearly indicated that there were many more incidents than the default of one.)

Appendix C

Composite Case Examples

Reviewing the case files for this project has been an interesting trip down memory lane. In organizing these cases for coding, I have had the opportunity to review the stories behind the case histories. A number of different themes have emerged as the polygraph testing has intersected with the rest of the sexual deviancy evaluation and treatment process.

I have organized these cases into 6 different categories, which cover the range of patterns that emerged. The six themes are:

- (1) Simply admitting: Cases where the polygraph testing was useful in helping the client to simply admit to the presenting problem.
- (2) Much more to the story: Cases where the polygraph helped elicit a much more extensive deviant sexual history. This more extensive deviant sexuality was a central theme in these men's lives. If this history had been left unexamined, any treatment that followed could not have touched this core issue.
- (3) A new kind of deviancy: Cases where the polygraph testing helped the client to report a new and different type of sexually deviant behavior.
- (4) Too dangerous to treat in the community: Cases where the polygraph testing helped elicit critical information that indicated the nature and extent of the sexually deviant acting-out was so problematic that this client was not appropriate for treatment in an outpatient setting.
- (5) That's all folks: Cases where the polygraph testing simply confirmed what the client had reported in his clinical interviews.
- (6) Community-based treatment without a "passed" polygraph: Cases where the sexual history polygraph results were inconclusive or indicated deception, but other circumstances led me to offer outpatient treatment services.

What follows are fictionalized accounts that represent the six themes described, above. I offer these case examples to illustrate the patterns that emerged in the case files that are analyzed in the main body of this study. Each case represents an amalgam of different cases from my agency's case files. In order to protect the confidentiality of my clients, I have taken pains to ensure that no case would suggest any particular subject's actual experience. However, these examples are true to the general nature of the actual cases. I hope these illustrations will convey important information that would not come through in the raw numbers and data analysis.

Case #1: Simply Admitting

George Halberstram came to me for an evaluation, after he had entered an Alford Plea, the equivalent of a No Contest plea. He had been charged with the sexual abuse of his 11-year-old stepdaughter, Colleen. He had denied any sexual behavior with the girl when he had been interviewed by the investigating detective.

sexual abuse of his 11-year-old stepdaughter, Colleen. He had denied any sexual behavior with the girl when he had been interviewed by the investigating detective.

George came to his initial interview with me saying that he was hoping to get back together with his wife and stepdaughter. He told me he pleaded guilty in order to save the child the embarrassment of having to testify in court and "to get this whole thing behind me." Besides, he had been told by his public defender that he had little chance of being acquitted in a trial. So, he entered what amounted to a plea of guilty, without admitting guilt.

The police reports and other case information indicated that 11-year-old Colleen had been talking to a friend, after a school program on "good touch, bad touch." She told her friend some of the things that had been discussed in the school program were like what her stepfather did to her. Her friend told the teacher what Colleen had told her. The teacher told the school counselor. The school counselor talked to Colleen, who reported that George would come into her room at night, after she had gone to bed and after her mother had gone to bed. Over time, George had begun to give her massages and his hands had begun to rub over her "private spot." Colleen defined this as her breasts and crotch area.

The school counselor reported this information to Child Protective Service. Colleen was later interviewed by a child abuse specialist at the police department. She repeated what she had told the school counselor. In response to questions from the interview specialist, the girl added that she was embarrassed by her stepfather's behavior, but had not done or said anything to George, because she didn't know what would happen. George had often been drinking before these incidents and she knew he could have a temper when he had too much to drink. The first time George had rubbed her privates, he had told her that she shouldn't tell her mother. On subsequent occasions, he would occasionally remind her of this. Sometimes George would add that her mother wouldn't believe her if she did tell or her mother would get "mad as hell, and you know what that can be like." The girl reported that the molestation had started at the end of the last school year. In the past few months, her stepfather would come into her room and molest her a couple of times per week.

During his interviews with me, George stuck with his story that he had never been sexual with the girl. He did acknowledge that he had given the girl back rubs at her insistence. He went on to tell how the girl had seen him rub his wife's shoulders and wanted to get in on a good thing. George pointed out that the girl was very affectionate. He had been surprised, early in the relationship with his wife, how the little girl "took a shine to me... Shoot, that girl was all over me like stink on shit." George admitted he had sometimes had a funny feeling that the girl was trying to seduce him. And at times he had wondered what that might be like. But he adamantly denied that he had ever intentionally tried to be sexual with the girl. However, he did admit that he had a bad habit of drinking too much. This criminal charge had brought that to his attention "like a bolt of lightning." George reported with some pride that he had not had a drink since the day he was first informed of Colleen's accusations. "That made the wife happy." She had been complaining about his drinking for years.

In our interviews, George insisted that he could not understand why Colleen would say things about him that weren't true. "She's a sweet gal, wouldn't go out of her way to hurt nobody. Heck, she always liked to hang around me. She never really knew her real dad, he took off when she was this little. I'm the only dad she's ever really known."

At the beginning of our last interview, I reminded George that, following this session, he was to schedule polygraph and plethysmograph testing. The polygraph testing would address his sexual history. We then spent the session discussing his sexual history in some detail. George's description of his sexual behavior was unremarkable. I went through a list of sexually deviant behaviors and he denied that he had ever engaged in any of them. He denied that he had ever been accused of improper sexual activity. He again denied any instances of sexual activity with a minor, either with Colleen or anyone else. When I pressed George about the ring of truth to Colleen's description, he said he had to admit that it sounded like she was reporting something that had happened, but nothing like he remembered. "I did go in to tuck her in. Her mom was always fast asleep by then.... And I was drinking a lot back then. There were times when I'd come home and I couldn't remember driving home.... Who knows, maybe there were times I did what she said. Hell if I can remember, though."

To prepare the polygraph examiner for interviewing and testing George, I sent him information about George's case. In essence, I had written a rough draft of the Case History section of what would be George's evaluation report. That draft looked much like what I have written in the paragraphs, above. At the polygrapher's office, George was introduced to the polygraph testing procedure. The polygrapher then conducted a structured interview addressing a list of sexual behaviors. This pre-polygraph interview was informed by the case information I had sent to the polygrapher.

During this interview, George told the polygrapher about one new incident. He described a time when he had been giving Colleen a back rub. He said he was surprised by the girl asking him to "show me sex." He had, without thinking, started to rub her vaginal area. "It was only for a couple of seconds. Then I realized what I was doing and I stopped." George denied that he had said anything to Colleen about not telling, "Not that I remember. I had been drinking that night, though." He denied any other sexual activity with Colleen, with other minors, or any other sexual activity he had not reported previously. As in his interview with me, George denied use of alcohol since he became aware of Colleen's accusations. He denied ever using force or coercion to gain sexual favors.

Polygraph testing was then conducted. George answered "no" to the following relevant questions:

- (1) Regarding this history, did you lie to me about your sexual activity?
- (2) Regarding this history, did you lie to me about your sexual activity with anyone under the age of 18?
- (3) Regarding this history, did you lie to me about your sexual activity with Colleen?

- (4) Regarding this history, did you lie to me about your use of either alcohol, illegal drugs or violence?

The polygraph charts indicated deception. At the post-test interview with the polygraph examiner, George was asked if he could explain the deceptive results. George returned to the issue of telling Colleen not to tell. "I think I told her we shouldn't be doing this."

The next day George called to tell me that he had "come clean" with the polygrapher and he felt a lot better. After I received the polygraph report in the mail, a few days later, I called George and talked to him about the fact that he had failed the test. "Yeah, I guess I did, but then I told him the truth." I reminded George that if he wanted me to write an evaluation report that would be helpful to him when he went to sentencing, he would need to re-take the polygraph and "pass" it. If he had anything more to report, he could schedule an appointment with me to discuss it. Or he could just reschedule the polygraph. But, I warned him, if there was anything more he needed to report, he had better tell the polygrapher or he would again fail the polygraph test. George assured me that everything had come out and he would have no difficulty passing the testing next go-around.

At the pre-polygraph interview for the second round of testing, George expanded his earlier report to admit to all that Colleen had reported, plus he reported that he had peeped on the girl, when she was emerging from the shower, from a hole he had drilled in an adjoining walk-in closet. After the interview, as the instrumentation was being set up for the polygraph testing, George added that there had been one other incident. Several years before, after his first marriage and before he met his present wife, he had been living with a girlfriend and her 14-year-old daughter. During some horseplay and tickling with this girl, George had "copped a feel" of her breasts. The girl had stopped the play and given him a dirty look. Nothing was ever said and he never did that again.

The testing was begun, but after the first set of charts the examiner could tell that there was a problem. George was asked if there was anything else he was withholding. He admitted that he had not abstained from drinking as he reported earlier. He had "cut way back" since he was first informed of Colleen's accusations. "Now its only about three time a week... not nearly as much a before, and then only 2 or 3 beers. Everyone asks me if I turned into a lightweight." Asked about when was the last time he had consumed any alcohol, George reported that it was "last night,... 5 beers... but I was worrying about this." The remaining polygraph charts indicated that he was truthful in his answers to the relevant questions.

George ended up participating in several years of treatment with me as part of a suspended sentence. The polygraph testing had not only confirmed his stepdaughter's account of his molestation, but led to his adding several elements that she could not have known. In addition, George had reported continued alcohol consumption that was likely, at least eventually, to cause problems. The terms of his probation required him to participate in an alcohol and drug abuse monitoring program. This helped him abstain from further drinking.

It was my impression that George was not someone who was compulsively

driven to have sex with pubescent and adolescent girls. Rather, it seemed that he was a man who had few internal controls. Moreover, he had managed to avoid being accountable to external rules and controls. George began his treatment in our program chastened at being caught in some overt lies about the extent of his offending behavior. Treatment focused on his following the rules and telling the truth.

Occasionally George would slip into minimizing his offense behavior. This usually came to light when a new man would join his treatment group. On these occasions, group members would introduce themselves to the new member with a brief account of the sexually deviant behavior that brought them to treatment. George would occasionally describe his offense history in a way that sounded more like what he was saying on referral than what he ended up acknowledging after two polygraph exams. When confronted, George would usually acknowledge that he was giving the "candy-coated version" and give the more complete (and truthful) one. Once, however, George was defiant, saying he had only given the expanded version of his offending because "that's what everybody wanted to hear." I reminded him that he had shown deceptive on polygraph testing when he gave the less extensive account of his offending. He countered that he had reported more than he had really done, "just to be safe."

I offered George the opportunity to take a new polygraph test regarding his more limited version of his offending. At his next session he apologized for "getting on my high horse and blowing smoke." He admitted he had lapsed into "halfway believing my own bullshit." George continued to occasionally test treatment and probation rules, but ended up completing the treatment program. Near the end, he became something of a peer leader in his treatment group. He also came to speak reverentially about the polygraph to new clients. "That damn thing makes you tell the truth. And you know, it's helped me a lot."

Case #2: Much More to the Story

Barry Teller called my office, a few hours after his interview with a police detective. Barry was in the midst of a divorce. Barry's 10-year-old stepdaughter, Velma, had told her mother, Regena Teller, about Barry molesting her. She reported a number of instances where he had engaged her in mutual fondling over a period of several years. After Velma's report had been forwarded to the local Child Protective Service Office, a caseworker had interviewed her 15-year-old brother, Harry. After attempting to avoid coming to meet with the caseworker, and after initially indicating that nothing sexual had ever occurred with his stepfather, Harry reluctantly reported that once, when on a camping trip with his stepfather, they had engaged in mutual masturbation. This had occurred when he was about 11. The boy insisted that there were no other instances of sexual contact with his stepfather and he knew of no other instances when Barry had been sexual with any other children.

Barry came to the interview with the detective unaware of the report by his stepchildren. He had been separated from Regena and her children for several months. When told about Velma's report of sexual abuse, he tearfully admitted that he had been sexual with the girl. There was some minimization about the nature and

extent of the sexual contact, but he essentially acknowledged that the girl was telling the truth. When questioned by the detective, Barry denied sexual contact with any other children. He specifically denied any sexual involvement with his stepson.

The detective explained that she had investigated many cases of child sexual abuse. It was her experience that perpetrators were frequently troubled men who needed professional help for emotional problems. The detective then told Barry what Harry had reported. Barry then was challenged, "Why would this boy make up something like this?" Barry had to admit that the boy had no reason to lie and admitted to the incident as reported. Barry went on to say, "I don't know why I did that."

The detective invited Barry to explain why he had molested his step-children. Barry went on at length about his troubled marriage to Regena. He explained the stress from this and several other sources had led him to act in ways "that aren't like me." The detective asked Barry if he had ever been sexually abused as a child. Barry almost jumped to respond to this question. He explained he had been picked on by older boys when had been in 6th grade. He had been coerced into engaging in mutual masturbation. "I hated that." Moreover, he had been threatened with physical violence by these older boys if he did not comply or if he dared to tell anyone about his sexual victimization.

Asked by the detective if he had engaged in sex with any other minors as an adult, Barry denied that he had. He asked the detective about the help that she had talked about for men with his sorts of problems. She provided him with a list of therapists who specialized in this area.

Barry came to see me for his first appointment the day after his interview with the detective. He had called me the day before and insisted he needed to talk to someone about his situation right away. In the first part of our initial session, I asked Barry about the presenting problem and he told me much the same story he had told the detective the day before. I then asked Barry if he had ever had sexual contact with any other children as an adult. He said that he had not. He denied engaging in any other sexual behavior that would be against the law.

I asked Barry if he had ever been accused of a sex offense. He said he had not. I asked if anyone had ever raised questions or expressed concerns about his sexual behavior, he responded, "Regena is always accusing me of something." He described his estranged wife as a troubled woman who was impossible to live with. "She was always accusing me of having affairs for no reason at all. Once she found a Playboy that someone I work with had left in my car. She accused me of being a porno freak!" I asked if there were other occasions when he had been accused of sexual misbehavior. He said there were not.

As this case was in the initial stages of investigation, I would not receive any police reports or victim statements for several weeks. However, Barry had signed a release and, after my session with him, I spoke to the detective by phone and she confirmed that what Barry had told me was essentially the same as what he had told her. The detective also confirmed that his story came close to matching what his step-children had reported. (Note: for purposes of the present study, the above

information would have been reported as sexually deviant history available On Referral.)

I then talked with Barry about his general personal history. I shifted the focus of our discussion by saying, "Well, enough of this. If I am going to work with you, I need to know about the rest of your life, to see how this problem fits in with who you are and what you've done throughout your life." Over the next several hours of interviews it became clear that Barry had lived a complicated and chaotic life. What he had reported about his sexual victimization as a child was but the tip of the iceberg when it came to discovering the problems he had encountered. As we talked about his life story over several hours of interviews during the following weeks, he would frequently comment, "Gosh, its been a long time since I thought about this." There were times when, talking about a troubling childhood experience, Barry would confide, "I've never told anybody about this, before."

Barry often had difficulty putting events in chronological order. He had problems remembering how old he had been or what year it was when important events occurred. At the time of our interviews, he was in the process of getting divorced for the third time. His explanations for the problems that led to his first two divorces were vague. He reported that throughout his adult life he had lived in several states, worked at many, very different jobs. He had abused alcohol and other drugs. I referred him for an alcohol and drug abuse evaluation and encouraged him to abstain.

After reviewing his general social history, I talked to Barry about his sexual history. We talked about where he got his information about sexual anatomy and physiology. He reported he started masturbating in junior high. He said he was intensely interested in girls at that time, but he never dated throughout high school because he was too shy. He did, however, report that during his teenage years he had molested two nieces while babysitting them. He reported that he'd had several extra-marital affairs with women he met in bars throughout his adult life. (Regena's concerns had some justification.) He met his second wife in a bar. She was still married at the time. They began an affair that ended in her divorcing her husband and marrying Barry. Their marriage was affected by a long-term custody battle between his new wife and her ex-husband. They eventually moved to another state to get away from the former husband.

In the course of evaluating a new client for sexual deviancy, I will try to meet with and talk to the client's spouse, or some other person who knows him well. This helps me round out my understanding of the person I am evaluating. Regena, Barry's estranged wife and mother of the victim, was not willing to meet with me. I learned this during a phone consultation with the therapist who was working with Velma, her 10-year-old daughter. This therapist also told me that she had met only briefly with Harry, the 15-year-old stepson. The boy had not wanted to talk to a therapist and insisted that there was no real problem he needed to work on.

I asked Harry about who else I might talk to. He told me that he wasn't very close to his parents, but he had a brother who lived in the area. He gave me his brother's phone number. Barry told me he didn't know how to contact his first wife,

but he gave me the address of his second wife in California. He did not know her phone number and said it was probably unlisted. Barry signed releases for me to talk with his brother and his second wife. I sent a brief letter to his second wife and invited her to contact me. She sent me a three-page letter and invited me to call to talk with her. I learned from her that she and Barry had a troubled marriage from the beginning. She initiated a divorce after learning that Barry had molested her 9-year-old son and his friend on a camping trip. The friend had told his parents, who reported it to her. "I didn't ask for any details and my son didn't want to talk about it... but that was the last straw."

I confronted Barry with this information. He admitted that some sexual activity had occurred with the two boys on a camping trip. He explained that they had played strip poker, which he described as a "harmless male-bonding thing." However, things had gotten out of hand, and the boys had asked him about masturbation, "and I showed them." When pressed, Barry explained this meant he had started by masturbating himself, but "had to show" the boys by rubbing their penises and the boys had ended up rubbing his. Barry insisted that nothing more had occurred and this was the full range and extent of his sexual history. (Note: For purposes of the present study, this information would have been reported as the additional deviant sexual history reported During Clinical Interviews.)

Barry reported no new information at the pre-polygraph interview. He showed deceptive on the relevant polygraph questions. At the post-polygraph interview with the polygraph examiner, Barry added several more victims and many more incidents of molesting boys and girls he was babysitting during his teenage years.

I received the report of the polygraph exam in the mail. I called Barry and told him that it was important that he pass the polygraph exam, so I would know that he was not hiding important information from me. He could go back and take the polygraph exam, telling the polygrapher any additional information he needed to report in order to show truthful. Or, he could come in and talk with me before going back for testing. Barry said, "I'd better come in and talk."

At the session that followed, we started off talking about Barry's molesting while babysitting during his teens. We ended up revisiting his entire sexual history. Barry reported he had discovered masturbation while shinnying up a pole about age 8. He found the sensation of self-stimulation to be pleasurable. He began masturbating as a way of feeling good and escaping from the chaos and unpleasantness in his life. Within a few months he was masturbating almost daily. He didn't start ejaculating until two years later, when he was 10. However, at age 8, an older male cousin had caught him masturbating and engaged him in mutual masturbation. Barry reported he had felt both aroused and ashamed by this activity. An older brother of this cousin apparently learned about Barry's masturbating and sexual activity. This 17-year-old cousin engaged Barry in mutual masturbation and mutual oral sex on many occasions. Afterwards, Barry found himself targeted by older boys, as his family moved from one town to another during that time in his life. "I was bait. How they knew, I never figured out."

Barry went on to say he had few peer-age friends. He was much more

comfortable with younger children. He would play with the younger children and, starting about his age 11, he began to babysit them. "Wherever we lived, the parents loved me, because they could leave the kids with me and party with my parents." Because there were so many different victims and incidents, I asked Barry to make a list, so he could feel certain he had made a complete report at his upcoming polygraph re-test. He did, and came up with 23 boys and girls he molested before his age 18, involving about 100 separate incidents. Barry recalled that during this period he was especially aroused by fellating pre-pubescent boys. Towards the end of his high school years he had begun to abuse alcohol and other drugs.

Barry went on to report that joining the Army was more than an attempt to get away from his parents, as he had reported earlier. In fact, he enlisted in an attempt to redeem himself. He quit drinking and using drugs. "They were starting to get tough about that, and besides, I wanted to quit." In boot camp, a fellow recruit introduced him to religion and he started attending church at his first duty station. He met a 16-year-old girl in church and they started dating. After a year, they were married. He was happy. They had two children. He intended to make a career of the Army. He was sent on a one-year overseas assignment. He was too low in rank to have his wife and (at that time one) child accompany him. During this time, he babysat for a sergeant and molested a 6-year-old girl as she slept, several times. He didn't think the girl ever knew about his molesting.

Returning to the states, Barry was joined by his wife and children at his next duty station, far away from his wife's family. She was unhappy being so far away from home, so he got out of the service at the end of his enlistment. They moved back to his wife's home town. He had a hard time finding work. He was miserable. He started drinking, not much, but enough to concern his wife and others in the church. They helped him find work and encouraged him to participate more in church activities. He became coordinator of youth activities. Barry had a way of relating with children.

Barry then reported that he had molested many children over the next two years. When this was discovered by the parents of the children, Barry was in disgrace. He and his wife divorced. He was encouraged to leave town. There was no formal intervention and nothing was reported to civil authorities. Barry felt lucky, because he wasn't prosecuted, but also unfairly separated from his two children. He said he never had any sexual contact with them.

Barry went on to tell more about his second marriage. This was an unhappy affair from the beginning. He reported several more extra-marital affairs. He molested his step-son and several of his friends on many occasions. Barry realized that when one of the boys told his parents about a single incident, this was but the tip of a very messy iceberg. "I gave my wife everything and left town."

Barry reported he lived a period of social and sexual isolation until he met his present wife, Regena. He continued to drink, off and on, but described cutting way back on his drinking "when she asked me to." He molested her two children. He didn't have anything to add about his abuse of Velma. However, he had been sexual with Harry on many occasions over three years until the boy was 14. He said Harry

then told him to "knock it off or I'll tell my dad." In the middle of talking about this expanded report of deviant sexual history, Barry paused and said, "God, I hate to admit this."

At the pre-polygraph interview for the second exam, Barry added that during his teens, he had exposed himself to adult women on perhaps 10 or 12 occasions. He had previously denied ever exposing himself. On the testing, he showed truthful on three of the four relevant questions. He showed truthful when he said he had told the truth about his sexual activity with Velma and Harry, on the question about his sexual activity with minors and to the question where he said he had been truthful about his use of alcohol, illegal drugs and physical violence. He showed deceptive when he said he had been truthful on the question about general sexual history. At the post-polygraph interview, Barry told the examiner that he couldn't understand the deceptive finding. "I've told you everything."

After I received the report of the second round of polygraph testing, I called Barry. He insisted he had told the polygrapher the full and complete story of his sexual history. Because Barry had contacted me so early in the investigation, we had some time try to work things through. His attorney was in the process of negotiating a plea agreement with the prosecutor.

I had talked to Barry about the treatment program. I suggested he start attending the treatment group. Clients in my program do not usually begin participating in group until after the evaluation is completed. Barry participated in two group sessions. He heard other sex offender clients, who were farther along in the recovery process, talk about the need and value of self-disclosure and complete honesty.

At our next individual session, Barry reported some new information. Although he had denied any sexual contact with pets or other animals when asked, earlier, he now acknowledged engaging in sexual activity with animals. He reported sexual contact with pets about 15 times in his teens and 3 times as an adult. I asked if that was all that had kept him from showing truthful on the last polygraph exam. He said it was. We were 15 minutes into our 50-minute session. Knowing that Barry had to pay for an third polygraph exam and had a raft of other expenses associated with his divorce and prosecution, I offered to cut the session short and not charge him for a full session. Barry wanted to stay and talk about the process of getting honest about such a difficult and embarrassing subject. We spent the rest of the hour talking about truth-telling in the face of shame and fear of punishment.

Barry added nothing to his report at the third pre-polygraph interview. The polygrapher noticed, in looking at the first set of charts, that Barry was responding to the question about alcohol, drugs and violence. Barry then added that there were some occasions when he had shared cocaine with his wife, Regena. He was concerned that this information might get back to her employer, who had a "zero-tolerance policy... I'd hate for her and the kids to suffer any more, because of me."

Barry showed truthful on the polygraph testing. He went on to participate in community-based treatment as part of his sentence, which included a 6-month period in the county work release facility. Shortly before he was to take a polygraph test to

corroborate his compliance with treatment and court-ordered rules, Barry reported remembering some additional information about his sexual history. Previously, he had talked about his childhood sexual victimization as a singularly unpleasant and demeaning experience. He now reported that there were many times he found the physical sensations of sexual activities with the older boys to be pleasurable. He reported being ashamed of this, even now, and said, "At the time, I hated myself for liking it."

Over time, Barry came to accept some aspects of Velma's account of his sexual abuse as more accurate than what he had originally reported. By the second round of testing, he had shown truthful on the polygraph question about his sexual involvement with this child. He had acknowledged what he had done to the girl had been wrong. But he continued to insist he never got any indication from Velma that she didn't like his sexual advances. Over the course of treatment, and with an growing willingness to examine his beliefs and perceptions, Barry came to see there were times the girl had attempted to discourage his sexual activities.

Throughout treatment, Barry reported some additional child victims. This usually occurred when he was recalling a related event, and he was reminded of molesting another child. Barry was able to accept, and we were able to work with the shared realization that sexual deviancy was a central and dominant theme in his life. He understood that he was extremely fortunate not to be serving a lengthy prison sentence for his crimes. He had caused an enormous amount of harm to many victims and their families.

Barry needs to keep prevention of reoffense at the top of his list of priorities. This means managing sexually deviant impulses as they occur so as not to reinforce them. He must also be wary of using sexual pleasure as a method of escaping from life's many challenges and frustrations. Barry has also accepted that he must have his life structured to avoid opportunities and temptations to reoffend. For example, he wanted to attend church, but I insisted the minister and several church members be well-informed about his offense history and legal status. He could only attend church activities when he was monitored by a "chaperone" who had met with me and was conversant about the behavioral rules Barry needed to follow when he was around youngsters. Over time, Barry came to be involved in a variety of church service activities. These only involved other adults and he was always accompanied by a chaperone.

A shared understanding of Barry's extensive deviant sexual history has helped Barry and others stay mindful of the huge stakes involved, here. That would not be the case if we were limited to discussing what was reported by his stepdaughter and stepson, and what Barry reported during his clinical interviews. Polygraph corroboration of his self-report of sexual history has been an essential part of treatment interventions. The resulting expansion of his sexual history has allowed Barry and others to work in a well-informed way to reduce the likelihood of his reoffending.

Case #3: Disclosing a New Kind of Sexual Deviancy

David French called to begin his evaluation after returning to Municipal Court and being threatened with jail time if he did not follow through on the conditions of his probation. He had been cited for Public Indecency, exposing himself to a woman and her children. This had occurred when he was in his car in a parking lot outside a video store. David admitted he had been masturbating while sitting in his car. He said he had been aroused by looking at "a pretty lady I noticed in the video store." He reported he left the store and pulled his car next to her mini-van and was masturbating when the woman and her children left the store. When they got into their vehicle, they looked down into his car and noticed him masturbating. The mother grabbed her children, ran into the store and asked the clerk to call the police. David was a regular customer at the store and the clerk was able to give police his name and address from the video membership information.

When police contacted him, later that night, David told them he was only "adjusting his clothing" when he was observed from the mini-van. Under further questioning, he admitted he was masturbating and had intended to be seen. When he came to his first interview with me, David brought only a copy of his citation and the summons to go to court for "failure to comply" with conditions of probation. The citation had very little information, other than the date of the incident and the offense for which he was cited. With some encouragement from me, David acknowledged this was not the first time he had engaged in this sort of behavior. In fact, he'd had several close calls, where he had been stopped and questioned by police. He had always managed to talk his way out of big trouble. He expressed surprise that the present case had been pursued as far as it was. He expected it to get dropped, but found himself in court and advised by an appointed attorney to plead Guilty, and take a year of probation.

David had failed to follow through on the one requirement of probation, "Obtain counseling and have the counselor make a report to the Court." David figured he could just ignore this. He was surprised to be summoned back to Court, 8 months later. He arrived and was assigned another attorney in the courtroom. There was a new city attorney, also. He was given a month to "get into treatment" and a review hearing was set for 30 days later. David was told if he came back without proof of being in treatment, he would be sent to jail.

Getting case information was difficult in David's case. He didn't know the name of his attorney, and when I called and sent requests in the mail to the law office noted in the court papers, there was no reply. The Municipal Court had no probation department. Probation compliance was checked by a court clerk, who forwarded information on to the judge. The city had a new city attorney, however, and he had experience as a prosecuting attorney in felony cases. While he had never worked on sex offense cases, he had a general idea of how they were handled in the felony court, and knew that it could be important to have defendants evaluated and treated by therapists who had specialized experience in treating sexual deviancy. Before David left the courtroom, the city attorney gave him a list of therapists.

The city attorney sent me a copy of the police report and victim statement for

the present offense. By the time he had gotten to me, David's account was fairly close to that of the victims. He admitted to masturbating and acknowledged he got some arousal from the prospect that the woman might see his exposed privates. The city attorney also sent me a previous police report of David exposing to a woman in a parking lot in a nearby park. David reported that he went to court, but neither the police officer nor the victim showed up, so the case was dropped. David expected the same to happen in this case. He was caught off guard when he was given probation and expected to follow through with treatment.

The city attorney sent me David's arrest record (rap sheet) which included a list of traffic violations, another indecent exposure citation and an arrest for criminal trespass. Most of the traffic violations were cleared by paying a fine. No disposition was noted for the indecent exposure or the trespass.

David was quite forthcoming in our clinical interviews. He reported he had started peeping in his early teens. He peeped on a neighbor girl, then on many women and girls over a wider area, as he got into his mid-teens. He became more emboldened and took greater and greater risks. He had started off by masturbating after he got home from his peeping forays, but then began to masturbate in remote places on his way home. David then began masturbating while he was looking through windows. When he turned 16 and got his drivers license, David started masturbating while driving around and observing women and girls "from 6 to 60." At his age 17, he had been sitting in his car masturbating while watching a girl he had been following. The girl walked past the car, looked in and was surprised to see David's pants down and masturbating. David reported that he got a "real thrill" from the shocked expression on the girl's face. He said he sought to re-experience that feeling in the exposing he had done since that time.

David came to prefer exposing to peeping. He reported engaging in this behavior several times per week. This usually took place in his car, but he also exposed to neighbor children from the window of his bedroom, in the house he shared with his parents. David reported he usually wasn't seen when exposing from his home, but, a few years ago, one teenage girl came back to look at him, several times. He found this very arousing. The girl and her family moved away a few months after this began, and he never again had a regular audience like that. However, remembering this scene had become one of his favorite masturbatory fantasies.

David masturbated at least once per day and frequently several times a day. He was shy and seemed somewhat depressed. He reported using X-rated videos and a range of pornographic magazines to enhance his frequent masturbation, in addition to his exposing and occasional peeping. The criminal trespassing citation, he reported, resulted from being caught peeping into the rooms of a local motel.

Thus, David provided an extensive self-report of deviant sexual history at our clinical interviews. He denied any other areas of sex offending or deviant sexuality. Because his peeping and exposing involved both adult and minor females, I asked about other sexual involvement with children. He specifically denied any hands-on sexual contact with minors. He reported his peeping and exposing to girls was not the result of any preference for minors, but rather his lack of discrimination as to the

age of his female victims. He reiterated that he would get aroused to females "from 6 to 60."

At the pre-polygraph interview David provided no significant new information about his sexual history. I had no referral information that indicated there were problems other than in the area of exposing. David had provided me with information about his peeping, use of pornography and compulsive masturbation in our interviews. However, the polygraph charts indicated deception.

At the post-polygraph interview with the examiner, David reported several incidents of sexual contact with a niece and a nephew. In a subsequent meeting with me, David explained there was a period, a couple of years ago, when his older brother, his wife, and their two children were staying in the home with David and his parents. During this time David noted that his 5-year-old niece "seemed interested." On occasions when he was alone with her, he would use the bathroom without fully closing the bathroom door. David reported the girl's "curiosity got the better of her" and he noticed her looking in on him.

David reported using this opening to play games with the girl, including a bet that she couldn't unbutton the fly on his jeans and daring her to flash to him. David also reported engaging in tickling and horseplay with his niece and her 4-year-old brother. He used these occasions to grope their privates, over their clothes. This progressed to "show me" games and mutual fondling, under the clothes with both children.

This information was reported to Child Protective Service, as required by child abuse reporting statutes. David's brother and his wife had divorced by this time. The children were living with their mother at her parent's home. Caseworkers interviewed both children, their mother and father. The children gave confused and conflicting statements. Neither their mother nor their father wanted to pursue the matter and were resistant to the idea of the children talking to a counselor about this matter. No formal legal consequences resulted.

However, David did pass his next polygraph and began treatment with a different attitude than when he first showed up. He saw himself as lucky to have gotten these problems out on the table. His probation was extended, and he was required to be in treatment for a year after he completed his evaluation. David then continued in treatment, voluntarily for an additional two years. He blossomed in his treatment group with its atmosphere encouraging the disclosure of problems and dealing with them. David was greatly assisted by anti-depressant medications that help lift his mood and greatly reduced his sexual compulsivity.

David was able to acknowledge that he was especially attracted to younger females, especially pubescent girls. Having acknowledged a history of both extensive exhibitionism and hands-on child molestation, David fashioned a lifestyle that limited opportunities and temptations to reoffend. He agreed he should not be around children without someone to chaperone him. He structured his schedule so he would not have time on his hands when he could cruise for opportunities to peep or expose.

Case #4: Too Dangerous to Treat in the Community

This case began when 15-year-old Amy Fischer reported that her neighbor, 52-year-old Ed Douglas, had raped her. Amy reported she had gone over to visit with Ed's 12-year-old daughter, Kate. Ed came to the door and said Kate wasn't home, but would be back, soon. He invited Amy into the house to wait for his daughter.

Amy reported Ed and she were sitting on the couch in the Douglas' living room, watching TV, when Ed grabbed her, started kissing her, held her down when she started to resist his advances, then pulled down her pants and panties and entered her and engaged in vaginal intercourse. Afterwards he had advised her not to tell anyone as nobody would believe her. Amy later told a friend who told her parents, who then called Amy's parents to report what their daughter had told them. Amy's parents took her to the family doctor, who gave Amy a physical exam and passed Amy's report on to Child Protective Service (CPS).

Amy's parents did have a hard time believing Ed had raped their daughter. Ed was well-liked as a neighbor and respected in the community. He worked as a middle manager for a large company and earned a good living. He lived with his 35-year-old wife, MaryEllen and three children in a nice house in a good neighborhood. He had adopted Kate, MaryEllen's daughter from a first marriage. In addition, Ed and MaryEllen had two other children: Jason, age 5 and Jennifer, age 7. The family regularly attended church. MaryEllen was regarded as a devoted mother who home-schooled the children.

A CPS caseworker interviewed the three children at home while Ed was at work. Jason and Jennifer admitted that their father sometimes did things that they thought was weird and sometimes made them feel uncomfortable. He would walk around the house in the nude, saying "the human body is nothing to be ashamed of." Kate reported that sometimes, when she was in the bathroom taking a shower, Ed would come into the bathroom to shave. She said she was beginning to feel uncomfortable about this behavior. All of the children reported they would sometimes crawl into their parents' bed. Ed always slept in the nude and sometimes, when he was sleeping, he would rub up against them.

MaryEllen did not believe Amy's story about Ed raping her. Talking to one caseworker while the children were being interviewed by another social worker, she said, "That girl is trouble." After the Douglas children were interviewed, the CPS caseworkers told MaryEllen that it was essential that Ed not live in the family home or have contact with their children while the case was being investigated. MaryEllen was furious. She was then told that either she had to cooperate in obtaining a restraining order, prohibiting Ed from having contact with the children, or the children would be placed in foster homes. MaryEllen agreed, saying she was sure that this terrible mistake would be cleared up in no time.

It turned out that Amy was a developmentally delayed girl who had a reputation in the neighborhood for sexual indiscretions with teenage boys. Her parents acknowledged they had been aware of this problem and had attempted to keep tabs on her activities. They never imagined, however, that they needed to have any concerns about Ed Douglas. Amy's medical exam was not conclusive. There was

physical evidence of vaginal penetration, but Amy acknowledged that, in addition to being raped by Ed, she had engaged in intercourse with several teenage boys. The exam did not show signs of physical trauma to her genital area. Her exam took place some time after the purported incident. Thus, there was no evidence of semen or other definitive physical evidence of Ed having intercourse with the girl.

MaryEllen called Ed at work after the CPS caseworkers had left on the day her children were interviewed. He retained an attorney. His attorney advised him not to be interviewed by the police. Ed's attorney negotiated a plea agreement with the prosecuting attorney. Ed entered a plea of Guilty to the charge of Child Molestation in the Third Degree. This charge involves sexual activity with a minor, ages 14 or 15, but does not require admitting or proving intercourse or penetration. The plea agreement indicated the prosecutor would recommend probation and outpatient treatment if Ed secured a favorable evaluation from a therapist.

In our first interview, Ed said, "I don't know what came over me," when he talked about the sexual incident with Amy. He described the neighbor girl as a seductress who was "15 going on 25." He said his adopted daughter, Kate, looked up to Amy and found "her worldly ways" to be exciting and enticing. Ed admitted to some flirting with Amy over time, in what he had thought was a harmless game. He added, "My wife saw it and told me to watch out for that girl."

Ed's description of the precipitating events were similar to Amy's. He said they were sitting on the couch, waiting for Kate to return home, when he and Amy engaged in some flirting. However, it was at this point his account began to differ substantially from the girl's. He reported, "Then, out of nowhere, she said, 'Want to see my boobs?' She pulled her shirt down to show me. It got me going. We did some kissing and fondling. I rubbed her breasts and kissed them. I'll admit, I got carried away. She pulled down her pants and panties. I started to take off my pants. Then I said, 'What am I doing?' I told her we shouldn't be doing this. I think she was embarrassed. I did tell her that we didn't need to tell anybody about this. I think she was embarrassed about the whole thing. I know I was. The problem is, she's gone and made up this incredible story... I guess so she won't feel so bad about what happened.... But she's destroying my family and wrecking my reputation."

Ed adamantly denied any intentional, sexually motivated behavior with the children in his family. "I have an open attitude about the human body. Its nothing to be embarrassed about... In retrospect, I should have been more aware that (his adopted daughter) Kate was becoming a young lady. I need to respect her privacy more, in the future. You know how girls are when they get to that age." Ed presented himself as an intelligent, urbane man who had gotten caught up in an unusual situation that he sincerely regretted.

Ed described a remarkable personal history of overcoming substantial obstacles to make something of himself. He grew up on a farm in North Dakota. His father was an abusive alcoholic who beat the boys and molested the girls. Ed was a bright kid and a good athlete, but his father wouldn't allow him to participate in school sports. He had to come right home from school to do chores. When Ed was 15, his father was sent to prison for molesting his daughters. Ed reported that a teacher at

school "adopted" him, seeing that he had potential. "It was an informal thing. I guess it was like a foster home, but I was almost old enough to be on my own by that time. She got me involved in her church. I loved it."

Ed reported he played three sports his last three years of high school. He was the star pitcher on the baseball team. He got a baseball scholarship to college. He injured his arm his freshman year and never played baseball again. He lost his scholarship, but worked his way through college and earned a degree in business. He reported that losing his scholarship caused him to lose his faith. He quit going to church and "learned to look out for number one." After college, he joined the Navy and attended Officer Candidate School. He served in the Supply Corps for three years. He married while in the service. Afterwards, he moved with his wife and family to California, where he worked as a manager for a large company. "We had it all, materially." However, he became submerged in his work. He and his wife became alienated. "She had an affair and wanted a divorce."

Ed moved to Seattle to get a fresh start. He returned to church, which had been so instrumental in helping change his life in high school. At church he met MaryEllen and "we made the perfect couple." She was recently divorced and had a 2-year-old daughter, Kate. They were married a year later. Ed reported he had "a good life, a meaningful, spirit-filled life, then this happened."

MaryEllen corroborated Ed's report of their good life together. I noted that some of the descriptions she used were the same as Ed's, word for word. Regarding the presenting problem, MaryEllen stated, "This has been a nightmare... The kids and I miss him terribly. CPS way over-reacted... Amy, bless her heart, is a sweet girl who is not all there... She's not responsible for what happened. Ed should have known better than to get himself get in that situation. I tried to warn him... But I've forgiven him. He's confessed and God has forgiven him. Now if only the system would let our family heal."

Ed completed our interviews without reporting any significant deviant sexual history. He showed deceptive on the sexual history polygraph exam. Ed left the polygraph examiner's office and called his attorney. I first heard about the polygraph results from the attorney. I explained to the attorney that Ed really needed to show truthful on the polygraph. It was not unusual for clients to fail their first polygraph. I expected that there would be more to his sexual history than he wanted to share. The prosecuting attorney expected more deviant sexual history than was known at the time of referral. It was unlikely that more charges would be filed even if more offending was reported as part of the evaluation. I told the attorney that I suspected that Ed may have had more sexual involvement with his children than he was admitting and he probably was more culpable for the incident with Amy than he had reported.

Ed called me and scheduled another appointment. He told me there was more to the incident with Amy than he had told me, earlier. He described a flirtatious relationship that led to a period of sexual involvement. "There were several incidents of fondling, both ways, but she had really liked it, and said so." The last incident had been the culmination of a long process. "We had talked about having sex and

now, here we were. We were going at it, hot and heavy." Just before he entered her, the girl had second thoughts and said so. Ed reported he was not about to be turned away at that late point. "I did hold her down and just did it."

Regarding his children, Ed admitted there was more than he had told me earlier. More than they had reported. He had been peeping on Kate and coming into her room when he knew she would be changing her clothes. Sometimes, when he went into the bathroom while the girl was showering, he would masturbate and comment on her developing "into a young lady" as he watched her through the shower curtain. His fondling of the children in bed was not an accident. In fact, there were times he was quite overt about this, especially on weekends when his wife had gotten up in the morning and he and the children were "snuggling" in the master bedroom. Ed also reported a problem when he was in the Navy. He had made sexual advances and groped some of the female clerks that had worked for him. One of the women had made a complaint. "There was a hub-bub, but then it died down, because I was getting out, anyway. But it didn't sit well with my wife, at the time."

At the pre-polygraph interview for his second polygraph exam, Ed added that the week before he had picked up an 18 or 20-year-old female hitchhiker. The girl had some marijuana, which they shared and afterwards they had intercourse. This led to more questions from the examiner. Ed reported he had been involved in similar incidents about 5 times in the past 15 years. He acknowledged some occasions when there had been clear elements of coercion on his part. He had driven to remote locations with the hitchhikers and indicated that they needed to be sexual with him if they didn't want to be left stranded.

After the first set of polygraph charts, the examiner asked Ed if there was more he had to tell. Ed added that, although he wasn't supposed to have any contact with his children, he had been seeing them on a fairly regular basis. In fact, last week, they had stayed with him in his apartment while his wife was out of town for a weekend. He had "tested" himself by having them share his bed. "I had no problems, Praise the Lord."

The testing was resumed. Ed responses to questions about sexual contact with Amy and sexual contact with his children indicated he was truthful. However, he showed deceptive to the broader question about sexual contact with children and to the question about his general sexual history. After the testing, Ed reported to the examiner that, at his age 13 to 15, he and his older brothers had sexually abused their younger sister. He, his brother and a male cousin had raped a female cousin during this period. He had engaged in sex with farm animals with his brothers and cousins. There were many more incidents of picking up hitchhikers and having sex with them. Some of these incidents involved more coercive behavior than he had reported, before. During his first marriage, he was aware of his wife having an affair. "So, I had an affair with the babysitter. She was 14 when it started, and it lasted two years before my wife had me served with divorce papers."

I wrote my evaluation report without having Ed polygraphed for a third time. The sentencing hearing was approaching and I was told by his attorney that it would be difficult to ask for a postponement. I didn't know if there was more deviant

sexual history than what was known, but I had come to the conclusion that Ed was not an appropriate candidate for outpatient treatment. I determined that the extent of Ed's deviancy and the degree to which he employed force and coercion raised serious questions about community safety. In addition, he was out of control during the time when it was most likely he would be managing his behavior. He was not following the dictates of a court order that prohibited contact with his children. He was picking up hitchhikers and manipulating sex while he was approaching his sentencing hearing. He was unlikely to exert more control over his behavior after the day of reckoning passed. I concluded that he was in need of specialized treatment for sexual deviancy, but he needed to have more external controls than would be available while he was on probation. I recommended he be sentenced to prison, where he would have the opportunity to participate in an excellent institutional treatment program for sex offenders.

That was the last I heard about Ed for several years. I assumed he had been sentenced to prison. I hoped that he had volunteered for the inpatient treatment program.

Recently, I was sent a subpoena from an attorney, wanting me to send a copy of the evaluation report I had written on Ed. I called the attorney and found that he represented MaryEllen's mother and sister. The attorney said, "I know you wrote an evaluation, because it is mentioned in the Pre-Sentence Report." The Probation Department report had recommended a prison sentence and referred to my report as evidence why this was the best sentencing alternative.

However, Ed had managed to have the sentencing hearing postponed. He secured an evaluation from another therapist who recommended treatment. Ed completed treatment and probation. He was reunited with his family about six months after sentencing. He still lived at the same address. Nobody knew what happened to Amy and her family, but they no longer lived in the neighborhood. Ed and MaryEllen had kept information about his offenses well-contained. Nobody in MaryEllen's family knew about Ed's conviction. A niece had recently complained about Ed's behavior to her mother, MaryEllen's sister. A CPS investigation turned up the old conviction and the Pre-Sentence Report. MaryEllen's mother and sister had petitioned to gain protective custody of the two younger children, still living at home.

Case #5: That's All Folks

This case came to official attention when 13-year-old Shannon Grant was referred by her school counselor to a special program for children who are in conflict with their parents. Shannon, who lived with her mother and her mother's boyfriend, had seen her school performance drop dramatically in the past year. She had gotten into a bad crowd of kids, was skipping school and had run away from home on a number of occasions.

In her first session with the counselor, Shannon had little to say and let it be known that she thought the idea of counseling for her was stupid and a waste of time.

At the second session, however, she reported that during visits with her father, Harvey, he had been having sex with her. "That has really been messing with my mind." Shannon went on to indicate that her father and her mother, Charlene, had been divorced about four years. She and her younger brother, Teddy, would visit their father every other weekend. Sometimes, when Teddy was not along for the visit, and she was alone with her father, he would molest her.

Shannon told her counselor her father often drank heavily and acted depressed. She said she felt sorry for him. Shannon said that after her father molested her he would usually apologize for what he had done and promise "I won't let that happen again." However, it always had happened again and was progressing to ever more intrusive sexual activity.

Shannon said that she was angry at her mother for divorcing her father and "wrecking our family." She said she hated her mother's live-in boyfriend, although she really couldn't put her finger on anything specific about him that she didn't like.

Thirty-one-year-old Harvey Grant was asked to come into the police station. When he arrived, he thought it was about a complaint he had made about neighbor kids trespassing on his property and damaging his vegetable garden. He initially denied any untoward sexual activity with his daughter when questioned by the detective. He looked shaken when he was asked why he thought Shannon would lie about such an important matter. The detective then indicated Shannon had said the molestation would take place when he had drinking. Harvey admitted, "I do drink quite a bit."

The detective told Harvey he had seen quite a few people who had problems and needed help, but he needed to get the straight story from him about what had happened with Shannon. Harvey went on to say, at some length, that he had married Charlene, his teenage sweetheart, right after he graduated from high school. He had gotten into heavier and heavier drinking over the years and Charlene "got tired of me coming home, popping open a beer and sitting on the couch until I went to bed. She wanted to go, live the high life. She had an affair. She said it was to get my attention. But I just turned inward and drank more beer."

Harvey said he was "devastated" when Charlene filed for divorce. He quickly moved out and has lived by himself ever since. "I live for my kids. They're the only thing I have to live for." He described how, when Shannon and Teddy visit, they would try to get him to moderate his drinking. Usually the two children spend every other weekend with him in his one-bedroom mobile home. His children would sleep "either in sleeping bags on the floor of my bedroom, on the living room sofa, or in my bed, depending."

Teddy, age 11, was quite an accomplished athlete. He played sports throughout the year and was selected for all-star teams. These all-star teams would play other teams from out of town and in tournaments, not only locally, but regionally, in Oregon, British Columbia and Idaho. When Teddy was away at these tournaments, Shannon would visit her dad by herself. Harvey said he would feel especially lonely on these occasions and would spend most of his time with Shannon drinking and watching TV. He said he had noticed how much his daughter reminded

him of Charlene "as a young woman."

Harvey told the detective he began insisting that Shannon sleep in his bed when she was visiting by herself. "It started with kissing and cuddling.... But I fell in love with her, like a girlfriend. We never had sex (meaning intercourse); I was waiting until she got old enough... when she was 16." About two years ago, during one of these kissing and cuddling sessions, he fondled her vaginal area. He became very aroused and, "I went to the bathroom to finish the job." This pattern continued two or three times in the following year, except he masturbated to ejaculation in bed, lying next to his daughter. "Then I began to look forward to times when Teddy wouldn't be there." Harvey told the detective that in the past year past year he had engaged in similar behavior 4 or 5 times. He denied sexual activity with any other minors. There were no reports of him being sexual with Teddy or any other children.

Our first interview took place several months later, after he had entered a guilty plea to two counts of Child Molestation in the Second Degree. Harvey gave me essentially the same account he had reported to the police detective. He added that he had, on several occasions, shared alcohol with Shannon. He had begun purchasing wine coolers for her on weekends when she would be coming without her brother. There was also an occasion, about three months before Shannon's report to the counselor, when Teddy was out of town and he had looked forward to a weekend alone with Shannon. Shannon had brought along a friend, a same-age girl named Kathy. Harvey reported being disappointed about the lost opportunity to be alone with his daughter. He sulked Friday night and all day Saturday. "Saturday night, Shannon tried to cheer me up... I had been drinking most of the day. I said, 'OK, lets party.'

"I told them to put on their music and I gave them both wine coolers. We danced for awhile. The girls were giggling and acting goofy. Then we ended up playing strip poker. They both got down to their bras and panties. They were laughing and carrying on. Then all of a sudden, they both grabbed their clothes and ran into my bedroom and locked the door. I was pretty, well... Hey, maybe they saw that I had a hard on. Anyway, I jacked off and fell asleep on the couch. Nothing was said the next day, but Kathy never came back again.

"The next time Shannon came without Teddy, we went to bed and I started to go down on her. I could tell she didn't like it, so I stopped. I cried myself to sleep that night. The next morning I promised I would never do that again. But that's what I always said." That incident was three weeks before Shannon reported the sexual abuse to her counselor.

Also in our interviews, Harvey reported that, in the past two years his masturbatory fantasies had begun to feature his daughter. These fantasies included themes of their living together as lovers. He denied fantasies of any other minors or other sexually deviant themes. The rest of his reported sexual history was unremarkable. Harvey reported that he had stopped drinking the night of his interview with the police detective.

At the pre-polygraph interview, the only new information Harvey reported was

that his favorite masturbatory fantasy had long been "me with two women." He reported that, in the time between the strip poker incident and Shannon's report, his fantasy had involved Shannon and her friend. He reported he had not masturbated since his police interview. Harvey was then asked the following relevant questions, to which he answered "no":

- (1) Regarding this history, did you lie to me about your sexual history?
- (2) Regarding this history, did you lie to me about your sexual history with minors?
- (3) Regarding this history, did you lie to me about your sexual history with Shannon?
- (4) Regarding this history, did you lie to me about your use of either alcohol, illegal drugs or physical violence?

The polygraph charts indicated that Harvey was being truthful.

The polygraph testing corroborated Harvey's self-report that sexually deviant acting out had been limited to the presenting problem. This helped me see that Harvey's offending was, for the most part, limited to a romanticized and sexualized relationship he had created with his daughter. There were some complicating factors, including his alcohol abuse and his limited social and life skills. He had, however, stopped drinking in the wake of realizing his drinking had created big problems. He had also refrained from any sexual activity for several months when under the stress of facing prosecution for felony child sexual abuse.

I was able to approach treatment with Harvey with some confidence that he had a limited history of sexual deviancy. To be sure, his sexualized relationship with his daughter had clearly been harmful to the child. He had made promises to stop but had not followed through on them. He had lost his ability to act on the basis of what was right and wrong. Harvey had engaged in deviant sexual behavior that had been extremely arousing to him, and which he had further reinforced through masturbatory rehearsal. He had plenty of important and difficult work to do.

Harvey's approach to treatment was exemplified by the refrain, "I can't believe I did that to my daughter." He kept his job as a machinist. He was able to save money, even with his treatment and legal expenses, since he was no longer spending so much on alcohol. At my insistence, he began attending Alcoholics Anonymous meetings and developed a rudimentary social life. After several months, Harvey began having visits with his children, supervised by his parents. Shannon continued to struggle and continued to be in conflict with her mother. She stopped going to her counseling, moved in with her boyfriend and dropped out of school. She had no contact with her father for several years.

About a year into supervised visits with Teddy, Harvey was allowed to have time with his son without a supervising chaperone. Toward the end of Harvey's time in treatment, Teddy spent weekends with his father. He finally moved in to the three bedroom house that Harvey had purchased. Harvey had chosen a house that allowed Teddy to stay in the same middle school and high school with his friends.

Harvey completed treatment, but continued to participate in Alcoholics Anonymous and the Graduate Group at our agency. He called me when Shannon

finally contacted him. His daughter wanted her baby to have a relationship with his grandfather. Shannon's boyfriend was supportive of her reuniting with her father. Shannon and her boyfriend met with me to talk about how to have a comfortable relationship with Harvey. Shannon never got back into counseling, herself ("I'm not the one with the problem, he had the problem."). She did, however, continue to consult with me about the evolution of her relationship with her father.

Case #6: Community-based Treatment Without a "Passed" Polygraph

This case came to official attention because 8-year-old Cindy Thompson was visiting her friend from school, Tara Wilmer. Cindy, Tara and Tara's 6-year-old sister, Tammy, had gone up the street "to visit Alfred (Mr. Alfred Higgins) and the horses." They had hurried up the street, because Tara had told her friend it was important to get there before 4 o'clock, "because that's when the horses get their treats." The girls met an elderly man out by the stable and asked if they could help feed the horses. The man responded by saying, "If you're nice to me." He bent down and both Tammy and Tara ran up, gave him a hug and a kiss. Tara then told him that this was her friend Cindy. He introduced himself to her as Alfred.

Cindy reported that the horses were out in a pasture but came over to the gate when Alfred and the girls arrived. Alfred gave each of the girls an apple, which they fed to the horses with squeals of delight. Cindy later reported that Tara asked for a ride, and Alfred boosted her up on the horse with his hand on her bottom. He then led the horse, with Tara astride, up to the stable. This was repeated with Tammy on a second horse. Cindy didn't get to ride the third horse, as she was told the horse didn't know her well enough.

Cindy reported that, after stabling the horses, Alfred sat on a chair and Tammy and Tara took turns sitting on his lap. He bounced then on his knee and placed his hand under their bottoms. The girls asked Alfred if he would show Cindy "the book." but he told them, "not today." On the way back to Tara and Tammy's house, Cindy asked about the book. She was told it contained pictures of naked people and Alfred kept promising them he would teach them about what was in the book.

A few days later, Cindy told her older sister about her experiences with her friends at Alfred's horse barn. Her sister told their mother, who called Tara's mother. Mrs. Wilmer thanked Cindy's mother, but did not follow up on this information. She would later say she regarded Alfred as an eccentric but harmless older gentleman.

Several months later, Cindy's older sister talked about these incidents with the D.A.R.E. officer, during a classroom discussion on standing up for what is right. The D.A.R.E. officer made a report that resulted in an investigation. Tara and Tammy were interviewed by child protection caseworkers at school. They talked openly about how Alfred was "a dirty old man" who would often pat their bottoms. They both described how, about a year ago, they had noticed a book lying on a bench in the stable. They looked and saw pictures of naked men and women in it. They

asked Alfred about it and he told them if they were good, he would show it to them.

The sisters reported Alfred later showed them this book and another, similar one with more pictures. On some of the occasions when he showed them the book, Alfred invited them to pull down their pants and compare their privates to the ones in the pictures. The girls reported they asked him to do the same, which he did. He told them he could only do this if they were very good. And, they couldn't tell anybody about this. Otherwise, he couldn't let them help with the horses.

The police obtained a search warrant and went to the Higgins home. One officer stayed and interviewed Alfred in the house while another searched the stable area. The officer who went to the stable found two books, The Joy of Sex and More Joy of Sex right where the girls had said they were kept, on a shelf above some hangers for work clothes and tools.

Alfred told the officer who was interviewing him in the house that the two neighbor girls were "all the time coming around and bothering me." His wife was not in good health, so he tried to keep them out of the house so his wife wouldn't be disturbed "by all the ruckus they raise." That is why he insisted that they only come to the stable. When the second officer came back to the house with the two books, Alfred explained, "I'm always reading, always seeking to learn more." He told the officers he had found the books in a used book store and kept them out of the house, "because my wife is a bit old fashioned." He admitted showing the books to the girls at their insistence. He denied any sexual intent when he put his hands on the girls' bottoms. "Only someone with a filthy mind would think that."

Alfred was a retired tool and die maker. He and his wife had bought their property 35 years ago. Over the years, he had built the house and the stables, largely by himself, but with some help from his father and brother. When they first moved here, it had been a rural area, but was slowly being developed. Their property was one of the last that had not been subdivided.

Alfred was charged with a Gross Misdemeanor, Communicating With A Minor for Immoral Purposes. His attorney told him the easiest thing for him to do would be to plead No Contest and serve a period of probation. The prosecuting attorney, however, then insisted that Alfred obtain a specialized evaluation for sexual deviancy as a part of a plea bargain. That was how Alfred came to see me.

His approach to the evaluation was marked by an attitude of righteous indignation. He denied there was anything sexual about his behavior. He denied that he encouraged the girls to pull down their pants. "They did that, but why, I don't know... I chastised them. I should have told their parents. I should have told my wife." He adamantly denied he had ever exposed himself to the girls. "I'll tell you what. That's the last time I'll try to be nice to some young person."

Alfred brought his wife, Wilma, in for an interview as part of the evaluation. She was obviously in poor health. She was also shaken and embarrassed by the whole affair. She was inclined to accept Alfred's account of the events with the girls. She blamed the girls and their parents for causing problems. "Why didn't they keep an eye on those girls and keep them home where they belonged?"

In his interviews and on the psychological testing, Alfred presented himself as

an unusually virtuous person. He admitted to few faults, other than caring too much for others. He reported that, over the years, he had occasionally caused problems for himself and his wife because he would overextend himself in an attempt to help people. He and Wilma had two children. Their daughter was married and living with her family in another state. He described being estranged from his son, and had no contact with him in many years.

At the pre-polygraph interview, Alfred stuck to the story he told me. He showed deceptive on testing and offered the examiner no explanation of what could have caused the problems. When he came to meet with me after the polygraph testing, Alfred was sputtering mad. He questioned the validity of the procedure and said his case proved it was a faulty technique. I responded that it was my experience that when clients showed deceptive on the testing, it was because they had failed to be completely honest about their answers. After some back and forth, he admitted, "I was caught in their web," when the neighbor girls had expressed a precocious interest in sex. "They were always wanting to see those books. I should have burned them." He admitted to "a lapse of judgement" in having the girls expose to him and by showing them his privates. He denied any sexual intent in any of these behaviors, or in touching the girls' bottoms.

Alfred was polygraphed a second time. After the first set of charts, the polygrapher asked if there was anything more he needed to report. Alfred became quite upset. He was hyper-ventilating during the remaining sets of charts. The results could not be interpreted because of this reaction. After the testing, Alfred said his heart started causing him problems and he could not calm down. In fact, Alfred did have a chronic, low-grade heart condition that he had been managing with medication. When he was tested for a third time, he again became so aroused the charts were not interpretable. It was the opinion of the polygrapher that Alfred was not a good candidate for polygraph testing.

Alfred had acknowledged a minimal amount of culpability for improper sexual conduct with the neighbor girls. I decided to give him a chance at participating in our program. Over the course of his treatment he did become marginally less defensive and accepted more responsibility for the problems with the girls. He tended, however, to maintain the high moral ground, making frequent references to "all that filth in the media, today."

Because what I knew about his offending was limited, I emphasized he should avoid situations where he could be alone with children. Alfred couldn't agree more. He reported avoiding children like the plague. Because his wife, Wilma, was so infirm, I wanted to beef up the external controls to have some additional assurance he was not in situations where he might have the temptation or opportunity to reoffend.

I usually want my child molester clients have several "chaperones" who act as supervisors and monitors when they are in social situations with children. Alfred insisted he wouldn't allow himself to "get anywhere near" children. Nonetheless, I wanted him to have at least two neighbors who would be well-informed about his offenses and the rules he needed to follow. One of the neighbors Alfred chose was a long-time acquaintance. She said she had wondered why Alfred had kept the horses.

"Wilma can't ride any more, and he hardly ever does." In fact, Alfred sold his horses in the months after beginning treatment. This neighbor also reported that, over the years, many children had come to the Higgins place to help with the horses. She also reported that many years ago, Alfred had hired a neighbor girl to help his wife in the house. The girl had quit the job, describing Alfred as a "dirty old man."

The first Christmas season after he began treatment, we discussed making holiday plans in Alfred's treatment group. He said his daughter and her family were coming to visit. He looked stunned when I if his daughter was aware of his offenses and legal status. I went on to say if she and her children were going to stay at his home, she needed to talk to me or to his probation officer. His daughter called me the week before Christmas. She introduced herself and said, "Dad said I needed to call you." She knew nothing about why I wanted to talk with her and said nothing when I briefly outlined her father's situation. She quickly ended the conversation. I learned from Alfred that she changed her holiday plans and I never heard from her again. There were other, similar indications that Alfred had not made a full accounting of his deviant sexual history. However, I determined that he was well-enough contained that his chances of reoffending were minimized.

Wilma died and Alfred moved into an all-adult community. Because this was a situation where grandchildren would be visiting his neighbors, I insisted that some of his neighbors know of his history and limitations. Alfred negotiated with me and I agreed that the program director would be fully informed and she would see to it that the paid staff would act as monitors. Alfred was to make himself scarce when his neighbors had children visiting.

Alfred completed his court-ordered period of treatment. I never again had him polygraphed. He did not make any new admissions of deviant sexual history. He frequently expressed an interest in learning about the genetic basis of sexual deviancy. A few years later, Alfred's former probation officer noticed his obituary in the newspaper, clipped it out and sent it to me. I called to thank him for the news and we talked a few minutes about this man. It seemed, even without polygraph corroboration of his self-report, we had helped Alfred keep from reoffending. He was sort of likeable in a brittle, curmudgeonly way.

Summary

I have offered these case examples to flesh out how using polygraph testing to assess deviant sexual history affects the evaluation and treatment process. The client usually ends up revealing a more extensive pattern of sexual acting-out. At least as important is how this sets the stage for a treatment relationship where hard-to-talk-about matters get addressed.

Polygraph testing is not a panacea. It cannot answer all questions or resolve all doubts. But it is a useful tool when used in an informed way, understanding its strengths and limitations.

**Biographical Notes for
Michael A. O'Connell**

Present Endeavors

Therapist and Consultant (Private Practice), Everett, Washington
Therapy practice specializing in evaluation and treatment of sexual deviancy,
personality disorders and substance abuse problems. (1983 to Present)

Previous Experience

Therapist and Consultant, Althean Associates, Seattle, Washington
Therapy practice specializing in evaluation and treatment of sexual deviancy,
personality disorders and substance abuse problems. (1982 to 1983)

Therapist, Robinson A. Williams and Associates, Seattle, Washington
Received specialized training and supervision as therapist treating sexual deviancy.
(1981 to 1982)

Therapist and Consultant (Private Practice), Seattle, Washington (1980 to 1981)

**Social Worker, Riverton Hospital Alcoholism Program, Seattle, Washington (1979
to 1980)**

Director, Second Chance Youth Alcoholism Program, Seattle, Washington
Residential alcoholism treatment program for adolescents. (1977 to 1978)

Military Experience Director of a naval correctional center, captain of a PT boat,
and a department head on a destroyer. (1970 to 1975)

Education **Master of Social Work, June 1977. University of Washington**
Major area: Human Services
Bachelor of Science, Economics, May 1970,
Wharton School, University of Pennsylvania
Major area: Management

Publications **Working With Sex Offenders: Guidelines for Therapist
Selection, (Sage, 1990)**

**Clearing Up Some Myths About Sex Offenders, *Treating Abuse
Today*, May/June 1991, 15-16**

**Reuniting Incest Offenders with their Families, *Journal of
Interpersonal Violence*, Sept. 1986, 374-386.**