

EROTIC PREFERENCE,  
GENDER IDENTITY,  
AND  
AGGRESSION IN MEN:

New Research Studies

edited by  
RON LANGEVIN

**Erotic Preference,  
Gender Identity,  
and Aggression in Men:  
*New Research Studies***

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Gender Identity,  
and Aggression in Men:  
*New Research Studies***

edited by

**Ron Langevin**  
*Clarke Institute of Psychiatry,  
Toronto*

 **Routledge**  
Taylor & Francis Group  
New York London

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First Publication by Lawrence Erlbaum Associates, Inc., Publishers  
10 Industrial Avenue  
Mahwah, New Jersey 07430

Transferred to digital printing 2011 by Routledge:

Routledge  
Taylor and Francis Group  
270 Madison Avenue, New York, NY 10016.

Routledge  
Taylor and Francis Group  
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN.

**Library of Congress Cataloging in Publication Data**

Main entry under title:

Erotic preference, gender identity, and aggression in men.

Bibliography: p.

Includes indexes.

1. Psychosexual disorders. 2. Violence—Psychological aspects. 3. Men—Mental health. 4. Men—Sexual behavior.

I. Langevin, Ron.

RC556.E76 1985 616.85'83 84-18645

ISBN 0-89859-445-6

One sin, I know, another doth provoke;  
Murder's as near to lust as flame to smoke.

*From W. Shakespeare's Pericles, Act I, Scene I*

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# Introduction

The studies in this volume have been collected for two reasons. First, there is a surprising dearth of controlled research on sexual anomalies, even on those of great social concern such as rape and pedophilia. We have been forced in our practices to rely on problematic case studies and worse, on speculations from outdated theories. Too often sexual anomalies have been viewed as distortions of conventional heterosexuality rather than as behaviors in their own right. The studies herein attempt to change our perspective and provide some new answers to fundamental questions that clinicians, therapists, sex researchers, practitioners, and forensic workers face in their every day dealing with sex offenders and patients. For example, we ask: “Are rapists sexually abnormal?” and “Are pedophiles aggressive?” The answers have been assumed or are obviated by the nature of the anomaly but the studies collected here indicate that our assumptions are suspect and in some cases blatantly incorrect.

Throughout we attempt to define the erotic profile, gender identity, and aggressiveness for a range of men with unusual sexual behaviors, namely, sadists, rapists, pedophiles, voyeurs, incest offenders, homosexuals, transvestites, and transsexuals. This is a first step in understanding the anomalies and in some cases, determining treatment goals. However, this book is not concerned with social policy. Our goal is to understand erotic behavior through an examination of sexual anomalies. We have included consenting victimless relations as well as brutal murders. This is not meant to imply that we believe all sexually anomalous men should be treated the same way. We do believe that further knowledge will help to improve conditions for both the sexually anomalous men and the community at large. All of the studies in this volume are original research projects that have not been previously published. In some cases there are no existing studies

## 2 INTRODUCTION

on the questions raised in this collection. We hope our results will stimulate the research efforts and clinical practices of our readers.

The second purpose of this book is to examine the interrelation of the three factors contained in its title. The terms, erotic preference, gender identity, and aggression, will have specific meanings for all the studies in this volume, so they will be defined now. We will discuss males throughout because the majority of sexual anomalies apparently occur only in men.

### DEFINITIONS

#### Erotic Preference

The average person engages in a variety of sexual *behaviors*, some out of curiosity, others from circumstance or deprivation, for example, homosexual acts in prison. However, most men appear to *prefer* certain types of sexual outlets with a specific class of person. The heterosexual pedophile prefers to fondle or have intercourse with female minors, the homosexual androphile desires mutual masturbation with adult men, and so on. It is important, wherever possible to define an *erotic preference* such as pedophilia, because it indicates the most desired stimuli and responses leading to sexual climax or orgasm. It is likely that whenever pedophiles are spontaneously sexually aroused, they will be having fantasies or thoughts of children and they will be tempted to act out their sexual impulses. They may engage in other less desired or *surrogate* sexual activities but the preferred one is most satisfying.

The concept of erotic preference brings order to sexual behaviors that at times can appear hopelessly confusing. According to Kinsey, Pomeroy, and Martin (1948) 37% of American men have had orgasmic homosexual experience at some time in their lives. However, only 4% were exclusively homosexual and had an erotic preference for men. The rest were probably curious or deprived heterosexuals. Similarly if one examines the use of pornographic books and movies, burlesque or strip shows, or even fortuitous peeping in windows, a substantial number of men would qualify as voyeurs. Nevertheless, the clinician is concerned only with the rare men who seek out situations for peeping, climax in so doing, and prefer this over other sexual outlets.

Many sexual behaviors present the same difficulties in sorting out the unusual and the conventional. It is the men who prefer the atypical sexual behavior that we call *sexually anomalous*. This term is used rather than sexual deviant or pervert because the latter has perjorative and moral connotations that are inappropriate in scientific investigations. A more detailed discussion of erotic preference is presented elsewhere for the interested reader (cf. Freund, 1974; Langevin, 1983).

## Gender Identity

Gender identity is a hypothetical variable like erotic preference. It is the subjective *feeling and conviction* of belonging to one sex or the other. Most men feel like they are men and report masculine gender identification but some, in spite of anatomical evidence to the contrary, feel like they are women and claim they are feminine gender identified. The gender identity is reflected in large part, in *gender role* behavior. Males and females within cultures dress, act, and have certain attitudes, beliefs, and expectations that are more or less stereotypic for their sex and which define gender role. In contrast, gender dysphoric men often dress in female clothes and attempt to copy the gender role of females. Through an examination of their overt gender behaviors we infer the disturbances in gender identity.

Erotic preference and gender identity interact in complex ways which are not fully understood at present. Usually the two are congruous in that the average man who is masculine identified and adopts male role behaviors, prefers to interact sexually with adult females. However, it is not always so straightforward. We will return to this later.

## Aggression

Aggression is a nebulous concept with a variety of meanings that have been used to characterize men from the persistent salesman to the sadistic murderer. We cannot always be sure that researchers mean the same thing when they use the term. There are many measurement problems in aggression research too, which makes our task even more difficult. To some extent, we are forced at present to keep an open mind until better measures are available. However, in our studies we have looked specifically for *violence* in the form of physical contact or assault in which an attempt was made to injure another person. This is our *marker behavior* around which we have organized the less exact aggressive behaviors such as verbal threats, anger, property damage, familial bickering, and the like. Our focus of attention will be the sex offender's behaviors that involve criminal charges and the physical injury of his victim. Nevertheless, for lack of better and more comprehensive measures, other less exact indices have also been examined.

## THE INTERRELATION OF EROTIC PREFERENCE, GENDER IDENTITY, AND AGGRESSION

Table 1 presents currently held beliefs about erotic preference, gender identity, and aggression in the groups that will be examined throughout this book. There are question marks in the table to indicate our ignorance and unfortunately some of the questions will be unresolved at the end of this volume.



## 4 INTRODUCTION

TABLE 1  
Current Theoretical Relationships of Erotic Preference, Gender  
Identity & Aggression in Sex Anomalies

<i>Sex Anomaly</i>	<i>Erotic Preference</i>		<i>Gender Identity</i>	<i>Aggression</i>
	<i>Stimulus</i>	<i>Response</i>		
Transsexual	Adult Male "Hetero- sexuals"	"Normal" hetero- sexual mutual pleasuring	Ultra Feminine	Passive
Homosexual	Adult Male	Mutual pleasuring	Feminine	Passive
Transvestite	Female/Self?	Automasturbation Crossdressed?	?	Passive
Pedophiles	Children	Exhibiting, touch- ing, other?	?	Passive
Incest Offenders	Child/Adult?	?	?	Aggressive?
Voyeurs	?	?	Ultra Mas- culine?	Aggressive?
Sexual Aggressives & Rapists	Adult Female	Mutual pleasur- ing, sadism, other?	Ultra Mas- culine	Very Aggressive

Certain assumptions are inherent in the table. First, there is a positive correlation between an erotic stimulus preference for men and feminine gender identity. Thus the transsexual is *ultra* feminine and prefers "heterosexual" male partners. The homosexual who is less feminine identified is satisfied with other gay men. At the other extreme, the rapist is *ultra* masculine identified and prefers adult females whom he takes by force. Linking feminine gender identity to "passivity" and masculine gender identity to aggressiveness are also noteworthy. Not all research investigators accept the information in Table 1 but many do and it has influenced the course of research studies, theories and treatment programs. For example, some psychoanalytic theorists assume that the homosexual male is the victim of a domineering close binding mother and a weak father so he comes to identify with the mother (Bieber, I., Bieber, T., Dain, Dince, Drellick, Grand, Gundlack, Kremer, Refkin, Wilbur, 1962). He ends up feminine identified, preferring male sex partners and is passive ("feminine") in his sexual behaviors. Thus the erotic preference is bound inextricably to gender role and identity.

Similar assumptions have been made by behavior modifiers working with effeminate boys, although as a rule, behavior therapists deny theoretical orientation. They have attempted to change the effeminacy of some boys and, in so doing, prevent later homosexuality, transvestism, or transsexualism (Green, Newman, & Stoller, 1972; Rekers, Lovaas, & Low, 1974). Thus, change gender identity or gender role early in life and a sexually anomalous preference will not develop at puberty. Zuger (1978) and Green (1979) presented evidence that some effeminate boys do later become homosexuals but Freund, Langevin, Nagler,

Steiner and Zajac (1974) presented retrospective evidence from adult homosexuals that many, in fact, never experienced feminine gender identification.

It is interesting how our theoretical assumptions can direct research and therapy efforts. A few years ago I worked with Kurt Freund and others (Freund et al. 1974), in developing a Feminine Gender Identity (FGI) Scale based on differences in heterosexual, homosexual, and transsexual men. To our dismay, about a third of the scores for homosexuals overlapped with those of heterosexuals although the discrimination of transsexuals from the other two groups was almost perfect. Predisposed by the theoretical expectation that homosexual men *are* more feminine, we naturally assumed that the scale was at fault. We unsuccessfully attempted to improve the discrimination of the FGI scale (Freund, Langevin, Satterberg and Steiner 1977). In the present volume we are asking a different question: How important is feminine gender identity in a homoerotic preference?

Another assumption noted in Table 1 is the correlation of masculinity, "ultra" masculinity and aggression with sexual acts such as voyeurism and rape. Stoller (1975) has described "perversions" as "erotic forms of hatred." Abel (1977) has coined the term "sexual aggression" for rape and other indecent assaults. Groth and Birnbaum (1979) believe that rape is an aggressive *rather than* a sexual act. "Rapists hate women especially their mothers" so their sexual acts become a means of humiliating or hurting women (cf. Rada, 1978). Aggression toward women is also a means of "asserting masculinity." In some cases, violence does appear to be an integral part of the sexual act but in others it seems only a means to a goal, namely, intercourse. Barbaree, Marshall, and Lanthier (1979) argue that rapists are aroused *in spite of* their victim's distress, not because of it. The relationship of aggression to rapists' gender role/identity and erotic preference remains a debated issue.

A further assumption noted in Table 1 is the passivity of offenders against children. Traditionally pedophiles have been considered passive, unassertive, and childlike. Their overall profile suggests they might align more with the homosexuals in the stereotypic picture presented in Table 1. However, aggression in conjunction with sexual anomalies such as pedophilia and incest has been an increasing concern to research investigators. Christie, Marshall, and Lanthier (1978) suggested that pedophiles may be more aggressive than commonly believed.

Incest has often, and perhaps incorrectly, been considered a variation of pedophilia. One distinction between them has been the degree of alcoholism and the history of violence, both believed to be prominent features of incest but not necessarily of pedophilia. One might expect from current beliefs that incest offenders should be placed between pedophiles and sexual aggressives in Table 1. Voyeurs too, are believed to be aggressive and even dangerous. The association of voyeurism with sadism and even murder suggests that it be subjected to investigation.

## 6 INTRODUCTION

The simple theoretical framework relating erotic preference, gender identity, and aggression has many gaps in the empirical foundation on which it is based. The main assumptions have been that: (a) gender identity causes erotic preference; (b) they are one and the same thing or are inseparable; or (c) both are caused by a third factor. We are particularly puzzled by cases of rapists seeking sex reassignment surgery; by men who claim to erotically prefer women and yet say they want sex reassignment surgery; and by homosexual men who are clearly masculine gender identified. I have suggested elsewhere (Langevin, 1983) that erotic preference and gender identity may be independent factors. It was our belief in doing the studies which follow that, at the very least, the relationship of erotic preference, gender identity, and aggression needs serious reconsideration.

### MEASURES USED IN THIS BOOK

#### Erotic Preference

Table 2 shows the measures used in our studies. Foremost in the measure of erotic preference is the Clarke Sex History Questionnaire (SHQ). It is a comprehensive self reporting SHQ sampling a range of sexually anomalous behavior as well as conventional heterosexual behavior. It has been developed over a 15 year period (Paitich, Langevin, Freeman, Mann, & Handy, 1977). An updated shorter version of the SHQ is validated in Appendix A for the interested reader. The actual questionnaire and its scoring are presented in Appendix B. Each of the SHQ scales is reliable and discriminates pertinent sexually anomalous groups from controls. It offers a more or less comprehensive sex history of the research subjects in our studies and, along with a clinical interview, helps greatly in defining erotic preferences in each case.

The Derogatis Sexual Functioning Inventory (DSFI, Derogatis, 1978) is a relatively new instrument designed to assess sexual dysfunction. Because of its limited validation, it is only examined in Chapter 2.

Complimentary to the SHQ is phallometric testing in which penile tumescence is measured in reference to visual and auditory erotica. The penile volume plethysmograph was described by Zuckerman (1971) as one of the most reliable and valid indices of erotic arousal, and that claim remains true today. Nevertheless, the measure is not infallible and faking of results is possible. Therefore cooperative subjects must be used and the results of phallometry must be considered in conjunction with sexual history and self reports.

Our device, the volumetry plethysmograph, originally invented by Freund, Sedlacek, and Knob (1965), is extremely sensitive. It even measures volume changes that are subliminal and that reliably discriminate homerotic and pedophilic erotic preferences. Unfortunately, penile tumescence is being recorded only by a few sex research investigators, who in greater numbers use a less

TABLE 2  
Direct and Contributing Measures of Erotic Preference,  
Gender Identity and Aggression Used in this Volume

---

Erotic Preference:	Clarke Sex History Questionnaire
	Derogatis Sexual Functioning Inventory (DSFI)
	Phallometric Tests
	Sex Hormones
	Brain Abnormalities (EEG, CT Scan, Reitan, Luria, IQ)
Gender Identity/Role:	Freund Feminine Gender Identity Scale
	MMPI Mf Scale
	16PF I Factor
	Bem Androgyny Scale
	Sex Hormones
Aggression:	Brain Abnormalities (as above)
	Criminal Record
	Fighting
	Clarke Parent Child Relations Questionnaire
	Personality Diagnosis
	MMPI
	16 PF
	Buss Durkee Hostility Inventory
	Clarke Violence Scale
	Sex Hormones
	Substance Abuse (esp. Alcoholism; eg. The MAST)
	Drug Survey
	Brain Abnormalities (as above)

---

precise, if more convenient, circumference strain gauge. In the present book, phallometry was used in some cases to define erotic preference and in others to explore theories of erotic anomalies.

This book also examines indirect but major factors thought to play a role in erotic, gender, and aggressive behaviors, namely sex hormones, brain states, and alcohol. Sex hormones are believed to be indices of sex "drive" and aggressiveness but they also define male-female differences. Essentially, males have more androgens in their makeup and females have more estrogens. A number of investigations have attempted, with mixed results, to relate an excess of estrogens to male homosexuality. Similarly, excess androgens, in particular, testosterone, have been related to general aggressiveness. Measurements of sex hormones have improved dramatically over the last 40 years and now very accurate radioimmuno assay procedures are available. The latter have been used in some of our studies.

Brain pathology, especially temporal lobe abnormalities, may be essential to a wide range of sexually anomalous behavior. In some cases with surgery, the unusual sexual behavior disappears (Blumer, 1970). More subtle abnormalities in electrical activity may also be important and will be noted. In some studies,

## 8 INTRODUCTION

neuropsychological tests have been used, for example, the Reitan Neuropsychological Test Battery (Reitan, 1979), to seek correlations between brain states and erotic behavior. In Chapter 2, the CT scan was used, which offers a qualitative advance in the technology available to examine the brain.

### Gender Identity and Role

By far the most commonly available scales measure gender roles or masculinity–femininity. In this volume the MMPI MF scale and in some instances, the Cattell 16PF I Factor were used because they provide not only an index of gender role but also of personality pathology in general. Both indices are acceptable but the Freund Feminine Gender Identity (FGI) (Freund et al, 1974, 1977) is more pertinent because it focuses on gender *identity*. Freund et al. (1974, 1977) found the FGI scale reliable and valid with a sizable single factor defining the scale. The MMPI and 16PF scales have been well documented in the literature. In some cases the more controversial Bem (1974) Sex Role Inventory was examined.

Sex hormones provide an index of gender identity as well as of erotic preference. Similarly brain pathology, mainly in the temporal lobe, has been found in gender disturbed men (Hoenig & Kenna, 1979). Results indicate that brain functioning should be measured in reference to gender identity as well as to erotic preference.

### Aggression

Violence may be subtle or pronounced and it can occur in many contexts or only in a few, perhaps specifically in sexual behavior. It therefore seems unlikely that a single measure will prove itself comprehensive in the study of aggression. We are forced at this time to examine a range of measures in order to understand this complex phenomenon. A criminal record for assaultiveness is one sign of aggressiveness and it was used. Fighting in which the research participant was involved but for which he was not necessarily arrested is a more inclusive measure of violence; not without its problems, but we asked it routinely.

Modelling theory would suggest that parents who are aggressive to each other and to their child will produce in some cases, a violent or aggressive child. In others, there may be emotional disturbance without evident violent behavior. Nevertheless, aggression in the family background of patients is one predictor of adult violence and it was examined using the self rating and retrospective Clarke Parent Child Relations (PCR) Questionnaire (Paitich et al., 1976). There are 16 scales, the first eight of which measure aggressive exchanges between mother, father, and son. The scales are:

Mother Aggression to Respondent (her son)

Father Aggression to Respondent

Respondent Aggression to Mother  
 Respondent Aggression to Father  
 Mother Aggression to Father  
 Father Aggression to Mother  
 Mother Strictness  
 Father Strictness  
  
 Mother Competence  
 Father Competence  
 Mother Affection  
 Father Affection  
 Mother Identification  
 Father Identification  
 Mother Indulgence  
 Father Indulgence.

The PCR is a reliable instrument with some discriminant validity.

Personality tests and diagnosis also provide a clue to aggressiveness over time as long lasting traits or behavioral predispositions. The antisocial or explosive personalities for example, would be of great concern. Psychotic states such as paranoid schizophrenia would also be noteworthy in the presence of a sexual anomaly although this is atypical. The MMPI (Dahlstrom & Welsh, 1975) 4-8 profile (Psychopathic Deviate - Schizophrenia) has been considered an important index of aggressiveness although it is controversial. Similarly the 16PF has measures of assertiveness, shyness, masculinity-femininity, and introversion that are important factors in several theories of sexual anomalies. The Buss Durkee Hostility Inventory (Buss & Durkee, 1957) was used in one study along with the Clarke Violence Scale developed in Chapter 2. The latter was constructed because there are few adequate aggression measures. Its validation is currently under investigation.

A range of brain abnormalities also may reflect violent behavior. Temporal lobe epilepsy sometimes has been associated with violent behavior but so have other brain abnormalities. Temporal lobe abnormalities are of particular interest because they may reflect both sexual anomalies and aggressive behavior (Blumer, 1970; Epstein, 1961; Hoenig & Kenna, 1979; Kolarsky, Freund, Machek & Polak, 1967).

Alcohol has been consistently associated with violence including sexual aggression. Alcoholism and alcohol abuse have been examined in diagnosis, clinical report, and patient self report. In Chapter 2, the Michigan Alcoholism Screening Test (MAST) was used (Selzer, 1971). It is a valid and reliable instrument which is short and self administering.

Other substances may be important in the release of aggression. Amphetamines especially are associated with paranoid states. However, in general, we

do not know what role they play in sexual anomalies. An unpublished Drug Survey is routinely administered to all forensic patients in our hospital. The questionnaire examines the major families of illicit drugs for the frequency of use, maximum frequency of use ever, and the affect experienced from each drug during its use and while its effects are wearing off.

Unfortunately not all patients were administered the tests we now wish they had been. Time, cost, and an evolving field of information have precluded this. Nevertheless many questions have been addressed to provide some direction for future investigation.

### THE RESEARCH PARTICIPANTS

Most of the foregoing measures depend on honest report from the research participant. This is a worry for researchers because sex is a difficult topic to discuss openly, especially when it is one's own sexuality in question and the discussant, one's therapist, is a relative stranger. Moreover, most participants are facing criminal charges which also make them less open. In an attempt to cope with these problems, we did not include in our studies (unless specifically indicated) any man who did not admit his sexually anomalous behavior. We have found from experience that "nonadmittors" lie and provide worthless information. Thus, we are forced to deal with selected cases. "Admittors" may be shy but we encourage them to be open and help us understand their problem. The fact that we are "ignorant researchers" who want to know "what makes them tick" often provides a spirit of cooperation and openness that we find helpful. Many men are not shy and tell us our theories are wrong. The therapy environment is also important in promoting honesty in our participants. The Forensic Service of the Clarke Institute is known locally among criminals as the "Clarke Hilton" because of its comfortable accommodations and easy going atmosphere. A milieu therapy environment is in constant operation to help the offenders cope with the multiple problems they often face. The service psychiatrists are seen as defence psychiatrists. Many are researchers who try to help offenders keep their problem in check without offering false hope of change. The atmosphere is honest and defensiveness is confronted by staff and other patients. In spite of all this, one must still keep in mind that both self report questionnaires and phallometric testing can be faked.

### A NOTE ON STATISTICAL ANALYSIS

Data presentation in each paper has been made as simple as possible although appropriate parametric statistical analyses have been done. Relevant facts about these analyses, with a few necessary exceptions, are contained in notes at the end

of each chapter. An attempt has been made to avoid presentation of complex statistical analyses although at the same time, presenting pertinent results. The present section is for the reader with a statistical interest.

Standard package SPSS, BMD, and SAS analyses have been used throughout. When discriminant analyses have been used, prior probabilities have been weighted by group size and the stepwise procedure has been used with Wilks Lambda. Percent of groups correctly identified are presented in notes throughout.

Multivariate analyses of variance (MANOVA) were invariably followed by univariate analyses of variance (ANOVA). When inhomogeneity of variance was a problem, data transformations were tried, usually logarithm or square root, although, for penile volume changes, Z scores have been used most successfully. Dichotomization of multiple choice sex behavior items into *yes* and *no* or "ever did it" versus "never did it" also has been used to overcome the problem of great variation of behavior patterns within groups.

Principal axes factor analysis has been used with iteration for communalities. Squared multiple correlation of each variable with all others was used as an initial communality estimate. Factors with eigenvalues greater than one (Kaiser Rule) were retained for Varimax rotation.

Chi Square tests have been used throughout *without* Yates Corrections for Continuity. Low cell frequencies have been handled by collapsing cells or using the Fisher Exact Test which is free of the Chi Square assumptions and distribution difficulties.

Values of F, t, r, or Chi Square usually have not been presented in order to simplify tables of results. Statistical significance has been indicated using the following convention:

<i>P less than</i>	<i>Designation</i>
0.10	+
0.05	*
0.01	**
0.001	***
0.0001	****

Arithmetic means have been used to compare groups but percentages have been presented in many cases to afford the nonstatistician a simpler overview of results. Means differing significantly have letters superscripted beside them. For example:

	<i>Group</i>			
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
Mean	5.9 <sup>a</sup>	8.3 <sup>b</sup>	9.1 <sup>b</sup>	12.2 <sup>c</sup>



## 12 INTRODUCTION

The letters a, b, and c show that Group 1 scored significantly lower than the other three groups and that Groups 2 and 3 did not differ from each other but both scored significantly lower than Group 4. If two letters appear beside a mean (e.g., 16.9<sup>ab</sup>), it indicates an overlap of that score with two other means. No superscripting but a significant overall effect indicates a range effect of the mean scores. In some tables of results, numbers of cases may vary slightly because of missing data. When percentages have been used, rounding may result in totals equalling slightly more or less than 100%.

## ACKNOWLEDGMENTS

Many people helped to make this volume possible. We wish to thank the administrative and frontline workers for their support: B. Trudell and Z. Medwid and their forensic nursing staff; Ms. P. Cook, Ms. J. Brentnall, Ms. G. Mantini, and Mr. W. Curnoe for assistance in data collection; Mr. J. Mourant for technical advice; Drs. E. Stasiak and R. Reynolds and their staff at O.C.I. Brampton; Ms. Carmella Schoenberg, Mt. Sinai Hospital; Ms. W. Michelson and J. Hurst of Computer Services, C.I.P.; Dr. M. D'Costa and his staff, Mt. Sinai Hospital; and Dr. R. Holgate and his staff at Toronto General Hospital. We thank Mrs. Lori Panzarella and Merle Jaggenauth who carefully typed the manuscripts. We wish to thank Dr. R. Blanchard, Dr. K. Zucker, Clarke Institute of Psychiatry, Dr. V. Quinsey, Penetanguishene Mental Health Centre, Dr. W. Marshall, Queens University, Ms. S. Curnoe-Langevin and Ms. J. Chambers for their helpful comments on the book. We also wish to thank the granting agencies who funded our research: The Clarke Foundation, The Psychiatry Research Fund, Clarke Institute of Psychiatry, The Dean's Fund, University of Toronto, and the National Institute of Mental Health, U.S.A. Most of all we thank the research participants who offered their time and interest and helped to cast light on a much neglected area of research.

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# I A SEXUAL AGGRESSION

The three chapters in this section examine rapists and voyeurs. The former are known in some cases to injure their victims physically and in others they appear only to desire sexual intercourse. It has been claimed that rape is not sexual but instead is aggressive. Rapists then may share many features in common with nonsexually aggressive men. Other writers have noted that rape is a sexual anomaly associated with peeping, exposing, touching, and sadism. It has been suggested that these latter behaviors may be precursors of rape. Thus, in detecting them, we have opportunities to prevent the more violent and dangerous offences. Study One evaluates whether rapists are more similar to violent men or to sexually anomalous men. The treatment and disposition of the rapist would differ markedly depending on this result.

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# 1 Are Rapists Sexually Anomalous, Aggressive, or Both?

Ron Langevin,  
Daniel Paitich,  
Anne E. Russon  
*Clarke Institute of Psychiatry, Toronto*

An important fundamental question has yet to be addressed empirically before we can understand and satisfactorily design treatment programs for sexually aggressive men. Is rape an anomalous sexual act, the forceful taking of normal sexual pleasure by an antisocial individual or a blend of both? Stoller (1975) considered rape, among other “perversions,” to be “erotic forms of hatred” in which the core desire is to hurt people. Some contemporary exponents of women’s rights also express the strong opinion that rape is fundamentally an aggressive act. Brownmiller (1975), for example, stated categorically that from prehistoric times to the present, rape has been a conscious process of intimidation by which *all* men keep *all* women in a state of fear. One might expect from this point of view that rapists would not be different from the average person. Nevertheless she concurred that the typical American rapist is an aggressive hostile youth who chooses to do violence to women. She also noted that the rapists “borrows” the characteristics of assaultive and property offenders; he damages another person like assaultive men do, and like the robber, he acquires property; he wants “to have” her body. So a female is seen as both a hated person and desired property.

Holmstrom and Burgess (1980), among others, also described rape as “an act of violence expressing power, aggression, conquest, degradation, anger, hatred, and contempt”.<sup>1</sup> They examined 115 rape victims and reported on the sexual acts performed by the assailants. Although the majority performed vaginal intercourse (96%) and fellatio (22%), up to 5% urinated on the victim or their underwear, placed a knife handle in the vagina or placed semen on the victim’s body. Thus, a minority of cases seem sadistic, but the majority could be satisfying strictly conventional albeit “stolen” sexual needs.

Groth and Birnbaum (1979) described rape as a "pseudosexual act" addressing issues of anger and power more than passion. They considered it a misconception that the rapist is a lusty male, is sexually frustrated, or harbors "perverted" desires.<sup>2</sup> They go so far as to say rape is *always* and *foremost* aggressive. They identified three types of rape: anger rape in which sex is a hostile act; power rape which is an act of conquest; and sadistic rape in which anger and power are eroticized. The incidences of each type in their study were 55% power, 40% anger, and 5% sadistic rapes. Other researchers express similar views.

Levine and Koenig (1980) summarized detailed interviews with 10 convicted rapists. They construed rape as nonsexual and suggested some dynamics underlying the "hostility." Their resulting hypotheses were that rapists are: (1) sexually ignorant and have no understanding of female sexual arousal; (2) generally hate women as a group and want to punish them; (3) see their own sexuality as inseparable from aggression; (4) use rape solely to establish their masculinity; their own pleasure is dissociated from the act; and (5) they are self centered and do not see sex as mutually gratifying.

Some writers have argued that rape may be a byproduct of general criminality. Conceivably the force or threat in rape may be an instrumental act much as a thief might use to obtain his victim's property. As Amir (1971) noted, rape is carried out by aggressive men *who are used to taking what they want*. Thus, it is no accident that rapists are also frequently common thieves as well.<sup>3</sup>

Other writers have stressed the sexually anomalous nature of rape. Freund (1976; Freund, Scher, & Hucker, 1983) aligned rape with voyeurism, exhibitionism, frotteurism, obscene calls, and toucheurism as one of the "courtship disorders," noting that in literature reports, the behaviors frequently co-occur. Each represents a disturbance of normal courtship in which there are four stages: seeking a partner, pretactile interaction, tactile interaction, and genital union. One can conceptualize the anomalous man investing most of his sexual energy at one of these stages; the voyeur at seeking, the exhibitionist at pretactile interaction, the toucheur at tactile interaction, and the rapist at intercourse or genital union. Their sexual energy builds up quickly and they express it impulsively perhaps because they cannot await the usual social graces. Freund (1976) only considered the "pathological rape pattern" to be a courtship disorder. In this case force is an essential component of the act. In an unknown number of rapists, no sexual anomaly may be present.

Freund et al (1983) examined the co-occurrence of voyeurism, exhibitionism, obscene calls, toucheurism, and rape in 139 patients with sexual anomalies. Of 23 rapists, 4% engaged in exhibiting, 4% obscene calls, and 13% in toucheurism. The majority (83%) only raped. One additional person, an exhibitionist, had also raped, representing 1% of that group. Thus, although there was some overlap of courtship disorders, rape tended to be a discrete outlet. Paitich, Langevin, Freeman, Mann, & Handy, (1977) found that rapists characteristically showed multiple sexual anomalies but their sample size was small. Some rapists

have been labelled sadists but their number among the rapists is unknown (see Rada, 1978). Bizarre acts leading up to murder in some cases may be critical to the sexual anomaly.<sup>4</sup>

Rada stated that sadism in rape is a sexual anomaly. He too pointed out that the frequent association of rape with other anomalies such as voyeurism and fetishism suggests its sexually anomalous nature. However he recognized that a range of motives may be operative in rape and that there is a continuum from purely aggressive to purely sexual behavior. Gebhard, Gagnon, Pomeroy, and Christenson (1965) also described a range of aggressiveness in sex offenders from the sadist through the "thief" to the ordinary man with poor judgment. Clark and Lewis (1977) noted that rapists in many cases use only the degree of force necessary to achieve the rape, but some use more than necessary. In their 1978 study, they reported that 28% of 156 founded cases of rape involved extreme violence. At the same time they indicated that the average male confuses seduction with rape. They suggested that social mores and the law are important factors in the commission of rape. Christie, Marshall, and Lanthier (1978) on the other hand found that 71% of rapists used unnecessary physical force and it was related to a history of nonsexual assault. Fifty-four percent had previous convictions for nonsexual violence.

The full gamut of opinions has been expressed but to date only Gebhard et al. (1965) have reported a controlled study using a standardized sex history interview of imprisoned sex offenders. There is no published study using a self administered standardized sex history questionnaire although some instruments are available (Derogatis, 1978; Paitich et al., 1977).

Aggressiveness in rapists also has been described in terms of gender identity and role (e.g., Clark & Lewis, 1977, 1978). The rapist is believed to see the forceful taking of women as "masculine." Burton (1947) compared the masculinity-femininity scale of the MMPI in an attempt to diagnose rapists, homosexuals, and nonsex offenders but found no significant differences. Little attention has been paid to this question since his study although the MMPI has been used subsequently to study rapists.

The present study examined the relative contribution of aggressiveness and sexual anomalies to rape. In order to do this, the four groups in Table 1.1 were compared on the extent of similarities in personality, criminal and aggressive history, parent child relations, and sexual history. Available findings on rapists for each measure now will be reviewed briefly. The interested reader may find more detail in Rada (1978).

The MMPI personality profiles have been reported for aggressive individuals and rapists, usually, separately (Armentrout & Hauer, 1978; Huesmann, Lefkowitz, & Eron, 1978; Karacan, Williams, Guerrero, Salis, Thornby & Hirsch, 1974; Panton, 1978; Rader, 1977). Characteristically aggressors have a 4-8 profile (Psychopathic Deviate-Schizophrenia) but rapists have varied profiles although the Psychopathic Deviate scale is prominent and there are some signifi-



TABLE 1.1  
Design of the Sexual Aggression Study

		<i>Aggression</i>	
		<i>Absent</i>	<i>Present</i>
Sexual Anomaly	Absent	Normal Controls	Nonsexual Assaulters
	Present	Nonassaultive Sexual Anomalies	Rapists

cant elevations on Depression, Schizophrenia, and Paranoia. Rada (1978) has pointed out that rapists typically are grouped with other sex offenders which may obscure the results.

Antisocial personality diagnoses are reported for 30% to 40% of rapists although it is often uncertain if men exhibiting incest and pedophilia are included in the sample (Rada, 1978). Nor are we certain that the diagnoses are reliable. Nevertheless, the suggestion remains that rapists and aggressors have similar personalities. Theft and nonsexual assaults are also reported for rapists and this also may reflect their similarity to assaultive men in general.

The family environment of the rapist is frequently one of violence and alcohol abuse. One third of rapists' parents are chronic abusers of alcohol or drugs or, at least, are heavy drinkers. One third of rapists themselves are heavy drinkers or alcoholics and half are drinking at the time of their offence (Rada, 1978). These findings suggest that their upbringing seems no different from one that would generate a generally assaultive or criminal individual.

Sexual history may seem to be the discriminating axis along which to polarize sexual and nonsexual assaulters. Perhaps rape is defined by the presence of an anomalous sexual preference in an aggressive personality. A few phallometric studies have shown that rapists are equally or more aroused by descriptions of rape than of consenting intercourse (Abel, Barlow, Blanchard & Guild, 1977; Barbaree, Marshall & Lanthier, 1979; Quinsey, Chaplin & Varney, 1981; Quinsey & Chaplin, 1982).<sup>5</sup> Nonrapists, on the other hand, are more aroused by descriptions of consenting intercourse. Moreover, the ratio of penile responses to rape divided by those to consenting intercourse, the *rape index*, is positively correlated with the degree of force used in the sexual offence. However, results are still experimental and some problems need resolution.<sup>6</sup>

Some studies showed that rapists manifest multiple sexual anomalies (Gebhard et al., 1965; Paitich et al., 1977, Rada, 1978). Groth and Birnbaum (1980) suggested that some rapists suffered from sexual dysfunction and 16% experienced some degree of impotence during their rapes. On the other hand, MacDonald and Paitich (1983) found that rapists were "superheterosexuals" and

started dating early and had an extensive sexual history with adult females and age appropriate female peers. We do not know if this is true of nonsexual assaultives and we do not know how many rapists present any unusual sexual behavior outside the act of rape. The present study addresses these questions.

## METHOD

### Design of the Study

Two major factors considered to be important in rape were systematically examined: history of aggression and the presence of sexual anomalies (Table 1.1). Each factor had two levels: present or absent. There were four groups in the  $2 \times 2$  factorial multivariate analysis of variance classification. Normal men were negative on both factors and rapists were presumably positive on both. The other two groups were positive on only one factor. The nonsexual assaultive men had a history of aggression and the nonaggressive sexually anomalous men had some nonviolent sexual anomaly.

If the rapist is basically an assaultive person he should be more similar to the common assaultive group than to the other two groups. If he is sexually unusual rather than aggressive, he should resemble the nonaggressive sexually anomalous group more than the other two groups. On the other hand, if rape is a fusion of aggression and sexual anomaly, there should be an interaction effect for the dependent variables in the analysis so the rapist is different from all the other groups although sharing features in common.

### Subjects

There were 40 rapists, 40 nonviolent sex offenders, 40 normal controls, and 25 nonsexual assaultive offenders. All were male, at least 18 years of age, and admitted to their offense. Most were being seen as part of a pretrial assessment on the Forensic service of our psychiatric hospital. The cases were selected from a forensic data bank of psychological test information described previously (Langevin, Paitich, Freeman, Mann, & Handy, 1978). The rapists were charged with rape or attempted rape involving a female victim 16 years of age or older. Cases involving rape-murder and rapes of children or men were omitted because they would make the groups too heterogeneous for study. The nonassaultive sex anomaly group (hereafter sexual anomaly group) were men charged with or concerned about their multiple sexual anomalies. They were mainly exhibitionist-voyeurs but they also engaged in other sexually anomalous acts. They too were selected from the data bank for being charged with a sexual offense involving a female victim 16 years of age or older but they had no history of violence. They were chosen over other sexually anomalous categories as the best control

group because in previous pilot work we found that rapists appeared to manifest multiple sexual anomalies, generally of the courtship disorder type. The group of nonsexual assaultive men (hereafter assaulters) had a history of violence but they were sexually normal. They faced charges of common assault and assault causing bodily harm but homicide cases were omitted. Again available information suggested that homicides may be qualitatively different from nonhomicidal assaults and their inclusion might make the group too heterogeneous. Cases involving assaults on girlfriends or wives that may have been sexually motivated were also excluded. The presence of any sexually anomalous behavior led to the exclusion of a case from this group. It was difficult to find such men and this is why only 25 appear in this group. The 40 normal community volunteers (hereafter controls) had no psychiatric or criminal history, no history of violence, and no sexual anomaly. A comparable supplementary control group of 22 males who had been administered the new Sex History Questionnaire (see Appendix A) was also used in some comparisons.

There were no significant group differences in age (mean age range 24–26 years) but there were differences in education, intelligence, and marital status. The controls were more educated<sup>7</sup> averaging 15 years of school in contrast to the other three groups averaging 9–11 years. There were no significant differences in the latter. The pattern of results was similar for both verbal intelligence (VIQ) and performance intelligence (PIQ).<sup>8</sup> The controls were brighter than the other three groups who did not differ from each other (average VIQ 118 versus range 103–104 and average PIQ 119 versus range 103–110). Most scores for the patient groups were within normal limits. Although approximately 32% of IQ scores can be expected to fall outside one standard deviation about the mean, this was the case for 24% of rapists, 24% of assaultives, 23% of sexual anomalies, and 68% of controls. Most of the variance however, was at the upper end of the distribution. Only 3% of rapists, 8% of assaulters, and 3% of sex anomalies had VIQs below 90. None of the research participants was considered mentally retarded.<sup>9</sup>

There were differences in the marital status of the groups as well.<sup>10</sup> Seventy nine percent of normal controls were single compared to 45% rapists, 68% assaulters, and 46% of the sexual anomaly group. The rapists were more like the sex anomaly group in this respect with 37% versus 36% married compared to only 12% for assaulters and 16% for nonpatient controls.<sup>11</sup>

## Materials and Procedure

All research participants had been administered the Clarke Sexual History Questionnaire (SHQ) for Males (Paitich et al., 1977), the MMPI, the Cattell 16PF, and the Clarke Parent Child Relations (PCR) Questionnaire (Paitich & Langevin, 1976). In addition, the medical records were searched for pertinent information on history of crime and violence and for details of the rape. These items will be reported in the results. Two raters read the files and extent of agreement was

examined by interclass correlation. Unreliable items were omitted. A new SHQ was also used for approximately 25% of the patients in each group and to a group of 22 supplementary normal controls. The questionnaire contains most items from the old SHQ but it also has items about fantasies and anomalies that are not present in the earlier version of the questionnaire. The old questionnaire is not as comprehensive as the new one and for some anomalies does not provide the incidence of orgasmic behavior.

## RESULTS

### Aggression

*Personality.* The MMPI results are shown in Table 1.2. The strongest and most consistent finding was the similarity of rapists to the assaultive group. The tables of means (Table 1.3) and T scores over 70 (Table 1.4) show that the two assaultive groups had a wide range of symptoms reflecting strong emotional disturbance. Both groups tended to be depressed, suspicious, ruminating, worry-

TABLE 1.2  
Two  $\times$  Two Factorial Multivariate and Univariate Analysis of  
Variance Results for MMPI of Rapists, Assaultives, Sexually  
Anomalous and Control Groups

Scale	<i>F Values for 2 <math>\times</math> 2 Univariate Analysis of Variance</i>		
	<i>Assault</i>	<i>Anomaly</i>	<i>Interaction</i>
Lie	7.51**	0.41	5.63*
F	41.35****	0.77	0.10
K	33.64****	5.87*	3.63†
Hypochondriasis	9.06**	1.08	0.26
Depression	24.59****	0.20	0.52
Hysteria	1.92	0.02	0.00
Psychopathic deviate	47.91****	2.91†	7.10**
Masculinity-femininity	3.84†	0.39	4.49*
Paranoia	37.60****	0.44	8.82**
Psychasthenia	27.10****	2.50	1.21
Schizophrenia	29.96****	3.70†	1.02
Mania	14.80***	0.10	3.65†
Social Introversion	26.03****	4.61*	0.01
Multivariate F	8.33****	3.87****	3.50****

Note: † $p < 10$ , \* $p < 05$ , \*\* $p < 01$ , \*\*\* $p < 001$ , \*\*\*\* $p < 0001$

TABLE 1.3  
MMPI Means and Standard Deviations

Scale	<i>Group Means and Standard Deviations</i>			
	<i>Rape</i>	<i>Assault</i>	<i>Sex Anomaly</i>	<i>Controls</i>
Lie	3.35 2.24	2.76 1.64	3.47 1.80	4.50 <sup>a</sup> 2.16
F	14.50 6.74	13.96 5.75	8.62 5.19	7.47 4.85
K	10.57 3.19	10.96 3.97	13.47 4.98	16.70 4.46
Hypochondriasis	15.72 5.91	14.48 3.93	12.90 5.25	12.47 2.99
Depression	27.47 7.43	27.80 7.44	22.57 7.07	21.22 5.40
Hysteria	22.97 5.79	23.04 5.81	21.72 5.28	21.87 3.68
Psychopathic deviate	31.80 5.22	32.64 4.97	28.07 <sup>b</sup> 5.21	24.25 <sup>a</sup> 5.16
Masculinity-femininity	27.82 <sup>ab</sup> 5.35	26.44 <sup>b</sup> 5.20	27.67 <sup>ab</sup> 5.39	30.22 <sup>a</sup> 5.82
Paranoia	13.80 <sup>b</sup> 5.00	16.24 <sup>a</sup> 4.25	11.67 3.50	10.12 2.89
Psychasthenia	35.70 8.66	35.12 6.81	30.72 7.20	27.47 5.41
Schizophrenia	39.70 11.98	38.28 8.79	32.77 8.71	28.22 5.97
Mania	23.52 5.33	25.36 5.07	21.92 4.33	20.60 4.78
Social Introversion	38.30 11.65	34.40 11.22	29.20 10.64	25.55 7.50

Note: Means with the same superscript letter are not significantly different for the interaction effect.

ing, confused, and higher in energy compared to nonassaultive groups. Rapists contrasted with assaultive men in having more bodily concerns, being more feminine, somewhat less energetic, and more introverted.

The controls scored slightly higher than the other three groups on the Lie scale. However, every person scored within normal limits and had a valid profile. The control group was also less psychopathic but more feminine than the other three groups. The sexual anomaly group also scored lower on Psychopathic deviation than the other patient groups.

Only in the case of the Paranoia Scale did the assaultive and rapist groups differ. The assaulters were significantly more paranoid than rapists and both were more paranoid than the other two nonviolent groups.

The multivariate analysis of variance on the 16PF (Table 1.5) produced similar overall results to the MMPI although the sexual anomaly factor was nonsignificant. Table 1.6 and Table 1.7 show that the controls were more intelligent (Factor B) and forthright (Factor N) than the patient groups. The assaultive and rapist groups together were less outgoing (Factor A) and less intelligent (Factor B), less emotionally stable (Factor C), were more suspicious (Factor L), more practical (Factor M), shrewder (Factor N), more apprehensive (Factor O), showed less control (Factor Q3) and were tenser (Factor Q4) than the other two groups. Once again the resemblance of rapists was to the assaulters rather than to the sexual anomaly group.

The three clinical groups were compared on psychiatric diagnoses (Table 1.8). Again rapists and assaulters were similar. ICD9 diagnoses were used but unfortunately no reliability was available. Secondary and tertiary diagnoses were examined in addition to the primary. Patients were classified into "personality disorder," "sexual deviation," "other," and "none," a posteriori. The distribution of diagnoses across the three groups was significantly different.<sup>12</sup> Over three quarters of the rapists and a similar proportion of assaulters were diagnosed as personality disorder in contrast to a third of the sexual anomaly group. By no means were all of them antisocial personalities. Twenty percent of rapists, 24% of assaulters, and 3% of the sex anomaly group were so diagnosed. The majority of the sexual anomaly group tended to be diagnosed as sexually deviant but only 13% of rapists were. The assaulters had 8% of diagnoses related to drug abuse and rapists had 3%. The sexual anomaly group had significantly more sexual

TABLE 1.4  
Percentage of MMPI T Scores Greater Than 70

Scale	Chi Square	Group			
		Rape	Assault	Sex Anomaly	Controls
Lie	—	0.0	0.0	0.0	0.0
F	****	57.5	56.0	22.5	12.5
K	—	0.0	0.0	5.0	5.0
Hypochondriasis	*	22.5	8.0	7.5	0.0
Depression	****	65.0	60.0	25.0	20.0
Hysteria	—	22.5	24.0	12.5	7.5
Psychopathic deviate	****	85.0	76.0	58.0	20.0
Masculinity-femininity	—	40.0	28.0	27.5	50.0
Paranoia	****	40.0	52.0	10.0	2.5
Psychasthenia	****	67.5	60.0	27.5	12.5
Schizophrenia	****	67.5	72.0	50.0	15.0
Mania	*	32.5	52.0	17.5	17.5
Social Introversion	****	35.0	24.0	12.5	0.0

Note: \*p < 05, \*\*\*\*p < 0001.

TABLE 1.5  
Two × Two Factorial Multivariate and Univariate Analysis of  
Variance Results for 16 PF of Rapists, Assaultives, Sexually  
Anomalous and Control Groups

<i>Factor</i>	<i>F Values for 2 × 2 Univariate Analysis of Variance</i>		
	<i>Assault</i>	<i>Anomaly</i>	<i>Interaction</i>
Md	6.18*	6.74*	0.42
A Reserved/Outgoing	4.96*	1.66	2.06
B Less Intelligent/More Intelligent	14.83***	0.77	8.43**
C Affected by Feelings/Emotionally Stable	10.26**	2.95†	1.57
E Humble/Assertive	2.24	0.17	0.01
F Sober/Happy-go-lucky	2.49	0.13	0.70
G Expedient/Conscientious	3.27†	0.24	1.53
H Shy/Venturesome	2.51	3.75†	1.31
I Tough-minded/Tender-minded	3.50†	6.11*	3.17†
L Trusting/Suspicious	5.47*	1.19	0.03
M Practical/Imaginative	5.68*	4.18*	1.54
N Forthright/Shrewd	7.36**	3.11†	5.30*
O Self-assured/Apprehensive	11.97***	1.00	0.08
Q1 Conservative/Experimenting	1.01	9.56**	1.55
Q2 Group dependent/Self-sufficient	2.16	1.89	0.24
Q3 Undisciplined self conflict/Controlled	5.76*	0.97	1.77
Q4 Relaxed/Tense	12.79***	1.86	0.10
Multivariate F	2.81***	1.70	1.78*

Note: †p < 10, \*p < 05, \*\*p < 01, \*\*\*p < 001.

deviation diagnoses and fewer personality disorder diagnoses than the other groups. Once again they contrasted with the assaulters and rapists.<sup>13</sup> Considering the importance attributed to alcohol in rapes and assaults, it is surprising that only 28% of assaulters and 10% of rapists had any diagnosis related to alcohol. None of the sexual anomaly group did. In terms of the general order of the effects for personality, the strongest similarities were assaulters and rapists versus the other nonassaultive groups.

*Criminal History.* The 40 rapists had a total of 276 convictions compared to 242 for the assaulters and 133 for the sexual anomaly group (Table 1.9). The rape group had carried out 36 rapes and 8 attempted rapes but had 58 other sexual offences, mainly indecent assault, compared to 92 for the sex anomaly group, and none for the assaulters. The legal labels do not reflect the quality of the rapists' acts. Their indecent "assaults" were either precursors of rape, for example, grabbing females on the street or are attempts at rape, unprovable rapes, or forced oral genital and anal contact which do not qualify legally as rape in