National Library
of Canada

Bibliothèque nationale
du Canada

Acquisitions and
Bibliographic Services Branch

Direction des acquisitions et
des services bibliographiques

395 Wellington Street
Ottawa, Ontario
K1A 0N4

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file - Votre référence

Our file - Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Canada

**Sexual Aggression and Psychopathy Among Convicted Rapists:
Static, Dynamic, and Motivational Precursors**

by

Shelley L. Brown, B.A.

**A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfilment of the
requirements for the degree of**

(Master of Arts)

Department of Psychology

Carleton University

Ottawa, Ontario

November 14, 1994

© copyright

1994, Shelley Brown

National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

THE AUTHOR HAS GRANTED AN
IRREVOCABLE NON-EXCLUSIVE
LICENCE ALLOWING THE NATIONAL
LIBRARY OF CANADA TO
REPRODUCE, LOAN, DISTRIBUTE OR
SELL COPIES OF HIS/HER THESIS BY
ANY MEANS AND IN ANY FORM OR
FORMAT, MAKING THIS THESIS
AVAILABLE TO INTERESTED
PERSONS.

L'AUTEUR A ACCORDE UNE LICENCE
IRREVOCABLE ET NON EXCLUSIVE
PERMETTANT A LA BIBLIOTHEQUE
NATIONALE DU CANADA DE
REPRODUIRE, PRETER, DISTRIBUER
OU VENDRE DES COPIES DE SA
THESE DE QUELQUE MANIERE ET
SOUS QUELQUE FORME QUE CE SOIT
POUR METTRE DES EXEMPLAIRES DE
CETTE THESE A LA DISPOSITION DES
PERSONNE INTERESSEES.

THE AUTHOR RETAINS OWNERSHIP
OF THE COPYRIGHT IN HIS/HER
THESIS. NEITHER THE THESIS NOR
SUBSTANTIAL EXTRACTS FROM IT
MAY BE PRINTED OR OTHERWISE
REPRODUCED WITHOUT HIS/HER
PERMISSION.

L'AUTEUR CONSERVE LA PROPRIETE
DU DROIT D'AUTEUR QUI PROTEGE
SA THESE. NI LA THESE NI DES
EXTRAITS SUBSTANTIELS DE CELLE-
CI NE DOIVENT ETRE IMPRIMES OU
AUTREMENT REPRODUITS SANS SON
AUTORISATION.

ISBN 0-315-98542-9

Canada

Name Shelley Brown

Dissertation Abstracts International is arranged by broad, general subject categories. Please select the one subject which most nearly describes the content of your dissertation. Enter the corresponding four-digit code in the spaces provided.

Psychology - Social

SUBJECT TERM

0451

SUBJECT CODE

U·M·I

Subject Categories

THE HUMANITIES AND SOCIAL SCIENCES

COMMUNICATIONS AND THE ARTS

Architecture 0729
Art History 0377
Cinema 0900
Dance 0378
Fine Arts 0357
Information Science 0723
Journalism 0391
Library Science 0399
Mass Communications 0708
Music 0413
Speech Communication 0459
Theater 0465

EDUCATION

General 0515
Administration 0514
Adult and Continuing 0516
Agricultural 0517
Art 0273
Bilingual and Multicultural 0282
Business 0688
Community College 0275
Curriculum and Instruction 0727
Early Childhood 0518
Elementary 0524
Finance 0277
Guidance and Counseling 0519
Health 0630
Higher 0745
History of 0520
Home Economics 0278
Industrial 0521
Language and Literature 0279
Mathematics 0280
Music 0522
Philosophy of 0996
Physical 0523

Psychology 0525
Reading 0535
Religious 0527
Sciences 0714
Secondary 0533
Social Sciences 0534
Sociology of 0340
Special 0529
Teacher Training 0530
Technology 0710
Tests and Measurements 0288
Vocational 0747

LANGUAGE, LITERATURE AND LINGUISTICS

Language 0679
General 0289
Ancient 0290
Linguistics 0291
Modern 0401
Literature 0294
General 0295
Classical 0297
Comparative 0298
Medieval 0316
Modern 0591
African 0305
Asian 0352
Canadian (English) 0355
Canadian (French) 0593
English 0311
Germanic 0312
Latin American 0315
Middle Eastern 0313
Romance 0314
Slavic and East European

PHILOSOPHY, RELIGION AND THEOLOGY

Philosophy 0422
Religion 0318
General 0321
Biblical Studies 0319
Clergy 0320
History of 0322
Philosophy of 0469
Theology

SOCIAL SCIENCES

American Studies 0323
Anthropology 0324
Archaeology 0326
Cultural 0327
Physical 0310
Business Administration 0272
General 0770
Accounting 0454
Banking 0338
Management 0385
Marketing 0501
Canadian Studies 0503
Economics 0505
General 0508
Agricultural 0509
Commerce Business 0510
Finance 0511
History 0358
Labor 0366
Theory 0351
Folklore 0578
Geography 0366
Gerontology 0351
History 0578
General

Ancient 0579
Medieval 0581
Modern 0582
Black 0328
African 0331
Asia, Australia and Oceania 0332
Canadian 0334
European 0335
Latin American 0336
Middle Eastern 0333
United States 0337
History of Science 0585
Law 0398
Political Science 0615
General 0616
International Law and Relations 0617
Public Administration 0814
Recreation 0452
Social Work 0626
Sociology 0627
General 0938
Criminology and Penology 0631
Demography 0628
Ethnic and Racial Studies 0629
Individual and Family Studies 0630
Industrial and Labor Relations 0700
Public and Social Welfare 0344
Social Structure and Development 0709
Theory and Methods 0999
Transportation 0453
Urban and Regional Planning 0453
Women's Studies

THE SCIENCES AND ENGINEERING

BIOLOGICAL SCIENCES

Agriculture 0473
General 0285
Agronomy 0475
Animal Culture and Nutrition 0476
Animal Pathology 0359
Food Science and Technology 0478
Forestry and Wildlife 0479
Plant Culture 0480
Plant Pathology 0817
Plant Physiology 0777
Range Management 0746
Wood Technology 0306
Biology 0287
General 0308
Anatomy 0309
Biostatistics 0379
Botany 0329
Cell 0353
Ecology 0369
Entomology 0793
Genetics 0410
Limnology 0307
Microbiology 0317
Molecular 0416
Neuroscience 0433
Oceanography 0821
Physiology 0778
Radiation 0472
Veterinary Science 0786
Zoology 0760
Biophysics 0786
General 0760
Medical 0425
Earth Sciences 0996
Biogeochemistry 0996
Geochemistry

Geodesy 0370
Geology 0372
Geophysics 0373
Hydrology 0388
Mineralogy 0411
Paleobotany 0345
Paleoecology 0426
Paleontology 0418
Paleozoology 0985
Palynology 0427
Physical Geography 0368
Physical Oceanography 0415

HEALTH AND ENVIRONMENTAL SCIENCES

Environmental Sciences 0768
Health Sciences 0566
General 0300
Audiology 0992
Chemotherapy 0567
Dentistry 0350
Education 0769
Hospital Management 0758
Human Development 0982
Immunology 0564
Medicine and Surgery 0347
Mental Health 0569
Nursing 0570
Nutrition 0380
Obstetrics and Gynecology 0354
Occupational Health and Therapy 0381
Ophthalmology 0571
Pathology 0572
Pharmacology 0382
Pharmacy 0573
Physical Therapy 0574
Public Health 0575
Radiology 0575
Recreation

Speech Pathology 0460
Toxicology 0383
Home Economics 0386

PHYSICAL SCIENCES

Pure Sciences 0485
Chemistry 0749
General 0486
Agricultural 0487
Analytical 0488
Biochemistry 0738
Inorganic 0490
Nuclear 0491
Organic 0494
Pharmaceutical 0495
Physical 0754
Polymer 0405
Radiation 0605
Mathematics 0986
Physics 0606
General 0608
Acoustics 0748
Astronomy and Astrophysics 0607
Atmospheric Science 0798
Atomic 0759
Electronics and Electricity 0609
Elementary Particles and High Energy 0610
Fluid and Plasma 0752
Molecular 0756
Nuclear 0611
Optics 0463
Radiation 0346
Solid State 0984
Statistics 0984
Applied Sciences 0346
Applied Mechanics 0984
Computer Science

Engineering 0537
General 0538
Aerospace 0539
Agricultural 0540
Automotive 0541
Biomedical 0542
Chemical 0543
Civil 0544
Electronics and Electrical 0348
Heat and Thermodynamics 0545
Hydraulic 0546
Industrial 0547
Marine 0794
Materials Science 0548
Mechanical 0743
Metallurgy 0551
Mining 0552
Nuclear 0549
Packaging 0765
Petroleum 0554
Sanitary and Municipal 0790
System Science 0428
Geotechnology 0796
Operations Research 0795
Plastics Technology 0994
Textile Technology

PSYCHOLOGY

General 0621
Behavioral 0384
Clinical 0622
Developmental 0620
Experimental 0623
Industrial 0624
Personality 0625
Physiological 0989
Psychobiology 0349
Psychometrics 0632
Social 0451

The undersigned recommend to the
Faculty of Graduate Studies and Research acceptance of the thesis

"Sexual Aggression and Psychopathy Among Convicted Rapists:
Static, Dynamic, and Motivational Precursors"

submitted by Shelley Lynn Brown, B.A.
in partial fulfilment of the requirements for
the degree of Master of Arts

Adelle Fouth
Thesis Supervisor

Bill Jones
Chair, Department of Psychology

Carleton University

November, 1994

Abstract

The purpose of the present research was to examine the extent to which psychopathy serves to moderate the effect of static, dynamic, and motivational precursors associated with sexual aggression against adult females. Hare's Revised Psychopathy Checklist (PCL-R; Hare, 1991) was used as a measure of psychopathy. Information regarding the static, dynamic, and motivational precursors associated with sexual aggression was obtained by conducting a semi-structured interview with 60 incarcerated rapists, reviewing their institutional files, having them complete three self-report questionnaires and by classifying them according to the Massachusetts Treatment Center's Revised Rapist Typology (MTC-R3; Knight & Prentky, 1990a). Overall, univariate and multivariate results indicated that psychopathy served as an effective moderator variable for sexual aggression against adult females. Psychopathic behavior appeared to exert the greatest influence in moderating the following risk factors: nonsexual offense history, lifestyle impulsivity, level of denial in sexual offense, coping strategies, anger management, negative emotional states, and motivational precursors. Psychopathic rapists exhibited more extensive nonsexual offense histories, higher levels of lifestyle impulsivity, and denial. Furthermore, psychopathy was associated with maladaptive coping strategies, anger management problems, the absence of negative emotional states, and sexual offender subtypes such as opportunistic and pervasively angry rather than vindictive and sexual. Additionally, there was some mild evidence suggesting that psychopathic rapists were more likely to come from maladaptive family backgrounds, were more likely to commence their criminal careers at an earlier age, less likely to suffer from social skills deficits, and less likely to commit multiple sexual offenses characterized by extensive planning, escalation, and gratuitous violence. Moreover, psychopathy was not related to marital conflict, substance abuse, mental health problems, sexual offense history, multiple paraphilias, sexual fantasy, rape supportive attitudes, or heterosocial skills. Implications for the management and treatment of psychopathic rapists are discussed.

Acknowledgments

I would like to express my sincere thanks to all those who assisted in the execution of this study. Many thanks are extended to Adelle Forth for her helpful advice and continuous assistance throughout the development and completion of this project. The many hours of service dedicated by research assistant, Ida Dickie were instrumental to the successful completion of this project and are greatly appreciated. Moreover, the sound advice and guidance provided by correctional psychologists such as Bill Palmer, Fred Bellemare, Karl Furr, Ed Peacock, Ralph Serin, Bruce Malcolm, Fred Tobin, and Daryl Kroner were invaluable. As well, I would like to thank my committee members for their helpful comments and continuous support. I would also like to express my gratitude to the various correctional officers and case managers whose direction and recommendations were indispensable. I am also grateful to Correctional Service of Canada and Carleton University for providing financial support for this project. Moreover, I would like to thank the participants who devoted much of their time and energy to this research. Finally, I would to acknowledge my family, friends, and Murray for their steadfast support and encouragement throughout my academic endeavors.

Table of Contents

	Page
Abstract	ii
Acknowledgments	iii
Table of Contents	iv
List of Tables	ix
List of Appendices	xii
Introduction	1
Thesis Focus	2
Organization of the Literature Review	3
Literature Review	3
Recidivism Prediction	3
Sex Offender Recidivism	5
Risk Factors and Sexual Offending	7
Static Risk Factors Related to Sexual Offending	7
Family Background	7
Offender Age at Time of Offense	8
Prior Sexual Offenses	9
Prior Nonsexual Offenses	9
Offender/Victim Relationship	10
Victim Gender and Victim Age	10
Force/Victim Injury	11
Number of Victims	12
Degree of Planning in Sexual Offenses	12
History of Multiple Paraphilias	13

Dynamic Risk Factors Related to Sexual Offending	13
Mental Health Problems.....	13
Impulsivity	14
Education/Employment Problems.....	15
Marital Problems	15
Maladaptive Coping Strategies.....	16
Substance Abuse.....	17
Social Skills Deficit	17
Cognitive Distortions	18
Denial/Minimization	19
Deviant Sexual Fantasies	20
Deviant Sexual Arousal/Sexual Gratification	20
Humiliation/Power.....	21
Negative Emotional States	22
Motivational Precursors to Sexual Offending	23
Summary of Risk Factors Associated with Sexual Offending	25
History of Psychopathy	26
The Psychopathy Checklist PCL-R.....	26
Psychopathy, Motivations, and Victim Characteristics	28
Psychopathy and Crime: Correctional Samples	29
Psychopathy and Crime: Forensic Psychiatric Settings	30
Sexual Offending and Psychopathy.....	31
Rationale for the Present Study	34
Method	37
Subjects	37

Sample Representativeness	39
Materials.....	44
Institutional File Review	44
The Hare Revised Psychopathy Checklist (PCL-R).....	44
Sexual Offending Motivations Interview.....	47
Massachusetts Treatment Center Revised Rapis Typology 3 (MTC.R3)	47
Self-Report Questionnaires	50
Procedure.....	52
Results.....	54
Data Analysis.....	54
Data Screening.....	55
Reliability of Total PCL-R Scores and Factor Scores.....	56
Inter-rater Reliability of Static Variables.....	57
Inter-rater Reliability of Dynamic Variables.....	57
Inter-rater Reliability of Motivational Precursors	58
PCL-R Scores	58
Sex Offender Treatment Distribution.....	60
BIDR Results.....	63
Psychopathy and Static Risk Factors	64
Family Background.....	64
Criminal History Risk Factors.....	66
Offense-related Variables.....	71

Multi-variate Analysis of Static Risk Factors and Psychopathy	75
Static Historical Risk Factors and Psychopathy: Multi-variate	
Analysis of Variance	75
Static Historical Risk Factors and Psychopathy: Canonical	
Correlational Analysis	76
Offense-Related Variables and Psychopathy: Multi-variate	
Analysis of Variance	77
Offense-Related Variables and Psychopathy: Canonical	
Correlational Analysis	78
Dynamic Risk Factors and Psychopathy	79
Mental Health Problems	79
Lifestyle Impulsivity	81
Education/Employment Problems	82
Marital Problems	84
Substance Abuse Problems	85
Maladaptive Coping Strategies	88
Social Skills Deficits	90
Cognitive Distortions	91
Denial/Minimization	92
Sexual Fantasy	95
Deviant Sexual Arousal	95
Negative Emotional State	96

Multi-variate Analysis of Dynamic Risk Factors	106
Psychopathy and Dynamic Risk Factors Targeted in General Offender Treatment Programs: Multi-variate Analysis of Variance	106
Psychopathy and Dynamic Risk Factors Targeted in General Offender Treatment Programs: Canonical Correlational Analysis.....	107
Psychopathy and Dynamic Risk Factors Targeted in Sex Offender Treatment Programs: Multi-variate Analysis of Variance.....	108
Psychopathy and Dynamic Risk Factors Targeted in Sex Offender Treatment Programs Canonical Correlational Analysis.....	110
Motivational Precursors	112
Researcher's Appraisal of Apparent Motives for Sexual Offending	112
Offender's Appraisal of Apparent Motives for Sexual Offending.....	116
Offender's Perception of Underlying Reason for Sexual Offending	121
Contributing Factors to Sexual Offense	123
MTC:R3 Results	125
Discussion	131
PCL-R Distribution	131
BIDR Findings.....	132
Static Historical Risk Factors and Psychopathy.....	133
Offense-related Static Factors and Psychopathy.....	136
Dynamic Risk Factors and Psychopathy.....	137
Motivational Precursors.....	146
Limitations of Current Study.....	148

Conclusions, Implications, and Directions for Future Research	140
References	154
Appendices	174

List of Tables:

	Page
Table 1: Reasons Given During Consent Interview for Refusing Participation in Study.....	38
Table 2: Percentage Distribution of Demographic Traits and Sexual Offense History: Comparison of the Present Study with the Sex Offender Case File Review.....	41
Table 3: Percentage Distribution of Sexual Offense Characteristics: Comparison of the Present Study with the Sex Offender Case File Review.....	42
Table 4: Percentage Distribution of Psychopathic (P) and Nonpsychopathic (NP) Rapists who had Received Sex Offender Treatment at the Time of the Study	60
Table 5: Frequency Distribution of Age, Number of Past Nonsexual Offenses, Number of Past Sexual Offenses, and Race: Comparison between Treated and Untreated Rapists.....	62
Table 6: Distribution of Family Background Characteristics: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	65
Table 7: Criminal History Risk Factors: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	68
Table 8: Pearson r Correlations Between the PCL-R Total and Factor Scores with Criminal History Risk Variables.....	70
Table 9: Offense-Related Variables: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	72
Table 10: Pearson r Correlations Between PCL-R Total and Factor Scores with Offense- Related Variables	74
Table 11: Distribution of Mental Health Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	80
Table 12: Distribution of Education/Employment Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	83
Table 13: Distribution of Substance Abuse Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	87
Table 14: Distribution of Coping Strategies: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists.....	89

Table 15: Pearson r Correlations Between the PCL-R Total and Factor Scores with Level of Denial Scores: Comparison Between Treated and Untreated Rapists	94
Table 16: Presence of Negative Emotions Prior to Sexual Offense for the Untreated, Treated, and Combined Sample: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	97
Table 17: Distribution of Negative Emotional States Present Within 24 Hours of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	100
Table 18: Distribution of Negative Emotional States Present Within Three Months of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) rapists	101
Table 19: Pearson r Correlations Between the PCL-R Total and Factor Scores with Negative Emotion Intensity Scales: Comparison Between Treated and Untreated Rapists	105
Table 20: Percentage Distribution of Primary Motives Assessed by Researchers: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	113
Table 21: Percentage Distribution of Secondary Motives Assessed by Researchers: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	115
Table 22: Percentage Distribution of Primary Motives Reported by Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	117
Table 23: Percentage Distribution of Secondary Motives Reported of Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	120
Table 24: Percentage Distribution of Underlying Reason for Sexual Offense(s) Reported by Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	122
Table 25: Percentage Distribution of Contributing Factors to Sexual Offense(s) Reported by Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	124
Table 26: Percentage Distribution of MTC:R3 Subtypes: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	126
Table 27: Percentage Distribution of Collapsed MTC:R3 Subtypes: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists	128
Table 28: PCL-R Total and Factor Means and Standard Deviations for MTC:R3 Collapsed Rapist Subtypes	130

List of Appendices:

	Page
A Sex Offending and Motivations Project Information Form.....	174
B: Coding Manual.....	177
C: The PCL-R Factor Structure.....	198
D PCL-R Semi-Structured Interview.....	200
E: Semi-Structured Motivations Interview.....	211
F: Massachusetts Treatment Center Revised Rapist Subtype Descriptions (MTC:R3).....	224
G: Confidential Questionnaire #1.....	229
H: Confidential Questionnaire #2.....	233
I: Confidential Questionnaire #3	235
J: Confidential Questionnaire #4.....	242
K: File Review Coding Form.....	245
L: Distribution of Sexual Abuse Variables: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists.....	249
M: Inter-Correlations Between Dependent Variables.....	251
N: Correlations Between PCL-R Item Scores and Dependent Variables.....	255
O: Means and Standard Deviations for Prorated PCL-R Total, Factor 1, and Factor 2 Scores.....	258
P: Adjusted n's for Psychopathy and Nonpsychopathy Groups Based on Prorated PCL-R Total Scores.....	260
Q: Distribution of Negative Emotional States Present Within 24 Hours of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists.....	262
R: Distribution of Negative Emotional States Present Within Three Months of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists.....	264

Introduction

It is estimated that every six minutes, a woman is raped (Federal Bureau of Investigation, 1989, cited in Brien, 1993; Marshall, 1994). Moreover, an American survey concluded that almost one in two women will experience a rape or attempted rape at some point during their lifetime (Russell, 1984). As well, a recent Canadian survey conducted by Statistics Canada reported that 39% of Canadian women have been sexually assaulted since the age of 16 (Statistics Canada, 1993). Society's recent recognition of the seriousness and widespread occurrence of sexual assault against women has in part been responsible for the substantial growth in the number of sex offenders currently under federal jurisdiction (Robinson, 1989). The Canadian federal sex offender population has been growing rapidly and disproportionately to the total offender population since the late 1970's (Gordon & Porporino, 1990; Robinson, 1989). A recent review by Motiuk and Deurloo (1993) revealed that as of December, 1992 there were approximately 3,700 sex offenders under federal jurisdiction. Although Motiuk and Deurloo (1993) did not report a break down by sex offender type it can be inferred from previous findings (Porporino & Motiuk, 1991) that approximately 40% of these offenders have sexually assaulted adult females. It was also noted that since 1990 there has been a four-fold increase in the growth rate of the total sex offender population. As well, expenditures for sex offender treatment have increased by 266% while treatment capacity for sex offenders has more than tripled in the last five years (Motiuk & Deurloo, 1993). Thus, research directives that will further our understanding regarding the most effective methods for ensuring appropriate resource allocation, treatment selection, treatment goals, and supervision strategies are of paramount concern.

Another subgroup of offenders that have received increasing attention are those identified as criminal psychopaths. The incidence of psychopathy among federally incarcerated offenders as measured by Hare's Revised Psychopathy Checklist (PCL-R; Hare, 1991) is estimated to be between fifteen and thirty percent (Wong, 1984). Briefly, psychopathy is viewed by many as a serious personality disorder that first manifests itself early in life and in most cases persists

throughout the life span. Most clinicians and researchers agree that psychopathy is typically associated with a constellation of affective, interpersonal, and behavioral characteristics, such as impulsivity, callousness, egocentricity, selfishness, lack of empathy and remorse (Cleckley, 1976; Hare, 1991). Given these characteristics it comes as no surprise that psychopathy is implicated in a disproportionate amount of the serious repetitive crime and violence in our society. In fact, recent studies that have used the Psychopathy Checklist (PCL; Hare, 1980; PCL-R; Hare, 1991) have revealed that psychopaths start committing crime at an earlier age than nonpsychopaths, are three times more likely to fail on conditional release, commit a disproportionate amount of violent crime, are more likely to use a weapon during an offense, and are more likely to engage in institutional violence than nonpsychopaths (Forth, Hart, & Hare, 1990; Hare & McPherson, 1984; Serin, 1991a; Serin, Peters, & Barbaree, 1990; Wong, 1984). Given the apparent relationship between psychopathy and violent crime a logical extension would be to examine the relationship between psychopathy and one specialized form of violence: sexual offending.

Thesis Foci

The purpose of the present research is twofold. First, to examine the extent to which psychopathy serves to moderate the effect of dynamic antecedents and motivational factors associated with sexual aggression against adult females. Second, to investigate the relationship between psychopathy and static variables associated with sexual aggression such as victimization patterns and prior sexual offending. It is hoped that the results of this research will contribute to the efficient management of sex offenders in terms of allocation of resources, treatment strategies and supervision practices.

Organization of the Literature Review

The literature review will be organized as follows: First, issues surrounding the prediction of dangerousness will be discussed. Second, a review of the static, dynamic and motivational precursors associated with sexual offending, particularly sexual assault against women will be explored. Third, the research findings regarding the motivations for offending and victimization patterns among criminal psychopaths will be reviewed. Lastly, a brief review surrounding the construct of psychopathy followed by its relationship to violent crime and sexual offending will be examined.

Literature Review

Recidivism Prediction

After an extensive review of the literature, Andrews (1989) concluded that the ability to differentiate delinquent youth from non-delinquent youth could be dramatically improved when a number and variety of major risk factors are taken into consideration. A risk factor in this context refers to a personal attribute or circumstance that is predictive of future criminal conduct (Andrews, Bonta, & Hoge, 1990). The incorporation of risk factors into statistical prediction instruments has enhanced our ability to predict general criminal recidivism such that accuracy rates now range between sixty and eighty percent (Andrews, 1989). Some of these statistical instruments include the Level of Supervision Inventory (LSI; Andrews, Kiessling, Robinson, & Mickus, 1986; Bonta & Motiuk, 1985), the Salient Factors Scale (SFS; Hoffman & Beck, 1974) and the Statistical Information on Recidivism Scale (SIR; Nuffield, 1982). However, it seems that such instruments are less successful at predicting violent recidivism (Holland, Holt, Levi, & Beckett, 1984; Nuffield, 1982). At the same time, past research has shown that clinicians have very little expertise in predicting future violence, for sex offenders or for any other group of

offenders (Hall, 1990; Monahan, 1981; Quinsey & Maguire, 1986; Steadman, 1987; Webster, Dickens, & Addario, 1985). However, there is general consensus in the literature towards objective and combined clinical-objective approaches (Hall, 1990; Quinsey & Maguire, 1986; Wormith & Goldstone, 1984).

The primary problem with predicting any form of violent recidivism concerns the fact that the base rate of violent reoffending is considerably low. It is extremely difficult to increase prediction accuracy above and beyond what could be achieved by chance alone. One proposed solution to this problem suggests making predictions within groups of individuals where the base rate of reoffending is relatively high. In addition, it has been suggested that we can improve prediction by focusing on individuals who are homogenous in reference to the type of dangerous behaviour we are trying to predict (Quinsey & Maguire, 1986; Quinsey & Walker, 1992; Zamble & Quinsey, 1991). Moreover, recent reviews concerning the prediction of sexual aggression have suggested that prediction accuracy can also be enhanced by using multivariate models of risk prediction rather than univariate models (Hall, 1990; Malamuth, 1986; McGarh, 1991).

Thus, the prediction literature seems to suggest that if we attend to risk factors, attempt to make predictions within homogenous groups where the base rate of reoffending is relatively high and make use of multivariate models, prediction accuracy will be enhanced substantially. Given that sex offenders comprise a relatively heterogeneous group with different base rates of reoffending the present research will focus solely on rapists. As well, previous reviews have demonstrated that rapists have sufficiently high enough base rates of sexual reoffending to justify empirical investigations aimed at increasing prediction accuracy (Furby, Weinrott, & Blackshaw, 1989; Quinsey, Rice, Harris, & Lalumière, in press; Solicitor General of Canada, 1990). Given the importance that various risk factors have in predicting general criminal recidivism it will also be necessary for the present study to examine some of risk factors commonly found to be associated with sexual offending.

Sex Offender Recidivism

Before reviewing the risk factors associated with sexual offending it will be useful to discuss some of the major findings regarding general recidivism rates for treated and untreated sex offenders. It is also important to note that the majority of sex offender recidivism research is plagued by serious methodological flaws such as inadequate follow-up periods, failure to acknowledge the heterogeneity of sex offenders, lack of or use of inadequate control groups, failure to include treatment dropouts and failures, study of small sample sizes, use of different criterion measures, and employment of inappropriate statistical methods (Furby et al., 1989; Marques, Day, Nelson, & West, 1994; Quinsey, Rice, & Harris, 1993; Quinsey et al., in press). However, despite these shortcomings there are important findings worth reviewing.

The Solicitor General of Canada (1990) reviewed a series of large scale European and British studies published between 1962 and 1986 that examined sex offender recidivism. In total, these studies present recidivism data for approximately 4,400 sex offenders who did not receive any systematic treatment. The review indicated that over a ten to twenty-four year follow-up period thirteen percent were reconvicted for a new sexual and/or violent offense. The recidivism rate was lower for child molesters (14%) than for rapists (21%). Another review of sex offender recidivism which included American and Canadian studies (Furby et al., 1989) reported recidivism rates ranging from 0% to over 50%. They also reported that rapists (35.6%-63.2%) exhibited higher recidivism rates than child molesters (6-43%). Quinsey et al. (in press) recently reviewed all studies that examined the sexual recidivism rates for child molesters and rapists separately. After reviewing seven independent samples ($N = 458$) that specifically examined the sexual recidivism rates of rapists the researchers concluded that the weighted average sexual reconviction rate was 22.8% (range of 10% to 36%). Similarly, after reviewing seventeen independent follow-up studies of child molesters ($N = 4483$) Quinsey et al. (in press) reported a weighted average sexual reconviction rate of 20.4% (range of 4% to 38%).

Whether or not treatment can reduce sex offender recidivism is perhaps one of the most

debatable and controversial topics currently being investigated in correctional research. After a thorough review of the empirical literature the Solicitor General of Canada (1990) concluded that treatment could effectively reduce recidivism from 25% to 10-15%. Furthermore, a recent review by Marshall, Jones, Ward, Jonston, and Barbaree (1991) concluded that comprehensive cognitive-behavioral programs and combined psychological and hormonal treatments are effective with child molesters and exhibitionists but not rapists. As well, Marshall's testimony to the Daubney Committee (1988) indicated that there was sufficient research evidence to conclude that treatment programs are available "that will guarantee a remarkable reduction in recidivism" (p.208).

In contrast, after conducting an extensive literature review Furby et al. (1989) concluded that "we can at least say with confidence that there is no evidence that treatment effectively reduces sex offense recidivism" (p.25). Similarly, Quinsey et al. (1993) argue that to date, there are no rigorously controlled studies that can allow us to say with any degree of certainty that sex offender treatment does reduce recidivism. Albeit, the authors do acknowledge that The Sex Offender Treatment and Evaluation Project (SOTEP) currently being conducted by California's Department of Mental Health shows considerable promise both in terms of research design and treatment efficacy.

The Sex Offender Treatment and Evaluation Project (SOTEP) is a controlled, longitudinal study of the effectiveness of a comprehensive cognitive-behavioral treatment program for rapists and child molesters currently being conducted at the Atascadero State Hospital in California. Due to legislative support and extensive financial assistance SOTEP is the most advanced and rigorously controlled study ever to examine sex offender treatment efficacy. In fact, it would seem that SOTEP has managed to overcome all previously mentioned methodological flaws. Although preliminary results look promising any final conclusions regarding treatment efficacy will remain unanswered until the year 2000 when the study is complete (Marques, Day, Nelson, & West, 1993; Marques et al., 1994). Thus, whether or not treatment can effectively reduce sex offender recidivism remains unanswerable at this time.

Risk Factors and Sexual Offending

In addition to studying mere recidivism rates several studies have attempted to delineate certain risk factors that increase the probability of future sexual offending. Risk factors are commonly placed into one of two categories: static or dynamic. Static risk factors refer to those variables associated with future criminal offending that are unchangeable such as prior criminal history, personal/family background variables, age at time of offense, ethnic origin, and gender. Dynamic and/or criminogenic factors are those variables associated with future criminal conduct that are changeable and can be altered through intervention (Andrews et al., 1990). Examples would include substance abuse, unstable employment, low educational attainment, poor family relations, pro-criminal attitudes, and negative emotional states.

While static factors are extremely useful in terms of identifying high risk offenders they provides little practical direction for correctional workers who require information about predictors that they can modify in order to effectively plan interventions (Quinsey & Walker, 1992; Zamble & Quinsey, 1991). For this reason, a primary focus of this research will be on the dynamic antecedents that precede sexual assault. A discussion of static risk factors related to sexual assault followed by dynamic risk factors will be now be presented.

Static Risk Factors Related to Sexual Offending

Family Background.

The notion that 'violence begets violence' is a common belief in both the minds of professionals and the public. The hypothesis being, that an association exists between children who are a victim of physical, sexual and/or emotional abuse and later adult criminality. Although, much of the empirical research has been criticized for its methodological flaws and limited

generalizability, there does seem to be at least a correlational relationship between early family dysfunction and future sexual offending (Hall, 1990; Widom, 1989). Correctional Service Canada (Motiuk & Porporino, 1993) recently examined the case histories of 785 randomly selected sex offenders who were under federal jurisdiction at the time of the study. The early childhood experiences for a significant proportion of these sex offenders were characterized by parental substance abuse (50.2%), separation from the family before age 16 (59.2%), physical abuse (33.9%), sexual abuse (29.1%), and emotional abuse (31.3%).

Petrovich and Templer (1984) have also reported that 59% of a sample of rapists ($N=83$) had been sexually abused as children. Evidence for a relationship between past sexual victimization and future sexual aggression has also been noted by researchers such as Groth and Burgess (1979), Knight, Prentky, Schneider, and Rosenberg (1983) and Friedrich, Beilke, and Uguiza, (1987, 1988). While the majority of research seems to suggest a link between past sexual victimization and future sexual aggression Maletzky's (1990) follow-up of 3,795 out patient sex offenders revealed that past sexual abuse was unrelated to treatment failure.

Offender Age at Time of Offense.

There is a clear consensus in the literature that perpetrators of sexual assault are primarily young adult males (Abel & Rouleau, 1990; Hall & Proctor, 1987; Motiuk & Porporino, 1993). Males between the ages of 20 and 29 account for the largest proportion of arrests for rape (41.5%) than males in any other age bracket. Overall, males under forty account for 88.2% of all rape arrests in the United States (U.S. Department of Justice, 1988, cited in McGarh, 1991). Similarly in Canada, recent findings from the revised Uniform Crime Reporting (UCR) Survey revealed that between 1991 and 1992 males under 34 account for the largest percentage of arrests for sexual assault (58%) (Roberts, 1994). Moreover, preliminary results from a sex offender follow-up investigation ($N = 578$) currently being conducted by Correctional Service Canada (Motiuk & Brown, 1994) found that violent recidivists (violent or sexual reoffense) on average were six years

younger ($M = 33.5$) than their nonrecidivist counterparts ($M = 39.6$).

Prior Sexual Offenses.

One of the most consistent and perhaps most reliable predictors of sexual recidivism is the presence of a history of prior sexual offending (Christiansen, Elers-Nielsen, Le Maire & Sturup, 1965; Fitch, 1962; Frisbie & Dondis, 1965; Hall, 1990; Marshall & Barbaree, 1988a; Quinsey et al., 1993; Rice, Quinsey, & Harris, 1991; Romero & Williams, 1985; Tracey, Donnelly, Morgenbesser, & MacDonald, 1983). A review by the Solicitor General of Canada (1990) examined the sexual recidivism rates across numerous European studies ($N = 4,347$) and concluded that the reoffense rates were much less for those sex offenders who had no prior sexual offenses (9%) versus those who had committed a prior sexual offense (28%). Similar finding pertaining specifically to rapists have also been reported in the literature (Hall, 1990; Hall & Proctor, 1987; Pithers, Buell, Kashima, Cumming, & Beal, 1987; Rice, Harris, & Quinsey, 1990).

Prior Nonsexual Offenses.

Other static risk indicators include the number of prior nonsexual offenses (Abel, Mittelman, & Becker, Rathner, & Rouleau, 1988; Hall, 1988; Quinsey et al., 1993; Marques et al., 1993; Rice et al., 1990; Romero & Williams, 1985; Sturgeon & Taylor, 1980). Christiansen et al. (1965) conducted a twelve to twenty-four year follow-up of approximately 3,000 sex offenders from 1929 to 1939. While first time sex offenders recidivated (sexual and nonsexual crimes) at a rate of 18.6%, sex offenders with criminal records recidivated at a rate of 38.6%. Moreover, Christie, Marshall, and Lanthier (1979) reported that approximately 50% of the rapists in their sample had prior convictions for nonsexual assault. Similarly, Pithers et al. (1987) reported that 44% of their sample of rapists ($n = 64$) had been arrested previously for nonsexual-related offenses. Similarly, a 46 month follow-up of 54 rapists from a maximum security psychiatric

facility revealed that the number of prior nonsexual convictions was significantly related to sexual recidivism (Rice et al., 1990). As well, the researchers also found that the number of prior violent offenses (including sexual) was strongly related to sexual recidivism ($r = .42$). A more recent study by Quinsey et al. (1993) examined the sexual recidivism rates for 178 sex offenders released from a maximum security, psychiatric facility. They reported that offenders who recidivated sexually had twice as many prior nonsexual convictions than those who did not recidivate.

Offender-Victim Relationship.

The case history file review of 785 sex offenders by Correctional Service Canada (Motiuk & Porporino, 1993) revealed that for more than half the cases, the adult victim was a stranger to the sex offender and for about one quarter they were a casual acquaintance. Limited research findings purport that sex offenders, particularly child molesters, whose victims are unknown to them are at a greater risk to reoffend than sex offenders whose victims are known to them (Hanson, Steffy, & Gauthier, 1990; Harris, Rice, & Cormier, 1991; Harris, Rice, & Quinsey, 1993; Maletzky, 1990; Sturgeon & Taylor, 1980). Moreover, Maletzky's (1990) follow-up study revealed that if a sex offender was a stranger to his victim(s) the likelihood he would fail was almost five times as high than if he was well known (familial and nonfamilial) to the victim(s).

Victim Gender and Victim Age.

The importance of victim gender and victim age in sexual offending has received considerable attention, particularly in regards to sexual recidivism against children (Abel et al., 1988; Frisbie & Dondis, 1965; Grunfeld & Norick, 1986; Marshall & Barbaree, 1988b; Radzinowicz, 1957; Sturgeon & Taylor, 1980). However, given that the majority of victims of sexual assault are adult females (Motiuk & Porporino, 1993; Porporino & Motiuk, 1991; Roberts, 1994) these variables have little discriminative power in terms of predicting future sexual

aggression against women. For this reason they will be given no further consideration in the present study.

Force/Victim Injury.

By definition rape is a violent act. Thus, it should come as no surprise that the majority of rapists have used force and have often beaten, kicked or humiliated their victim(s) (Gebhard, Gagnon, Pomeroy, & Christenson, 1965; Marshall, 1981). A national census of sex offenders under Canadian federal supervision was conducted in March, 1991 by Correctional Service Canada (Porporino & Motiuk, 1991). The census gathered case-specific information on details of the current sex offense (i.e., nature of the offense, number of victims, age and gender of victim(s), degree of injury, degree of force) for approximately 3,000 sex offenders. It was revealed that 68.4% of identified sex offenders had used force and/or caused serious injury to their victim(s).

Research suggests that offenders who have used force or caused serious victim injury tend to recidivate at a higher rate than those who have not used force or caused serious victim injury. For example, Maletzky's (1990) follow-up study indicated that sex offenders who had used force were twice as likely to fail during the follow-up period than offenders who had not used force. Moreover, a recent follow-up of 793 sex offenders by Correctional Service Canada (Motiuk & Brown, 1993) revealed that sex offenders who had used force and/or caused serious victim injury were two to five times more likely to be issued a suspension warrant while on conditional release. Rice et al. (1990) also reported that victim injury was related to outcome in a sample of 54 rapists. In addition, studies conducted with mentally disordered offenders have illustrated that victim injury is an important predictor of violent recidivism (Harris et al., 1991; Harris et al., 1993). There has also been some evidence to suggest that offenders whose sexual arousal is enhanced by aggression or sadism may be more apt to recidivate (Groth & Birnbaum, 1979; Hazelwood, Reboussin, & Warren, 1989).

Number of Victims.

The next static factor to be reviewed concerns the number of known victims. Abel (1981) reported that rapists average approximately nine victims during their criminal career. Recent research findings indicate that perpetrators of sexual assault who have more than one known victim in the most recent sex offense are at a greater risk to reoffend than individuals with only one victim. Pithers et al. (1987) reported that for 30% of a sample of 64 rapists, the presence of more than one known victim was an early precursor to future sexual aggression. In addition, Maletzky's (1990) follow-up study revealed that sex offenders with more than one known victim were almost nine times more likely to fail during the follow-up period than sex offenders with only one known victim. Thus, preliminary findings imply that the number of known victims is a significant factor in the prediction of future sexual offending.

Degree of Planning in Sexual Offenses.

While researchers have acknowledged the existence of offense-related impulsivity few studies have directly examined the role that it plays in future sexual offending. Pithers et al. (1990) reported that planning the offense was an immediate precursor to sexual aggression for 28% of a sample of 64 rapists. In contrast, preliminary results from a sex offender follow-up investigation ($N = 578$) currently being conducted by Correctional Service Canada (Motiuk & Brown, 1994) suggest that offenders who have committed impulsive sex offense(s) in the past are twice as likely to be convicted for new violent offenses (includes sexual offenses) than those who had planned their sex offense(s). However, the same investigation also showed that offense impulsivity was not predictive of sexual recidivism.

History of Multiple Paraphilias.

Research suggests that a significant proportion of sex offenders have multiple paraphilias and those who do are at a greater risk to reoffend, particularly child molesters (McGarth, 1991). A study by Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau (1988) reported that in a sample comprised of 561 nonincarcerated child molesters, rapists, and exhibitionists, the average number of paraphilias per offender ranged between three and four. Langevin (1983) has also found that a significant proportion of rapists exhibit multiple sexual deviations. A comprehensive follow-up study by Maletzky (1990) on 3,795 sex offenders over a one to seventeen year follow-up period indicated that sex offenders with a history of multiple paraphilias were five times more likely to fail during the follow-up period. Failure included a wide variety of outcome variables ranging from failure to complete treatment to criminal conviction for a sexual offense. While Maletzky's sample did include a proportion of rapists he did not report failure data according to sex offender type.

There is also evidence to suggest that rapists and child molesters often engaged in hands-off sex offenses such as exhibitionism and voyeurism before progressing to more serious hands-on offenses (Longo & Groth, 1983). Moreover, empirical evidence has also demonstrated that sex offenders with a history of exhibitionism exhibit higher recidivism rates than those without a history (Maletzky, 1990; Romero & Williams, 1985).

Dynamic Risk Factors Related to Sexual Offending

Mental Health Problems.

The case file review of 785 randomly selected sex offenders by Correctional Service Canada (Motiuk & Porporino, 1993) indicated that over one-third of the sample had suffered from

a severe emotional problem at the some point during their adult lifetime that required psychiatric intervention. As well, a significant proportion of offenders who commit sexual offenses are eventually diagnosed with a personality disorder (Pithers et al., 1987; Quinsey et al., 1993; Rice et al., 1990). It is estimated that approximately 29 to 48% of rapists are diagnosed with Antisocial Personality Disorder (APD; Abel, Rouleau, & Cunningham-Rathner, 1986; Harris et al., 1991; Henn, Herjanic, & Vanderpearl, 1976; Prentky & Knight, 1988). While APD appears to play some role in predicting violent recidivism ($r = .24$) (Harris et al., 1991) few systematic attempts have been made regarding APD's ability to predict sexual recidivism.

A review by Knopp (1984) suggests that 5% to 8% of sex offenders suffer from psychotic illnesses such as schizophrenia, bipolar depression, and organic brain disease. While few studies have actually examined the relationship between sexual recidivism and psychosis Tracy et al. (1983) have argued that recidivist sex offenders are generally not found to be psychotic. However, common sense would dictate that a schizophrenic sex offender who is hearing auditory hallucinations from the devil instructing him to rape women is at a high risk to reoffend and requires appropriate intervention.

Impulsivity.

Empirical evidence seems to support a distinction between general lifestyle impulsivity and offense-related impulsivity (Knight, Rosenberg, & Schneider, 1985; Prentky, Cohen, & Seghorn, 1985; Prentky & Knight, 1986). Lifestyle impulsivity is generally characterized by instability in employment, relationships, accommodations, financial irresponsibility, and risk-taking behaviour (Prentky & Knight, 1986). The role that lifestyle impulsivity plays in the commission of future sexual aggression has just recently begun to receive attention from researchers. Prentky, Knight, and Lee (1993) followed up 106 rapists released from a maximum security treatment facility over a 25 year period. Rapists who were assessed as having a highly impulsive lifestyle were three times more likely to be convicted for a new sexual offense than those who were judged to be low in terms

of lifestyle impulsivity. Whether or not these findings will be replicated in the future remains to be seen.

Education/Employment.

Most large scale investigations concerning the personal histories of sex offenders have revealed that the majority are unskilled workers who lack sufficient educational training. The case file review by Correctional Service Canada (Motiuk & Porporino, 1993) revealed that 85% of their sample ($N=785$) had less than grade 12. Fifty-three percent had unstable employment histories while 47% were unemployed at the time of the offense. Two-thirds were unskilled labourers and one-third were on social assistance at some time one year prior to the sexual offense(s). Maletzky's (1990) follow-up of 3,795 out-patient sex offenders indicated that offenders with unstable employment histories were almost four times more likely to be treatment failures. Treatment failure was defined as dropping out of treatment, maintaining a deviant arousal pattern throughout treatment, or being arrested for a sexual offense. Thus, as with the general offender population interventions aimed at educational upgrading and employment stability will most likely aid in the reduction of future sexual offending.

Marital Problems.

There is an increasing body of evidence that suggests that never being married or being single at the time of the offense, is associated with sexual offending (Abel et al., 1988; Christensen et al., 1965; Fitch, 1962; Marques et al., 1993; Motiuk & Porporino, 1993; Quinsey et al., 1993; Rice et al., 1991). While the majority of these studies have failed to differentiate among sex offender type, there is some evidence to suggest that marital status is an important risk factor, specifically for rapists (Rice et al., 1990).

Marital instability and marital dissatisfaction have also been identified as important

precursors to sexual offending. Correctional Service Canada (Motiuk & Porporino, 1993) reported that while the majority of sex offenders were single at the time of the offense another third were dissatisfied with their marriages/relationships. Maletzky (1990) has also found that if an offender had divorced or separated three years prior to the offense and/or was living alone at the time of the offense the chance of failure was four times as high compared to an offender living in a more stable family environment. Gebhard et al. (1965) have also reported that more generalized interpersonal stressors such as disagreements with significant others, coworkers, or superiors, and social isolation may precipitate sexual offenses.

Maladaptive Coping Strategies

Zamble and Porporino (1990) have described the 'Coping-Criminality Hypothesis' that postulates coping difficulties are a central cause of the maintenance and repetition of criminal acts. The 'Coping-Criminality Hypothesis' has emerged as an important factor in relapse prevention strategies for sex offenders (Laws, 1989). The general consensus is that relapse (commission of a new sexual offense) is more likely to occur in situations that present an offender with problems that he cannot adequately address due to maladaptive coping skills (Pithers, Marques, Gibat, & Marlatt, 1983; Nelson, Miner, Marques, Russell, & Achterkirchen, 1988). Maladaptive coping skills generally encompass such things as poor impulse control, poor anger management, and absence of appropriate stress reduction methods (Laws, 1989). The potential importance of maladaptive coping skills in predicting future sexual offending is most evident when one considers how inadequate coping skills can bolster the effects of dynamic risk factors, particularly those that occur immediately prior to the offense.

Substance Abuse.

The next risk factor to be reviewed is substance abuse. Given the clear link between substance abuse and general criminality (Andrews, 1982; Andrews, 1989; Motiuk & Porporino, 1989; Weekes & Porporino, 1993) it should come as no surprise that a similar link exists between sexual offending and substance abuse (Abel, Mittelman, & Becker, 1985; Frisbie, 1969; Rada, 1976; Rada, Kellner, Laws, & Winslow, 1979). It is estimated that 50% of rapists are intoxicated at the time of the offense (Christie et al., 1979; Gebhard et al., 1965). In addition, the case file review of 785 sex offenders conducted by Correctional Service Canada (Motiuk & Porporino, 1993) revealed that two-thirds of sex offenders had consumed alcohol prior to the offense and one-third had used drugs.

Thus, there is not doubt that alcohol/drug intoxication plays a significant role in sexual aggression. However, alcohol and/or drug consumption alone does not cause sexual aggression rather it serves to disinhibit sexual aggressors who already possess the desire to commit sexual offenses against women (Barbaree, 1990).

Social Skills Deficits.

Descriptive studies suggest that sexual assaulters lack the social skills necessary to form normal sexual and social relationships (Abel, Blanchard, & Becker, 1978; Clark & Lewis, 1977). While early research has found that rapists possess heterosocial skills deficits (Fisher & Rivlin, 1971) more recent research has failed to find such an effect. Research that has compared the social interactive skills of rapists, child molesters, nonsex offenders, and nonincarcerated control groups with females have reported that overall, incarcerated offenders are less socially skilled than nonincarcerated offenders. However, it seems that rapists, by themselves do not differ from institutional controls in terms of social competence (Overholser & Beck, 1986; Segal & Marshall, 1985). Although, Stermac and Quinsey (1986) did report that rapists tend to be less assertive in

social interactions with females than matched controls.

In addition to examining appropriate response skills, social skills also includes the ability to accurately read the environment. It has been postulated that sexual assaulters have difficulty in processing social information from females and often misinterpret the social message that is being portrayed (Stermac, Segal, & Gillis, 1990). A study by Lipton, McDonel, and McFall (1987) compared a sample of rapists, violent nonrapists and nonviolent, nonrapists on measures of heterosocial cue-reading accuracy in first-date and in intimate situations. They found that rapists were more likely to misconstrue a woman's cue, particularly cues involving negative or bad moods in a first-date situation.

The exact role that social skills deficits may play in predicting future sexual offending has not been thoroughly explored. Although, Frisbie (1969) did report that sexual recidivism was associated with difficulties in establishing meaningful relationships with adult females. In addition, Pithers et al. (1987) has indicated that the presence of a social skills deficit was related to relapse (commission of a new sexual offense) in a significant proportion of a sample of 64 rapists (59%).

Cognitive Distortions

Other variables that may promote offense and reoffense among some rapists are cognitive distortions, rationalizations, and justifications. While feminist formulations of rape emphasize negative attitudes towards women and rape supportive beliefs as causal factors, evidence in the literature has been somewhat inconclusive (Ellis, 1991; Stermac et al., 1990). In fact, a recent review by Segal and Stermac (1990) concluded that rapists do not differ from matched controls on cognitive measures such as women's role in society. Interestingly however, Langevin et al. (1985) reported that sadistic rapists harboured significantly more hostile attitudes towards women on two self-report measures than nonsadistic rapists. Ellis (1991) notes that this lack of consensus may stem in part, from the use of invalid attitudinal measures. While such measures (i.e., Burt's Rape Myth Acceptance Scale; RMA; Burt, 1980) purport to measure one's belief in prejudicial and

stereotyped myths surrounding rape they sometimes measure actual truths rather than false beliefs. For instance, one of the items on the RMA states "the victim is promiscuous or has a bad reputation". In support of his argument, Ellis (1991) points out that while such a statement is politically incorrect, empirical evidence tends to support it. It is suggested that further research is needed before any conclusive remarks can be made regarding the role of cognitive distortions and sexual aggression.

Denial/Minimization.

In addition to cognitive distortions, rapists tend to use rationalizations and justifications when describing the details of their offense. Most clinicians and researchers have reported that rapists often make statements such as, "she was being seductive", or "I wasn't hurting her". A study by Scully and Marolla (1984) that examined the sex offense descriptions by a sample of admitting and nonadmitting rapists revealed some relevant findings. It seems that rapists who denied committing the offense tended to describe the sex offense with stereotypes that place the blame on the victim. While such stereotypical descriptions were not present in the sample of admitters.

Although it is clear that a significant proportion of sex offenders deny committing sex crimes for which they were convicted (Maletzky, 1990; Motiuk & Porporino, 1993) it is unclear whether or not denial is a significant factor in predicting future sexual offending. While Marshall and Barbaree (1988b) reported that reoffense rates were similar for deniers and admitters in a sample of untreated child molesters. Maletzky's (1990) follow up of 3,795 out-patient sex offenders revealed that offenders who completely denied committing a sexual offense were three times more likely to fail during the follow-up period. In addition, a two year follow-up study by Kahn and Chambers (1991) of 221 juvenile sex offenders revealed that offenders who blamed the victim for the offense were significantly more likely to recidivate sexually. Although, the authors also reported that of the nine individuals who completely denied committing the sexual offense not

one recidivated sexually. In sum, it would seem that denial manifested in cognitive distortions, justifications, and rationalizations may play a significant role in sexual offending.

Deviant Sexual Fantasies.

Some theories of sexual aggression have addressed the issue of deviant sexual fantasies. It has been argued that there may be a link between the maintenance of deviant fantasy and the maintenance of deviant arousal (Feldman & MacCulloch, 1980). Several studies have revealed that a large proportion of rapists self-report engaging in deviant sexual fantasies characterized by sexual dominance and aggression prior to committing the sexual offense (Feldman & MacCulloch, 1980; Gebhard et al., 1965; Walker & Meyer, 1981). A study by MacCulloch, Snowden, Wood, and Mills (1983) examined the relationship between sadistic fantasy, sadistic behaviours, and offending in 16 sadistic offenders. Thirteen of the offenders had committed a sexual-related offense against an adult female. The majority of offenders described having repetitive sadistic masturbatory fantasies and engaging in behavioural 'try-outs' of parts of the fantasy sequence prior to committing the actual sexual assault or murder. These researchers also found that these sadistic offenders engaged in a great deal of planning prior to the acting out of their fantasies. Interestingly, reports of deviant sexual fantasies tend to be more prevalent among predatory and serial rapists as opposed to acquaintance and solo rapists (Ellis, 1991; Prentky et al. 1989).

Deviant Sexual Arousal/Sexual Gratification.

Evidence from offender self-reports and from phallometric assessments suggests that deviant sexual preferences play an important role in motivating sexual offenses. In fact, the case file review of 785 sex offenders by Correctional Service Canada (Motiuk & Porporino, 1993) revealed that in 90% of the cases, sexual gratification was the primary motivation for sexual offending. After reviewing the literature Murphy and Barbaree (1988) concluded that laboratory

assessment of sexual preferences for rapists that compare penile erectile responses to verbal descriptions of rape and mutually consenting interactions between males and females have not shown consistent results nor have they demonstrated strong concurrent or predictive validity. Although, some recent evidence suggests that phallometric assessments are able to successfully discriminate rapists from non-rapists (Harris, Rice, Quinsey, Chaplin, & Earls, 1992; Lalumière & Quinsey, 1992).

Most studies that have examined sexual arousal among sexual aggressors have been descriptive. Thus, making hypotheses concerning the prediction of sexual aggression extremely difficult (Hall, 1990). Moreover, while some recent studies have found significant effects (Quinsey et al., 1993) others have not (Rice et al., 1990). In the Rice et al. (1990) follow-up of 54 rapists released from a maximum security psychiatric facility both univariate and multivariate analysis failed to show that a rape index derived from phallometric testing was predictive of sexual offending. Interestingly, however, a nonsexual violence toward women index also derived from phallometric testing was predictive of future sexual offending.

It appears that deviant sexual arousal by itself, will most likely never succeed in making accurate predictions of future sexual aggression. However, deviant sexual arousal may be a risk factor in combination with other behavioral and self-report variables such as negative emotional states and maladaptive coping strategies (Earls & Marshall, 1983).

Humiliation/Power.

Over the last few decades feminist theories concerning dominance and power have figured prominently as alternative motives to sexual aggression in place of sexual gratification and deviant sexual arousal (Amir, 1971; Clark & Lewis, 1977; Groth & Birnbaum, 1979; Groth, Burgess, & Holmstrom, 1977). Feminist theory contends that rape is the result of a male's decision to behave toward women in a possessive, dominating, and demeaning manner. Therefore, sexual gratification is not considered to be a primary motive by feminist theory but rather, rape is seen as the use of

sexuality to establish or maintain dominance and control (Brownmiller, 1975; Groth et al., 1977). In fact, Darke (1990) has argued that *all* men sexually assault in order to control, dominate and humiliate their victims. While there is some evidence to support the power-humiliation hypothesis (Darke, Marshall, & Earls, 1984, cited in Darke, 1990; Groth et al. 1977; Levine & Koenig, 1980; Scully & Marolla, 1984) such findings are often based on subjective interpretations in terms of what constitutes humiliation and power. Moreover, inter-rater reliability estimates are seldom reported. The most crucial factor that needs to be addressed concerns the operational definition of humiliation and/or power. While some researchers have used extremely broad definitions others have chosen to be more restrictive. Darke (1990) proposes that measures of humiliation and power can be obtained from victim self-reports, offender self-reports, and the offender's actual behaviour during the offense. However, in order to determine whether or not an offender is motivated primarily by a need to humiliate and dominate, one must focus on the offender's and possibly the victim's perceptions rather than those held by society. In addition, Darke (1990) also suggests that sexual assaults characterized by bizarre sexual activities that otherwise would be considered inappropriate during consensual intercourse, can be taken as evidence in support of the power-humiliation hypothesis.

Despite the inherent difficulties in measuring this construct and the methodological shortcomings of previous studies, future research must continue to investigate the role of power and humiliation in sexual aggression, given its widespread theoretical acceptance. Moreover, it must be ascertained whether or not these factors can make a significant contribution in the explanation of sexual aggression.

Negative Emotional States.

Zamble and Quinsey (1991) investigated the dynamic antecedents of recidivism in a sample of 100 male offenders who violated their conditional release by committing a violent offense. Descriptive analyses for the entire sample (sex offenders and nonsex offenders) indicated

that dysphoric emotions (depression, anger, anxiety) predominated during the month preceding the offense and the most common state at the time of the offense was anger, followed by depression and anxiety. Seventy-five percent of the offenders reported that the perceived motivation for committing the violent offense was for money, poor coping abilities, or emotional states.

Anger, frustration, depression, loneliness and rejection have long been associated with sexual aggression (Groth & Birnbaum, 1979; Pithers et al., 1983). The Queen's Bench Foundation (1976, cited in Laws, 1989) reported that 77% of the rapists in their study reported such feeling prior to committing sexual attacks. Day, Miner, Nafpaktisis, and Murphy (1987, cited in Laws, 1989) reported that 44% of a sample of sex offenders ($N = 38$) reported feeling anger at the time of the offense. Moreover, this feeling was most prominent among rapists.

Pithers et al. (1988) examined the dynamic precursors for sexual offending in a sample of 136 child molesters and 64 rapists. Approximately 90% of their sample reported having strong emotional states before relapse, 94% of the rapists reported feeling anger usually accompanied by interpersonal conflict, 46% of the child molesters reported feeling anxiety and 38% reported feeling depressed. The chain of events leading up to the event seem to start with negative affect, followed by paraphiliac sexual fantasies, cognitive distortions, and lastly passive planning just prior to the offense.

Thus, the presence of negative emotional states must not be overlooked when constructing intervention and prevention strategies. Particularly of interest, is how negative emotional states interact with other risk factors such as maladaptive coping strategies, deviant sexual arousal, and substance abuse.

Motivational Precursors to Sexual Offending

The primary motivations for sexual offending are quite varied and have surfaced both in the relapse prevention literature and research aimed at developing sex offender typologies. Some of the more common factors that have figured prominently in the literature include sexual fantasies,

deviant sexual arousal/sexual gratification, sadism, anger, desire for dominance/power, desire to humiliate victim(s), negative emotional states, substance abuse, opportunity, and revenge (Knight & Prentky, 1990; Marques & Nelson, 1989; Motiuk & Porporino, 1993; Pithers et al., 1983; Pithers et al., 1988).

Some of the previously mentioned motivational factors have been incorporated into recent classification typologies of sex offenders (Knight & Prentky, 1990a). During the 1980's an ambitious project was undertaken at the Massachusetts Treatment Centre to develop and empirically validate a typology for rapists. The resulting classification system, The Revised Rapist Typology, Version 3 (Massachusetts Treatment Center: Rapist Typology 3; MTC:R3; Knight & Prentky, 1990a) consists of nine hierarchical subtypes of rapists. There are five primary subtypes divided on the basis of motivational differences. The opportunistic type commits sexual assault that is generally impulsive, unplanned, void of sexual fantasies, controlled primarily by contextual and immediate antecedent factors, and void of gratuitous violence. The assault is often the result of poor impulse control in individuals who have a history of unsocialized behaviour. The pervasively angry type is motivated primarily by undifferentiated anger. They tend to be impulsive, use unnecessary force, cause serious physical harm, and are void of preexisting sexual fantasies. The third type, sexual, are distinguished from the other types in that their crime is motivated primarily by sexual preoccupation and/or sexual fantasies. The offense is characterized by some degree of planning and the use of instrumental aggression. The fourth type, sadistic are differentiated from sexual in that there must be a sadistic element to the offense. The final category are those classified as vindictive. Women are the sole focus of their anger. The sexual assault is characterized by obvious expressive aggression in which the primary intent of the assault is to demean, degrade, or humiliate the victim. They generally are not impulsive nor are they preoccupied with sexual fantasies. The opportunistic, sexual, and vindictive subtypes are further differentiated based on the presence or absence of social competence. Lastly, the sadistic type are further divided into overt sadists or muted sadists based on the presence or absence of gratuitous violence (Knight & Prentky, 1990a).

It is important to note that this typology was developed on a select sample of rapists deemed "sexually dangerous" according to Massachusetts General Laws, for the evaluation and treatment of sexually dangerous persons. Thus, the majority of individuals at MTC have generally committed repetitive and/or violent sexual offenses. Whether or not this typology can be generalized to the entire Canadian sex offender population requires further investigation. To date this typology has been administered to over 319 rapists (Barbaree, Seto, Serin, & Amos, 1993; Knight & Prentky, 1990a; Knight, Prentky, & Cerce, 1994; Prentky & Knight, 1986). As well, considerable evidence has illustrated its convergent and concurrent validity (Knight & Prentky, 1990a; Knight, Prentky, & Cerce, 1994). However, the practical utility of this typology in predicting future sexual offending has not been addressed.

Summary Of Risk Factors Associated With Sexual Offending

Several factors associated with sexual offending have been reviewed. Static risk factors included offender age, prior sexual offense history, prior non-sexual offense history, presence of multiple paraphilias, degree of planning in sex offense, and victimization characteristics (i.e., use of force, more than one known victim, victim was unknown to the offender). Dynamic variables included: Psychopathology, impulsivity, education/employment deficits, marital/interpersonal conflicts, social skills deficit, cognitive distortions, level of denial, maladaptive coping strategies, substance abuse, deviant sexual arousal/sexual gratification, desire to humiliate and dominate, and negative emotional states. Lastly, motivational precursors were discussed in the context of the MTC:R3.

There is also another risk factor that has received increasing attention in the literature, psychopathy. It has been argued that moderator variables or typologies of offenders should be studied and developed to see if different predictor variables have differential effects depending upon the presence or absence of a moderator variable (Deitz, 1985, Mandelzys, 1979, Quinsey & Maguire, 1986). Psychopathy, has been proposed to be one such variable (Quinsey & Walker,

1992, Zamble & Quinsey, 1991). Recent research regarding the victim characteristics of psychopaths and the motivational factors behind their use of aggression have provided preliminary support for this hypothesis. However, few studies have directly examined whether or not psychopathy influences the effect of certain risk factors, particularly dynamic factors associated with sexual aggression.

Before reviewing the literature on sexual offending and psychopathy it will first be necessary to review the construct of psychopathy, the motivations and victim characteristics of psychopaths, and the overall relationship between psychopathy and crime.

History of Psychopathy

The concept of psychopathy has undergone a long and somewhat confusing evolution. Traditionally, the origins of psychopathy are traced back to Phillippe Pinel, a French psychiatrist whom in 1809 coined the phrase "manie sans delire" (mania without delirium) to describe patients who acted violently and impulsively yet were fully aware of their irrational behaviour. Since this time several attempts have been made to define psychopathy. However, perhaps one of the most significant advancements in the development of this construct was the publication of Cleckley's first edition of The Mask of Sanity in 1941. In this book Cleckley provided a clinical description of characteristics typically associated with the psychopath. Among these characteristics were such features as superficial charm, guiltlessness, insincerity, an inability to learn from experience, and the absence of any delusional or irrational thinking.

The Psychopathy Checklist: PCL-R

Although the construct of psychopathy is well accepted, researchers and clinicians alike have failed to reach a consensus regarding appropriate assessment measures. Some that have surfaced in the past include the Minnesota Multiphasic Personality Inventory (MMPI; Dahlstrom

& Welsh, 1960), the Socialization scale from the California Psychological Inventory (Gough, 1969), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R; American Psychiatric Association, 1987). However, these procedures are not interchangeable, making comparisons between assessment instruments nearly impossible. Moreover, the majority of assessment measures tend to focus on the socially deviant or antisocial component of psychopathy (Harpur, Hare, & Hakstian, 1989) while ignoring the personality dimensions considered important to clinical descriptions of the psychopath (Cleckley, 1976; McCord & McCord, 1964). The Psychopathy Checklist (PCL, Hare, 1980; PCL-R; Hare, 1991), on the other hand, addresses both the personality and the behavioral traits associated with psychopathy.

Based largely on the work of Cleckley, Hare and his colleagues have developed a reliable and valid measure of psychopathy for use in male criminal populations. The Hare Revised Psychopathy Checklist (PCL-R; Hare, 1991) consists of 20 items that measure both personality and behavioral characteristics of the disorder. Factor analysis of the PCL-R has yielded two stable factors (Hare et al., 1990). Factor 1 measures the interpersonal and affective traits considered to be fundamental to the construct of psychopathy. These traits include superficiality, manipulativeness, pathological lying, remorselessness, shallow affect, lack of empathy, and grandiose sense of self-worth. As a result, this factor is often referred to as the personality dimension of the PCL-R. Factor 2, known as the behavioural dimension, describes a chronically unstable, antisocial, and socially deviant lifestyle. Items encompassed by Factor 2 include impulsivity, criminal versatility, irresponsibility, parasitic lifestyle, lack of realistic goals, juvenile delinquency, revocation of conditional release, and early behaviour problems. Moreover, Hare (1991) has shown that the factors are moderately correlated ($r = .50$). Each item is scored on a 3-point scale; 0 indicates that the symptom definitely does not apply to the individual, 1 indicates that the item applies only in some circumstances; and 2 indicates that the item definitely applies. Thus total scores can range between 0 and 40. The PCL-R is scored on the basis of a semi-structured interview and collateral information obtained from such sources as official records and psychological assessments (Hare, 1991).

Psychopathy, Motivations, and Victim Characteristics

Cleckley (1976) argued that violent and aggressive acts committed by psychopaths are often motivated by proto-emotions such as tension or frustration rather than stronger emotions such as fear or anger. He further stated that aggressive behaviours committed by psychopaths could be characterized as trivial reactions to external events. A few studies (Williamson, Hare, & Wong, 1987; Wright & Wong, 1988) have tested the hypothesis that while psychopaths commit a disproportionate number of violent crimes they are mainly offenses that have little affective colouring and are rarely defined as crimes of passion. Moreover, because psychopaths have relatively little contact with their families, change their residence often, and display little intensity in their interpersonal relationships they also theorized that their victims would rarely be friends, relatives, or family members.

Evidence supporting both hypotheses was found in both the Williamson et al. (1987) and Wright and Wong (1988) study. Williamson et al. (1987) examined the police reports of 55 psychopaths and 46 nonpsychopaths in custody at the time of study. For the psychopaths, the violent index offense was primarily motivated by material gain (45.2%), sexual gratification (21.4%), and revenge (9.5%). Only 2.4% ($n=1$) of the psychopaths were motivated by strong emotional arousal. In contrast, the nonpsychopaths were primarily motivated by strong emotional arousal (31.7%) followed by sexual gratification (24.4%) and material gain (14.6%). Moreover, while there was no difference in the degree of victim injury inflicted by psychopaths and nonpsychopaths the researchers found that the majority of the nonpsychopaths' victims were female (65.9%) and were known to them (89%) while the majority of the psychopaths' victims were male (61%) and were not known to them (83%). Wright and Wong (1988) replicated the above findings in a similar study in which they obtained information regarding motivations and victim characteristics from a semi-structured interview and file review.

Another study by Serin (1991a) investigated the relationship between criminal psychopathy and violent behaviour in a random sample ($N = 87$) of federally incarcerated

offenders in a medium security institution. The total sample was divided into three groups: nonviolent nonpsychopaths ($n = 21$), violent nonpsychopaths ($n = 45$), and violent psychopaths ($n = 21$). A series of univariate analysis of variance tests revealed that psychopaths were significantly more likely to use instrumental aggression, to be convicted of violent crimes, to use weapons, to make threats, and to attribute hostile intent to others in highly provocative situations.

Unfortunately these studies only examined the relationship between psychopathy and violent crime in general. They did not specifically compare the victim characteristics and motivations of psychopaths and nonpsychopaths in regards to one particular form of violence, sexual aggression. Although these findings indirectly support the hypothesis that the presence of psychopathy may serve to influence or moderate the effects of certain antecedents in violent offending it remains to be seen whether or not a similar conclusion will be reached regarding sexual aggression.

Psychopathy and Crime: Correctional Samples

Since the development of the PCL-R several studies have examined the relationship between psychopathy and criminal behaviour. Not only do psychopaths start committing crime at a significantly earlier age than nonpsychopaths but they have also committed four times as many offenses. Furthermore, psychopaths violate parole and mandatory supervision more frequently and for more serious reasons than nonpsychopaths, they experience greater problems in developing a stable life-style while under supervision, and they are three times as likely to be suspended during conditional release (Hart, Kropp, & Hare, 1988; Serin et al., 1990; Wong, 1984).

Studies that have specifically examined psychopathy and violent crime in correctional samples have revealed that the behaviours and crimes of psychopaths are typically more violent and more aggressive than those of other criminals. In sum, these studies have indicated that psychopaths commit twice as many violent crimes as nonpsychopaths, are twice as likely to have used a weapon during the commission of an offense, and are four times more likely to engage in

institutional violence while incarcerated. Findings have also indicated that Factor 1 and the interaction of Factor 1 and Factor 2 are associated with prison violence and weapons use (Forth et al., 1990; Hare & Jutai, 1983; Hare & McPherson, 1984; Harpur & Hare, 1991). Prospective studies that have examined the PCL-R's ability to predict future criminal offending have generally found that the PCL-R is unable to increase prediction accuracy of general recidivism above traditional actuarial risk scales but it does play a significant role in predicting violent recidivism, particularly Factor 1 (Forth et al., 1990; Serin, 1991a; Serin, 1991b).

Psychopathy and Crime: Forensic Psychiatric Settings:

The relationship between psychopathy and violent crime within forensic psychiatric settings has also been explored. Harris et al. (1991) examined the violent recidivism rates of 169 adult male mentally disordered offenders released from a maximum security psychiatric hospital over an average 10-year follow-up period. All subjects had spent at least two years in a therapeutic community program that involved intensive group therapy. The researchers coded several predictor variables that covered a wide range of areas including psychopathy ratings, childhood history, adult adjustment, index offense characteristics, criminal history, psychiatric history, and institutional behaviour. Interestingly, the largest proportion of variance in outcome was explained by the PCL-R ($R^2 = .17$) followed by degree of victim injury ($R^2 = .14$). While the criminal history variables accounted for 18% of the variance in violent outcome, the addition of the PCL-R increased the overall proportion of explained variance to 27%.

Harris et al. (1993) attempted to construct a statistical instrument for the prediction of violent criminal recidivism among mentally disordered offenders and their nonmentally disordered criminal counterparts ($N = 618$). A series of stepwise regression identified 12 variables for inclusion in the final statistical prediction instrument. Together, these variables accounted for 27% of the variance in outcome. When each variable was allowed to participate equally in the prediction, the correlations with violent recidivism ranged from .37 to .48. Interestingly, the highest

correlation ($r = .48$) was found between PCL-R scores and outcome.

In light of this review it is evident that the construct of psychopathy as measured by the PCL-R is an important factor in predicting general and violent recidivism both in correctional and forensic psychiatric populations. Moreover, while PCL-R ratings are no better at predicting future general recidivism than traditional actuarial scales it seems that the PCL-R, particularly Factor 1 is superior to actuarial scales in terms of predicting future violent offending. Given this, researchers have just recently begun to examine the relationship between psychopathy and one specialized form of violence: sexual offending.

Sexual Offending and Psychopathy

Surprisingly, prior to the development of the PCL-R few systematic attempts were made to ascertain the relationship between psychopathy and sexual offending. Moreover, those studies that did examine this relationship either used invalidate assessment measures or used reliable measures that focused on the behavioral dimensions of psychopathy while ignoring the personality dimension. Overall, these studies did find a consistent relationship between psychopathy and sexual offending, particularly for perpetrators of sexual assault (Abel et al., 1988; Fitch, 1962; Henn et al., 1976; Rada, 1978; Williams & Finkelhor, 1990; Wormith & Ruhl, 1986). Given that this thesis is concerned with the relationship between sexual offending and psychopathy as measured by the PCL-R, only those studies that have used the PCL or the PCL-R will be given further consideration.

Serin, Malcolm, Khanna, and Barbaree (1994) investigated the relationship between psychopathy and deviant sexual arousal in a sample of 65 sexual offenders, with approximately equal number of rapists and child molesters. The incidence of psychopathy (cutoff of 29) was approximately 10% for the combined sample while it was 7.5% for the child molesters ($M = 13.2$) and 12.2% for the rapists ($M = 17.1$). Overall, PCL-R scores were significantly correlated with phallometric measurements of deviant sexual arousal ($r = .28$). Despite the small sample size, the

researchers also found that the relationship between deviant sexual arousal and psychopathy was strongest for extrafamilial child molesters ($r(13) = .42$) followed by rapists ($r(31) = .32$). Whereas for incest offenders, there was a negative relationship ($r(12) = -.18$).

Prentky and Knight (1988) investigated the incidence of psychopathy in a sample of 106 rapists and 70 child molesters who had been remanded to a treatment centre after been judged sexually dangerous according to civil statute. They found that rapists had significantly higher rates of psychopathy as measured by the PCL (Hare, 1980) and as measured by DSM-III-R criteria for Antisocial Personality Disorder than child molesters. Approximately 45.3% of the rapists were considered psychopathic by PCL standards (over 31) and 40.6% were diagnosed with APD. In contrast, only 30.5% of the child molesters were assessed as psychopathic while 24.3% were diagnosed with APD. It is important to note that the sample studied by Prentky and Knight (1988) may not have been representative of incarcerated sex offenders in general. This sample was comprised of sex offenders who had been civilly committed for one day to life under legislation targeting "sexually dangerous" individuals whose offenses were particularly repetitive, impulsive, or violent

A recent investigation by Barbaree et al. (1993) attempted to categorize 60 incarcerated rapists according to the MTC:R3 (Knight & Prentky, 1990a). The primary purpose of the study was to examine the differences among rapist subtypes in their relative sexual arousal to laboratory-presented stimuli depicting rape. The study also gathered information about the index offense, (i.e., extent of force used, amount of victim injury, and the degree of planning involved) and each offender was assessed on the PCL-R. Given that only one individual was identified as a pervasively angry rapist he was excluded from the analysis. While no significant differences were found in total PCL-R scores among the remaining four different subtypes of rapists (vindictive ($n = 14$), opportunistic ($n = 22$), nonsadistic ($n = 15$), sadistic ($n = 8$)) the mean PCL-R score was highest for nonsexual opportunistic rapists ($M = 20.5$, $SD = 6.1$), followed by sexual sadistic rapists ($M = 19.6$, $SD = 9.5$), nonsexual vindictive rapists ($M = 17.5$, $SD = 1.4$), and lastly sexual, nonsadistic rapists had the lowest mean PCL-R score ($M = 13.7$, $SD = 6.5$). Unfortunately, the

researchers did not report the relationship between PCL-R scores and degree of force, victim injury, or degree of planning. Although Barbaree et al. (1993) did not find any significant differences between mean PCL-R scores and rapist subtype Dr. R. Knight (personal communication, April 19, 1994) has stated that the majority of opportunistic, pervasively angry, and sadistic rapists identified by MTC:R3 are all to some degree psychopathic.

To aid in the development of an actuarial sexual recidivism prediction scale, Quinsey et al. (in press) reanalysed follow-up data of rapists and child molesters from two previous investigations (Rice et al., 1990, 1991). In total, one hundred and seventy-eight sex offenders comprised of 124 child molesters, 28 rapists, and 26 mixed sex offenders released from a maximum security psychiatric facility were examined in the present study. A multiple regression analysis revealed that PCL-R scores, deviant sexual preferences, demographic characteristics, sexual criminal history, and non-sexual criminal history together accounted for 22.7% of the variance in sexual reconviction and 21.3% of the variance for violent reoffense (charged/convicted). While the unique proportion of variance explained by the PCL-R was not reported, univariate statistics revealed that the PCL-R by itself, correlated moderately with sexual reconviction ($r = .23$) and with violent reoffense ($r = .33$). Also of interest was that psychopathy scores were significantly higher among the rapists ($M = 18.4$, $SD = 9.2$) than the child molesters ($M = 12.9$, $SD = 6.3$).

Rice et al. (1990) followed up 54 rapists released from a maximum security psychiatric hospital for an average of 46 months. A series of multiple regression analyses revealed that PCL-R scores, deviant sexual preferences, demographic characteristics, sexual criminal history, and non-sexual criminal history together accounted for 51% of the variance in sexual reoffending and 58% of the variance for violent reoffending (charged/convicted). The researchers also considered the relative contribution of psychopathy, deviant sexual preferences, and violent offense history in predicting violent outcome. Not surprisingly, violent offense history was moderately related to violent outcome ($R^2 = .14$). The addition of the PCL-R scores and the phallometric data produced an increase of five percent in the proportion of variation explained ($R^2 = .19$). Interestingly, both the PCL-R and phallometric data when entered separately failed to increase the predictive

accuracy. Unfortunately, a similar analysis was not provided for sexual conviction outcome. A key finding from this study was that phallometric assessment combined with degree of psychopathy (as measured by the PCL-R) predicted outcome as well as the multivariate equation using all the study variables.

From this review it is evident that psychopathy is more prevalent among rapists than child molesters. Although there is some evidence to suggest that the association between psychopathy and sexual offending may be strongest for extra-familial child molesters. Moreover, it would seem that higher PCL-R ratings are associated with rapists who are motivated by opportunity rather than sexual desire or revenge. Finally, preliminary results suggest that psychopathy as measured by the PCL-R is an important risk factor in the prediction of future sexual offending within forensic psychiatric samples, particularly when combined with measures of deviant sexual arousal.

Rationale for the Present Study

To date, research has not examined in detail whether or not psychopathic and nonpsychopathic rapists differ in terms of the risk factors associated with sexual aggression reviewed earlier in this paper. For instance, it is unknown as to whether or not psychopathic and nonpsychopathic rapists differ in terms of sexual offense history, the presence of multiple paraphilias, and prior sexual victimization. It is known that psychopaths use instrumental aggression, offend against strangers, and do not inflict a greater amount of victim injury than nonpsychopaths for violent crime in general. However, whether or not a similar trend exists for psychopathic sex offenders has yet to be investigated.

In addition, the influence of psychopathy on dynamic risk factors such as impulsivity, education/employment background, marital/interpersonal conflict, social skills deficits, cognitive distortions, maladaptive coping skills, deviant sexual fantasies, and substance abuse has also not been thoroughly investigated in the literature. Lastly, while preliminary results suggest that higher PCL-R ratings are associated with rapists who are motivated by opportunity rather than sexual

desire or revenge this finding requires replication before it can be given further consideration

Thus, due to the paucity of knowledge in this area the purpose of the proposed research is to explore the relationship between psychopathy and the risk factors and motivations commonly associated with sexual offending in a sample of incarcerated rapists. More specifically, this research is concerned with investigating whether or not psychopathy actually does act as a moderator variable in the presence of dynamic risk variables associated with sexual offending. If this research reveals that psychopathy does indeed moderate the effect of risk factors and motivations related to sexual assault such findings will have significant implications in terms of guiding future research directives in the area of treatment selection, treatment goals, and risk management strategies. As well, this research will also provide an excellent data base from which to conduct prospective research.

Based on the available research, hypotheses in either direction regarding the relationship between psychopathy and number of victims, presence of multiple paraphilias, prior sexual victimization, educational attainment, social skills deficits, cognitive distortions about women, coping strategies, deviant sexual fantasies, and humiliation/power motivations can not be made at this time. However, it is possible to make the following hypotheses:

- 1) psychopaths will have more extensive criminal histories in terms of nonviolent offenses than nonpsychopaths and also will have started committing crimes at a significantly earlier age than nonpsychopaths.
- 2) psychopaths will tend to offend against stranger victims more often than nonpsychopaths however the degree of victim injury inflicted will not differ between the two groups.
- 3) psychopaths will score significantly higher on measures of lifestyle impulsivity, employment instability, substance abuse, marital conflict, and denial than nonpsychopaths.
- 4) Factor 2 of the PCL-R will be more strongly correlated with measures of lifestyle impulsivity, prior criminal activity, employment instability, and substance abuse than Factor 1, while Factor 1 will be more strongly correlated with measures of denial than Factor 2

5) sexual assault committed by psychopaths will be motivated more often by opportunity than sexual gratification and will be precipitated by proto-emotions such as frustration and tension rather than highly emotional states such as anger or depression.

Method

Subjects

One-hundred and four potential participants were approached and asked to participate in the study. Participants were selected from one maximum (Kingston Penitentiary) and two medium (Warkworth and Joyceville) security correctional facilities located in the Ontario region. Initial consent interviews were conducted with 78 offenders incarcerated at Warkworth institution, 20 offenders incarcerated at Kingston Penitentiary, and 6 offenders incarcerated at Joyceville institution. Of those asked to participate 55% ($n=43$) from Warkworth agreed, 70% ($n=14$) from Kingston Penitentiary agreed, and 50% ($n=3$) from Joyceville agreed. Thus, the overall consent rate was 58% resulting in a final sample size of 60. The most common reasons given by the 44 offenders who declined participation were as follows: 21% ($n=9$) had their cases under appeal and were instructed by their lawyer not to discuss the details of their case with anyone, 23% ($n=10$) claimed that they were completely innocent and were therefore not interested in talking about their alleged sexual offense(s), and finally 18% ($n=8$) failed to provide any reason and simply stated that they did not wish to participate. A complete overview of the reasons for refusal is provided in Table 1.

Table 1

Reasons Given During Consent Interview for Refusing Participation in Study

Reasons	n/44	%
Claims innocence	10	22.7
Case under appeal	9	20.5
No reason given	8	18.2
Subject matter too personal	4	9.1
Participated in too many studies	3	6.8
Concerned about confidentiality	3	6.8
Recently detained, resentful	2	4.5
Changed mind after consent given	2	4.5
Yes to interview, no to file review	2	4.5
Religious reasons	1	2.2

At the time of the study the mean age of the sample was 33.4 (SD = 8.13) ranging between 20 and 52 years of age. Eighty-seven percent of the sample was Caucasian ($n = 52$), 8% was Black ($n = 5$), 3% ($n = 2$) was Native, and 2% ($n = 1$) was East Indian.

The index offense for 95% of the sample ($n = 57$) was sexual in nature while 5% ($n = 3$) were serving time for a non-sexual offense(s) but had been convicted in the past for a sexual offense(s). All individuals in the sample had sexually assaulted or attempted to sexually assault a female over the age of 15. Sexual assault was defined as attempted or actual nonconsensual oral, anal, or vaginal penetration, obtained by force, or by threat of bodily harm, or when the victim was incapable of giving consent (Searles & Beger, 1987). Eighty-two percent of the sample ($n = 49$) had achieved full penetration while the remaining 18% ($n = 11$) had attempted penetration but were unsuccessful. All subjects had been convicted for such crimes as rape, attempted rape, sexual assault, aggravated sexual assault, sexual assault causing bodily harm, and murder or attempted murder.

The mean sentence length for those individuals serving finite sentences was 5.8 years (SD = 3.4). In addition, seven individuals were serving life sentences and seven individuals had been classified as dangerous offenders and were serving indefinite sentences. The mean number of years that had transpired between the actual date of the most recent sexual offense(s) and the date of the interview was approximately 6.3 years (SD = 4.9). Thus, on average the majority of subjects in this sample had committed their sexual offense(s) in 1988 (SD = 4.9) and had been convicted in 1989 (SD = 4.8).

Sample Representativeness

A key issue in this study was whether or not the sample that was selected was representative of the Canadian federal sex offender population. In order to determine this, several key variables obtained in the present study were compared with those obtained during the sex offender case file review conducted by Correctional Service Canada (Motiuk & Porporino, 1993).

Although the case file review only gathered information on 477 federally incarcerated sex offenders, sophisticated sampling techniques were taken to ensure that the sample was representative. Furthermore, only 173 of the original 477 offenders sampled by CSC had offended against adult females over the age of 15. Therefore, all comparisons will be based on this subsample ($n = 173$). The following variables were chosen for comparison: ethnicity, age at time of study, sentence length, sexual offense history, offender/victim relationship, number of victims in current offense, and degree of victim injury. Table 2 compares demographic and sexual offense history for the two samples while Table 3 compares offense characteristics.

Table 2

Percentage Distribution of Demographic Traits and Sexual Offense History: Comparison of the Present Study with the Sex Offender Case File Review

Variable	Study Sample (<u>N</u> = 60)	Case File Review Sample (<u>N</u> = 173)
Mean age at time of study (in years)	33.4 (<u>SD</u> = 8.1)	33.5 (<u>SD</u> = 8.7)
	% (n/ <u>N</u>)	% (n/ <u>N</u>)
<u>Race</u>		
Caucasian	86.7 (52)	72.4 (123/170)
Native	3.3 (2)	19.4 (33)
Asian	0.0 (0)	2.4 (4)
Black	8.3 (5)	4.1 (7)
Other	1.7 (1)	1.8 (3)
<u>Sentence Length</u>		
Less than 2 years	5.0 (3)	0.0 (0/170)
2 to 4 years	31.7 (19)	34.7 (59)
5 to 9 years	26.7 (16)	40.0 (68)
10+ years	13.3 (8)	17.6 (30)
Life/indefinite	23.3 (14)	7.6 (13)
<u>Sexual Offense History</u> ^a		
First time sexual offender	40.0 (24)	57.2 (99/173)
Repeat sexual offender	60.0 (36)	42.8 (74)

Note ^a repeat sex offenders had either been charged or convicted at least once with a sexual offense prior to the current sexual offense

Table 3

Percentage Distribution of Sexual Offense Characteristics: Comparison of the Present Study with the Sex Offender Case File Review

Variable	Study Sample		Case File Review Sample	
	%	(n/60)	%	(n/N)
<u>Offender/Victim Relationship</u>				
Spouse/girlfriend	26.7	(16)	14.9	(23/154)
Casual acquaintance	26.7	(16)	26.0	(40)
Stranger	46.7	(28)	59.1	(91)
<u>Number of Victims</u>				
1	73.3	(44)	87.9	(152/173)
2	13.3	(8)	8.7	(15)
3+	10.4	(6)	3.5	(6)
<u>Degree of Victim Injury</u>				
None	28.3	(17)	46.1	(63/157)
Slight/no weapon	16.7	(10)	25.5	(40)
Slight/weapon	10.0	(3)	7.0	(11)
Treated and released	21.7	(13)	15.3	(24)
Hospitalized	15.0	(9)	11.5	(18)
Death	6.7	(4)	0.6	(1)
Death/mutilation	1.7	(1)	0.0	(0)

Based on the evidence presented in Table 2 and 3 it would seem that the study sample is relatively representative of the Canadian sex offender population in terms of age, ethnicity, and offender/victim relationship. However, it does seem that the current sample was composed of a slightly higher percentage of more 'serious' sex offenders in terms of sentence length, sexual offense history, number of victims, and degree of victim injury. For instance, while 23.3% of the study sample were serving life and/or indefinite sentences only 7.6% of the case file review sample were serving similar terms of incarceration. Furthermore, the study sample was composed of a slightly higher percentage of offenders who had been charged and/or convicted in the past for sexual offenses (60.0%) than the case file review sample (42.8%). In addition, while 10.4% of the study sample had three or more victims in the most recent sex offense, only 3.5% of the case file review sample had three or more victims. Lastly, in terms of victim injury, only one individual (0.6%) from the case file review had committed a sexual assault that resulted in death while 5 individuals (8.0%) from the study group had murdered their respective victims. Thus, the seemingly more 'dangerous' nature of the current sample should be kept in mind when interpreting the results

Materials

Data for the present study was obtained from three different sources: institutional files, information obtained during a semi-structured interview, and four self-report questionnaires.

Institutional File Review.

A large portion of the data was extracted from institutional files. These files were comprised primarily of court orders, victim statements, police reports, psychological evaluations, presentence investigations, phallometric information, progress summary reports, RCMP FPS records, sex offender treatment reports, and case management assessments. The following variables were coded from available file information: offender age at time of offense, presence of multiple paraphilias, victim characteristics, family history, education/employment background, marital/interpersonal information, psychopathology, lifestyle impulsivity, offense impulsivity, deviant sexual arousal, social skills deficits, substance abuse, motivations for offending, treatment history, and criminal history record. A coding manual similar in form to one used by Correctional Service Canada during the sex offender case file review (Motiuk & Porporino, 1993) was used in the present study (see Appendix B). Incomplete file information was replaced with information obtained during the semi-structured interview. In the event of conflicting data the information source deemed most credible was used.

The Hare Revised Psychopathy Checklist (PCL-R).

The Hare Revised Psychopathy Checklist (PCL-R; Hare, 1991) was used as a measure of psychopathic behavior. The PCL-R consists of 20 items that measure the personality, interpersonal, and behavioral dimensions considered to be fundamental to the construct of psychopathy. Factor analysis of the PCL-R has yielded two stable factors (Hare et al., 1990).

Appendix C provides a description of the individual items that load on each factor. The personality dimension (Factor 1) measures the interpersonal and affective traits considered to be fundamental to the construct of psychopathy such as superficiality, manipulativeness, pathological lying, remorselessness, shallow affect, lack of empathy, and grandiose sense of self-worth. Factor 2, the behavioural dimension, describes a chronically unstable, antisocial, and socially deviant lifestyle. Each item is scored on a 3-point scale: 0 indicates that the symptom definitely does not apply to the individual; 1 indicates that the item applies only in some circumstances, and 2 indicates that the item definitely applies. As a result, total scores can range between 0 and 40. For the purposes of categorical scoring Hare (1991) suggests that a cut off of 30 be used to discriminate psychopathic from nonpsychopathic individuals. The PCL-R is scored on the basis of a semi-structured interview and collateral information obtained from such sources as official records and psychological assessments (Hare, 1991). The interview schedule is presented in Appendix D.

Despite previous difficulties in developing reliable and valid measures of psychopathy the Revised Psychopathy Checklist (PCL-R; Hare, 1991) has proven to be a reliable and valid means of assessing psychopathy in male criminal populations. Pooling across seven independent samples of male prison inmates Hare (1991) reported excellent inter-rater reliability (single ICC = .83, averaged ICC = .91, $N = 1192$) and internal consistency ($\alpha = .86$, $N = 1192$). Moreover, one study reported the test-retest reliability (r) of the PCL-R to be .94 ($N = 10$) (Cacciola, Rutherford, and Alterman, 1990). As well, Hare (1991) also reports that Factor 1 and Factor 2 are moderately correlated ($r = .50$).

In addition to being highly reliable, there is considerable empirical evidence attesting to the concurrent, convergent, and discriminant validity of the PCL-R. First, in regards to concurrent validity, Hare (1991) reported a mean correlation of .50 between the PCL-R and Antisocial Personality Disorder (APD) after pooling across 11 forensic samples ($N = 1632$). Interestingly, the mean correlation between Factor 2 scores and APD was substantially higher ($r = .60$) than the mean correlation between Factor 1 scores and APD ($r = .40$). Moreover, in a sample of 100

incarcerated offenders Hare (1991) reported that a self-report measure of psychopathy (Self-Report Psychopathy Scale; SRP-II, Hare, 1990) correlated moderately with PCL-R total scores ($r = .54$). Interestingly, the correlations between the SRP-II and Factor 1 ($r = .50$) and Factor 2 ($r = .44$) were similar.

With respect to convergent validity, Hart and Hare (1989) found that PCL-R total scores were positively correlated with prototypicality ratings of Cluster B personality disorders such as Histrionic, Narcissistic, and APD. Moreover for Histrionic and Narcissistic personality disorders, the positive correlations were somewhat stronger for Factor 1 than for Factor 2. Studies have also shown that the PCL-R is consistently, though weakly correlated with a variety of self-report measures that theoretically should be related to psychopathy such as those that measure alcohol and drug-related problems (Hemphill, Hart, & Hare, 1994). However, when Factors 1 and 2 of the PCL-R are individually correlated with such scales the correlations tend to be much stronger for Factor 2 than for Factor 1.

In regards to discriminant validity, PCL-R scores are uncorrelated or negatively correlated with the majority of Axis I disorders. Furthermore, PCL-R scores are also uncorrelated or negatively correlated with Axis II personality disorders that theoretically should not be correlated with the PCL-R such as Paranoid, Schizoid, Schizotypal, Dependent, and Avoidant personality disorders. Furthermore, for those personality disorders that are negatively correlated with the PCL-R the magnitude of these correlations tend to be slightly stronger for Factor 1 than for Factor 2 (Hare, 1991; Hart & Hare, 1989). The PCL-R is also negatively correlated with self-report scales that measure constructs incompatible with psychopathy such as those that measure depression, empathy, and anxiety. While the magnitude of these correlations are relatively small they do appear to be slightly larger for Factor 1 than for Factor 2 (Hare, 1991).

Sexual Offending Motivations Interview

Additional information concerning the motivational and situational factors related to sexual offending was obtained from a semi-structured interview developed by the researcher. Given that sexual aggressors have a tendency to lie about and deny their deviant sexual behaviour appropriate methods and guidelines for increasing the effectiveness of the clinical interview were adhered to. Several techniques for enhancing the reliability and validity of clinical interviews with sex offenders have been advanced. These include starting the interview with nonthreatening topics such as education, using behavioural descriptors, asking direct, straightforward questions, avoiding the use of language that indicates apology or uncertainty, being assertive, placing the burden of denial on the offender, being confrontational but supportive, repeating questions, and using successive approximations strategies (McGarth, 1990; Pithers et al., 1990). In addition, Zamble and Quinsey (1991) argue that the best way to get detailed and specific answers to antecedental questions is to ask specific, minute questions rather than vague general questions such as "Why did this offense occur". Lastly, but most importantly, the assurance of confidentiality will greatly improve the quality of information obtained during the interview (Abel & Rouleau, 1990). Keeping all these factors in mind, a semi-structured interview modeled after recent research by Zamble and Quinsey (1991) was administered to tap the motivational and situational factors associated with sexual offending (see Appendix E).

Massachusetts Treatment Center: Revised Rapist Typology 3 (MTC-R3)

Information obtained from the PCL-R interview, the sexual offending motivations interview, and institutional files was also used to classify offenders according to the Massachusetts Revised Rapist Typology 3 (Massachusetts Treatment Center: Revised Rapist Typology 3, MTC-R3; Knight & Prentky, 1990a). The MTC R3 is a third generation outgrowth of a series of studies designed to develop a reliable and valid rapist typology (Knight & Prentky, 1990a; Prentky

& Knight, 1991) The first typology, the MTC:R1, consisted of four subtypes (compensatory, impulse, displaced aggression and sex-aggression defusion) derived solely from common themes present in published typologies (Knight et al., 1985; Prentky & Knight, 1991). Within this typology there were three key elements that were used to distinguish rapists: the amount of and the nature of aggression in the crime, the degree of offense planning, and the presence or absence of sadistic components. However, when attempts were made to classify rapists according to this typology serious reliability problems emerged due to problems surrounding lifestyle impulsivity. As a result, the MTC:R2 was created. The MTC:R2 was identical to its predecessor except that each of the original four subtypes were given new names (compensatory, exploitative, displaced anger, and sadistic) and were further subdivided on the basis of low or highly impulse lifestyles. Thus, MTC:R2 consisted of eight subtypes. However, the MTC:R2 was still plagued with reliability problems particularly for sex offenders who engaged in only instrumental sexual aggression (Prentky et al., 1985). At this stage the researchers introduced an empirical strategy in which cluster analysis was used to differentiate rapists on hypothetically relevant variables (Rosenberg & Knight, 1988). Social competence and pervasive anger arose as important components from these procedures. Findings from a series of validation analyses carried out on the MTC:R2 as well as results derived from cluster analysis lead to the creation of the MTC:R3. The MTC:R3 addressed many of the problems associated with the reliability and validity analyses of the MTC:R2 (Prentky & Knight, 1991). Like its predecessors, the MTC:R3 is heavily rooted in concerns about the nature of aggression, the degree of offense planning and the role of sadism. However, it has departed substantially from its predecessors in that it is now much more complex. Statistical analysis has allowed for the refinement of existing MTC:R2 subtypes as well as for the addition of critical components such as social competence and pervasive anger.

The MTC:R3 is a hierarchical, three-tier classification system designed to discriminate rapists in terms of the meaning of aggression employed in the offense (instrumental versus expressive), the nature of the motivation for the sexual offense (sexual versus exploitative or anger), and the degree of lifestyle impulsivity (high or low impulsivity lifestyle). This system

consists of nine subtypes derived from cluster analysis with more similar subtypes in closer proximity within the classification scheme. Dichotomous decisions such as low/high or present/absent are made in each behavioral domain. A total score for each domain is calculated by summing across the domain and a decision flowchart is then used to determine the primary subtype (Knight & Prentky, 1990b). A brief description of each of the nine subtypes is provided Appendix F.

The MTC:R3 is relatively new and has not had ample opportunity to undergo validation testing. However, results obtained from its predecessor, the MTC:R2 appear promising. For a sample of 201 offenders classified as 'sexually dangerous' at the Massachusetts Treatment Centre, Rosenberg, Knight, Prentky, and Lee (1988) reported inter-rater reliability estimates ranging between .63 and .97, with a mean of .87 for the MTC:R2. Moreover, a recent Canadian study conducted by Barbaree et al. (1993) reported that two independent raters agreed 77% of the time in terms of individual subtypes in the MTC:R3. They also reported an acceptable kappa coefficient of .69. Similarly, another recent study by Knight et al. (1994) also reported a kappa coefficient of .65 for ratings on the MTC:R3.

In order to assess the construct validity of the MTC:R2, Knight and Prentky (1990a) have taken the approach that if the various rapist subtypes have distinct and theoretically coherent child and adult developmental roots then this is evidence for the construct validity of the classification system. Typically, developmental roots have encompassed family background characteristics, school problems, juvenile criminal history, education/occupational background, sexual relationships, substance abuse, and paraphilia variables. After conducting a series of path analytic approaches, Rosenberg et al. (1988) concluded that different developmental factors seemed to increase the likelihood of being either instrumentally or expressively aggressive and of being either sadistic or nonsadistic. For example, a retrospective study found that instability of caregivers in childhood and sexual abuse in the family of origin predicted the amount of injury inflicted in sexual offenses (Prentky et al., 1989). Based on these and similar findings the researchers have concluded that the quality of aggression and meaning of sexual behaviour in the offense are valid and

meaningful typological dimensions (Knight & Prentky, 1990a; Rosenberg & Knight, 1988; Rosenberg et al., 1988). Moreover, both the MTC:R2 and the MTC:R3 contain subtypes of rapists that are often described by clinicians and have been described in previous models of rapist typologies (Knight & Prentky, 1988; Prentky et al., 1985; Rosenberg & Knight, 1988; Rosenberg et al., 1988). This last finding is important given that the MTC:R3 was derived from cluster analysis, a statistical technique that uncovers naturally occurring clusters in empirical data. Despite the lack of published work attesting to the validity of the MTC:R3 the fact that this typology was both empirically and theoretically derived and has emerged from over a decade of extensive testing suggests that at present it is the most advanced and sophisticated rapist typology available.

Self-Report Questionnaires.

The final source of data was obtained from four self-report questionnaires completed by the offender. These included the Heterosocial Perception Survey (HPS; McDonel & Frank, 1988), the Rape Myth Acceptance Scale (RMA; Burt, 1980), the Coping Situations Questionnaire (Zamble, 1989), and the Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1984).

The Heterosocial Perception Survey (HPS; McDonel & Frank, 1988) was administered in order to measure one aspect of a man's ability to interpret heterosocial cues. This particular test examines the extent to which subjects accept that a woman means no when she says "no" to a man's sexual advances (see Appendix G). Using a 7-point Likert scale the subject is asked to rate three vignettes in terms of how justified it is to continue making sexual advances under a variety of circumstances. Total scores range between 0 and 90 with higher scores being consistent with an inability to correctly interpret a females' signals during a sexual encounter. While relatively new, construct-related validity has been presented for the HPS. McDonel and McFall (1991) reported that rape supportive attitudes and self-reported rape proclivity were negatively correlated with accurate decoding of women's negative cues in a sample of male college students.

Burt's Rape Myth Acceptance Scale (RMA; Burt, 1980) consists of 19 items designed to tap general acceptance of rape myths. Subjects indicate their response to each statement on a 7-point Likert scale. The RMA scale is then obtained by summing the responses to these items. Despite the extensive usage and demonstrated reliability and validity of the RMA (Burt, 1980) a modified version will be used in the present study. In accordance with Ellis' (1991) criticisms, the following two items will be deleted, "In the majority of rapes, the victim is promiscuous or has a bad reputation", and "Many women have an unconscious wish to be raped, and may then unconsciously set up a situation in which they are likely to be attacked". Thus, total scores for the modified RMA range between 0 and 102 with higher scores reflecting rape-supportive attitudes (see Appendix H).

The Coping Situations Questionnaire (Zamble, 1989) is designed to tap an offender's ability to cope in various situations. Five common life situations are described and the offender is then asked to imagine that each situation is currently happening to him, and to describe how he would deal with it or work it out (see Appendix I). Offenders responses can be analyzed both qualitatively and quantitatively. On the basis of information obtained from over one hundred interviews conducted with incarcerated offenders Zamble and Porporino (1990) have delineated 12 qualitatively different coping strategies commonly used by offenders. Each coping strategy is described in Appendix I.

The researchers have also devised two rating scales that measure coping ability quantitatively. The first measures the positive effects or benefits that a behavior produces in a particular situation both on the person's emotional state and the problem itself (benefit scale). The second rating scale, measures the risks or costs associated with the same behavior (risk/cost scale). The benefit scale ranges from 5 to 1 with 5 representing an optimal response and 1 representing no response or an inappropriate response. Similarly, the risk/cost scale ranges from 4 to 1 with 4 representing no risks or costs and 1 representing extreme costs or risks incurred by the behavior. A total coping efficacy score is calculated for each individual situation by multiplying the values from the two scales. An overall coping efficacy score is then obtained by averaging the five

individual scores. Thus, overall mean efficacy scores can range from 0 to 20 with higher scores reflecting more optimal coping responses. While this instrument has not been standardized, it is derived from those used successfully in the past. Moreover, inter-rater reliability estimates for the benefit/risk scale have been reported to be about .85 (Zamble & Porporino, 1988).

The Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1984) was used to examine the degree to which a subject attempted to present himself in a good light (see Appendix J). The BIDR is a 40-item questionnaire that uses a seven-point Likert scale to measure two factors defining social desirability: self-deception and impression management. Scores on the self-deception scale range between 20 and 140 while scores on the impression management scale also range between 20 and 140 with higher scores reflecting higher levels of self-deception and impression management, respectively. This particular scale has undergone extensive empirical testing and has demonstrated acceptable internal consistency ($\alpha = .70$) and test re-test reliability ($r = .81$). As well, the balancing of the keying direction has refined the scale considerably. Moreover, the BIDR appears to be superior to any of its predecessors in terms of construct-related validity (Linden, Paulhus, & Dobson, 1986; Paulhus, 1984; Paulhus & Levitt, 1987; Paulhus & Reid, 1991; Winters & Neale, 1985).

Procedure

Sixty rapists participated in the study. Subjects were assured that participation was strictly voluntary and that all information obtained during the study would be kept confidential. After the offender had consented to participate in the study and the researcher had reviewed his institutional files (see Appendix A) the PCL-R interview was administered followed by the sexual offending motivations interview. The interviewing process lasted approximately 30 to 40 minutes. In most cases raw PCL-R ratings were not readily available in institutional files thus the principal investigator was required to conduct both the PCL-R interview and the sexual offending motivations interview for the majority of the sample ($n = 50$). Due to the overlap in content certain

questions in the sexual offending motivations interview were omitted if the PCL-R had already been administered. Inter-rater reliability estimates for the PCL-R ratings conducted by multiple raters were available for a subsample ($n = 17$) of subjects¹. The self-report questionnaires took approximately 30 minutes to complete and were administered immediately following the interview.

All interviews and case file reviews were conducted by the principal investigator. However, all variables were scored by a second rater on a random subsample ($n = 20$) of cases to obtain inter-rater reliability estimates. This was accomplished by audio taping the interview for those subjects who granted the researcher permission to do so. As well, relevant file information was transcribed onto brief file review forms or was audio taped (see Appendix K). The second rater was blind regarding the purpose of the study. Using the same random subsample ($n = 20$) mentioned above inter-rater reliability estimates were also obtained for the MTC R3 ratings.

¹the multiple raters consisted of various correctional psychologists, sex offender treatment staff, and Adelle Forth.

Results

Data Analysis

A series of univariate and multivariate analyses were performed in order to ascertain the relationship between psychopathy and the static, dynamic, and motivational factors previously reviewed. Given the current debate surrounding the continuous and/or categorical nature of psychopathy it was decided to analyze the results both dimensionally and discretely (Harris, Rice, & Quinsey, in press; Lilienfeld 1994; Serin, 1990). Hare (1991) suggests that a cut off of 30 or above be used for categorical analysis of PCL-R scores. Hence, psychopathy scores were dichotomized by placing individuals who received a score of 30 or more in the psychopathy group and individuals who received a score of 29 or less in the nonpsychopathy group. A series of chi square analysis and analysis of variance were then conducted to determine whether or not the two groups differed on any of study variables. The univariate analyses were then followed up with a series of multivariate analyses of variance (MANOVA). To examine the continuous relationship between psychopathy and the study variables a series of Pearson r correlations were conducted between raw PCL-R total scores, Factor 1 scores, Factor 2 scores and all study variables. In addition, all univariate correlations were followed up with a series of canonical correlations in order to examine the multivariate relationship between psychopathy and the criterion variables.

Information pertaining to data screening, inter-rater reliability, PCL-R distributions, and BIDR findings will be presented first. While univariate and multivariate findings pertaining to static factors will be discussed next followed by results pertaining to dynamic risk factors. Lastly, findings regarding the motivational precursors to sexual offending will be reviewed.

Data Screening

Prior to analysis, all study variables were examined through SPSS for Windows for data entry accuracy, missing values, and fit between their distributions and the assumptions of univariate and multivariate analysis. Among the static variables there were no multivariate within-cell outliers at $\alpha = .001$. However, three univariate outliers were identified for number of past sexual offenses. Given that these three cases actually exist in the targeted population and were not representative of true population outliers it was decided to retain these cases but change the value of the variables such that they were no longer unduly influential in the analysis (Tabachnick & Fidell, 1989). Thus, the number of past sexual offenses for one individual who had been charged and/or convicted with 22 past sexual offenses was changed to 14. Similarly, for the second outlier, the value of 15 past sexual offenses was changed to 12 and the value of 14 past sexual offenses was changed to 11 for the final outlier. As well, three individuals who had offended against 7, 8, and 9 different victims were identified as univariate outliers. As a result, victim number was collapsed into a categorical variable with three levels: 1 victim, 2 victims and 3 or more victims. Given that only 33.3% ($n = 20$) of the sample had been sexually abused, it was decided to drop any variables pertaining to the nature of the sexual abuse in the principle analysis. However, descriptive analysis regarding the nature of the sexual abuse is presented in Appendix L. All static variables were normally distributed with the exception of number of past sex offenses which was positively skewed. However, this no longer existed once the values of the three outliers were modified. Results of evaluation of linearity, multicollinearity, singularity, and homogeneity of variance-covariance matrices were acceptable.

Among the dynamic variables four cases were missing BDR scores, three cases were missing HPS scores, two cases were missing RMA scores, four cases were missing efficacy rating scores, and one individual was missing a score on the 24 hour and 3 month negative emotions intensity scales. In each case the missing values were replaced with the appropriate sample mean (psychopathic group mean or nonpsychopathic group mean). A series of one-way anovas revealed

that the missing values were random and unrelated to psychopathy scores.

No multivariate within-cell outliers at $\alpha = .001$ were identified among the set of dynamic variables. However, due to an extremely uneven split (less than 10% to 90%) the following categorical variables were identified as outliers and were not used in any further analysis: serious mental disorder at time of offense (0 cases), number of psychiatric admissions one year prior to offense (1 case), parent had a psychiatric problem (3 cases), the number of times an individual fantasized, masturbated, or became sexually aroused when thinking about their sexual fantasy (one case), and number of times offender rehearsed committing the sexual offense (one case). One case for the generalized lifestyle impulsivity scale was omitted due to the young age of the offender at the time of the offense. One individual who reported 22 marriages and/or common-law relationships was identified as an univariate outlier. To prevent this individual from unduly influencing the analysis the value of 22 was reduced to 12. Twelve was the next largest possible value that could be used successfully without being identified as an univariate outlier. Results of evaluation of linearity, multicollinearity, singularity, and homogeneity of variance-covariance matrices were acceptable. A correlational matrix representing the inter-correlations among the dependent variables can be found in Appendix M. However, it may be useful to examine the matrix after the results section has been reviewed.

Reliability of Total PCL-R Scores and Factor Scores

The reliability of the PCL-R was assessed in terms of inter-rater reliability and internal consistency. For a subsample of 17 offenders both single and averaged intraclass correlation coefficients (ICC's) revealed high inter-rater reliability for total PCL-R scores (single ICC = .91, averaged ICC = .94) as well as for Factor 1 (single ICC = .87, averaged ICC = .93) and Factor 2 scores (single ICC = .82, averaged ICC = .92). With respects to internal consistency, Cronbach's alpha coefficients based on the entire sample ($N = 60$) were acceptable for total PCL-R scores (.81) and Factor 1 scores (.81) but were somewhat lower than expected for Factor 2 scores (.56).

Inter-rater Reliability of Static Variables

All six continuous static variables had acceptable inter-rater reliability estimates with single ICC ratings ranging between .83 and .99 ($M = .95$) and averaged ICC ratings ranging between .91 to .99 ($M = .97$). Similarly, for all ten dichotomous static variables kappa coefficients were quite high ranging between .7 and 1.00 with a mean of .91.

Inter-rater Reliability of Dynamic Variables

The single ICC ratings for the nine continuous dynamic variables ranged between .64 and .91 ($M = .83$) while the averaged ICC ratings ranged between .82 and .96 ($M = .91$). Of the 12 individual coping styles assessed only 4 (none, reactive problem-oriented, avoidance, and anticipatory problem-oriented) had sufficiently large enough frequencies to allow for the calculation of reliable kappa coefficients (range .38 - 1.00, $M = .66$). The percent agreement for the remaining 8 coping styles ranged between 70% and 100% ($M = 76\%$). Similarly, of the 14 individual emotions reported by offenders 24 hours and three months before the sexual offense(s) only 10 had frequency counts large enough to permit the calculation of reliable kappa coefficients (range .69 - 1.00, $M = .85$). The percent agreement for the remaining 4 reported emotions ranged between 85% and 100% ($M = 85\%$). Although kappa coefficients ranged between .50 and 1.00 ($M = .86$) for the remaining 22 dichotomous dynamic variables only two variables, anger management and level of education at time of offense were below .70.

Inter-rater Reliability of Motivational Precursors

In regards to the primary motive for sexual offending the principal investigator and secondary rater were only in agreement 25% of the time. Similarly, for secondary motives, the percent agreement was only 25%. However, the percent agreement increased substantially to 80% when both the primary and secondary motive were used to calculate percent agreement. These discrepancies most likely stemmed from the fact that the principal investigator was twice as more likely than the second rater to rate sexual motivation as the primary motivation. Conversely, the second rater was five times more likely than the principal investigator to rate power as a primary motive.

When coding what the offender thought his primary motive for sexual offending was the percent agreement was 53%. For the secondary motive this figure dropped to 33%. Once again, when both the primary and secondary motive were used to calculate percent agreement this figure increased dramatically to 79%. When coding what offenders thought the true underlying reason for the sexual offense was the raters agreed 100% of the time.

Overall, the percent agreement for the nine individual subtypes of the MTC:R3 was 74%. However, when the nine subtypes were collapsed into 4 subtypes (opportunistic, sexual, anger, vindictive) the percent agreement increased to 83% and the kappa coefficient was acceptable at

PCL-R Scores

PCL-R total scores ranged between 10 and 37 with a mean of 24.9 and a standard deviation of 6.7. Factor 1 scores ranged between 1 and 16 ($M = 8.6$, $SD = 4.0$) and Factor 2 scores ranged between 4 and 17 ($M = 12.1$, $SD = 2.9$). Thirty-five percent ($n = 21$) of the sample received a total PCL-R score of 30 or higher while 65% ($n = 39$) of the sample received a total PCL-R score of 29 or lower.

Some of the criterion measures were exact replicas of certain items of the PCL-R and as a result were highly related to these items. For instance, item 16-failure to accept responsibility for one's actions was highly correlated with level of denial ($r = .57, p < .001$). Similarly, number of marriages/common-law relationships was highly correlated with item 17-number of marriages and/or common-law relationships ($r = .53, p < .001$). As well, generalized lifestyle impulsivity was positively correlated with item 14-impulsivity ($r = .37, p < .004$). Lastly, item 20-criminal versatility was related to prior number of nonsexual offense(s) ($r = .64, p < .001$). Theoretically anger management and item 10-poor behavioral controls should have been strongly related. However, correlational analysis failed to yield a meaningful relationship ($r = .28$). For this reason, PCL-R scores were not prorated for analysis involving this variable. See Appendix N for a complete presentation of the inter-correlations between the individual PCL-R item scores and the static and dynamic variables.

To prevent confounding the results it was decided to omit the item that was responsible for providing redundant information in relevant analyses. For instance, any analysis involving level of denial, PCL-R total scores were prorated with item 16 omitted. Item 16 was also omitted from Factor 1 scores. Similar procedures were adhered to for each of the remaining affected criterion variables. Appendix O presents the new adjusted PCL-R means and standard deviations after the relevant item score has been omitted. Prorating PCL-R total scores also resulted in a new distribution of psychopaths and nonpsychopaths for each omitted item (see Appendix P)

Sex Offender Treatment Distribution

Thirty-four participants had received or were receiving treatment designed specifically for sex offenders at the time of the study while twenty-six had not received sex offender treatment. Table 4 compares the number of psychopaths (PCL-R score of 30 or above) and nonpsychopaths (PCL-R score of 29 or less) who had received sex offender treatment at the time of the study. Although the individual cell sizes are small Table 4 illustrates that the distribution of treated versus untreated psychopaths is relatively even as is the distribution of treated versus untreated nonpsychopaths. In addition, mean PCL-R total scores for the treated group ($M = 25.7$, $SD = 6.1$) and the untreated group ($M = 24.2$, $SD = 7.1$) were virtually identical.

Table 4

Percentage Distribution of Psychopathic (P) and Nonpsychopathic (NP) Rapists who had Received Sex Offender Treatment at the Time of the Study

Treated	Total Sample % (n/60)	Psychopath % (n/21)	Nonpsychopath % (n/39)
Yes	56.7 (34)	52.4 (11)	67.6 (23)
No	43.3 (26)	47.6 (10)	61.5 (16)

Unfortunately, no attempt was made a priori to match the treated and untreated group on potentially confounding variables such as age, race, and past sexual and nonsexual offense history. However, with the exception of age, there were no significant differences between the treated and untreated groups in terms of these variables (see Table 5). Given that offender age at time of offense was similar for both the treated ($M = 27.3$, $SD = 7.4$) and untreated group ($M = 26.7$, $SD = 6.4$) the observed differences in offender age at time of the study are most likely due to the fact that most sex offenders do not start treatment until the latter part of their sentence. The importance of sex offender treatment will become apparent when results are presented for certain dynamic variables such as level of denial and negative emotional states.

Table 5

Frequency Distribution of Age, Number of Past Nonsexual Offenses, Number of Past Sexual Offenses, and Race: Comparison Between Treated and Untreated Rapists

Variable	Treated (<i>n</i> = 34)	Untreated (<i>n</i> = 26)	<i>F</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
Age at time of study (in years)	35.6 (8.3)	30.6 (7.1)	5.7*
Number of past nonsexual offenses	15.2 (14.9)	18.2 (11.7)	n.s.
Number of past sexual offenses	2.9 (3.9)	1.7 (2.4)	n.s.
	% (<i>n</i> /34)	% (<i>n</i> /26)	χ^2
<u>Race</u>			
• Caucasian	85.3 (29)	88.5 (23)	n.s.
Native	5.9 (2)	0.0 (0)	
Asian	0.0 (0)	0.0 (0)	
Black	5.9 (2)	11.5 (3)	
Other	1.7 (1)	0.0 (0)	

Note * $p < .02$.

BIDR Results

Overall, the mean score on the impression management scale from the Balanced Inventory of Desirable Responding (BIDR; Palhaus, 1984) was 74.7 ($SD = 20.4$). Similarly, the mean score on the self deception component of the BIDR was 89.2 ($SD = 15.2$). Recall that values on each scale can range between 0 and 140 with higher scores reflecting higher degrees of impression management and self deception, respectively. Interestingly, correlational analysis revealed that PCL-R total scores ($r = -.03$), Factor 1 scores ($r = .00$), and Factor 2 scores ($r = -.09$) were unrelated to self deception. Moreover, a one-way anova further supported this findings as psychopaths ($M = 89.1$, $SD = 19.4$) and nonpsychopaths ($M = 89.2$, $SD = 12.6$) received identical mean scores on the self deception scale. Similarly, PCL-R total scores ($r = -.24$) and Factor 1 scores ($r = -.14$) were unrelated to impression management. However, Factor 2 was significantly negatively correlated with impression management ($r = -.37$, $p < .003$) suggesting that lower scores on the socially deviant component of psychopathy are associated with higher levels of impression management. Categorical analysis also revealed that psychopaths received significantly lower scores on the impression management scale ($M = 66.5$, $SD = 20.9$) than the nonpsychopaths ($M = 79.1$, $SD = 18.9$), $F(1, 59) = 5.7$, $p < .02$.

In regards to the self report measures, self deception was unrelated to the HSP ($r = -.13$), the RMA ($r = .12$), and the coping efficacy scale ($r = .08$). Similarly, the impression management scale was not related to the HPS ($r = -.10$), the RMA ($r = .08$), or the coping efficacy scale ($r = .09$).

Psychopathy and Static Risk Factors

Family Background.

The relationship between psychopathy and the following 8 family background variables was examined: separated from parents before age 16, placed outside the home before age 16, physically abused before age 16, emotionally abused or neglected before age 16, sexually abused before age 16, parental substance abuse problem, parental psychiatric problem, and parental criminal history. The proportion of psychopathic and nonpsychopathic rapists who had experienced these events is presented in Table 6. After adjusting the alpha level ($.05/8 = .006$) to control for Type I errors, chi square analyses revealed that the only statistically significant difference observed was for the percentage of psychopaths (28.6%) versus nonpsychopaths (2.6%) who had a parent with a criminal history, $\chi^2 (1, N = 60) = 8.9, p < .006$. Although, the observed differences between the two groups for placement before age 16 (61.9% of psychopaths vs. 35.9% of nonpsychopaths) and physical abuse (61.9% of psychopaths vs. 33.3% of nonpsychopaths) approached statistical significance, $p < .05$.

Table 6

Distribution of Family Background Characteristics: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total Sample % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Separated from parents prior to age 16	68.3 (41)	81.0 (17)	61.5 (24)	n.s.
Placement before age 16 ^a	45.0 (27)	61.9 (13)	35.9 (14)	3.7
Physically abused	43.3 (26)	61.9 (13)	33.3 (13)	4.5
Emotionally abused or neglected	25.0 (15)	23.8 (5)	25.6 (10)	n.s.
Sexually abused	33.3 (20)	23.8 (5)	38.5 (15)	n.s.
Parent/caregiver(s) had:				
Substance abuse problem	63.3 (38)	76.2 (16)	56.4 (22)	n.s.
Psychiatric problem	5.0 (3)	9.5 (2)	2.6 (1)	--
Criminal history	11.7 (7)	28.6 (6)	2.6 (1)	8.9*

Note. ^aPlacement refers to any placement outside the home (i.e. child welfare, training school, probation, or mental health facility). "--" signifies that chi square analysis could not be done due to low cell frequency counts. * $p < .006$. The familywise error rate was held at .05 by testing each comparison at $p = .05/8 = .006$.

To capture an overall picture of the relationship between family history and psychopathy seven of the eight family background variables were summed together to form a single global rating scale. Given that only three individuals lived with a parent who had a psychiatric problem this variable was not incorporated into the scale. Binary coding was used for each variable (0, 1) where 1 represented the presence of a negative family background characteristic (i.e. physical abuse presence). In the event that a particular component variable was missing or not applicable the global rating score was prorated. Hence, negative family background scores could range between 0 and 7 with higher scores reflecting higher degrees of negativity within the family background. The mean global rating score for the sample was 2.2 ($SD = 1.6$). Interestingly, a one-way anova revealed that the psychopathic group had significantly higher global rating scores ($M = 2.8$, $SD = 1.6$) than the nonpsychopathic group ($M = 1.8$, $SD = 1.4$), $F(1, 59) = 5.0$, $p < .03$. However, a Pearson r correlational analysis between the family background scale and PCL-R total scores ($r = .13$), Factor 1 scores ($r = .05$), and Factor 2 scores ($r = .21$) failed to yield a significant relationship.

Criminal History Risk Factors.

The criminal history factors were composed of the following variables: offender age at time of sex offense, number of prior sexual offense(s), number of prior nonsexual offense(s), age onset for sexual offense(s), and age onset for nonsexual offense(s). The number of prior charges and convictions were both used in the calculation of past number of offense(s). Furthermore, given that number of prior nonsexual offense(s) is directly related to item 20 of the PCL-R (criminal versatility), this item was omitted from any analysis involving this variable. Five separate one-way anovas were performed to determine whether the psychopathic group differed significantly from the nonpsychopathic group in terms of these variables. The familywise error rate was held at .05 by

testing each comparison at $p = .05/5 = .01$. As can be seen in Table 7 the only criminal history variable that the two groups differed significantly on was the number of prior nonsexual offense(s). The mean number of prior nonsexual offense(s) committed by the psychopathic group was twice as high (23.7) as the mean number of offenses committed by the nonpsychopathic group (12.7). Although not significant, the psychopathic group did have an earlier age onset for nonsexual criminal activity (17.5 yrs) than the nonpsychopathic group (19.1 yrs).

Table 7

Criminal History Risk Factors Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total (<u>N</u> = 60)	P (<u>n</u> = 21)		NP (<u>n</u> = 39)	<u>F</u>
	<u>M</u> <u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u> <u>SD</u>	
Age at time of sex offense	27.0 (6.9)	27.7 (6.9)		26.7 (7.1)	n.s.
Number of prior sexual offense(s)	2.5 (3.4)	2.4 (2.7)		2.6 (3.8)	n.s.
Number of prior nonsexual criminal offense(s)	16.5 (13.6)	23.7 (14.0)		12.7 (11.9)	10.3*
Age onset for ^a nonsexual criminal offense(s)	18.5 (4.1)	17.5 (2.2)		19.1 (4.8)	n.s.
Age onset for sexual criminal offenses(s)	22.5 (5.9)	22.3 (4.8)		22.6 (6.5)	n.s.

Note ^aGiven that 2 individuals had no record of prior criminal activity analysis for this variable was based on 58 cases. * $p < .01$. The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

Pearson product-moment correlations were also calculated between each of the five criminal history variables and PCL-R Total, Factor 1, and Factor 2 scores. Once again, item 20 was omitted from the analyses. Moreover, the familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$. As can be in Table 8 a significant relationship existed between number of prior nonsexual offense(s) and PCL-R total, Factor 1 and Factor 2 scores. Moreover, age onset for nonsexual offense(s) was also significantly related to Factor 2 of the PCL-R.

Table 8

Pearson r Correlations Between the PCL-R Total and Factor Scores with Criminal History Risk Variables

Variable	PCL-R Total	Factor 1	Factor 2
Age at time of offense	.13	.19	-.11
Number of prior sexual offenses	-.02	.06	-.02
Number of prior nonsexual criminal offenses	.51*	.36*	.40*
Age onset for nonsexual criminal offense ^a	-.17	-.01	-.37*
Age onset for sexual criminal offense	.06	.07	-.12

Note. ^aGiven that 2 individuals had no record of prior criminal activity, analysis for this variable was based on 58 cases. * $p < .01$. The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

Offense-related Variables.

The degree of victim injury, degree of victim force, offender/victim relationship, number of victims, degree of planning in sexual offense, the presence of multiple paraphilias, and escalation in sexual offending comprised the offense-related risk factors. Degree of force was scored on a continuous scale (1: no force, 8: post-death mutilation) as was degree of victim injury (1: no injury, 7: post-death mutilation). Two separate one-way anovas (see Table 9) revealed that the mean degree of force used by both groups was equal ($M = 4.5$, $SD = 1.8$). However, the mean degree of victim injury inflicted by the psychopathic group was slightly lower ($M = 2.7$, $SD = 1.6$) than the nonpsychopathic group ($M = 3.3$, $SD = 1.8$). However, these differences were not significant.

Offense-related impulsivity was rated on a 4 point scale ranging from 0-offense was planned in detail to 3-offense was highly impulsive. As Table 9 illustrates no significant mean differences were observed between the psychopathic ($M = 1.9$, $SD = .80$) and nonpsychopathic groups ($M = 1.9$, $SD = 1.2$). However, categorical analysis of this variable approached significance, $p < .03$. Interestingly, only 4.8% of the psychopathic group ($n = 1$) had planned the offense in detail versus 23.1% ($n = 9$) of the nonpsychopath group (see Table 9).

Additional chi square analyses (see Table 9) illustrated that no significant differences were found between the two groups in terms of number of victims in most recent offense, offender/victim relationship, the presence of multiple paraphilias or escalation in sexual offending. Although, it is interesting to note that the nonpsychopathic group were twice as likely to offend against a spouse or girlfriend and were more likely to exhibit escalation (42.7%) in sexual offending than the psychopathic group (28.6%).

Table 9

Offense-Related Variables: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total (N = 60)	P (n = 21)	NP (n = 39)	F
	<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)	
Degree of force used	4.5 (1.8)	4.5 (1.7)	4.5 (1.8)	n.s.
Degree of victim injury	3.1 (1.7)	2.7 (1.6)	3.3 (1.8)	n.s.
Degree of offense planning	1.9 (1.1)	1.9 (.80)	1.8 (1.2)	n.s.
	% (n/60)	% (n/21)	% (n/39)	χ^2
Number of victims				
1	73.3 (44)	85.7 (18)	59.1 (26)	n.s.
2	13.3 (8)	14.3 (3)	12.8 (5)	
3+	13.3 (8)	0.0 (0)	20.5 (8)	
Offender/victim relationship				
Spouse/girlfriend	26.7 (16)	14.3 (3)	33.3 (13)	n.s.
Casual acquaintance	26.7 (16)	28.6 (6)	25.6 (10)	
Stranger	46.7 (28)	57.1 (12)	41.0 (16)	
Multiple paraphilias	26.7 (16)	23.8 (5)	28.2 (11)	n.s.
Escalation ^a	38.1 (16)	28.6 (4)	42.9 (12)	n.s.
Offense impulsivity				
Offense planned in detail	16.7 (10)	4.8 (1)	23.1 (9)	8.9
Offense partially planned	18.3 (11)	23.8 (5)	15.4 (6)	
Offense somewhat impulsive	28.3 (17)	47.6 (10)	17.9 (7)	
Offense highly impulsive	36.7 (22)	23.8 (5)	43.6 (17)	

Note ^aAnalysis involving this variable was based only on the 42 subjects (28 NP's, 14 P's) who had committed sexual offense(s) in the past. The familywise error rate was held at .05 by testing each comparison at $p = .05/7 = .007$.

Product-moment correlations performed between each of the offense-related variables and PCL-R total and Factor scores are presented in Table 10. Once again, Type I errors were controlled for by testing each comparison at $p = .05/7 = .007$. Although none of the correlations reached statistical significance it is interesting to note the mild negative correlations found between PCL-R scores and number of victims, degree of victim injury and escalation (0: no escalation, 1: escalation present).

Table 10

Pearson r Correlations Between PCL-R Total and Factor Scores with Offense-Related Variables

Variable	PCL-R Total	Factor 1	Factor 2
Number of victims	-.27	-.27	-.22
Forced used	-.10	-.09	-.07
Victim injury	-.24	-.23	-.13
Offender/victim relationship	.09	.07	.11
Offense planning	.11	.04	.07
Multiple paraphilias	-.06	-.06	-.04
Escalation in sexual offending ^a	-.20	-.18	-.11

Note. ^aAnalysis involving this variable was based only on the 42 subjects who had committed sexual offense(s) in the past. The familywise error rate was held at .05 by testing each comparison at $p = .05/7 = .007$.

Multivariate Analysis of Static Risk Factors and Psychopathy

Multivariate analysis of variance (MANOVA) and canonical correlation was performed to further examine the relationship between static risk factors and psychopathy. To avoid violating multivariate assumptions regarding the necessary number of cases per variable, MANOVAS and canonical correlations were performed separately on two sets of theoretically derived criterion variables. The first set was composed of six historical variables that were essentially unrelated to the current sexual offense(s) while the second set was composed of seven variables that were specifically related to the current sexual offense(s).

Static Historical Risk Factors and Psychopathy: Multivariate Analysis of Variance

The first one-way MANOVA was performed on the following six historical dependent static variables: negative family background scale, age at time of offense, age onset for any criminal charge or conviction, age onset for any sexual charge or conviction, total number of nonsexual offense(s), and total number of sexual offense(s). Once again, item 20-criminal versatility was omitted and group membership for the independent variable (psychopathic or nonpsychopathic) was adjusted accordingly.

Wilk's Lambda criterion indicated that the combined dependent variables (DV's) were significantly affected by level of psychopathy, $F(6, 57) = 2.4, p < .04$. The results demonstrate a moderate relationship between level of psychopathy and the combined static dependent variables, $\eta^2 = .23$. Since Bartlett's test of sphericity indicated significant correlations among the DV's it was necessary to examine Roy-Bargman stepdown F-tests in order to determine the unique contribution made by the DV's. Bonferonni correction was also applied due to the large number of comparisons ($p = .05/6 = .008$). Only one DV, total number of past nonsexual offense(s), the highest priority DV, made a significant and unique contribution to the composite DV that best discriminated psychopathic from nonpsychopathic rapists, stepdown $F(1, 57) = 9.4, p < .003, \eta^2 = .14$. As

previously mentioned in the univariate section psychopaths had committed a greater number of previous nonsexual offenses ($M = 23.6$) than nonpsychopaths ($M=13.1$). All other dependent variables were unable to make a significant and unique contribution after total number of past nonsexual offenses had entered the equation. Although, the unique contribution made by family background, the second priority DV, approached significance, stepdown $F(1, 56) = 3.4, p < .07, \eta^2 = .07$.

Static Historical Risk Factors and Psychopathy: Canonical Correlational Analysis.

Similar findings were also found when PCL-R scores were analyzed continuously. Canonical correlation was performed between the set of historical variables and PCL-R total scores. Once again due to redundant information, item 20, criminal versatility was omitted and PCL-R total scores were adjusted accordingly. The canonical correlation was .52 (27% of the variance), $F(6, 57) = 3.1, p < .01$. The only variables that appeared to contribute to the canonical variate (the linear combination of dependent variables) as indicated by the standardized canonical coefficients were total number of past nonsexual offenses (.82), age onset for nonsexual offenses (-.34) and age at time offense (.34). While age onset for sexual offenses (.09), negative family background (.00), and total number of sexual offense(s) (-.10) did not contribute to the canonical variate. Similarly, correlation coefficients (structure coefficients) between the canonical variate and each of the dependent variables revealed that total number of nonsexual offense(s) ($r = .93$), and age onset ($r = -.33$) were related to the canonical variate while age at time of offense ($r = .27$), age onset for sexual offenses ($r = .21$), negative family background ($r = .15$), and total number of sexual offenses ($r = -.15$) were effectively unrelated to the canonical variate. Furthermore, 18% of the variance in the dependent variables could be accounted for by the canonical variate. Lastly, the dependent variables were only able to explain 5% of the variance in PCL-R total scores (redundancy).

Two additional canonical correlations were performed between the dependent variables analyzed above and Factor 1 and Factor 2 of the PCL-R. While the canonical correlation between Factor 1 and the set of historical variables was not significant ($R = .37$, $R^2 = .14$) the canonical correlation between Factor 2 scores and the set of criminal history variables ($R = .55$, $R^2 = .30$) was highly significant, $F(6, 57) = 3.7$, $p < .004$. Once again the standardized canonical coefficients indicated that total number of past nonsexual offense(s) (.65) and age onset for nonsexual offenses (-.62) contributed greatly to the canonical variate while age onset for sexual offense(s) (-.05), age at time offense (.04), total number of past sexual offense(s) (.02), and family background (.10) failed to contribute to the canonical variate. Similarly, correlation coefficients (structure coefficients) between the canonical variate and each of the dependent variables revealed that total number of nonsexual offenses ($r = .79$) and age onset for nonsexual offenses ($r = .74$) were highly related to the canonical variate while age at time of offense ($r = .20$), age onset for sexual offenses ($r = -.21$), negative family background ($r = .26$), and total number of sexual offenses ($r = -.08$) were unrelated to the canonical variate. Furthermore, 22% of the variance in the dependent variables could be accounted for by the canonical variate. Once again, the dependent variables were only able to explain a small percentage of the variance (6.7%) in PCL-R total scores (redundancy).

Offense-Related Variables and Psychopathy: Multivariate Analysis of Variance

The second one-way MANOVA was performed on the following seven offense-related dependent variables: number of victims in most recent sexual offense, degree of force used, degree of victim injury inflicted, degree of planning in most recent sexual offense, Offender/victim relationship, multiple paraphilias present, and escalation present in sexual offense(s)². Level of

² non-applicable values for escalation ($n=18$) were recoded to 0 for the multivariate analysis. This was

psychopathy (low < 30, high 30+) served as the independent variable.

Wilk's Lambda criterion indicated that the combined DV's were significantly affected by level of psychopathy, $F(7, 59) = 2.4, p < .03$. The results demonstrate a moderate relationship between level of psychopathy (low vs. high) and the combined offense-related dependent variables, $\eta^2 = .25$. Since Bartlett's test of sphericity indicated significant correlations among the DV's it was necessary to examine Roy-Bargman stepdown F-tests in order to determine the unique contribution made by the DV's. Once again due to the large number of comparisons Bonferroni correction was applied and the alpha level was adjusted accordingly ($p = .05/7 = .007$). Although none of the dependent variables were able to make significant and unique contributions to explained variance in level of psychopathy, the unique contributions made by, victim number, the highest priority DV, offender victim relationship, the second highest priority DV, and escalation the fourth highest priority DV approached statistical significance, $p < .05$.

Offense-Related Variables and Psychopathy: Canonical Correlational Analysis.

Similar patterns arose when PCL-R total and Factor scores were analyzed continuously no significant findings were found. Although, the canonical correlation between the set of offense-related variables and PCL-R total scores approached significance ($R = .47$, 22% of the variance), $F(7, 59) = 2.1, p < .06$. Furthermore, the variables that appeared to contribute to the canonical variate (the linear combination of dependent variables) as indicated by the standardized canonical coefficients were victim injury (-.98) victim number (-.58), offender/victim relationship (.50), escalation (-.41) and degree of force (.45). Presence of pedophilia and degree of planning did not appear to contribute to the unique variance in the canonical variate. Similarly, correlation

done in order to ensure sufficient power for the MANOVA. However, when the analysis was conducted with non-applicable values coded as missing the results were essentially unaffected.

coefficients (structure coefficients) between the canonical variate and each of the dependent variables revealed that victim number ($r = .57$), and victim injury ($r = .53$), were moderately related to the canonical variate while offender/victim relation ($r = .19$), escalation ($r = -.28$), pedophilia ($r = -.12$), degree of planning ($r = .28$) and degree of force ($r = .21$) were unrelated to the canonical variate. Furthermore, 12.3% of the variance in the dependent variables could be accounted for by the canonical variate. Lastly, the dependent variables were only able to explain 2.7% of the variance in PCL-R total scores (redundancy).

Two additional canonical correlations were performed between the dependent variables analyzed above and Factor 1 and Factor 2 scores. While the canonical correlation between Factor 1 and the set of criterion variables ($R = .46$, $R^2 = .21$) approached significance, $p = .08$ there was essentially no relationship between Factor 2 scores and offense-related characteristics ($R = .35$, $R^2 = .12$).

Dynamic Risk Factors and Psychopathy

Mental Health Problems.

The relationship between psychopathic behavior and the following 5 mental health variables was examined: previously diagnosed with a serious mental disorder, previously diagnosed with a personality disorder, diagnosed with Antisocial Personality Disorder, emotional problems present one year prior to sexual offense, and previously admitted to psychiatric facilities. The percentage of psychopaths and nonpsychopaths who exhibited these behaviours is presented in Table 11. Once again the Bonferonni approach was used and the alpha level was adjusted accordingly ($p = .05/5 = .01$). Although no significant difference were found, the finding that 71.4% of psychopaths were identified as having severe emotional problems compared to 46.2% of the nonpsychopaths approached statistical significance, $p < .06$.

Table 11

Distribution of Mental Health Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Serious mental disorder present	13.3 (8)	14.3 (3)	12.8 (5)	n.s.
Personality disorder present	28.3 (17)	19.0 (4)	33.3 (13)	n.s.
Antisocial Personality Disorder present	38.3 (23)	47.6 (10)	33.3 (13)	n.s.
Emotional problems	55.0 (33)	71.4 (15)	46.2 (18)	3.5
Admitted to psychiatric hospitals	38.3 (23)	42.9 (9)	35.9 (14)	n.s.

Note: The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

Once again, a global rating scale reflecting an overall picture of mental health problems was developed. This scale was created by summing the 5 dichotomous mental health variables presented in Table 11. Binary coding was used for each variable (0, 1) where 1 represented the presence of a mental health problem (i.e. emotional problems presence). Thus, mental health problem scores could range between 0 and 5 with higher scores reflecting higher degrees of mental health problems. The mean global rating score for the sample was 1.7 ($SD = 1.6$). The psychopathic group did not differ significantly ($M = 1.9$, $SD = 1.5$) from the nonpsychopathic group ($M = 1.6$, $SD = 1.6$). A correlational analysis between PCL-R total scores ($r = .08$), Factor 1 scores ($r = .04$), and Factor 2 scores ($r = .17$) also illustrated that there was no relationship between PCL-R scores and the mental health global rating scale.

Lifestyle Impulsivity

Scores on the Generalized Life Style Impulsivity Scale (GLSI) ranged from 0 to 10 with higher scores representing higher levels of impulsivity. Overall, the sample was relatively impulsive as the mean score on the GLSI was 6.9 ($SD = 2.2$). Given the degree of overlap between item 14 (impulsivity) of the PCL-R and the GLSI it was decided to omit item 14 from any analysis involving this variable. Interestingly, a one-way anova revealed that psychopaths scored significantly higher ($M = 8.0$, $SD = 1.5$) than nonpsychopaths ($M = 6.3$, $SD = 2.4$), $F(1, 58) = 12.2$, $p < .001$ on the GLSI. Furthermore, a correlational analysis between the GLSI and PCL-R total scores ($r = .45$, $p < .001$), Factor 1 scores ($r = .30$, $p < .01$), and Factor 2 scores ($r = .42$, $p < .001$) provided additional evidence for a strong positive relationship between lifestyle impulsivity and psychopathy.

2

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

PRECISIONSM RESOLUTION TARGETS

Education/Employment Problems.

The following variables were used to measure the prevalence of education and/or employment problems present in the current sample: did not have grade 12 at time of sex offense, unemployed at time of sex offense, frequently unemployed one year prior to sex offense, financial problems present one year prior to sex offense, reliance on social assistance one year prior to sex offense, and occupation at time of sex offense. The frequency distribution of psychopathic and nonpsychopathic rapists who experienced these problems is presented in Table 12. Once again the familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$. Although there were no statistically significant differences it is interesting to note that 95.2% of the psychopaths versus 71.8% of the nonpsychopaths did not have grade 12 at the time of the sex offense. Furthermore, psychopaths were approximately twice as more likely to be frequently unemployed one year prior to the offense (52.4%) and unemployed at the time of the offense (61.9%) than nonpsychopaths (38.5% and 25.6%, respectively). Also noteworthy, is that the majority of the sample was employed as unskilled labourers (66.0%) one year prior to the most recent sex offense. Furthermore, psychopaths (76.9%) were slightly more likely than nonpsychopaths (61.8%) to be employed as unskilled labourers.

Table 12

Distribution of Education/Employment Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Does not have grade 12	80.0 (48)	95.2 (20)	71.8 (28)	4.7
Unemployed at time of most recent sex offense	46.7 (28)	52.4 (11)	38.5 (15)	3.0
Frequently unemployed one year prior to sex offense	35.0 (21)	52.4 (11)	25.6 (10)	4.3
Financial problems during the year prior to sex offense	33.3 (20)	22.2 (4)	43.3 (16)	n.s.
Reliance on social assistance one year prior to sex offense	40.0 (24)	44.4 (8)	43.3 (16)	n.s.
Occupation one year prior to sex offense ^a				
semi-skilled/unskilled labourer	66.0 (31)	76.9 (10)	61.8 (21)	
skilled labourer	20.0 (5)	7.7 (1)	11.8 (4)	
student	8.5 (4)	0.0 (0)	11.8 (4)	--
clerical, sales	6.4 (3)	15.4 (2)	2.9 (1)	
lower management	8.5 (4)	0.0 (0)	11.8 (4)	

Note. ^aThis variable was based on 47 cases given that 13 cases were deemed non applicable. "--" this signifies that a chi square analysis could not be performed given that more than 25% of the expected cell frequencies were less than 5. The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

With the exception of occupation type, the above variables were summed together to form a global rating scale of education and employment problems. Variables were coded such that 0 represented, problem present and 1 represented, problem absent. Hence, overall scores could range between 0 and 5 with higher scores reflecting higher levels of education/employment problems. Moreover, in the event that a particular component variable was missing or non applicable the global rating score was prorated accordingly. The overall mean on the global rating scale was 2.9 ($SD = 1.7$). Although psychopaths scored slightly higher ($M = 3.5$, $SD = 1.8$) than the nonpsychopaths ($M = 2.6$, $SD = 1.5$) these differences were not statistically significant. Correlational analysis also revealed no relationship between the education/employment scale and PCL-R Total scores ($r = .12$), Factor 1 scores ($r = .05$) or Factor 2 scores ($r = .16$).

Marital Problems.

Marital status at time of offense, dissatisfaction with marital status, and number of marriages and/or common-law relationships were used as indicators of marital risk factors. Due to redundant information item 17-many short term marital relationships, was omitted from the analysis. Overall, 73.3% of the sample were single at the time of the sex offense. Moreover, there were no significant differences between the percentage of psychopaths (61.9%) and nonpsychopaths (79.5%) who were single at the time of the offense. Furthermore, almost half the sample (48.3%) reported being dissatisfied with their marital status prior to committing their sexual offense. Although the psychopathic group was less likely to report marital dissatisfaction (38.1%) than the nonpsychopathic group (53.8%), these differences were not statistically significant. Finally, the entire sample had been married or lived common-law approximately 2.6 times ($SD = 2.3$) prior to committing the sex offense. Interestingly, a one-way anova revealed that the psychopathic group had been involved in a slightly higher number of marriages and/or common-law relationships ($M = 3.2$, $SD = 2.2$) than the nonpsychopathic group ($M = 2.2$, $SD = 2.2$). Although, these results were not statistically significance.

In order to develop a single indicator of marital risk factors, number of marriages/common-law relationships was dichotomized by assigning a value of 1 to those individuals who were above the mean number of relationships for the sample (41.7%) and a value of 0 for those who were below the mean (58.3%). Although there were a higher proportion of psychopaths who scored above the mean (57.1%) than nonpsychopaths (33.3%) these differences were not statistically significant. At this stage, marital dissatisfaction (coded 0: no, 1: yes), marital status (coded 0: married, 1: single), and the newly dichotomized number of relationships variable (coded 0: below $\bar{M}$, 1: above $\bar{M}$) were summed together to produce one variable that represented the overall degree of marital risk factors. With a potential range of 0 to 3, the mean for the entire sample was 1.6 ($SD = .76$). A one-way anova demonstrated that psychopaths ($\bar{M} = 1.6$, $SD = .67$) and nonpsychopaths ($\bar{M} = 1.7$, $SD = .81$) did not differ in terms of marital risk. Surprisingly, a negative, though not significant relationship emerged when correlational analysis was performed between the overall marital global rating scale and PCL-R total scores ($r = -.18$), Factor 1 scores ($r = -.15$) and Factor 2 scores ($r = -.28$, $p < .03$).

Substance Abuse Problems.

The following five dichotomous variables indicated the presence of substance abuse problems: alcohol abuse, drug abuse, intoxicated at time of sex offense, ingested illegal drugs at time of sex offense, and intoxicated or high in past sex offenses. As can be seen in Table 13, there were no significant differences between the psychopathic and nonpsychopathic rapists in terms of these variables.

Once again, a single variable representing the overall degree of substance abuse problems was created by summing the five dichotomous variables (scored 0: absent, 1: present). Scores on this scale could range between 0 and 5 with higher scores reflecting higher levels of substance abuse problems. Scores were prorated if a component variable was missing or non applicable. The overall mean on the global rating scale was 3.3 ($SD = 1.6$). Although psychopaths scored

slightly higher ($\underline{M} = 3.6$, $\underline{SD} = 1.4$) than the nonpsychopaths ($\underline{M} = 3.1$, $\underline{SD} = 1.7$) these differences were not statistically significant. A correlational analysis also revealed that there was a slight positive relationship between the substance abuse global rating scale and PCL-R total scores ($r = .20$), Factor 2 scores ($r = .24$, $p < .05$) and Factor 1 scores ($r = .08$).

Table 13

Distribution of Substance Abuse Problems: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Variable	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Alcohol abuse has interfered with life	81.7 (49)	81.0 (17)	82.1 (32)	n.s.
Drug abuse has interfered with life	56.7 (34)	61.9 (13)	53.8 (21)	n.s.
Intoxicated at time of sex offense(s)	68.3 (41)	71.4 (15)	66.7 (26)	n.s.
Ingested illegal drugs at time of sex offense(s)	45.8 (27)	47.6 (10)	44.7 (17)	n.s.
Intoxicated or high in past sex offense(s) ^a	75.0 (27)	83.3 (10)	70.8 (17)	n.s.

Note. ^a This variable only applied to 36 individuals (12 psychopaths, 24 nonpsychopaths) who actually committed sexual offense(s) in the past. The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

Maladaptive Coping Strategies.

Qualitative analysis indicated that treatment had minimal effect on the type of coping mechanism employed by offenders in response to the Coping Situation Questionnaire. For example, treated offenders (97.1%) were just as likely as untreated offenders (100.0%) to employ reactive coping styles. Similarly, treated offenders responded with avoidance methods (26.5%) and no coping strategies (47.1%) just as often as untreated offenders did (31.8% and 54.5%, respectively). While the treated group (61.8%) were slightly more likely than the untreated group (45.5%) to use anticipatory responses these differences were not statistically significant. Given this, no attempt was made to control for treatment effects for this variable.

Table 14 outlines the proportion of offenders (psychopathic and nonpsychopathic) who employed the various coping strategies delineated by Zamble and Porporino (1988). Interestingly, the most commonly employed coping strategies were reactive-problem oriented (98.2%), anticipatory problem-oriented (55.4%), and no coping strategy (50.0%). Moreover, the nonpsychopathic group were twice as likely to respond with an anticipatory strategy (69.4%) than the psychopathic group (30.0%), $\chi^2 (1, N = 56) = 8.1$ $p < .01$. For a complete description of each coping mechanism see Appendix H.

Table 14

Distribution of Coping Strategies: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Coping Style	Total % (n/56)	P % (n/20)	NP % (n/36)	χ^2
None	50.0 (28)	55.0 (11)	47.2 (17)	n.s.
Reactive problem-oriented	98.2 (55)	100.0 (20)	97.2 (35)	n.s.
Avoidance	28.6 (16)	35.0 (7)	25.0 (9)	n.s.
Escape	12.5 (7)	5.0 (1)	16.7 (6)	--
Palliative	10.7 (6)	5.0 (1)	13.9 (5)	--
Social support	10.7 (6)	5.0 (1)	13.9 (5)	--
Anticipatory problem-oriented	55.4 (31)	30.0 (6)	69.4 (25)	8.09*
Reinterpretive re-evaluation	1.8 (1)	0.0	2.8 (1)	--
Reinterpretive self-control	0.0	0.0	0.0	--
Anticipatory substitution	5.4 (3)	5.0 (1)	5.6 (2)	--
Alcohol/drug use	7.1 (4)	5.0 (1)	8.3 (3)	--

Note. "--" signifies that chi square analyses were not performed since more than 25% of the expected cell frequencies were less than 5. * $p < .01$. The familywise error rate was held at .05 by testing each comparison at $p = .05/4 = .01$.

Once again before coping mechanisms were analyzed continuously an attempt was made to ascertain the effect of sex offender treatment on coping efficacy. A correlational analysis revealed that treatment failed to have a significant effect on coping efficacy scores ($r = -.08$). Moreover, a one-way anova revealed that coping efficacy scores were essentially identical for both the treated ($M = 12.0$, $SD = 3.0$) and untreated ($M = 12.1$, $SD = 2.6$) groups. Thus, no attempt was made to control for treatment.

Scores on the efficacy coping scale ranged from 4 to 18 with a mean of 11.8 ($SD = 2.8$). Recall that higher scores reflect superior coping methods. A one-way anova further revealed that psychopaths scored significantly lower ($M = 10.8$, $SD = 3.1$) than nonpsychopaths ($M = 12.4$, $SD = 2.4$), $F(1, 55) = 4.4$, $p < .01$ on the coping efficacy scale. Furthermore, a correlational analysis between coping efficacy scores and PCL-R total scores ($r = -.33$, $p < .01$), Factor 1 scores ($r = -.25$, $p < .06$), and Factor 2 scores ($r = -.32$, $p < .02$) further substantiated the negative relationship between positive coping methods and psychopathy.

Social Skills Deficits.

The institutional file review indicated that 28% of the sample ($n = 17$) were suffering from one of the following social skills deficit: heterosocial skills deficit, social ineptness, social immaturity or lack of assertiveness. Although psychopaths (19%) were less likely than nonpsychopaths (33.3%) to be identified as suffering from any one of these deficits the differences were not significant. Forty-six percent of the sample was also identified as having an anger management problem. Interestingly, a greater proportion of psychopaths were described as being incapable of controlling their anger (66.7%) than nonpsychopaths (33.3%), $\chi^2 = (1, N = 60) 5.2$, $p < .02$.

A correlational analysis further supported the above findings as PCL-R total scores ($r = -.15$), Factor 1 scores ($r = -.16$), and Factor 2 scores ($r = -.06$) were unrelated to the presence of social skills deficits. However, anger management was positively correlated with PCL-R total

scores ($r = .31, p < .02$), Factor 1 scores ($r = .28, p < .03$), and Factor 2 scores ($r = .18$).

Overall, scores on the Heterosocial Perception Survey (HPS) ranged between 0 and 90 ($M = 16.1, SD = 23.2$). Recall that potential scores can range between 0 and 90 with higher scores reflecting an inability to correctly interpret a females' signals during an intimate encounter. Ironically, total HPS scores were positively related to treatment ($r = .28, p < .03$) suggesting that treated individuals exhibit more impoverished heterosocial skills than untreated individuals. This positive relationship was further confirmed when a one-way analysis of variance revealed that the mean score on the HPS for the treated group ($M = 21.7, SD = 27.8$) was significantly higher than the mean score for the untreated group ($M = 8.8, SD = 12.0$), $F(1, 59) = 4.9, p < .03$. Thus, given this relationship it was decided to partial out the effect of sex offender treatment.

A one-way analysis of covariance (ANCOVA) was performed to determine whether or not psychopathic and nonpsychopathic rapists differed on the HPS while controlling for treatment. The covariate, treatment was significantly related to the dependent variable, $F(1, 59) = 3.9, p < .05$. However, the strength of the relationship between the covariate and heterosocial cue reading was modest, $\eta^2 = .06$. After controlling for treatment effects there were essentially no significant differences between psychopaths ($M = 14.7$) and nonpsychopaths ($M = 18.2$) in terms of heterosocial cue reading.

Correlational analysis further substantiated the above findings. After partialing out of the effects of treatment there was no discernible relationship between HPS scores and PCL total scores ($r = .00$), Factor 1 scores ($r = -.09$), or Factor 2 scores ($r = .07$).

Cognitive Distortions.

Rape Myth Acceptance scores (RMA) ranged between 0 and 86 ($M = 28.5, SD = 21.4$). Recall that scores can potentially range between 0 and 102 with higher scores reflecting rape supportive attitudes. RMA scores were unaffected by treatment ($r = -.01$). A one-way anova further indicated that RMA scores for the treated group ($M = 28.2, SD = 24$) and the untreated

group ($M = 28.9$, $SD = 15.9$) were essentially the same. Hence, treatment was not partialled out of the analysis.

A one-way anova revealed no significant differences between psychopaths ($M = 29.9$, $SD = 22.3$) and nonpsychopaths ($M = 27.8$, $SD = 21.1$) in terms of rape supportive attitudes.

Moreover, correlational analysis revealed that RMA scores were unrelated to PCL-R total scores ($r = -.03$), Factor 1 scores ($r = .05$) and Factor 2 scores ($r = -.14$).

Denial and Minimization.

Overall, denial/minimization scores ranged between 1 and 4 ($M = 1.8$, $SD = .85$). A score of 1 represented complete acceptance of responsibility for the sexual offense whereas a score of 4 represented complete denial. It was evident that sex offender treatment had a substantial impact on the level of denial and/or minimization expressed by offenders ($r = .44$, $p < .001$). For instance, the level of complete or partial acceptance was significantly higher among the treated group (94%) than the untreated group (58%), $\chi^2 (1, N = 60) = 12.4$, $p < .001$. Given this, it was important to examine the relationship between psychopathy and denial while controlling for treatment effects. Moreover, given that item 16-failure to accept responsibility is so closely related to level of denial it was decided to omit this item from the analysis. As a result, PCL-R total scores and the dichotomous psychopathy variable were adjusted accordingly.

A one-way analysis of covariance (ANCOVA) was performed with treatment as a covariate, level of psychopathy as the independent variable, and level of denial as the dependent variable. The covariate, treatment, was significantly related to the dependent variable, $F (1, 59) = 13.8$, $p < .001$, $\eta^2 = .20$. After controlling for treatment effects, psychopaths ($M = 2.1$) exhibited significantly higher levels of denial than nonpsychopaths ($M = 1.7$), $F (1, 59) = 4.2$, $p < .05$. Although, the strength of relationship between adjusted level of denial scores and psychopathy was somewhat moderate, $\eta^2 = .07$.

Correlational analysis further supported the above findings. After partialling out of the

effects of treatment there was a moderate relationship between level of denial and PCL total scores ($r = .25, p < .05$) and Factor 1 scores ($r = .43, p < .001$). However, there was essentially no relationship between level of denial and Factor 2 scores ($r = .05$).

In addition to examining the partial correlations between psychopathy and denial it was decided to conduct the correlational analysis for the treated and untreated groups separately (see Table 15). Interestingly, as Table 15 illustrates the relationship between level of denial and Factor 1 scores among the untreated group was quite strong while the relationship between denial and Factor 2 was essentially nonexistent. Although a similar pattern was found for the treated group the results were not nearly as impressive.

Table 15

Pearson r Correlations Between the PCL-R Total and Factor Scores with Level of Denial Scores:
Comparison Between Treated and Untreated Rapists

Group	n	PCL-R Total	Factor 1	Factor 2
Untreated	26	.29	.57*	-.04
Treated	34	.24	.32	.07

Note. * $p < .03$. The familywise error rate was held at .05 by testing each comparison at $p = .05/2 = .03$.

Sexual Fantasy.

Only nine individuals from the entire sample (15%) admitted to fantasizing about the current sexual offense prior to committing it. As well, since treatment did not seem to influence whether or not an offender admitted to sexual fantasy ($r = .18$) no attempt was made to partial it out of the analysis. Moreover, psychopaths (14.3%, $n = 3$) were just as likely as nonpsychopaths (15.5%, $n = 6$) to admit to sexual fantasy. Correlational analysis also revealed no relationship between sexual fantasy and PCL-R total scores ($r = .11$) and Factor 1 scores ($r = .05$). Surprisingly, there was a significant relationship between sexual fantasy and Factor 2 ($r = .28$, $p < .03$). These results should be interpreted cautiously given the small number of psychopaths ($n = 3$) who admitted to sexual fantasy.

Deviant Sexual Arousal.

Unfortunately, only half the sample ($n = 30$) had been assessed phallometrically regarding the presence of deviant sexual arousal. However, 2/3's of these individuals ($n = 20$) showed moderate to high levels of deviant sexual arousal to rape. Interestingly, the percentage of psychopaths (66.7%) and nonpsychopaths (66.7%) who exhibited moderate to high levels of deviant sexual arousal was identical. Correlational analysis also revealed no relationship between deviant sexual arousal and PCL-R total scores ($r = -.03$), Factor 1 scores ($r = -.04$), and Factor 2 scores ($r = .11$).

Negative Emotional State.

Not surprisingly, treatment had a substantial effect on whether or not an offender reported experiencing negative emotions prior to committing the sexual offense(s). For example, 82.4% of the treated group reported experiencing negative emotions three months prior to the sexual offense while only 65.4% of the untreated group did. Similarly, 73.5% of the treated group reported experiencing negative emotions 24 hours prior to the sexual offense while only 34.6% of the untreated group did, $F(1, 59) = 9.1, p < .003$. Hence, given the apparent effect of sex offender treatment on the reporting of negative emotional states, analysis will be presented for the treated group and untreated group separately as well as for the combined group. As Table 16 demonstrates psychopathy does not seem to moderate whether or not an offender simply reports experiencing negative emotions either 24 hours or three months prior to the offense. Although the results across all three groups do suggest that the psychopathic group is somewhat less likely to report feeling negative emotions 24 hours before the offense.

Table 16

Presence of Negative Emotions Prior to Sexual Offense for the Untreated, Treated, and Combined Sample: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Untreated Group	Total % (n/26)	P % (n/10)	NP % (n/16)	χ^2
Negative emotion(s) present 24 hrs before	34.6 (9)	20.0 (2)	43.8 (7)	n.s.
Negative emotion(s) present 3 mons before	65.4 (17)	70.0 (7)	62.5 (10)	n.s.
Treated Group	Total % (n/34)	P % (n/11)	NP % (n/23)	χ^2
Negative emotion(s) present 24 hrs before	73.5 (25)	63.6 (7)	78.3 (18)	n.s.
Negative emotion(s) present 3 mons before	82.4 (28)	72.7 (8)	87.0 (20)	n.s.
Combined Group	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Negative emotion(s) present 24 hrs before	57.0 (34)	42.9 (9)	64.1 (25)	n.s.
Negative emotion(s) present 3 mons before	75.0 (45)	71.4 (15)	76.9 (30)	n.s.

Note. The familywise error rate was held at .05 by testing each comparison at $p = .05/6 = .008$.

Overall, offenders reported experiencing 15 different types of emotional states prior to the sexual offense(s). Unfortunately due to low frequency counts the original 15 emotions could not be analyzed reliably. Thus for statistical purposes, they were collapsed into 7 meaningful categories: anger, depression, alienation, frustration, stress, neutral, and positive emotions. An overall description of the original 15 emotions reported by offenders (psychopathic and nonpsychopathic) 24 hours and three months prior to the sexual offense(s) are presented in Appendices Q and R, respectively. Depression and moodiness were combined to form the depression category while anxiety and general stress formed the stress category. Similarly, feelings of boredom and tiredness composed the neutral category while any positive emotions (happiness, joy, excited) formed the positive category. Reported feeling of hopelessness, loneliness, inadequacy, guilt, and rejection were combined to form the alienation category. General frustration and sexual frustration were combined to create the frustration category. Anger remained in its original state.

As can be seen in Table 17 there were no statistically significant differences between the psychopathic and nonpsychopathic rapists in terms of reported emotional states within 24 hours of the offense. Although, it is interesting to note that the nonpsychopaths were one and half times more likely than the psychopaths to report feeling of depression or moodiness within 24 hours of the offense. As well, the finding that psychopaths were twice as likely to report positive emotions approached statistical significance, $p < .06$. Similarly, nonpsychopaths were almost four to five and half times more likely than the psychopaths to feel alienated and stressed, $p < .03$. The finding that nonpsychopaths were four and a half times more likely to report feelings of general and sexual frustration also approached statistical significance, $p < .06$. It is also noteworthy that psychopaths and nonpsychopaths were just as likely to report feeling anger and neutral emotions 24 hours before the offense.

As Table 18 illustrates a similar trend emerged in regards to emotional states reported three months prior to the sexual offense(s). Interestingly, the nonpsychopathic group were twice as likely to report feelings of depression and frustration. Also of interest is that psychopaths were twice as likely to report feeling stressed within three months of the sexual offense(s). Recall that

the opposite was found in regards to emotions experienced 24 hours before the offense. However, the most striking finding was that the nonpsychopathic group was significantly more likely to report feelings of alienation (56.2%) than the psychopathic group (19.0%), $\chi^2 (1, N = 60) = 7.8, p < .007$.

Table 17

Distribution of Negative Emotional States Present Within 24 Hours of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Emotion	Total % (<u>n</u> /60)	P % (<u>n</u> /21)	NP % (<u>n</u> /39)	χ^2
Anger	33.3 (20)	23.8 (5)	38.5 (15)	n.s.
Depression/moody	20.0 (12)	14.3 (3)	23.1 (9)	n.s.
Alienation	26.7 (16)	9.5 (2)	35.9 (14)	4.9
Frustration/sexual frustration	16.7 (10)	4.8 (1)	23.1 (9)	3.3
Anxiety/stress	20.0 (12)	4.8 (1)	28.2 (11)	4.7
Neutral	36.7 (22)	38.1 (8)	35.9 (14)	n.s.
Positive	25.0 (15)	38.1 (8)	17.9 (7)	2.9

Note. The familywise error rate was held at .05 by testing each comparison at $p = .05/7 = .007$.

Table 18

Distribution of Negative Emotional States Present Within Three Months of Offense: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Emotion	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Anger	25.0 (15)	28.6 (6)	23.1 (9)	n.s.
Depression/moody	25.0 (15)	14.3 (3)	30.8 (12)	n.s.
Alienation	43.3 (26)	19.0 (4)	56.4 (22)	7.8*
Frustration/sexual frustration	21.7 (13)	14.3 (3)	25.6 (10)	n.s.
Anxiety/stress	23.3 (14)	33.3 (7)	17.9 (7)	n.s.
Neutral	20.0 (12)	23.8 (5)	17.9 (7)	n.s.
Positive	28.3 (17)	38.1 (8)	23.1 (9)	n.s.

Note. The familywise error rate was held at .05 by testing each comparison at $p = .05/7 = .007$.

In regards to the actual type of negative emotions reported by offenders only two seemed to be affected by treatment: the presence of anger 24 hours before the offense and feelings of alienation three months before the offense. While only 11.5% of the untreated group experienced feelings of anger within 24 hours of the offense 44.1% of the treated group reported such emotions. Not surprisingly, there were no differences between psychopaths and nonpsychopaths within the treated and untreated groups. Among the untreated group, 10.0% ($n = 1$) of the psychopathy group reported feeling anger 24 hours before the offense while a similar percentage, 12.5% ($n = 2$) of the nonpsychopathy group reported the same emotion. Interestingly, for the treated group, psychopaths were still less likely to report feeling anger (36.4%) than the nonpsychopaths (56.5%). However, these differences were not statistically significant. Given the low cell frequencies, these results should be interpreted cautiously.

Interestingly, 55.9% of the treated rapists reported feeling alienated within three months of the offense versus 26.9% of the untreated rapists, $\chi^2(1, N = 60) = 5.0, p < .02$. Unfortunately due to low cell frequencies (more than 25% of individual cells had expected cell frequencies < 5) reliable comparisons between the psychopaths and nonpsychopaths could not be completed among the untreated rapists. However, it is noteworthy that among this group three times as many nonpsychopaths (37.5%) as psychopaths (10.0%) reported feeling alienated within three months of the sexual offense(s). In regards to the treated subsample, psychopaths were still significantly less likely to report feelings of alienation (27.3%) than the nonpsychopaths (69.6%), $\chi^2(1, N = 34) = 5.4, p < .02$.

In order to analysis these results quantitatively a negative emotional intensity scale (NEIS) was created for the variables: emotions experienced 24 hours before the offense and emotions experienced within 3 months of the offense. Scores on each scale ranged from 0 to 6 with higher scores reflecting higher degrees of intensive, negative emotion. Generally, individuals who reported no negative emotions and only positive emotions would receive a score of 0 while individuals who reported a mix of positive and negative emotions would typically receive a 3 or 4. Those individuals who reported only negative emotions that were quite severe in terms of intensity,

duration, and frequency would be given a score of 5 or 6. Scores for the 24 hours NEIS ranged from 0 to 6 with a mean of 3.7 ($SD = 2.2$) while scores on the 3 month NEIS ranged from 0 to 6 with a mean of 3.6 ($SD = 2.1$). Both the 24 hour NEIS (single $ICC = .72$, averaged $ICC = .86$) and the 3 month NEIS (single $ICC = .79$, averaged $ICC = .89$) demonstrated acceptable inter-rater reliability.

Not surprisingly, both the 24 hour and 3 month NEIS were strongly correlated with treatment, ($r = .31$, $p < .02$ and $r = .39$, $p < .001$, respectively). Two separate one-way anova further confirmed this relationship as mean scores on the 24 hour NEIS were significantly higher for the treated group ($M = 3.9$, $SD = 2.1$) than the untreated group ($M = 2.5$, $SD = 2.1$), $F(1, 59) = 6.1$, $p < .02$. Similarly, means scores on the 3 month NEIS were also significantly higher for the treated group ($M = 4.3$, $SD = 2.1$) than the untreated group ($M = 2.6$, $SD = 1.8$), $F(1, 59) = 10.3$, $p < .002$. Hence, the effects of sex offender treatment were controlled for when examining the relationship between psychopathy and the 24 and 3 month NEIS.

A one-way analysis of covariance (ANCOVA) was performed with treatment as a covariate, level of psychopathy as the independent variable, and the 24 hour NEIS as the dependent variable. The covariate, treatment, was significantly related to the 24 hour NEIS, $F(1, 59) = 5.9$, $p < .02$, $\eta^2 = .10$. After controlling for treatment effects psychopaths ($M = 2.5$) exhibited significantly lower scores on the 24 hour NEIS than nonpsychopaths ($M = 3.7$), $F(1, 59) = 3.8$, $p < .05$. However, the strength of the relationship was modest, $\eta^2 = .06$.

A second one-way analysis of covariance (ANCOVA) was performed with treatment as a covariate, level of psychopathy as the independent variable, and the 3 month NEIS as the dependent variable. Once again, the covariate, treatment, was significantly related to the 3 month NEIS, $F(1, 59) = 9.4$, $p < .003$, $\eta^2 = .14$. After controlling for treatment effects psychopaths ($M = 2.9$) once again exhibited significantly lower scores on the three month NEIS scale than nonpsychopaths ($M = 3.9$), $F(1, 59) = 4.2$, $p < .05$. However, the strength of the relationship was also modest, $\eta^2 = .07$.

Correlational analysis further supported the above findings. After partialling out the

effects of treatment there was a moderate relationship between the 24 hours NEIS scores and PCL total scores ($r = -.39, p < .002$) and Factor 1 scores ($r = -.41, p < .001$). However, there was only a mild relationship between the 24 hour NEIS and Factor 2 scores ($r = -.23$). Similarly, the 3 months NEIS was moderately correlated with PCL-R total scores ($r = -.41, p < .002$) and Factor 1 scores ($r = -.42, p < .001$) but was only weakly related to Factor 2 scores ($r = -.21$).

In addition to examining the partial correlations between psychopathy and the 24 hour and 3 month NEIS it was decided to conduct the correlational analysis for the treated and untreated groups separately. The results presented in Table 19 clearly illustrate the pattern of strong negative correlations between the negative emotional intensity scales and PCL-R total and Factor 1 scores among the untreated sex offenders. Although a similar pattern emerged for the untreated group the results were not nearly as impressive.

Table 19

Pearson r Correlations Between the PCL-R Total and Factor Scores with Negative Emotion Intensity Scales: Comparison Between Treated and Untreated Rapists

Group	<u>n</u>	PCL-R Total	Factor 1	Factor 2
Untreated Group				
NEIS 24 Hours	26	-.47	-.65*	-.13
NEIS 3 Months		-.47	-.64*	-.09
Treated Group				
NEIS 24 Hours	34	-.34	-.25	-.30
NEIS 3 Months		-.32	-.30	-.14

Note. * $p < .01$. The familywise error rate was held at .05 by testing each comparison at $p = .05/4 = .01$.

Multivariate Analysis of Dynamic Risk Factors

Multivariate analyses of variance (MANOVA) and canonical correlations were performed to further examine the relationship between the dynamic risk factors and psychopathy. To avoid violating multivariate assumptions regarding the necessary number of cases per variable, MANOVAS and canonical correlations were performed separately on two sets of theoretically derived criterion variables. The first set was composed of six dynamic risk factors that are usually targeted in general treatment programs provided for the entire offender population. None of the variables in this set were significantly related to sex offender treatment. The second set of variables was composed of eight dynamic risk factors that are uniquely related to the sex offender population and as a result, are usually targeted in sex offender treatment programs.

Psychopathy and Dynamic Risk Factors Targeted in General Offender Treatment Programs: Multivariate Analysis of Variance.

The first one-way MANOVA was performed on the following six dependent dynamic variables: the mental health global rating, the generalized lifestyle impulsivity scale, the education/employment global rating, the marital global rating, the coping efficacy scale, and the substance abuse global rating. Once again due to redundant information, item 14-impulsivity was omitted from the analysis and PCL-R scores were prorated accordingly.

Wilk's Lambda criterion indicated that the combined DV's were significantly affected by level of psychopathy, $F(6, 58) = 3.6, p < .005$. The results demonstrate a moderate relationship between level of psychopathy (low vs. high) and the combined set of DV's, $\eta^2 = .29$. Since Bartlett's test of sphericity indicated significant correlations among the DV's it was necessary to examine Roy-Bargman stepdown F-tests in order to determine the unique contribution made by the DV's. After applying the Bonferonni correction ($p = .05/6 = .008$), only one DV, impulsivity, the highest priority DV, made a significant and unique contribution to the composite DV that best

discriminated between psychopathic and nonpsychopathic rapists, stepdown $F(1, 58) = 12.2, p < .001, \eta^2 = .18$. Psychopaths had higher lifestyle impulsivity scores ($M = 8.0$) than nonpsychopaths ($M = 6.1$). All other dependent variables were unable to make a significant and unique contribution after impulsivity entered the equation. However, the unique contribution made by the coping efficacy scale, the second priority DV, approached significance, stepdown $F(1, 55) = 7.5, p < .01, \eta^2 = .11$.

Psychopathy and Dynamic Risk Factors Targeted in General Offender Treatment

Programs: Canonical Correlational Analysis.

Similar findings were also found when PCL-R scores were analyzed continuously. Canonical correlation was performed between the same six dynamic risk factors analyzed above and PCL-R total scores. Once again due to redundant information, item 14- impulsivity, was omitted and PCL-R total scores were adjusted accordingly. The canonical correlation was .56 (32% of the variance), $F(6, 59) = 4.1, p < .002$. The only variables that appeared to contribute to the canonical variate (the linear combination of dependent variables) as indicated by the standardized canonical coefficients were impulsivity (.76), and coping efficacy (-.47). While the education/employment scale (.03), the marital scale (-.28), the substance abuse scale (.08) and the mental health scale (-.08) did not appear to contribute to the canonical variate. Similarly, correlation coefficients (structure coefficients) between the canonical variate and each of the dependent variables revealed that impulsivity ($r = .80$) and coping efficacy ($r = -.60$) were highly related to the canonical variate while the education/employment scale ($r = .19$), the marital scale ($r = -.30$), the substance abuse scale ($r = .26$), and the mental health scale ($r = -.20$) were unrelated to the canonical variate. Furthermore, 21% of the variance in the dependent variables could be accounted for by the canonical variate. Lastly, the dependent variables were only able to explain 6.6% of the variance in PCL-R total scores (redundancy).

Two additional canonical correlations were performed between the dependent variables analyzed above and Factor 1 and Factor 2 of the PCL-R. Interestingly, the canonical correlation between Factor 1 and the set of general treatment dynamic variables was not significant ($R = .39$; $R^2 = .16$). However, the canonical correlation between Factor 2 scores and the set of general treatment variables ($R = .57$, $R^2 = .33$) was highly significant, $F(6, 58) = 4.2$, $p < .002$. Once again the standardized canonical coefficients indicated that the primary variables that contributed to the canonical variate were impulsivity (.54) and coping efficacy (-.40). However, with the exception of the education/employment scale (.08) and the mental health scale (.17), the marital scale (-.48) and the substance abuse scale (.20) appeared to play a somewhat stronger role in contributing to the canonical variate than they did for PCL-R total scores. Similarly, correlation coefficients (structure coefficients) between the canonical variate and each of the dependent variables revealed that impulsivity ($r = .65$) and coping efficacy ($r = -.63$) were highly related to the canonical variate while the education/employment scale ($r = .26$), the marital scale ($r = -.47$), the substance abuse scale ($r = .35$), and the mental health scale ($r = -.38$) were only moderately related to the canonical variate. Furthermore, 23% of the variance in the dependent variables could be accounted for by the canonical variate. Finally, the dependent variables were only able to explain 7.5% of the variance in PCL-R Factor 2 scores (redundancy).

Psychopathy and Dynamic Risk Factors Targeted in Sex Offender Treatment

Programs: Multivariate Analysis of Variance.

Given that prior univariate analyses have revealed a significant relationship between sex offender treatment and a number of dynamic risk factors analyzed in this section it was decided to conduct a MANOVA on the set of sex offender treatment variables while controlling for sex offender treatment. As a result, a one-way multivariate analysis of covariance (MANCOVA) was

performed on the following eight dependent variables: the 24 NEIS, the 3 month NEIS, level of denial, rape myth acceptance scale, heterosocial perceptions survey, social skills deficits, anger management, and sexual fantasy. Whether or not an offender had received sex offender treatment served as the covariate. Once again, item 16, failure to accept responsibility was omitted and psychopathy scores were adjusted accordingly.

As expected Wilk's criterion indicated that the combined DVs were significantly related to the covariate, $F(8, 59) = 3.2, p < .006, \eta^2 = .34$. To investigate exactly which DV's the covariate affected, a series of multiple regression were run for each DV with the covariate acting as a predictor. These analyses revealed that the covariate was significantly related to the 24 hour NEIS, $t(59) = 2.3, p < .02$, the 3 month NEIS, $t(59) = 3.1, p < .003$, level of denial $t(59) = 3.7, p < .00$, and the HPS scale, $t(59) = 2.2, p < .03$.

While controlling for treatment, Wilk's criterion indicated that the combined DV's were significantly affected by level of psychopathy, $F(8, 59) = 2.4, p < .03, \eta^2 = .28$. Given that Bartlett's test of sphericity indicated significant correlations among the DV's it was necessary to examine Roy-Bargman stepdown F-tests in order to determine the unique contribution made by the DV's. Due to the number of comparisons the Bonferonni correction procedure was applied ($p = .05/8 = .006$). Interestingly, anger management, the highest priority DV, made a significant and unique contribution to the composite DV that best discriminated between psychopathic and nonpsychopathic rapists, stepdown $F(1, 56) = 9.0, p < .004, \eta^2 = .14$. While 69.6% of the psychopaths were identified as having an anger management problem only 32.4% of the nonpsychopaths were. All other dependent variables were unable to make a significant and unique contribution after anger management entered the equation. However, the unique contribution made by the 24 NEIS, the second priority DV, approached significance, stepdown $F(1, 56) = 3.2, p < .08, \eta^2 = .08$.

Psychopathy and Dynamic Risk Factors Targeted in Sex Offender TreatmentPrograms: Canonical Correlational Analysis.

The relationship between PCL-R Total, Factor 1, and Factor 2 scores with the set of sex offender treatment variables were then analyzed continuously while controlling for sex offender treatment. After sex offender treatment was partialled out of the analysis the canonical correlation was .60 (37% of the variance), $F(8, 59) = 3.5$, $p < .003$. The variables that appeared to contribute to the canonical variate as indicated by the standardized canonical coefficients were anger management (.68), the three month NEIS (-.75), level of denial (.29) and sexual fantasy (.38). While the 24 hour NEIS (.18), social skills deficits (-.03), the HPS (.25), and the RMA scale (-.15) did not contribute to the canonical variate. Similarly, correlation coefficients between the canonical variate and each of the dependent variables revealed that anger management ($r = .55$), the 3 month NEIS ($r = -.68$), the 24 NEIS ($r = -.65$), and level of denial ($r = .42$) were highly related to the canonical variate while social skills deficits ($r = -.27$), the HPS ($r = -.00$), the RMA scale ($r = -.08$) and sexual fantasy ($r = .24$) were unrelated to the canonical variate. Furthermore, 19.0% of the variance in the dependent variables could be accounted for by the canonical variate. Finally, the dependent variables were only able to explain 6.7% of the variance in PCL-R total scores (redundancy).

After treatment had been partialled out of the analysis the canonical correlation between Factor 1 scores and the set of sex offender treatment variables ($R = .64$, $R^2 = .40$) was highly significant, $F(8, 58) = 4.2$, $p < .001$. Once again the standardized canonical coefficients indicated that the primary variables that contributed to the canonical variate were anger management (.55), the 24 hour NEIS (-.68), level of denial (.54), and sexual fantasy (.29). While the 3 month NEIS (.21), social skills deficits (-.03), the HPS (.04), and the RMA scale (.07) did not contribute to the

canonical variate. Similarly, correlation coefficients between the canonical variate and each of the dependent variables revealed that anger management ($r = .31$), the 3 month NEIS ($r = -.42$), 24 hours NEIS ($r = -.40$), and level of denial ($r = .43$) were highly related to the canonical variate while social skills deficits ($r = -.17$), the HPS ($r = -.09$), the RMA scale ($r = -.05$) and sexual fantasy ($r = .07$) were unrelated to the canonical variate. Furthermore, 21% of the variance in the dependent variables could be accounted for by the canonical variate. Finally, the dependent variables were only able to explain 8.1% of the variance in PCL-R total scores (redundancy).

Next a canonical correlation was performed between Factor 2 scores and the set of sex offender treatment variables while patrolling out sex offender treatment. Once again the canonical correlation between Factor 2 and the set of sex offender treatment variables was significant ($R = .52$; $R^2 = .27$), $F(8, 58) = 2.3$, $p < .04$. The standardized canonical coefficients indicated that the primary variables that contributed to the canonical variate were anger management (.55), the 3 month NEIS (-.44), level of denial (.54), sexual fantasy (.64), the HPS (.49), and the RMA (-.34). While the 24 hour NEIS (-.07), social skills deficits (-.05), and level of denial (-.14) did not contribute to the canonical variate. Similarly, correlation coefficients between the canonical variate and each of the dependent variables revealed that anger management ($r = .39$), the 3 month NEIS ($r = -.43$), the 24 hour NEIS ($r = -.47$), and fantasy ($r = .58$) were highly related to the canonical variate while social skills deficits ($r = -.11$), the HPS ($r = .13$), level of denial ($r = -.09$), and the RMA ($r = -.27$) were unrelated to the canonical variate. Furthermore, 12.9% of the variance in the dependent variables could be accounted for by the canonical variate. Finally, the dependent variables were only able to explain 3.5% of the variance in Factor 2 scores (redundancy).

Motivational PrecursorsResearcher's Appraisal of Apparent Motives for Sexual Offending.

Based on the case-file reviewer's appraisal of the official offense description, the offender's version, and the victim statement a distribution of apparent primary motives involved in the sex offense is presented in Table 20. As can be seen in this table sexual gratification was identified as the primary motive for the majority of cases (60%) followed by anger (15%). Although there were an equal number of psychopaths (57.1%) and nonpsychopaths (61.%) who were primarily motivated by sexual gratification there were 3 times as many psychopaths (28.6%) as nonpsychopaths (7.7%) who were identified as being motivated by anger, $\chi^2 = (1, N = 60) 4.7, p < .03$. However, these results should be interpreted cautiously due to the low inter-rater reliability obtained for this variable.

Table 20

Percentage Distribution of Primary Motives Assessed by Researchers: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Primary Motive	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Sexual gratification	60.0 (36)	57.1 (12)	61.5 (24)	n.s.
Anger	15.0 (9)	28.6 (6)	7.7 (3)	4.7*
Opportunity	6.7 (4)	9.5 (2)	5.1 (2)	--
Rejection	6.7 (4)	0.0	10.3 (4)	--
Humiliation	5.0 (3)	4.8 (1)	5.1 (2)	--
Revenge	3.3 (2)	0.0	5.1 (2)	--
Power	3.3 (2)	0.0	5.1 (2)	--

Note. "--" signifies that chi square analyses were not performed since more than 25% of the expected cell frequencies were less than 5.* $p < .03$. The familywise error rate was held at .05 by testing each comparison at $p = .05/2 = .03$.

For 65% of the sample the case-file reviewer identified a secondary motive that appeared to be involved in the sexual offense. As can be seen in Table 21 opportunity was the most frequently identified secondary motive (28.2%) followed by power (23.1%). Although there were essentially an equal number of psychopaths (20.0%) and nonpsychopaths (25.0%) who had a secondary power motive there were 4 times as many psychopaths (53.8%) as nonpsychopaths (12.5%) who were identified as having a secondary motive of opportunity, $\chi^2 (1, N = 39) = 7.6, p < .006$.

Table 21

Percentage Distribution of Secondary Motives Assessed by Researchers: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Secondary Motive	Total % (n/39)	P % (n/15)	NP % (n/24)	χ^2
Sexual gratification	7.7 (3)	6.7 (1)	8.3 (2)	--
Anger	10.3 (4)	6.7 (1)	12.5 (3)	--
Opportunity	28.2 (11)	53.3 (8)	12.5 (3)	7.6*
Rejection	5.1 (2)	6.7 (1)	4.2 (1)	--
Humiliation	5.1 (2)	0.0	8.3 (2)	--
Revenge	10.3 (4)	6.7 (1)	12.5 (3)	--
Power	23.1 (9)	20.0 (3)	25.0 (6)	n.s.
Depressed	7.7 (3)	0.0	12.5 (3)	--
Out of control/ stress	2.6 (1)	0.0	4.2 (1)	--

Note. "--" signifies that chi square analyses were not performed since 25% of the expected cell frequencies were less than 5. * $p < .03$. The familywise error rate was held at .05 by testing each comparison at $p = .05/2 = .03$.

Offender's Appraisal of Apparent Motives for Sexual Offending.

Table 22 presents the offenders' descriptions of what they thought the primary motive was for the sexual offense(s). The number of different types of answers clearly illustrates the diversity and uniqueness of offender responses. Interestingly, when asked what they thought the primary motive was, the most frequent response was that they were innocent and had not committed an illegal act. A considerable proportion of the sample also reported that they were primarily motivated by anger (16.9%) and sexual gratification (13.6%). Moreover, another 11.9% had no insight into why they committed the sexual offense. For those motivations where statistical analysis were possible there no significant differences between the psychopathic and nonpsychopathic group. Albeit, the psychopaths were twice as likely as the nonpsychopaths to claim innocence. Once again due to low inter-rater reliability results pertaining to this variable should be interpreted cautiously.

It is also noteworthy that whether or not an individual had been through sex offender treatment influenced the nature of his response. For example, 42.3% of the untreated group had claimed innocence versus 8.8% of the treated group, $\chi^2 = (1, N = 60) 9.3, p < .002$. Similarly, the 10 individuals who claimed anger as a primary motive had all gone through some form of sex offender treatment by the time of the study, $\chi^2 = (1, N = 60) 9.2, p < .002$. Unfortunately, due to small cell frequencies differences between the psychopathic and nonpsychopathic group could not be analyzed reliably for the treated and untreated groups separately.

Table 22

Percentage Distribution of Primary Motives Reported by Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Primary Motive	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Claims innocence	23.3 (14)	33.3 (7)	17.9 (7)	n.s.
Anger	16.7 (10)	9.5 (2)	20.5 (8)	n.s.
Sexual gratification	13.3 (8)	9.5 (2)	15.4 (6)	n.s.
Didn't know	11.7 (7)	9.5 (2)	12.8 (5)	--
Opportunity	3.3 (2)	4.8 (1)	2.6 (1)	--
Rejection	3.3 (2)	4.8 (1)	2.6 (1)	--
Humiliation	3.3 (2)	4.8 (1)	2.6 (1)	--
Emotional need	3.3 (2)	0.0	5.1 (2)	--
Societal reinforcement	3.3 (2)	4.8 (1)	2.6 (1)	--
Substance abuse	3.3 (2)	4.8 (1)	2.6 (1)	--
Revenge	1.7 (1)	0.0	2.6 (1)	--
Power	1.7 (1)	0.0	2.6 (1)	--
Jealousy	1.7 (1)	0.0	2.6 (1)	--
To punish myself	1.7 (1)	5.0 (1)	0.0	--
Negative childhood experiences	1.7 (1)	5.0 (1)	0.0	--

Table con't

Poor heterosocial skills	1.7 (1)	0.0	2.6 (1)	--
Out of control/stress	1.7 (1)	4.8 (1)	0.0	--
Monetary needs	1.7 (1)	0.0	2.6 (1)	--

Note. "--" signifies that chi square analyses were not performed since more than 25% of the expected cell frequencies were less than 5. The familywise error rate was held at .05 by testing each comparison at $p = .05/3 = .02$

Twenty-eight percent of the sample ($n = 17$) verbalized a secondary motive that they thought also played a role in the sexual offense. A frequency distribution of these motives for the total sample and for the psychopathic and nonpsychopathic group is presented in Table 23. Chi square analyses were not performed on any of the secondary motives as more than 25% of the expected cell frequencies were less than 5 for each motivation. As a result, only descriptive analysis are presented. Generally, the set of secondary motives did not differ in nature or quality from those expressed as primary motives.

Table 23

Percentage Distribution of Secondary Motives Reported by Offenders: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Secondary Motive	Total % (n/17)	P % (n/6)	NP % (n/11)	χ^2
Opportunity	5.9 (1)	16.7 (1)	0.0	--
Emotional need	5.9 (1)	0.0	9.1 (1)	--
Societal reinforcement	11.8 (2)	33.3 (2)	0.0	--
Substance abuse	5.9 (1)	0.0	9.1 (1)	--
Revenge	17.6 (3)	16.7 (1)	18.2 (2)	--
Rejection	5.9 (1)	0.0	9.1 (1)	--
Power	5.9 (1)	0.0	9.1 (1)	--
Poor heterosocial skills	17.6 (3)	16.7 (1)	18.2 (2)	--
Stress	5.9 (1)	0.0	16.7 (1)	--
Pornography	5.9 (1)	0.0	9.1 (1)	--

Offender's Perception of Underlying Reason for Sexual Offending.

At the end of the interview those offenders who admitting on some level or another that they had actually committed an illegal act (76.6%)³ were asked to describe what they thought the true underlying cause was for the sexual offense. Although this question appears to be somewhat similar to the primary motivation question, it produced qualitatively different responses. Interestingly, childhood experiences (18.6%), negative emotional states (16.3%), having a predatory personality (14.0%), and having no impulse control (11.6%) were four of the most common responses. However, a large number (18.6%) could not provide an answer as they had no insight into why they had committed the sexual assault. Treatment did not appear to influence the nature of the responses provided by this subsample of offenders. Unfortunately, inadequate cell frequencies (each reported reason had more than 25% of the cells with expected cell frequencies < 5) made it impossible to conduct any reliable comparisons between the psychopathic and nonpsychopathic offenders. However, descriptive analysis of the underlying reasons for both groups is outlined in Table 24.

³although there were 46 individuals who admitted to committing an illegal act, missing values were coded for three of these individuals, thus this variable was based on a *n* of 43.

Table 24

Percentage Distribution of Underlying Reason for Sexual Offense(s) Reported by Offenders:
Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Underlying Reason	Total % (n/43)	P % (n/14)	NP % (n/29)	χ^2
Childhood experiences	18.6 (8)	14.2 (2)	20.7 (6)	--
Didn't know/no insight	18.6 (8)	28.6 (4)	13.8 (4)	--
Negative emotional state	16.3 (7)	14.3 (2)	17.2 (5)	--
Predatory personality	14.0 (6)	14.3 (2)	13.8 (4)	--
No impulse control	11.6 (5)	14.3 (2)	10.3 (3)	--
Inadequate coping abilities	9.3 (4)	7.1 (1)	10.3 (3)	--
Criminal lifestyle	9.3 (4)	0.0	13.8 (4)	--
Really wanted to hurt someone	2.3 (1)	7.1 (1)	0.0	--

Contributing Factors to Sexual Offense.

During the final phase of the interview semi-admitters and full-admitters (76.6%)⁴ were asked to describe which factors if any, contributed to or facilitated the sexual offense. It was explained to each offender that while there is often a primary reason for engaging in a particular behavior there may be accompanying factors that exasperate a preexisting condition or feeling. Responses were categorized into the following six domains: negative emotions, childhood experiences, environmental stressors, physical condition, personality, and sexual perversion. As Table 25 demonstrates the most common factors expressed by offenders were environmental stressors (80.0%) followed by negative emotional states (44.4%). Personality factors (31.1%) and sexual perversion (31.1%) were also mentioned as contributing factors by a substantial proportion of offenders. Interestingly, treatment did not seem to have a significant impact on the nature of contributing factors reported. However, the prevalence of reported negative emotions was almost twice as high among the treated (51.6%) than the untreated group (28.6%).

Four separate chi square analysis were conducted to determine whether or not the psychopathic and nonpsychopathic rapists differed in terms of reporting negative emotions, environmental stressors, personality, and sexual perversion as contributing factors. Although, none of the analyses revealed significant differences, it is noteworthy that the nonpsychopathic group were twice as more likely to mention negative emotions (51.6%) and sexual perversion (38.7%) as contributing factors than the psychopathic group (28.6% and 14.3%, respectively). See Table 25 for a complete overview.

⁴although there were 46 semi-admitters and full-admitters, missing information existed for one case. Hence, the distribution for this variable was based on an n of 45.

Table 25

**Percentage Distribution of Contributing Factors to Sexual Offense(s) Reported by Offenders:
Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists**

Contributing Factor	Total % (<u>n</u> /45)	P % (<u>n</u> /14)	NP % (<u>n</u> /31)	χ^2
Negative emotions	44.4 (20)	28.6 (4)	51.6 (16)	n.s.
Childhood experiences	6.7 (3)	14.3 (2)	3.2 (1)	--
Environmental stressors	80.0 (36)	85.7 (12)	80.0 (24)	n.s.
Physical condition	2.2 (1)	7.1 (1)	0.0	--
Personality	31.1 (14)	50.0 (7)	22.6 (7)	3.4
Sexual perversion	31.1 (14)	14.3 (2)	38.7 (12)	n.s.

Note. "--" signifies that chi square analyses were not performed since more than 25% of the expected cell frequencies were less than 5. The familywise error rate was held at .05 by testing each comparison at $p = .05/4 = .01$.

MTC:R3 Results.

The frequency distribution of MTC:R3 subtypes for the total sample, the psychopathic, and nonpsychopathic rapists is provided in Table 26. Interestingly, the most frequent subtypes identified in the sample were the opportunistic-high social competent (HSC) rapist (16.7%), the opportunistic-low social competent rapist (LSC) (18.3%), the pervasively angry rapist (20.0%) and the non-sadistic sexual-LSC rapist (13.3%). The sadistic and vindictive subtypes were much less frequent. See Table 26 for a complete overview.

Although, low cell counts prevented reliable comparisons between the psychopathic and nonpsychopathic rapists it is noteworthy that none of the psychopathic were classified as vindictive rapists (either low or high in social competence). Furthermore, almost 4 times as many psychopaths were identified as opportunistic (LSC) rapists. Finally, the psychopathic group were more than two times as likely as the nonpsychopathic group to be classified as pervasively angry rapists (see Table 26).

Table 26

Percentage Distribution of MTC:R3 Subtypes: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Rapist Subtype	Total % (n/60)	P % (n/21)	NP % (n/39)
HSC opportunistic	16.7 (10)	14.3 (3)	17.9 (7)
LSC opportunistic	18.3 (11)	38.1 (8)	7.7 (3)
Pervasively angry	20.0 (12)	28.6 (6)	15.4 (6)
Overt sadist	8.3 (5)	9.5 (2)	7.7 (3)
Muted sadist	5.0 (3)	0.0	7.7 (3)
LSC non-sadistic sexual	13.3 (8)	0.0	20.5 (8)
HSC non-sadistic sexual	8.3 (5)	9.5 (2)	7.7 (3)
LSC vindictive	5.0 (3)	0.0	7.7 (3)
HSC vindictive	5.0 (3)	0.0	7.7 (3)

Note. HSC = High Social Competence, LSC = Low Social Competence.

For statistical purposes, the original nine subtypes were collapsed into four subtypes: opportunistic, sexual, pervasively angry, and vindictive. The opportunistic type was comprised of both the LSC and HSC opportunistic subtypes while the sexual type was composed of the LSC and HSC non-sadistic sexual types and the muted and overt sadistic types. The vindictive subtype consisted of the HSC and LSC vindictive types. The original pervasively angry subtype remained unchanged. A chi square analysis revealed highly significant differences between the psychopaths and nonpsychopaths in terms of the four subtypes, $\chi^2 = (3, N = 60) 9.6, p < .02$. One of the most striking findings was that psychopaths were more than twice as likely as nonpsychopaths to be classified as opportunistic and pervasively angry rapists than nonpsychopaths. Equally interesting, is that three times as many nonpsychopaths as psychopaths were identified as sexually motivated rapists while none of the psychopaths were identified as vindictive rapists. For a complete overview see Table 27.

Table 27

Percentage Distribution of Collapsed MTC:R3 Subtypes: Comparison Between Psychopathic (P) and Nonpsychopathic (NP) Rapists

Collapsed Subtype	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Opportunistic	36.7 (22)	52.4 (11)	25.6 (10)	9.6*
Pervasively angry	18.3 (11)	28.6 (6)	15.4 (6)	
Sexual/sadistic	35.0 (21)	19.0 (4)	43.6 (17)	
Vindictive	10.0 (6)	0.0	15.4 (6)	

Note. * $p < .02$

Table 28 illustrates the means and standard deviations for PCL-R total scores and Factor scores across all 4 subtypes. Analysis of variance (ANOVA) was conducted to determine whether or not there were significant differences among these means. First, in regards to PCL-R total scores a one-way anova revealed that mean PCL-R total scores significantly differed across the 4 subtypes, $F = (3, 59) 5.7, p < .001$. After applying the Bonferonni correction, a planned comparison between the opportunistic and sexual subtypes revealed that the mean PCL-R score for the opportunistic subtype ($M = 28.4, SD = 4.7$) was significantly higher than the mean PCL-R for the sexual type ($M = 22.0, SD = 6.7$), $p < .01$. Additional post hoc comparisons revealed that the mean PCL-R score for the opportunistic type ($M = 28.4, SD = 4.7$) was also significantly higher than the mean PCL-R score for the vindictive type ($M = 19.5, SD = 6.1$), $p < .01$.

The next one-way anova indicated that mean Factor 1 scores were also significantly different from one another across the 4 subtypes (see Table 28), $F = (3, 59) 4.0, p < .01$. Post hoc comparisons also revealed that mean Factor 1 scores for the opportunistic type ($M = 10.5, SD = 3.2$) were significantly higher than mean Factor 1 scores for the vindictive type ($M = 5.2, SD = 3.1$), $p < .01$.

The final one-way anova was conducted to determine whether or not there were significant differences among the subtypes in terms of mean Factor 2 scores (see Table 28). Once again, the anova revealed significant differences across the subtypes for mean Factor 2 scores, $F = (3, 59) 3.4, p < .02$. However, post hoc comparisons between the opportunistic type and the sexual and vindictive subtypes failed to yield significant results.

Table 28

PCL-R Total and Factor Means and Standard Deviations for MTC:R3 Collapsed Rapist Subtypes

Rapist Subtype	<u>N</u>	PCL-R Total	Factor 1	Factor 2
		<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)
Opportunistic	22	28.1 (4.6)	10.5 (3.2)	12.2 (2.9)
Pervasively angry	11	25.6 (6.7)	8.6 (4.6)	13.3 (2.2)
Sexual/Sadistic	21	22.6 (7.2)	7.7 (3.9)	11.1 (3.6)
Vindictive	6	19.5 (6.1)	5.2 (3.1)	10.3 (2.3)

Discussion

The present research sought to explore two primary issues: 1) the extent to which psychopathy serves to moderate the effect of dynamic antecedents and motivational factors associated with sexual aggression against adult females and 2) the relationship between psychopathy and static variables associated with sexual aggression, such as victimization patterns and prior sexual offending. Findings will be organized as follows. First, results pertaining to the distribution of PCL-R scores and BIDR results will be reviewed followed by a discussion of findings pertaining to the static risk factors and psychopathy. Next, a review of the findings associated with the dynamic risk factors and their implications will be explored followed by a discussion surrounding the motivational and MTC:R3 results. Results that were directly related to the stated hypotheses will be discussed in the appropriate sections. Lastly, limitations of the study, directions for future research, implications, and general conclusions will be discussed.

PCL-R Distribution

Reliability analysis of the PCL-R was acceptable and was generally consistent with previous findings (Hare, 1991). In regards to the actual distribution of PCL-R scores some interesting findings emerged. The mean PCL-R score ($M = 24.9$, $SD = 6.7$) in the present sample was virtually identical to what has been reported in the general prison population (Hare, 1991). Interestingly, two Canadian studies (Barbaree et al., 1993; Serin et al., 1994) have reported somewhat lower mean PCL-R scores ($M = 18.0$) on two different samples of rapists ($N = 93$). Also of interest, is that the proportion of offenders in this study who scored above 30 on the PCL-R (35%) was somewhat higher compared to previous findings. For example, Serin et al. (1994) reported that only 12% of the rapists in his study received a score of 29 or more on the PCL-R. In contrast, Prentky and Knight (1988) have reported that 45.3% of a sample of 106 rapists deemed

sexually dangerous received PCL-R scores of 31 or more.

The higher prevalence of psychopathy in the current study may be partially due to the fact that this sample was comprised of offenders selected from medium and maximum security facilities. Recall that Wong (1984) reported that within maximum security facilities approximately 30% of the general prison population scored above 30 on the PCL-R. Although, the high prevalence of psychopathy could also be attributed to the more dangerous nature of the current sample. Recall that when this sample was compared with a larger representative Canadian sample of incarcerated rapists (Motiuk & Porporino, 1993), the study sample was characterized as being somewhat more 'serious' in terms of repetitiveness, victim injury, and sentence length. Given this, and the fact that the study sample also consisted of less serious and solo rapists, it seems logical that the occurrence of psychopathy in this study (35%) would fall somewhere in between rates reported by Canadian studies (Barbaree, et al., 1993; Serin et al., 1994) and Prentky and Knight (1988).

BIDR Findings

Although both subscales of the BIDR (self deception and impression management) were unrelated to the self-report questionnaires some noteworthy findings emerged regarding the PCL-R. While PCL-R total and factors scores were unrelated to the Self Deception Scale, a negative relationship emerged between the Impression Management Scale and Factor 2 of the PCL-R suggesting that higher scores on the socially deviant component of psychopathy are associated with lower levels of impression management. The absence of a positive correlation between Factor 1 scores and impression management are somewhat counter intuitive given that psychopaths are usually described as manipulative and glib individuals who tend to portray themselves in a good light. Furthermore, when Hare et al. (1989) examined the relationship between PCL-R total and

factor scores with the subscales of the BIDR no significant correlations emerged. Although difficult to explain, Hare et al. (1989) suggest that self-report measures may lack the sensitivity to detect subtle differences in response sets. Alternatively, they also suggest that psychopaths are able to "see through" these scales and recognize the intent. Further research is required to study the relationship between self-report measures of impression management and the PCL-R.

Static Historical Risk Factors and Psychopathy

Of the six historical risk factors examined (age at time of sex offense, age onset of sexual and nonsexual offending, number of prior sexual and nonsexual offenses, and family background) only one, the number of prior nonsexual offenses was strongly related to psychopathy. As hypothesized, psychopaths had more extensive criminal histories in terms of nonsexual offending. Even after controlling for item 20 of the PCL-R (criminal versatility) psychopaths have been charged and/or convicted for twice as many nonsexual crimes as nonpsychopaths. Correlational analysis also substantiated this relationship as strong moderate correlations were found between the number of prior nonsexual offenses and PCL-R Total, Factor 1 and Factor 2 scores. Furthermore, as hypothesized, the relationship was slightly stronger for Factor 2 than for Factor 1. Although, the magnitudinal difference in the correlations was not as strong as expected. Overall, the results were consistent with previous research (Hare & Jutai, 1983; Hart et al., 1988; Wong, 1984)

The present study also provided some moderate evidence supporting the hypothesis that psychopaths become involved in criminal activity earlier than nonpsychopaths. Recall that psychopaths began their criminal careers almost two years earlier than their nonpsychopathic counterparts. While age onset failed to make a significant contribution to the multivariate solution, univariate correlational analysis found a meaningful and significant relationship between age onset of criminal activity and Factor 2 scores. Similar findings have been reported by Hare and

McPherson (1984) and Wong (1984).

Interestingly, group analysis and correlational analysis revealed that psychopathy was not associated with the number of past sexual offenses or age onset of sexual offending. In fact, both groups had been charged and /or convicted for approximately the same number of prior sexual offenses. Similarly, both groups were first charged and/or convicted for sexual crimes around the age of 22. Consistent with past research, Hare and McPherson (1984) have also reported that psychopathic individuals were no more likely than their nonpsychopathic counterparts to have been convicted for previous sexual crimes.

Although it is difficult to speculate as to why these results occurred it may be that sexual assault committed by psychopathic individuals is simply a natural extension to a preexisting versatile and criminal lifestyle. Interestingly, similar conclusions have been reached by Prentky and Knight (1991). Furthermore, it may be that psychopathic rapists are less likely to become compulsive serial rapists driven by uncontrollable sexual urges resulting in numerous sexual convictions. Hence, they would be just as likely if not less likely, than their nonpsychopathic counterparts to be convicted for multiple sexual crimes. The MTC:R3 findings that psychopathic rapists were more likely to be classified as opportunistic rather than sexual rapists seems to provide added support for this conclusion.

There was some mild evidence suggesting that psychopathic rapists were more likely than their nonpsychopathic counterparts to have come from maladaptive family environments. For example, the psychopathic group were nine times more likely to have lived with a parent who had a criminal background and were twice as likely to have been placed outside the home prior to age 16. Interestingly, the former finding is consistent with previous reports that psychopathic individuals are more likely than their nonpsychopathic counterparts to have grown up with a male, antisocial role model (Hare, 1970). In addition, the psychopaths were twice as likely to have been physically abused. This last finding should be interpreted cautiously given that the majority of reported

physical abuse cases were not substantiated with official documentation. Although it is possible that the prevalence of child abuse was actually higher among the psychopathic group it could also be that psychopaths are more apt to provide justifications and excuses for their behavior in an attempt to portray themselves as the victim rather than the perpetrator. This argument also implies that psychopaths should be more likely to report being sexually abused. However, the study found no evidence to support this. Perhaps psychopaths are more likely to use excuses and justifications that do not possess negative social stigmatization. Thus, they would tend to blame past physical abuse rather than past sexual abuse for their current antisocial behavior. Such a conclusion is highly speculative and as a result, requires empirical investigation.

Although significant differences were observed between the two groups on the family background global rating scale, the magnitude of the differences was minimal. Furthermore, when the family background scale was pitted against the other static risk factors in the multivariate analyses, it failed to make a significant contribution in discriminating psychopathic from nonpsychopathic rapists. To date, it seems that this study coupled with the few retrospective studies that have examined the family origins of psychopaths have failed to find strong evidence demonstrating a relationship between psychopathy and maladaptive family backgrounds (Devita, Forth, & Hare, 1990; Forth & Tobin, in press). However, perhaps results obtained from prospective studies will shed new light on this issue.

Multivariate analysis revealed that, together, all six static risk factors could successfully discriminate psychopathic and nonpsychopathic rapists. However, only the number of prior nonsexual offenses made a significant contribution to the equation. Furthermore, it seems that the addition of the remainder of the static risk factors only increased the overall proportion of explained variance by 1%. Not surprisingly, multivariate analysis also revealed that Factor 1 scores were unrelated to the static historical factors but were strongly related to Factor 2 scores. Once again, most of the explained variance was attributed to the number of prior nonsexual

offenses.

Offense-Related Static Factors and Psychopathy

Recall that this study examined the following seven sexual offense-related variables: offender/victim relationship, degree of victim injury, degree of victim force, degree of planning in sexual offense, number of victims in most recent sex offense, the presence of multiple paraphilias, and escalation in sexual offending. While univariate analysis failed to yield statistically significant findings for any of these variables some interesting trends emerged.

The hypothesis that psychopathic rapists would be more likely to offend against strangers was not supported. However, it is noteworthy that nonpsychopaths were twice as likely as psychopaths to offend against a spouse or girlfriend. Intuitively, this finding makes sense given that past research involving the victims of crime in general, have found that the victims of psychopaths are less likely to be relatives or family members (Williamsen et al., 1987; Wright & Wong, 1988).

As hypothesized, psychopathic rapists inflicted similar amounts of victim injury and used similar amounts of force as their nonpsychopathic counterparts. In fact, victim injury caused by the psychopathic group was slightly less than that caused by the nonpsychopathic group. Moreover, of the five individuals who killed their victim(s), not one had scored over 30 on the PCL-R. Intuitively these findings seem logical given that this study has also found that psychopathic rapists are more likely to be classified as opportunistic rapists. Recall, that one of the distinguishing features of the opportunistic rapist is that his sexual offense(s) is characterized by the use of instrumental rather than gratuitous violence.

In regards to offense planning it is noteworthy that both psychopathic and nonpsychopathic rapists were just as likely to commit impulsive sex offenses. However, the nonpsychopathic group

was about four times more likely than the psychopathic group to plan the sexual offense in detail. These findings should come as no surprise given the impulsive nature of the psychopath and the impulsive lifestyles lead by most rapists (McGarth, 1991; Prentky & Knight, 1986; Prentky et al., 1993).

Although psychopathy did not appear to be related to the number of multiple paraphilias it is noteworthy that nonpsychopaths were almost twice as likely as psychopaths to exhibit escalation in sexual offending. Also of interest, is that psychopaths were more likely to have only offended against one victim in the most recent sex offense. Moreover, of the eight individuals identified who had offended against 3 or more victims, not one was psychopathic.

Although univariate analyses of these variables failed to yield significant differences, taken together, they paint an interesting profile of the psychopathic rapist. In fact, only when all seven variables were analyzed simultaneously through multivariate analysis did significant differences emerge. It would seem that sexual assault committed by psychopathic rapists in this study was characterized by the lack of planning and absence of gratuitous violence. Moreover, the psychopathic rapist was more apt to be a solo rapist whose sexual aggression had not evolved from less serious 'hands-off' sexual offenses. As well, the psychopathic rapist was less likely to offend against a spouse or girlfriend. It will become apparent near the latter part of the discussion, that these results complement recent research findings reported by the Massachusetts Treatment Centre (Knight & Prentky, 1988; Prentky et al., 1993) as well as MTC:R3 findings reported in this study.

Dynamic Risk Factors and Psychopathy

Overall, univariate and multivariate analysis revealed that the prevalence of mental health problems experienced by psychopaths and nonpsychopaths were quite similar, with the possible exception of the presence of severe emotional problems. The finding that psychopaths were

somewhat more likely (although not significantly more likely) to be identified as having severe emotional problems during their lifetime seems plausible given the personality traits of a psychopath. It seems logical that an individual who has difficulties in conforming to societal standards would have been referred for psychiatric evaluations, been prescribed medication, or even been admitted to psychiatric facilities at some point during his lifetime. Another reason may be that psychopathic individuals are more willing than their nonpsychopathic counterparts to seek help and report symptoms (Hare et al., 1989; Kropp, 1992).

Given past estimates (Hare, 1991) it was somewhat surprising that the prevalence of APD was not higher among the psychopathic group. However, this study did report an APD base rate of 38% for the entire sample which was consistent with Prentky and Knight's (1988) reported APD base rate (40%) for a sample of 106 rapists. The principal investigator could have conducted independent APD assessments rather than relying on institutional file information. Although this method may have resulted in a higher rate of APD among the psychopathic group, such a procedure was beyond the scope of the study.

The hypothesis that psychopaths would score higher on measures of lifestyle impulsivity was strongly supported. Even after controlling for item 14 (impulsivity), psychopaths still managed to score two points higher on the generalized lifestyle impulsivity scale. As well, the hypothesis that lifestyle impulsivity would be more strongly correlated with Factor 2 scores than with Factor 1 scores was strongly supported. Perhaps, most importantly, when all six dynamic variables targeted in general offender treatment programs were analyzed simultaneously, only lifestyle impulsivity made a significant contribution to the multivariate solution. These findings are not surprising given that psychopaths are often described as sensation-seeking, impulsive individuals who live day to day with little concern for the future (Cleckley, 1979; Hare, 1991). Interestingly, Prentky et al. (1991) have indirectly inferred that lifestyle impulsivity and psychopathy may constitute similar constructs.

In regards to employment and educational issues no statistically significant differences were noted. Although, some interesting trends emerged that provide some support for the hypothesis that psychopaths would exhibit higher levels of employment instability. Psychopathic rapists were twice as likely as their nonpsychopathic counterparts to be unemployed at the time of the sexual offense. They were also twice as likely to be frequently unemployed one year prior to the offense. While both groups were equally likely to report being on social assistance at the time of offense the nonpsychopathic group was twice as likely to report having financial difficulties. However, when a global measure of employment and educational deficits was pitted against other dynamic variables targeted in general offender treatment programs, it failed to make a significant contribution to the multivariate solution. Given the relatively high base rate of employment and educational deficits found in the general offender population it is not surprising that the psychopathic rapists did not score significantly higher on these measures.

No significant univariate or multivariate differences emerged between the two groups in terms of marital problems. Hence, the hypothesis that psychopaths would evidence higher levels of marital conflict was not supported. Both groups were just as likely to be single at the time of the offense. In addition, after controlling for item 17 (number of marital relationships) no differences emerged in terms of number of marital relationships. Interestingly, the psychopathic rapists were somewhat less likely than the nonpsychopathic rapists to report being dissatisfied with their marital status. This may be partially due to the fact that psychopaths are typically cold and callous individuals incapable of feeling strong emotions and hence, incapable of maintaining long lasting bonds (Cleckley, 1976; Hare, 1991). Given this, it is not surprising that the psychopathic rapist would be less likely to report feelings of dissatisfaction or unhappiness regarding his marital status.

There was virtually no evidence in support of the hypothesis that psychopaths would score higher on measures of substance abuse. Both univariate and multivariate analysis failed to yield significant or even observable differences. However, correlational analysis did provide some

moderate evidence in support of the hypothesis that Factor 2 scores would be more strongly correlated with substance abuse than Factor 1 scores. These results are not consistent with past findings that have found dimensional PCL-R scores, particularly Factor 2 scores, to be strongly correlated with substance abuse (Hemphill, Hart & Hare, 1994). The failure of this study to find stronger effects may be partially due to the manner in which substance abuse was measured. Recall that institutional files served as the primary source of information. However, studies that have found significant effects have used different indicators of substance abuse such as DSM-III-R diagnoses of drug abuse/dependence, the number of different drugs tried, age at first alcohol intoxication, and the number of drug-related charges and convictions. Perhaps such measures are required to detect the subtle differences in substance abuse that apparently exist between psychopathic and nonpsychopathic offenders (Hemphill et al., 1994). The inability of substance abuse to successfully discriminate psychopathic from nonpsychopathic rapists might also be due to the high base rate of substance abuse evident in the entire sample. Recall that 81% and 57% of the sample were identified as having alcohol and drug problems, respectively.

The most common coping styles employed by the sample were reactive-problem oriented, avoidance, anticipatory problem-oriented, and no coping response. With the exception of anticipatory problem-oriented, virtually none of the sample employed coping strategies considered advantageous in dealing with every day problems. Furthermore, only 7.1% of the sample resorted to alcohol/drug abuse as a means of coping. Conversely, in a sample of 100 offenders incarcerated for nonviolent and violent crimes, Zamble and Porporino (1988) reported that 64% had used alcohol or drugs as a means of coping. Another striking difference between this study and that of Zamble and Porporino (1988) was that they found a substantially smaller proportion of offenders who had used anticipatory problem-oriented styles than this study did.

Given that treatment was not related to the type of coping mechanism employed, the reason for the observed differences must lie elsewhere. Perhaps the difference in coping styles was

partially due to the composition of offenders examined by Zamble and Porporino (1988). Although their sample was comprised of a large percentage of robbers and murders they also had a substantial proportion of nonviolent offenders. Furthermore, only 4% of their sample were sex offenders. Perhaps rapists utilize different coping mechanisms than offenders in general. However, empirical studies have yet to investigate this issue.

A more likely explanation for the differences may be that this study and that of Zamble and Porporino (1988) used different methods to measure coping strategies. Recall, that in the present study subjects were asked to read five 'hypothetical' situations and to describe how they would respond. Conversely, Zamble and Porporino (1988) asked offenders to describe how they actually responded to real life problems. It does not seem unrealistic that when given the opportunity to describe how they 'would' respond offenders would be more likely to provide appropriate rather than inappropriate solutions. However, when faced with real life problems it is apparent that offenders are more likely to chose inappropriate and risky solutions rather than advantageous ones. Perhaps self-report questionnaires that address personally salient problems will yield more promising findings in the future.

In regards to the coping abilities of psychopaths, univariate analyses revealed an inverse relationship between psychopathy and positive coping abilities. Thus, higher scores on the PCL-R were associated with more maladaptive coping strategies. Although this relationship was somewhat stronger for Factor 2 than for Factor 1, the magnitude of the difference was unremarkable. Moreover, nonpsychopathic rapists were twice as likely as psychopathic rapists to employ anticipatory problem-oriented responses. This should come as no surprise given the impulsive and spontaneous nature of the psychopath. It seems highly improbable that psychopathic individuals would be able to formulate detailed responses that require extensive forethought and planning. Although coping efficacy did not make a significant contribution to the multivariate equation, it was the second most powerful variable in discriminating psychopathic

from nonpsychopathic rapists. Hence, this finding sets the stage for future inquiries into the coping mechanisms of psychopaths.

Significant findings failed to emerge in terms of social skills deficits and psychopathy. Although, nonpsychopathic rapists were almost twice as more likely to be identified with a social skills deficit, these findings were not statistically significant. Furthermore, social skills deficits were not able to significantly discriminate psychopathic from nonpsychopathic rapists in the multivariate equation. However, it does seem logical that psychopathic rapists would be less likely to suffer from social skills deficits given their glib, superficial, and manipulative nature (Cleckley, 1976; Hare, 1991). Perhaps future investigations that utilize fine-tuned measures of social skills deficits that tap the multi-dimensional nature of this construct will yield more convincing differences between psychopathic and nonpsychopathic rapists.

Both univariate and multivariate analysis revealed that psychopathic rapists were significantly more likely than their nonpsychopathic counterparts to be identified as suffering from an anger management problem. In fact, anger management was the only variable among the sex offender treatment variables that made a significant contribution to the multivariate solution. This finding is not surprising given the explosive and hot-headed nature of the psychopath (Hare, 1991). Given the importance that anger appears to play in motivating sexual assaults against adult females (Pithers et al., 1987), perhaps future research should examine the nature of that anger. It may be that anger experienced by psychopathic rapists prior to sexual offending is triggered by an unpredictable, environmental stimulus that occurs immediately prior to the sexual assault. Whereas anger experienced by nonpsychopathic rapists may have been growing steadily over an extended period of time resulting from an incident or multiple incidents that occurred long before the actual sexual assault. The implications for relapse prevention programs that focus on the identification of precursors to sexual offending are self evident. Clearly, this area of research requires further study.

Interestingly, no significant nor observable differences were found between psychopathic and nonpsychopathic rapists in terms of heterosocial cue reading. As well, scores on the Heterosocial Perception Survey did not differ from those obtained from a nonincarcerated sample (McDonel & McFall, 1991). The failure of the current study to find a substantially higher base rate of heterosocial cue reading problems may in part be due to the type of measurement employed. Recall that Lipton et al. (1987) reported significant differences between incarcerated rapists and nonrapists in terms of heterosocial cue-reading accuracy in first-date and in intimate situations. However, the researchers used videotaped vignettes of social interactions rather than written vignettes. It may be that self-report measures are simply not powerful detectors of heterosocial skills deficits. Moreover, the particular questionnaire used in this study may simply have been too transparent. Thus, allowing offenders to provide politically correct responses. Evidently, future research is required in this area.

Scores on the Rape Myth Acceptance Scale were unrelated to psychopathy. Both univariate and multivariate analyses failed to reveal a meaningful relationship. This finding is not surprising given that the RMA along with other attitudinal scales have consistently failed in discriminating incarcerated rapists from other incarcerated offenders (Epps, Haworth, & Swaffer, 1993; Segal & Stermac, 1990; Stermac & Quinsey, 1986). The inability of the RMA to discriminate rapists from nonrapists may be due to the irrelevant nature of the material covered. Items on the RMA scale represent gross generalizations about the female population at large. Hence, they are not necessarily personally salient to the individual completing the questionnaire. Given that the majority of rapists consistently harbour cognitive distortions regarding their own victim(s) (Barbaree, 1991; Gordon & Porporino, 1991; Prentky et al., 1991) it seems somewhat paradoxical that the RMA is unable to produce similar results. Perhaps in the future self-report measures that tap cognitive distortions about the offense for which the offender was convicted for, may provide more fruitful findings.

The presence of denial evidenced in the current sample was relatively high (23%) considering that more than half the sample had already been treated. As hypothesized, psychopathic rapists were substantially more likely to deny engaging in sexually assaultive acts than nonpsychopathic rapists. As well, anecdotal evidence suggests that psychopathic deniers tended to provide more elaborate and unrealistic reasons in support of their innocence than the nonpsychopathic deniers. As hypothesized, additional analysis also revealed that denial was strongly associated with the personality traits of the psychopath rather than the behavioral component. Given that the absence of denial is mandatory for positive treatment outcomes it would seem that psychopathic rapists present the greatest challenge for practitioners. Furthermore, given that past research has shown that psychopathic offenders in general are more likely to terminate treatment prematurely (Ogloff, Wong, & Greenwood, 1990) it seems plausible that psychopathic rapists are at a greater risk for dropping out of sex offender treatment programs.

Despite previous research this study failed to find a relationship between deviant sexual arousal and psychopathic behavior. This most likely occurred for two reasons. First, deviant sexual arousal information was only available for half the sample, thus, making it extremely difficult to find significant findings. Second, deviant sexual arousal was coded as a dichotomous variable. Unfortunately the actual rape indices were not available from institutional files. In contrast, those studies that have found a significant relationship have used raw or standardized rape indices (Quinsey et al., 1993, Rice et al., 1990; Serin et al., 1994). It seems that the categorization of rape indices significantly reduces the ability of deviant arousal to discriminant psychopathic from nonpsychopathic rapists.

Given that only 15% ($n = 9$) of the sample admitted to sexually fantasizing about their sexual offense(s) it was extremely difficult to make any definitive conclusions regarding the relationship between psychopathy and sexual fantasy. However, it seems that psychopathy and sexual fantasy were unrelated. In hindsight given that psychopathic rapists were more likely to be

classified as opportunistic rapists, who as a group, do not harbour preexisting fantasies, (Knight & Prentky, 1990a) it seems logical that no significant relationship would emerge. However, perhaps future investigations that examine the relationship between psychopathy and sexual fantasy within subsamples of sex offenders where the base rate of sexual fantasy is relatively high (i.e. serial rapists; Prentky & Knight, 1991) will yield significant differences.

The hypothesis that psychopathic rapists would be more likely to experience feelings of tension and frustration rather than intense emotions such as depression or anger prior to the sexual offense was not supported. Although, some interesting findings emerged regarding negative emotional states in general.

It seems that frustration and stress did not figure prominently in the repertoire of emotional states experienced by the psychopathic rapists. In fact, it seems that these emotions were more salient for the nonpsychopathic rapists. Moreover, while psychopaths were less likely than nonpsychopaths to report feeling depressed prior to the sexual offense the differences were minimal. In contrast to the stated hypothesis, anger appeared to play a very important role in motivating sexual offending among the psychopaths. However, it is not clear whether or not this anger was simply part of a larger, more generalized form of anger or whether it was specifically aimed at the victim. The MTC:R3 finding that a substantial proportion of psychopaths were classified as pervasively angry rapists tends to support the latter. Recall that the pervasively angry rapist is characterized by a persistent and generalized anger which is focused at men and women equally.

Perhaps one of the most interesting findings was that psychopathic rapists seldom reported feelings of loneliness, rejection, and inadequacy. In hindsight, this is not surprising given the shallow affect, lack of emotional depth, and grandiose nature of the psychopath. Furthermore, and not surprisingly, the absence of intense, negative emotions was most strongly related to Factor 1 of the PCL-R rather than Factor 2.

Overall, this study found compelling evidence that negative emotional states, with the exception of anger, generally do not play a role in instigating sexual offenses committed by psychopathic rapists. However, they do play a much larger role for nonpsychopathic rapists. Implications for treatment will be discussed in the last section of the discussion.

Motivational Precursors

Two methods were used as a means of assessing the motivational precursors to sexual offending. For the first method, primary and secondary motives were coded from police reports, victim impact statements, and offender verbalizations. Overall the most frequently identified motivations were sexual gratification, anger, opportunity, and power. These findings are essentially consistent with past research (Groth et al., 1977; Prentky & Knight, 1991). It is interesting to note that sexual gratification was identified as the primary motive in 60% of the cases while power was only identified in 3.3% of the cases.

Although this study attempted to rectify some of the problems associated with coding power it appears that some problems still existed. Recall that the raters had difficulty in agreeing as to what the primary motivation was. Moreover, despite the use of behavioral descriptors, the secondary rater was still much more likely to identify power as the primary motive. While the power motive is easily conceptualized at a cultural level it is much more difficult to operationalize at a psychological level. Until more reliable and valid methods are devised to study the elements of the power motive, it will remain almost impossible to further our current understanding regarding the role of power, dominance, and control in sexual assault.

This method failed to support the hypothesis that the psychopathic group would be less likely to be motivated by sexual gratification than the nonpsychopathic group. Although, it did support the hypothesis that psychopathic rapists would be motivated more often by opportunity

than their nonpsychopathic counterparts. Also of interest, is that psychopathic rapists were much more likely to be credited with an anger motivation than the nonpsychopathic rapists. This finding is consistent with the study's finding that psychopaths were more likely to report feeling anger prior to the sexual offense. Unfortunately, this methodology was somewhat problematic for two reasons. First, as already mentioned, it tended to produce unreliable results. Second, it did not appear to reliably capture the heterogeneity of the sample. It appears that the second method, the MTC:R3 classification system, compensated for these issues.

Results from the MTC:R3 produced some striking differences although not unexpected, between the psychopathic and nonpsychopathic rapists. The hypothesis that psychopathic rapists would be motivated more often by opportunity than sexual factors was strongly supported by the MTC:R3 findings. Twice as many psychopathic individuals were classified as opportunistic rapists. Conversely, nonpsychopathic rapists were two times more likely to be classified as sexual rapists. Also of interest, is that of the six individuals who were identified as vindictive rapists not one was psychopathic. Furthermore, there was some evidence suggesting that psychopathic rapists were more likely to be identified as pervasively angry rapists. Unfortunately only one other published Canadian study (Barbaree et al., 1993) could be located that had administered the MTC:R3 to a sample of rapists ($N = 60$). Interestingly, this study reported a similar proportion of rapists who were classified as opportunistic and sexually motivated as the present study did. However, Barbaree et al. (1993) only identified one pervasively angry rapist and fourteen vindictive rapists. Although Barbaree et al. (1993) also found that mean PCL-R scores were highest for opportunistic and lowest for nonsadistic sexual and vindictive rapists, the trends were not nearly as pronounced. However, Dr. R. Knight (personal communication, April 19, 1994) has stated that the majority of opportunistic, pervasively angry, and sadistic rapists identified by MTC:R3 are all to some degree psychopathic. Clearly further research examining the utility of the MTC:R3 within Canadian samples is warranted.

Limitations of the Current Study

Some of the major limitations of this study were sample size, sample representativeness, sample selection, treatment confounds, and the retrospective nature of the design. The sample was relatively small and was not randomly chosen. Moreover, the proportion of dangerous sex offenders was over represented in comparison to the general Canadian sex offender population. As a result, any inferences based on this study must be interpreted cautiously. However, the trends that did emerge provide ample justification for future investigations with larger sample sizes and more rigorously controlled designs.

Perhaps one of the most troublesome confounds in the present study was the effect of sex offender treatment on certain dynamic variables such as denial and negative emotional states. Although subjects were not matched a priori on salient factors, post hoc analysis revealed that with the exception of age, the two groups were similar in terms of psychopathy scores and previous criminal history. Moreover, statistical controls were implemented to ensure that any differences that arose between the psychopathic and nonpsychopathic rapists could be attributed to psychopathy rather than treatment effects. Ironically, the introduction of treatment effects posed some intriguing questions that could have direct implications regarding the management and treatment of sex offenders. These implications will be discussed in the next section.

In addition to treatment confounds, the study was also plagued by problems associated with retrospective designs. Most importantly, some of the results, particularly those pertaining to the motivations and negative emotional states were highly susceptible to recall bias. Recall that the average length of time that had transpired between the interview and the actual date of the sexual offense was approximately six years. Naturally, some discrepancies in the actual events and what the offender remembers are expected. However, it is important to remember that most of these individuals have been forced to talk about their feelings and the sexual offense on numerous

occasions. Moreover, there is no empirical evidence suggesting that psychopathy is associated with memory deficits or differential recall biases (Hart et al., 1990). Thus, the reported differences between the psychopathy and nonpsychopathy group were most likely due to real underlying differences rather than differential recall biases.

Conclusions, Implications, and Directions for Future Research

In sum, the study provides evidence that psychopathy is a moderator variable for sexual aggression against adult females. However, psychopathy appears to have the greatest effect in moderating the following risk factors: nonsexual offense history, lifestyle impulsivity, level of denial, coping strategies, anger management, negative emotional states, and motivational precursors. Additionally, there is some mild evidence that psychopathic rapists are more likely to come from maladaptive family backgrounds, more likely to commence their criminal careers at an earlier age, less likely to suffer from social skills deficits, and less likely to commit multiple sexual offenses characterized by extensive planning, escalation, and gratuitous violence. Moreover, psychopathy does not appear to moderate the existence of marital conflict, substance abuse, mental health problems, sexual offense history (frequency and onset), multiple paraphilias, sexual fantasy, rape supportive attitudes, or heterosocial skills. For these variables appear to be distributed equally among the psychopathic and nonpsychopathic rapists.

Taken together, the findings from the present study provide compelling empirical evidence that psychopaths constitute a distinct class of rapists. However, this is not surprising given that for decades clinicians have described a particular type of rapist who fits Hare's (1991) conceptualization of the psychopath (Cohen, et al.; 1977; Guehard et al., 1965, Kopp, 1962; Rada; 1978; Seghorn & Cohen, 1980). Thus, it follows that psychopathy as well as typological information obtained from the MTC:R3 should have direct implications in terms of enhancing risk

management strategies and optimizing treatment delivery.

In accordance with the need and responsivity principles (Andrews, 1989) treatment regimes need to tailor programs such that the specific needs of offenders are met. Although it is commonly recognized that child molesters have treatment needs distinctly separate from rapists, this reasoning has to be fully realized specifically among different subtypes of rapists (Marshall & Pithers, 1994). Presently, a large component of cognitive-behavioral treatment regimes focus on helping rapists identify the personally salient factors that contribute to the commission of a sexual offense. In most cases, offenders are made to realize the importance of negative emotions as precursors to sexual offending (Maletzky, 1990; Marques & Nelson, 1989). It may be useful for clinicians to be keenly aware of the moderating effect of psychopathy on negative emotional states and impulse control, thus, making for more expedient treatment delivery. For instance, it is quite plausible that psychopathic rapists would derive greater benefit from treatment strategies aimed at reducing impulsive lifestyles and controlling poor behavioral controls rather than those that focus on the identification of negative emotions and offense cycles.

Among many factors, effective treatment delivery is contingent upon an offender's willingness to participate, his genuine motivation for change, and his desire to discuss his behavior in the most honest and upright fashion (Maletzky, 1990). Unfortunately, clinical impression and common sense indicate that incarcerated offenders may be motivated to participate in treatment programs in order to increase their chances for early release rather than a true desire for change. Given that manipulativeness and pathological lying are central features of psychopathy, it seems imperative that these individuals are scrutinized intensely in the context of treatment evaluations and parole decision making processes. Results from the present study appear to provide some justification for these concerns. Recall that the reporting of negative emotions was strongly and inversely correlated with Factor 1 of the PCL-R for the untreated group ($r = -.65$). However, this correlation was considerably less ($r = -.25$) for the treated group. Hence, suggesting that after

experiencing treatment, the psychopathic individuals are more likely to report the presence of negative emotions prior to sexual offending. It is important to stress that this interpretation is highly speculative given the design of the study and the relatively small size. However, these findings in combination with previous studies that have concluded that treated psychopaths have higher rates of general and violent recidivism than treated nonpsychopaths (Hemphill, 1992; Rice et al., 1992) provide compelling evidence that psychopathic individuals present the greatest treatment challenges. Perhaps more sophisticated research designs that compare larger samples of psychopathic and nonpsychopathic rapists on pre and post test measures of variables targeted in treatment programs will demonstrate the need for a more specialized approach to treating the psychopathic offender.

The present research also has implications for the enhancement of risk prediction. It is clearly evident that the importance of various risk factors in the prediction of sexual recidivism should have differential effects for psychopathic and nonpsychopathic rapists as well as for different subtypes of the MTC:R3. Clearly, the reoccurrence of deviant sexual fantasies coupled with interpersonal stress and intense negative emotions would be highly predictive of sexual recidivism in a sample of sexually motivated rapists. However, such factors would be less powerful in predicting sexual recidivism among a sample of highly opportunistic or psychopathic rapists. For practical reasons, most studies have examined risk factors related to sexual recidivism for all sex offenders as a group, or for rapists and child molesters separately (Furby et al., 1989; Motiuk & Brown, 1993; Quinsey et al., 1993; Rice et al., 1990). Although difficult to conduct, perhaps greater proportions of variance could be explained by specifically examining the role of risk factors within specific subtypes of rapists such as the psychopathic rapist or those delineated by Knight and Prentky (1990a). This notion is not new and has been expressed by others such as Quinsey and Walker (1992).

Although this study was not concerned with the relative effectiveness of dimensional

versus categorical measurement of psychopathy some commentary is required. The results clearly indicated that categorical and dimensional scoring of the PCL-R yielded consistently similar findings. However, it is noteworthy that dimensional scoring typically resulted in stronger significant findings as well as larger proportions of explained variance. Not only is there an apparent statistical argument supporting the dimensional versus the categorical utilization of the PCL-R there is a strong practical argument. The chances of making clinical errors are substantially reduced when dimensional ratings are used. Moreover, while it is evident that an individual who receives a score of 10 on the PCL-R is definitely less psychopathic than an individual who receives a score of 38, the differences are not so clear for individuals who score between 25 and 35.

It is evident that the present research has spawned numerous foci for future study. Emphasis on maladaptive coping strategies and denial mechanisms employed by psychopathic rapists requires further investigation. A more in-depth analysis of heterosocial skills deficits, operational refinement of the power motive, and additional studies examining the utility of the MTC:R3 in Canadian samples are of critical importance. As well, future prospective studies should seek to replicate the present study's findings regarding negative emotional states and motivational precursors among psychopathic and nonpsychopathic rapists. Additionally, the possible interactive effects of psychopathy and risk factors associated with extrafamilial pedophilia should also be addressed. Most importantly, future research initiatives need to address issues surrounding treatment strategies for psychopathic rapists and the differential predictive power of risk factors within specific classes of rapists.

In conclusion, it would appear that psychopathy is an important moderating variable that must be addressed when delineating effective strategies for the management and treatment of sexual aggressors. However, it is only one, of many factors. Hypothetically, the opportunistic, situation-driven psychopath and the sexually perverted, fantasy-driven nonpsychopath are equally

threatening to society. The absence of psychopathy does not preclude dangerousness. This reality must not be overlooked by clinicians, researchers, and policy decision makers who continually strive to perfect the management and treatment of sex offenders.

References:

- Abel, G. (May, 1981). Treatment of sexual aggressives. Paper presented at 3rd National Conference on the Evaluation and Treatment of Sexual Aggressives, Allila Beach, CA.
- Abel, G., Blanchard, E.B., & Becker, J.V. (1978). An integrated treatment program for rapists. In R.T. Rada (Ed.), Clinical aspects of the rapist (pp. 161-214). New York: Grune & Stratton.
- Abel, G., Becker, J.V., Cunningham-Rathner, J., Mittelman, M., & Rouleau, J. (1988). Multiple paraphiliac diagnoses among sex offenders. Bulletin of the American Academy of Psychiatry and the Law, 16, 153-168.
- Abel, G., Mittelman, M., & Becker, J.V. (1985). Sexual offenders: Results of assessment and recommendations for treatment. In M.H. Ben-Aaron, S.J. Hucker, & C.D. Webster (Eds.), Clinical criminology: Current concepts (pp.191-205). Toronto: M&M Graphics.
- Abel, G., Mittelman, M., Becker, J.V., Rathner, J., & Rouleau, J. (1988). Predicting child molesters' response to treatment. In R.A. Prentky & V.L. Quinsey, (Eds.), Human sexual aggression: Current perspectives (pp. 223-234). New York Academy of Science.
- Abel, G.C., & Rouleau, J.L. (1990). The nature and extend of sexual assault. In W.L. Marshall & H.E. Barbaree (Eds.), Handbook of sexual assault: Issues, theories, and treatment of the offender (pp.9-21). New York: Plenum Press.
- Abel, G.C., Rouleau, J.L., & Cunningham-Rathner, J. (1986). Sexually aggressive behaviour. In W. Curran, A.L. McGarry, & S.A. Shah (Eds.), Modern legal psychiatry and psychology (pp. 289-313). Philadelphia: F.A. Davis.
- American Psychiatric Association. (1987). Diagnostic & Statistical Manual of Mental Disorders. (3rd Ed. Revised). Washington, DC: Author.

- Amir, M. (1971). Patterns in forcible rape. Chicago: University of Chicago: University of Chicago Press.
- Andrews, D.A. (1982). The supervision of offenders: Identifying and gaining control over the factors that make a difference. Programs Branch User Report. Ottawa, Canada: Solicitor General of Canada.
- Andrews, D.A. (1989). Using risk assessments to reduce recidivism. Forum on Corrections Research, 1, 11-17, Minister of Supply and Services, Canada.
- Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation. Criminal Justice and Behaviour, 17, 19-51.
- Andrews, D.A., Kiessling, J.J., Robinson, D., & Mickus, S. (1986). The risk principle of case classification: An outcome evaluation with young adult probationers. Canadian Journal of Criminology, 28, 377-396.
- Barbaree, H.E. (1991). Denial and minimization among sex offenders. Forum on Corrections Research, 3, 30-33.
- Barbaree, H.E. (1990). Stimulus control of sexual arousal: Its role in sexual assault. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), Handbook of sexual assault: Issues, theories, and treatment of the offender (pp. 115-141). New York: Plenum Press.
- Barbaree, H.E., & Seto, M.C., Serin, R.C., & Amos, N.L. (1993). Sexual arousal to rape in sexual and nonsexual rapist subtypes. Manuscript submitted for publication.
- Biden, J.R. (1993). Violence against women: The congressional response. American Psychologist, 48, 1059-1061.
- Bonta, J., & Motiuk, L.L. (1985). Utilization of an interview-based classification instrument: A study of correctional halfway houses. Criminal Justice and Behaviour, 12, 333-352.
- Burt, M.R. (1980). Culture myths and supports for rape. Journal of Personality and Social Psychology, 38, 217-230.

- Brownmiller, S. (1975). Against our will: Men, women, and rape. New York: Bantam Books.
- Cacciola, J.S., Rutherford, M.J., & Alterman, A.I. (1990, June). Use of the Psychopathy Checklist with Opiate Addicts. Paper presented to Committee on Problems in Drug Dependence, National Drug Administration, Richmond, VI.
- Christie, M.M., Marshall, W.L., Lanthier, R.D. (1979). A descriptive study of incarcerated rapists and pedophiles. Kingston, Ontario: Ontario Regional Psychiatric Center, Canadian Penitentiary Services.
- Christiensen, K., Elers-Nielsen, M., Le Maire, L., & Sturup, G.K. (1965). Recidivism among sexual offenders. Scandinavian Studies in Criminology, 1, 55-85.
- Clark, L., & Lewis, D. (1977). Rape: The price of coercive sexuality. Toronto: Women's Educational Press.
- Cleckley, H. (1976). The mask of sanity (5th ed.). St. Louis: Mosby.
- Crowne, D.P., & Marlowe, D. (1960). A scale of social desirability independent of pathology. Journal of Consulting Psychology, 24, 349-354.
- Cohen, M.L. Seghorn, T.K., & Calmas, W. (1969). Sociometric study of sex offenders. Journal of Abnormal Psychology, 74, 249-255.
- Dahlstrom, W.M., & Welsh, G.S. (1960). An MMPI handbook: A guide to use in clinical practice and research. Minneapolis: University of Minnesota Press.
- Daubney, D. (Chairman). 1988. Taking Responsibility: Report of the Standing Committee on Justice and Solicitor General on its review of sentencing, conditional release and related aspects of corrections. Ottawa, Canada: Department of Justice and Solicitor General.
- Darke, J.L. (1990). Sexual aggression: Achieving power through humiliation. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), Handbook of sexual assault: Issues, theories, and treatment of the offender (pp.55-72). New York: Plenum Press.

- Deitz, P.E. (1985). Hypothetical criteria for the prediction of individual criminality. In C.D. Webster, M. Ben-Aron, & S.J. Hucker (Eds.), Dangerousness: Probability and prediction, psychiatry and public policy (pp.87-102). Cambridge: Cambridge University Press.
- Devita, E., Forth, A.E., & Hare, R.D. (1990, June). Psychopathy, early family background, and criminal behavior. Paper presented at the Canadian Psychological Association meeting, Ottawa, Canada.
- Earls, C.M., & Marshall, W.L. (1983). The current state of technology in the laboratory assessment of sexual arousal patterns. In J.G. Greer & I.R. Stuart (Eds.), Sexual aggression: Current perspectives on treatment (pp. 336-362). New York: Von Nostrand Reinhold.
- Epps, K.J., Haworth, R., & Swaffer, T. (1993). Attitudes toward women and rape among male adolescents convicted of sexual versus nonsexual crimes. The Journal of Psychology, 127, 501-506.
- Ellis, L. (1991). Theories of rape: Inquires into the causes of sexual aggression. New York: Hemisphere Publishing Corporation.
- Feldman, M.P., & MacCulloch, M.J. (1980). The biological bases of sexual behaviour. In Human Sexual Behaviour (pp. 24-57). Chichester: John Wiley.
- Fitch, J.H. (1962). Men convicted of sexual offenses against children: A descriptive follow-up study. British Journal of Criminology, 3, 18-37.
- Fisher, G., & Rivlin, E. (1971). Psychological needs of rapists. British Journal of Criminology, 11, 182-185.
- Forth, A.E., & Tobin, F. (in press). Psychopathy and young offenders: Rates of childhood maltreatment. Forum on Corrections Research.

- Forth, A.E., Hart, S.D., & Hare, R.D. (1990). Assessment of psychopathy in male young offenders. Journal of Consulting and Clinical Psychology, 2, 342-344.
- Friedrich, W.N., Beilke, R.L., & Uguiza, A.J. (1987). Children from sexually abusive families: A behavioral comparison. Journal of Interpersonal Violence, 2, 391-402.
- Friedrich, W.N., Beilke, R.L., & Uguiza, A.J. (1988). Behaviour problems in young sexually abused boys. Journal of Interpersonal Violence, 3, 1-12.
- Frisbie, L.V. (1969). Another look at sex offenders in California. Mental Health Research Monograph (No.12). Sacramento: State of California, Department of Mental Hygiene.
- Frisbie, L.V., & Dondis, E.H. (1965). Recidivism among treated sex offenders (California Mental Health Research Monograph, No. 5). CA: State of California Department of Mental Hygiene.
- Furby, L., Weinrott, M.R., & Blackshaw, L. (1989). Sex offender recidivism: A review. Psychological Bulletin, 105, 3-30.
- Gebhard, P., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). Sex offenders: An analysis of types. New York: Harper and Row.
- Gough, H.G. (1969). Manual for the California Psychological Inventory. Palo Alto, CA: Consulting Psychologist's Press.
- Groth, A.N. & Birnbaum, H.J. (1978). Adult sexual orientation and attraction to under age persons. Archives of Sexual Behavior, 7, 175-181.
- Groth, A.N. & Birnbaum, H.J. (1979). Men who rape: The psychology of the offender. New York: Plenum.
- Groth, A.N. & Burgess, A.W. (1979). Sexual trauma in the life histories of rapists and child molesters. Victimology, 4, 10-16.
- Groth, A.N., Burgess, A.W., & Holmstrom, L.L. (1977). Rape: Power, anger and sexuality. American Journal of Psychiatry, 134, 1239-1243.

- Gordon, A. & Porporino, F.J. (1990). Managing the treatment of sex offenders: A Canadian perspective. (Research Brief No. B-05). Ottawa, Canada: Research and Statistics Branch, Correctional Service Canada.
- Gordon, A. & Porporino, F.J. (1991). Canada targets sex offenders according to treatment needs. Corrections Today, 162-168.
- Grunfeld, B., & Noreik, K. (1986). Recidivism among sex offenders: A follow-up study of 541 Norwegian sex offenders. International Journal of Law and Psychiatry, 9, 95-102.
- Hall, G.C.N. (1988). Criminal behaviour as a function of clinical and actuarial variables in a sexual offender population. Journal of Consulting and Clinical Psychology, 56, 773-775.
- Hall, G.C.N. (1990). Prediction of sexual aggression. Clinical Psychology Review, 10, 229-245.
- Hall, G.C.N., & Proctor, W.C. (1987). Criminological predictors of recidivism in a sexual offender population. Journal of Consulting and Clinical Psychology, 55, 111-112.
- Hanson, K.R., Steffy, R.A., & Gauthier, R. (June, 1990). Long-term follow-up of treated child molesters in Canada. Paper presented at the Ninth Annual Clinical and Research Conference on the Assessment and Treatment of Sexual Abusers, Their Families, and Victims, Toronto, Canada.
- Hare, R.D. (1970). Psychopathy: Theory and research. New York: Wiley.
- Hare, R.D. (1980). A research scale for the assessment of psychopathy in criminal populations. Personality and Individual Differences, 1, 111-117.
- Hare, R.D. (1990). The Self-Report Psychopathy Scale (SRP-II). Unpublished Test, University of British Columbia.
- Hare, R.D. (1991). The Hare Psychopathy Checklist-Revised. Toronto, Ontario: Multi-health Systems.

- Hare, R.D., Forth, A.N., & Hart, S.D. (1989). The psychopath a prototype for pathological lying and deception. In J.C. Yuille (Ed.), Credibility assessment (pp. 25-49). Dordrecht. The Netherlands: Kluwer Academic Publishers.
- Hare, R.D., & Jutai, J.W. (1983). Criminal history of the male psychopath: Some preliminary data. In K.T. Van Dusen & S.A. Mednick (Eds.), Prospective studies of crime and delinquency (pp.225-236). Boston: Kluwer-Nijhoff Publishing.
- Hare, R.D., & McPherson, L.M. (1984). Violent and aggressive behaviour by criminal psychopaths. International Journal of Law and Psychiatry, 7, 35-50.
- Harpur, T.J., & Hare, R.D. (August, 1991). Psychopathy and violent behaviour: Two factors are better than one. Paper presented at the 99th Annual Meeting of the American Psychological Association, San Francisco, CA.
- Harpur, T.J., Hare, R.D. & Hakstian, A.R. (1989). Two-factor conceptualization of psychopathy: Construct validity and implications. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1, 6-17.
- Harris, G.T., Rice, M.E., & Cormier, C.A. (1991). Psychopathy and violent recidivism. Law and Human Behaviour, 15, 625-637.
- Harris, G.T., Rice, M.E., Quinsey, V.L. (1994). Psychopathy as a taxon: Evidence that psychopaths are a discrete class. Journal of Consulting and Clinical Psychology, 62, 387-397.
- Harris, G.T., Rice, M.E., Quinsey, V.L., Chaplin, T.C., & Earls, C.(1992). Maximizing the discriminant validity of phallometric assessment. Psychological Assessment, 4, 502-511.
- Harris, G.T., Rice, M.E., & Quinsey, V.L. (1993). Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. Criminal Justice and Behaviour, 20, 315-335.

- Hart, S.D., & Hare, R.D. (1989). Discriminant Validity of the Psychopathy Checklist in a forensic psychiatric population. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1, 211-218.
- Hart, S.D., Kropp, P.R., & Hare, R.D. (1988). Performance of male psychopaths following conditional release from prison. Journal of Consulting and Clinical Psychology, 56, 227-232.
- Hare, R.D., Harpur, T.J., Hakstian, A.R., Forth, A.E., Hart, S.D., & Newman, J.P. (1990). The Revised Psychopathy Checklist: Reliability and factor structure. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2, 338-341.
- Hazelwood, R., Reboussin, R., & Warren, L. (1989). Serial rape: Correlates of increased aggression and the relationship of offender pleasure to victim resistance. Journal of Interpersonal Violence, 4, 65-78.
- Hemphill, J.F., Hart, S.D., & Hare, R.D. (1994). Psychopathy and substance use. Journal of Personality Disorders, 8, 169-180.
- Hemphill, J.F. (1992). Psychopathy and recidivism following release from a therapeutic community treatment program. Unpublished Master's thesis, Department of Psychology, University of Saskatchewan, Saskatoon, Canada.
- Henn, F.A., Herjanic, M., & Vanderpearl, R.H. (1976). Forensic psychiatry: Profiles of two types of sex offenders. American Journal of Psychiatry, 133, 694-696.
- Hoffman, P.B. & Beck, J.L. (1974). Parole decision-making: A salient factor score. Journal of Consulting and Clinical Psychology, 2, 195-206.
- Holland, T.R., Holt, N., Levi, M., & Becket, G.E. (1984). Comparison and combination of clinical statistical predictions of recidivism among adult offenders. Journal of Applied Psychology, 68, 203-211.

- Kahn, T.J., & Chambers, H.J. (1991). Assessing reoffense risk with juvenile sexual offenders. Child Welfare, 25, 333-345.
- Knight, R.A., & Prentky, R.A. (1990a). Classifying sexual offenders: The development and corroboration of taxonomic models. In W.L. Marshall & H.E. Barbaree (Eds.), Handbook of sexual assault: issues, theories, and treatment of the offender (pp. 23-52). New York: Plenum Press.
- Knight, R.A. & Prentky (1990b). Massachusetts Treatment Center: Rapist Typology Version 3: MTC:R3. Version 3, Criteria, Scales, Component Rating Sheets, and flow chart aids. Unpublished Test. Brandeis University .
- Knight, R.A., Prentky, R.A., & Cerce, D.D. (1994). The development, reliability, and validity of an inventory for the multidimensional assessment of sex and aggression. Criminal Justice and Behavior, 21, 72-92.
- Knight, R.A., & Prentky, R.A., Schneider, B., & Rosenberg, R.(1983). Linear causal modeling of adaptation and criminal history in sexual offenders. In K.T. Van Dusen & S. Mednick (Eds.), Prospective studies of crime and delinquency (pp.303-341). Boston: Kluwer-Nijhoff.
- Knight, R.A., Rosenberg, R., & Schneider, B. (1985). Classification of sexual offenders: Perspectives, methods, and validation. In A. Burgess (Ed.), Research handbook on rape and sexual assault (pp.222-293). New York: Garland.
- Knopp, F. (1984). Retraining adult sex offenders: Methods and models. Syracuse, NY: Safer Society Press.
- Kopp, S.B. (1962). The character structure of sex offenders. American Journal of Psychotherapy, 16, 64-70.

- Kropp, P.H. (1992). The relationship between psychopathy and malingering of mental illness. Unpublished Doctoral Dissertation, Department of Psychology, Simon Fraser University, British Columbia.
- Lalumière, M.L., & Quinsey, V.L. (1992). The discriminability of rapists from non-sex offenders with phallometric measures: A meta-analysis. Manuscript submitted for publication.
- Langevin, R. (1983). Sexual strands: Understanding and treating sexual anomalies in men. Hillsdale, NJ: Erlbaum.
- Langevin, R., Ben-Aron, M., Coulthard, R., Heasman, G., Purins, J., Handy, L., Hucker, S.J., Russon, A.E., Day, D., Rover, V., Bain, J., Wortzman, G., & Webster, C.A. (1985). Sexual aggression: Constructing a predictive equation. In R. Langevin (Ed.), Erotic preference, gender identity, and aggression in men (pp. 39-76). Hillsdale, NJ: Lawrence Erlbaum.
- Laws, R.D. (Ed.). (1989). Relapse prevention with sex offenders. New York: Guilford Press.
- Levine, S., & Koenig, J. (Eds.). (1980). Why men rape: Interviews with convicted rapists. Toronto: MacMillan.
- Lilienfeld, S.O. (1994). Conceptual problems in the assessment of psychopathy. Clinical Psychology Review, 14, 17-38.
- Linden, W., Paulhus, D.L. & Dobson, K.E. (1986). The effect of response styles on the report of psychological and somatic distress. Journal of Consulting and Clinical Psychology, 54, 309-313.
- Lipton, D.N., McDonel, E.C., & McFall, R.M. (1987). Heterosocial perception in rapists. Journal of Consulting and Clinical Psychology, 55, 17-21.
- Longo, R., & Groth, A. (1983). Juvenile sexual offenses in the histories of adult rapists and child molesters. International Journal of Offender Therapy and Comparative Criminology, 27, 150-155.

- MacCutloch, M.J., Snowden, P.R., Wood, P.J.W., & Mills, H.E.(1983). Sadistic fantasy, sadistic behaviour and offending. British Journal of Psychiatry, 143, 20-29.
- Malamuth, N.M. (1986). Predictors of naturalistic sexual aggression. Journal of Personality and Social Psychology, 50, 953-962.
- Maletzky, B. (1990). Treating the sexual offender. Newbury Park, CA: Sage.
- Mandelzys, N. (1979). Correlates of offense severity and recidivism probability in a Canadian sample. Journal of Clinical Psychology, 35, 897-907.
- Marques, J.K., & Nelson, C. (1989). Understanding and preventing relapse in sex offenders. In M. Gossop (Ed.), Relapse and addictive behaviour (pp. 48-67). Beckenham, Kent, UK: Croom Helm.
- Marques, J.K., Day, D.M., Nelson, C., & West, M.A. (1993). Findings and recommendations from California's experimental treatment program. In G.C. Hall, R. Hirschman, J.R. Graham, & M.S. Zaragoza (Eds), Sexual aggression: Issues in etiology, assessment and treatment (pp.197-214). Washington, DC: Taylor & Francis.
- Marques, J.K., Day, D.M., Nelson, C., & West, M.A. (1994). Effects of cognitive-behavioral treatment on sex offender recidivism: Preliminary results of a longitudinal study. Criminal Justice and Behavior, 21, 28-54.
- Marshall, W.L. (1981). The classification of sexual aggressives and their associated demographic, social, developmental and psychological features. In S.N. Verdun-Jones & A.A. Keltner (Eds.), Sexual aggression and the law (pp.3-13). Criminology Research Center, Simon Fraser University.

- Marshall, W. (1994, March). Treatment outcomes with sex offenders. In H.E. Barbaree (Chair), Assessment and management of risk in the sex offender. Symposium conducted at the meeting of the Impulse Control Disorders Program, Forensic Division, Toronto.
- Marshall, W.L., Jones, R., Ward, T., Johnston, P., & Barbaree, H.E. (1991) Treatment outcome with sex offenders. Clinical Psychology Review, 11, 465-485.
- Marshall, W.L., & Barbaree, H.E. (1988a). Long-term evaluation of a behavioral treatment program for child molesters. Behaviour Research and Therapy, 26, 499-511.
- Marshall, W.L., & Barbaree, H.E. (1988b). An outpatient treatment program for child molesters. In R.A. Prentky & V.I. Quinsey (Ed.), Human sexual aggression: Current perspectives (pp. 205-214). New York: New York Academy of Science.
- Marshall, W.L., Christie, M.M., & Lanthier, R.D. (1979). Social competence, sexual experience, and attitudes of incarcerated rapists and pedophiles, Report to the Solicitor General of Canada, Ottawa: Canada.
- Marshall, W.L. & Pithers, W.D. (1994). A reconsideration of treatment outcome with sex offenders. Criminal Justice and Behavior, 21, 10-27.
- McCord, W., & McCord, J. (1964). The Psychopath: An essay on the criminal mind. Princeton, NJ: Van Nostrand.
- McDonel, E., & Frank, L. (1988). The heterosocial perception survey. Presented at the conference of the Association for the Behavioural Treatment of Sex Abusers, Atlantic, GA.
- McDonel, E., & McFall, R.M. (1991). Construct validity of two heterosocial perception skills measures for assessing rape proclivity. Violence & Victims, 6, 17-30.
- McGarth, R.J. (1991). Sex-offender Risk Assessment and Deposition Planning: A review of empirical and clinical findings. International Journal of Offender Therapy and Comparative Criminology, 35, 329-350.

- Monahan, J. (1981). Predicting violent behaviour: An assessment of clinical techniques. Beverly Hills, CA: Sage.
- Motiuk, L.L. & Brown, S.L. (1993). Survival time until suspension for sex offenders on conditional release. (R-31). Ottawa, Canada: Research and Statistics Branch, Correctional Service Canada.
- Motiuk, L.L. & Brown, S.L. (1994). Static and dynamic risk factors related to violent and sexual recidivism. Manuscript in preparation.
- Motiuk, L.L. & Deurloo, B. (1993). A statistical profile of Canadian federal sex offenders. Ottawa: Canada, Research and Statistics Branch, Correctional Service Canada.
- Motiuk, L.L. & Porporino, F.J. (1989). Field test of the Community Risk/Needs Management Scale: A study of offenders on caseload. (R-01). Ottawa, Canada: Correctional Service Canada.
- Motiuk, L.L. & Porporino, F.J. (1993). An examination of sex offender case histories in federal corrections. (Report No.30), Ottawa, Canada: Research and Statistics Branch, Correctional Service Canada.
- Murphy, W.D., & Barbaree, H.E. (1988). Assessments of sexual offenders by measures of erectile response: An examination of their psychometric properties. Washington, DC: National Institute of Mental Health, Antisocial and Violent Behaviour Program Branch.
- Nelson, C., Miner, M., Marques, J., Russell, K., & Achterkirchen, J. (1988). Relapse prevention: A cognitive-behavioral model for treatment of the rapist and child molester. Journal of Social Work and Human Sexuality, 7, 125-143.
- Nuffield, J. (1982). Parole decision-making in Canada: Research towards decision guidelines. Ottawa: Supply and Services Canada.
- Ogloff, J.R., Wong, S., & Greenwood, A. (1990). Treating criminal psychopaths in a therapeutic community program. Behavioral Sciences and the Law, 8, 181-190.

- Overholser, C., & Beck, S. (1986). Multimethod assessment of rapists, child molesters, and control groups on behavioral and psychological measures. Journal of Consulting and Clinical Psychology, 54, 682-687.
- Paulhus, D.L. (1984). Two-component models of social desirable responding. Journal of Personality and Social Psychology, 46, 598-609.
- Paulhus, D.L., & Levitt, K. (1987). Socially desirable responding triggered by affect: Automatic egotism? Journal of Personality and Social Psychology, 52, 245-259.
- Paulhus, D.L., & Reid, D.B. (1991). Enhancement and denial in socially desirable responding. Journal of Personality and Social Psychology, 60, 307-317.
- Petrovich, M., & Templer, D.I. (1984). Heterosexual molestation of children who later become rapists. Psychological Reports, 54, 810.
- Pithers, W.D., Beal, L.S., Armstrong, J., & Petty, J. (1990). Identification of risk factors through clinical interviews and analysis of records. In D.R. Laws (Ed.), Relapse prevention with sex offenders (pp. 77-87). New York: Guildford Press.
- Pithers, W.D., Buell, M., Kashima, K., Cumming, G. & Beal, L. (May, 1987). Precursors to relapse of sexual offenders. Paper presented at the first meeting of the Association for the Advancement of Behaviour Therapy for Sexual Abusers, Newport, OR.
- Pithers, W.D., Kashima, K.M., Cumming, G.F., Beal, L.S., & Buell, M.M. (1988). Relapse prevention of sexual aggression. In R.A. Prentky & V.L. Quinsey (Eds.), Human sexual aggression: Current perspectives (pp.244-260). New York: New York Academy of Science.
- Pithers, W.D., Marques, J.K., Gibat, C.C., & Marlatt, G.A. (1983). Relapse prevention with sexual aggressors: A self control model of treatment and maintenance of change. In J.G. Greer & I.R. Stuart (Eds.), The sexual aggressor: Current perspectives on treatment (pp.214-239). New York: Van Nostrand Reinhold.

- Porporino, F., & Motiuk, L.L. (1991). Preliminary results of the national sex offender census. (Report No. 24). Ottawa, Canada: Research and Statistics Branch, Correctional Service.
- Prentky, R.A., Burgess, A.W., Rokous, R., Lee, A., Hartman, C., Ressler, R., & Douglas, L. (1989). Serial vs. solo sexual homicide: The role of fantasy. American Journal of Psychiatry, 146, 887-891.
- Prentky, R.A., Cohen, M., & Seghorn, T. (1985). Development of a rational taxonomy for the classification of rapists: The Massachusetts Treatment Center System. Bulletin of the American Academy of Psychiatry and the Law, 13, 39-70.
- Prentky, R.A. & Knight, R.A. (1986). Impulsivity in the lifestyle and criminal behaviour of sexual offenders. Criminal Justice and Behaviour, 13, 141-164.
- Prentky, R.A. & Knight, R.A. (1988). Antisocial personality disorder and Hare assessments of psychopathy among sexual offenders. Unpublished manuscript.
- Prentky, R.A., Knight, R.A., Sims-Knight, J., Straus, H., Rokous, F. & Cerce, D. (1989). Developmental antecedents of sexual aggression. Development and Psychopathology, 1, 153-169.
- Prentky, R.A., Knight, R.A., & Lee, A.F. (1991). Identifying critical dimensions for discriminating among rapists. Journal of Consulting and Clinical Psychology, 59, 643-661.
- Prentky, R.A., Knight, R.A., & Lee, A.F. (1993). Predictive validity of lifestyle impulsivity for rapists. Manuscript submitted for publication.
- Prentky, R.A., Cohen, M., & Seghorn, T. (1985). Development of a rational taxonomy for the classification of sexual offenders: Rapists. Bulletin of the American Academy of Psychiatry and the Law, 13, 39-70.
- Quinsey, V.L., & Maguire, A. (1986). Maximum security psychiatric patients: Actuarial and clinical prediction of dangerousness. Journal of Interpersonal Violence, 1, 143-171.

- Quinsey, V.L., Harris, G.T., Rice, M.E., & Lalumière, M.L. (1993). Assessing treatment efficacy in outcome studies of sex offenders. Journal of Interpersonal Violence, 8, 512-523.
- Quinsey, V.L., Rice, M.E., & Harris, G.T. (1993). Actuarial prediction of sexual recidivism. Manuscript submitted for publication.
- Quinsey, V.L., Rice, M.E., Harris, G.T., & Lalumière, M.L. (in press). Predicting sexual offenses. In J. Campbell (Ed.), Assessing dangerousness.
- Quinsey, V.L., & Walker, W.D. (1992). Dealing with dangerousness: Community Risk Management Strategies with violent offenders. In D.V. Peters, R.J. McMahon, & V.L. Quinsey (Eds.), Aggression and violence throughout the lifespan (pp. 244-262). Newbury Park, CA: Sage.
- Rada, R. (1976). Alcoholism and the child molester. Annals of New York Academy of Sciences, 273, 492-496.
- Rada, R. (1978). Clinical aspects of the rapist. New York: Grune and Stratton.
- Rada, R., Kellner, R., Laws, D., & Winslow, W. (1979). Drinking, alcoholism, and the mentally disordered sex offender. Bulletin of the American Academy of Psychiatry and Law, 6, 296-300.
- Radzinowicz, L. (Ed.). (1957). Sexual offenses: A report of the Cambridge Department of Criminal Science. London: MacMillan.
- Rice, M.E., Harris, G.T., & Cormier, C.A. (1992). An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders. Law and Human Behavior, 16, 399-412.
- Rice, M.E., Harris, G.T. & Quinsey, V.L. (1990). A follow-up of rapists assessed in a maximum-security psychiatric facility. Journal of Interpersonal Violence, 5, 435-448.

- Rice, M.E., Quinsey, V.L. & Harris, G.T. (1991). Sexual recidivism among child molesters released from a maximum security psychiatric institution. Journal of Consulting and Clinical Psychology, 59, 381-386.
- Roberts, J.V. (1994). Criminal justice processing of sexual assault cases. (85-538E), Ottawa, Canada: Canadian Centre for Justice Statistics, Statistics Canada.
- Robinson, D. (1989). Research on sex offenders: What do we know? Forum on Corrections Research, 1, 12-22, Minister of Supply and Services, Canada.
- Romero, J.J. & Williams, L.M. (1985). Recidivism among convicted sex offenders: A 10-year follow up study. Federal Probation, 49, 58-64.
- Rosenberg, R. & Knight, R.A. (1988). Determining male sexual offender subtypes using cluster analysis. Journal of Quantitative Criminology, 4, 383-410.
- Rosenberg, R., Knight, R.A., Prentky, R.A., & Lee, A. (1988). Validating the Components of a taxonomic system for rapists: A path analytic approach. Bulletin of the American Academy of Psychiatry and the Law, 16, 169-185.
- Russell, D.E. (1984). Sexual exploitation. Beverly Hills, CA: Sage.
- Scully, D., & Marolla, J. (1984). Convicted rapists' vocabulary of motive: Excuses and justifications. Social Problems, 31, 530-544.
- Scarles, P., & Berger, R.J. (1987). The current status of rape reform legislation: An examination of state statutes. Womens Rights Law Reporter, 10, 25-43.
- Segal, Z.V., & Marshall, W.L. (1985). Heterosexual social skills in a population of rapists and child molesters. Journal of Consulting and Clinical Psychology, 53, 55-63.
- Segal, Z.V., & Stermac, L.E. (1987). The role of cognition in sexual assault. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), Handbook of sexual assault: Issues, theories, and treatment of the offender (pp.161-174). New York: Plenum Press.

- Seghorn, T.K., & Cohen, M. (1980). The psychology of the rape assailant. In W. Cerran, A.L. McGarry, & C. Petty (Eds.), Modern legal medicine, psychiatry, and forensic science (pp.533-551). Philadelphia: F.A. Davis.
- Serin, R.C. (1990). The clinical application of the Psychopathy Checklist-Revised (PCL-R) in a prison population. Journal of Clinical Psychology, 48 , 637-642.
- Serin, R.C. (1991a). Psychopathy and violence in criminals. Journal of Interpersonal Violence, 6, 423-431.
- Serin, R.C. (1991b). Recidivism prediction: A comparison between the Psychopathy Checklist and actuarial risk scales. Manuscript submitted for publication.
- Serin, R.C., Peters, R.D., & Barbaree, H.E. (1990). Predictors of psychopathy and release outcome in a criminal population. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2, 419-422.
- Serin, R.C., Malcolm, P.B., Khanna, A. & Barbaree, H.E. (1994). Psychopathy and deviant sexual arousal in incarcerated sexual offenders. Journal of Interpersonal Violence, 9, 3-11.
- Solicitor General of Canada. (1990). The management and treatment of sex offenders. Report of the working group: Sex offender treatment review. Ottawa, Canada: Minister of Supply and Services Canada.
- Statistics Canada. (1993, November 18). The violence against women survey. The Daily, pp 1-10.
- Steadman, H.J. (1987). How well can we predict violence for adults? A review of the literature and some commentary. In F.N. Dutilleul, & C.H. Foust (Eds.), The prediction of criminal violence (pp. 5-19). Springfield, Illinois: Charles C. Thomas, Publisher.
- Stermac, L.E. & Quinsey, V.L. (1986). Social competence among rapists. Behavioral Assessment, 8, 171-185.

- Stermac, L.E., Segal, Z.V., & Gillis, R. (1990). Social and cultural factors in sexual assault. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), Handbook of sexual assault: issues, theories, and treatment of the offender (pp.143-158). New York: Plenum Press.
- Sturgeon, V.H., & Taylor, J. (1980). Report of a five-year follow-up study of mentally disordered sex offenders released from Atascadero State Hospital in 1973. Criminal Justice Journal, 4, 31-63.
- Tabachnick, B.G. & Fidell, L.S. (1989). Using multivariate statistics (2nd ed.). California State University, Northridge: Harper Collins Publishers.
- Tracey, R., Donnelly, H., Morgenbesser, & MacDonald, D. (1983). Program evaluation: Recidivism research involving sex offenders. In J.G. Greer & I.R. Stuart (Eds.), The sexual aggressor: Current perspectives on treatment (pp. 198-213). New York: Van Nostrand Reinhold.
- Walker, P.A., & Meyer, W.J. (1981). Medroxyprogesterone acetate treatment for paraphiliac sex offenders. In J.R. Hays, T.K. Roberts, K.S. Solway (Eds.), Violence and the violent individual (pp. 353-373) New York: Spectrum.
- Webster, C., Dickens, B., & Addario, S. (1985). Constructing dangerousness: Scientific, legal and policy implications. Toronto: University of Toronto, Centre of Criminology.
- Weckes, J.R., & Porporino, F.J. (1993, October). What works? How do we know what works? Paper presented at the International Symposium on the Future of Corrections, Poland.
- Widom, C.S. (1989). Does violence beget violence? A critical examination of the literature. Psychological Bulletin, 106, 3-28.
- Williams, L.M. & Finkelhor, D. (1990). The characteristics of incestuous fathers. In W.L. Marshall & H.E. Barbaree (Eds.), Handbook of sexual assault: Issues, theories, and treatment of the offender (pp.231-255). New York: Plenum Press.

- Williamson, S., Hare, R.D., & Wong, S. (1987). Violence: Criminal psychopaths and their victims. Canadian Journal of Behavioral Sciences, 19, 454-462.
- Winters, K.C., & Neale, J.M. (1985). Mania and low self-esteem. Journal of Abnormal Psychology, 94, 282-290.
- Wong, S. (1984). The criminal and institutional behaviours of psychopaths. (No. 1984-87). Ministry of the Solicitor General, Programs Branch User Report. Ottawa, Canada: Ministry of the Solicitor General of Canada.
- Wormith, J.S. & Goldstone, C.S. (1984). The clinical and statistical prediction of recidivism. Criminal Justice and Behaviour, 11, 3-34.
- Wormith, J.S. & Ruhl, M. (1986). Prevention detention in Canada. Journal of Interpersonal Violence, 1, 399-430.
- Wright, S., & Wong, S. (1988). Criminal psychopaths and their victims. Unpublished honour's thesis, Department of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan.
- Zamble, E., (1989). Coping situations questionnaire: Form M. Unpublished. Queen's University.
- Zamble, E., & Porporino, F.J. (1988). Coping, behaviour, and adaptation in prison inmates. New York: Springer-Verlag.
- Zamble, E., & Porporino, F.J. (1990). Coping, imprisonment, and rehabilitation: Some data and their implications. Criminal Justice and Behaviour, 14, 53-70.
- Zamble, E., & Quinsey, V.L. (1991). Dynamic and behavioral antecedents to recidivism: A retrospective analysis. (Report No. 17). Ottawa: Canada, Research and Statistics Branch, Correctional Service Canada.

APPENDIX A

SEX OFFENDING AND MOTIVATIONS PROJECT

Information Form

This study is aimed at finding why offenders commit sexual offenses against adult females. Particularly, what are the interpersonal, situational and environmental factors that seem to influence an offender's decision to commit a sexual offense. As well, I am interested in knowing whether or not the situational and interpersonal factors that precede a sexual offense differ for individuals who prefer a criminal lifestyle and those who don't. This information would be helpful in improving treatment programs in the institutions and might also help in improving supervision after release.

This study is being carried out by Shelley Brown, a Master's candidate from Carleton University under the direct supervision of Dr. Adelle Forth.

Each individual who takes part in the study will be interviewed and will also be asked to fill out some questionnaires. I expect that the interview will take from 1 to 3 hours, and that the questionnaires will take another 1/2 hour. Most of the questions are about personal/family history, employment/education history, past offense history, current offense history, and the circumstances and motivations surrounding past and current sex offenses. I would also like to get some information from institutional and parole files.

If you agree to participate, you will be helping me and perhaps also other inmates. It is also important to understand that I am only collecting information, and that I have no official positions within Correctional Service Canada (CSC), so if you have any problems now, I cannot change anything for you. At the same time, whatever you tell me will be kept strictly confidential, and all information will be coded in our reports so that no person's answers could be identified. This confidentiality is guaranteed by the Canadian Human Rights Act, and I will also give my personal guarantee that it is respected. Also, the data will be used **ONLY** for research purposes. Whether or not you agree to participate will not count for or against you with CSC. However, if you do agree to take part I will try my best to listen to what you have to say.

If you have any questions now, please ask them. If you have any complaints or questions about this study later, you should call either Bill Palmer or Dr. Adelle Forth (613-788-2600, ext 1267). Or you may also wish to write to myself or Adelle Forth at the Department of Psychology, Carleton University, Ottawa, Ontario, K1S 5B6. If you are still not satisfied, you should call or write to the Chair of the Psychology Department, Dr. Bill Jones (613-788-2600, ext 2644).

SEX OFFENDING AND MOTIVATIONS PROJECT:

I, _____ have been asked to take part in a study about the reasons for sexual offending which is being conducted by Shelley Brown, under the supervision of Dr. Adelle Forth from the Department of Psychology, Carleton University. I have read an "Information Form" describing the study.

I agree to take part in this study, and to be interviewed by Shelley Brown about my life experiences, particularly for the sexual offenses I have committed. I also agree to allow this interview to be audio taped. However, I understand that my participation in this study is purely voluntary. I am free to refuse to answer any specific questions, and I may withdraw from the study at any time. I understand that my participation in the study will not count against me in any way with CSC.

I also agree to fill out questionnaires about my attitudes, behaviours, and experiences after the interview. Finally, I agree to allow the researchers to obtain additional information from my institutional and parole files.

I understand that any information I give will be strictly confidential. My answers will be used for scientific purposes, in order to better understand what factors may lead people to commit sexual offenses. I have been told that answers will be coded or changed so that I cannot be identified in any report of the results.

My signature below indicates that I have read the above, and that I agree to take part and give my consent to the researcher having access to my institutional and parole files. The interviewer will also sign to guarantee the conditions stated above.

date

signature

interviewer's signature

APPENDIX B

**CODING MANUAL:
TO BE DETACHED AND STORED SECURELY AFTER COMPLETION**

NAME _____

FPS _____

Subject Number _____

Date Consented _____

Date Interviewed _____

Date of file review _____

3

of/de

3

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

PRECISIONSM RESOLUTION TARGETS

SEXUAL OFFENDING AND MOTIVATIONS: CODING MANUAL

A. Offender Demographics:

1. Date of Birth (yy/mm/dd) _____ / _____ / _____

2. Ethnicity

1. Caucasian
2. Asian
3. Black
4. Native
5. Other (specify) _____
9. not known

3. Preferred working language

1. English
2. French
3. Other (specify) _____
9. not known

B. Marital/Family Background:

1. Living situation AT THE TIME OF current sex offense

1. alone and transient (temporary shelter with different acquaintances, YMCA)
2. alone and stable (own apartment or rooms)
3. with parent and/or sibling
4. with wife (include common-law relationship if living together for six months)
5. with roommates/friends (sharing apartment)
6. with partner in heterosexual relationship (less than 6 months)
7. with partner in homosexual relationship
8. supervised group home (halfway house)
9. other (specify)
99. not known

2. Marital status AT THE TIME OF current sex offense

1. Single/never married
2. Common-law union (relationship more than six months)
3. Married
4. Separated
5. Divorced
6. Widowed
9. not known

3. Dissatisfaction with marital status (indicated in item 2) at the time of the offense

dissatisfaction present if offender expresses wish to separate from spouse, depressed about loneliness of being single, angered by divorce. (23).

1. Yes
2. No
9. Not known

4. Total number of marriages/common-law relationships, up to the time at the current offense

include in the total, relationship at the time of current offense. Code as a 2 digit number

5. Living with both biological parents to age 16

1. Yes
2. No
9. not known

6. Reason(s) for separation from biological parents before age 16

Code all that apply. Code na if no separation

1. death of a parent
2. parental divorce or separation
3. parental institutionalization (significant incarceration, psychiatric commitment)
4. offender institutionalization (training school, group home)
5. other (specify) _____
8. not applicable
9. not known

7. Age of first separation from biological parents

— —

- 8. not applicable (no separation)
- 9. not known

8. A social isolate at the time of current offense

code yes, if offender lacked sign. and warm relationship with a non-relative; offender has been described as, or has expressed having difficulty in meeting and maintaining friends, being unable to get along with others, disregarding feelings and expectations of others or expressing extreme independence. (LSI 32)

- 1. Yes
- 2. No
- 9. not known

9. Placement(s) before the age of 16

Code yes, no or nk to each of the following to indicate if the offender was placed out of his home in the following settings prior to age 16. Code na if no separation.

- a) 1. Yes 2. No 9. NK child welfare placement
- b) 1. Yes 2. No 9. NK probation placement
- c) 1. Yes 2. No 9. NK training school
- d) 1. Yes 2. No 9. NK mental health facility
- e) 1. Yes 2. No 9. NK retardation facility
- 8. not applicable

10. Physical abuse of the offender by parent(s) and/or primary caregiver(s) before the age of 16

Examples of physical abuse are frequent slapping, beating, and/or whipping severe enough to cause injury. Primary caregiver(s) includes step-parent, foster parents, group home supervisor

- 1. Yes
- 2. No
- 9. not known

11. Source of report that offender was a victim of physical abuse before the age of 16

- 1. offender's self-report
- 2. offender's self-report corroborated by official
(police records, court report, social agency--CAS)
- 8. not applicable (not physically abused)

12. Emotional abuse or neglect of the offender by parent(s) and/or primary caregiver(s) before age 16

Examples of emotional abuse are frequent and/or severe verbal abuse, lock in closet, abandonment. Examples of neglect include failure to meet basic needs such as malnutrition, seek critical medical help, put child's life in danger

- 1. Yes
- 2. No
- 9. Not known

13. Source of report that offender was a victim of emotional abuse or neglect before the age of 16

- 1. offender's self-report
- 2. offender's self-report corroborated by official (police records, court report, social agency--CAS)
- 8. not applicable (not emotionally abused and not neglected)

14. Parent/primary caregiver had an alcohol and/or drug abuse problem

- 1. Yes
- 2. No
- 9. not known

Includes situations in which alcohol/drug use is frequent and/or severe enough as to threaten health, cause severe behaviour change, social/occupational problems, repeated charges/convictions or admission to addiction program.

15. Parent/primary caregiver had a psychiatric problem

Psychiatric problems include prescription of psychiatric medication, involved in therapy with psychologist, serious suicide attempts, psychiatric admissions

- 1. Yes
- 2. No
- 9. Not known

16. Parent/primary caregiver had a criminal history

Criminal history includes formal charges and convictions.

- 1. Yes
- 2. No
- 9. Not known

17. Victim of sexual abuse before the age of 16

Sexual abuse is defined as sexual acts which are committed against the offender before the age of 16 where the abuser was at least 5 years older than the offender.

1. Yes
2. No
9. Not known

if question 17 is answered no or not known skip to section C.

18. Source of report that the offender was a victim of sexual abuse before the age of 16

1. offender's self report
2. offender's self report corroborated by official documentation (police records, court report, CAS)

19. Age of offender when sexual abuse began

— —

9. not known

20. Duration of sexual abuse in months

**Code 001 for repeated sexual abuse which was 1 month or less in duration.
Code na when there was only one incident of sexual abuse**

— — —

8. not applicable
9. not known

21. Sex of abuser(s)

1. male
2. female
3. both
9. not known

22. Relationship of abuser(s) to offender

1. biological parent
2. step-parent (foster parent)
3. sibling
4. other relative (aunt, uncle, cousin)
5. friend

6. casual acquaintance
7. stranger (no previous contact)
8. authority figure (teacher, coach, scout leader, Big Brother)
9. not know

23. Use of physical aggression by any sexual abuser during or as part of any sexual act

1. Yes
2. No
9. Not known

C. Education/Employment History:

1. Highest school grade completed at the time of current offense

Code highest grade completed up to the end of high school, including upgrading

— —

9. not known

2. Any College or university prior to current offense

1. Yes
2. No
3. not known

3. Enter the exact number of years of formal education

So, someone who has completed a masters degree would be given 19 years of formal education.

— —

4. Employment status at the time of the current offense

1. Employed
2. Unemployed
3. Student
4. On social assistance (welfare, UI)
5. On pension
6. Other (specify) _____
9. Not known

5. Frequently unemployed during the year prior to current sex offense

Code yes if known accumulated number of months unemployed is greater than 6 months or record of significant or problematic amount of unemployment (LSI 12).

Code na if offender was unemployed because he was a student or was incarcerated.

- 1. Yes
- 2. No
- 8. Not applicable
- 9. Not known

6. Occupation during the year prior to current sex offense

Report highest level achieved. Code na if offender was unemployed because he was incarcerated.

- 1. Student
- 2. Semi-skilled or unskilled labour (construction, factory, cashier)
- 3. Skilled labour (mechanic, plumber, machinist)
- 4. Clerical, sales (insurance, auto dealer, computer)
- 5. Lower management/supervisory (foreman, store manager, self-employed, small business)
- 6. Managerial, professional (executive, teacher, doctor, lawyer)
- 7. Other (specify) _____
- 8. Not applicable
- 9. Not known

7. Financial problems during the year prior to current offense

For example, default on loans, overextended credit, unable to meet payments (LSI 21)

- 1. Yes
- 2. No
- 8. Not applicable
- 9. Not known

8. Reliance on social assistance during the year prior to current offense

For example unemployment benefits, welfare, disability pension. (LSI 22)

- 1. Yes
- 2. No
- 8. Not applicable
- 9. Not known

9. Longest period of time continuously employed in months

If offender changes jobs for better pay and/or position, count as one period

— — —

9. not known

D. Psychopathology:

1. Offender has been diagnosed with a serious mental disorder (i.e. bipolar depression, schizophrenia) at least once during lifetime

1. Yes (specify) _____

2. No

9. Not known

2. Offender has been diagnosed with a personality disorder (i.e. borderline, narcissistic, exclude APD) at least once during lifetime

1. Yes (specify) _____

2. No

9. Not known

3. Offender has been diagnosed with Antisocial Personality Disorder at least once during lifetime

1. Yes (specify) _____

2. No

3. Not known

4. Emotional problems interfered severely with the offender's life the year prior to the current offense

Examples of severe interference include consulted mental health professional for help, received psychiatric medication, serious attempts at suicide, admission to psychiatric facility (LSI 46 & 47).

1. Yes

2. No

9. Not known

5. Admitted to psychiatric hospitals or psychiatric wards of general hospitals (covers entire adult life span)

1. Yes

2. No

9. Not known

6. Actual number of psychiatric admissions if known (code across entire lifespan)

Code na when no admissions

— —

- 8. not applicable
- 9. not known

7. Admitted to psychiatric hospitals or psychiatric wards of general hospitals during one year prior to current sex offense

- 1. Yes
- 2. No
- 9. Not known

8. Actual number of psychiatric admissions during one year prior to the current sex offense

Code na when no admissions

— —

- 8. not applicable
- 9. not known

9. Clear evidence indicates that offender was suffering from a serious mental disorder at the time of the most recent sex offense (i.e. hallucinations, delusions, mania)

- 1. Yes (specify) _____
- 2. No
- 9. Not known

E. Substance Abuse:

1. History of alcohol abuse as an adult

Code na for an offender who never drinks

- 1. No problems associated
- 2. Some problems associated
- 3. Interference with life
- 8. Not applicable
- 9. Not known

2. History of drug abuse as an adult

Code na for an offender who never uses drugs

- 1. No problems associated
- 2. Some problems associated
- 3. Interference with life
- 8. Not applicable
- 9. Not known

3. Offender had consumed alcohol and was intoxicated immediately prior to the offense

- 1. Yes
- 2. No
- 9. Not known

4. Offender had ingested illegal drugs immediately prior to the current sex offense

- 1. Yes
- 2. No
- 9. Not known

5. Was the offender intoxicated from alcohol or high from drugs in any of the previous sexual offense(s)?

- 1. No
- 2. Yes
- 8. Not applicable (if person is a 1st time offender)
- 9. Not known

F. Treatment History:

1. Offender has received or is currently undergoing sex offender treatment since the date of admission for the current sex offense

- 1. No
- 2. Yes
- 9. not known

2. If yes, to number what type of treatment has the offender undergone?

1. Drug treatment (anti-androgens including Provera, MPA, cyproterone acetate, CPA)
2. Minor tranquilizers
3. Phenothiazines (neuroleptics, anti-psychotic medication)
4. Other drug treatment
5. Behavioural therapy for deviant arousal (laboratory, biofeedback)
6. Skills training (sex ed., heterosocial skills, assertiveness, anger management)
7. group therapy of any kind
8. individual group therapy of any kind
9. not known

3. Is there evidence, that treatment is benefiting the offender?

1. Yes
2. No
3. Not known

4. If yes to 3, in what areas does the offender seem to be improving?

1. deviant arousal (reductions in)
2. attitudes towards women and rape
3. anger management
4. heterosocial skills
5. coping abilities
6. assertiveness
7. other (specify) _____
9. not known

G. Generalized Life Style Impulsivity:

Adapted from Prentky & Knight (1986)

1. Is there evidence of unstable employment history, as evident in too frequent job changes (three or more in five years not accounted for by nature of job or economy), significant unemployment (6 months or more in 2 years), serious absenteeism (3 or more days per month) or walking off several jobs without other jobs in sight

0. No, definitely not
1. somewhat
2. Yes, definitely

2. Is there evidence of aimlessness or failure to settle down, as indicated by traveling from place to place without clear goals or by lack of a fixed address for a month or more

0. No, definitely not

1. somewhat

2. Yes, definitely

3. Reckless behaviour with no regard for consequences, as evident in numerous violations for speeding or operating to endanger, or in other risk-taking acts.

0. no, definitely not

1. somewhat

2. yes, definitely

4. Inability to maintain enduring attachment to a sexual partner, as evident in two or more divorces/separations, a series of relationships of brief duration, sexual promiscuity, and so on.

0. no, definitely not

1. somewhat

2. yes, definitely

5. Repeated instances of aggressive or destructive behaviour in response to frustration.

0. no, definitely not

1. somewhat

2. yes, definitely

6. Generalized Life Style Score (add F1 to F5--range 0-10)

— —

H. Social Skills Deficits:

1. There is evidence that at the time of the offense the offender was suffering from a social skills deficit.

1. Yes

2. No

9. Not known

2. If yes to 1, specify the nature of this deficit.
(code all that apply)

1. assertiveness problem
2. anger management problem
3. heterosocial skills problem
4. other (specify) _____
9. not known

1. Details of the Most Recent Sex Offense

1. Date of the most recent sex offense(s) occurred.

___ / ___ / ___
yy / mm / dd

9. not known

2. Age of offender when most recent sex offense(s) occurred.

9. not known

3. Date charged for the most recent sex offense(s)

___ / ___ / ___
yy / mm / dd

4. Date convicted for most recent sex offense(s).

___ / ___ / ___
yy / mm / dd

5. Length in months of carceral sentence.

9. not known

6. Nature of Sexual Offense

1. successful anal, oral, or vaginal penetration
2. attempted anal, oral, or vaginal penetration

7. Total number of sexual victims in most recent sex offense(s)

— —

9. not known

Items 8 through 24 should be coded for the most recent sexual victim. If 2 or more were involved in the most recent sexual offense(s), provide information on the most seriously injured victim or the most representative victim.

8. Nature of victim for whom information is provided

1. Most seriously injured
2. Most representative
3. Only one victim

9. Sex of victim

1. Male
2. Female
9. unknown

10. Age of victim

— —

9. not known

11. Relationship of victim to offender

1. Spouse (include common-law)
2. Good friend (includes girlfriend)
3. Supervisory acquaintance (offender was a teacher, coach, baby-sitter)
4. Casual acquaintance (neighbour)
5. Stranger
6. other (specify) _____
9. Not known

12. Degree of force (coercion) used to commit sex offense

- 0. None
- 1. Enticement, persuasion (job offer)
- 2. Threaten to use force, no weapon
- 3. Threaten to use force with weapon (including showing victim the weapon)
- 4. Physical aggression, minor assault (hit, slap, push)
- 5. Physical aggression, serious or brutal assault (wounding, maiming, endangering victim's life)
- 6. Caused death without post-death mutilation
- 7. Caused death and post-death mutilation (cuts off victim's breasts after she is dead)
- 9. not known

Code 0: if: no threat, force or coercion was ever used

Code 1: if: verbal or physical threat was used , and no weapon or object was produced in any of the offenses related to the current sentence

Code 2: if: verbal or physical threat was used, and weapon or object was produced

Code 3: if: minor assault was involved: e.g. hitting/slapping, no overnight hospitalization needed

Code 4: if: serious assault resulted in extensive clinical treatment, e.g. caused physical disability, seriously wounding victim, or endangered victim's life

Code 5: if: victim died regardless of time lapse between offense and death, no mutilation

Code 6: if: victim died, was post-death mutilation

13. Degree of physical injury to victim

- 0. No injury
- 1. Slight injury, no weapon
- 2. Slight injury, weapon
- 3. Victim treated in clinic (or emergency ward) and released
- 4. Victim hospitalized at least one night
- 5. Victim death
- 6. Victim death and post-death mutilation
- 9. not known

slight injury is one that is not serious, not an internal injury, victim was not required to remain at hospital overnight, slight means bruises and scratches may be present

14. Degree of planning in the offense

Adapted from Prentky & Knight (1986)

0. offense planned in detail, with particular victim sought.
1. offenses partially planned before victim encountered (i.e. the offender had the idea of committing offenses in mind, and perhaps made some preparations, but many particulars of offense (victim, place) were determined by the situations)
2. offenses partially planned after victim encountered (i.e. idea of committing offenses occurred after victim was seen, at which point offender made vague, hasty plans to assault).
3. offenses impulsive, with no planning evident. Opportunity alone or coupled with impaired judgment (e.g. result of drinking) leads to an immediate assault.

J. Official Criminal History Record:

Enter the number of offenses (charges and convictions) for each individual crime. If there is none enter 0. This section is to be coded exclusively from official criminal history FPS records.

Nonviolent offenses

1. ___ Theft, breaking and entering, possession of housebreaking tools, possession of stolen property, theft of telecommunications, disguise with intent, forcible entry, unlawfully in a dwelling house.
2. ___ Drug offenses (possession, trafficking).
3. ___ Criminal negligence, including serious driving offenses (impaired or dangerous driving, failure to stop at the scene of an accident, hit-and-run).
4. ___ Fraud, forgery, false pretenses, impersonation, uttering, possession of a stolen credit card.
5. ___ Escape, unlawfully at large, prison breach.
6. ___ Obstruction of justice, perjury, contempt of court, resist arrest, give contrary evidence.
7. ___ Crimes against the state, including treason, espionage, smuggling, evasion of income tax, contempt of court, resist arrest, and giving contrary evidence.
8. ___ Miscellaneous offenses, including vandalism, causing a disturbance, mischief, willful damage, trespassing, conspiracy to commit, setting off a fire alarm, vagrancy, contributing to juvenile delinquency, living off the avails of prostitution, attempted suicide, harassing phone calls, and minor driving offenses (e.g. driving while license suspended).
9. ___ age onset for nonviolent offenses

Violent Offenses (excluding sexual-related crimes)

10. ___ ___ Robbery, armed robbery, robbery with violence, extortion.
11. ___ ___ Assault, assault causing bodily harm.
12. ___ ___ Uttering threats, taking place in a riot, intimidation.
13. ___ ___ Attempted murder.
14. ___ ___ Murder.
15. ___ ___ Manslaughter.
16. ___ ___ Possession of a weapon, possession of explosives.
17. ___ ___ Assault with a weapon, pointing a firearm.
18. ___ ___ Arson, firesetting
19. ___ ___ Kidnapping, unlawful confinement, forcible seizure, hijacking
20. ___ ___ Wounding
21. ___ ___ Other
22. ___ ___ Age onset for violent offenses

Sexual Offenses (excludes current/most recent sex offense)
 (provides evidence for multiple paraphilias)

For this section the primary source of information will be obtained from two sources: official criminal history records and institutional files. However, if this information is weak or missing, offender-self reports will also be used. Thus, this section may include crimes for which the offender has been officially charged and/or convicted for as well as for crimes the offender has not been officially charged and/or convicted of.
Code incest if: offender's victim was related to offender by blood relationship, includes half-brother, half- sister, uncle, grandfather etc.

23. ___ ___ previous rapes, attempted rapes against females over the age of 15
24. ___ ___ sexual assault, amounting to less than vaginal, anal or oral penetration.

25. ___ ___ incest
26. ___ ___ pedophilia: male child under 16 yrs.
27. ___ ___ pedophilia: female child under 16 yrs.
28. ___ ___ exhibitionism
29. ___ ___ voyeurism
30. ___ ___ additional nonviolent sexual offenses (frotteurism, obscene phone calls, etc)
31. ___ ___ Age onset for sexual offending
32. There is a pattern of increasing seriousness or severity of sex offenses over time.

**For example, in previous offenses offender starts out by using enticement, then later graduates to use of threats, next weapon use, physical injury and so on.
Code na if there was only one offense.**

- 1. Yes
- 2. No
- 8. not applicable
- 9. not known

33. There is evidence of escalation in sexual offending

For example, offender starts out committing less serious sexual offenses with no physical contact i.e. exhibitionism but gradually progresses to more serious sexual offenses against women with physical contact i.e. rape

- 1. Yes
- 2. No
- 8. Not applicable
- 9. Not known

K. Deviant Sexual Arousal:

1. Has the offender been assessed using penile plethysmography?

- 1. Yes
- 2. No
- 9. Not known

2. If yes to 1, if there evidence of a deviant sexual arousal pattern or even a preference for nonconsensual sex?

- 1. Yes
- 2. No
- 9. Not known

APPENDIX C

THE PCL-R FACTOR STRUCTURE**Factor 1: Selfish, callous, and remorseless use of others**

Item	Description
1	Glibness/superficial charm
2	Grandiose sense of self-worth
4	Pathological lying
5	Conning/manipulative
6	Lack of remorse or guilt
7	Shallow affect
8	Callous/lack of empathy
16	Failure to accept responsibility for own actions

Factor 2: Chronically unstable, antisocial, and socially deviant lifestyle

Item	Description
3	Need for stimulation
9	Parasitic lifestyle
10	Poor behavioral controls
12	Early behavior problems
13	Lack of realistic goals
14	Impulsivity
15	Irresponsibility
18	Juvenile delinquency
19	Revocation of conditional release

Note: The following items do not load on either factor:

Item 11 - Promiscuous sexual behavior

Item 17 - Many short term marital relationships

Item 20 - Criminal versatility

APPENDIX D

PCL-R SEMI-STRUCTURED INTERVIEW:

ID#: _____

Race: _____

Age: _____

Date of Birth: _____

Place of Birth: _____

Gender: _____

Education Level: _____

INTERVIEW INFORMATION

Interviewer: _____

Interviewed at: _____

Type of Setting: _____

Date of Interview: _____

Observed by: _____

RATER INFORMATION

Rater: _____

Date of Rating: _____

Interview Type: Audio tape

SCHOOL ADJUSTMENT

How many different elementary schools did you attend?

**** Why did you change schools?**

How many secondary schools did you attend?

**** Why did you change schools?**

What was your attendance like in school?

**** How often did you skip out? Why? At what age(s)?**

What kind of grades did you get in school?

**** Did you ever fail a grade? Why? At what age(s)?**

Did you like school?

**** Did you find it boring? Did you have any trouble paying attention?**

**** How would your teachers have described you (day-dreamer, hyper, etc.)?**

How did you get along with other kids at school?

**** Did you have any close friends?**

How was your behaviour at school?

**** Did you get into physical fights? How often? At what age(s)? What percent of the time did you start them? Have you ever used a weapon in a fight? How many times? Did you ever hurt someone badly? at what age(s)?**

**** Did you get into trouble for anything else (disturbing the class, being drunk/stoned at school, cheating, stealing, etc.)? How often? At what age(s)?**

**** Were you ever suspended or expelled? How often? What for? At what age(s)?**

Did you graduate from high school?

IF NO, ASK:

**** Did you quit school? Why?**

What did you do after leaving school?

Have you done any upgrading or taken any technical or vocational courses?

**** Describe it. How did you do?**

WORK HISTORY

What kind of work have you done in the past?

How many different jobs do you think you have had?

What was your longest job? What was the shortest?

ASK THE FOLLOWING QUESTIONS ABOUT THREE OF FOUR OF THE INDIVIDUAL'S LONGEST OR MOST RECENT JOBS:

**** What was the position? What were the duties?**

**** How long did you do that for? How old were you when you started? How old were you when you stopped?**

**** Did you enjoy it? Did you find it boring? How was the money?**

**** Why did you leave that job? Did you quit, or were you fired?**

Position & Duties	Ages/Dates From: To:	Financial/personal enjoyment	Why left?
----------------------	-------------------------	---------------------------------	-----------

Are you a reliable employee?

- ** Are you a hard worker?
- ** Did you ever get in trouble at work (for being late or absent, drinking/using drugs at work, etc.)? How often? At what age(s)?
- ** Have you ever been fired? How often? At what age(s)?

Did you ever leave a job with no other job in sight?

- ** How often? Why? At what age(s)?

Have you ever been unemployed?

- ** How often? At what age(s)? For how long? How did you support yourself?
- ** Were you looking for work? How seriously?

Have you ever collected UI, welfare, or some other form of social assistance?

- ** How many times? At what age(s)?

On the street, how do you usually support yourself?

- ** Did you ever rely on someone else for food, money or lodging? At what age(s)? For how long?
- ** Did you ever support yourself through crime (e.g., selling drugs, thefts, mugging or rolling people, prostitution, pimping, frauds)? At what age(s)?

CAREER GOALS

Is there any trade or occupation you would like to have?

- ** How long have you wanted to do this? Have you planned or prepared for this trade/occupation in any way? What training do you require?

What are your plans after release?

- ** Where are you going to live? How will you support yourself?

Do you have any long-term goals?

- ** Where would you like to be in ten years?

What problems might you have in achieving those goals?

FINANCES

Have you ever had a bank loan or a personal loan?

- ** How many? At what age(s)? Did you pay it (them) back? Why/why not?

How is your credit rating?

- ** Did you ever fall behind on payment of your bills? How often? At what age(s)?

Did you ever have to pay alimony or child support?

- ** How much? Was it court-ordered? Did you pay it? Did you ever fall behind in your payments? Do you send money while you are in jail?

HEALTH

Have you ever been seen by a psychologist or psychiatrist?

**** What for? At what age(s)? In prison, or on the street? What was the diagnosis? What treatment(s) did you receive?**

**** Have you ever been hospitalized for mental or emotional problems? What for? At what age(s)?**

Were you ever on medications for your nerves?

**** What medications? What dosages? What for? Who prescribed them?**

As a child were you ever diagnosed as "hyperactive"?

**** By whom? At what age(s)? Did you receive treatment?**

Have you ever tried to commit suicide?

**** How many times? Why? At what age(s)? Were the attempts serious, or were they a means of getting attention?**

FAMILY LIFE

Were you raised by your natural parents?

**** Did you ever live with anyone else (step/adoptive/foster family, group home, etc.)? Who? At what age(s)? How did you come to live there?**

ASK THE FOLLOWING QUESTIONS ABOUT THE PRIMARY PARENTAL HOME(S):

**** What was your home life like?**

**** How did you get along with your parent(s)? Describe them. Were they affectionate towards you?**

What did they do for a living? Were they ever on welfare?

- ** Did they get along well together? Did they argue much? Did they ever have physical fights? Did they ever separate? How did this affect you?
- ** Do you have any brothers or sisters? How did you get along with them?
- ** Were things strict at your house? Were there lots of rules? How often did you break the rules (lie, run away, steal, etc.)? At what age(s)? Why? How were you punished? How was your behaviour compared to your siblings?
- ** Did anybody in your home have any troubles with the law? Who? What happened?
- ** Did anybody in your home have any serious mental or physical problems? Who? What about problems with alcohol or drugs?

ASK THE FOLLOWING QUESTIONS ABOUT THE INDIVIDUAL'S PRIMARY SURROGATE HOME(S)

- ** What was life there like?
- ** Who else lived there? How did you get along with them?
- ** Were things strict there? Were there lots of rules? How often did you break the rules (lie, run away, steal, etc.)? At what age(s)? Why? How were you punished?
- ** Did anybody there have any troubles with the law? Who? What happened?
- ** Did anybody there have any serious mental or physical problems? Who? What about alcohol or drug problems?

Were you ever abused physically, sexually, or emotionally?

- ** By whom? At what age(s)? What happened?

Did you ever run away from home overnight?

- ** Why? How many times? At what age(s)? Did you contact your parents?

How old were you when you left home?

- ** Why? At what age(s)? What did you do?

Have you ever "hit the road" and traveled without real plans?

- ** At what age(s)? What was the longest time you were gone? Where did you go? What did you do? Did you tell anyone you were going?

What is the longest time you have lived without a fixed address? When?

What is your relationship with your family like now?

- ** How often do you have contact with them?
- ** What are they doing now? How are they?

RELATIONSHIPS

How many live-in relationships have you had?

(INCLUDE BOTH HETEROSEXUAL AND HOMOSEXUAL)

** How many times have you been married or lived common-law?

IF THE INDIVIDUAL HAS HAD NUMEROUS RELATIONSHIPS, ASK:

** Why have you had so many relationships?

IF THE INDIVIDUAL DENIES ANY LIVE-IN RELATIONSHIPS, ASK:

** Have you ever had a serious girlfriend?

** Have you ever had a homosexual relationship?

FOR THREE OF THE LONGEST OR MOST RECENT LIVE-IN RELATIONSHIPS, ASK:

** How long did the relationship last? How old were you when it started?

** Describe your partner. What did you like best about your partner? Were you in love with your partner, or was it just a physical relationship?

** Was the relationship stable? Did you argue much? Did you ever have physical fights?

** Why did the relationship end? How long did it take you to get over it?

Have you ever been deeply in love?

** With who?

How old were you when you first had a sexual relationship?

** Was it with a stable partner, or a casual acquaintance?

How many different sexual partners have you had?

** How many were casual acquaintances ("one night stands")?

Have you ever had relationships with more than one person at the same time?

** Tell me about it.

Have you ever been unfaithful to any of your partners?

** How often? At what age(s)?

** Did your partner ever find out? How did your partner react?

Before age 15, did you ever force someone into sexual activity?

Do you have any children or step-children? Who was the mother? How long did you know her?

** How many? How old are they? What are their birthdates? What grade are they in at school?

** How is your relationship with your children? How often do you have contact with them?

** Have you ever failed to take care of your children?

Do you use alcohol or drugs?

- ** What types? Since what age(s)?**
- ** Did you ever seriously abuse alcohol or drugs? Were you ever addicted?**
- ** Why do you use drugs (stimulation, escape, relaxation, etc.)?**
- ** Did you ever do anything dangerous or get into trouble when drunk or stoned (drive while impaired, get into fights, get arrested, etc.)?**
- Do you like to speed or take chances when you drive?**
- ** Have you ever been stopped by the police for speeding or reckless driving? How often?**
- Do you ever do crazy or dangerous things for fun?**
- ** What types of things? At what age(s)?**
- ** Have you ever tried bungy jumping?**
- How often do you get into physical fights?**
- ** Have you ever "lost control"? What was the worst injury you ever caused someone?**

CHILDHOOD/ADOLESCENT ANTISOCIAL BEHAVIOUR

- When you were young, did you do anything like vandalize a school or someone else's property, set fires, hurt animals for fun, steal from your parents or tell a lot of lies?**
- ** How often? At what age(s)?**
 - ** Did you ever get caught? How were you punished? How did it affect you?**
- Did you ever get into trouble with the police as a child?**
("CHILD" MEANS AGE 12 AND BELOW)
- ** What for? At what age(s)?**
- Were you ever arrested as a juvenile?**
("JUVENILE" MEANS AGE 17 AND BELOW)
- ** How many times? At what age(s)? What for? Were you convicted?**
- How old were you when you first started doing crime?**
- ** What kinds of things did you do?**
 - ** Did you ever commit crimes and not get caught? What?**

ADULT ANTISOCIAL BEHAVIOUR

What are you serving time for right now? How long is your sentence?

FOR EACH SPECIFIC OFFENSE, ASK THE FOLLOWING QUESTIONS:

- ** What happened? What did you do? What do the police say that you did?**
- ** Was the offense spontaneous, or was it planned?**
- ** Were you the only person involved, or were you with others?**
- ** Did you know the victim?**
- ** Were you drunk or stoned at the time of the offense?**
- ** How did you get arrested?**

Do you feel this sentence is fair? What kind of job did your lawyer do?

Do you think your current charges (or sentence) will have any effect on your life? What type?

What other types of offenses have you been arrested for as an adult?

- ** What is the most serious offense you have ever committed? Describe it.**
- ** Have you ever been convicted for fraud, forgery, false pretenses, impersonation, perjury, etc?**
- ** If yes, how many?**

Who or what is to blame for your offenses?

- ** Why do you commit crime?**
- ** Why did you start crime?**

IF THE INDIVIDUAL TAKES PERSONAL RESPONSIBILITY, ASK THE FOLLOWING QUESTIONS:

- ** What could you have done to avoid committing the offense?**
- ** Have you ever tried to stop crime? How?**

What factors would help keep you out of crime?

Do you regret having committed your offenses?

- ** Why/why not?**

What effect have your crimes had on the victims?

- ** How do feel about the effect on the victims? Have you had contact with them?**

Are your crimes usually impulsive (spur-of-the-moment) or planned?

How do you feel when you are doing a crime?

- ** Are you nervous? Excited? Scared?**
- ** Do you like doing crime?**

Did you ever commit crimes and not get caught?

- ** What types? How often? At what age(s)?**

Have you ever breached parole or probation, escaped, gone UAL (unlawfully at large), or had a FTA (fail to appear at court)?

**** Which one(s)? How often? At what age(s)?**

Have you ever used aliases?

**** How often? Why?**

Would you find it easy or difficult to tell a lie when it is in your own best interest?

Have other people ever described you as a hustler or manipulator?

GENERAL QUESTIONS

Have you ever done anything that made you feel guilty or that you were sorry you had done (other than crime)?

**** What did you do? Why did you feel badly about it?**

If the price were right, is there anything you would not do?

**** What?**

When you work at something for a long time, do you get bored easily?

Do you lie a lot?

**** How often? Are you good at it?**

Do you think that people are easy to "con" or manipulate?

**** Do you ever do it? What are some examples?**

Do people tell you that you have a "bad-temper"?

**** What types of things get you really angry?**

**** What do you do when you are angry?**

How many close friends do you have?

**** How long have you known them? Do you keep in touch with them?**

**** What makes a "close friend"? Is it important for you to have someone close?**

When was the last time you talked to someone in your family?

How do you feel about yourself?

**** How is your self-esteem? Rate your self-image on a scale of 1 to 10.**

Has anyone close to you died?

**** How did that affect you? How did you handle it? Did you go to the funeral?**

IF NO, ASK:

**** Has anyone close to you ever been seriously ill? How did that affect you? How did you handle it? Did you go to the hospital?**

What is the most depressed you have ever been?

What is the happiest you have ever been?

Are you satisfied with your life so far?

**** Is there anything missing in your life? What? What would you describe as your main failures? In deciding what to do, would you consider the consequences of your actions in terms of how they affect others?**

Do you sometimes put on a show of feelings because other people expect it, even though you do not feel that way?

Are you patient and tolerant with other people?

Are you concerned that your criminal history will prevent you from accomplishing your goals?

INTERVIEW NOTES

Rate clarity and coherence of subject's responses during interview:

- ☐ a) Subject's responses were clear and coherent
- ☐ b) Some mild problems understanding subject's responses
- ☐ c) Some moderate problems understanding subject's responses
- ☐ d) Subject's responses were almost totally unclear or incoherent

Rate consistency of subject's responses during interview:

- ☐ a) Subject's responses were consistent
- ☐ b) Some mild inconsistencies were apparent in interview
- ☐ c) Some moderate inconsistencies were apparent in interview
- ☐ d) Subject's responses were almost totally inconsistent

Rate the overall validity of the interview:

- ☐ a) Valid and problem free
- ☐ b) Valid, but with mild problems
- ☐ c) Valid, but with moderate problems
- ☐ d) Invalid; most items should be scored totally on the basis of file information.

Describe any aspects of the subject's demeanour and behaviour during the interview that seem important or that may not be apparent in audio- or video-tapes. Such comments may focus on the subject's style of speech, nonverbal behaviours, interpersonal style, or self-image.

APPENDIX E

SEMI-STRUCTURED MOTIVATIONS INTERVIEW:

IF OFFENDER HAS JUST BEEN ADMINISTERED THE PCL-R INTERVIEW SKIP TO SECTION C. IF NOT START AT SECTION A.

Let's start with some general stuff. I want to know a bit about your background, you know, things about your school history, your family, what kind of work you have done, and what kind of relationships you have been involved in. This set of questions is sort of a grab bag, but I'm asking them all now because they may be hard to find in your files. Then I'll ask some questions about the sex offense you are currently serving time for, and, if you have ever done similar stuff in the past I will also ask you about those incidents.

A. GENERAL INTRODUCTIONS QUESTION:

How are things going?
How long have you been here for?
How are you adjusting?

B. BACKGROUND:

SCHOOL:

How far did you go in school before you left?
(distinguish from upgrading in prison)
Were you ever suspended or expelled from school? (Y/N)
How old were you when you left school?
Do you remember why you left school?

FAMILY LIFE:

What was your home life like?
How did you get along with your parent(s)? Describe them.
Were they affectionate towards you?
What did they do for a living? Were they ever on welfare?
Did they get along well together? Did they argue much? Did they ever have physical fights? Did they ever separate? How did this affect you?
Do you have any brothers or sisters? How did you get along with them?
How old were you when you left home?

EMPLOYMENT:

What kind of work have you done in the past?

How many different jobs do you think you have had?

What was your longest job? What was the shortest?

Ask the following questions for the most recent job:

****** What was the position? What were the duties?

****** Why did you leave that job? Did you quit, or were you fired?

C. RELATIONSHIPS:

How many live-in relationships have you had?

(Include both heterosexual and homosexual)

****** How many times have you been married or lived common-law?

if the individual denies any live-in relationships, ask:

****** Have you ever had a serious girlfriend?

****** Have you ever had a homosexual relationship?

for three of the longest or most recent live-in relationships, ask:

****** How long did the relationship last? How old were you when it started?

****** Describe your partner. What did you like best about your partner? Were you in love with your partner, or was it just a physical relationship?

How old were you when you first had a sexual relationship?

****** Was it with a stable partner, or a casual acquaintance?

How many different sexual partners have you had?

****** How many were casual acquaintances ("one night stands")?

Have you ever had relationships with more than one person at the same time?

****** Tell me about it.

D. CURRENT SEX OFFENSE INFORMATION:

O.K., now let's move on to more recent things. The next set of questions will focus on the period before your sex offense, the one that you are currently serving time for, let's say mostly the last three months. As much as possible, I'd like you to recall what was happening then, especially in the last few days before your sex offense. Unless I tell you otherwise you should answer with what was happening around that time. Is that clear?

Remember, everything you tell me is strictly confidential.

1. What were you charged with?
2. Did you plead guilty or not guilty?
3. What were you convicted for?
4. In your own words, I want you to describe the details of the offense?
 You know, what happened. What did you do? Where did it happen? How did you get arrested
(first, let offender provide a general answer. Then ask him the following questions if he did not answer them in his own description)

- *Who was the victim?
- *Were you drinking or stoned at the time of the offense?
- *Were you the only person involved, or were you with others?
- *Was it planned or was it spur of the moment?
- *Was there any verbal contact between you and the victim? If so what did you say?
- *Did you make her say something she did not want to say?
- *How did you stop her from getting away?
- *Do you remember if you choked her?
- *What sort of sex acts did you engage in? Was there vaginal penetration, anal penetration, oral sex?
- *Anything else?
- *Did you use a weapon?
- *Did you make her do things that you normally wouldn't do with say your wife or girlfriend?
- *What did you tell her during the offense
- *After it was over how did you feel?
- *Who or what is to blame for this event?
- *Was it sexually pleasurable for you? If yes, ask if he remembers ejaculating
- *At what point did you feel the most pleasure or satisfied during the assault?

5. a) How do you think the incident made her feel?

1. dirty
2. humiliated
3. out of control
4. degraded
5. disgusted
6. happy
7. sexually turned on
8. other (specify) _____
9. don't know

- b) How do you know that?
- c) Did she cut you down or insult you after the incident?
- d) Did you cut her down or swear at her after the incident?

Sexual Fantasy:

- 6. When did the thought of doing something like this first pass through your mind?
 - a) What was the most significant thing that happened to you just before you started thinking about it? (*specify)
 - b) (If they don't respond) Was there anything new that was happening in your life then, or some problem that was bothering you? (specify)
- 7. When you first thought about it, what did you do? (specify)
 - 1. ignore it or forget about it
 - 2. thought about it a lot
 - 3. started planning
 - 4. acted on it
- 8. When you didn't want the thoughts there what would you do to get rid of them?
- 9. Most people fantasize or daydream from time to time about places we would like to go or things we would like to do. Tell me about yours.
- 10. We all think and fantasize about sex from time to time. What are your thoughts? Describe them?
 - rate content:* 1. consenting sex between two adults
 - 2. nonconsensual sex between two adults--no violence
 - 3. violent nonconsensual sex between two adults
 - 4. sadistic sex (derives pleasure from inflicting pain on another)

11. Did you ever daydream or fantasize about the incident before acting on it? yes/no
- a) if offender admits to having fantasized ask when the first time was?
1. within 24 hours of the offense
 2. within 48 hours of the offense
 3. one week before the offense
 4. two weeks before the offense
 5. one month before the offense
 6. three months before the offense
 7. greater than three months before the offense
 8. not applicable (did not admit to fantasy)
 9. not known
- b) In total how often did you daydream or fantasize about committing the offense _____
12. When you thought about it how often did you get you sexually aroused? _____
13. How many times did you masturbate while you thought about it? _____

14. a) Did you ever rehearse, or make definite plans as to how you might carry out the offense?

Yes/No

b) If yes, when did you start?

1. within 24 hours of the offense
2. within 48 hours of the offense
3. one week before the offense
4. two weeks before the offense
5. one month before the offense
6. three months before the offense
7. greater than three months (specify) _____
8. not applicable (did not admit to fantasy)
9. not known

c) In total, how many months did you plan or rehearse the event? _____
(code 8 if no planning or rehearsal)

(BASED ON INFORMATION GIVEN IN RESPONSE TO QUESTIONS 4 & 5, INFORMATION OBTAINED FROM POLICE REPORTS AND VICTIM STATEMENTS CODE THE FOLLOWING VARIABLES)

15. *Level of Denial:* (created from empirical evidence presented by Scully & Marolla (1984))

1. complete admitter--offender completely accepts responsibility of the sex offense in the absence of justifications or excuses.
2. semi-admitter--acknowledges that he 'raped' the victim and that it was morally wrong but excuses his behaviour due to emotional problems or substance abuse
3. semi-denier--acknowledges that he had sexual contact with the victim but denies that it was rape i.e. he uses justifications like , 'she seduced me', 'she deserved it', 'she enjoyed it once it got started', 'she said yes but she really meant no'
4. complete denier--totally denies any sexual contact with victim whatsoever--consensual or nonconsensual

16. Based on descriptions provided by the offender, police reports and victim impact statement what were the underlying motivations for the current sex offense
check all that apply

1. emotional state - general, undifferentiated anger or frustration (may be impulsive with no fantasies)
2. emotional state - specific anger, to get even
3. emotional state - out of control, stressed out
4. emotional state - depressed
5. emotional state - anxiety
6. boredom, need for excitement
7. sexual gratification (may have sadistic or sexual fantasies)
8. substance intoxication
9. opportunity--robbery/economic (broke into house, discovers)
10. victim, decides to rape her--is spontaneous, no sexual fantasies, controlled by contextual and immediate antecedent factors)
11. revenge (cold-blooded act to punish victim or other, probably not impulsive, no sexual fantasies)
12. rejection (turned down for a date, leads to rape)
13. jealousy
14. just happened - never thought about it
15. complete denial
16. to humiliate victim
17. to achieve power over victim
99. not known

Evidence for power motivation would include: use of a weapon, use of hands in choking, gave victim instructions or commands or orders, verbally admits that he committed the offense primarily to feel powerful and in control, no evidence that offender received sexual gratification from the offense (i.e. did not ejaculate, had to masturbate to achieve erection during the offense), did not engage in foreplay before actually raping the victim (suggests offender was not sexually motivated).

Evidence for humiliation motivation: he committed degrading acts such as ejaculating on victim's body or face, defecated or urinated on the victim, use of profane or abusive language with content that was obviously intended to humiliate and degrade the victim.

E. EVENTS & EMOTIONS PRESENT THREE MONTHS PRIOR TO OFFENSE:

Now I want to ask some questions about your feelings and experiences three months prior to the current sex offense. Let's start with a very general question. Were there any particular problems that you remember in the three months before your offense? How were you functioning?

(If "yes" get specific descriptions)

(If "no" to above, repeat in a different form)

Well, were there things that made your life difficult, or that you were having trouble dealing with? (Specify)

(Make sure that each of the general areas in the rest of the interview is covered. Questions that were answered in response to the general inquiry may be omitted.)

Well, we know from talking to other guys that there are a number of things that they often have trouble with. Let me ask you about them.

Emotional Problems

1. In those last three months, did you have any problems with your feelings or moods?

prompt if necessary

a. (if yes) what?

b. (if yes) What was the problem, and how did you cope with it?

2. During the entire three months before the offense, what kind of strong emotional feelings did you have? (cue if offender does not respond)

(specify and get information on each, i.e. degree and overall effect)

(check all that apply)

1	2	3	4	5
never	sometimes	often	most of the time	always
- a) ☐ hopelessness
 - b) ☐ anxiety/worry/fear
 - c) ☐ depressed
 - d) ☐ loneliness
 - e) ☐ moody/brooding
 - f) ☐ rejection
 - g) ☐ anger
 - h) ☐ boredom
 - i) ☐ frustration
 - j) ☐ sexual frustration
 - k) ☐ general stress
 - l) ☐ feel nothing - numb
 - m) ☐ guilt
 - n) ☐ positive/happy
 - o) ☐ other

3. How about in the 24 hours preceding the offense -- what were you feeling then?

- a) ☐ hopelessness
- b) ☐ anxiety/worry/fear
- c) ☐ depressed
- d) ☐ rejection
- e) ☐ anger
- f) ☐ boredom
- g) ☐ frustration
- h) ☐ sexual frustration
- i) ☐ general stress
- j) ☐ feel nothing - numb
- k) ☐ guilt
- l) ☐ positive/happy
- m) ☐ other

4. Do you remember at all what set off those feelings? (specify--what sequence of actions, events, and thoughts)

- 1. marital/intimate relationship conflict
- 2. employment problems
- 3. conflict with boss, friends, co-workers
- 4. money problems
- 5. don't know/can't remember
- 6. other (specify) _____

5. Were there any particular problems that were bothering you then, even some that we've already discussed?

6. What do you think really led you to do this offense?

1. emotional state - general, undifferentiated anger or frustration
2. emotional state - specific anger, to get even
3. emotional state - out of control, stressed out
4. emotional state - depressed
5. emotional state - anxiety
6. boredom, need for excitement
7. sexual gratification
8. substance intoxication
9. opportunity--robbery/economic (broke into house, discovers victim, decides to rape her--is spontaneous, no sexual fantasies, controlled by contextual and immediate antecedent factors)
10. revenge (cold-blooded act to punish victim or other)
11. rejection (turned down for a date, leads to rape)
12. jealousy
13. just happened - never thought about it
14. complete denial
15. to humiliate victim
16. to achieve power over victim
17. other

F. SEQUENCE OF EVENTS LEADING UP TO THE CRIME:

OK, now we've probably covered just about everything. You can see that what we're trying to do is to get a picture of what was happening in your life before the offense, and how it all fits together. Now there might be things that you forgot to mention or that I didn't think to ask about, so I want to try to get a couple of real pictures.

First, I have here a sheet of paper with two time-lines drawn on it. (show). As you can see, the endpoint for both lines is the offense, and I've set it up this way to see how other things relate to it in time. I have drawn the line telescoped leading away from the offense, so you can see that near the end I have things divided in terms of minutes, and further back it's days or even months.

Now I would like you to mark on the first line, called "events", any important things that were happening to you during the specified time block, especially problems, including those we've just talked about. Then on the second line marked "feelings and thoughts" I'd like you to mark what you remember about what you were thinking and feeling during the specified time blocks. (check that he understands, and demonstrate if necessary. Generally, the interviewer might do most of the actual writing on the timeline, as directed by the subject.

Events Line:

3 mon 2 mon 1 mon 1 wk 48 hrs 24 hrs 12 hrs 1 hrs 5 mins secs
 _____ * _____ * _____ * _____ * _____ * _____ * _____ * offense

Feelings and Thoughts Line:

3 mon 2 mon 1 mon 1 wk 48 hrs 24 hrs 12 hrs 1 hrs 5 mins secs
 _____ * _____ * _____ * _____ * _____ * _____ * _____ * offense

Now I've listed some of the problems you were facing in that period, and the order in which things happened. do you think that these difficulties have anything to do with you committing your offense?

1. Yes
2. No
9. Don't Know

IF yes--How? (Specify).

- H. Given that these factors (i.e. substance abuse, stress, marital problems etc) seemed to play a role in your offense what do you think the underlying cause was? I mean, there are literally hundreds of thousands of individuals who have substance abuse problems, experience stressful lives etc. etc. yet they don't commit sexual offenses. What makes you different?
- I. Thank you, that's all of the questions I have for you. Now, is there anything else that you can think of that might be important here that I haven't asked you about?

APPENDIX F

**MASSACHUSETTS TREATMENT CENTER REVISED RAPIST SUBTYPE
DESCRIPTIONS (MTC:R3)**

The following has been taken from the scoring guidelines of the MTC:R3

Social Competence Criteria

25 years old or older

If offender is 25 years of age or older at the time of his incarceration, he is considered to be high in social competence, if he meets both of the following criteria:

1. He has lived independently and supported himself financially for a minimum of 1 year.
2. He has been married and lived with his wife for a minimum of 6 months or he has cohabited with a sexual partner (female or male) for at least two years with only brief interludes (maximum of a couple of weeks) of separation. The cohabitation must involve an apparently enduring emotional commitment to the partner.

24 years old or younger

If at time of evaluation the subject is 24 year of age, he is considered to be high in social competence, if he meets both of the following criteria:

1. He has lived independently and supported himself financially for a minimum of 1 year. Note if he has been continuously enrolled in an academic program up to the time of evaluation, this criterion is not required.
2. He has been married and lived with his wife for a minimum of 6 months or he has cohabited with a sexual partner (female or male) for at least one year or more.

Brief Description of Individual Subtypes

● *High social competence, opportunistic type*

1. He must meet the two general criteria for high social competence
2. The amount of aggression in his crimes must be limited to that necessary to attain victim compliance. Because theoretically this type of offender has little empathy for the victim, he may handle the victim roughly. If the victim resists his assault and fights back, he may become angry and use greater physical coercion, including slapping, punching, or physical

restraints, but there is no evidence of victim resistance, slapping or punching excludes an offender from this group.

3. The primary motive in his sexual assault(s) must appear to be impulsive exploitation. Almost all of this offender's offenses should appear unpremeditated. In the majority of his offenses, often after the victim has been encountered. When the offender knows the victim, the assault on that victim must appear to be the result of the offender's easy access to the victim. There should be no instances in which one of the offenses is planned in detail and a particular victim is sought, and the should not engage in offenses that have high moderate planning.

● *Low Social Competence, Opportunistic Type*

1. This subtype is identical to the HSC, opportunistic type except he must meet no more than one of the two general criteria for high social competence.

● *Pervasively Angry Type*

1. This offender must be characterized by himself or by others as an angry individual and he must have clear instances as an adult of assaulting or fighting with men in non-sexual contexts.
2. The offender's sexual assault(s) must be characterized by expressive aggression. Unprovoked physical and verbal aggression or physical force in excess of that necessary to gain victim compliance must be presence. More characteristically, rage is evident in this type of offender from the start. There should be no evidence that he engaged in these behaviours in increase sexual arousal or that these actions were the enactment of a sexual fantasy.
3. The primary motive for the offense should be anger and not simply seeking sexual gratification. Almost all of this offender's offenses should appear unpremeditated. In the majority of his offenses it appears that he impulsively decides to commit the offense, often after the victim has been encountered.
4. Social competence is not relevant for this subtype.

● *Overt Sadistic Type*

1. The level of violence in the offender's sexual assaults must clearly be gratuitous and exceed what is necessary to force victim compliance. The Overt Sadist's offense(s) are characterized by the pain and fear they inflict on the victim.
2. To be judged an Overt Sadistic type an offender must manifest behaviors that reflect his intention to inflict fear or pain on the victim and an indication that the violence either contributes to sexual arousal. There should be no evidence that the offender lost his erection or failed to ejaculate while he was assaulting the victim, unless the assault was interrupted by some external

event or the offender was intoxicated.

3. To be classified as Overt Sadistic there must, however, be evidence that at least one of the offender's assaults was partially planned.
4. Social Competence is not relevant for this subtype.

● *Muted Sadistic Type*

1. The amount of physical force employed in the sexual assault must not exceed what is necessary to attain victim compliance. Pain and injury may be feigned, but not actually inflicted.
2. There must be evidence that the victim's fear or discomfort or the fantasy of violence either contributes to sexual arousal or at least does not appear to inhibit sexual arousal.
3. To be classified as Muted Sadistic there must be evidence that at least one of the offender's assaults was partially planned.
4. Social competence is not relevant for this subtype.

● *High Social Competence, Non-Sadistic, Sexual Type*

1. He must meet the two general criteria for high social competence.
2. The amount of aggression in his crimes must be limited to that necessary to attain victim compliance. If the victim resists, his force may escalate, but there is never any indication that this coercion is eroticized or rageful. There is no evidence of overt or symbolic sadism, and no sadistic fantasies precede or accompany the assault. When there was no evidence of victim resistance, slapping or punching excludes an offender from this group.
3. He spends a substantial amount of time focusing on his sexual needs. He may manifest other sexually deviant behaviour that can be inferred to have lasted for an extended period of time. There also may be evidence to suggest that his sexual assault(s) were compulsive. He may also be concerned with his masculine self image and may be preoccupied with feeling of sexual and social inadequacy.
4. There must be some evidence that at least one of the offenses was partially planned.

● *Low Social Competence, Non-Sadistic, Sexual Type*

1. This subtype is identical to the HSC-nonsadistic sexual type except that he must meet no more than one of the two general criteria for high social competence.

● *Low Social Competence, Vindictive Type*

1. He must meet no more than one of the two general criteria for high social competence.
2. His sexual assault(s) must be characterized by obvious expressive aggression. His verbalization and behaviour during the assault(s) must indicate that he is angry. Either the level of physical aggression in the assault exceeds what is necessary to force victim compliance, or there is clear and undeniable evidence in his verbalizations or behavior that he intended to demean, degrade, or humiliate the victim.
3. There must be no more than one or two instances of physical fights with males, and no instances of brutal assaults on males. This type of offender is not characterized as an angry individual in general.
4. The primary motive is anger at women and simply seeking sexual gratification.

● *High Social Competence, Vindictive Type*

1. This subtype is identical to the one above except that the offender must meet both criteria for social competence.

APPENDIX G

CONFIDENTIAL QUESTIONNAIRE #1:

I am interested in learning more about your attitudes and feelings about women. Below, I ask you to read and think about several stories involving a man and a woman, and then I ask you a number of questions about how you interpret their behaviour. Sometimes it is very difficult to interpret a woman's behaviour, even when you are involved in an intimate relationship with her. I want to know more about how misunderstandings between men and women occur.

Part 1: Dating Experience

1. Please indicate the number of different women you have dated in the last year when you were on the outside.

2. What percentage of your dating experiences has been a pleasant experience? (circle one.)

0-20% 21-40% 41-60% 61-80% 81-100%

Part 2: When does a woman mean no?

The questions below deal with a situation in which a man is with a woman and is interested in having sex with her. In each question, a scene is described, followed by a description of a sexual advance made by a man toward a woman. The woman's response to the man's sexual advance is described. We would like you to interpret the meaning of the woman's behaviour, by deciding whether the man should continue to make sexual advances. In each scene you should assume that the man and woman have never had sex before.

Using the numbered scale below, please assign a rating to each sequence of behaviour described for a situation.

0	1	2	3	4	5	6
absolutely no			some justification			completely justified
justification in continuing						

Story #1

A. A man is on a date with a woman whom he has known for about two weeks. They went to a movie, and then to the woman's apartment and ordered a pizza. They are sitting on the sofa. The man begins to kiss her, and they kiss for several minutes. How justified is it to continue to make sexual advances if:

1. ____ The man puts a hand on her thigh, and she moves it away.
2. ____ The man puts his hand on her breast and she moves the hand away and says "No, don't".
3. ____ The man starts to unbutton her blouse, and she moves his hand away, says "No, don't," and starts to get up from the sofa.
4. ____ The man has removed the woman's pants and the woman jumps up from the sofa and says "That's enough, I think its time that you left."
5. ____ The man has removed the woman's clothes and the woman tries to wrestle away from him and threatens to scream if he doesn't stop.

Story #2:

B. A man has been going out with a woman for three months. The relationship is getting serious, and the two have planned a special date for the weekend. The man buys the woman flowers and takes her to an expensive restaurant. They go back to her apartment, and sit on the sofa. The man begins to kiss her, and they kiss for several minutes. How justified is it to continue to make sexual advances if:

1. ____ The man puts a hand on her thigh, and she moves it away.
2. ____ The man puts his hand on her breast and she moves the hand away and says "No, don't".
3. ____ The man starts to unbutton her blouse, and she moves his hand away, says "No, don't," and starts to get up from the sofa.
4. ____ The man has removed the woman's pants and the woman jumps up from the sofa and says "That's enough, I think its time that you left."
5. ____ The man has removed the woman's clothes and the woman tries to wrestle away from him and threatens to scream if he doesn't stop.

Story #3:

C. A man is at a party and sees a woman that he knows slightly through a mutual friend. He walks up to her and says "hi" and they begin to talk. They talk for an hour, and have consumed a considerable amount of beer. The woman says that she ought to be leaving. The man offers to give her a ride home and she accepts. She invites him in for a cup of coffee. They are sitting on the sofa and the man begins to kiss her. They kiss for several minutes. How justified is it to continue to make sexual advances if:

1. ____ The man puts a hand on her thigh, and she moves it away.
2. ____ The man puts his hand on her breast and she moves the hand away and says "No, don't".
3. ____ The man starts to unbutton her blouse, and she moves his hand away, says "No, don't," and starts to get up from the sofa.
4. ____ The man has removed the woman's pants and the woman jumps up from the sofa and says "That's enough, I think its time that you left."
5. ____ The man has removed the woman's clothes and the woman tries to wrestle away from him and threatens to scream if he doesn't stop.

APPENDIX H

CONFIDENTIAL QUESTIONNAIRE #2:

Using the numbered scale below, please assign a rating to each statement that represents the degree to which you agree or disagree with the statement.

0	1	2	3	4	5	6
strongly disagree	disagree somewhat	disagree	neutral	agree somewhat	agree	strongly agree

1. ____ A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.
2. ____ Any female can get raped.
3. ____ One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.
4. ____ Any healthy woman can successfully resist a rapist if she really wants to.
5. ____ When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.
6. ____ If a girl engages in necking or petting and she lets things get out of hand, it her own fault if her partner forces sex on her.
7. ____ Women who get raped while hitchhiking get what they deserve.
8. ____ A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.
9. ____ If a woman gets drunk at a party and has intercourse with a man she's just met there, she should be considered, "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.
10. ____ What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?
11. ____ What percentage of reported rapes would you guess were merely invented by women who discovered they were pregnant and wanted to protect their own reputation?
12. ____ A person comes to you and claims they were raped. How likely would you be to believe their statement if the person were:
 - ____ your best friend
 - ____ a Native woman
 - ____ a neighbourhood woman
 - ____ a young boy
 - ____ a black woman
 - ____ a white woman

APPENDIX I

In this questionnaire we describe some common situations that happen to people on the outside. For each situation we would like you to pretend that is actually happening to you. After you think about it, we would like you to tell us how you would react to it and how you would deal with it or try to work it out. Use your own words to describe what you would think and do. Then, answer the other questions about your thoughts and feelings in each case.

Not at all							Very much
1	2	3	4	5	6	7	

Situation 2

You've been living on the outside for several months. Things are going fine, except that you never have enough money for the things you want. Now it's just after the middle of the month and you know you're going to run out of money in a week, but you don't get paid until the end of month.

1. Aside from what you would do, how would you feel in this situation (please circle the best choice).

- a. angry
- b. depressed, down, low
- c. anxious, uptight
- d. guilty, ashamed
- e. lonely
- f. other (name it) _____

2. How strongly would you feel that way? (circle the number that shows how much).

Just at bit						A great deal
1	2	3	4	5	6	7

3. If this situation happened to you, how would you deal with it? (If you would do more than one thing, write them down?)

4. How well do you think you would handle this situation? (circle the number that fits).

Not well at all						Very Well
1	2	3	4	5	6	7

5. How much would the whole situation bother you? (circle the number that fits).

Not at all						Very much
1	2	3	4	5	6	7

Situation 3

While you are living on the outside, a friend you have known for several years comes over to visit. He invites you to a party in the house of a guy he knows (but you don't know him). Your friend says that it will be a really wild party. You're not sure you want to go with this person; you were never very close to him, and you have to work tomorrow.

1. Aside from what you would do, how would you feel in this situation (please circle the best choice).

- a. angry
- b. depressed, down, low
- c. anxious, uptight
- d. guilty, ashamed
- e. lonely
- f. other (name it) _____

2. How strongly would you feel that way? (circle the number that shows how much).

Just at bit						A great deal
1	2	3	4	5	6	7

3. If this situation happened to you, how would you deal with it? If you would do more than one thing, write them down?

4. How well do you think you would handle this situation? (circle the number that fits).

Not well at all						Very Well
1	2	3	4	5	6	7

5. How much would the whole situation bother you? (circle the number that fits).

Not at all						Very much
1	2	3	4	5	6	7

Situation 4

You really want to stay out of trouble on the outside, so you stay away from all the people you used to hang around with. You get along fine with the people at work, but you find it hard to make new friends, and lately you've been feeling all alone. Last night you felt it a lot, and it kept you awake most of the night.

1. Aside from what you would do, how would you feel in this situation (please circle the best choice).

- a. angry
- b. depressed, down, low
- c. anxious, uptight
- d. guilty, ashamed
- e. lonely
- f. other (name it) _____

2. How strongly would you feel that way? (circle the number that shows how much).

Just at bit						A great deal
1	2	3	4	5	6	7

3. If this situation happened to you, how would you deal with it? If you would do more than one thing, write them down?

4. How well do you think you would handle this situation? (circle the number that fits).

Not well at all						Very Well
1	2	3	4	5	6	7

5. How much would the whole situation bother you? (circle the number that fits).

Not at all						Very much
1	2	3	4	5	6	7

Situation 5

You have been living on the outside for several months. Things are going along OK, and you're starting to meet some people and develop some friendships. One day during some casual conversation with a couple of people you recently met, you are asked what you've been up to in the past couple of years.

1. Aside from what you would do, how would you feel in this situation (please circle the best choice).

- a. angry
- b. depressed, down, low
- c. anxious, uptight
- d. guilty, ashamed
- e. lonely
- f. other (name it) _____

2. How strongly would you feel that way? (circle the number that shows how much).

Just at bit						A great deal
1	2	3	4	5	6	7

3. If this situation happened to you, how would you deal with it? If you would do more than one thing, write them down?

4. How well do you think you would handle this situation? (circle the number that fits).

Not well at all						Very Well
1	2	3	4	5	6	7

5. How much would the whole situation bother you? (circle the number that fits).

Not at all						Very much
1	2	3	4	5	6	7

COPING STRATEGIES:

None:

subject did not cope at all with problem; usually says that nothing could be done or that he was unable to act

Reactive Problem-Oriented:

attempts to deal with problem situation, but lacking evidence of persistence, planning, organization, or anticipation of future results

Avoidance:

staying away from situation in which problem occurs, or avoidance of thoughts about it

Escape:

physical removal of self from problem situation, or termination of thoughts about it

Palliative:

responses to reduce emotional distress from problem, most commonly by providing some contrasting pleasant event other than drugs or social support

Social support:

use of others for comfort or reassurance, or sharing problems by self-disclosure

Anticipatory Problem-Oriented:

explicit recognition of nature of problem situation; systematic, organized and persistent attempts to resolve situation; evidence of planning and anticipation of future results

Reinterpretive Re-evaluation:

changes in appraisal or perception of situation to reduce perceived threat

Reinterpretive Self-Control:

use of self-control techniques to reduce, redirect, or otherwise alter emotional response to situation, thus reducing threat

Anticipatory Substitution:

deliberate choice of behaviors incompatible with occurrence of problem situation, generally using strategy of filling time

Alcohol or Drug Use:

ingestion of substances for purpose of relieving emotional distress or to dull awareness of problem

APPENDIX J

CONFIDENTIAL QUESTIONNAIRE #4:

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1	2	3	4	5	6	7
not true			somewhat			very true

- _____ 1. My first impressions about people usually turn out to be right.
- _____ 2. It would be hard for me to break any of my bad habits.
- _____ 3. I don't care to know what other people really think of me.
- _____ 4. I have not always been honest with myself.
- _____ 5. I always know why I like things.
- _____ 6. When my emotions are aroused, it biases my thinking.
- _____ 7. Once I've made up my mind, other people can seldom change my opinion.
- _____ 8. I am not a safe driver when I exceed the speed limit.
- _____ 9. I am fully in control of my own fate.
- _____ 10. It's hard for me to shut off a disturbing thought.
- _____ 11. I never regret my decisions.
- _____ 12. I sometimes lose out on things because I can't make up my mind soon enough.
- _____ 13. The reason I vote is because my vote can make a difference.
- _____ 14. My parents were not always fair when they punished me.
- _____ 15. I am a completely rational person.
- _____ 16. I rarely appreciate criticism.
- _____ 17. I am very confident of my judgments.
- _____ 18. I have sometimes doubted my ability as a lover.
- _____ 19. It's all right with me if some people happen to dislike me.
- _____ 20. I don't always know the reasons why I do the things I do.
- _____ 21. I sometimes tell lies if I have to.
- _____ 22. I never cover up my mistakes.
- _____ 23. There have been occasions when I have taken advantage of someone.
- _____ 24. I never swear.
- _____ 25. I sometimes try to get even rather than forgive and forget.
- _____ 26. I always obey laws, even if I'm unlikely to get caught.

- _____ 27. I have said something bad about a friend behind his or her back.
- _____ 28. When I hear people talking privately, I avoid listening.
- _____ 29. I have received too much change from a salesperson without telling him or her.
- _____ 30. I always declare everything at customs.
- _____ 31. When I was young I sometimes stole things.
- _____ 32. I have never dropped litter on the street.
- _____ 33. I sometimes drive faster than the speed limit.
- _____ 34. I never read sexy books or magazines.
- _____ 35. I have done things that I don't tell other people about.
- _____ 36. I never take things that don't belong to me.
- _____ 37. I have taken sick-leave from work or school even though I wasn't really sick.
- _____ 38. I have never damaged a library book or store merchandise without reporting it.
- _____ 39. I have some pretty awful habits.
- _____ 40. I don't gossip about other people's business.

APPENDIX K

FILE REVIEW CODING FORM

Subject #: _____

Date: _____

Criminal record attached: Y N (if no, code criminal record form)

I. DEMOGRAPHIC DATA

Age: _____

Date of Birth: . ____ / ____ / ____

Race: _____

II. BACKGROUND

A) Family

- i) Birth order: _____ of _____
- ii) Quality of family life: Good Average Poor
- iii) Comments:

B) Education

- i) Years of education: _____
- ii) Attendance: Good Average Poor
- iii) Performance: Good Average Poor
- iv) Behavior: Good Average Poor
- v) If problems, age onset: _____, nature of those problems
- vi) Comments:

III. RELATIONSHIPS

A) Family

- i) Current contact:
- ii) Comments:

B) Girlfriends/Partners

IV. PSYCHIATRIC/PSYCHOLOGICAL TEST RESULTS

- A) Intellectual tests
- B) Mental Disorder/Personality Disorders/Behavioral diagnoses and assessments

V. SUBSTANCE ABUSE

- i) Drug Usage: Addict Heavy use of hard Heavy use of soft Infrequent user Nonuser
- ii) Comments
- iii) Age onset
- iv) Family History

- i) Alcohol Usage: Addict Problem Drinker Moderate user Nonuser
- ii) Comments
- iii) Age onset
- iv) Family History

VI. INSTITUTIONAL DATA

- i) Adjustment: Chronic Problem Behaviour Problem
Slight Problem
Good
Excellent
- ii) Comments:
- iii) Institutional Charges:

VII. CRIMINOLOGICAL DATA

i) Present offense (s):

2) Sentence (s):

3) Comments (describe police/court version of current sexual offense and past sex offenses if relevant)

VIII. ADDITIONAL COMMENTS

APPENDIX L

**DISTRIBUTION OF SEXUAL ABUSE VARIABLES: COMPARISON BETWEEN
PSYCHOPATHIC (P) AND NONPSYCHOPATHIC (NP) RAPISTS**

Variable	Total Sample % (N = 20)	P (n = 5)	NP (n = 15)
	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>
Age of offender when abuse began	9.3 (3.4)	9.6 (2.7)	9.1 (3.2)
Duration of sexual abuse in months	20.7 (5.4)	19.8 (27.1)	21.0 (24.6)
	% (n/n)	% (n/n)	% (n/n)
Sex of Abuser(s)			
male	72.2 (13/18)	80.0 (4/5)	69.2 (9/13)
female	16.7 (3)	0.0	23.1 (3)
both	11.1 (2)	20.0 (1)	7.7 (1)
Relationship of abuser to offender			
biological parent	5.3 (1/19)	20.0 (1/5)	0.0 (0/14)
step-parent	10.5 (2)	20.0 (1)	7.1 (1)
sibling	5.3 (1)	0.0	7.1 (1)
other relative	10.5 (2)	0.0	14.3 (2)
casual acquaintance	21.1 (4)	40.0 (2)	14.3 (2)
stranger	26.3 (5)	20.0 (1)	28.6 (4)
authority figure	21.1 (4)	0.0	28.6 (4)
Use of physical aggression by sexual abuser(s)	42.9 (6/14)	33.0 (1/3)	45.5 (5/11)

APPENDIX M

INTER-CORRELATIONS BETWEEN DEPENDENT VARIABLES

Variable	1	2	3	4	5	6	7	8	9	10
1.										
2.	.09									
3.	.23	.28								
4.	.19	.09	-.01							
5.	-.07	.49 ^d	.21	-.19						
6.	-.33 ^b	.51 ^d	-.45 ^d	-.04	.25					
7.	.19	.10	.44 ^d	.03	.13	.32 ^a				
8.	-.12	-.13	-.16	-.06	-.00	-.03	-.08			
9.	-.07	-.22	-.25	-.19	-.00	-.02	-.12	.78 ^d		
10.	-.21	-.16	-.36 ^b	-.09	-.13	.17	-.27	-.26 ^a	-.21	
11.	-.09	-.07	-.16	.12	-.06	.09	-.13	.15	.17	.09
12.	.38 ^b	-.19	.19	.20	-.09	-.41 ^c	.23	.19	.20	.33 ^a
13.	-.36 ^b	.22	.55 ^d	.08	.09	-.31 ^a	.39 ^b	-.22	-.26 ^a	.42 ^b
14.	.46 ^d	.05	.34 ^b	.06	-.07	-.32 ^b	.32 ^a	.06	.11	-.42 ^c
15.	.18	.10	-.24	.37 ^b	-.03	.10	-.18	-.15	-.22	.17
16.	.34 ^b	-.15	.05	.15	-.25	-.17	-.06	-.22	-.23	.25
17.	.18	.38 ^b	.09	-.18	.16	.26 ^a	-.04	-.34 ^b	-.26 ^a	.04
18.	.19	.29 ^a	.05	.17	.18	.19	.13	-.13	-.15	-.11
19.	-.46 ^d	-.03	-.11	-.15	-.06	.30 ^a	-.18	-.10	-.15	-.29 ^a
20.	.22	.18	.19	-.15	.00	-.03	.17	-.33 ^b	-.23	-.10
21.	.28 ^a	-.02	.00	.29 ^a	-.07	-.21	-.04	-.06	-.05	.19
22.	.04	.11	-.13	.04	.11	.14	-.21	.08	-.05	.02
23.	.05	.07	-.13	-.09	.02	.13	-.22	.00	.01	.02
24.	-.14	.18	-.12	.21	.14	.32 ^a	-.19	-.18	-.22	.00
25.	.21	.02	.41 ^c	.12	-.20	-.31 ^a	.07	.07	-.01	-.54 ^c
26.	.31	-.33	.24	.21	-.12	-.39 ^a	.17	.26	.26	-.43 ^a
27.	.21	-.12	.03	-.25	-.13	-.23	.22	.01	.14	-.21
28.	.23	-.21	.00	-.20	-.09	-.32 ^b	.14	.06	.19	-.17

Note. The numbers along the horizontal and vertical axis represent the dependent variables in the study. The component variables that contributed to the global measure were not included in the matrix.

$a_p < .05$, $b_p < .01$, $c_p < .001$, $d_p < .0001$.

1 = family background scale. 2 = offender age at time of sex offense. 3 = number of prior sex crimes. 4 = number of prior nonsex crimes. 5 = age onset for nonsex crimes. 6 = age onset for sex crimes. 7 = escalation in sex crimes. 8 = force used. 9 = victim injury. 10 = offense planning. 11 = victim number. 12 = offender/victim relationship. 13. multiple paraphilias. 14. psychopathology scale. 15 = lifestyle impulsivity. 16 = education/employment scale. 17 = marital problem scale. 18 = substance abuse scale. 19 = coping efficacy scale. 20 = social skills deficit. 21 = anger management. 22 = Heterosocial Perception Survey. 23 = Rape Myth Acceptance Scale. 24 = level of denial. 25 = sexual fantasy. 26 = deviant arousal. 27 = 24 hour negative emotional intensity scale. 28 = 3 month negative emotional intensity scale.

Table con't

INTER-CORRELATIONS BETWEEN DEPENDENT VARIABLES

Variable	11	12	13	14	15	16	17	18	19	20
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.	-.14									
13.	-.18	-.00								
14.	.08	.21	.22							
15.	.03	.07	-.19	.23						
16.	-.17	-.05	.16	.11	.13					
17.	-.11	.28 ^a	.19	.16	-.10	-.00				
18.	.14	.18	.02	-.02	.19	.22	.16			
19.	.23	-.31 ^b	-.02	-.27 ^a	-.12	-.13	-.04	-.09		
20.	-.09	.03	.37 ^b	.32 ^b	.02	.03	.20	.05	.17	
21.	-.06	.09	.04	.16	.45 ^d	.16	-.00	-.13	-.26 ^a	-.29 ^a
22.	.08	-.06	-.06	.01	.14	-.03	.07	.05	-.19	-.19
23.	-.16	-.07	-.11	-.12	-.07	-.10	.11	-.36 ^b	-.11	-.08
24.	-.17	-.11	-.17	-.32 ^b	-.11	.11	-.03	-.05	-.05	-.11
25.	.09	.29	.27 ^a	.46 ^d	-.04	-.04	-.18	-.02	-.10	.25 ^a
26.	.09	.33	.42 ^a	.51 ^d	-.30	.27	-.42	-.11	-.29	.11
27.	.06	.07	.02	.29 ^a	-.13	.00	.26	-.17	-.04	.11
28.	.12	.09	.02	.35 ^b	-.06	-.02	.11	-.22	-.00	.08

Note. The numbers along the horizontal and vertical axis represent the dependent variables in the study. The component variables that contributed to the global measure were not included in the matrix.

$a_p < .05$, $b_p < .01$, $c_p < .001$, $d_p < .0001$.

1 = family background scale. 2 = offender age at time of sex offense. 3 = number of prior sex crimes. 4 = number of prior nonsex crimes. 5 = age onset for nonsex crimes. 6 = age onset for sex crimes. 7 = escalation in sex crimes. 8 = force used. 9 = victim injury. 10 = offense planning. 11 = victim number. 12 = offender/victim relationship. 13. multiple paraphilias. 14. psychopathology scale. 15 = lifestyle impulsivity. 16 = education/employment scale. 17 = marital problem scale. 18 = substance abuse scale. 19 = coping efficacy scale. 20 = social skills deficit. 21 = anger management. 22 = Heterosocial Perception Survey. 23 = Rape Myth Acceptance Scale. 24 = level of denial. 25 = sexual fantasy. 26 = deviant arousal. 27 = 24 hour negative emotional intensity scale. 28 = 3 month negative emotional intensity scale.

Table con't

INTER-CORRELATIONS BETWEEN DEPENDENT VARIABLES

Variable	21	22	23	24	25	26	27	28
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.	-.14							
23.	-.02	.45 ^d						
24.	.02	-.12	.14					
25.	-.11	.08	-.18	-.23				
26.	.19	.02	.01	.00	.39 ^a			
27.	-.17	.16	.07	-.46 ^d	.03	-.45 ^d		
28.	.07	.13	.00	-.42 ^c	.05	-.42 ^c	.79 ^d	

Note. The numbers along the horizontal and vertical axis represent the dependent variables in the study. The component variables that contributed to the global measure were not included in the matrix.

^a $p < .05$, ^b $p < .01$, ^c $p < .001$, ^d $p < .0001$.

1 = family background scale. 2 = offender age at time of sex offense. 3 = number of prior sex crimes. 4 = number of prior nonsex crimes. 5 = age onset for nonsex crimes. 6 = age onset for sex crimes. 7 = escalation in sex crimes. 8 = force used. 9 = victim injury. 10 = offense planning. 11 = victim number. 12 = offender/victim relationship. 13. multiple paraphilias. 14. psychopathology scale. 15 = lifestyle impulsivity. 16 = education/employment scale. 17 = marital problem scale. 18 = substance abuse scale. 19 = coping efficacy scale. 20 = social skills deficit. 21 = anger management. 22 = Heterosocial Perception Survey. 23 = Rape Myth Acceptance Scale. 24 = level of denial. 25 = sexual fantasy. 26 = deviant arousal. 27 = 24 hour negative emotional intensity scale. 28 = 3 month negative emotional intensity scale.

APPENDIX N

CORRELATIONS BETWEEN PCL-R ITEMS (1 TO 10) AND DEPENDENT VARIABLES

	1	2	3	4	5	6	7	8	9	10
1.										
2.	-.11									
3.	-.19	.21								
4.	-.06	.13								
5.	.16	-.05								
6.	-.02	.08								
7.	.19	-.01								
8.	.17	.06								
9.	.10	.04								
10.	.00	.12								
11.	-.07	.24								
12.	-.07	.26								
13.	-.18	.24								
14.	-.26 ^a	.24								
15.	-.01	-.08								
16.	.17	.19								
17.	-.11	-.13								
18.	.03	.10								
19.	-.09	.03								
20.	-.12	-.04								
21.	.03	-.14								
22.	-.14	-.03								
23.	.16	-.14								
24.	-.06	.12								
25.	-.13	-.04								
26.	-.28 ^a	-.03								
27.	-.03	.04								
28.	.00	.16								

Note. The numbers along the horizontal axis represent item 1 to item 10 of the PCL-R. The numbers along the vertical axis, 1 - 28, represent the dependent variables in the study. The component variables that contributed to the global measure were not included in the matrix.

$a_p < .05$, $b_p < .01$, $c_p < .001$, $d_p < .0001$.

1 = family background scale. 2 = offender age at time of sex offense. 3 = number of prior sex crimes. 4 = number of prior nonsex crimes. 5 = age onset for nonsex crimes. 6 = age onset for sex crimes. 7 = escalation in sex crimes. 8 = force used. 9 = victim injury. 10 = offense planning. 11 = victim number. 12 = offender/victim relationship. 13. multiple paraphilias. 14. psychopathology scale. 15 = lifestyle impulsivity. 16 = education/employment scale. 17 = marital problem scale. 18 = substance abuse scale. 19 = coping efficacy scale. 20 = social skills deficit. 21 = anger management. 22 = Heterosocial Perception Survey. 23 = Rape Myth Acceptance Scale. 24 = level of denial. 25 = sexual fantasy. 26 = deviant arousal. 27 = 24 hour negative emotional intensity scale. 28 = 3 month negative emotional intensity scale.

CORRELATIONS BETWEEN PCL-R ITEMS (11- 20) AND DEPENDENT VARIABLES

	11	12	13	14	15	16	17	18	19	20
1.	-.04	.35 ^b	.11	-.00	.00	.02	.04	.28 ^a	.00	.09
2.	.18	-.09	.10	.00	.23	.09	.30 ^a	-.42 ^b	.00	.11
3.	-.01	.07	.12	-.17	.00	.09	-.28	-.05	.19	-.11
4.	.27 ^a	.12	.21	.22	.15	.16	.12	.17	.28 ^a	.64 ^d
5.	-.10	-.08	-.02	-.08	-.05	.08	.23	-.67 ^d	-.16	-.19
6.	.13	-.20	-.06	.12	.18	.09	.41 ^c	-.39	-.15	.10
7.	.04	.12	-.07	-.19	-.00	-.24	-.14	-.09	-.07	-.11
8.	-.17	.16	.11	-.11	-.56 ^d	-.13	.05	.06	.33 ^b	-.05
9.	-.18	.16	-.03	-.14	-.57 ^d	-.25 ^a	-.11	.06	.14	-.14
10.	.12	-.19	-.09	.27 ^a	.29 ^a	.06	.16	.04	-.07	.21
11.	.20	-.18	-.19	-.33 ^b	-.27 ^a	-.20	-.19	-.01	.05	-.02
12.	.21	.21	.06	-.12	-.37 ^b	.01	-.33 ^b	.29 ^a	.25	.17
13.	-.20	.12	.04	-.00	.11	-.08	-.09	-.05	.04	-.11
14.	-.06	.32 ^b	.12	-.07	-.06	-.08	-.06	.23	.03	-.01
15.	.28	.08	.10	.37 ^b	.38 ^b	.13	.31 ^a	.18	-.06	.39 ^b
16.	-.00	-.08	.06	.10	.18	.18	.09	.23	.01	.12
17.	.24	-.25	-.13	-.12	.07	-.05	.19	-.18	.03	-.11
18.	.29 ^a	.11	.07	.11	.25	.10	.00	.02	.14	.27 ^a
19.	-.00	-.43 ^c	-.31 ^a	-.00	.09	-.03	-.09	-.26 ^a	-.05	-.19
20.	-.12	-.02	-.02	.15	.14	-.08	-.00	-.11	-.19	-.18
21.	.15	.29 ^a	.08	.00	.01	.09	.13	.17	-.02	.19
22.	-.01	.00	-.05	.15	-.06	-.16	.12	-.12	.00	.01
23.	-.12	-.06	-.07	.03	.03	.03	.09	-.06	-.08	-.09
24.	.02	.03	.03	.06	.14	.57 ^d	-.00	-.02	-.10	.31 ^a
25.	-.06	.25	.08	.01	-.03	.00	-.31 ^a	.26 ^a	.15	.08
26.	-.29	.43 ^a	.13	-.11	-.42 ^a	-.03	-.29	.21	.00	.00
27.	-.09	-.10	-.14	-.24	-.24	-.34 ^b	-.00	-.02	-.03	-.34 ^b
28.	-.15	.00	-.11	-.24	-.28 ^a	-.33 ^b	-.09	.01	-.07	-.30 ^a

Note. The numbers along the horizontal axis represent item 11 to item 20 of the PCL-R. The numbers along the vertical axis, 1 - 28 represent the dependent variables in the study. The component variables that contributed to the global measure were not included in the matrix.

^a $p < .05$, ^b $p < .01$, ^c $p < .001$, ^d $p < .0001$.

1 = family background scale. 2 = offender age at time of sex offense. 3 = number of prior sex crimes. 4 = number of prior nonsex crimes. 5 = age onset for nonsex crimes. 6 = age onset for sex crimes. 7 = escalation in sex crimes. 8 = force used. 9 = victim injury. 10 = offense planning. 11 = victim number. 12 = offender/victim relationship. 13. multiple paraphilias. 14. psychopathology scale. 15 = lifestyle impulsivity. 16 = education/employment scale. 17 = marital problem scale. 18 = substance abuse scale. 19 = coping efficacy scale. 20 = social skills deficit. 21 = anger management. 22 = Heterosocial Perception Survey. 23 = Rape Myth Acceptance Scale. 24 = level of denial. 25 = sexual fantasy. 26 = deviant arousal. 27 = 24 hour negative emotional intensity scale. 28 = 3 month negative emotional intensity scale.

APPENDIX O

**MEANS AND STANDARD DEVIATIONS FOR PRORATED PCL-R TOTAL,
FACTOR 1, AND FACTOR 2 SCORES**

Omitted Item	Total PCL-R	Factor 1	Factor 2
Item 14	23.5 (6.4)	.	10.8 (2.7)
Item 16	23.6 (6.3)	7.4 (3.5)	--
Item 17	23.7 (6.6)	--	--
Item 20	23.3 (6.6)	--	--

Note. item 14 = impulsivity, item 16 = failure to accept responsibility, item 17 = number of marriages/common-law relationships, item 20 = criminal versatility. Factor scores do not change for item 17 and item 20 given that they were not used in the calculation of the original Factor scores.

APPENDIX P

**ADJUSTED n's FOR PSYCHOPATHY AND NONPSYCHOPATHY GROUPS BASED
ON PRORATED PCL-R TOTAL SCORES**

Omitted Item	Psychopath (n)	Nonpsychopath (n)
Item 14	23	37
Item 16	23	37
Item 17	22	38
Item 20	22	38

Note. item 14 = impulsivity, item 16 = failure to accept responsibility, item 17 = number of marriages/common-law relationships, item 20 = criminal versatility.

APPENDIX Q

**DISTRIBUTION OF NEGATIVE EMOTIONAL STATES PRESENT WITHIN 24
HOURS OF OFFENSE: COMPARISON BETWEEN PSYCHOPATHIC (P) AND
NONPSYCHOPATHIC (NP) RAPISTS**

Emotion	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Anger	33.3 (20)	23.8 (5)	38.5 (15)	n.s.
Anxiety	3.4 (2)	0.0	5.4 (2)	--
Guilt	1.7 (1)	0.0	2.6 (1)	--
Hopelessness	5.0 (3)	0.0	7.7 (3)	--
Inadequate	3.3 (2)	0.0	5.1 (2)	--
Rejected	10.0 (6)	4.8 (1)	12.8 (5)	--
Lonely	15.0 (9)	4.8 (1)	20.5 (8)	--
Moody	8.3 (5)	0.0	12.8 (5)	--
Depression	16.7 (10)	14.3 (3)	17.9 (7)	n.s.
General frustration	8.3 (5)	4.8 (1)	10.3 (4)	--
Sexually frustrated	8.3 (5)	0.0	12.8 (5)	--
General stress	18.3 (11)	4.8 (1)	25.6 (10)	--
Numb	23.3 (14)	28.6 (6)	20.5 (8)	n.s.
Positive	25.0 (15)	38.1 (8)	17.9 (7)	2.9
Tired/bored	15.0 (9)	9.5 (2)	17.9 (7)	--

Note. Chi square analyses were not performed on those emotions in which more than 25% of the expected cell frequencies were less than 5. The familywise error rate was held at .05 by testing each comparison at $p = .05/4 = .01$.

APPENDIX R

DISTRIBUTION OF NEGATIVE EMOTIONAL STATES PRESENT WITHIN THREE MONTHS OF OFFENSE: COMPARISON BETWEEN PSYCHOPATHIC (P) AND NONPSYCHOPATHIC (NP) RAPISTS

Emotion	Total % (n/60)	P % (n/21)	NP % (n/39)	χ^2
Anger	25.0 (15)	28.6 (6)	23.1 (9)	n.s.
Lonely	25.0 (15)	14.3 (3)	30.8 (12)	n.s.
Depression	21.6 (13)	14.3 (3)	25.6 (10)	n.s.
Inadequate	20.0 (12)	4.8 (1)	28.2 (11)	4.7
General stress	18.3 (11)	28.6 (6)	12.8 (5)	--
General frustration	13.3 (8)	14.3 (3)	12.8 (5)	--
Rejected	13.3 (8)	4.8 (1)	17.9 (7)	--
Sexually frustrated	11.7 (7)	0.0	17.9 (7)	--
Anxiety	6.7 (4)	4.8 (1)	7.7 (3)	--
Hopelessness	6.7 (4)	4.8 (1)	7.7 (3)	--
Guilt	1.7 (1)	0.0	2.6 (1)	--
Moody	10.0 (6)	0.0	15.4 (6)	--
Numb	11.7 (7)	19.0 (4)	7.7 (3)	--
Positive	28.3 (17)	38.1 (8)	23.1 (9)	n.s.
Tired/bored	11.7 (7)	4.8 (1)	15.4 (6)	--

Note. Chi square analyses were not performed on those emotions in which more than 25% of the expected cell frequencies were less than 5. The familywise error rate was held at .05 by testing each comparison at $p = .05/5 = .01$.

END

3 | 0 - 0 5 - 9 5

FIN