

5-1-1970

The sex offender in Oregon : fact and fallacy

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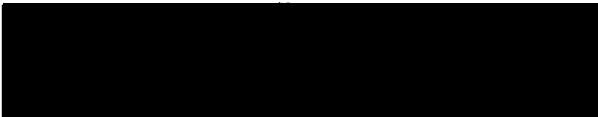
[10.15760/etd.696](https://doi.org/10.15760/etd.696)

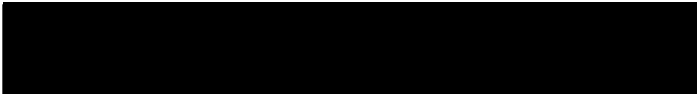
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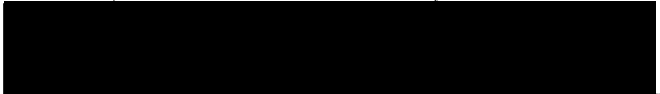
AN ABSTRACT OF THE THESIS OF Richard G. Storch and Virginia T. Peterson for the Master of Social Work presented May 18, 1970.

Title: The Sex Offender in Oregon: Fact and Fallacy

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:


Guido Pinamonti, Chairman


Martha Ozawa


Jack Finley

The principal objective of this study was to examine the proposition, advanced by several authorities, that the views, attitudes and beliefs of the public concerning the sex offender and his offense are characterized by fallacy, stereotype and misconception.

That the approach to the problem of the sex offense has been and continues to be primarily legislative is a fact that can be demonstrated; and that legislation reflects and is influenced by public attitudes and beliefs is a premise that can be supported. Hence the accuracy or inaccuracy of these public attitudes and beliefs will have

a bearing on the legislation enacted. Yet no systematic study could be discovered by the researchers either validating or invalidating the proposition as stated. It was to this end that the project was undertaken.

The method of approach was to establish some factual baseline data about sex offenders and to examine the assumptions of the public about this data.

Difficulties in defining both populations, the sex offenders and the public, were met by limiting the former to those individuals admitted to the sex offender program at Oregon State Hospital under any of the provisions of Oregon's "Sexually Dangerous" law, ORS 426, and the latter to the first-year graduate social work students at Portland State University. The problem of distinguishing fact from fallacy was handled by limiting the data to recorded and verifiable information drawn from case records. These necessary limitations resulted in the reduction of the above-described proposition to the much narrower hypothesis that beginning social work students at Portland State University will make inaccurate assumptions about the characteristics of the sex offender population at Oregon State Hospital.

Although this reduction resulted in some loss of primary value, other secondary gains realized from the study as designed include the compilation of data on a population not heretofore studied and the

communication of knowledge and stimulation of interest in areas where knowledge is lacking. This latter factor is of particular importance when the nature of the respondent population is taken into account--they are not only members of the legislation-influencing public, they are future professionals who will be in a position to bring other approaches to bear on the problem of the sex offender and his offense.

Procedure consisted of the gathering and tabulation of factual data from the case records of 79 offenders and the use of this information as the basis for construction of a questionnaire-type instrument for assessing the accuracy of the assumptions of the respondents concerning the characteristics of the offender, his offense and his victim(s). The instrument also included 12 statements of attitude claimed to be common misconceptions held by the lay public concerning sex offenders.

The most significant finding of the study was that the exploratory hypothesis was not supported. The respondents made fewer inaccurate than accurate assumptions about the sex offender population at Oregon State Hospital. Moreover, they disagreed with 10 out of the 12 attitudinal statements.

It is not concluded on the basis of this finding, however, that the initial proposition is therefore invalidated. The atypical character of both populations and the gross nature of the methodology

employed preclude such a verdict. On the other hand, it is felt that the secondary benefits have been realized; and that, furthermore, the study represents a meaningful addition to the store of knowledge both about the sex offender and his offense and about public attitudes toward them.

THE SEX OFFENDER IN OREGON:
FACT AND FALLACY

by

RICHARD G. STORCH
VIRGINIA T. PETERSON

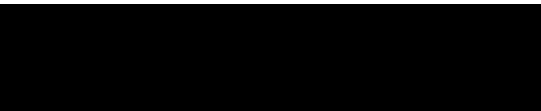
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MASTER OF SOCIAL WORK

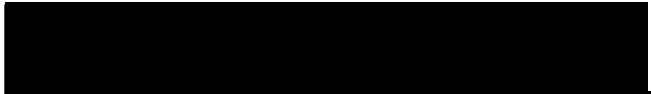
Portland State University
1970

TO THE OFFICE OF GRADUATE STUDIES:

The members of the Committee approve the thesis of
Richard G. Storch and Virginia T. Peterson presented May
18, 1970.



Guido Pinamonti, Chairman

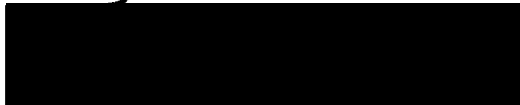


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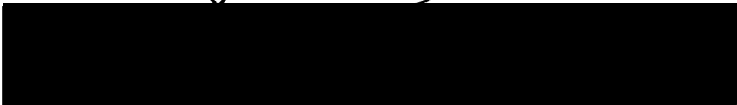


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Gordon Hearn, Dean, School of Social Work



Frank L. Roberts, Acting Dean of Graduate Studies

May 20, 1970

FOREWORD

How a researcher comes to be involved in a subject is sometimes of greater interest than the subject itself. In the present instance, since the former question has been asked so often and answered only informally, and since the latter is dealt with at length in the next 97 pages, it seemed appropriate to the authors to include in the preface a brief account of the circumstances leading to the genesis of this research project.

One of the authors of the thesis is one of two graduate social work students who were assigned to the psychiatric security unit at Oregon State Hospital for their first-year field placement in the fall of 1968. This unit houses the Oregon Sex Offender Program, which is designed to treat and rehabilitate the offender as an alternative to a penitentiary sentence.

Surprised at the extent of our ignorance concerning the sex offender and his offense, we did some reading and found that, judging from the claims of several authorities, we were more representative than not of the lay public in holding certain stereotypes and misconceptions. Our interest grew, and we looked for substantiation of these claims but could find little systematic study either validating or invalidating them. Out of this situation emerged our decision to

try to devise some way of adding to the body of tested knowledge in this area. In brief, we decided to establish some baseline data about sex offenders, and then to examine the assumptions of the public about the data.

As we got farther into the design, we began to realize why there is so little conclusive research in this area. Problems of defining the sex offense, the offender, and the public proved so difficult that the project was almost abandoned at the outset. The solution was to try for a consensus of authorities, with extensive documentation of differing views--an exercise of no mean dimensions, as evidenced by the length of the first chapter, to which was assigned this task.

Furnished with these definitions, tenuous and qualified though they be, we proceeded to hypothesize, gather data, analyze and draw conclusions, which must in their turn be equally tenuous and qualified. This is not intended as an apology for our efforts, but as a caution to the reader not to look for what cannot be supplied by an undertaking of this nature.

It is hard to know in what order to name the people with whom credit must be shared for the successful completion of an arduous, complex and fascinating task. Perhaps fellow student Gene Booth, who had the idea in the first place and who spearheaded the data gathering, should be named first. Dr. Dean Brooks, Superintendent

at OHS, gave official permission for our use of hospital records and facilities, as well as his personal encouragement to the project. The staff of Unit VIII, especially Drs. George Suckow and Eric Thompson, provided invaluable secondary resource material. The Medical Records librarian and staff saw to it that case records were pulled, refiled, and often pulled again for our use throughout the long hot summer.

Among school personnel, we are particularly grateful to Dr. Frank Miles for his warm encouragement in the discouraging early days when we were beginning to realize the enormity of the task we had set for ourselves; to Dr. Art Emlen for sharing with us some fine points of economy in research methodology; and to our research committee, Drs. Guido Pinamonti, Martha Ozawa and Jack Finley for their constructive criticisms and timely reassurances throughout the writing.

Finally, we cannot let the opportunity go by to thank publicly the Portland State University School of Social Work class of 1971, not only for agreeing to serve as respondents, but for their sometimes challenging, always thought-provoking comments and questions throughout the study.

To these and to all who have supported, cheered, consoled and encouraged us in this endeavor, thanks.

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CHAPTER I

INTRODUCTION

There is perhaps no human behavior whose label alone can elicit more emotional and irrational response than that behavior called the sex offense. There is probably no other human behavior designated deviant in so many ways--socially, legally, medically, psychologically and morally. And there may be no other human behavior more elusive of definition or more changing in definition from one society to another throughout history.

Yet historically society has found it necessary to attempt to define the sex offense and to erect some controlling structure based upon that definition. That it also has found and continues to find this task all but impossible of achievement is documented by the contradictions, irrelevancies, gaps and inconsistencies in laws concerning the sex offense and in the enforcement of these laws in every time and tribe, up to and including contemporary American culture.

The legal code of sexual behavior is ancient and profusely cluttered with enactments irrelevant or contrary to human needs and contemporary social conventions. Yet these laws survive. It is a commonplace to say regarding all laws that it is unsound and demoralizing to keep laws on the statute books that are habitually and flagrantly violated by large numbers of people. Of all laws, however, sex laws notably

fall into that category. Americans commonly and regularly engage in sexual practices that are technically forbidden (1, p. 5).

I. DEFINITIONS OF DEVIANCE

Obviously, before legislation can be enacted controlling the sex offense, some definition of what constitutes the sex offense must be formulated. As any legal offense implies deviant behavior, so the sex offense implies sexually deviant behavior. The phrase "sexually deviant behavior" in turn implies that its converse, normal sexual behavior, can be defined. But as Coleman points out, normalcy in any area of human behavior is extremely difficult to delineate:

Since the word abnormal means "away from the normal," it implies deviation from some clearly defined norm. . . . On the psychological level, we have no "ideal model" of man to use as a basis of comparison, nor are we clear as to just what behavior is or is not normal. As a consequence, the problem of defining abnormal behavior has proved to be a most difficult one (2, p. 14).

Nevertheless, normalcy and deviance from normalcy can be and are measured by a number of different standards--clinical, cultural or statistical, to name three. The standard chosen will depend upon convenience and custom as well as upon the purpose for which the measurement is made.

Probably the simplest and perhaps the commonest of these standards is the statistical norm. By this definition, any behavior practiced uniformly by the majority of members of a given group is

normal behavior for that group. This criterion is useful insofar as it can be established statistically what kinds of behaviors the majority actually does engage in. But in the area of sexual behavior, this information has until recent decades had to be inferred from folklore and taboos, and from proscriptions and sanctions embodied in social custom, legal statutes and religious injunctions. The establishment of statistical norms against which to measure normal and deviant sexual behavior has had to wait upon systematic study of the nature of human sexuality, which began essentially with the publication of Sigmund Freud's Three Contributions to the Theory of Sex in 1905.¹

Growth of knowledge in this area was slow and anything but spectacular following Freud's publications, according to Karpman; in addition, much of the literature has been "uninformed, one-sided or superficial . . . some articles [seemed] almost deliberately designed to perpetuate misconceptions and hysteria" (3, pp. 670-671). He concedes, however, that as the study of man's sexual nature has grown in scope, it has been accompanied over the decades by increasing objectivity, accuracy and balance.

Public reaction to such research, in the meantime, has gone

¹ Although such names as Charcot, Krafft-Ebing and Havelock Ellis antedate Freud's classic, Karpman gives major credit to the Viennese physician for introducing the spirit of objective inquiry into a hitherto forbidden area (3).

from shocked and often calumnious opposition¹ to at least a cautious acknowledgment of the acceptability of the study if not always the validity of the findings.² We have entered into what one writer terms the "sexual Renaissance" in America:

The public seems to be finally accepting the legitimate nature of sexual research and although controversy over sex will never cease, the battle for open discussion has been largely, although not fully, won (8, p. 2).³

¹Freud's Three Contributions, for example, evoked a "storm of denunciations" and "came to be regarded as one of the most immoral and obscene works that had ever appeared in print" (4, p. 115). See also Shakow and Rapaport (5).

²Alan Guttmacher, in reviewing Masters and Johnson's Human Sexual Response in the May 29, 1966, issue of the New York Times, calls the book "valuable" and grants that "we owe a debt [to these researchers] for having cracked the armored barrier of scientific reticence, taboo, and prudery." He questions, however, the applicability of "findings and conclusions based on a restricted atypical study universe to a large unselected universe" (6, p. 19). A later review of the same book had this to say: "This attempt to train someone in coitus is the last word in sexual therapy and it is certain to be hailed as the final sexual emancipation and excoriated as the final indignity. It is probably neither one nor the other and its acceptance or rejection will tell a good deal about American sexual attitudes" (7, p. 59).

³One spokesman for the opposition, blaming the contemporary "sex obsession" on Freudian "yarns," remonstrated in 1956 as follows: "One can hardly imagine a more degrading theory than the pan-sexual phantasmagories of Freud which would hardly have had any serious chance among supposed scholars if today's psychology, psychiatry, sociology, education and anthropology had not in a sense been infected by a growing sex obsession" (9, p. 42).

If increased knowledge brings increased understanding, it might logically be concluded that public tolerance of an increasingly wider range of sexual behaviors has been a consequence of the expanding scientific investigation into human sexuality. To what extent this is true will be examined in greater detail later. At this point it is increasingly clear that the use of the statistical norm to define normal sexual behavior and hence to identify deviant sexual behavior does not produce results consistent with the traditional cultural definitions of normalcy and deviance.

For instance, there is ample evidence in custom, tradition, literature and law to support the contention that normal sexual behavior as defined by American sociocultural tradition, derived from our Judeo-Christian heritage with its Puritan overlay, is limited to a narrow range of behaviors within the marital relationship.¹ MacNamara, for example, in bluntly delineating the boundaries of acceptable (and, by implication, "normal") sex practice, claims that ". . . sex, other than face-to-face copulation in private between a legally married heterosexual couple, is often illegal in the United States" (12, p. 149). Karpman, quoting from the study by Kinsey, Pomeroy and Martin (13), notes the following:

¹In addition to authorities quoted, see also Auerback (10) and Guyon (11) for support of preceding statement.

English-American legal codes characterize all pre-marital, extra-marital and post-marital intercourse as rape, statutory rape, fornication, adultery, prostitution, association with a prostitute, incest, delinquency, contribution to delinquency, assault and battery, or public indecency--all of which are offenses with penalties attached (3, p. 5).

MacNamara and others (3, 14) have traced the evolution of restrictive law and custom regulating sex behavior from the Biblical sodomy laws. They have argued convincingly that although moral considerations are advanced as the basis for the severity of these laws and customs and for the relatively narrow range of behaviors condoned as normal, the real and necessary concern was for a vital, growing and healthy society. Karpman goes so far as to say:

It is not the idea of immorality which is at the root of these ideas, but the idea of sterility . . . the Church steadfastly disregards the problems of economics, sociology, health and any other practical aspect of the situation and bases on so-called Divine command a principle which is motivated solely by the aim of perpetuating and increasing an institution. . . . The extravagant prohibitions [of the Church and society] are not concerned with morals but with national growth (3, p. 327).

In other words, deviant sexual behavior has been defined not statistically nor even on the basis of individual pathology, either physical or psychological, but primarily out of consideration for the viability and productiveness of the community.

Notwithstanding, recent large-scale research by Kinsey and others suggests that most of the behaviors proscribed by church law, social custom or legal statute are engaged in with sufficient

frequency by a sufficient proportion of the population that, whatever other standards of normality may be applied, the statistical standard is for all practical purposes irrelevant. It remains to the social sciences, says Coleman (2) to develop standards of normalcy and deviance as these classifications pertain to human behavior that are relevant, consistent and useful.

Social scientists have been and are currently grappling with the problem. Most include in the definition of deviance the concept of social conditioning:

Deviance is not a quality of the act the person commits but rather a consequence of the application by others of rules and sanctions to an "offender." The deviant is one to whom the label has successfully been applied; deviant behavior is behavior that people so label (15, p. 9).

Thus, Becker goes on to say, the notion of deviant behavior is not separable from the social process that so defines it, but is learned like other forms of social behavior through social interaction. Falk asserts that "No sex act is either normal or abnormal, except by the circumstances of learned, cultural definition" (16, p. 614).

Since this thesis is concerned with the sex offense, a form of social deviance with criminal connotations, Schur's concept of the criminalization of deviance is of particular interest here. He describes three stages in the criminalization of deviance, seen from the viewpoint of the deviant actor. The first stage is his recognition that what he is or does is different from others; second is his

sensing that his behavior is "strongly" disapproved; and last is his knowledge that his behavior is not only both different and disapproved, but also against the law (17).

This last criterion is especially significant to the present study. As seen above, sexually deviant behavior is not, per se, the sex offense. Given this distinction, then at what point, for what reasons, and by what means does the behavior, whether or not deviant by any standard--cultural, clinical, statistical or other--become illegal behavior?

Societal Responses to Deviance

Although any behavior perceived as deviant tends to arouse fear and anxiety, societal response to this anxiety may or may not take the form of legal control. In many cases, the reaction to the deviant actor may fall short of legal sanction--he may be ignored, shunned, ridiculed or isolated. Numerous examples of nonsexual deviance come to mind in this regard--physical abnormalities such as the hunchback, the clubfoot, the harelip; sociocultural deviances such as ethnic or religious subcultures; or a combination of the above, such as the black minority--such nonsexual deviances (which represent deviations from statistical as well as clinical and/or cultural norms) are more likely to evoke the above-mentioned reactions, that is, forms of social control that fall short of legal

sanction.

It is not so easy to recognize examples of sexual deviance that are managed by such non-statutory means. Deviances from both statistical and cultural norms such as failure to marry, however, provide a case in point. Such life style is likely to be viewed with mistrust or suspicion by the married majority; certainly the "old maid" stereotype and, to a lesser extent, that of the confirmed bachelor traditionally have provided subject matter for jokes that serve much the same purpose as those about the individual with the harelip or about the member of the racial minority--that is, they facilitate neutralization of the anxiety generated by the presence of perceptible deviation.

These forms of sexual and nonsexual deviance are selected at random to illustrate how social control of deviance may be exercised short of legal sanction. Society does not pass laws regulating these types of deviation; presumably they are not seen as constituting a sufficient threat to social stability to warrant such action, although it could be argued that celibacy is no less a deterrent to national growth than is homosexuality, from a strictly sociological point of view. What, then, are the factors prompting society to apply formal or statutory controls to one kind of deviant behavior and not to another ?

Two dimensions to social deviance postulated by Fletcher

suggest a framework within which to conjecture about the forms of social control applied to deviant behavior. The first of these dimensions he calls "observable divergence from shared expectations" (18, p. 191). Included in this category, certainly, are the kinds of deviations described in the last few paragraphs. These are the differences seen as "divergent," but not necessarily dangerous, hence not requiring the more stringent control of legal proscription.

On the other hand, perception of potential or immediate danger to the social system is implied in Fletcher's second dimension of social deviance, measured by the "group disruptiveness" of the behavior. Presumably, the kinds of deviant behavior comprising this category will be those actions or postures that society finds sufficiently threatening that it is moved to establish formal sanctions against them.

Schematic application of Fletcher's bi-dimensional model to the total conceptual range of deviant behavior, subdivided into sexual deviance and deviance other than sexual, produces the matrix shown below:

<u>Dimensions of Social Deviance</u>	<u>Forms of Social Deviance</u>	
	Nonsexual	Sexual
Divergent	A	A'
Disruptive	B	B'

This scheme is a convenient framework for categorizing any human behavior deemed deviant by any conceivable standard, and for predicting the form of control society is likely to impose on any given individual behavior. It also outlines an approach to the three-part question posed earlier--that is, when, why and how does the deviant act become the legal offense?

The outline suggests that it is at point B that society perceives a given behavior as constituting a menace to itself or its members, and is likely therefore to move to counteract the threat by passing a law defining the behavior as an offense and hence subject to formal control by society.¹ This given behavior, according to the scheme, will not be seen as having a sexual component.

The sex offense, on the other hand, will be described at point B' and will include any behavior seen both as having a sexual component and as potentially or manifestly disruptive to society.

Words such as "seen," "recognized," "perceived" and so on must be emphasized in this explication of what constitutes the sex

¹This is not to say that individual members or subgroups of society, perceiving themselves or others threatened by the deviant act, will not take extra-legal preventive, defensive or retaliatory measures of the kind society has traditionally reserved to itself acting for its members within the framework of the law. But society seems to abhor such unlegitimized responses, subjecting them to the same kinds of control it exercises over the deviant behaviors categorized in B, those seen as nonsexual in nature but disruptive in consequence.

offense. Some behaviors regarded by the public as dangerous may not in fact be so; such behaviors are nonetheless subjected to formal social control--that is, they will be represented in the matrix at B, or B' (if seen as sexually motivated), instead of at A or A'. Schur is referring specifically to sexually deviant behavior when he says:

Public reaction and existing legislation are at least partly based on vital misconceptions about the nature of the deviant behavior. . . . Information about relatively harmless aspects of the deviance has not received wide attention (17, p. 175).

In further elaboration of this point, Gagnon and Simon (19) suggest that there appears to be no direct ratio between the actual danger to society presented by certain kinds of sexually deviant behavior and the intensity of public reaction and legal sanction against these behaviors. They report that the three sexually deviant behaviors most intensely condemned by both the public and police¹ are incest, offenses involving the sexual approach of or contact with children, and offenses that involve the use of force in obtaining sexual gratification. While the latter category is manifestly destructive, the extent and nature of the damage inflicted by the first two behaviors upon either their object or upon the larger society are points about which there

¹See also Mohr, Turner and Jerry (20).

is considerable disagreement.¹

Two more illustrations of discrepancy between perception and fact that results in misclassification of the act according to the above model are the failure to recognize the sexual component of a given act and the ascription of an essentially sexual motivation to an act whose sexual component is only secondary or more apparent than real. Menninger, for instance, asserts that there often is a predominantly sexual element to such actions as fire-setting, stealing, reckless driving and other behaviors that may be severely sanctioned by the law but not classified as sexual offenses (22). Frym, in arguing that it is not possible to separate the sex offense from other criminal acts, maintains that "a theft, for instance, a burglary or a homicide can actually be a sex crime because the mental derangement may be sexual and probably stems from some underlying sexual disturbance" (23, p. III-6). According to the outline, such acts would be classified at B instead of B', although they may be basically sexually motivated.

On the other hand, it not infrequently happens that a person's behavior is misinterpreted as sexually motivated and he finds himself convicted of a sex offense. An example is given in a report

¹See, for example, Bender and Grugett's follow-up study on individuals subjected as children to "atypical" sexual experiences (21).

prepared in 1966 by a Washington State committee appointed to study the problem of sexual psychopathy:

A retarded boy stopped to urinate in a public alley at dusk, and was seen doing so by an elderly spinster who reported his "indecent exposure" to the authorities. The boy was subsequently imprisoned as a "dangerous retardate" (24, p. 10).

What may be another example of this same kind of misinterpretation was noted during the collection of data for this study. A 55-year-old alcoholic relieved himself in a public park and collapsed in a stupor with his fly open. He was seen in this condition by two young girls, reported and sentenced under Oregon's recently enacted sex offender statute as being a sexually dangerous person to children under 12. The man had an extensive history of excessive drinking, but no history of sexual aberrations or any previous charges of a sexual nature.

Two examples of behavior commonly defined as sex offenses--prostitution and the purveying of pornography--may have nothing to do with the sexual gratification of the offender, according to Mueller. Mueller, like Frym above, argues that "there is by no means unanimity of agreement among the experts on what is encompassed by the term 'sexual offenses'" (25, p. 10).

It can be seen from the foregoing that the specific offense called the sex offense (that behavior classified at B') is not consistently defined. In fact, at least one writer concludes that it has

never been consistently defined:

It is common knowledge that for thousands of years man has satisfied his sexual urges in a multitude of ways. It is also known that any particular sexual activity has been described as normal, deviant, abnormal, offensive or criminal, depending upon the time, culture and degree of civilization (26, p. 629).

The same writer goes on to offer the following somewhat circular but appealingly uncomplicated definition of the sexual offender: "Today in the U. S. A. a sexual offender is one who is caught practicing sexual behavior considered abnormal by our society" (26, p. 629).

There is much to indicate that not only is there no firm consensus as to what is considered abnormal sexual behavior by contemporary American society,¹ but that even the illusion of consensus is destroyed as one goes farther back into history.² In contrast to the attitude of relative tolerance found sporadically if not consistently throughout earlier societies, Mangus found in researching the problem of sexual deviation in California recently that "most of the sex practices known to man, whether 'deviant' or not, were already proscribed by law" (27, p. 176). Auerback has summarized the present

¹"The law is ambiguous and vacillating for the simple reason that our attitudes toward sex are ambiguous and vacillating" (1, p. xv).

²"Earlier societies have at one time or another not only tolerated but glorified essentially every 'deviation' condemned by contemporary legal statutes" (1, p. xvii).

state of affairs regarding the nature and definition of and social reaction to the sexually deviant act as follows:

The standards of sexual conduct have constantly changed throughout history. The sexual activities that are now considered deviations are usually thought to be socially disruptive. Actually most deviations cause little physical or psychologic harm to the persons involved. Only a small percentage involve physical force. The social setting determines whether a particular behavior will be considered sexually deviant or criminal (10, p. 173).

To summarize the preceding discussion up to this point, it has been argued that deviant behavior is socially defined for the purpose of the exercise of social control, and that all behaviors so defined can be categorized in one of four ways: A, having no sexual component and presenting no threat to social stability; A', having a sexual component but presenting no threat to social stability; B, having no sexual component but presenting a threat to social stability; and B', having a sexual component and presenting a threat to social stability. Examples of each of these four categories have been described, together with predicted societal reactions to each. The sex offense, by definition, is that behavior found at B', and is characteristically seen as sexually motivated, socially disruptive or destructive and subject to social control by statutory means. Some of the statutory methods employed by society as a means of control in the past and currently are discussed in the next section.

II. LEGAL CONTROL OF SEXUAL DEVIANCE

Attempts at control of the sex offender have ranged from execution by hanging or decapitation (28) through physical mutilation such as amputation, castration and brain surgery, corporal punishment, chemotherapy, shock therapy, psychotherapy, simple incarceration, exile--every corrective and/or punitive device known to criminal law and many more besides have been utilized against the sex offender throughout history (29). Up until this century, in fact, the sex offender was subject to the criminal law and

punishment was the panacea even in cases where it was medically clear that punishment would and could have no beneficial effect. The first American departure from this practice was the Massachusetts Briggs Law of 1911 which in an amended form is still in operation today (30, p. 163).

The above-named law provided for an indeterminate (instead of fixed by law) sentence for those individuals found to be "defective delinquents." While not aimed exclusively at the sex offender, it illustrates the beginning of a trend in this country toward defining a category of offender distinct from the ordinary criminal offender, with distinctly different motivations and ends, and hence suited to different means of control from those employed against the ordinary criminal offender. This law was the first of many state laws to take cognizance of the growing body of knowledge about the nature of sexual behavior and to attempt to deal with the problem of the sex

offender and his offense in a more enlightened and, hopefully, more effective way.

While a complete and comprehensive review of the various kinds of legislation enacted to deal with the sex offense problem is beyond the scope and somewhat aside from the purpose of this paper, it will be very much in order and to the point to survey some of the major trends and innovations contained in this legislation.

Following hard upon the enactment of the Massachusetts law, states began passing sterilization laws in the vain hope that the problem could be resolved surgically. At least thirty states in all passed such laws and, surprising as it may seem today, three still make use of them (30).

Innovations of Special Legislation

The mid-thirties saw the beginnings of what is now commonly called special legislation (to distinguish it from the ordinary criminal code) designed to deal with the sex criminal and his crime. These laws vary widely in wording and scope of jurisdiction from state to state but have certain characteristic features. The first of these is the attempt to define legislatively a specific type of mental disorder known variously as the psychopathic personality, the sexual psychopath, the psychopathic offender, the sexually dangerous person and other similar terms. (See Appendix A for description of subject in

27 jurisdictions having special sex offender statutes in 1960.)

A second major characteristic common to the special statutes is the establishment of the indeterminate sentence for sex offenders found to possess the characteristics of the above-mentioned mental status, in place of the maximum sentence stipulated for ordinary criminal offenders. Society's rationale for the indeterminate sentence, according to Tappan, has two aspects: the community's need for protection from the sex deviate and the possibility of rehabilitation of the deviate through provision of treatment during incarceration (31). Tappan goes on to identify and challenge several assumptions implicit in both the open-ended sentence concept and the psychopathic personality concept; these assumptions and his criticism of them will be considered shortly. It can be seen on the face of it, however, that constitutional and/or civil rights are at issue here and, in fact, not all the early laws were upheld by the courts.

The first law to be upheld at the state level was the Illinois Criminal Sexual Psychopath Law enacted in 1938, a similar 1937 Michigan law having been struck down as unconstitutional. The next year, 1939, saw the first Federal constitutional test of a "psychopathic personality law," this being the Minnesota Psychopathic Personality Law that had been based upon recommendations made by a special committee of psychiatrists appointed to study the problem of the insane criminal with special reference to the sex criminal (32).

This law withstood the test, but the victory assured neither justice for the accused nor protection for the society, according to Tappan (31).

Nevertheless, it can be seen that the characteristic trend of special legislation has been away from a punitive focus and toward a rehabilitative orientation.¹ According to Gagnon and Simon, as "society moves from defining the deviant actor as morally defective toward a view of the deviant actor as psychologically defective . . . societal response correspondingly shifts from punishment to treatment" (19, p. 107). Falk says essentially the same thing in a different way, noting that "a gradual change from punitive to ameliorative attitudes toward sex criminals is now in evidence in this country" (16, p. 619). Swanson sums up concisely the trends and objectives of sex offender statutes:

Certain elements of society have realized that the commission of sex crimes is usually, if not always, evidence of a mental disorder which should be treated rather than punished.

¹An Oregon legislative committee report summarizes as follows: "Early legislation directed toward solving the problem [of the sex offense] was predicated on the assumption that severity of punishment would act as a deterrent to the commission of sex crimes. As experience produced increasing evidence of the fallibility of the 'harsh punishment' supposition, legislators began to place some faith in scientific control. Hence, the emphasis in the statutory approach has shifted to greater reliance on medicine and social service." It goes on to warn, however, that "circumstances suggest that the pendulum may have swung too far in this latter direction--that psychiatry may have been oversold" (33, p. 18).

As a result of these forces, legislators in over one-half of the United States have enacted statutes dealing particularly with sex offenders. These statutes evidence varying degrees of consideration and thoroughness; in general, however, they proceed on the premise that the "sexual psychopath" is neither normal nor "legally insane" and, for that reason, requires special consideration, both for their own safety and for the safety of society. The purposes of sexual psychopath statutes are thus two fold: to protect society and to rehabilitate the offender (34, p. 215).

Defects of Special Legislation

Research in recent decades both accompanies and supports the trends illustrated in the special legislation enacted by states to deal with the problem of the sex offense (that is, behavior that is both sexually motivated and socially destructive--described at B' in the model on page 10). Yet there remains a distressing lack of consistency from state to state in sex offense legislation, as well as less correlation, in most instances, than might be hoped for between the factual knowledge contributed by that research and the premises on which the legislation is founded. Korn and McCorkle point out that the

constitutional provision that each state shall govern its own internal affairs has remained an effective barrier to the general acceptance of common definitions of many offenses. The same name may be applied to different behaviors or the same behavior may be classified under different offenses in the criminal code (35, p. 59).

But this criticism is true of criminal legislation in general and not specific to special legislation. On the other hand, there are

numerous drawbacks peculiar to the special sex offender statutes alone.

For instance, in addition to the lack of uniform definition of the sex offender and his offense, the basis for jurisdiction varies markedly from state to state. Several authorities (32, 34, 36) describe three major conceptions in this regard: the majority of states having sexual psychopathy laws require criminal conviction as a basis of jurisdiction; others require only that the subject be charged but not necessarily convicted of a crime or sex crime; and at least five states require neither charge nor conviction, but only that "probable cause" be shown that the subject may be a sexual psychopath, for proceedings to be brought against him.¹ The objective of this last category is, of course, preventive in the sense of preventive health measures, with the goal being community protection; but the practical result is that, as Tappan points out:

under these laws the sex deviate is deprived of due process; an alleged sex offender is not charged with a crime, convicted and imprisoned according to standard legal procedure, but is instead brought before a civil tribunal and, if adjudicated a sex offender, can be confined to a mental hospital for an indeterminate period of time although he is not insane and has not been declared to be insane (38, p. 167).

¹ Oregon appears to be one of these five, judging from the wording of ORS 426.520: ". . . whenever, upon the presentation of facts showing good cause for judicial inquiry, it shall appear to the district attorney that any person is a sexually dangerous person, the district attorney may file with the clerk of the circuit court a complaint in writing setting forth the facts tending to show that such a person is a sexually dangerous person" (37).

A second defect inherent in special legislation lies in the attempt to write into the law a special category of person characterized by a medically determined condition. To return to Korn and McCorkle's lucid analysis, "Many . . . mistake the fact of a fairly clear legal category for the existence of an equally identifiable category of persons with similar characteristics" (35, p. 48). Further elaboration of this point is offered in a Washington State report on the problems of the sex offense:

The term "sex offender" is customarily used in singular form, as though there were something unitary or homogeneous about those persons who violate the sexual laws of a given state or society. There are some very obvious defects in such an assumption. First, if one were to assume naively that only certain kinds of persons violate the sexual laws . . . and if one then compiled a glossary of sexual offenses . . . it would quickly be obvious that most, if not all . . . citizens . . . have violated the "human sexual code." . . . If the problem of sex offense is to be approached productively, some definition other than simple violation of statute will presumably be necessary (24, p. 9).

Yet attempts to define the "sexual psychopath" clinically meet with no better success. Karpman notes that "the terms 'sexual psychopath' and 'sexual psychopathy' have no legitimate place in psychiatric nosology or dynamic classification" (28, p. 135). Karpman emphasizes the

wide disagreement among psychiatrists on the exact meaning of the term [sexual psychopathy] Neither the type of mental disorder from which the patient is suffering nor his conduct fits into the standard diagnoses of mental disorder or deficiency (32, p. 173).

Guttmacher's more direct comment in this regard is as follows:

A criticism that can be leveled against all the sexual psychopath laws is that they are based on a fallacious premise in assuming that sex offenders are distinct types . . . and that they can be treated by special techniques (29, p. 132).

A third factor limiting the effectiveness of the sex offender laws lies in their failure to reach all anti-social acts motivated by sexual abnormality. ✓

Because of the vagueness of the statutes, the sex-psychopath laws have been used primarily against minor sex offenders and in considerable degree have not been employed to isolate dangerous sex criminals (39, p. 229).

One authority claims that "the most potentially dangerous sex offenders least often fall either under the specific provisions of the law or under their general administration" (23, p. IV-4). ✓

Another shortcoming of special legislation is the fact that such laws tend to be passed in the wake of sensational and highly publicized sex crimes and thus are more likely to be shaped by emotion than by reason. The "community's psychological need for revenge" (23, p. IV-4) is seen as a more influential factor in legislation at these times than the community's knowledge and understanding; the result is laws that serve the ends of punishment while purporting to furnish treatment and rehabilitation (19). Furthermore, legislation enacted in the heat of public hysteria rarely is concerned with preventive work, but

concentrate efforts on putting people into institutions only after they have become seriously abnormal and perhaps incurable, and usually only after they have demonstrated their dangerousness by committing serious crimes (30, p. 173).

A fifth concern, and one that is crucial to the previously cited criticisms as well as to most, if not all, objections raised against the special sex offender laws, is the limited understanding of causality. Without exception, all the legislative committee reports studied called for more research into the causes of criminal sexual behavior as a prerequisite to the passage of more legislation.

In summary, the foregoing discussion has made three primary points: first, that special legislation originated in this century in response to society's changing perceptions of the nature of the sex offender and his offense; secondly, that certain unique features (in particular the sexual psychopathy concept and the employment of the indeterminate sentence for such offenders) distinguish this special legislation from the criminal law which preceded it and which had been the vehicle for control of the sex offense; and thirdly, that there are inherent defects in this legislation, related to its unique characteristics, that have yet to be remedied. A fourth point that must be included is the recommendation for more research from a cross-representation of disciplines.

In other words, a half-century's experience with special legislation has convinced many that, however well intentioned the laws,

for a variety of reasons they have not accomplished what they set out to accomplish (26). Nor can the responsibility be laid exclusively upon the laws themselves. "The legal system," concluded a California study, "can hardly be expected to bear the major responsibility for the alleviation of the sex crime problem" (40, p. 42).

Ideally, and ultimately, a combination of approaches will have to be made, including programs of mental hygiene and adult education (40). Sex education in the schools is seen by some as a promising area for exploration (32), and one writer urges the establishment of a national sex-offender facility operated by the National Institute of Mental Health or the United States Public Health Service in conjunction with a university (12).

But for the present, the main approach to the problem continues to be legislative and to remain in the hands of the several states. And, as Mangus observes, "to the majority of people the most practical solution seems to be more laws, harsher sentences, stricter punishment" (27, p. 176).

III. PUBLIC ATTITUDES AND LEGISLATION

Let us now turn to an examination of the factors bearing on the enactment of legislation, in particular the factor of public opinion. It has already been implied (page 24) that community attitudes are influential in the drafting and passage of special legislation at times

when feeling is running high after a particularly sensational and highly publicized sex crime. The relationship between the mass media and public attitude, on the one hand, is pointed up by the fact that the incident is highly publicized; and the fact that special statutes are enacted as a consequence demonstrates the relationship between public reaction and the legislative process on the other. Without necessarily inferring a causal association thereby, one can readily agree with Korn and McCorkle that "the focus of law enforcement inevitably reflects the attitudes of the general public" (35, p. 10).

This last statement immediately raises two questions: who is this general public and what are their attitudes?

To turn to the second question first, the claim is made by several authorities that the public holds fallacious and stereotyped views of people who commit sex offenses, and that ineffectiveness of special legislation is attributable to these erroneous conceptions. Tappan advances ten "significant and prevalent fallacies" and asserts that these

propositions upon which public fears have been fed in relation to the sex offender . . . have been a basis for much ineffective legislation enacted in a number of states in recent years. The futility of these laws has proceeded from the inaccuracy of views that have been held widely but without scientific or critical investigation. Their popularity must be attributed in the main not to any foundation in fact but to exploitation of the peculiarly intense anxieties about sex crime that most people feel (36, p. 13).

Guttmacher condenses Tappan's ten propositions into four. "Four widely held misconceptions have been responsible for most of the defects in the so-called sexual psychopath laws" (29, pp. 111-112). (See Appendix B for Tappan's and Guttmacher's as well as two other authorities' compilations of commonly held misconceptions regarding the sex offender and his offense.)

But these claims are claims only, for the most part. The fact is, little systematic investigation has been made into what the public actually knows or believes about the sex offender. Indeed, the plea for more research iterated earlier includes the request for research of this nature. Says Simmons, "With a few notable exceptions, there has been remarkably little explicit investigation of public attitudes toward deviant behavior" (41, p. 223). He calls for more inquiry into public beliefs regarding deviance, adding that "social scientists should aim at gathering and communicating valid knowledge in the hope that this knowledge will form the basis for future public attitudes" (41, p. 232). Such, in a modest way, is the aim of the present study. (See Chapter II, "Purpose of Research.")

To return to the first question, who is the general public?, the answer must identify, for practical reasons, that segment of the general population that can be shown to have influence on the drafting and enactment of legislation. Factors in involvement in the political process have been shown to include level of education (16, 42, 43, 44),

age (44, 45), socioeconomic status (16), and party identification (46, 47). Lane (44) found a positive correlation between the rate of voting and the level of education, while Campbell (45) found a similar correlation between age and political involvement, with a sharp downturn after the age of 54. (In other words, he found relatively greater involvement in the middle age group than in the older or younger extremes of the voting population.) In regard to party identification, two authorities (46, 47) have declared that the Republican is likely to be more articulate, informed and interested in politics than his Democrat or Independent contemporaries.

Falk (16) asserts that the possession of the baccalaureate degree is one of the determinants of the middle class. Further, he specifically documents an association between the views and attitudes of the middle class (especially urban middle class) and the treatment and disposition of sex offenders:

The image of the sex offender in the view of the urban middle class in American society . . . directly influences the treatment of American sex offenders and is reflected in the laws and therefore the punishments concerning them (16, p. 612).

Thus, in examining the relationship of public attitude to special legislation, we are faced with two propositions: first, that such legislation reflects the views, attitudes and assumptions of the public (especially the educated, young-to-middle-age, Republican middle class public); and secondly, that the views, attitudes and

assumptions of this public are characterized by misconceptions, stereotypes and fallacies.

IV. SUMMARY

The opening chapter has made a number of assertions, documenting these from the literature available. The first of these is that the problem of the sex offense and its effective control by society is an ancient one and one that has not been satisfactorily resolved by any society. Secondly, definition of the sex offense is inextricably linked with the definition of normal and deviant sexual behavior, and these have been defined according to different and conflicting standards. Evidence was presented that increasing knowledge about human sexual behavior has brought about significant changes in this century in the laws enacted to control the sex offense problem, and that these changes have been characterized primarily by a shifting focus from punishment to treatment and rehabilitation. Yet these laws contain a number of inherent and persistent defects, some major ones of which were cited; and the claim was made that public opinion is a factor both in the increasing emphasis upon treatment and rehabilitation as well as in the inadequacies exhibited in the laws.

CHAPTER II

DESIGN AND METHODOLOGY

The previous chapter asserted a relationship between public opinion about the problem of the sex offender and his offense and the enactment of legislation directed toward the control of that problem. Two propositions were put forward concerning this relationship. The first of these propositions, it will be recalled, is that the legislation reflects the views, attitudes and assumptions of the public, especially the middle class public; and the second is that these views, attitudes and assumptions are characterized by misconceptions, stereotypes and fallacies.

I. PURPOSE OF RESEARCH

The first of these propositions seems generally to be accepted; at least, no serious challenge to its validity was encountered in reviewing the literature in this area. On the other hand, there does not seem to be extensive validation, through systematic study, of the second proposition. Moreover, examination of the literature here indicated that it is a proposition about which there is much conjecture but little agreement. Rooney and Gibbons maintain, for instance,

that the "study of these matters is only in the initial stage of development. Considerably more inquiry into public beliefs regarding deviance is in order" (48, p. 401).¹

It therefore seems appropriate to test this second proposition, for several reasons. First, if public attitudes do indeed influence legislation, obviously the content of those attitudes will have a bearing on the nature of the legislation enacted. If the attitudes, beliefs or assumptions are erroneous, as has been claimed, then the effect of these upon legislation will be different than if the attitudes, beliefs and assumptions are accurate.

(At this point it must be made explicit that no correlation is presumed between accuracy of views and effectiveness of legislation.² This, too, would be a valuable study to undertake, but it is not the purpose of this research.)

¹See also Simmons' comments to the same effect, Chapter I, page 28.

²Interestingly enough, conclusions from two studies suggest a lack of correlation here. Dow (49), in measuring the effect of identification (with the offender) upon attitude toward the offender, found that greater knowledge did not result in greater willingness to support research relevant to treatment of the offender, nor in increased capacity for identification. He did find some correlation between identification and willingness to support such research, but unfortunately members of the middle class seemed largely unable to identify with the offender.

Rooney and Gibbons, on the other hand, found that "insofar as these citizens [relatively youthful middle class adults living in San

A second benefit accruing from the investigation of the accuracy of public assumptions concerning the sex offender lies in the gathering of material to serve as a basis for further research--for instance, the kind of study suggested in the preceding paragraph. It is necessary to know what public attitudes are and whether they are accurate or inaccurate before they can be related to effectiveness or ineffectiveness of legislation. In addition, where programs other than legislative are contemplated, such as the public education programs recommended earlier, it would be necessary to have an idea of what the accuracy of the "average" person's understanding is of the sex offender and his offense in order to structure such programs most efficiently. Moreover, as Fletcher points out, lay referral of deviant persons to professional resources is a not infrequent occurrence, and the system of norms used by laymen in judging the need for referral is an important factor in when and how such persons are referred. "If we can begin to understand the process for deciding to refer disturbed persons to professional help sources," Fletcher argues, ". . . we shall be better able to design public educational programs aimed toward minimizing delays" (18, p. 185).

Francisco and environs] vary in their tolerance toward deviants, they do so largely in relation to the accuracy of their knowledge about the deviation or in terms of educational or religious differences" (48, p. 410). No attempt was made in this study to relate tolerance toward deviance with willingness to support treatment-oriented research or programs.

In view of the gains to be realized from such research, then, the present study proposes to accept as a premise the first of the two propositions outlined above, that is, that special legislation reflects the views, attitudes and assumptions of the middle class public, and to devise a means for testing the second of these propositions, namely, that the views, attitudes and assumptions of the middle class public toward the sex offender and his offense are characterized by misconception, stereotype and fallacy.

Difficulties of Design

There are two major problems to be dealt with in testing this second proposition. The first of these is the difficulty of distinguishing fact from fallacy in lay opinion regarding the sex offender when even professional opinion is as divided as it is.¹ The solution decided upon was to limit the study to a particular sex offender population, namely, those individuals admitted to the sex offender program at Oregon State Hospital under any of the provisions of Oregon Statute 426 (the so-called "Sexually Dangerous Statute"), and to data about these offenders that is recorded and verifiable.

The second difficulty encountered is undoubtedly a more

¹An Oregon legislative committee found "wide disagreement . . . reflected not only in the social attitudes which were expressed in testimony before the committee, but also in the testimony from psychiatrists and psychologists who appeared before the committee" (50, p. 5).

serious one. If the premise is accepted that legislation reflects middle class opinion, then a representative middle class group must be identified in order to assess the accuracy of their opinions for the purpose of the research to be accomplished. Even leaving out of account the professional limitations of the student researchers conducting the study, the task of proving that any given group of people "represents" any socioeconomic class is formidable. The solution decided upon here is not a wholly satisfactory one, but one which seems to make the most of available resources while coming to terms with reality factors; in short, the decision was to select as the group for the assessment of assumptions the first-year class of graduate social work students at Portland State University. While no claim is made that these students are representative of the middle class, a good case can be made for their being members of the middle class (albeit a highly select subgroup of that class) and possessing the characteristics of that segment of the general public that is most influential in legislation.

Another consideration to be taken into account is that many of the entering social work students come from states other than Oregon, and even those who have lived some time in the state may not be familiar with the Oregon statute defining this specific sex offender population or the hospital program in which they participate; thus it cannot be fairly said that the study is measuring the accuracy of

their knowledge about these offenders, but only their assumptions concerning them. Nevertheless, the rationale for the validity of this assessment is that the students' assumptions regarding these particular offenders will be predicated on their prior knowledge, views, attitudes and conceptions concerning all those individuals who, as a consequence of their behavior, are categorized at point B' in the chart on page 10 (those whose behavior is perceived as sexually motivated and constituting a threat to society) or, in other words, the "sex offender." This relates to the original proposition in that the attitudes of the general public toward the sex offender will be made up of the same components of knowledge, feelings, assumptions and conceptions.

Formulation of Hypothesis

Thus, the initially broad scope of the proposition to be tested has perforce been reduced by practical considerations to a much narrower hypothesis: that beginning graduate social work students at Portland State University will hold inaccurate assumptions about the characteristics of the sex offender population at Oregon State Hospital.

Secondary Values of Study

Although the reduction of the broader proposition to the above-mentioned hypothesis necessarily eliminates or curtails certain of

the hoped-for returns, there are other gains to be realized from the study as it is designed. These gains are secondary to the main purpose of the research, which is to assess in some measure the accuracy of public assumptions about the sex offender, but they nonetheless have value that is peculiar to this particular design.

The first of these secondary gains is the compilation of data concerning the characteristics of the sex offender population at OSH. To the knowledge of the researchers, no similar study has been done heretofore on this population. While the present study makes only limited use of this data, there are many implications for its treatment in other ways and for its use in other kinds of studies. (See, for example, Booth's study using the same data for different purposes [51].)

Secondly, the group whose assumptions are being tested, in addition to being members of that segment of the public whose influence upon legislation is allegedly the greatest, are also future professionals, some of whom will be dealing with one or more aspects of the problem of criminally deviant sex behavior. Nor are we talking only about treatment aspects. "The responsibilities of the practitioners of social work . . . include . . . an obligation to foster the social changes necessary to attain social welfare objectives" (52, p. 31). Implicit in these objectives, according to Allen, is the "question of what sorts of behavior should be declared criminal . . . [a

question] to which the behavioral sciences might contribute vital insights. This they have largely failed to do and we are the poorer for it" (53, p. 228). Surely we must determine whether our information is accurate before we can begin to fulfill this obligation. Thus, there is compound value in assessing the accuracy of the student's perceptions; substantiation of the hypothesis would carry implications for the professional curriculum as well as for the legislative process.

Finally, and almost parenthetically, the design of this study provides the opportunity to test in a small and inconclusive way the extent to which the beginning social work students at PSU hold the views that Tappan and others assert are misconceptions held by the general public.

II. METHODOLOGY

As suggested earlier, the method of conducting this study was necessarily two-part, the first part consisting of a study of certain characteristics of a selected group of identified sex offenders, and the second part consisting of a survey of the assumptions of a selected group of social work students concerning the characteristics studied.

Sex Offender Population

The sex offender population selected to be studied included all those individuals admitted to the sex offender treatment program established in 1966 at Oregon State Hospital pursuant to the recommendations of ORS 426.510 to 426.670. This statute defined the "sexually dangerous person"¹ and outlined the procedures for judicial determination of such status and the consequences of such determination, the consequence of primary significance to this study being commitment to a designated state institution for medical or mental therapeutic treatment (ORS 426.620) or voluntary admission to such institution (426.650) in lieu of incarceration as a criminal offender. The sex offender program referred to above is a direct outgrowth of ORS 426.670:

The Board of Control hereby is directed and authorized to establish and operate a segregated treatment facility within an existing state institution to receive, treat, study and retain in custody as required such sexually dangerous persons as are committed under ORS 426.510 to 426.670 (37).

Since only 79 offender-patients had gone through the program from the time of its organization in its present form up to the time of conducting the study, and since records were available on all 79,

¹ORS 426.510(1) states: "'Sexually dangerous person' means one, not insane, who by a course of repeated misconduct in sexual matters has evidenced such lack of power to control his sexual impulses as to be dangerous to other persons of the age of 12 or under because he is likely to attack or otherwise inflict injury or pain on the objects of his desire. '"

it was decided to use the total population, rather than a random sample or those who were inpatient at the time the study was conducted, or any other partial representation. Hence, the population studied includes every offender-patient ("sexually dangerous person" under the law) admitted to the treatment facility at Oregon State Hospital from July, 1966, to May, 1969, when the data-gathering was begun.¹

Characteristics Studied. The population to be studied having been defined, the next step was to decide which characteristics of the sex offender were to be measured. Although the guiding hypothesis itself implied no limitation, reality considerations did. For example, a personal interview with each of the 79 participants in the program could have yielded information obtainable in no other way. However, only 30 were still in the hospital at the time this study was initiated, the rest having been discharged, and to locate and conduct such interviews with all discharged subjects would be beyond the resources of the research project. Even the alternative of mailing a form questionnaire was deemed impractical for the same reasons. Collateral interviews with staff, families and acquaintances presented insurmountable difficulties to uniform administration, although they would

¹After compilation of the data on the offender population had been completed, it was found that the original list did not include the names of two individuals who had been participants in the program in the time span designated. Time limitations precluded going back and gathering the data on these two, so the "total population" referred to omits these two.

have added valuable dimensions to the data.

Hence, in view of limited resources of time, money, manpower and experience, the investigation was restricted to information available in the hospital record, since these records were on file at the hospital for the total population being studied, both inpatient and outpatient (and, as it turned out in one case, deceased). Arrangements were made with the hospital staff to have the case records made available to the researchers over a period of several weeks during the summer of 1969. The researchers reviewed each case record to gather identical categorical information about every subject.

The data-gathering instrument is reproduced in outline form in Appendix C. Each of the subjects was studied with respect to every category shown. Where no data was available in the case record concerning a given category, notation was made to that effect.

The outline represents the instrument as it appeared in final form.¹ Throughout the data-gathering process, revisions, additions and deletions were made as the need became apparent, with the result that the mass of data collected sorts itself into four categories:

¹While most of the categories shown in the instrument outline are concerned with "hard" data and required no exercise of judgment on the part of the researchers, the opposite is true for some other categories. In these latter cases, where interpretation seemed called for, these are starred (*) and defined, explained or qualified in narrative form in Appendix D, using the same heading numbers and titles for easy reference.

- (1) data of which collection was begun but not completed for various reasons;
- (2) data collected but not tabulated;
- (3) data collected, tabulated, but not used in testing assumptions of the student population;
- (4) data collected, tabulated, and used as a basis for construction of specific items in the student questionnaire.

It will be seen that considerably more data was collected than needed to serve the purpose of this study, since the study is concerned with comparing social work students' assumptions with factual data concerning characteristics of the sex offender population. Therefore, only the fourth category of collected data, that used in construction of the instrument for assessing student assumptions, will be discussed in the chapter on findings of the study. The other three categories of data (collected but not used in this study) offer abundant possibilities for other future studies with different frames of reference. These possibilities will be discussed at some length in the final chapter.

In summary, out of the quantity of data gathered in the process of the research, the category of data with which this study is concerned included only those characteristics measured, tabulated and used in the construction of the instrument for assessing the accuracy of respondents' assumptions. These characteristics were not limited

to the person of the offender, but included characteristics of the offense and of the victim or victims as well.

Respondent Population

The population selected for the assessment of the accuracy of assumptions concerning the sex offender was, as indicated earlier, the students entering the two-year Master of Social Work program at Portland State University School of Social Work in the fall of 1969. This group was selected for a number of reasons: first, for its availability; secondly, on the premise that as representing a particular segment of the population, these individuals will have relatively greater influence on legislation; and finally, on the assumption that as future professional social workers, they will bring influence to bear on the problem from other angles than the legislative, that is to say, in treatment, consultation, education, formulation of policy, etc. In view of this, it seemed appropriate to assess the extent and accuracy of their present understanding of this particular social problem.¹

The availability of this population to the researchers and its status as future professional social workers are self-evident. The degree to which it represents any given segment of a social class,

¹As it turned out, the accuracy of the students' assumptions exceeded the extent of their acquaintance with the problem. The implications of this finding will be discussed in the final chapter.

however, needs some documentation. A profile of the group in regard to certain determinants is shown in Appendix E.

Statistics available on the student population provided some important indicators of social class, such as level of education and level of father's education. Other more important determinants were unavailable to the research team, however, including the crucial ones of parent's occupation and income level. Hence, no attempt will be made to argue that these students are representative of the middle class per se. Such argument, even if successful, would not advance the purposes of this research. Furthermore, no single definition of the middle class is available apart from the purposes for which such definition is made. Hence, it is only suggested that these students, for the most part, exhibit the characteristics of that part of the population that has relatively greater influence on legislation than groups not possessing these characteristics.

Instrument Design. The instrument for assessing the respondent's assumptions about sex offenders (see Appendix F) was designed in two parts. The first part, and the part with greatest significance to the study, related to the specific characteristics of the sex offenders at Oregon State Hospital as described above.

Following the collection and tabulation of data about the sex offender population, the research team composed a series of statements, the accuracy or inaccuracy of each of which could be

documented by the data. These statements were presented to the student population with instructions to indicate whether each statement was true or false. The negative impact of a forced choice regarding data of which few had first-hand knowledge was eased by the inclusion of a range of certainty of opinion. (Gratifyingly, informal communication with the student population following administration of the instrument indicated that the opportunity to at least indicate their lack of certainty about the forced replies made them much more comfortable in their responses and had the additional effects of making them aware of how little they knew about the subject and of instilling a desire to know more--effects that can only be beneficial to a group beginning their professional education in a social science field.)

The second part of the instrument consisted of 12 statements taken verbatim from Tappan (36) and Coleman (2). These authors contend that the statements are representative of the views of the lay public about sex offenders and their offenses. To our knowledge, no controlled research has been done to assess the validity of this contention. While this research could scarcely be called a controlled study, nevertheless the research team felt it would be of interest to know to what extent the student population,

as comprising a group somewhat in between lay and professional,¹ concurs with the views expressed by these statements. Other statements could have included--for instance, Guttmacher's or Sutherland's (see Appendix B)--but Tappan's and Coleman's were selected arbitrarily as perhaps the most publicized. An additional factor in their selection is that the data collected on the Oregon State Hospital population relates directly to some of these statements.

Method of Administration. In order to get as uniform presentation as possible, a written introduction was prepared (to be given orally) at the time of distribution of the instruments. The team would have preferred to have all the respondents together in one place at one time, but this being impossible, a satisfactory alternative arrangement was made possible by the fact that one required course for the first-year class was divided into two sections given by the same professor on consecutive days. When the presentation was made to the first section, the students were requested not to discuss the procedure with any of their classmates and to hold the questions they had concerning the nature of the research until after the second section had responded. Again, informal communication

¹ According to the table in Appendix E, almost two-thirds of the students had social science or social work undergraduate majors and more than half had a number of years' paid social work experience to their credit. These facts, while hardly qualifying this population as professional, certainly give them more than lay status.

with the respondents following administration indicated that this confidence had been kept. (And again, the intensity of interest stimulated by the project as evidenced by the numerous questions and quality of discussion and conjecture concerning outcome was most gratifying to the research team.)

III. HANDLING OF THE DATA

Care was taken with study design, limitation of hypothesis and study populations, development of instruments, and pretesting to assure highest possible reliability and validity. However, since the study is largely in the nature of exploratory design with some descriptive features, the data gathered from neither population lends itself to precise statistical analysis. Nevertheless, certain procedures were followed to ascertain degree of reliability and significance.

Reliability of data collected on the sex offender population was checked in the following manner. Two months after the data had been gathered from the patients' charts, the research team returned to the hospital, randomly selected nine charts and went over these again, using the same procedures and instrument as used initially. The information thus gathered was compared with the original data from these nine charts. This comparison revealed that out of a total of 225 possible errors, only 9 were found. If this rate of error (one

error per case history) was constant throughout, then the total data collected could be said to be 96 per cent accurate.

Pretest consisted of administration of the instrument to ten randomly selected individuals. Two were public welfare case-workers, four were students (not from the first-year student respondent group), two were housewives, and two were office workers. Conditions under which the instrument was administered varied, but the attempt was made to simulate as nearly as possible the conditions under which the actual survey was subsequently conducted. Some questions were reordered and some reworded as a result of the pretest.

Reliability of the data gathered from the student questionnaire was measured by the test-retest method. Fifteen individuals who were not members of the original pretest group or the student respondent group were given the questionnaire on two occasions with an interval of one week between the first and second testings. The results of the two testings were compared according to the "Kuder-Richardson formula number 20" (54, p. 64) which yielded the figure of .396 reliability.

Determination of the accuracy or inaccuracy of the respondents' assumptions concerning the characteristics of the offender population was made first on a simple majority basis; that is, if more than half of the responses were in accord with the hospital data

on a given item, the student's assumptions concerning that particular characteristic were held to be accurate. Conversely, if fewer than half the responses were in accord with the hospital data, assumptions concerning that particular item were held to be inaccurate.

These gross findings were then subjected to the "difference of proportions" test (55, pp. 76-78) for statistical significance to determine to what extent the students could have responded accurately or inaccurately on the basis of chance alone. The results of the analysis are shown in Appendix G.

The second part of the respondent instrument, the 12 attitudinal statements, were not subjected to any kind of statistical analysis. Results were simply recorded and reproduced in table form in Appendix H. Similarly the intensity of opinion scale was tabulated only and is reproduced in Appendix I.

The following chapter is devoted to a detailed description and analysis of the data, and the final chapter will venture some conclusions and suggest some implications. While it would be interesting and probably informative to cross-tabulate the significance of response with category of item, and also with the intensity of opinion scale, this is precluded by time limitations as well as research objectives. The purpose of the next chapter will be to sketch in broad

strokes the areas of congruence and lack of congruence between the assumptions of the respondents and the facts as represented in the hospital data.

CHAPTER III

FINDINGS AND ANALYSIS

As outlined in the previous chapter, the data collected lies within two general areas--that gleaned from the review of the hospital records and that gathered from the student questionnaire. It now becomes the task to compare these two in the service of supporting or rejecting the guiding, exploratory hypothesis.

I. COMPARISON OF DATA

When these two bodies of data are compared in a gross fashion, two surprises greet the researchers. The first of these is that out of 66 assumptions the respondents were asked to make about the hospital data, 38 (58 per cent) were congruent on a simple majority basis--that is, 50 per cent or more of the students answered 38 of the questions accurately.

The second unanticipated finding is that when these 66 assumptions are considered from a standpoint of statistical significance, it is found that 32 or 49 per cent of the students' assumptions are significantly accurate; that is, these accurate assumptions could not have occurred by chance alone. This percentage of significantly accurate

assumptions compares with 15 assumptions (23 per cent) which were significantly inaccurate (see Appendix G).

The mass of hospital data collected lent itself to a tripartite organization, as mentioned earlier (page 43)--that is, data concerning the characteristics of the offender, the offense and the victim was gathered, tabulated and used in construction of items for the assessment of respondents' assumptions. Although these items were distributed randomly throughout the questionnaire, they were regrouped into the three aforementioned categories for purposes of analysis and presentation.

To recall the hypothesis, it was expected that the majority of the beginning social work graduate students would hold more inaccurate than accurate assumptions regarding the hospital data; however, as demonstrated by the above figures and as illustrated in Figure 1, this supposition is not supported.

An overall comparison such as this shows the guiding hypothesis to be clearly invalid--there is more congruence than incongruence between the students' assumptions and the hospital data.

A more detailed analysis reveals other findings of equal importance embodied in this data. To discover these, each category of hospital data is considered separately and discussed on the basis of further subdivisions. These subdivisions include such factors as age, education and marital status of the offender; the location and

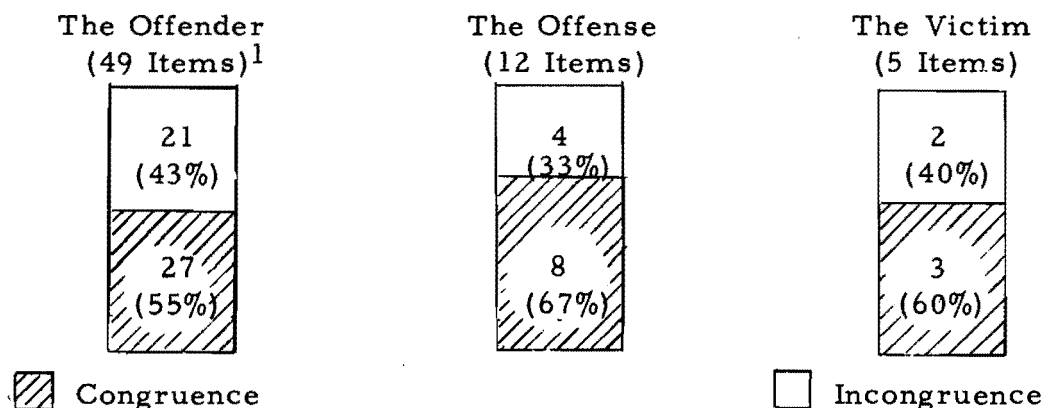


Figure 1. Categories of hospital data compared with group assumptions.

¹Figures and percentages in Figures 1, 2, and 4 reflect the fact that one item, question number 5, could not be tabulated since a majority neither agreed nor disagreed with the statement (see Appendix G).

duration of the offense; and the age and sex of the victim. For a listing of the questionnaire item numbers relating to each of these subdivisions of data, see Appendix J.

Characteristics of the Offender¹

Figure 1 indicated a total of 49 items relating to the characteristics of the offender and of these, 27 showed congruence between the students' assumptions and the hospital data, while 21 demonstrated incongruence.

Figure 2 further subdivides these 49 items relating to this

¹See Appendix K for frequency distributions of characteristics of the offender, offense and victim.

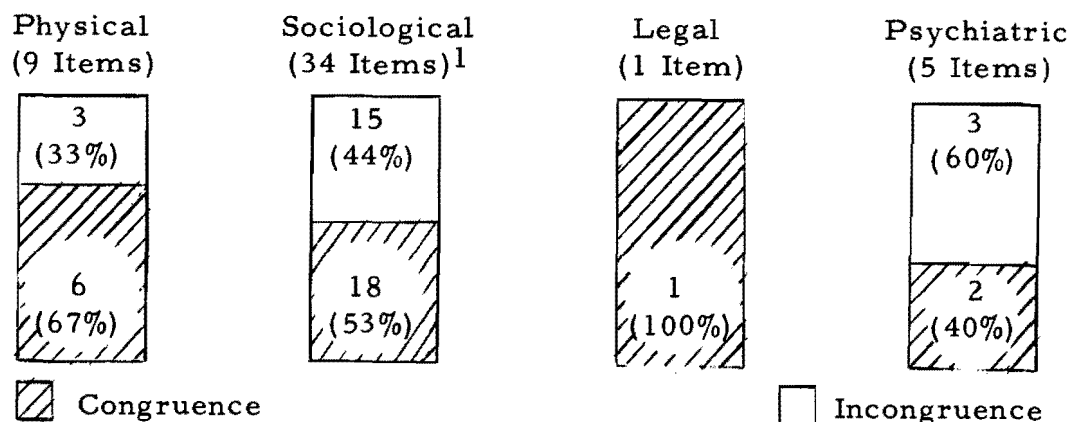


Figure 2. Categories of offender data compared with group assumptions.

¹See footnote to Figure 1, page 53.

portion of the hospital data and reveals four main areas of offender characteristics.

As this distribution illustrates, the students' assumptions were more often in agreement than disagreement in all categories of offender data except in the area of the psychiatric characteristics. This latter finding will be taken up shortly.

A closer examination of the students' assumptions regarding these first three categories of offender data reveals a number of trends.¹

¹No further reference will be made to the significantly accurate or inaccurate assumptions. The following analysis only defines and describes the areas of majority congruence or incongruence between the students' assumptions and the hospital data.

Physical. For example, in the area of the offenders' physical attributes, and as demonstrated in Figure 3, the students' image of the offenders' age, race and physical impairments was more accurate than their assumptions regarding the frequency of mental retardation, organic brain damage and the incidence of twins among the offender group. (These latter characteristics are represented by the miscellaneous category.)

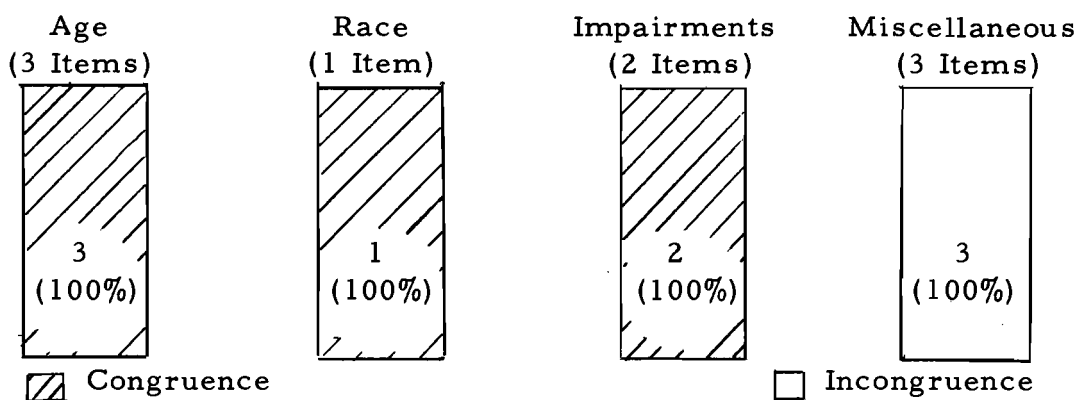


Figure 3. Categories of offenders' physical characteristics compared with group assumptions.

With regard to the offenders' age, the students accurately assumed that age is a significant factor among these offenders,¹ that the majority (60 per cent) were below the age of 40 and that of those offenders who were beyond the age of 50, most had had previous sex offense convictions. In regard to this latter finding, the hospital

¹For a reporting of age variables as well as other significant factors in relation to the exhibitionists, incest and pedophilia offenders in this population, see Booth's study (51).

data showed that of 21 offenders who were beyond the age of 50, more than one-half of them had sex offense convictions prior to the one which brought them to the hospital.

It was somewhat unexpected to find that in the area of the offenders' age, the students did not typically see the offender as certain authors have postulated. For instance, Frisbie has remarked, "It is usually assumed . . . that the molester of female children is an old man . . ." (56, p. 263). Further, Gagnon and Gebhard have asserted, "A popular stereotype of the child molester is that of a senile deteriorated man" (57, p. 577).

One question related to the frequency of nonwhites among the offender group. Eighty-eight per cent of the students accurately assumed that there were no more nonwhites in the offender population than in the population at large. It is interesting to note that from its inception in September of 1963 to May of 1969, no Negroes had gone through the sex offender treatment program.

It would be equally interesting to be able to account for this finding, but due to the multiplicity of factors involved here, the reader is invited to refer to other authors who have speculated upon some important variables which suggest why Negroes may be under-represented in this as well as other sex offender treatment populations (58, pp. 11-12; 59, p. 77).

Two items related to the physical and neurological impairments

found among the offender group. The students' assumed picture of reality in this area corresponded with the hospital data, which demonstrated that the greatest percentage of the offenders were neither physically or neurologically abnormal. It is interesting to note, however, the frequency of physical impairments among the offender group. In this population 16 individuals (20 per cent) had physical imperfections which ranged from partial blindness, leg amputations and severe eczema, to obesity, deformed feet and underdeveloped external genitalia.

The part played by physical deformity in sexual deviations has been remarked upon by a few authors. For example, Karpman suggests, ". . . physical deformity may play some part . . . [in sexual deviations]" (3, p. 604). Further, Coleman comments that

. . . any number of minor impairments may be extremely traumatic for certain individuals. In a society as conscious of physical appearance as ours, even slight physical deviations or impairments may pose difficult adjustment problems (2, p. 129).

(To compare these and all other subsequent findings presented in this chapter with those of other studies would be interesting, but since this population may differ in many significant respects from others, only a few general comparisons will be made throughout.)

The only neurological characteristic of the offenders which appeared with any frequency was the number of abnormal brain wave patterns as measured by the electroencephalograph. Four

individuals were characterized as having "abnormal" EEG's, while one other was seen to have a "borderline" EEG.

While the students' image in the area of the offenders' physical characteristics was overall more accurate than inaccurate, there were nevertheless assumptions made which did not agree with this portion of the study data. In particular, students erred in assuming that the frequencies of mental retardation, organic brain damage and the incidence of twins among the offender group were no higher than those of the general population. However, the hospital data showed that five individuals (6 per cent) of the offender group were mentally retarded with IQ's of less than 70. This is approximately twice the national average of 3 per cent (2, p. 518). Twenty per cent of the offender population evidenced demonstrable brain damage in association with intercranial infections, arteriosclerosis and alcoholism. This percentage is nearly 35 times the national average (60, p. viii). With regard to the frequency of twins, it was surprising to find five individuals in this category, and of these, there was one pair. This frequency is close to three times the national average (61, p. 50).

Although the offender group was found to have a greater frequency of individuals with these attributes than the general population, the reader is cautioned in any conclusions he may draw, particularly in regard to the percentage of those showing mental retardation and brain damage. Because of impaired functioning

associated with these conditions, these individuals "probably do not commit crimes more often than other groups, in proportion, but they get caught more frequently" (3, p. 94). With regard to intelligence alone, it has been suggested that "[it] may or may not play a vital role in the development of sex offender behavior, but it is certainly a powerful selective factor in determining who is caught and convicted" (57, p. 577).

Sociological. The students' assumptions in the area of the offenders' sociological characteristics are similar to those in the area of the offenders' physical attributes to the extent that in both, their assumptions are preponderantly more accurate than inaccurate.

As will be recalled from Figure 2, there was a total of 34 items relating to the sociological characteristics of the offender and of these, 18 showed congruence between the students' assumptions and the hospital data, while 15 indicated incongruence.

Figure 4 illustrates in greater detail the areas within which these congruent and incongruent assumptions lie.

Figure 4 clearly demonstrates that in five of the nine categories of sociological data, the students' images were more congruent than incongruent.

Examining first those areas where there was more agreement than disagreement between the students' assumptions and the offenders' sociological characteristics, it is seen that in three of these--

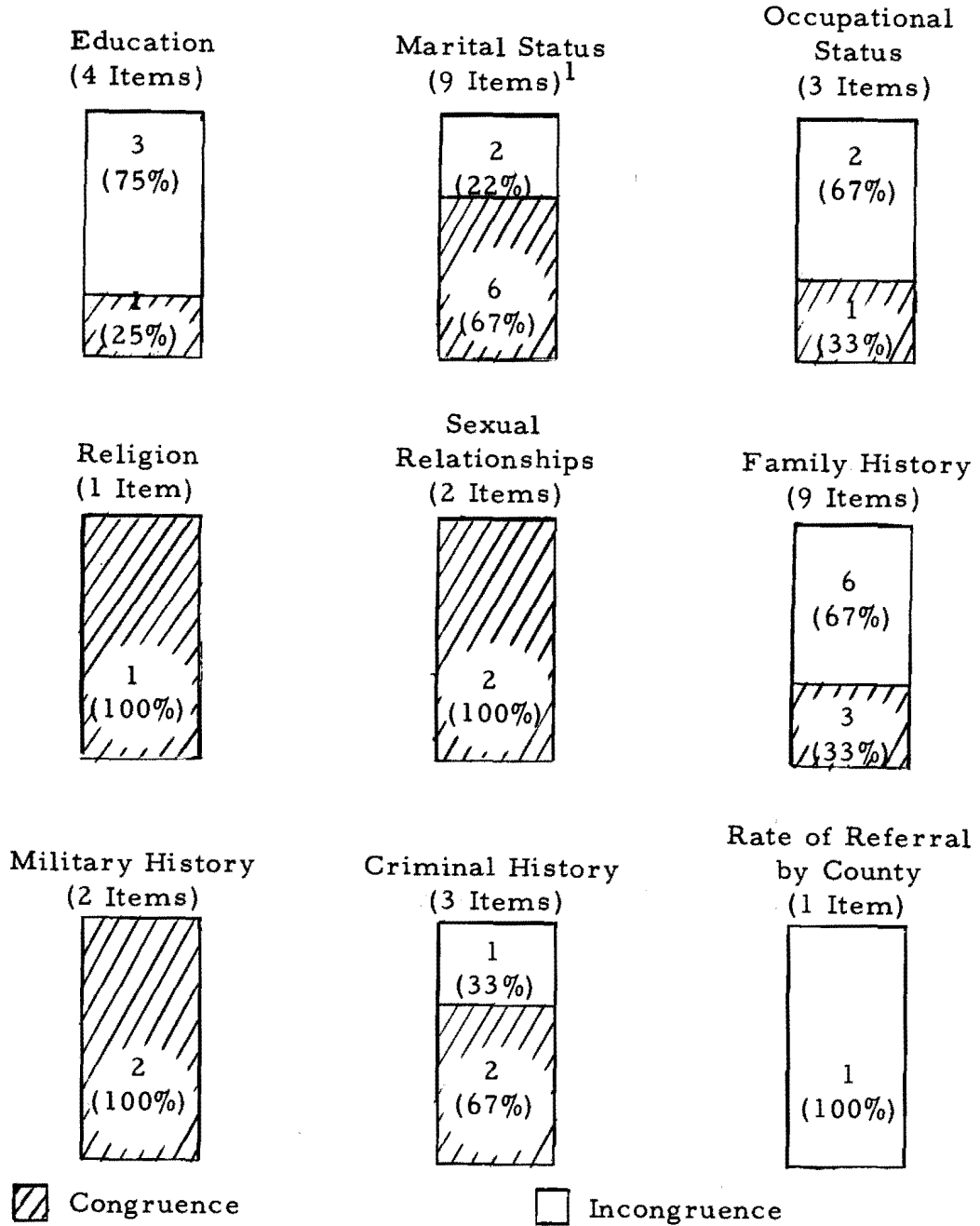


Figure 4. Categories of offenders' sociological characteristics compared with group assumptions.

¹ See footnote to Figure 1, page 53.

religion, military history and sexual relationships--the students made no inaccurate assumptions.

With regard to the first of these areas, the students accurately assumed that few of the offenders held or were preoccupied with unusual religious beliefs. One example of the seven such cases was an offender who believed his incestuous behavior to be the result of "sinful forces" or "demonic pressure from the devil."

In the second area of total agreement, military history, the students concurred with the findings that most (62 per cent) of the offenders who were beyond the age of 18 had not experienced military service, and further, that of those 30 individuals who had, most (27) had received honorable discharges.

This percentage of offenders with no military service may or may not be high; the researchers found no other figures from which a comparison could be made, whether with another offender population or with males in the population at large. However, if this percentage is higher than the national average, for example, then it may well be the result of the military services' screening procedures which tend to prevent those with criminal histories, mental retardation and physical impairments from serving.

In the third area of sociological data where the students' assumptions were in total agreement, that of sexual relationships, the students concurred with the findings which showed that of the 31

individuals who were married and not separated from their spouses at the time of their offense, most were dissatisfied in their sexual relationships with their wives. Approximately nine of every ten students agreed that most of the offenders were capable of an "adult heterosexual sex relationship."

The hospital data indirectly appears to support this latter assumption by indicating that the majority of these offenders (54 percent) had experienced heterosexual sex relationships.

In regard to social relationships in general, these offenders were frequently described as having chronic difficulties in all their relationships, whether with males or females. For example, a number of offenders were described as "preferring to work alone"; some as "loners"; others as immature, shy, socially withdrawn and isolated; still others as "uncomfortable around adult females"; and finally, some as "drawn" or "strongly attracted" to small children (see Appendix D, Item 0). As di Furia has commented:

Generally speaking [sex offenders] have never been close to another in a healthy give-and-take relationship. They harbor feelings of having been deprived of love in infancy and have marked dependency needs which they are unable to communicate (26, p. 631).

Furthermore, on the basis of their histories, many of these offenders appear to be similar to those described by Peters, who remarked that sex offenders commit their offenses while under the "influence of ungratified sexual impulses . . ." and as such, they

often turn to "the child . . . for the child [is] considered the safer, more accessible object who would be less prone to repudiate the advance" (62, p. 156).

The students' assumptions about the offenders' marital status and criminality were less accurate than in the previous three areas, but as seen in Figure 4, these assumptions were still more congruent than incongruent.

The questionnaire contained nine items relating to the marital situation of the offender and with five of these the students' assumptions agreed. They concurred with the findings which showed that when the 79 offenders were considered as a whole, three out of every five were married or had been married prior to their offense. A plurality, 35, were married at the time of their offense and of these, 31 were not separated from their spouses. In regard to the divorced offenders, their divorce rate of one in every eight was found to be higher than the general Oregon population rate of 1 in every 333 (63, p. 2-6). Finally, the students' assumptions agreed with the study findings that of these 31 offenders who were married and not separated from their spouses at the time of their offense, the majority, 28, had children of their own.

From the findings related to the marital status of the offenders, it is obvious that the factor of marriage does not in and of itself preclude an individual from behaving in socially unacceptable ways. As

alluded to above, a more important variable may be an individual's ability to communicate his needs and sustain a meaningful relationship. It is important to note, however, that when an individual's sexual needs and a particular deviation are examined, a significant variable to consider is the availability of sexual outlets. Coleman refers to this as the variable of "total sexual outlet" and adds,

Some males derive 100 per cent of their sexual outlet from a single kind of sexual activity; others utilize several. . . . According to Kinsey's findings, the average number of outlets used was between two and three, although this, of course, varied with different age groups and social levels (2, p. 382).

Coleman goes on to suggest that this concept

helps to explain the puzzling fact that many exhibitionists and other sexual deviates are married and thus have "normal" sexual outlets in addition to their socially disapproved patterns (2, p. 383).

When the students were asked to make assumptions regarding the marital status of the exhibitionist and the incest offenders, it is interesting to find, in light of their previous accurate assumptions in the general area of marital status, that their assumptions differed from the facts. That is, they believed the majority of the exhibitionists were married and that the greatest proportion of the incest offenders had been married more than once. The hospital data did

not indicate these impressions to be true.¹ For example, of the 7 exhibitionists, 3 were married and of the 18 incest offenders only 5 had been married more than once.

Some writers have speculated ". . . that men who have children of their own might be less inclined to commit offenses against children" (57, p. 577), but as Gagnon and Gebhard were led to conclude and this study seems to show, ". . . the condition of fatherhood does not protect against such offenses . . ." (57, p. 577).

There were two questions which related to the marital status and frequency of children among those offenders whose offenses categorized them as child molesters.² Of the 72 so distinguished, 43 were married or had been married, and of these 43, 77 per cent had had children of their own. The students' assumptions agreed with these findings.

¹With a larger sample of exhibitionists, the students' view that the majority would be married may have been corroborated. Henninger found 78 per cent of a sample of 51 exhibitionists married; Cambridge found 58 per cent of 429 exhibitionists married; and Mohr indicated that of 54 exhibitionists, 63 per cent were married (20, p. 148; 3, p. 34).

²Although no breakdown by offense is attempted in this study, the 79 offenders may be divided into groups on the basis of whether or not their offenses involved physical contact with their victims. Making this distinction reveals 7 offenders with no physical contact with their victims; these were exhibitionists. The remaining 72 offenders, for the purposes of the student questionnaire, were termed "child molesters"; these included the 18 incest offenders as well.

The respondents' image of previous criminality among the offender sample was congruent with the hospital data to the extent that they accurately assumed that of those offenders who had criminal records, most (32 out of 49, or 65 per cent) had been arrested previously on sexual charges. These charges ranged from lewd phone calls, peeping, exposure, sodomy and child molestation to rape. Interestingly, there were no cases of previous arrests for incestuous behavior, and the students' assumptions concurred with this finding.

There seem to be a number of reasons for this latter finding. As Cavallin has pointed out,

It is a safe assumption that the frequency of incest is much greater than any statistics can reveal. Its being an intra-familial event makes its detection difficult. The shame and guilt experienced by the family causes it to be denied and hidden. The incestuous father is sometimes the mainstay of the family's economic support and any thoughts of separating him are viewed with apprehension. But above all incest is a severe manifestation of family breakdown and the removal of the incestuous father is feared for it might lead to total collapse of the family structure (64, p. 1132).

Although the students' image was accurate regarding the offenders' prior sex offenses, they did not assume that the majority of the offenders had previous criminal records. The hospital data demonstrated the opposite of this notion, namely, that 62 per cent of the offenders did have prior criminal histories. This fact was reflected by the numerous charges and arrests found on the offenders' "rap sheets." (See Appendix D, Item G.) These, in addition to the

previous sexual charges, ranged from vagrancy, petty shoplifting and auto theft, to robbery, assault and battery and assault with a deadly weapon.

Despite some inaccurate assumptions in the five subcategories of the offenders' sociological characteristics so far discussed, students' assumptions were more accurate than inaccurate. This cannot be said, however, of their assumed picture of reality relative to the offenders' family background, his occupational and educational attributes and his rate of referral to Oregon State Hospital from various counties. In these subdivisions the students' assumptions were least accurate.

For example, Figure 4 indicated that there were nine questions relating to the offenders' family background; and of these, only three showed congruence between the students' image and the hospital data. In these, the students' assumptions corresponded with the study data which indicated that the majority (55 per cent) of the offenders came from urban backgrounds, that they were typically closer to their mothers than to their fathers and that their birth order was not significant.¹

On the other hand, the students assumed that most of the

¹ Birth order was not seen as significant since the probability of an offender being either the eldest, youngest or intermediate child occurred with almost equal frequency.

offenders came from mobile, broken families wherein they were rejected and disciplined harshly by their parents. The offender data did not support these impressions nor did it substantiate the students' assumptions that the offenders were typically intermediate children who did not have a close relationship with their siblings.

With respect to the offenders' education, the students held only one accurate assumption and that was that the majority of the offenders had gone beyond the eighth grade.

The respondents inaccurately assumed that: 1) the offenders had attained educational levels similar to those of the general Oregon male population; 2) college graduates were not uncommon among the offender group and 3) (somewhat inconsistently), the majority of those individuals who entered high school did not graduate. To the contrary, the hospital data showed 54 per cent of the offenders who entered high school to have graduated; only one offender held a college degree; and when a median grade achieved was computed for the total offender group, it indicated the offenders to have achieved approximately one year less in education (10.4) as compared with the general Oregon male population (11.2) (65, p. 113).

It is interesting to note that this median is quite similar to one found by Frisbie in his study of 1,921 sex offenders in the state of California. In this sample, the median grade achieved was 10.3 and this was "1 1/2 years less schooling" as compared with the adult

male population of California¹ (66, pp. 53-54).

In the area of occupational status, the students' view was congruent with the data which showed that most of the offenders had held "blue collar" jobs; however, their image was incongruent with other findings which brought to light the facts that three of every five offenders had irregular employment histories and that few professionals were among the offender group.

There were two offenders who, based on the statements in the 1966-67 Occupational Outlook Handbook (67, p. 182, 30) may be considered as professionals. One held a college degree and taught at the high school level; another, with three and one-half years of college, was employed as a chemist. The fact that most of these offenders were in "blue collar" skilled and semi-skilled occupations is similar to the findings of other sex offender studies. (See, for example, 68, p. 114; 3, p. 33; 69, pp. 43-44.)

It is tempting to read meaning into these findings. For instance, the facts that these offenders are typically members of the blue collar working class, have less education than Oregon males in

¹It is of equal interest to note that Frisbie found a relationship between an offender's age, his education and his type of offense. In particular, the older, less well educated offender was more likely to victimize younger girls while the younger, better educated offender was more likely to victimize girls over 12, to be exhibitionistic, or to choose male child victims (66, p. 54). For a general reporting of the relationship of these factors among this group, see Booth's study (51).

general, demonstrate chronic difficulties in their social relationships and have a higher frequency of mental retardation and brain damage than the general population suggest that these traits may act as highly selective factors in terms of who is or is not caught and prosecuted in the state of Oregon. As has been suggested of incest offenders, and as may also be true of this offender population,

It is likely statistical studies are distorted by an artifact, namely, that the poor [and in this study the undereducated, socially maladaptive and lower working class individuals] are much more prone to prosecution for any anti-social act, sexual or otherwise (64, pp. 1132-1133).

To the extent that these selective factors operated in the prosecution, conviction and sentencing of these offenders to Oregon State Hospital, the representativeness of this sample in regard to sex offenders in general would be highly suspect. In fact, as Ellis and Doorbar have noted,

A great majority of technical sex offenders in the United States are never apprehended or convicted for a breach of our sex statutes and there is no reason to believe that the minority of offenders who are caught and convicted are in any degree representative of the majority who are not (58, p. 13).

A final misperception held by the students concerning the sociological characteristics of the offender was in regard to the rate of referral by county. A majority of the students (nine of every ten) held the impression that more offenders were referred per capita from metropolitan counties than from the more rural counties. The hospital data did not support this impression, but rather indicated

that the highest referral rates were from counties with the least (50,000 or less) populations.

This finding is likely to be associated with a number of other variables, one of which is the lack of available treatment facilities in the referring county. Where there are isolated or no facilities for the treatment of sexual deviance, county officials are more likely to refer the offender to Oregon State Hospital via the court system. (For other variables associated with differences in rates of referral by counties, see 66, p. 53 and 59, p. 89.)

Legal. Turning to the third category of offender data, the offenders' legal status (see Figure 2, page 54), the one question in this area dealt with the frequency of rape charges. Three of every four students concurred with the data which showed that in only a minority of cases (four) had a charge of rape brought the offender to the hospital. The charges which more typically committed the offender to the treatment facility were sodomy, child molestation, exposure and contributing to the delinquency of a minor. Six individuals filed for voluntary commitment under ORS 421.650 and were thereby not formally charged (see Appendix D, Item E2).

Psychiatric. In considering the final subdivision of offender data, the offenders' psychiatric attributes, it will be recalled that Figure 2 showed that the students' assumptions were less accurate in this category of offender data than in any other.

For example, the students assumed that the majority of the offenders had experienced previous psychiatric treatment, whereas the hospital data indicated that in only two of every five cases was this true.

While the respondents erred in this assumption, they accurately assumed that of the 27 offenders who did have prior treatment, their treatment was associated with sexual problems and not with a diagnosis indicating the presence of a psychotic disorder.

The students' agreement with these latter findings, however, contrasted sharply with their impressions of the offenders' current mental status and diagnosis while at Oregon State Hospital. That is, they typically perceived the offenders to be diagnosed both as psychotic and as sociopathic personality types. The hospital data did not confirm these impressions but on the contrary indicated that the frequency of psychosis among the offender group was only 6 per cent. The diagnosis of sociopathic personality disturbance accounted for 27 per cent of the population and personality disorder was the diagnosis appearing with greatest frequency (36 per cent).

As demonstrated by the above, the respondents' picture of the offenders' current diagnosis was less than accurate and somewhat contradictory. This may reflect unfamiliarity with or confusion about psychiatric nosology on the part of the students. They are not alone in their confusion, however, since considerable "confusion

concerning the dynamics" of the sociopathic personality type classification exists among professionals (2, p. 368; Chapter I, p. 23).

As Gebhard points out, although the term of sociopathic personality replaced the earlier one of psychopathic personality and "much can be said for changing . . . to this newer concept, " it still seems to refer to "a wastebasket classification which is used for persons whose actions are disapproved of or not understood by clinicians and the lay public" (69, p. 846).

The student group's tendency to see the majority of the offenders as psychotic reinforces a remark made by Engle, who suggests that,

to be able to think of disease as an entity . . . has great appeal to the human mind, [and] perhaps reflects the operation of psychological processes to protect the [individual] from the emotional implications of the material with which he deals (22, p. 42).

Characteristics of the Offense¹

As set forth in Figure 1, there were a total of 12 items on the questionnaire which related to the characteristics of the offense, and as that distribution showed, the students' assumptions were more congruent than incongruent. Figure 5 indicates the areas wherein these consistent and inconsistent assumptions lie.

¹See Appendix K for frequency distributions of characteristics of the offender, offense and victim.

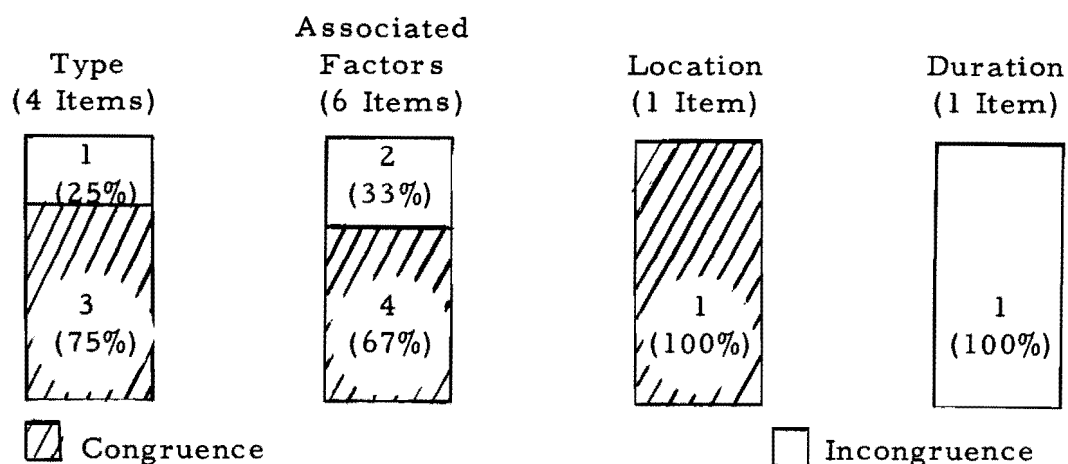


Figure 5. Categories of offense data compared with group assumptions.

As seen in this figure, the students' image was more consistent with the data concerned with the type of offense, location of offense and the various factors associated with the offense than with the findings which were related to the duration of the offense behavior.

Type. With regard to the type of offense, the students accurately assumed that the exhibitionists represented only a small proportion of the offenders and that most of the offenders were hospitalized as a result of their offense behaviors being designated as child molestation (footnote 2, page 65). For a description and categorization of actual offense behaviors, see Booth's study (51).

Associated with the students' previously mentioned misperception of the incest offenders' marital status (page 64) is their error in assuming these offenders are more often the stepfather than the natural father of their victims. The study data showed that

only four of the incest offenders were stepfathers, while eight were natural fathers.

This finding differs with the conclusions of other authors. De Francis, for example, notes that in 27 father-daughter incest cases, 14 offenders were stepfathers (70, pp. 69-70). Further, Kaufman's study of 11 father-daughter incest relationships indicated 6 were committed by stepfathers (71, p. 267). Finally it has been asserted that although incest between father and daughter is quite frequent, "even more common are relations between father and stepdaughters" (3, p. 102).

Even though the above statements contradict the findings of this study, no definite conclusions can be drawn regarding the actual frequency of stepfather versus the natural father in incest cases. As noted earlier, incest is difficult to detect and often goes unreported; therefore, there is no reason to assume that these particular incest offenders or those of other studies are representative of the typical incest offender.

While the students erred in their assumptions regarding the relationship of the incest offender to his victim, they did accurately assume that in the majority of these cases the incest offender did not involve several children in the family. The hospital data verified this impression to the extent that it found the probability of multiple incest victims equal to the chance of only one victim being

involved. The data showed that of the 18 incest cases, 9 involved single victims, while the remaining 9 were multiple cases.

Other reported studies of incest cases tend to corroborate the above student impression. Cavallin, for instance, found that in only 5 of 12 cases was there more than one victim involved (64, p. 1133). Further, De Francis discovered that in only 3 of every 10 cases were there multiple victims involved (72, p. 8).

Associated Factors. With regard to other factors associated with the offense, the students' assumptions were preponderantly accurate. Their image concurred with the findings which showed that in only a few cases (nine) did the offenders threaten their victims with harm and in even fewer cases (seven) did they actually physically injure their victims in the course of their offense. Furthermore, the majority of the students agreed with the finding that most of these offenders (66 per cent) were not under the influence of alcohol at the time of their offense.

The first two findings correspond with those of other studies (69, pp. 787-792). However, with regard to the use of alcohol in association with the offense, Peters (62, p. 156) and Abrahamsen (73, p. 28) found that in the populations they studied, alcohol was used in the majority of the offense situations.

The hospital data confirmed the belief held by 75 per cent of the respondents that most of the offenses were non-coital. The data

indicated that in only 25 per cent of the cases could the offenders' behavior be characterized as coital (see Appendix D, Item E4(b)).

While the students' image in this area of hospital data was quite accurate, they did nonetheless make errors. For instance, they perceived the offenders to have committed their offenses while experiencing family stress or while using drugs.

The data did not correspond with these views and instead revealed that the majority of the offenders did not experience family stress at the time of their offense¹ (see Appendix D, Item E4(e)). It is important to note that with regard to the use of drugs in association with the offense, the hospital data indicated no known cases of this.

This latter finding, however, should not be taken to mean that drugs are never associated with offenses involving children. What it does seem to suggest is that, as Gebhard concluded, ". . . drugs [excluding alcohol] are a minor factor in the commission of sex offenses" (69, pp. 762-763).

Location. With respect to the location of the offense, the students' impressions concurred with the data. They assumed most of

¹There was a high percentage of cases where family stress could not be determined from the evidence in the case histories (21 per cent). Where determinations of this factor could be made, the data revealed that 44 offenders or 56 per cent had not experienced family stress in association with the offense, while 18 or 23 per cent of the offenders had.

the offenses to have occurred in locations other than in the offender's home. It should be pointed out that in 12 out of 79 cases (see Appendix K, Table XVI), no data was available concerning this factor. Where data was available, it showed that 34 offenses out of 67 occurred elsewhere than in the offender's home. Clearly, more complete data could have thrown this determination either way and correspondingly, the accuracy of the students' perceptions. It is interesting to note the almost equal frequency (33 out of 67) with which the offenses did occur in the offender's home.

Duration. A final inaccurate assumption held by the students was in regard to the duration of the offense. They assumed that the majority of the offenders had had more than one contact with their victims prior to their arrests. Although no data was available concerning this factor in a high percentage of cases (39 per cent), what data was available failed to support this assumption. The findings revealed that of the 48 cases where duration could be determined, in 17 (35 per cent) of these the offenders had more than one contact with their victims.

Of special note in this area of data, however, is the fact that when the incest offenders are deleted from this sample, it is found that in only 18 per cent of the cases (where data was available) did the offenders have more than one contact with their victims. Given the fact that incestuous relationships often go undetected, it was not

surprising to find that the duration of the incest offenses continued over long periods of time. In two cases, the relationship extended over 5 years; in another, 6 years and in two others, 8 years.

Other variables in relation to the unreporting and consequent duration of the incest offenses include the occasional sanctioning of the father-daughter relationship by the wife of the offender. Another is the subcultural norms which sometimes view such relationships as inevitable, or at least unremarkable.

With regard to the first of these, in some cases of incest the mother of the victim plays a subtle role of accomplice. As Gebhard found in a sample of offenders versus minors, 6 per cent of the wives were accomplices and subsequently were "charged with abetting and allowing the activity" (69, p. 244).

Furthermore, Peters has found,

Several histories of incest involved a rejecting wife who left the husband home to baby sit while she dated other men. One woman placed her 11-year-old daughter in bed between herself and her husband to avoid being "bothered" sexually. Such examples strongly suggest that the episodes of incest had been initiated by the unconscious complicity of the wives (62, p. 155).

Concerning the second variable, it has been suggested that within certain subcultures incest may go unreported since such behavior falls within the realm of accepted sexual activity. As Gebhard has observed,

Even today in some nations incest is looked upon as a family problem rather than a matter calling for legal action by society. In these cases the male's basic attitude is a simple and not illogical one: "I've reared them, fed them, and protected them for years; by rights I should have sexual access to them in recompense." Vestiges of this older pattern remain in some of our culturally "backward" communities and urban slums. These vestiges are not only recognized but expected by some persons involved--"Pop's drinking again tonight, Sis; you'd better go over and stay with Aunt Jennie" (69, p. 250).

Curiously, Gebhard concludes with what might be considered a subjective statement: "Such a situation, accepted as one of life's hazards by the particular participants, is enough to send the college-educated social worker running for the nearest policeman" (69, p. 250).

Characteristics of the Victim¹

The literature revealed a paucity of information on the victims of child offenses when compared with the numerous studies on sex offenders in general. There appears to be a good reason for this.

Those named as criminals are, after conviction, placed in institutions and given a tag (the criminal record) so that they may be located. The victim, unless severely damaged in some way that results in special treatment, falls back into the mainstream of social life where easy access is denied. Indeed, the anonymity is often sought out by and for them (74, p. 177).

From studies available, however, two major themes

¹See Appendix K for frequency distributions of characteristics of the offender, offense and victim.

predominate:

First is the relatively minor effect on adult adjustment (either sexual or nonsexual) that this early sexual experience has. Second is the significant role which the child may play in the initiation, maintenance, or concealment of the offense (74, p. 177).

In this study, in addition to the factual items regarding the victims' age and sex, some emphasis was placed on this second theme of victims' behavior (see Appendix D, Item F6).

From Figure 1 it may be recalled that there was a total of five items relating to the characteristics of the victim and the distribution revealed that the students' answers showed greater congruence than incongruence. Figure 6 illustrates more specifically the subareas of victim data with which the students' assumptions agreed and disagreed.

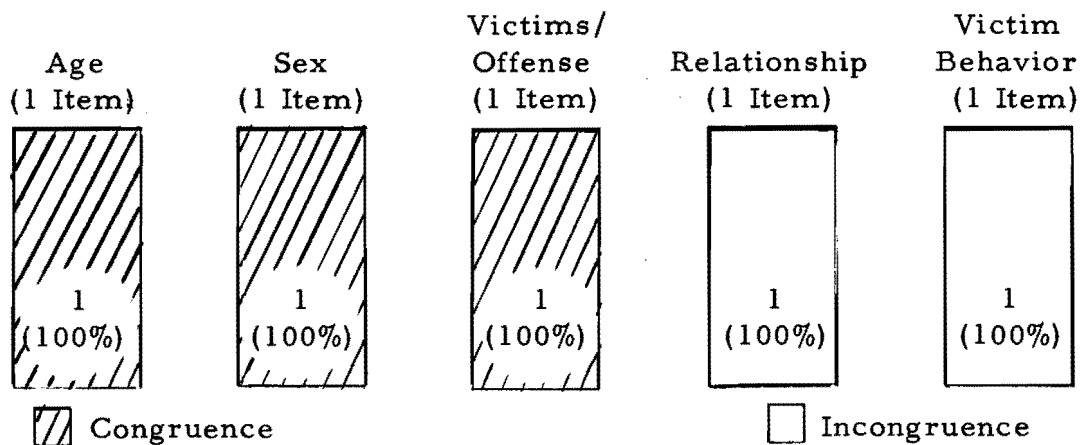


Figure 6. Categories of victim data compared with group assumptions.

A glance at this distribution shows the students' image to be more congruent with the data in areas of the victims' age and sex, as well as in the area of the number of victims involved in each offense. The students assumed that the offenders most often chose school age victims of the opposite sex, and it was not uncommon for more than one victim to be involved in each offense situation. The hospital data supported these views, showing that 63 per cent of the victims were within the 6-12 age grouping, most offenses (65 per cent) involved female children and in 44 per cent of the offenses more than one victim was involved.

The probability of an offense involving only one victim was almost equal to the probability of the offense involving several victims. While this was already noted with incest offenses, the same is almost true for the total population. The hospital data showed 47 per cent of the offenses involved one victim while 44 per cent involved more than one (see Appendix K, Table XVIII).

As Figure 6 indicates, not all the students' assumptions were congruent with the victim data. Specifically, in the category of the relationship of the victim to the offender, the students assumed that the victims were not usually acquainted with the offender. The data did not support this view, showing that 60 per cent of the victims were acquainted with the offenders. This acquaintanceship usually took the form of an individual known on sight in the neighborhood, a

family friend or a relative.¹

Numerous studies have substantiated the finding that ". . . the victim is seldom a total stranger to the offender" (10, p. 68). As Mohr has commented, "contrary to the common public conception . . . the victim is seldom a total stranger to the offender" (20, p. 28). (See also 69, n. 14, p. 774-775).

One study not only offers figures contrary to this common stereotype but also attempts to account for it by suggesting,

No society wants to admit openly that some of its members are deviants. This is, perhaps, one reason why authorities in law enforcement, psychology, medicine, and education, seem prone to place the blame for most crimes of child molestation upon the "stranger"--that unidentifiable someone who commits his perverted act and quietly disappears before authorities can be notified. Statistics indicate clearly just what kind of people are most likely to molest children, but officials seem willing to discuss only those cases in which a "stranger" committed the crime. This practice tends to becloud the public understanding of both the fact and the problem (75, p. 341).

Further, it was remarked,

Though the stranger will always pose problems of prevention and enforcement, the greatest danger would seem to be in an area where prevention and enforcement are least possible from a community point of view; in the home or neighborhood of the deviate, where he or she is known and trusted, perhaps looked up to as a leader in the community's public life (75, p. 343).

A final inaccurate assumption held by the students was that in

¹In approximately two of every five offenses where the relationship of the offender to the victim could be determined, the offender was a relative.

most instances the victim resisted the advances of the offender. The hospital data did not substantiate this notion, since in only 20 per cent of the offense situations did the hospital records reveal that the victims resisted their offenders. In another 50 per cent of the cases the victims were seen as behaving in a consensual manner¹ (see Appendix D, Item F6).

These facts concur with those of other studies, but perhaps of more importance is the fact which shows the victims of child molestation may often demonstrate consensus through either their passive, cooperative or even seductive behavior.

As Bender and Blau have mentioned in regard to seductiveness in a study of 16 cases of victims age 5-18,

the child was either a passive or active partner in the sex relation with the adult and in some instances seemed to be the initiator or seducer. Nearly all of the children had conspicuously charming and attractive personalities (76, p. 517).

Further, Schultz has commented that

many studies have pointed out that victims will offer little or no resistance, that some are cooperative to an unusual degree and that in some instances the so-called victims may be the seducer or aggressor (77, pp. 448-449).

Within this study sample, 7 of the 131 victims were determined to have behaved in a seductive manner. In one example drawn from

¹In the remaining 30 per cent, the victims' behavior could not be determined from the often sparse evidence regarding this factor in the hospital records.

an offender's hospital record, it was noted that "she told him to go into a large patch of weeds. Once they arrived there she pulled down her pants and he states that this 'bothered me.' They then left the patch of weeds . . ." In another case,

the child took his hand and asked him to help her put the goat in the barn and it was there the alleged sex play took place. According to him, the girl took his hand and placed it between her legs . . . he was frightened and is still suffering a guilt feeling.

In regard to the consensual victims, Landis has noted, "[in] five-sixths of the (18) cases studied, the child victim was a participating member in the sexual act" (78, p. 91). Further, Gebhard has summarized,

. . . it is apparent that while offender groups vary in the degree of cooperation they ascribe to the object of their offense, they are consistent in certain aspects. In offenses vs children, except for aggression offenses, there was encouragement, or at least passive behavior, in well over three-fourths of the cases (69, p. 795).

II. ATTITUDINAL STATEMENTS

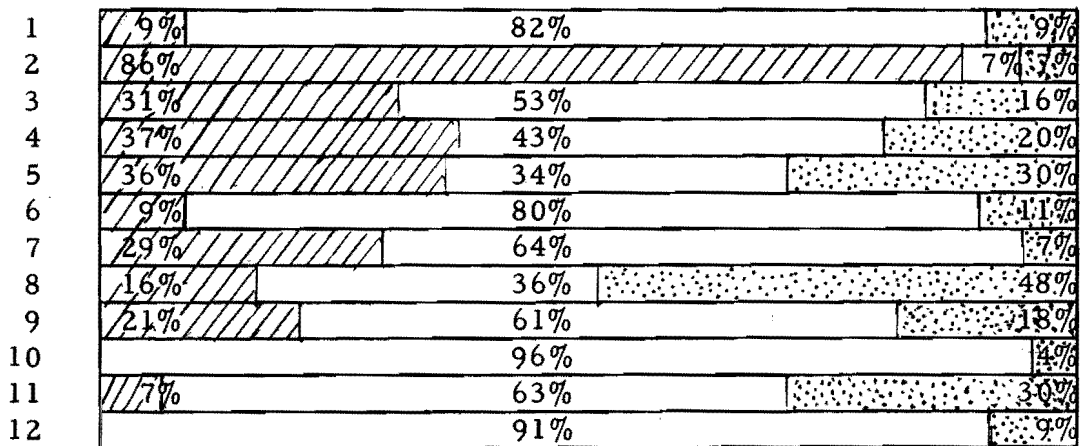
As mentioned previously, Tappan, Coleman, Sutherland and others have asserted that the general public's view of the sex offender is often fallacious and stereotyped.

Since no systematic research was found which could document the validity of these authors' assertions, it was felt that this study could at least provide some small verification as to whether this

select group held such views.

Figure 7 illustrates that the major proportion of the students did not agree with most of the statements which are purported to be held by the general public. This fact, coupled with the previous findings that the students' assumptions were more congruent than incongruent with the hospital data, suggests that their impressions of sex offenders in general is based more upon objective data than upon subjective notions.

Statement
Number



Agreed
 Disagreed
 No Opinion

Figure 7. Student responses to attitudinal statements.¹

¹For a numerical breakdown of the students' responses to each of the 12 statements, see Appendix H.

From the above distribution, it is evident that a plurality of the students agreed with only one item (Item 5, dealing with recidivism) and with only one other statement (Item 2, concerning the concept of sexual psychopathy), a majority of the students agreed.

It is important to note that the findings of this study support the claim that these are misconceptions.¹ For example, in regard to recidivism, most (47 of the 72) offenders did not have previous sexual charges and in only two of every five cases did these offenders have prior arrests for sexual offenses other than the ones which brought them to the hospital. Although prior arrests are, as Mohr noted, a poor measure of recidivism since they exclude undetected offenses, they are the best measures we have (20, p. 82). Thus on the basis of these offenders' "rap sheets," the majority could not be said to be recidivistic with regard to crimes of a sexual nature prior to their hospitalization.

With respect to the concept of sexual psychopathy, there appears to be no "clinical entity" of "sex psychopathy" among these offenders as reflected by the many and varied diagnostic labels which were attached to these offenders by the Oregon State Hospital staff.

¹For further refutation of these and the other ten statements, see Tappan (79, pp. 7-12), Coleman (2, p. 381), Ellis (80, pp. 22-58) and Ploscowe (39, pp. 202-205).

III. SUMMARY

It has been hypothesized that the Portland State University Graduate Social Work students would hold more inaccurate than accurate assumptions regarding the data gathered from the hospital records of 79 sex offenders at Oregon State Hospital. Clearly, as the initial gross comparison between the hospital data and the students' responses showed, this hypothesis was not supported.

A more detailed analysis and discussion defined the areas of congruence and lack of congruence between the respondents' assumptions and the hospital data.

For example, the students' impressions were more likely to be accurate in regard to the physical, sociological and legal characteristics of the offenders than with their psychiatric attributes.

Within the category of the offenders' physical features, the students' image concurred more with the age, race and lack of physical impairments among these offenders than with the frequencies of mental retardation, brain damage and twins.

With the offenders' sociological traits, the students' assumptions corresponded more with the data concerning the offenders' marital status, religious beliefs, military history, criminal record and sexual relationships than with the offenders' educational attainment, occupational status and family background.

In the area of the offenders' psychiatric characteristics, the students' images were least accurate and seemed to reflect a certain unfamiliarity or confusion surrounding psychiatric nosology.

The students' impressions were more accurate in three of the four categories of the offense data. The type and location of the offenses as well as the factors associated with the offense behavior concurred with the respondents' image, while the duration did not.

In the area of the victims' characteristics, the students' assumptions were least accurate with respect to the victims' behavior and relationship to the offender; whereas in regard to age, sex and number of victims per offense, the students' assumptions were congruent with the facts.

The statements reported by a number of authors to be misconceptions held by the general public were not, in the main, agreed with by the population of student respondents.

CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

The only conclusion to be drawn with any certainty from the present study is that the experimental hypothesis was not supported. The first-year graduate social work students at Portland State University made fewer inaccurate than accurate assumptions about the sex offender population at Oregon State Hospital. Analysis of the data showed that out of 66 assumptions the students were asked to make, 38 were accurate on a simple majority basis, and 32 of these significantly so. Moreover, the students disagreed with 10 out of 12 "common misconceptions" said to be held by the general public, although these were not included in the hypothesis.

I. PRIMARY OBJECTIVE

A number of inferences may be drawn from this conclusion. To return to the purposes of the research project, the principal objective was to test the proposition that the views, attitudes and assumptions of the public (especially that part of the public that has greatest influence on legislation) are characterized by misconceptions, stereotypes and fallacies. It will be recalled that in order to

test this proposition, the researchers gathered factual data on a selected sex offender population and then asked a selected group of respondents to make assumptions about this factual data. Necessary limitations of time, experience and availability of resources forced the restriction of the proposition to the narrower hypothesis.

Since the hypothesis was not supported, one of only two alternative conclusions, strictly speaking, may be drawn: either the proposition is, in fact, not valid; or the hypothesis measured something other than the original proposition. (A modification of the second alternative could hold that the hypothesis measured only a part of the original proposition, in which case the proposition might be considered validated if certain qualifications are allowed.)

The second alternative is more likely the correct one, for reasons predicted in the description of the research design (see pages 34-35). This description acknowledged the atypical nature of both the respondent population and the sex offender population (with the consequent lack of true representation of the larger universes), as well as the gross nature of the methodology. These considerations prevent the study from drawing any definitive conclusions about the larger proposition and necessarily restrict its function to that of exploring and indicating trends and tendencies.

For example, although the students are fairly representative in many respects (age, educational level and probably socioeconomic

status) of the population they were chosen to represent, they are decidedly atypical in at least one essential characteristic--their interest and background in the social services field as exemplified both by their choice of graduate study and the nature of their undergraduate degrees and prior work experience (see Appendix E). Elsewhere (page 46) they are described as comprising a group somewhat in between lay and professional, precisely because of these factors. One of the surprising findings of the study (see footnote, page 43) is that although few of the students had ever even heard of Oregon's sex offender program or the statute creating it, their assumptions about the participants in the program were nonetheless more accurate than inaccurate. This finding is probably at least partly accounted for by the above-described factors. Selection of the respondent population from a cross-representation of beginning graduate students in all disciplines, including such fields as business, engineering, agricultural sciences, etc., would probably have yielded different results.

Similarly, participants in the OSH sex offender program are in many ways atypical of the universe of sex offenders. Probably the most important way in which they differ is in the fact that they include only those offenders defined in ORS 426.510(1) as "dangerous to persons of the age of 12 or under" (37); this automatically excludes most rapists, for example, who in Oregon are prosecuted

under another statute. For this reason, many of the respondents' assumptions, although inaccurate for this particular population, would have to be considered accurate concerning certain other populations. (See, for example, footnote, page 65 regarding incidence of marriage among exhibitionists.)

The reverse is also true; that is, the respondents correctly assumed certain things to be true about the Oregon sex offender population that would not be true about some other groups of sex offenders. (See, for example, page 76 regarding association of the use of alcohol with the offense.)

The problems of defining an essential category of "sex offenders" have already been discussed at length in the first chapter. The difficulties likely to be encountered in any search for a representative sample of sex offenders would probably prove to be insurmountable. A larger and more nearly representative group than the one used in this study, however, would yield data that would lend itself to more refined analysis, and hence to more precise conclusions about the validity of the original proposition.

In regard to the second consideration mentioned above, the gross nature of the methodology is illustrated by the handling of the data. As noted previously, the data from both populations was handled in simple dichotomous fashion; that is, if more than half the offenders exhibited a certain characteristic, the researchers felt

justified in using terms like "most" or "majority" in the construction of items for the respondent instrument. Similarly, if more than half the respondents agreed with a majority finding concerning a given characteristic, the students' assumptions were held to be accurate concerning that characteristic. This treatment is so gross as to be misleading in some cases. For instance, some categories of hospital data were not complete enough to show a majority trend; if information had been available on all subjects in all categories, some characteristics might have been tabulated differently, with a resulting change in the analysis of accuracy of student responses. (See, for instance, page 78 regarding factors of offense location and duration.)

Correspondingly, in analyzing respondent data, a single response sometimes was sufficient to throw the determination of accuracy one way or the other for the whole population. This is also true in the determination of significance--that is, one answer more or less (or omitted) could make the difference between significance or nonsignificance for an accurate or inaccurate response.

Certainly more research, both qualitative and quantitative, will be needed to validate or invalidate the proposition as stated. This study represents the effort to answer this need in a small and inconclusive way. It is to be hoped that further investigation in this area will disclose patterns that will point new directions, not only

for still further research, but for new programs and practices.

II. SECONDARY OBJECTIVE

But the study had other objectives than the primary one of testing the proposition as stated above. The "gathering and communicating [of] valid knowledge in the hope that this knowledge will form the basis for future public attitudes" (41, p. 232) which Simmons says should be the goal of research by social scientists concerning public attitudes toward deviance (see page 28), is also a secondary, broader and more inclusive objective of this study.

This objective includes, for instance, the gathering of raw data on a population not heretofore studied, data that has potential for treatment in different ways, for different purposes and using different frames of reference. It will be recalled that the researchers used only a fraction of the total data collected on the sex offender population (see page 42). Booth's study (51), featuring an intensive descriptive analysis of the hospital data alone, for example, has already been mentioned.

There are implications for further treatment of the respondent data as well, some of which have already been suggested (page 49). Of considerable interest would be replication of this study, using different respondent populations: the cross-representation of graduate students suggested above, for instance, or, for a substantially

different focus, such highly specialized respondent populations as legislators, educators, hospital personnel,¹ parent groups, etc.

Of no less importance than the gathering of data is the communication of knowledge and the stimulation of interest in areas where knowledge is lacking. To the extent that these objectives are achieved, we should see continuing change in public and professional attitudes. This study has implications for the respondent population on at least two counts: that as members of the American public, they will bring influence to bear on legislation dealing with the problem (of the sex offender); and that professionally they will be in a position to contribute to other approaches--education, treatment, consultation, formulation of policy, development of programs and perhaps most important, continuing research.

Had the hypothesis been unequivocally supported, the study would have had curricular implications for graduate schools of social work; and even though the reverse is true, perhaps the fact that the accuracy of the students' assumptions exceeded their knowledge about the subject suggests areas for elective study.

¹A study whose purposes and procedures are somewhat related to those of this project is "Facts vs. Impressions in a Hospital Population" (81), comparing staff's impressions of patients in a psychiatric hospital with factual data.

III. SUMMARY AND IMPLICATIONS FOR THE FUTURE

It has been demonstrated that the legislative approach to the problem of the sex offender and his offense has been changing since the beginning of the century and is still changing. The trend is from the punitive to the rehabilitative, but this trend is not without its critics. Momentum can carry any tendency to the extreme, and there are those who warn that this may be happening; that medicine, social service and psychiatry are replacing the statutory approach as a panacea (see footnote, page 20).

This search for a cure-all is characteristic of the human condition; but perhaps it is intensified in this instance by our lingering fears of our own sexuality, despite our increasing sophistication in this area.

In spite of all the changes in our mores which have occurred since the early 1900's Western society (and America in particular) still has this basic fear of sex. . . . Although American society does seem to have freed itself from some inhibitions and restrictions which prevailed in the past, residues of that past continue to affect our attitudes toward sex (82, p. vii).

Other obstacles to an easy solution, already mentioned, are the lack of consensus as to definition, hence the impossibility of agreement on either causality or cure, of the sex offense. The complexity of the problem demands a combination of approaches, and more research is needed, both into the components of the

problem itself and into public attitudes and expectations. For as community consensus defines the problem, so must it prescribe for it. Any and all efforts at solution, singly or in combination, are "doomed to failure . . . unless supported by the general moral consensus of the community" (14, p. 9).

It follows that accurate appraisal of this consensus is a necessary prerequisite to the devising of effective means of control, and this appraisal must keep pace with the continually changing perceptions and expectations of the community. It is to this end that the present study has been directed, and it is the hope of the researchers that their efforts may represent a positive step toward the realization of that goal.

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APPENDICES

APPENDIX A

DEFINITIONS OF SEX OFFENDERS IN 27 JURISDICTIONS (1960)

State	Description of Person
Alabama	Criminal sexual psychopathic person who has mental disorder existing for 1 year coupled with criminal propensities to commit sex offenses; not criminally irresponsible.
California	Sexual psychopath who has predisposition to commit sex offenses dangerous to others plus: mental disorder, psychopathic personality, and/or marked departure from normal mentality. or Mentally abnormal sex offender whose habitual course of sexual misconduct evidences utter lack of power to control sex impulses; likely to attack and injure others; not mentally ill or defective.
Colorado	Sex offender is one constituting a threat of bodily harm to others or an habitual offender and mentally ill.
District of Columbia	Sexual psychopath who is not insane, but by a course of repeated misconduct evidences lack of power to control sexual impulses and is likely to attack or injure others.
Florida	Criminal sexual psychopath who has mental disorder, not insane or feeble-minded, existing for 4 months coupled with criminal propensities to the commission of sex offenses and being dangerous to others.

State	Description of Person
Illinois	Sexually dangerous person who is suffering from mental disorder not less than 1 year coupled with criminal propensities to the commission of sex offenses and propensities toward sexual assault or molestation of children.
Indiana	Criminal sexual psychopathic person who is over 16, not insane or feeble-minded; mental disturbance coupled with criminal propensities toward the commission of sex offenses.
Iowa	Criminal sexual psychopath who has a mental disorder, not insane or feeble-minded, with criminal propensities toward committing sex offenses and dangerous to others.
Kansas	Person convicted for any offense against public morals and decency who has perversion or mental aberration, or where appears mentally ill.
Massachusetts	Sexually dangerous person is one whose misconduct in sexual matters indicates a general lack of power to control sexual impulses as evidenced by repetitive or compulsive behavior and violence or aggression.
Michigan	Criminal sexual psychopathic person who has mental disorder, not insane or feeble-minded, existing for 1 year coupled with criminal propensities toward the commission of sex offenses.
Minnesota	Psychopathic personality who is irresponsible in sexual conduct and dangerous to others by reason of emotional instability, impulsiveness of action, lack of customary standards of good judgment, or failure to understand consequences of one's acts.

State	Description of Person
Missouri	Criminal sexual psychopath who has mental disorder, not insane or feeble-minded, existing for 1 year coupled with criminal propensities for commission of sex offenses.
Nebraska	Sexual psychopath is one who by a course of misconduct in sexual matters has evidenced a lack of power to control sexual impulses and as a result is likely to attack or injure others.
New Hampshire	Sexual psychopath is anyone suffering from such conditions of emotional instability or impulsiveness of behavior, or lack of customary standards of good judgment, or failure to appreciate the consequences of his acts, so as to render such person irresponsible with respect to sexual matters and thereby being dangerous to others.
New Jersey	Sex offender who has pattern of repetitive compulsive behavior and either violence or age disparity.
Ohio	Psychopathic offender who has emotional immaturity and instability, or impulsive, unruly, irresponsible, and reckless acts, or excessively self-centered attitude, or deficient powers of self discipline, or marked deficiency of moral sense of control, who exhibits criminal tendencies and is therefore a menace to the public.
Oregon	A person guilty of an offense involving a child under 16 or who has a mental or emotional disturbance, deficiency, or condition predisposing him to the commission of a sex crime to a degree rendering the person a menace to the health or safety of others. ¹

¹Revised 1962; See ORS 426.510(1).

State	Description of Person
Pennsylvania	Sex offender is person convicted of certain crimes and who if at large constitutes a threat of bodily harm to members of the public or are habitual offenders and mentally ill.
South Dakota	No formal description.
Tennessee	Sex offender is one who by a course of misconduct in sexual matters has evidenced a general lack of power to control his sexual impulses, and who, as a result, is likely to injure others.
Utah	Person convicted of sex offenses who has abnormal mental condition or mental illness.
Vermont	Psychopathic personality is person who by a habitual course of misconduct in sexual matters has evidenced an utter lack of power to control his sexual impulses and who as a result is likely to attack or injure.
Virginia	Person convicted of crime indicating sexual abnormality.
Washington	Sexual psychopath is one who is affected by psychoneurosis or by psychopathic personality, which predisposes such person to the commission of sex offenses making him a menace to the health or safety of others, and who is not mentally ill or deficient.
Wisconsin	Person convicted of certain crimes who has mental and physical aberrations.
Wyoming	Person convicted of certain sex crimes who is characterized by repetitive or compulsive behavior, accompanied by violence or age disparity between victim and defendant.

APPENDIX B

COMMON MISCONCEPTIONS REGARDING THE SEX OFFENDER AND HIS OFFENSE

Tappan (36, pp. 13-16)

1. There are tens of thousands of homicidal sex fiends abroad in the land.
2. Sex offenders are usually recidivists (repeaters).
3. The sex offender progresses to more serious types of sex crime.
4. It is possible to predict the danger of serious crimes being committed by sex deviates.
5. "Sex psychopathy," or sex deviation, is a clinical entity.
6. These individuals are oversexed.
7. Effective treatment methods to cure sex offenders are already known and employed.
8. The laws passed recently in one-fourth of the states are getting at the brutal and vicious sex criminal.
9. Civil adjudication of the sex deviate and/or indeterminate commitment to a mental hospital is similar to our handling of the insane and therefore human liberties and due processes are not involved.
10. The sex problem can be solved merely by passing a new law.

Coleman (2, p. 381)

1. Sex offenders are typically homicidal sex fiends.
2. Sexual offenders progress to more serious types of sex crimes.
3. Sexual offenders are "oversexed."
4. Sexual offenders suffer from glandular imbalance.
5. Sexual offenders are usually repeaters.

Guttmacher (29, pp. 111-112)

1. Sex offenders comprise a separate and homogeneous group of criminals.
2. Sex offenders regularly progress from minor offenses such as exhibitionism to major offenses like forced rape.
3. Sex offenses are rampant today--there has been a sudden alarming increase in their incidence.
4. All offenders tend to be recidivists.

Sutherland (83, p. 142)

1. The number of sex crimes is large and is increasing more rapidly than any other crime.
2. Most sex crimes are committed by "sexual degenerates," "sex fiends," or "sexual psychopaths," and that these persons persist in their sexual crimes throughout life.
3. They always give warning that they are dangerous by first committing minor offenses.
4. Any psychiatrist can diagnose them with a high degree of precision at an early age before they have committed serious sex crimes.

APPENDIX C

DATA GATHERING INSTRUMENT, SEX OFFENDER POPULATION (Outline)

A. Age

1. Actual
 - (a) Under 20
 - (b) 20-29
 - (c) 30-39
 - (d) 40-49
 - (e) 50-59
 - (f) 60 and over

B. Education

1. Highest grade completed
2. (a) # completing grade school
 - (b) # completing high school
 - (c) # completing college
 - (d) other

C. Marital status*

1. Never-married
2. Ever-married
 - (a) Married at time of offense (and # of marriages)
 - (b) Separated at time of offense
 - (c) Divorced
 - (d) Widowed
3. Children*
 - (a) # of children
 - (b) No children

D. Occupation*

1. Description (job title)*
2. (a) Blue collar
 - (b) White collar
 - (c) Other*

*This item explained, defined or qualified in Appendix D.

E. Current offense

1. Charge (wording)*
2. Basis of admission to hospital (voluntary/involuntary)*
3. County from which admitted
4. Characteristics of the offense
 - (a) Violent/nonviolent*
 - (b) Coital/noncoital*
 - (c) Alcohol-related or no
 - (d) Drug-related or no
 - (e) Evidence of presence of contributing family stress or no*
 - (f) Victim threatened or no*
5. Location of offense
 - (a) Offender's home
 - (b) Victim's home
 - (c) Other
6. Duration of offense*
 - (a) One contact
 - (b) More than one contact
 - (1) Number of contacts
 - (2) Period of time

F. Victim

1. Age (actual)
2. (a) 0-5
- (b) 6-12
- (c) Over 12
3. Sex
4. Acquainted/nonacquainted with offender*
5. Related/nonrelated to offender*
6. Behavior*
 - (a) Consensual
 - (b) Non-consensual
 - (c) Seductive

G. Criminal history*

1. No record of previous arrest
2. Record of previous arrest, non-sex offense
 - (a) Against person
 - (b) Against property
 - (c) Against public order
3. Record of previous arrest, sex offense*
 - (a) Against person
 - (b) Against public order

- H. Psychiatric history*
 - 1. Previous hospitalization
 - (a) Psychotic diagnosis
 - (b) Non-psychotic diagnosis
 - 2. Previous treatment not in hospital (e. g. , clinic or private physician)
 - 3. Previous treatment related to sex problems
 - 4. No previous psychiatric treatment

- I. Developmental history
 - 1. Congenital*
 - 2. Childhood and adolescence*
 - 3. Physical abnormalities*
 - 4. Neurological abnormalities*
 - 5. Mental retardation*

- J. Military history*
 - 1. No military record
 - 2. Military record
 - (a) Honorable discharge
 - (b) Other than honorable discharge

- K. Social history (family of origin)*
 - 1. Urban/rural
 - 2. Mobile/nonmobile
 - 3. Parental relationships
 - (a) Close/nonclose to mother
Close/nonclose to father
 - (b) Rejecting/nonrejecting mother
Rejecting/nonrejecting father
 - 4. Parental discipline
 - (a) Harsh/nonharsh discipline by mother
 - (b) Harsh/nonharsh discipline by father
 - 5. Sibling relationship; close/nonclose
 - 6. Broken home/intact home
 - (a) Age at break
 - (b) Reason for break (death, divorce, desertion)
 - (c) Raised by: own parents
parent and step-parent
relatives
foster parents
institution
 - 7. Birth order

- K. Social history (continued)
 - 8. Siblings
 - (a) # older
 - (b) # younger
 - 9. Sex education received or no
- L. Occupational adjustment
 - 1. No history of employment
 - 2. History of employment regular/irregular
- M. Expressed sexual attitudes*
- N. Sexual history*
 - 1. No genital sexual experience
 - 2. Homosexual experience exclusively, and age at first
 - 3. Heterosexual experience exclusively, and age at first
 - 4. Both homosexual and heterosexual experience
 - (a) Age at first
 - (b) First contact homosexual or heterosexual
 - 5. Marital sexual satisfaction*
 - (a) Subject
 - (b) Wife
- O. Social adjustment*
- P. Psychiatric evaluation*
- Q. Duration of hospitalization
- R. Nature of discharge
- S. Post-hospitalization history*

APPENDIX D

DATA GATHERING INSTRUMENT, SEX OFFENDER POPULATION (Interpretation)

- C Marital status: Length of marriage was initially a separate category, but dropped because too difficult to determine in multiple marriages.
- C3 Children: Subcategories of age, sex, natural and stepchildren were included originally, but the expenditure of time weighed against the value of these subcategories as a basis of questionnaire items did not warrant continuance.
- D Occupation: Researchers began with a more detailed breakdown into such subcategories as unskilled, semiskilled, skilled, clerical, managerial, sales, professional. Frequent conferring was required to determine classification, and it was decided that the potential value of these subcategories did not justify the necessary investment of time.
- D1 Description (job title): This data is an example of category (2) data described on page 42; that is, data collected but not tabulated. Researchers felt this category of data has implications for further study.
- D2(c) Other: Included students and never-employed.
- E1 Charge: Considerable variation from county to county was found in the wording of the legal offense under which the offender was prosecuted; e. g. , the same general type of offense might be described variously as sodomy, assault, child molestation, or contributing to the delinquency of a minor (CDOM). Conversely, CDOM was used to identify several different types of offenses. The exact nature of the offense is clarified to some extent in E4, Characteristics of the Offense, but these characteristics were not cross-tabulated to the legal charge, which would be the only way to identify the circumstances under which each court order was issued. The researchers felt this question has important

implications for further study from the standpoint of one of the major weaknesses of special legislation, which is that each jurisdiction defines in its own way what constitutes the sex offense.

- E2 Basis of admission: Determination of voluntary or involuntary admission was based initially on hospital criteria as shown on the face sheet in the patient's chart. This distinction proved to be strictly legal and administrative, however, bearing no relation to true volition, and thus irrelevant to the objectives and conclusions of the study. For example, where a convicted offender was given the choice of serving a penitentiary sentence or applying for admission to the sex offender program, researchers considered this an involuntary admission, although for hospital statistical purposes, it had to be called voluntary. Due to these differences in interpretation, the data in this subcategory, although collected and tabulated, was not used in construction of items for the respondent questionnaire.
- E4(a) Violent/nonviolent: A violent offense was defined as one resulting in observed physical injury to the victim.
- E4(b) Coital/noncoital: Coital implies genital penetration.
- E4(e) Contributing stress: Researchers looked for the presence of family stress as an associated rather than causative factor; reported examples of stress included marital discord, employment crises, sibling rivalry, parent-child conflict.
- E4(f) Victim threatened or no: The victim's unchallenged statement that he was threatened with physical harm for non-compliance with offender's wishes was taken as prima facie evidence that threat was employed. If offender's testimony conflicted, researcher used best judgment, taking related information into account.
- E6 Duration: The offense was considered to have duration when the offender had more than one contact with the same victim over a period of time.

- F4 Acquaintanceship: Acquaintanceship between offender and victim was interpreted to cover a wide range from very casual neighborhood acquaintance-by-sight to a personal relationship of some frequency and intensity. Only where the evidence was clear that the victim and offender were total strangers to each other was the designation of "Nonacquainted" used.
- F5 Relatedness: Relatedness included legal relationship, such as step-parent or in-law relationship, as well as blood relationship.
- F6 Behavior: Initially, five subcategories were used to describe victim's behavior: seductive, permissive, innocent participant, panic and fearful. As study progressed, it became apparent that fine distinctions could not be made as to victim's subjective reactions, that is, whether resistance was because of panic or fear, and whether compliance was due to innocence, permissiveness, or seductiveness. However, it was not difficult to distinguish between the two broader (and more objective) groupings of consensual and non-consensual. Accordingly, the original five headings were reduced to two, but the subcategory of seductive retained for two reasons. First, an assumption implied in the proposition with which this study is concerned (see Chapter II, page 34) is that the general public does not see seductive behavior on the part of the victim as a factor in sex offenses generally. On the other hand, the professional literature (p. 84) indicates that it is a factor to a greater degree than is popularly supposed, so collection and tabulation of this data would have relevance for the hypothesis. Secondly, hospital personnel involved in the Sex Offender Program expressed an interest in the findings of the study with respect to this characteristic of the victim. For these reasons, it was decided to leave "Seductive" in as a subcategory of "Consensual behavior." Only when there was clear evidence that the victim consciously made the overtures to the offender was the designation of "Seductive" used.
- G Criminal history: Copies of "rap sheets" were on file for nearly all those offenders with prior criminal records, and data in this category taken from these. Occasionally, criminal history was inferred from other documents or records or from the offender's own statement in the social or psychiatric summary, if corroborated by other evidence.

Initially data was gathered with regard to age at first offense, disposition of the charges (whether or not convicted), and duration of jail or prison sentence. However, tabulation of these factors was not completed because they were unreported in most cases.

- G3 Record of previous arrest, sex offense: Sex offense against the person is self-explanatory; those against public order included exhibitionism and peeping.
- H Psychiatric history: In reviewing psychiatric history, all that was looked for initially was previous hospitalization or other treatment for psychiatric disturbances and whether the disturbance was considered of psychotic proportions or not, according to the psychiatric diagnosis. As data collection progressed, it was noted that in most cases there was clear indication as to whether the disturbance was related to problems of sexual adjustment; decision was made that this information had enough value to be included in another subcategory. Cases already reviewed were re-reviewed for this factor only in order that every subject could be included in the final tabulation.
- 11 Congenital: This subcategory included history of complications of pregnancy, labor or delivery as well as any injuries occurring as a result of any such complications; also impairments present at birth but not related to complications of pregnancy, labor or delivery.
- 12 Childhood and adolescence: Here were included all reported traumas, serious illnesses and unusual occurrences during childhood and adolescence, as well as any reported deviations from expected development, such as enuresis.
- 13 Physical abnormalities: These were defined as those currently present as noted in the examining physician's report, whatever the etiology.
- 14 Neurological abnormalities: Same as above
- 15 Mental retardation: Where IQ was recorded, it was included; otherwise, where subjective diagnosis of mental retardation was made by a responsible person, such as the examining physician, this was noted. (Although several evaluations of mental superiority were found, this was not conceived of as

a separate category until too late in the data compilation process to go back and pick up, although the value to the study of this information would be considerable.

J Military history: Researchers began with several discharge categories (medical, psychiatric, nonmedical as well as dishonorable), but reduced these to two, since in most cases the conditions of the discharge were not available and even where they were, they did not lend themselves clearly to the several subdivisions.

K Social history: The information in this category is on the one hand perhaps the most pertinent to the purposes of the study, and on the other probably the least reliable of all the categorical data compiled and tabulated. It is most pertinent because it relates directly to the image the lay person has of the sex offender and least reliable because of the necessity in almost every subcategory for highly subjective evaluations on the part of the researchers.

The difficulty of getting uniform, reliable data with respect to these items from the case record only was recognized at the outset of the study. A person's perceptions and recollections of even the most factual circumstances of his childhood (for example, how frequently the family moved), let alone his understanding of his relationships with parents and siblings (for example, whether his parents were harsh or lenient disciplinarians), may show a marked divergence from the actual circumstances. The best that could be hoped for, even in a personal interview (had this been possible) would be an interpretation of what the subject perceived to be the actual circumstances. However, as mentioned elsewhere, to conduct a personal interview under comparable circumstances with all of the subjects studied was deemed not feasible; hence, it was necessary to rely on the case records alone for this information.

The principal sources in the case record for this information were the social and psychiatric summaries and the family questionnaire, a form completed at the hospital's request upon admission of the patient by some member of the patient's family and describing many of the items included in the Social History category. These sources necessarily represent another person's evaluation of subjective information given him by the subject or inferred by him about the

subject. Thus it may be seen that the researcher's interpretation of this information is twice removed, at the least, from actual fact; that is, the data has undergone at least two prior transformations by interpretation, once by the subject himself and once again by the recorder of the social or psychiatric summary or family questionnaire.

Despite these unavoidable difficulties, the data was considered to be of sufficient relevance to the study that the category should be retained, with full explanation given of the reservations and cautions to be observed regarding its use.

- M Expressed sexual attitudes: These were usually brought out in the intake interview or social, psychiatric or psychological evaluations and included such attitudes as guilt, anxiety, excessive or morbid interest, lack of interest, repugnance, etc.
- N Sexual history: As implied by the subcategories, some offenders were exclusively homosexual, others exclusively heterosexual, and others reported experiences in both modes. A few reported no genital sexual experience whatever. The researchers felt it would be relevant to the study to get the age of first sexual contact, whether homo- or heterosexual, but found it difficult to determine from the record alone whether such first experience represented typical childhood sex play or atypical sex experience, for instance, seduction or molestation by an older person. Although this data was gathered, it did not prove very useful and was not used for the construction of any items in the respondent instrument.
- N5 Marital sexual satisfaction: This information was taken at face value on the statement of the subject in the record. In a few cases, wives were available for interview and their reactions included in the record.
- O Social adjustment: This information was based on professional interpretation of the subjects' present social adjustment. Researchers noted frequency with which such adjectives as isolated, withdrawn, anxious, hostile, grandiose, dependent, etc., appeared in the social, psychiatric and psychological summaries.

- P Psychiatric evaluation: This category includes only the descriptive diagnosis. Numerical designation according to the American Psychiatric Association Diagnostic Manual was not noted, although this information probably would prove useful for cross-tabulation purposes.
- S Post-hospitalization record: Here was included only such information as was available in the record regarding subsequent arrests, psychiatric treatment, utilization of community resources, follow-up evaluation, etc. One suicide subsequent to release was noted.

(A category begun but not completed concerned religious attitudes of the offenders. On the assumption that religious attitudes were a factor in sexual adjustment, the researchers attempted to gather data in this area; however, recorded information was not only sparse, but it revealed no discernible trend, so the category was deleted from the data-gathering instrument.)

APPENDIX E

PROFILE OF RESPONDENT POPULATION

Characteristics of Full-Time First-Year Students, Portland State University Graduate School of Social Work, 1969-1970.

<u>Age:</u>	0-25	19	31-35	12	41-45	2
	26-30	19	36-40	5	45-	3

Sex: Male 31 Female: 29

Marital Status: Single 13; Married 42; Widowed 0;
Separated 1; Divorced 4

Date of Undergraduate Degree:

Before 1960	10	1965	4
1960	3	1966	3
1961	2	1967	5
1962	4	1968	4
1963	6	1969	14
1964	5		

Undergraduate Major:

Social Science	42	Foreign Language and Culture	1
Social Work	3	Fine Arts and Music	1
Physical Science	0	Education	7
Biological Science	1	Other	3
English and Humanities	2		

Paid Social Work Experience:

None	20	3-4 years	15
0-1 year	4	5-6 years	8
1-2 years	8	6+ years	5

Father's Education:

Less than high school	19	Master's or first	
High school diploma	14	graduate degree	5
Some college	15	Doctor's degree	0
College degree	5	Unknown	2

Origin:

From Oregon	35
States other than Oregon	20
Outside United States	5

APPENDIX F

DATA-GATHERING INSTRUMENT, RESPONDENT POPULATION

Introduction

The Oregon Sex Offender research group is engaged in a project designed to assess the assumptions of graduate social work students concerning sex offenders in general and the sex offender population at Oregon State Hospital in particular. This population consists of those individuals who have been admitted to the State Hospital under the terms of Oregon Statute 426, popularly known as the "Sex Offender Statute," enacted by the Oregon Legislature in 1963. This statute provides for a treatment-oriented program at Oregon State Hospital in lieu of a prison sentence for certain offenders who are considered by the nature of their offense to constitute a sexual menace to children under the age of 12.

As first-year graduate social work students, your participation in this project is invited and will be appreciated. In order for your answers to the following questions to be of greatest value to this project, they should be done fairly rapidly, in consecutive order and without much reflection.

We recognize that in many instances you simply may not have any idea whether the statement is true or not and in many more instances you will have only the vaguest feeling as to how to answer. Just go ahead and guess as to whether you think the statement is probably true or probably false. We would like to have every question answered. Thank you very much for your cooperation.

Instructions

Following is a list of statements regarding the characteristics of the sex offender population at Oregon State Hospital, as described on the previous page. Please indicate by a mark (x) in the appropriate T-F column to the right of the statements whether you believe each statement to be true or false.

Beside the T-F columns are four columns numbered 1 through 4, representing the degree of certainty of your opinion, as follows:

- 1--Don't really have any idea
- 2--Don't know, but think likely
- 3--Fairly sure
- 4--Almost certain

Please indicate the strength of your opinion on each question by placing a mark (x) in the column that most nearly corresponds to your feeling.

	T	F	1	2	3	4
1. The majority of these offenders are past the age of 40.						
2. More offenders came from urban backgrounds than from rural backgrounds.						
3. Most of these offenders have a history of irregular employment.						
4. Most of these offenders have never married.						
5. Of the married offenders, most have been married more than once.						
6. Few of these offenders have been educated beyond the eighth grade.						
7. Most of these offenders over the age of 18 have been in the service.						
8. Most of these offenders come from broken homes.						

	T	F	1	2	3	4
9. Most of these offenders are child molest cases.						
10. Most of these offenders have previous criminal records.						
11. These offenders show a higher frequency of mental retardation than the general population.						
12. A college graduate is rarely found among these offenders.						
13. Most of these offenders are incapable of an adult heterosexual sex relationship.						
14. The rate of admission of these offenders to the State Hospital is higher per capita from metropolitan counties than from the more rural counties.						
15. Of those offenders with a military record, most received an honorable discharge.						
16. In most cases, the offender was under the influence of alcohol at the time of the offense.						
17. The incidence of twins among sex offenders is higher than in the general population.						
18. Brain damage is more common among this group than in the general population.						
19. Of the married offenders, most have children of their own.						
20. Of those offenders who entered high school, most did not graduate.						
21. Unusual religious attitudes are characteristic of most of these offenders.						

	T	F	1	2	3	4
22. There are more nonwhites among these offenders, proportionately, than in the general population.						
23. Most of the child molesters in this group are childless.						
24. Of those employed, more sex offenders hold "blue collar" jobs than "white collar" jobs.						
25. These offenders were closer to their fathers than to their mothers as children.						
26. The divorce rate among these offenders is higher than in the general Oregon population.						
27. Exhibitionists represent a very small proportion of this population.						
28. Most of the incest offenders in this population have been married more than once.						
29. Most of the offenders in this population were either the first-born or the last-born in their families.						
30. Most of these offenses were committed while the offender was experiencing family stress.						
31. Most of these offenders have a record of previous psychiatric treatment.						
32. These offenders most often choose victims of the opposite sex.						
33. Most of these offenders are "sick" (psychotic).						
34. The use of drugs occasionally was a factor in these offenses.						
35. Child molest offenses rarely involved more than one victim.						

	T	F	1	2	3	4
36. Of the married sex offenders, most report the marital sexual adjustment to be unsatisfactory.						
37. In most child molest offenses, the victim was not acquainted with the offender.						
38. Of those offenders with criminal records, most have a record of sex offenses.						
39. Most of the child molesters have never been married.						
40. Most of these offenders were subjected to harsh parental discipline.						
41. Previous conviction for incest is rare.						
42. Most of these offenses occurred in the offender's home.						
43. Most of the offenders had more than one contact with their victims before they were apprehended.						
44. The level of education of these offenders is the same as that of the general population in Oregon.						
45. Most child molest victims are preschoolers.						
46. Most exhibitionists have never been married.						
47. In the majority of offenses, the offender acts in such a way as to physically harm his victim.						
48. The married offenders were usually separated from their spouses at the time of their offense.						
49. Professional people are rarely found in this population.						

	T	F	1	2	3	4
50. Most of these offenders have physical abnormalities.						
51. Most of these offenders are neurologically abnormal.						
52. Birth order is not significant among these offenders.						
53. These offenders for the most part did not have a close relationship with their siblings.						
54. Age level is not significant among these offenders.						
55. Those offenders with previous psychiatric hospitalizations had usually been diagnosed as psychotic.						
56. Incest cases usually involved several children in the family.						
57. Parental rejection was almost always present in the family background of these offenders.						
58. In the majority of situations, the victim resisted the advances of the offender.						
59. Most of these offenses are coital--that is, the offender effected genital-to-genital penetration.						
60. Most of these offenders came from families that moved often.						
61. Most previous psychiatric treatment was related to sexual problems.						
62. Most of these offenders threatened their victims with harm in the commission of their offense.						

5. "Sex psychopathy," or sex deviation, is a clinical entity.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

6. These individuals are oversexed.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

7. Effective treatment methods to cure sex offenders are already known and employed.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

8. The laws passed recently in one-fourth of the states are getting at the brutal and vicious sex criminal.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

9. Indeterminate commitment to a mental hospital of the sex deviate is similar to our handling of the insane, and therefore human liberties and due process are not involved.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

10. The sex problem can be solved merely by passing a new law.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

11. Sexual offenders suffer from glandular imbalance.

Strongly agree		Strongly disagree
	No opinion	
Agree, with reservations		Disagree, with reservations

12. Sexual offenders are typically homicidal sex fiends.

Strongly agree

Strongly disagree

No opinion

Agree, with reservations

Disagree, with reservations

APPENDIX G

ANALYSIS OF RESPONDENT DATA

Item	Accurate		Inaccurate	
	Significant	Not Sig.	Significant	Not Sig.
1	x			
2	x			
3				x
4	x			
5	(Respondents split 28/28)			
6	x			
7		x		
8				x
9	x			
10			x	
11			x	
12			x	
13	x			
14			x	
15		x		
16	x			
17			x	
18				x
19	x			
20				x
21	x			
22	x			
23	x			
24		x		
25	x			
26	x			
27		x		
28			x	
29				x
30			x	
31				x

Item	Accurate		Inaccurate	
	Significant	Not Sig.	Significant	Not Sig.
32	x			
33			x	
34			x	
35	x			
36	x			
37				x
38	x			
39	x			
40			x	
41	x			
42	x			
43			x	
44				x
45	x			
46			x	
47	x			
48	x			
49				x
50	x			
51	x			
52	x			
53				x
54	x			
55		x		
56	x			
57			x	
58				x
59	x			
60				x
61	x			
62		x		
63			x	
64	x			
65			x	
66	<u>x</u>	—	—	—
Total	32	6	15	12

APPENDIX H

STUDENT RESPONSES TO ATTITUDINAL STATEMENTS

Statement ¹ Number	Strongly Agree	Agree with Reservation	No Opinion	Strongly Disagree	Disagree with Reservation	Total
1	1	4	5	21	25	56
2	20	28	4	0	4	56
3	6	11	9	7	23	56
4	4	17	11	11	13	56
5	5	15	17	8	11	56
6	2	3	6	26	19	56
7	1	15	4	19	17	56
8	0	9	27	8	12	56
9	3	9	10	20	14	56
10	0	0	2	52	2	56
11	0	4	17	18	17	56
12	<u>0</u>	<u>0</u>	<u>5</u>	<u>41</u>	<u>10</u>	<u>56</u>
Total	42	115	117	231	167	672

¹See Appendix F for actual wording of attitudinal statements.

APPENDIX I

INTENSITY OF OPINION SCALE

Question Number	Scale				Total
	1	2	3	4	
1	11	26	18	1	56*
2	6	36	12	2	56
3	14	25	15	2	56
4	11	22	16	7	56
5	24	25	6	1	56
6	20	25	11	0	56
7	17	26	13	0	56
8	18	29	7	2	56
9	10	26	15	5	56
10	14	29	9	4	56
11	7	31	16	2	56
12	15	27	8	6	56
13	5	24	13	14	56
14	8	27	17	4	56
15	16	29	9	2	56
16	13	18	20	5	56
17	31	15	5	5	56
18	25	22	6	3	56
19	11	29	12	4	56
20	18	20	14	4	56
21	22	24	6	4	56
22	17	24	11	4	56
23	18	22	14	2	56
24	16	21	17	2	56
25	22	21	9	4	56
26	17	30	9	0	56
27	12	24	16	4	56
28	22	22	11	1	56
29	37	19	0	0	56
30	13	27	12	4	56
31	13	27	13	3	56
32	12	25	13	6	56

Question Number	Scale				Total
	1	2	3	4	
33	7	21	21	7	56
34	14	24	15	3	56
35	13	21	17	5	56
36	10	24	17	5	56
37	7	19	23	7	56
38	11	24	16	5	56
39	12	27	13	2	54**
40	19	24	13	0	56
41	17	25	11	3	56
42	13	25	14	4	56
43	10	24	15	7	56
44	16	22	14	4	56
45	12	22	19	3	56
46	17	22	15	2	56
47	13	27	13	2	55**
48	14	28	13	1	56
49	17	23	12	4	56
50	10	20	22	4	56
51	17	21	12	5	55**
52	20	23	10	3	56
53	15	30	10	1	56
54	16	26	11	3	56
55	17	24	12	3	56
56	11	29	15	1	56
57	16	25	11	4	56
58	11	25	18	2	56
59	14	22	17	3	56
60	28	19	7	2	56
61	21	23	9	3	56
62	20	22	13	1	56
63	13	24	12	7	56
64	9	26	17	4	56
65	10	22	17	7	56
66	18	24	9	5	56
Total	1003	1604	856	229	3692

* Four out of the 60 first-year social work graduate students were absent at the time of administration of the questionnaire.

**Not answered by all respondents.

APPENDIX J

CLASSIFICATION OF QUESTIONNAIRE ITEMS ACCORDING TO CATEGORIES OF HOSPITAL DATA

Category	No. of Items	Item Numbers
<u>Characteristics of the Offender</u>		
Physical		
Age	3	1, 54, 66
Race	1	22
Impairments	2	50, 51
Miscellaneous	3	11, 17, 18
Sociological		
Education	4	6, 12, 20, 44
Marital Status	9	4, 5, 19, 23, 26, 28, 39, 46, 48
Occupational Status	3	3, 24, 49
Religion	1	21
Sexual Relationships	2	13, 36
Family Background	9	2, 8, 25, 29, 40, 52, 53, 57, 60
Military History	2	7, 15
Criminal History	3	10, 38, 41
Rate of Referral by Counties	1	14
Legal	1	64
Psychiatric	5	31, 33, 55, 61, 63
<u>Characteristics of the Offense</u>		
Type	4	9, 27, 56, 65
Associated Factors	6	16, 30, 34, 47, 59, 62
Location	1	42
Duration	1	43
<u>Characteristics of the Victim</u>		
Age	1	45
Sex	1	32
Number per Offense	1	35
Acquaintance	1	37
Resistance	1	58

APPENDIX K

FREQUENCY DISTRIBUTIONS: CHARACTERISTICS
OF THE OFFENDER, OFFENSE AND VICTIM

TABLE I
AGE OF OFFENDER

Age of Offender	Number	Per cent
Under 20	7	9
20-29	28	35
30-39	13	16
40-49	10	13
50-59	8	10
Over 60	<u>13</u>	<u>16</u>
Total	79	100

TABLE II
OFFENDERS BELOW AND ABOVE AGE 40

Age Level	Number	Per cent
Below 40	48	60
Over 40	<u>31</u>	<u>40</u>
Total	79	100

TABLE III
OFFENDERS' MARITAL STATUS

Status	Number	Per cent
Single	33	42
Married	31	39
Divorced	10	13
Separated	4	5
Widowed	1	1
Total	79	100

TABLE IV
OFFENDERS' MARITAL SEXUAL SATISFACTION

Offenders' Statement	Number	Per cent
Satisfied	8	26
Unsatisfied	13	42
Unknown	10	32
Total	31	100

TABLE V
MARITAL STATUS OF INCEST
AND EXPOSURE OFFENDERS

Offender	Single	Married	Divorced
Exhibitionist	4	3	0
Incest	2	13	3

TABLE VI
OFFENDERS' RELATIONSHIP WITH PARENTS

Offenders' Statements	Number	Per cent
Total	79	100
Father		
Close	25	32
Not Close	34	43
Unknown	20	25
Mother		
Close	42	53
Not Close	19	24
Unknown	18	22

TABLE VII
REJECTION BY OFFENDERS' PARENTS

Offenders' Statements	Number	Per cent
Total	79	100
Father		
Rejecting	19	24
Not Rejecting	30	38
Unknown	30	38
Mother		
Rejecting	11	14
Not Rejecting	38	48
Unknown	30	38

TABLE VIII
DISCIPLINE BY OFFENDERS' PARENTS

Offenders' Statements	Number	Per cent
Total	79	100
Father		
Harsh	21	27
Not Harsh	34	43
Unknown	24	30
Mother		
Harsh	4	5
Not Harsh	44	56
Unknown	31	39

TABLE IX
OFFENDERS' FAMILY BACKGROUND

Characteristic	Number	Per cent
Total	79	100
Residence		
Urban	43	55
Rural	24	30
Unknown	12	15
Mobile		
Yes	16	20
No	51	65
Unknown	12	15
Broken Home		
Yes	21	27
No	58	73

TABLE X
OFFENDERS' PARENTS OR
PARENTAL SURROGATES

Offender Raised by	Number	Per cent
Own Parents	58	74
Mother and Stepfather	10	13
Mother Only	4	5
Father Only	1	1
Grandparents	1	1
Foster Parents	1	1
Institutions	4	5
Total	79	100

TABLE XI
OFFENDERS' BIRTH ORDER

Order	Number	Per cent
Oldest*	24	30
Youngest	20	25
Only Child	3	4
Other	26	33
Unknown	6	8
Total	79	100

*Includes the five twins.

TABLE XII
OFFENDERS' EDUCATION

Level Attained	Number	Per cent
Some Grade School	9	11
Completed Grade School but went no further	18	23
Some High School	24	30
Completed High School but went no further	21	27
Some College	6	8
Completed College	<u>1</u>	<u>1</u>
Total	<u>79</u>	<u>100</u>

TABLE XIII
OFFENDERS' OCCUPATIONAL STATUS

Working Class	Number	Per cent
Blue Collar	63	80
White Collar	7	9
Students	6	7
Never Employed	<u>3</u>	<u>4</u>
Total	<u>79</u>	<u>100</u>

TABLE XIV
REFERRAL RATES BY COUNTY

County	Population ¹	No. of Offenders	Rate per 1000
Multnomah	522,813	12	.02
Lane	162,890	8	.05
Marian	120,888	10	.08
Washington	92,237	3	.03
Jackson	73,962	1	.01
Douglas	68,458	10	.14
Coos	54,955	5	.09
Klamath	47,475	5	.10
Yamhill	32,478	1	.03
Josephine	29,917	2	.06
Polk	26,523	6	.22
Lincoln	24,635	1	.04
Deschutes	23,100	1	.04
Malheur	22,764	1	.04
Wasco	20,205	2	.09
Tillamook	18,955	2	.10
Curry	13,983	6	.42
Crook	9,430	1	.10
Wallowa	7,102	1	.14
Harney	6,744	1	.15

¹U. S. Census Population, 1960 (83).

TABLE XV
OFFENDERS' PREVIOUS PSYCHIATRIC
TREATMENT

Treatment	Number	Per cent
Hospitalized	23	29
Other	4	5
No Previous Treatment	50	63
Unknown	<u>2</u>	<u>3</u>
Total	79	100

TABLE XVI
OFFENDERS' DIAGNOSIS

Diagnosis	Number	Per cent
Organic Brain Syndrome	15	19
Psychosis	5	6
Neurosis	5	6
Personality Disorder	28	36
Sociopathic Personality	21	27
None	<u>5</u>	<u>6</u>
Total	79	100

TABLE XVII
CHARACTERISTICS OF THE OFFENSE

Characteristic	Number	Per cent
Total	79	100
Victim Physically Harmed		
Yes	7	9
No	71	90
Unknown	1	1
Coital		
Yes	20	25
No	57	72
Unknown	2	3
Victim Threatened		
Yes	9	11
No	55	70
Unknown	15	19
Offender Use of Alcohol		
Yes	23	29
No	52	66
Unknown	4	5
Location		
Offender's Home	33	42
Victim's Home	2	3
Other	32	40
Unknown	12	18
Duration		
First Occurrence	31	39
Other	17	22
Unknown	31	39

TABLE XVIII
CHARACTERISTICS OF THE VICTIM

Characteristic	Number	Per cent
Total	79	100
Relationship		
Knew the Offender ¹	47	60
Did Not Know the Offender	17	21
Unknown	15	19
Victim Behavior		
Appeared Consensual ²	39	50
Appeared Non- consensual ³	16	20
Unknown	24	30
Victim Per Offense		
One	37	47
More than One	35	44
Unknown	7	9

¹Includes someone known on sight; neighbor; family friend; relative.

²Includes passive, cooperative or seductive behaviors.

³Includes only those cases where victim(s) actively by speech or behavior resisted offender's advances.