

# Characteristics of Individuals Petitioned for Civil Commitment

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**Abstract:** *This article explores the demographic and criminal characteristics of a group of sex offenders currently residing in a facility for civilly committed sex offenders. Legal and clinical records were used and data coded. This sample is compared to published data on a group of civilly committed sex offenders in another state. Results indicated that there were numerous similarities and some differences between the two groups. Further research needs to be conducted on civilly committed sex offenders in other states to better understand this population.*

**Keywords:** *sex offending; sex offender psychopathology; sexually violent predators; civil commitment and sex offenders; sex offender demographics*

## INTRODUCTION

Recently, a number of states has enacted civil commitment statutes for individuals who have committed sexual offenses and have upon evaluation been determined to remain a danger to society. These statutes are postincarceration enactments in which the individual has completed his or her prison sentence and can then be petitioned for civil commitment either by the attorney general of the state in which he or she was incarcerated or the prosecutor in the county in which the individual had been prosecuted (Sexually Violent Persons Statutes, 2001). The goals of these civil commitment statutes are to protect the community from a potentially sexually violent individual and to make treatment available, thereby attempting to reduce the risk of sexual recidivism once the individual is released from the commitment facility. Arizona's Sexually Violent Persons Statutes of 2001 provides for the civil commitment of an individual who has a history of at least one violent sexual offense and has a mental disorder defined as a paraphilia, personality disorder, or conduct disorder or any combination of paraphilia, personality disorder, and conduct disorder that predisposes or makes the individual more likely than not to commit sexually violent acts to such a degree as to render that individual a danger to the health and safety of others.

The literature to date on sex offenders has primarily focused on demographic characteristics (Abel et al., 1987), psychiatric comorbidity (Raymond, Coleman,

Ohlerking, Christenson, & Miner, 1999), crime characteristics (Simon, 2000), types of paraphilic behaviors (Abel, Becker, Cunningham-Rathner, Mittelman, & Rouleau, 1988), and alcohol and drug abuse (Abracen, Looman, & Anderson, 2000).

Abel et al. (1987) conducted structured clinical interviews with 561 non-incarcerated individuals diagnosed with a variety of paraphilias. The authors reported demographic characteristics, number and characteristics of victims, and the types of deviant sexual acts in which the participants had engaged. The mean age of the sample was 31.5 years, and 61.2% were Caucasian. The majority of participants were well educated, with 40% having finished at least one year of college. A range of socioeconomic backgrounds and religious affiliations were represented.

The sample averaged 2.02 paraphilias per participant. For rapists, an average of 7.2 rapes per participant was reported. Nonincest-type pedophiles with female targets average 23.2 acts each, whereas those with male targets average 281.7 acts each (Abel et al., 1987).

In Abel et al. (1988), the authors addressed the issue of multiple paraphilic diagnoses, concluding that in a population of 561 nonincarcerated paraphiliacs, most had significant experience with as many as 10 different types of paraphilic behavior.

Raymond et al. (1999) assessed Axis I and Axis II psychiatric disorders using the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994) (SCID) in a sample of 45 males who had engaged in pedophilia. The authors concluded that there were high Axis I and Axis II comorbidity rates in this population of pedophilic offenders. Ninety-three percent of the participants met criteria for an Axis I disorder other than pedophilia. The most common of those Axis I disorders were mood disorders (67%) and anxiety disorders (60%), followed by psychoactive substance use disorders (53%). Sixty percent met criteria for Axis II disorders. Eighteen percent were diagnosed with Cluster A disorders, 32.5% Cluster B, and 42.5% Cluster C.

Abracen et al. (2000) compared alcohol and drug abuse in a population of 106 sexual offenders and 24 nonsexual violent offenders. In this study, the sexual offenders were more likely to abuse alcohol than the nonsexual violent offenders, whereas the nonsexual violent offenders were more likely to have abused other substances.

A meta-analysis was conducted by Hanson and Bussiere (1998). Sixty-one studies were identified including approximately 23,000 sex offenders. Sexual deviance and criminological factors were found to be most associated with recidivism in this review.

In reviewing the published literature, only one study outlining the characteristics of individuals who have been committed as sexually violent predators under such laws was identified (Janus & Walbek, 2000). Given the need for more published data in this area, the purpose of this article is to describe the characteristics

of the male sexual offenders who have been petitioned for civil commitment within the state of Arizona and then to compare those characteristics to the other reported sample.

## METHODS

Legal files of 120 sexual offenders who have been petitioned for civil commitment and who were residing or detained at the Arizona Community Protection and Treatment Center were coded. These 120 individuals constitute the entire population of civilly committed sex offenders up until the present time. The following variables were considered:

1. age
2. ethnicity
3. marital status
4. number of children
5. education
6. IQ scores (Wechsler Adult Intelligence Scale-Revised [WAIS-R] and Wechsler Adult Intelligence Scale-third edition [WAIS-III])
7. history of physical and sexual abuse
8. substance abuse history
9. sexual offense characteristics
10. victim characteristics
11. nonsexual criminal offense characteristics
12. *DSM-IV* (American Psychiatric Association, 1994) psychological disorders (Axes I, II, and III)
13. prior treatment for sexual offenses
14. prior treatment for nonsexual behavior.

Contained in the legal files were correctional records, evaluations conducted by mental health professionals as part of the civil commitment petitioning process, and in some cases, evaluations that had been conducted by mental health professionals at the Arizona Community Protection and Treatment Center with those men who had requested an evaluation for release to a less restrictive alternative from total confinement.

## RESULTS

The sample of 120 men ranged in age from 19 to 79 years, with a mean age of 44. The race/ethnicity characteristics of the group are as follows: 69% Caucasian, 14% Hispanic, 10% African American, 2.5% Native American, and 3.5% unknown.

Of the sample, 46% reported that they are currently single, whereas 28% reported that they are married, 18% are divorced, 6.5% are single, and 0.8% have been widowed. The number of children living in the household of the men prior to imprisonment ranged from 0 to 7, with a mean of 1.5 children per man in the sample.

There was a wide range of educational achievement in this particular sample, with 38% reporting that they had either graduated from high school or obtained a General Equivalency Diploma. Sixteen percent had attended college for some period of time, and 6% of the sample held a college undergraduate degree. Just 23% of the sample had only some high school, whereas 10% had only reached junior high, and 5% had not advanced beyond elementary school.

IQ scores were only available for 75 out of 120 men. They had been assessed using either the WAIS-R or the WAIS-III. Full-scale IQ scores ranged from 60 to 126, and the mean fell in the average range with a score of 95.

More than one third of the sample (36.6%) reported a history of childhood physical abuse, and 43% reported a history of childhood sexual abuse. Of the latter group, 25% were abused by their fathers, and 11.5% were abused by their mothers. Other family males were responsible for 21% of the abuse reported, and other family females were perpetrators 9.6% of the time. Other reported abusers were nonfamilial males (27%) and nonfamilial females (8%). Thirty-one percent of the men in the sample reported that they did not know who their perpetrators had been. These data also indicate that the men were frequently sexually abused by multiple perpetrators as children.

Substance abuse was also a common factor for many of the sexual offenders in this sample. Eighty-one percent reported that they had abused substances in their lifetime. The most commonly abused substances are presented in Table 1.

The offenders in this study presented a range of 1 to 8 arrests for sexual offenses with a mean of 2.6 offenses per individual. They had a similar range of convictions for sexual offenses (range of 1 to 8), with an average of 2 convictions each. Please refer to Table 2 for a complete list of sexual crimes reported as part of arrest history for these individuals.

Fifty-nine percent of the sample committed these crimes only against females, 16% had only male victims, and 22.5% committed sexual crimes against both male and female victims. For 1.5% of the sample, the records did not indicate the gender of their victims. In addition, 3% of the offenders committed their crimes against family members only.

The majority of the offenders (32.5%) victimized children between the ages of 0 and 12. An additional 21% offended against children who were ages 0 to 17, whereas 7% offended against minors between the ages of 13 and 17 only. Several offenders (7.5%) offended against children between 0 and 12 and also adults who were 18 and older. Another 7.5% of the group offended against individuals ranging in age from 13 to older than 18 (adult). A number (16%) offended against adults only, whereas 4% offended against individuals of all ages. Records for 2% of the sample did not report victims' ages for analysis.

**TABLE 1**  
MOST COMMONLY ABUSED SUBSTANCES

<i>Class of Substance</i>	<i>%</i>
Alcohol	90
Cannabis	68
Cocaine	42
LSD	29
Amphetamines	18.5
Heroin	15
Methamphetamines	12
Miscellaneous others	8
Inhalants	8
PCP	7
Miscellaneous hallucinogens	5
Barbiturates	4
Depressants	3

Also obtained from the sample were data regarding nonsexual offenses committed by the offenders. Eighty-five percent of them reported having committed nonsexual offenses, with a range of 0 to 37 and a mean of 5.5 criminal charges apiece. Their number of nonsexual convictions ranged also from 0 to 37, with a mean of 3.5 convictions each. A breakdown of the particular offenses committed by members of the sample as well as the occurrence percentages is presented in Table 3.

Of note is the presence of large numbers of *DSM-IV* (American Psychiatric Association, 1994) psychiatric diagnoses present in the sample. Granted, some level of psychiatric disturbance was required for the civil commitment procedure, yet there were approximately 3 disorders per offender in this sample, with a range of 0 to 14 Axis I disorders alone (see Table 4). As can be seen, the most prevalent Axis I disorders among this sample are pedophilia (63%) and paraphilia not otherwise specified (NOS) (56%). Other paraphilias (i.e., sexual sadism, exhibitionism, and voyeurism) were also quite common among this population.

Axis II disorders were also fairly evident in this population, affecting 77% of the sample (see Table 5). Personality disorder NOS (42%) and antisocial personality disorder (40%) were by far the most common. Often, the diagnosis of an Axis II disorder coincided with a variety of Axis I disorders.

Another issue is the number of offenders who have had previous forms of treatment, whether for sexual deviance (46%) or other psychiatric or psychosocial problems (45%). Of those who have received treatment for sexual offending, 73% were treated by the Arizona Department of Corrections in the Sexual Offender Treatment Program (SOTP). An additional 25.5% were counseled individually or in groups for sexually deviant behavior. Other sexual treatment included Sex

**TABLE 2**  
SEXUAL CRIMES REPORTED AS PART OF ARREST HISTORY

<i>Crime</i>	<i>%</i>
Child molestation	51.6
Sexual abuse	24
Dangerous crime against a child	7.5
Attempted child molestation	22.5
Attempted sexual abuse	4
Public sexual indecency	3
Rape	21
Sexual conduct with a minor	20
Public masturbation	2.5
Rape with force	4
Attempted sexual conduct with a minor	4
Oral copulation with a minor	5
Attempted rape	3
Lewd and lascivious acts	11
Voyeurism	2.5
Sexual assault	34
Indecent exposure	14
Parole violation	2.5
Aggravated sexual assault	9
Sodomy	5
Other crimes against children	12
Aggravated assault	6
Kidnapping	27
Miscellaneous sexual crimes	26
Assault	3
Obscene phone calls	3

Anonymous (3.6%), Parents United for Incest Fathers (2%), medication (2%), and unknown forms of treatment (5.5%).

Nearly half of the offenders also received nonsexually oriented psychological treatment. Forty-four percent of these were treated specifically for substance abuse. The types of treatment were as follows: 33% therapy or counseling, 26% psychiatric medications, 16.6% psychiatric hospitalization, and 16.6% miscellaneous medical treatments.

## DISCUSSION

On the characteristics with which we were able to make comparisons, the demographic characteristics of the men petitioned for civil commitment in this

**TABLE 3**  
NONSEXUAL OFFENSES COMMITTED BY THE OFFENDERS

<i>Offense</i>	<i>%</i>
Burglary and so on	83
Fraud and forgery	14
Threats/intimidation	6
Assault crimes	52
Juvenile delinquency	12
Fugitive	6
Probation violations	42.5
Grand theft auto	12
Arson	4
Drug crimes	37
Weapons crimes	12
Hit and run	4
Driving violations	30
Criminal damage	10
Breaking and entering	4
Disorderly conduct	24
Against children	10
Murder	3
Alcohol crimes	20
Kidnapping	9
Conspiracy	3
Driving under the influence	18
Stolen property	8
Endangerment	2
Trespassing	17
Against police	8
Willful concealment	1
Shoplifting	16
Domestic violence	8
Harassment	1

data set were in some cases similar and in some cases dissimilar to those found by Janus and Walbek (2000). The average age of admission for the Janus and Walbek study was 38.3 years with a range of 15 to 75. The average age of the men in our sample was 44 years with a range of 19 to 79. Racial characteristics were somewhat different in that 82% of their sample was Caucasian, 13% African American, and 5% Native American. In our sample, 69% were Caucasian, 14% Hispanic, 10% African American, and 2.5% Native American. This is possibly reflective of the different ethnic/racial make-up of the Southwest as compared to Minnesota, where the other sample was obtained.

**TABLE 4**  
**AXIS I DIAGNOSES IN THE SAMPLE**

<i>Diagnosis</i>	<i>%</i>
Pedophilia	63
PCP Abuse	1
Paraphilia not otherwise specified (NOS)	56
Major depression	4
Exhibitionism	14
Dysthymia	3
Voyeurism	13
Depressive disorder NOS	2.5
Sexual sadism	8.5
Cyclothymic disorder	2.5
Fetishism	8
Bipolar disorder	2.5
Frotteurism	5
Mood disorder NOS	1
Sexual abuse of a child	3
Schizoaffective disorder	2.5
Sexual masochism	2
Paranoid schizophrenia	2.5
Transvestic fetishism	1
Psychotic disorder	2
Gender identity disorder	1
Schizophrenia, undifferentiated	1
Sexual dysfunction NOS	1
Schizophreniform disorder	1
Alcohol dependence	14
Dissociative disorder NOS	1
Alcohol abuse	11
Cognitive disorder NOS	1
Polysubstance dependence	3
Adjustment disorder	2
Polysubstance abuse	9
Hypochondriasis	1
Cannabis dependence	4
Post-traumatic stress disorder	2.5
Cannabis abuse	8
Anxiety disorder NOS	2.5
Amphetamine dependence	2
Generalized anxiety disorder	1
Amphetamine abuse	4
Panic disorder without agoraphobia	1
Cocaine dependence	2

**TABLE 4 (continued)**

<i>Diagnosis</i>	<i>%</i>
Attention deficit/hyperactive disorder	2.5
Cocaine abuse	3
Pyromania	1
Opioid abuse	2
Impulse control disorder NOS	1
Hallucinogen dependence	1
Intermittent explosive disorder	1
Hallucinogen abuse	3
Disruptive behavior disorder NOS	1

**TABLE 5**  
AXIS I DIAGNOSES IN THE SAMPLE

<i>Diagnosis</i>	<i>%</i>
Personality disorder not otherwise specified	42
Narcissistic personality disorder	3
Antisocial personality disorder	40
Schizotypal personality disorder	2
Diagnosis deferred	10
Obsessive compulsive personality disorder	2
Borderline personality disorder	6.5
Schizoid personality disorder	1
Mild mental retardation	5
Avoidant personality disorder	1

The Janus and Walbek (2000) study reported that 77% of the men had two or more previous sex crimes in their records. Our data indicate that the men in our sample committed an average of 2.6 sexual offenses with a range of 1 to 8 offenses overall. Janus and Walbek reported that 46% of their sample had previous felony convictions for nonsexual offenses. By comparison, 85% of our sample had reportedly committed nonsexual offenses.

Regarding victim characteristics, Janus and Walbek (2000) reported that 37% of their sample had victimized adults, whereas the remaining participants had victimized those younger than 18 years of age. They reported that none of their sample victimized both young children and adults. Our data compares as follows: A number of individuals abused children in only one age group category. The majority of the offenders in the sample abused only children, whereas some abused both children and adults. There were comparatively small numbers of offenders in this particular population who offended exclusively against adults.

Although 70% of the men in the Janus and Walbek (2000) study victimized only females, 20% males, and 10% both, in our study, 59% committed against females, 16% against males, 22.5% against both, and 1.5% unknown. A much smaller percentage of this sample committed crimes against relatives (3%), compared to 13% of theirs.

One can only speculate as to why the present sample had more pedophiles than the comparison sample of offenders. This could be an effect of who the legal system decides to petition for commitment in the two different states. This same rationale would also apply to the differences in Axis II diagnoses between the two samples.

The use and abuse of legal and illegal substances yielded interesting comparisons. Ninety percent of the men in our sample had a history of alcohol abuse compared to 88% in their sample. However, the marijuana abuse in their sample was slightly lower (57%) than the use in our sample (68%). Furthermore, the cocaine usage in our sample was 42% compared to 28% for the Janus and Walbek (2000) group. A greater number of our sample (41%) used hallucinogens compared to 29% of their sample. Stimulant use was comparable with 30.5% of our sample and 28% of theirs. Sedative-hypnotics were used by approximately 10% of their sample, and our sample abused these drugs at a similar rate of 7%.

Almost twice as many pedophiles were identified in our sample (63%) than in the comparison group (35%). Paraphilia NOS was 10 times more frequently diagnosed in our sample. In terms of Axis II disorders, the rate of antisocial personality disorder in our sample was nearly double, and the rate for personality disorder NOS was nearly 3 times that of the Janus and Walbek (2000) sample.

In conclusion, substance abuse problems are markedly frequent in both samples of committed or petitioned offenders, thereby emphasizing the need for comprehensive treatment for chemical dependency within civil commitment programs. Also, given the high rate of personality disorder diagnoses, particularly in the Arizona sample, it is critical that treatment programs focus on addressing personality disorders as well as providing treatment for the sexual disorders. It is important that civil commitment programs provide comprehensive psychological/psychiatric assessments and that individualized, comprehensive treatment plans be developed. Future research is needed to evaluate the effect of treatment programs on civilly committed sex offenders, and management and supervision in the community are required once they have been released. Long-term follow-up studies are needed to assess their reintegration into the community.

Furthermore, future research should compare the vast literature available on demographic characteristics and treatment outcome studies for those sexual offenders who are not currently civilly committed. It would be reasonable to assume that the same treatments found effective for sexual offenders in other contexts would generalize to the sample reported in this analysis. Additional information as to how civil committees might differ from other populations of sexual offenders would be greatly beneficial for assessment as well as treatment purposes.

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