

Sexual Offender Containment

Use of the Postconviction Polygraph

KIM ENGLISH, LINDA JONES, DIANE PATRICK, AND DIANE PASINI-HILL
Colorado Division of Criminal Justice, Denver, Colorado 80215-5865, USA

ABSTRACT: Victims of sexual assault are unlikely to report the crime. For many sexual offenders, then, their sexually deviant behavior remains largely unknown except for crimes that result in arrest or notification to social services. Little is known about the offender's past behavior and little will be known about the offender's future abusive behavior. It is within this context that the containment approach for managing sexual offenders becomes critical to protecting future victimization by known offenders. This paper describes the need to incorporate information learned from the postconviction polygraph examination into intense treatment and criminal justice supervision. Age of onset and frequency and variety of deviant behavior are known risk factors, probably because they reflect the extent to which deviancy is part of the offender's lifestyle. Treatment and supervision plans must incorporate this information, along with the risk presented by these offenders to very specific age and gender groups. This study of data collected on disclosures made by 180 convicted sexual offenders (most were convicted of crimes against children) during the course of four different treatment/polygraph programs found that 39% had a history of sexually assaulting adults, 31% had sexually assaulted both male and female victims, 36% had engaged in bestiality, and two-thirds of the incest offenders had assaulted victims outside the family. Complete information is necessary for treatment providers and supervising officers to develop meaningful and relevant treatment and supervision plans, and for imminent, situational risk factors to be managed and contained.

KEYWORDS: sexual offenders; containment approach; risk; polygraph; cross-over; incest

INTRODUCTION

Offenders in the Neighborhood

Nine of ten convicted sexual offenders serving time in prison will return to the community (Greenfeld, 1997). In fact, the majority of convicted sexual offenders never see a prison cell, receiving sentences that instead call for supervision in the community. Notwithstanding public outcry concerning sexual offenders in our neighborhoods, somewhere between 78 and 86% of sexual assaults are committed by the victim's relatives and acquaintances (Kilpatrick, Edmunds, and Seymour,

Address for correspondence: Kim English, Colorado Division of Criminal Justice, 700 Kipling, Suite 3000, Denver, CO 80215-5865. Voice: 303-239-4442; fax: 303-239-4491.
kim.english@cdps.state.co.us

Ann. N.Y. Acad. Sci. 989: 411-427 (2003). © 2003 New York Academy of Sciences.

1992; Snyder, 2000, respectively).¹ Further analysis of the data analyzed by Kilpatrick et al. (1992) revealed that only 10% of child rapes were committed by strangers (Smith et al., 1992). It is not surprising, then, that 70% of reported sex crimes are committed in the home of the victim, increasing to more than 80% when the victim is under the age of 12 (Snyder, 2000). Despite public policies that focus on stranger crimes, the most common rapist is a person who occupies a place among the victim's circle of family and friends.

This familiarity gives sexual abusers incredible access to actual and potential victims. The National Violence Against Women Survey found that one of six American women reported experiencing a completed or attempted sexual assault in their lifetime (Tjaden and Thoennes, 1998). Only the context of the familiar and the private can explain the extremely high prevalence of a crime society abhors. Privacy and familiarity nurture the single most important aspect of the crime from the perpetrator's perspective: secrecy.

Secrecy

Secrecy allows access to the victim. Often, it allows continued access to the victim. More than half of the women in the *Rape in America* study reported being raped more than once (Kilpatrick et al., 1992). Lamb and Edgar-Smith (1994) studied 60 incest victims. One-fifth had been abused for more than 5 years, and half had been abused on a weekly basis. Resler and Wind's (1994) study of 228 incest victims reported an average duration of abuse of 7.8 years, usually beginning when the victim was six years old. The American Medical Association declared the following in a 1995 position paper: "Because many of these attacks occurring daily go unreported and unrecognized, sexual assault can be considered a silent-violent epidemic in the United States today."

The secrecy that surrounds crimes of sexual assault ensures that most perpetrators never come to the attention of authorities. Lawson and Chaffin (1992) studied 28 children between the ages of 3 and 12 who were not previously suspected of being sexually abused and were admitted to a hospital emergency room for having a sexually transmitted disease. Only 43% disclosed the abuse when interviewed by a skilled professional. In Sauzier's (1989) study of 156 children treated at a Boston program for the sexually abused, only 55% of the children disclosed the abuse. In this study, children were likely to "never" disclose when the perpetrator was a natural parent (53%) or a relative (40%). Likewise, another study found that disclosure of the sexual assault(s) was significantly less likely when something the researchers called "close proximity" occurred. Close proximity was measured as the existence of at least one of these: (1) a relationship with the perpetrator; (2) location of the abuse; and (3) effect of the abuse on the family (Wyatt and Newcomb, 1990). Smith et al. (2000) also found that delayed disclosure was tied to the victim's being a younger age at the time of the rape, having a family relationship with the perpetrator, and experiencing a series of assaults. In fact, disclosure was 3.69 times more likely to occur when the perpetrator was a stranger.

A survey of 930 female residents in San Francisco in the early 1980s found only 8% of rapes were reported to authorities. In this study, only 2% of incest crimes were reported (Russell, 1986). In Kilpatrick et al.'s (1992) national study of 4008 women, researchers from the Medical Center at the University of South Carolina found that

only 16% of the women who had been the victim of a rape² reported the crime within 24 hours. Nearly half (47%) of the child rape victims did not tell anyone for at least five years. In fact, 28%—one in four rape victims—never told anyone till the researcher asked (Smith *et al.*, 2000). This finding is consistent with Finkelhor *et al.*'s (1990) national sample of 511 adults that found that 33% of the women and 42% of the men first disclosed the rape to the researcher. Lamb and Edgar-Smith's (1994) sample of 60 victims of intrafamilial sexual abuse reported delaying disclosure, on average, for 10 years. Roseler and Wind (1994) found the average age of disclosure to be 25, nearly 20 years after the abuse started.

Official Detection

Official detection is rare. Once these crimes are reported to authorities, few result in arrest. Snyder (2000) analyzed sexual assault arrest data from 12 states and found that an arrest resulted in only 27% of reported sex crimes (prosecution was declined in 6% of these cases). The National Youth Survey, a 25-year old longitudinal self-reported data study of a general population sample of more than 1735 subjects, identified 72 males and 8 females who reported committing a serious sexual assault. Only two (1.1%) of these individuals were arrested for sexual assault (neither were convicted) (Grotzger and Elliott, 2002). Ahlmeyer *et al.* (2000) used the postconviction polygraph to encourage disclosures of past victims from prisoners participating in treatment. This study revealed that only 1% of victims were identified using official record data. Only 0.8% of the perpetrators in the *Rape in America* study served time in prison for the crime.

The Containment Approach

Given the low likelihood that sexual offenders will enter the criminal justice system and serve sentences for the assault, the public should expect the criminal justice system to develop interventions that focus on preventing known offenders from harming *again*. When implemented comprehensively, this multidisciplinary, collaborative strategy makes it difficult for convicted sexual offenders under the supervision of the criminal justice system to reoffend (English, Pullen, and Jones, 1996). Labeled the *containment approach*, this model is being adopted in jurisdictions nationwide.³

This management strategy is designed to give offenders the opportunity to learn new skills and methods of internal controls from mandated participation in specialized treatment while monitoring the offender's behavior and interfering with any opportunity he or she may take to assault again. When fully implemented, it operates in the context of multiagency collaboration, explicit policies, and consistent practices that combine case evaluation, risk assessment, sexual offender treatment, behavioral monitoring, and intense community monitoring and surveillance. These activities are designed specifically to maximize public safety and protect past and potential victims. As described elsewhere (Colorado Sex Offender Management Board, 1999; English *et al.*, 1996; English, 1998; English *et al.*, 2000; English, Jones, and Patrick, 2003) the containment approach requires case decisions, individual case practices, and cross-agency policies to be based on methods that prevent harm toward current and potential victims by known sexual offenders. Understand-

ing that victims rarely report this crime is the first step in managing sexual offenders. It means that obtaining detailed information about sexual offenders, and their offending patterns, must become a goal of the containment approach so that professionals are informed and empowered.

THE POSTCONVICTION POLYGRAPH EXAMINATION

The Need for Accurate Information

The use of the polygraph examination significantly increases the information disclosed by the offender in the context of treatment. The containment approach focuses on holding the offender accountable, so it includes an expectation of honesty and a commitment by the offender to actively engage in treatment. The polygraph exam plays a critical role in the containment strategy because of its obvious focus on deception. Using polygraphy with sexual offenders is akin to testing urine with drug offenders. It is a method of validating offenders' self-reports of treatment compliance and monitoring very specific behaviors.

The containment approach requires complete and accurate information to determine and manage the offender's risk to the public and to develop a relevant treatment and monitoring plan. Complete information about the scope and frequency of a sexual offender's deviant activities is available only from the offender, yet most sexual offenders have deceived many people, usually for many years. Sexual offenders report the time between their first sex crime and their first conviction to be, on average, 13 to 16 years (Freeman-Longo, in an unpublished study cited in Salter [1995], and Ahlmeyer et al. [2000], respectively). Deception by sexual offenders led the Association for the Treatment of Sexual Abusers to state, in its *Practitioner's Handbook* (ATSA, 1993), that therapists should not rely solely on offenders' self-reports. Rather, to determine compliance with treatment requirements, ATSA made recommendations for the use of the polygraph to validate the offender's self-report. In its *Practice Standards and Guidelines* (2001), ATSA includes a five-page appendix on the use of polygraphy.

Detailed information obtained from this integration of treatment, supervision, and polygraph monitoring allows for the development of meaningful treatment and supervision plans: "Therapists need valid, reliable information from the sexual offender. Without this, the treatment is less likely to identify the precise treatment needs and to quantify treatment's long term effects" (Abel and Rouleau, 1990, p. 10). The containment approach requires that these plans be tailored to the individual sexual offender and his or her deviant sexual patterns of behavior. It is, in fact, this individual focus that holds the promise that the treatment provider and the supervising officer will make the most relevant decisions for the offender while maintaining community safety. The intent of containment is to identify *precursor behaviors and at-risk situations* (see Pithers, Kashima, Cumming, and Beal, 1988; Pithers, 1990; Laws, Hudson, and Ward, 2000; Hudson, Ward, and McCormack, 1999). Monitoring risky behaviors makes it possible for treatment providers and supervising officers to actively address and contain problems *before* the offender commits a new sex crime.

Certainly there is much to learn about sexual offenders. Research on sexual offenders reveals an astonishing level of undetected sexual abuse. Freeman-Longo

(1985) studied 23 rapists in prison using anonymous surveys. The men reported committing 319 sexual assaults on children and 178 rapes of adult women. Abel and Rouleau (1990) found that half of their community sample of 561 men reported committing more than 300 sex crimes before their eighteenth birthday. Ahlmeyer *et al.* (2000) found in their sample of prisoners in treatment that each had committed, on average, 528 sex offenses in their lifetime against 184 victims.⁴

It seems logical, then, that the postconviction polygraph examination, used in the context of treatment and supervision, would be helpful in obtaining information about the offender that he or she would otherwise likely keep secret. Its use helps many offenders move through stages of denial, and when used consistently the exam can make treatment more meaningful, just as honesty with a physician about medical history and current symptoms can improve the effectiveness of the medical intervention. Failure to meet the expectation of honesty will become obvious during the polygraph examination, and the consequences that may be invoked for failure to cooperate are intended to hold the offender accountable for his or her participation in treatment. Such consequences are consistent with the sanctions that follow non-compliance with other supervision conditions.⁵

How is the Postconviction Polygraph Exam Used?

Preparation for the polygraph actually begins when the treatment provider and the supervising officer emphasize the need for complete honesty as a first step toward responsibility, accountability, and community safety. Offenders are encouraged to disclose complete and accurate information so that a viable treatment plan can be developed. Age of onset of sexually abusive behaviors, scope and frequency of deviant activity, recency of inappropriate behavior (especially during treatment), the offender's thinking and assault planning strategies—all these pieces of information are necessary to assess each individual's ongoing risk and treatment needs.

Three types of polygraph examination are most commonly used to obtain information on offender behaviors and verification of offender truthfulness. *Sexual history disclosure* polygraph examinations are used to verify the accuracy and completeness of the sexual history information a sexual offender provides during treatment. Just as a physician will require information regarding onset, frequency, intensity, and variety of a serious presenting symptom or illness, an offender's history of deviance is obtained using a very specific treatment tool: sexual history documentation. This treatment task involves the offender recalling and recording in a notebook the gender, age, and method of assault for every past victim.⁶ The sex history document—to be completed within three to six months of commencing treatment—is then provided to the polygraph examiner who, after reading it carefully along with other case file information, asks the offender very specific questions about the accuracy of parts of his or her sex history. In most cases, the completed sex history document is long, with disclosures of many prior assaults and attempted assaults, and many different types of assaults as well. The clear expectation that the offender will be accurate and truthful on the sex history assignment, coupled with the ability to verify truthfulness through polygraph exams, increases the offender's incentive to disclose this potentially embarrassing and illegal information to the treatment provider.⁷

Specific-issue exams verify the details of the conviction offense. These tests are usually given when the offender's version of the crime varies from the victim's version, or the offender continues to deny committing the crime of conviction. Specific-issue exams are also used to address a single concern or suspicion that arises during an offender's probation or parole, such as suspected contact with children. Specific-issue tests are also recommended as a follow-up to deceptive results on previous exams to clarify the nature of the deception. *Maintenance and monitoring exams* are used to verify whether a probationer or parolee is complying with the conditions of community supervision and cooperating with treatment expectations. These exams require the polygraph examiner, the treatment provider, and the supervising officer to work together to identify questions that target high-risk behavior related to the assault patterns described in the offender's sexual history document.

The exam itself is a three-stage process, and usually takes between 90 and 120 minutes. The "pretest" portion of the exam is the longest, when the examiner explains the equipment and the consent form, calibrates the machine to the individual, reviews each of the 20-or-so questions and reviews the terminology in each of the questions. The next phase is the "in-test" when the examinee is asked the question sets at least three times so the examiner has multiple charts to score. The final phase of the exam is essentially a discussion of the exam findings. Inconsistencies are identified and the offender has an opportunity to explain or clarify issues that may have surfaced.

METHODS FOR THE CURRENT STUDY

Sample

Four containment programs in three states were selected to reflect different levels of postconviction polygraph implementation. In two programs (A and B, 57 and 62 cases, respectively) the postconviction polygraph had been implemented for a number of years as part of the sexual offender treatment program, but the programs varied in terms of the extent to which the polygraph exam was fully integrated into the treatment and supervision process. In the third state, polygraph testing was newly implemented. In C, 31 of the sexual offenders had received at least one postconviction polygraph examination, and in D, 30 were "under the threat" of the polygraph test; these offenders knew that polygraph exams would eventually be administered to them as part of their treatment and supervision programs. Because the polygraph was imminent and offenders in the sample were in group therapy with those who had taken the polygraph test and were completing the same homework and journaling assignments in preparation for the polygraph, these cases were also included in the analyses of the impact of the postconviction polygraph.⁸ This sample of 180 adult sexual offenders included offenders who were serving probation or parole sentences in the community at the time of the study.⁹ Sites C and D included misdemeanor and felony conviction crimes, whereas A and B were felony cases. For seven of the 180 the victim in the current crime was an adult, 10 were convicted of exhibitionism, and the remainder were convicted for crimes against children. Several of the crimes against children were brutal rapes.¹⁰

Active case files of offenders who had served at least 6 to 18 months of the community sentence were systematically selected (every n th case) from a total of 31 of-

ficer caseloads. Data sources were the criminal justice information in the officer's files, including police reports, presentence investigation reports, and chronological notes. From the therapist's files data were gathered from sex history questionnaires or journals, homework assignments related to the polygraph, case notes, and polygraph examination reports. Data were collected from a total of 426 polygraph exams, 35.2% of which were scored as "nondeceptive."

A complex data collection instrument was designed to gather demographics, criminal history, current crime, placements and sentencing information, victim information (number, age group, gender, and relationship to offender), type and frequency of paraphilia and/or risk behavior, a profile of the perpetrator's early behaviors, and information regarding polygraph tests. A "victim" was defined as someone who was sexually assaulted without their consent or knowledge (e.g., they were asleep). For minors, the definition of a victim required a four-year age difference between the age of the perpetrator and the victim, force, or that the perpetrator was an adult and the minor victim had not reached the age of consent in that state.¹¹ Data were coded to compare the amount of information available to the containment team before and after polygraph testing.¹²

Brief Description of the Sample

Across the sites, 4.3% were women; 79.4% were white, 10% were black, and 7.9% were Hispanic. Just over one-third (38.5%) of the sample was single, 37.5% were married or joined by common law, and 24.1% were divorced. Ten percent of the sample were between the ages of 19 and 25, 13.5% were between 26 and 30, 39.6% were 31 to 40, 27.1% were between 41 and 55, and 9.5% were over the age of 55. In terms of criminal history, 42.4% had an adult nonviolent arrest record and 38.3% had an adult nonviolent conviction. One-fifth (21.3%) had a prior arrest for a violent crime, and 15.5% had a prior conviction for a violent crime. Fourteen percent (14.1%) had a prior arrest for a sex crime, and 12.1% had a prior conviction for a sex crime.

Approach

Information known *before the treatment/polygraph process* was compared to all that was known *after the treatment/polygraph process* (data gathered on pages 1 through 4 of the data collection instrument). Although data were gathered separately for the juvenile and adult histories of offenders, these data were combined in the analyses presented here except where indicated. The original objective was to extract information from the self-report sex history and compare this to what was reported separately in the polygraph examinations. However, it was not always possible to ascertain whether information in the polygraph file was the first disclosure. A self-report sex history disclosure form or journal assignment, administered as part of the treatment process, was validated (or not) during a sex history polygraph exam. The offender prepared the sex history assignment with the knowledge that it is inextricably tied to the postconviction polygraph examination. The use of the term "treatment," however, does not imply that information from other aspects of treatment was included or identified for the analysis. For instance, information revealed through group treatment sessions was not included unless it was specifically related to infor-

TABLE 1. Comparison of hands-on offenses, hands-off offenses, and risk behaviors before and after treatment/polygraph process^a

	Before (%)	After (%)
<i>Hands-on offenses</i>		
Vaginal penetration	56.7	72.8
Attempted penetration	5.6	15.0
Anal penetration	9.4	18.3
Oral sex	36.7	56.1
Fondling/frottage	66.7	85.6
Excess aggression	3.9	9.4
Assault (including domestic violence)	11.7	18.3
<i>Hands-off offenses</i>		
Exhibitionism	13.9	46.7
Voyeurism	8.9	53.9
Stalking	2.2	3.9
<i>Risk behaviors</i>		
Urination w/sex act	1.7	8.3
Bestiality	4.4	36.1
Pornography	13.3	38.3
Obscene Internet/phone	2.2	18.9
Masturbate to deviant fantasy	8.3	46.7
Excess masturbation	1.7	13.9
Specific preparation (e.g., driving around)	8.3	21.7
Other ^b	17.8	65.6

^aProportion reporting a history of these behaviors ($n = 180$).

^bOther behaviors include such behaviors as the offender's use of drugs or alcohol during the assault; substance use while under supervision; specific grooming behaviors; engaging in prostitution; deviant fantasies; engaging in juvenile fire-setting; and torture of animals.

mation also revealed through the treatment element of self-disclosure or through a polygraph examination. For these analyses we were interested in information gathered as a result of implementing the postconviction polygraph examination as a management tool.

RESULTS

More Information

Not surprisingly, more information was obtained after the treatment/polygraph process. The proportion admitting a history of assaulting male victims increased from 20% to 36%; the proportion admitting to sex crimes against both male and female victims increased from 10% to 29%; the proportion admitting to assaulting both child and adult victims increased from 10% to 33%; and the proportion of the

TABLE 2. Comparison of hands-on offenses, hands-off offenses, and risk behaviors before and after treatment/polygraph process^a

Age and Gender of Victims	Before (%)	After (%)	Offender Was Adult ^b (%)
Males 0-5	4.4	12.8	80.5
Females 0-5	12.2	28.3	84.5
Males 6-9	8.3	15.6	67.9
Females 6-9	24.4	38.9	78.6
Males 10-13	5.6	15.6	74.0
Females 10-13	42.8	52.2	85.0
Males 14-17	5.0	12.8	96.7
Females 14-17	40.0	61.7	93.0
Males 18+	0.6	8.3	87.8
Females 18+	15.6	39.4	93.1
Males elderly/at risk	1.7	1.7	100
Females elderly/at risk	1.7	3.3	84.8

^aProportion reporting a history of these behaviors ($n = 180$).

^bThe proportion of offenders who disclosed assaulting this age group when the perpetrator was an adult.

sample known to be perpetrators of incest increased from 38% to 58% (data not presented).

An increase in the proportion of the sample reporting deviant behaviors occurred in every behavior category. Exhibitionism, voyeurism, and bestiality were significantly more prevalent in the sample than would have been known before the treatment/polygraph process. Approximately half of the sample reported a history of exhibitionism (46.7%)¹³ and voyeurism (53.9%), and one-third (36.1%) of the sample reported a history of sex with animals (a ninefold increase from the 4.4% known to have engaged in bestiality) (TABLE 1).

Victims' Age and Gender

The information in TABLE 2 reflects the proportion of the sample that disclosed sexually assaulting victims in very specific age categories. Disclosures of assaults on certain age groups reflect activity on the part of a relatively small proportion of the sample (for example, only 12.8% reported assaulting males age 5 and younger). However, the size of that perpetrator group increased nearly threefold. The prevalence of this behavior in the sample increases from one in twenty to about one in eight, considerably changing the profile of the group.

Because the data collected combined disclosures of a lifetime of deviant behavior plus current information that surfaced in therapy and maintenance/monitoring polygraph exams, data were coded to identify activity that occurred when the offender was a juvenile versus an adult. It seemed likely that for some of the youngest categories the offender may have also been a child. To address this question, the victims assaulted when the offender was a juvenile were compared to assaults committed when the offender was an adult. The third column in TABLE 2 shows that approxi-

mately four out of five offenders assaulted these age groups when the perpetrator was an adult.¹⁴

Further analysis of these age groups (data not presented) determined that 56.5% of the 23 offenders who assaulted boys aged 5 years and younger also assaulted girls in the same age category; 52.2% assaulted boys between the ages of 6 and 9, and 26.0% assaulted women over the age of 18. Of the 28 who disclosed assaulting boys 6 to 9 years old, two-thirds (64.3%) disclosed assaulting girls in the same age grouping; 57.1% reported male victims aged 10–13, and 39.3% reported assaulting adult women. The most frequently identified victim group was females between the ages of 14 and 17 (111 offenders reported assaulting victims of this age and gender), and nearly one-third (31.5%) of this group reported victimizing girls aged 5 and younger; 41.4% victimized girls 6–9; 60% victimized girls 10–13; and 42.3% disclosed assaulting women in the 18+ age category. When analyzing assaults against boys by the 111 offenders, about 10% were “active” in *each* of the male age categories (excluding the elderly/at-risk men category). Age and gender crossover appears common for about one-third of this sample. Since the data presented here are likely to underestimate, overall, the scope of the sexually assaultive behavior,¹⁵ crossover activity is probably even more common than once thought. Abel et al. (1988), in their study of 561 men voluntarily seeking evaluation or treatment for paraphilia and who completed confidential questionnaires, found 20% of the sample crossed-over gender, and 11.2% crossed-over three age groups.

Age of Onset

In a later paper, Abel and Rouleau (1990, p. 13) found that more than half of this group (53.6%) reported “the onset of at least one deviant sexual interest prior to age 18.” In the current study of what is most certainly a more serious population,¹⁶ 26% reported the onset of hands-on deviant behavior when they were between the ages of 5 and 8; 23% reported onset at ages 9–11; 21% reported hands-on onset at 12 or 13, and 27% reported onset between the ages of 14 and 20.

Incest Behavior

Incest was defined as being related to the victim (rather than an acquaintance, stranger, or person with whom the perpetrator was in a position of trust). Although there were 80 cases in which the subject was convicted of crimes involving incest, 104 offenders (58% of the sample) disclosed committing incest. Of this group of 104 offenders, 56.7% reported additional victims whom they had assaulted from a position of trust, 34.8% disclosed assaulting strangers, and two-thirds (64.4%) of this group disclosed assaulting victims in one or both of these relationship categories (data not presented). Two-thirds of the incest offenders in this group, then, “crossed over” relationship categories. Studies have found that incest offenders are reconvicted at a much lower rate compared to other sexual offenders (Firestone et al., 1999; see review by Marshall and Barbaree, 1990), so it is commonly believed that incest offenders are “specialists” and it would be a rare incest perpetrator who would harm victims outside the family, but these data do not support that idea.

Further, incest perpetrators were more likely to disclose hands-on deviant behavior at an earlier age of onset (median of 10 years old) compared to a median age of

TABLE 3. Information from treatment/polygraph: Comparison of relative-only^a perpetrators with relative-plus^b perpetrators (n = 104)

	Relative-Only Perpetrators (n = 37)	Relative-Plus Perpetrators (n = 67)
<i>Hands-on offenses</i>		
Vaginal penetration	64.9	79.1
Attempted penetration	8.1	28.4
Anal penetration	10.8	29.9
Oral sex	43.2	79.1
Fondling/frottage	83.8	98.5
Excess aggression	8.1	7.5
Assault (including domestic violence)	13.5	20.9
<i>Hands-off offenses</i>		
Exhibitionism	32.4	70.1
Voyeurism	37.8	77.6
Stalking	0	3.0
<i>Risk behaviors</i>		
Urination w/sex act	2.7	14.9
Bestiality	27.0	56.7
Alcohol/drugs to victim	13.5	4.5
Offender under influence	21.6	17.9
More than 1 unwilling participant in single incident	5.4	10.4
Pornography	24.3	47.8
Obscene Internet/phone	16.2	23.9
Masturbate to deviant fantasy	29.7	70.1
Excess masturbation	13.5	20.9
Specific preparation (e.g., driving around)	18.9	32.8

^aRelative-only are those offenders not identified with victims outside the family; 44.5% of the polygraphs administered to this group were scored as deceptive.

^bRelative-plus offenders are those who disclosed additional victims from outside the family. 31.2% of the polygraph exams administered to this group were scored as deceptive.

onset of 12 for the group of offenders with no known incest victims. Generally, incest offenders are not considered dangerous (for example, Hanson [2000]), perhaps because it is assumed that they do not offend outside the family. Yet many studies have reported the lack of "fidelity" by incest perpetrators. Faller (1990) studied 65 biological incest fathers in intact families and found one-third had molested outside the home, and approximately 80% molested more than one child. Weinrott and Saylor (1991) studied 99 incarcerated sexual offenders and reported that 50% admitted to abusing children outside the home (none of these incidents was detected). Becker and Coleman (1988) found 44% of the female-oriented incest offenders in their

study assaulted girls outside the home (and 11% assaulted males outside the home). Becker et al. (1986) found that 9 of 22 sibling offenders assaulted nonsiblings. Abel and Rouleau (1990) reported that 23.3% of the interfamilial offenders assaulted victims outside the family.

We compared incest offenders who reported offenses only against family members ("relatives only") with a group of offenders that also reported committing incest and assaults against victims outside the family ("relatives plus") (TABLE 3.) The data indicate that a larger proportion of the "relatives plus" group engaged in the variety of behaviors documented. The "relatives-only" group may be more likely to under-report these behaviors, but it should also be noted (data not presented) that both of these groups of incest offenders had polygraph results that were deceptive *at some point*. (Nearly one-third of the "relatives plus" group and 44.5% of the "relatives only group" had at least one deceptive polygraph.) Thus, the results represent these groups of offenders only at a point in time. Some offenders who were once in the "relatives-only group" may, as treatment progresses, disclose more information about nonfamilial assaults.

DISCUSSION AND IMPLICATIONS

The containment approach is built around obtaining sufficient information about *individual* sexual offenders so that risk in the community can be managed and perhaps reduced. Papers in this volume that address actuarial risk describe characteristics of *groups* of offenders that increase the probability of *future* reconviction (or some other measure of crime documented in official records). Community containment focuses on imminent risk, managed through the development of treatment and supervision plans that are individualized according to each offender's specific offending pattern. Treatment plans can address the full scope of the offender's deviant behavior, once that behavior is disclosed and verified via the polygraph examination. When the containment approach is fully implemented, access to potential victims, including animals, is prohibited when the victims have characteristics (the least of which are age and gender) that reflect those the offender has abused in the past.

For 85% of the sample, the current crime represented the first arrest for a sex crime, so official record data are of limited value in determining risk. The unimportance of the crime of conviction as a description of the offender's sexual preference (since 39% of the child molesters in the study also raped an adult) becomes clear in the face of the additional information obtained from the treatment/polygraph process. Even for offenses traditionally viewed as "not dangerous," such as exhibitionism, more information is needed.¹⁷

In sum, the aggregate data presented here reflect a frequency and variety of behavior that is not captured in official records. Age of onset, frequency, and duration and variety of behavior are aspects that describe career offending (Blumstein, Cohen, Roth, and Visser, 1988). Early onset is one of the strongest predictors of "serious, long-term and frequent" (Piquero et al., 1999, p. 275) deviant behavior later in life (Blumstein, Farrington, and Moitra, 1985; Quinsey, Harris, and Rice, 1995; Marshall, Barbaree, and Eccles, 1991). Frequency of offending history, number of prior victims, and variety of deviant behavior are empirically linked to risk of reof-

fense (Hanson and Bussiere, 1998; Proulx *et al.*, 1997; Serin *et al.*, 2001). Only this level of information on *individual* offenders can empower therapists, supervising officers, and other decision makers to operate most effectively, outside the secrecy and deception that surrounds these crimes. Sufficient resources must be devoted to obtaining complete information about all sexual offenders to enhance the likelihood that the appropriate interventions can have the maximum impact—on both the offender and on community safety. Excessive containment when it is unnecessary and relaxed containment when there is danger are equally irresponsible reactions to a lack of complete information. In fact, the extent of victimization disclosed by the sample in this study begs the following question: Is it ethical and humane *not* to direct the necessary resources toward obtaining complete and accurate information about each offender's age of onset, prior assault history, variety of deviant behavior, and the age and gender of victims that were once harmed by the offender? Will we otherwise overcontrol some offenders and undercontrol others? Can our interventions be effective without this knowledge?

Study Limitations

These analyses, of course, did not include victims whom the offender never admitted or those who were never documented in the file. Because of this, the findings underestimate both the number of victims and the range of deviant behaviors for the sample.¹⁸ Also, because before and after comparisons included agencies at different stages of implementing the postconviction treatment/polygraph process, among other variations discussed in the text, the findings are unlikely to represent the information that would be obtained from any single agency.

NOTES

1. Kilpatrick *et al.* (1992) conducted a health study of a national sample of 4008 women, and used the Uniform Crime Report (UCR) definition of rape: penetration or attempted penetration. Snyder (2000) studied law enforcement arrest data from 12 states.
2. In this study, the researchers used the FBI's definition of rape: penetration or attempted penetration.
3. We are grateful to officials from the Office of Justice Programs, in the U.S. Department of Justice, who have supported efforts to prevent sexual assault by known offenders. In particular, the leadership of former U.S. Assistant Attorney General Laurie Robinson, Esq., has been essential in the replication of the containment strategy in jurisdictions across the country.
4. Abel and Rouleau (1990) and Ahlmeyer *et al.* (2000) include both hands-on and hands-off offenses. Ahlmeyer *et al.* report a median of 95 sex offenses against a median of 26 victims.
5. The accuracy of the polygraph depends on many factors, including the skill of the examiner (who must receive special training in the area of sexual offender testing), question construction, and the "stake" the offender has in the outcome of the exam. Research in the last 20 years has decreased subjective aspects of the exam. Accuracy studies suffer from serious methodological problems, not the least of which is identification of available and appropriate criterion validity measures ("ground truth"). Its weaknesses are well understood by the U.S. Department of Defense (DOD), which conducts and funds most of the research on this tool. The DOD administers approximately 30,000 polygraph examinations annually, primarily in the context of crime investigations and espionage detection. The postconviction polygraph exam, when

well integrated with treatment, elicits information about past and current relevant behavior because offenders disclose information before and/or after the exam. The courts have allowed the use of polygraph findings in revocation hearings where there is a lesser standard of proof than the "beyond a reasonable doubt" required at trial. The courts have generally found that disclosures made during the exam are not compelled. See LaFond and Winick, this volume.

6. Sometimes questionnaires are used to obtain historical information. While this is a more efficient method of gathering and reviewing data, it has the significant disadvantage of not obtaining the patterns of behavior and emotions preceding each assault. Important information such as method of victim selection, extent and means of planning, and characteristics of each type of assault may remain secret, interfering with the ability of professionals to interrupt future assaults.
7. Although it is common for sexual offenders to disclose additional crimes while in treatment, important concerns must be addressed about whether the information disclosed during the polygraph examination is considered compelled. Agreements regarding prosecution for past crimes or instances of limited immunity must be discussed with the offender in advance. Most commonly, the prosecution makes the decision to prosecute past crimes on a case-by-case basis. Frequently there is insufficient information to prosecute. Sometimes prosecutors grant limited immunity for past crimes, agreeing not to pursue prosecution as long as the offender actively participates in treatment. Victims' organizations must make recommendations about the value of contacting past and recent child victims from whom there has been no outcry and offering services.
8. There were no identified sample differences between sites C and D in terms of the number of hands-on and hands-off crimes reported. Very little variation was found between the two samples in terms of age and gender of victims reported.
9. An empirical question was whether probation and parole cases were similar enough to be combined. Chi square analyses revealed few differences in the two groups. Probationers reported a higher number of total victims compared to parolees, but the difference was not significant. Not surprisingly, the parole group had a more extensive history recorded in official records. Compared to probationers, parolees were also more likely to have a documented arrest for domestic violence. Parolees were slightly older and less likely to be employed at the point of arrest for the current offense. No statistical differences were found in the analysis of postconviction polygraph disclosures, so the two groups were combined.
10. The variation in the sample design was intentional. Across the United States, there is substantial variation—across jurisdictions, across programs, across professionals—in efforts to treat and supervise the convicted sexual offender population, not to mention the variation in the offenders who are managed in these programs. The generalizability of the findings from studies of offenders is always suspect owing to variation at the state and local level in official and unofficial policies and the criminal history of offenders in a given sample.
11. The age of consent varied across the states. In five cases there was a minimal age difference between the offender and the victim for the conviction crime, and the documentation included a victim statement reporting consent. Nevertheless, a decision had been made to prosecute the case, and these cases were coded as victims.
12. The lengthy data collection instrument contained two major sections. The first section described offending information known to the criminal justice system *before* the treatment/polygraph process. It included all information regarding the offender's current crime, along with the sex offending history that was known to the criminal justice system prior to the beginning of treatment. Data sources for the first section included presentence investigation reports, police reports of the instant offense, and case notes of the supervising officer regarding information learned independently of the treatment/polygraph process. Information about the offender's juvenile sexual offense history was recorded separately from the offender's adult sexual offense history. The second section of the data collection instrument contained all information about the offender resulting from elements of treatment relating to preparation for the polygraph examination, as well as disclosures made during the exam itself. Sec-

ond section data sources were the self-reported sex history document, homework assignments relating to polygraph exam information, polygraph examination reports, and case management notes pertaining to the treatment/polygraph process. All files were extensively examined, and data were extracted to the collection form. Decisions on how to record data were made with a data collection supervisor available to develop consistent protocols. Every effort was made to separate data known to the criminal justice system without the postconviction/treatment polygraph process from that known as a result of this process. For instance, if a risk behavior was detected after sentencing through the normal supervision process, this information was not attributed to the polygraph/treatment process.

13. Ten offenders had a current conviction for exhibitionism.
14. The average age of onset for hands-on sex crimes was 12 years.
15. At least four reasons may lead to underestimates of activity: (1) data were collected only on victims that were disclosed by the offender and documented in the file; (2) data collectors made conservative decisions when recording victim information, so any error would be in the direction of underreporting victimizations; (3) some victimizations known to the therapist, polygraph examiner, and supervising officer may not have been documented in the files; and (4) only one-third of the polygraph examinations were scored as nondeceptive.
16. Only 5% of the 561 had ever been arrested for a sex crime.
17. Ten offenders were convicted of exhibitionism in the current sample. Four disclosed forcing vaginal penetration, 3 disclosed forcing oral sex, 4 disclosed bestiality, 8 had a history of fondling/frottage, 1 had forced anal penetration, and all reported prior exhibitionism and assault. Six had deceptive polygraph exam scores.
18. Ahlmeyer *et al.* (2000) found polygraph disclosures and the proportion of nondeceptive test results increased during subsequent exams when offenders were engaged in intense treatment.

REFERENCES

- AMERICAN MEDICAL ASSOCIATION. (1995). "Sexual Assault in America." Position paper, November 6, 1995.
- ABEL, G.G. & ROULEAU, J.-L. (1990). The nature and extent of sexual assault. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories and treatment of the offender* (pp. 9–20). New York: Plenum Press.
- ABEL, G.G., BECKER, J.V., CUNNINGHAM-RATHNER, J., MITTLEMAN, M. & ROULEAU, J.L. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16, 153–168.
- AHLMAYER, S., HEIL, P., MCKEE, B. & ENGLISH, K. (2000). The impact of polygraphy on admissions of victims and offenses in adult sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12, 123–138.
- ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS. (1993). *Practitioner's handbook*. Beaverton, OR.
- ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS. (2001). *Practice standards and guidelines for members*. Beaverton, OR.
- BECKER J.V. & COLEMAN, E.M. (1988). Incest. In V.B. VanHassett, R.L. Morrison, A.S. Bellack & M. Hersen (Eds.), *Handbook of family violence* (pp. 197–205). New York: Plenum.
- BECKER, J.V., KAPLAN, M.S., CUNNINGHAM-RATHNER, J. & KAVOÛSSI, R. (1986). Characteristics of adolescent incest sexual perpetrators: Preliminary findings. *Journal of Family Violence*, 1, 85–97.
- BLUMSTEIN, A., FARRINGTON, D.P. & MOHRA, S.D. (1985). Specialization and seriousness during adult criminal careers. *Journal of Quantitative Criminology*, 4, 303–345.
- BLUMSTEIN, A., COHEN, J., ROTH, J.A. & VISHER, C.A. (Eds.). (1988). *Criminal careers and career criminals* (Vols. 1 and 2). Washington, DC: National Academy Press.
- COLORADO SEX OFFENDER MANAGEMENT BOARD (1999). *Standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of adult sex offenders*. Denver: Colorado Division of Criminal Justice.

- ENGLISH, K., JONES, L., PATRICK, D. & PASINI-HILL, D. (2000). *The value of the post-conviction polygraph*. National Institute of Justice. Washington, DC: U.S. Department of Justice.
- ENGLISH, K., JONES, L. & PATRICK, D. (2003). Community containment of sex offender risk: A promising approach. In B.J. Winick & J.Q. La Fond (Eds.), *Protecting society from sexually dangerous offenders: Law, justice and therapy*. Washington, DC: American Psychological Association.
- ENGLISH, K., PULLEN, S. & JONES, L. (Eds.). (1996). *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association.
- ENGLISH, K. (1998). The Containment Approach: An aggressive strategy for the community management of adult sex offenders. *Psychology, Public Policy and Law*, 14(2/1).
- FALLER, K.C. (1990). Sexual abuse by paternal caretakers: A comparison of abusers who are biological fathers in intact families, stepfathers, and non-custodial fathers. In A.L. Horton, B.L. Johnson, M. Roundy & D. Williams (Eds.), *The incest perpetrator: A family member no one wants to treat* (pp. 65-73). Newbury Park, CA: Sage.
- FINKELHOR, D., HOTELING, G.T., LEWIS, I.A. & SMITH, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect*, 14, 12-28.
- FIRESTONE, P., BRADFORD, J.M., MCCOY, M., GREENBERG, D.M., LAROSE, M.R. & CURRY, S. (1999). Prediction of recidivism in incest offenders. *Journal of Interpersonal Violence*, 14, 511-532.
- FREEMAN-LONGO, R.E. (1985). *Incidence of self-reported sex crimes among incarcerated rapists and child molesters*. Unpublished manuscript, as cited in Salter, A. (1985). *Transforming trauma: A guide to understanding and treatment of adult survivors of child sexual abuse*. Thousand Oaks, CA: Sage.
- GREENFELD, L.A. (1997). *Sex offenders and offenses*. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice.
- GROTPETER, J.K. & ELLIOTT, D.S. (2002). *Violent sexual offending*. Center for the Study and Prevention of Violence, University of Colorado, Boulder.
- HANSON, R.F., RESNICK, H.S., SAUNDERS, B.E., KILPATRICK, D.G. & BEST, C. (1999). Factors related to the reporting of childhood rape. *Child Abuse and Neglect*, 23, 559-569.
- HANSON, R.K. (2000). What is so special about relapse prevention? In D.R. Laws, S.M. Hudson & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook*. Thousand Oaks, CA: Sage.
- HANSON, R.K. & BUSSIERE, M.T. (1998). Predicting relapse: A meta-analysis of sexual offending recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 348-362.
- HUDSON, S.M., WARD, T. & MCCORMACK, (1999). Offense pathways in sexual offenders. *Journal of Interpersonal Violence*, 14, 779-798.
- KILPATRICK, D.G., EDMUNDS, C.N. & SEYMOUR, A. (1992). *Rape in America: A report to the nation*. Charleston: Medical University of South Carolina, National Victim Center and Crime Victims Research and Treatment Center.
- LAMB, S. & EDGAR-SMITH, S. (1994). Aspects of disclosure: Mediators of outcome in childhood sexual abuse. *Journal of Interpersonal Violence*, 9, 307-326.
- LAWS, D.R., HUDSON, S.M. & WARD, T. (2000). *Remaking relapse prevention with sex offenders: A sourcebook*. Thousand Oaks, CA: Sage.
- LAWSON, L. & CHAFFIN, M. (1992). False negatives in sexual abuse disclosure interviews. *Journal of Interpersonal Violence*, 7, 532-542.
- MARSHALL, W.L. & BARBAREE, H.E. (1990). Outcomes of comprehensive cognitive-behavioral treatment programs. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 363-385). New York: Plenum.
- MARSHALL, W.L., BARBAREE, H.E. & ECCLES, T. (1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence*, 6, 323-335.
- PIQUERO, A., PATERNOSTER, R., MAZEROLLE, P., BRAME, R. & DEAN, C.W. (1999). Onset age and offense specialization. *Journal of Research in Crime and Delinquency*, 36, 275-299.

- PITHERS, W.D., KASHIMA, K.M., CUMMING, G.F. & BEAL, L.S. (1988). Relapse prevention: A method of enhancing maintenance of change in sex offenders. In A.C. Salter (Ed.), *Treating child sex offenders and victims: A practical guide* (pp. 131–170). Newbury Park, CA: Sage.
- PITHERS, W.D. (1990). Relapse prevention with sexual aggressors: A method for maintaining therapeutic gain and enhancing external supervision. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender*. New York: Plenum Press.
- PROULX, J., PELLERIN, B., PARADIS, Y., MCKIBBEN, A., AUBUT, J. & OUMET, M. (1997). Static and dynamic predictors of recidivism in sexual aggressors. *Sexual Abuse: A Journal of Research and Treatment*, 9, 7–28.
- QUINSEY, V.L. RICE, M.E. & HARRIS, G.T. (1995). Actuarial prediction of sexual recidivism. *Journal of Interpersonal Violence*, 10, 85–105.
- RESLER, T.A. & WIND, W.T. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9, 307–326.
- RUSSELL, D.E.H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- SALTER, A. (1995). *Transforming trauma: A guide to understanding and treating adult survivors of child sexual abuse*. Thousand Oaks, CA: Sage.
- SAUZIER, M. (1989). Disclosure of child sexual abuse: For better or for worse. *Psychiatric Clinics of North America*, 12, 455–469.
- SERIN, R.C., MAILLOUX, D.L. & MALCOLM, P. (2001). Psychopathy, deviant sexual arousal and recidivism among sexual offenders. *Journal of Interpersonal Violence*, 16, 234–246.
- SMITH, D.W., LETOURNEAU, E.J., SAUNDERS, B.E., KILPATRICK, D.G., RESNICK, H.S. & BEST, C. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse and Neglect*, 24, 273–287.
- SNYDER, H. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics*. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice.
- TJADEN, P. & THOENNES, N. (1998). *Prevalence, incidence and consequences of violence against women: Findings from the National Violence Against Women Survey*. National Institute of Justice. Centers for Disease Control and Prevention: Research in Brief. Washington, DC: U.S. Department of Justice.
- WEINROTT, M.R. & SAYLOR, M. (1991). Self-report of crimes committed by sex offenders. *Journal of Interpersonal Violence*, 6, 286–300.
- WYATT, G.E. & NEWCOMB, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Consulting and Clinical Psychology*, 58, 758–767.
- WYATT, G.E. & POWELL, G.J. (Eds.). (1990). *Lasting Effects of Child Sexual Abuse*. Newbury Park, CA: Sage.

