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## NOTES FROM PRACTICE

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*This article presents recommendations for conducting the clinical interview component of psychosexual assessments of sexual aggressors. Guidelines for administering the referral process are suggested, and specialized clinical interview strategies are detailed.*

### *Assessment of Sexual Aggressors* Practical Clinical Interviewing Strategies

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*Individuals who commit sexually aggressive acts* represent an increasing proportion of the caseloads of our nation's courts, correctional agencies, and social service organizations. Disposition planning for both offenders and their victims often relies on psychosexual evaluations of the sexual aggressor. Decisions based on the results of these evaluations can determine issues of basic liberty for the offender and affect the emotional well-being and physical safety of victims. Indeed, evaluation results can influence decisions concerning incarceration, probation or parole conditions, and child custody and visitation agreements.

A number of researchers have outlined strategies that can assist professionals in improving the quality of psychosexual evaluations. For example, Groth and Birnbaum (1979) have detailed the types of information that should be elicited from offenders and collaterals. Others have formulated commonsense and intuitively based disposition guidelines (Groth, Hobson, & Gary, 1982; Knopp, 1984). More recently, empirically based studies of risk analysis have been conducted (Abel, Mittleman, Becker, Rathner, & Rouleau, 1988; Barbaree & Marshall, 1988). What has been missing in the literature, however, is a detailed analysis of the clinical interview process itself. This deficiency is significant in light of the fact that sexual aggressors have a marked propensity to lie about, deny, and minimize information concerning their deviant sexual behavior. Approaches that may enhance the effectiveness of the clinical-interview process are therefore of special importance to the evaluator. This article will present practical strategies for gathering information from sexual aggressors during the evaluation process in general and the clinical interview in particular. Because most sexual aggressors are males, discussion will be limited to this population.

## THE REFERRAL PROCESS

All aspects of the evaluation process should be clarified during the first contacts with the referral agent, because these factors and the circumstances surrounding the referral have a profound influence on the tone of the evaluation. Typically, the offender is not a voluntary client, as he almost certainly will have been referred by a third party such as the court, a correctional agency, or a social service organization. Adversarial features of the evaluation are generally unavoidable, especially when the criminal justice system is involved. Each individual involved in the case, be it defense attorney, prosecutor, victim, or offender, will very likely have a vested interest in the outcome of the case and may attempt to influence the results of the psychosexual evaluation.

Given these pressures and the fact that the evaluation results can potentially have a significant impact on the offender, his victims, and the community, the evaluator must clearly define his or her role vis-à-vis each of the principals. Is it one of advocate, adversary, or impartial expert? The numerous dilemmas encountered in this process are exceedingly complex and not always easily resolvable (Greenland, 1988; Monahan, 1980). My experience, however, shows that we must sometimes choose alliances during an evaluation. When forced to do so, priority is given, insofar as professional ethics allow, to community safety over other concerns. Such a stance often results, for example, in evaluation findings that influence the court to place life-style restrictions on the offender that reduce his risk to the community, but that the offender would not choose to place on himself. Hence, although the community may be better protected, the offender may justifiably perceive the evaluator as an adversary.

Evaluators should accept for assessment only those cases in which there is a reasonable expectation that the referral questions can be answered. These typically focus on specific issues such as diagnosis, dangerousness, treatment amenability, and case disposition planning. If the individual has either been found guilty of or has admitted to committing a sex offense, then clearly such questions about his identified offense behavior can be addressed. If he is simply suspected of committing a sex offense, then the issue at hand may be a legal one rather than a problem appropriate for psychosexual evaluation. Clinicians must remember that it is the function of the criminal justice system, not the mental health system, to determine an individual's guilt or innocence. Furthermore, there is no evidence that mental health clinicians can accurately differentiate offenders from nonoffenders in the general population. Studies that have attempted to identify distinctive personality characteristics of sex offenders have been inconclusive (Levin & Stava, 1987), and even the phallometric diagnosis of an illegal paraphilia cannot be regarded as definitive evidence that an individual has committed a sex offense (e.g., Freund & Blanchard, 1989; Laws & Osborn, 1983).

Procurement of past records is another major task of the referral process. They should be reviewed prior to the initial interview. Records such as court orders, victim statements, police reports, psychological evaluations, presentence investigations, and criminal record checks can assist in formulating interview questions and strategies.

The guidelines that will govern the evaluation are best presented in the form of a written evaluation agreement,<sup>1</sup> which should delineate the purpose of the evaluation, the fees involved, and the limits to confidentiality. It should also describe the evaluation procedures that will be used, such as clinical interview, psychological testing, phallometric assessment, and records review. Offenders should also be informed that the assessment will address possibly embarrassing personal issues that may cause them to feel anxious, depressed, or angry; and that, if any such symptoms should persist, staff can arrange for treatment services. A copy of the evaluation agreement should be provided to the referral agent and the offender at the time of referral. Although offenders may refuse to participate in any aspect of the referral process, they should be informed that less than full participation will jeopardize the assessment and that staff may be unable to render an evaluation opinion. An offender who is unwilling to accept the requirements outlined in the agreement can withdraw from the evaluation process before much of either his or the evaluator's time has been committed.

## THE CLINICAL INTERVIEW

Although every evaluation session and each offender will pose special clinical challenges and each evaluator will have his or her own interview style, the following is a general interview protocol that can be modified as circumstances dictate.

### **Obtaining Informed Consent: The Psychological “Miranda Warning”**

The evaluator must obtain informed consent from the offender prior to conducting the evaluation. Schwitzgebel's (1979) recommendations about informed consent with regard to coerced treatment apply equally to coerced evaluations. He suggested that, “At a minimum, the person should be given information about the basic nature of the treatment [or assessment] and the ‘material risks’ involved” (p. 43). As discussed above, informed consent can be incorporated into a written evaluation agreement.

After a brief greeting, the evaluator should review the evaluation agreement and the evaluation format aloud with the offender to assure that he understands and accepts these guidelines. Although the offender is permitted to ask questions to clarify misunderstandings about the evaluation, the interviewer remains in charge of the discussion. The interviewer's presentation is factual and firm, yet low-key and concerned.

The purpose of the evaluation is usually the first issue discussed. The interviewer can begin by stating something such as “I know that you have read and signed the evaluation agreement, however, I want to be sure you understand the purpose of our meeting here today. Could you tell me, in your own words, why you have been sent to see me?”

On hearing the client's reply, if it is on the mark, the interviewer can continue: "Yes, that's my understanding too. You have pleaded guilty to sexual assault, and the court would like me to help them decide what type of sentence you should receive."

Some evaluators may be tempted to skip this portion of the interview, reasoning that the offender already knows why he is being evaluated or that if he really knew what was at stake he would not be at all forthcoming about his deviant sexual history. It is simply good ethical practice, however, to be assured that the offender understands the purpose of the interview.

In most cases, offender disclosure is enhanced by an honest and direct discussion of the risks and benefits of cooperation:

I want you to know that there are basically two recommendations that I can make to the court. I can decide that you are either a good or a poor candidate for treatment in the community. If you are judged to be a good candidate, you will probably serve most or all of your sentence on probation and be ordered to complete an outpatient sex offender treatment program. If you are judged to be a poor candidate for community treatment, you will probably serve most or all of your sentence in jail.

At this point, the discerning offender will be wondering what the qualities of a "good candidate" versus a "poor candidate" are. The offender's willingness to discuss his offense history, and his honesty in doing so will be of prime importance. The interviewer explains:

One of the most important factors that help us decide whether or not to recommend community treatment is a person's willingness to be honest about his sexual history. Whether you did or did not commit a sexual offense is not a question for discussion. The court has already found you guilty of raping your sister. The question now is how honest you are going to be with me in talking about your offense. Now, I can't guarantee that if you are honest and talk to me about your offense you won't go to jail. But, if you do not admit your offense to me, I cannot in good conscience recommend outpatient treatment for a problem you say that you do not have.

Obviously, the appropriateness of the preceding examples is dependent on the special circumstances of a given offender. Nevertheless, informed consent is an essential component of the evaluation process. As outlined in the evaluation agreement, other elements of informed consent that should be discussed include an explanation of the nature of the evaluation process and the risks involved. The offender should also be informed about limits to his confidentiality. For example, he should be told who will receive the results of his evaluation and of the legal obligation of staff to report disclosures of child abuse.

## **Dispelling Myths and Mirroring the Offender**

The second major portion of the clinical interview is devoted to dispelling myths about sexual aggressors and presenting the offender with a mirror image of himself

(Yochelson & Samenow, 1977). Sexual deviancy is usually cloaked in secrecy. Although some offenders discuss their deviancy with other similarly preferred paraphiliacs, most protect their private perversions from everyone but their victims. Of course, their victims are often threatened or otherwise coerced to maintain secrecy also. It is likely then that the offender who appears for evaluation may never have talked to anyone about his secret life of deviancy. Underneath his defenses of denial and minimization are often feelings of shame, confusion, and inadequacy. It is unlikely that he has ever encountered someone he feels could understand his deviant urges and behaviors. The evaluator who can communicate understanding about the offender's private sexual life is therefore in a powerful position to create an atmosphere in which the offender can discuss his problem. The goal of this portion of the interview is to let the offender know that he is not alone and that the evaluator is knowledgeable about his experience.

The following example might be appropriate for an offender whose life is relatively functional except for his sexual deviancy:

You know, Jim, most people don't understand about these things. They see someone's name in the paper for being convicted of a sex offense, and they immediately think that person is totally perverse and deviant. I have talked with hundreds of men whose sexual behavior has gotten them into trouble, and a lot of them are normal in every respect except for one portion of their life—their sexual behavior. I don't mean to say that the men I see are perfect. Like everybody, there are periods of their life when they may have marital problems or job stress or difficulty with depression. But most areas of their lives have gone okay except for controlling their sexual behavior.

Many offenders referred for evaluation will have a more extensive list of problems in living than just their sexual deviancy. Regardless of the level of an offenders's life dysfunction, however, rapport is generally enhanced when the evaluator can begin to communicate an understanding that, even for the purposes of his assessment, the offender is being viewed as a whole person and not simply as a sexual deviant.

The discussion can then begin to focus on the client's offense behavior. Using information gleaned from background records, the evaluator can also build rapport by painting a relatively accurate picture of the offender's offense behavior and motivations. The following might be an appropriate account for an incest offender:

You know, there are many reasons why men molest children. Sometimes during a period of difficulty with his wife, a man may begin to think about sex with his daughter. He may find that he is more confident when he is with his daughter and that his daughter doesn't argue or talk back to him like his wife does. Or sometimes . . .

In attempting to describe an offender's motives, the evaluator must strike a delicate balance. On one hand, the description should mirror the offender's experience enough so that he feels understood or even "seen through" by the evaluator. On the other hand, the evaluator must be careful neither to endorse the excuses an offender used to justify his behavior nor to provide so much detail about sexual aggressors that the offender simply reports back what the evaluator has told him. This mirroring and "demythol-

ogizing" process usually makes it easier for the offender to identify the onset of his problems and admit to a range of deviant behavior.

The evaluator may go on to highlight the common origins of sexual deviancy.

Of course, almost *everyone* in our program—if he looks back carefully enough—realizes that his sexual interests and behavior were somehow different during his teenage years or even earlier. These problems don't just happen out of the blue. It is also true that almost *everyone* that I have evaluated has been involved in other types of problem sexual behavior than the type of offense for which he was caught. Sometimes it's rape, child molestation, Peeping Tom behavior, and exhibitionism. Sometimes it might be rape and obscene phone calling.

The evaluator must not lose sight of how difficult and embarrassing it may be for the offender to discuss his sexual history. It is helpful for the offender to be supported in the disclosure process and informed of the potential benefits of catharsis.

I know that discussing these things can be very difficult. In fact there may be times when you feel like you're not going to make it. I want you to know that you can get through this. Actually, most men have never talked about these things to anyone else and find that getting it off their chest is in many ways a relief—a chance to begin to understand their problem and get help.

### **Taking the Sexual and Offense History**

A natural sequel to the evaluator's talking about the offender's assumed thoughts, feelings, and behaviors is to give the offender the opportunity to discuss these issues as they pertain to his general sexual history and his sex offense history. Because up to this point in the evaluation, the offender has been allowed to ask questions but prohibited from telling his story, he may actually feel a pressure to "get on with it" and begin disclosing his history. The interviewer may facilitate this as follows:

I have talked to you about the types of sexual behavior that get people into trouble. Before you have a chance to tell me about your sexual history, do you have any questions? Okay, could you start by going back in time and telling me about when you first realized that your sexual interests were different from those of other people or that they were causing you trouble?

The majority of the clinical interview should focus on the gathering of information about the offender's entire sex offense history and other sexual activity. Topics that should be addressed in this portion of the interview have been outlined by Groth and Birnbaum (1979) and Knopp (1984) and include sex education, sexual traumas, masturbatory fantasies, use of pornography, sexual outlets and frequency, sexual dysfunction, paraphilias, victim characteristics, offense precursors, grooming or attack behaviors, offense behaviors, empathy, and acceptance of responsibility.

## **Saving Face**

It will be the rare offender who is completely honest about his sex offense and other sexual history during the first interview. No one likes to be caught telling lies, and generally, offenders are no exception. Therefore, prior to concluding the first interview, the evaluator should employ strategies that will allow the offender to save face should he have lied during the interview or should he remember new information following the interview. For example, the interviewer might state,

I know that this has been a long and difficult meeting for you. You have done a very good job. However, I am sure that I still do not have the full story. There are a lot of reasons why someone might not tell the whole story during a first meeting. I understand that. Sometimes people don't tell the whole story because of fear, confusion, embarrassment, forgetfulness, or for other reasons. It is also true that you have probably never been asked such personal questions about your sexual behavior—questions about things that you would rather forget or have even tried to push back in your memory. You know, the very fact that I have asked these questions and that you have listened to them will cause your mind to begin searching your memory to find answers. I don't know if you will find some of these answers as soon as you leave my office, or whether it will take a few days, or even longer. I just want you to know that I understand when people tell me new information or make changes in the things that they have already told me.

The goal here is not to brand the offender a liar, but to acknowledge the difficulty of fully admitting one's deviant sexual history. An atmosphere that encourages full disclosure is sought. Confronting the offender's pattern of lying, minimizing, and denying is primarily the task of treatment, not assessment. Confronting such patterns serves the evaluation process only to the extent that it provides assistance in answering the referral questions.

## **Planning for the Future**

At the close of the assessment, it is important to communicate a sense of hope for the offender. It can be both comforting and motivating for him to know that help for his condition is available. In cases in which a goal of the evaluation is to determine treatment amenability, it is important to explain to the offender the likely components of his treatment plan. In keeping with the principles of informed consent, offenders who are agreeing to enter treatment should know to what they are agreeing. Ideally, offenders evaluated at the presentence stage of a court process should have an opportunity to review a program's treatment contract prior to being recommended to that program. Treatment contracts can be attached to evaluation reports, with a statement that the offender has indicated his willingness to enter treatment and has been informed about the treatment program.

## ADDITIONAL INTERVIEWING STRATEGIES

Beyond the suggestions presented in the previous sections of this article, a number of other strategies can facilitate the gathering of useful information from the offender. Although each evaluator will develop interview strategies that work well for him or her personally, there is always opportunity to improve one's interviewing style based on the experience of others. The following strategies may be helpful. Their use should be guided by the evaluator's comfort with and success in employing them.

*1. Be familiar with the research on sex offenders.* For example, knowledge of the research that suggests that most offenders begin their deviant sexual histories as teenagers (e.g., Abel, Mittleman, & Becker, 1985) or that most offenders have multiple paraphilias (e.g., Abel, Becker, Cunningham-Rathner, Mittleman, & Rouleau, 1988) can help the evaluator direct interview questions in a logical and productive manner.

*2. Remain in control of the interview.* To avoid discussing his offense behavior, an offender may try to stall, divert, or otherwise disrupt the interview process. He may wear dark sunglasses to the interview, to prevent eye contact with the evaluator, or he may persevere in a tearful account of how he was molested as a child. It is the evaluator's responsibility to control the interview firmly but respectfully, to keep the assessment process on task. The offender should have no doubt about this, or about the evaluator's competence.

*3. Don't "tip your hand."* Some offenders will try to determine what the evaluator knows about their offense history and then admit to those facts and those facts only. It is preferable that the evaluator inform the offender that a great deal is known about his case, while at the same time remaining vague on the specifics until he has told his story and has been encouraged to fill in any missing details.

*4. Interview collaterals separately.* The evaluator should never begin an evaluation by interviewing an offender conjointly with his family, victims, or other collaterals, as this gives the offender an opportunity to control the responses of others. If the evaluator meets with each collateral individually, then the evaluator will either be or appear to be the most knowledgeable person in the system. This information can then be used to increase the evaluator's influence on the offender. For example, the evaluator might say to him, "I have spoken with each of your daughters, your wife, your son, and the investigating officer. I want you to know that they *all* have told me exactly the same story. Now, please tell me in your own words what you did." The impact of such a strategy is enhanced if the offender observes cooperative interviewees entering and leaving the evaluator's office.

*5. Use multiple data sources.* In addition to reviewing background records and interviewing collaterals, the evaluator should use psychological tests and psychophys-



iological assessments to enhance information gathering. Offenders often disclose information during paper-and-pencil tests that they would otherwise not disclose if evaluated by clinical interview alone, and it is hard to hide from the results of physical measures. Evaluators can use the results from these evaluation tools to select areas of inquiry to focus on in the interview. For example, offenders are much more likely to admit to deviant sexual interests after being confronted with the results of their phallometric testing (Abel, Cunningham-Rathner, Becker, & McHugh, 1983). The use of multiple data sources also serves to cross-check the reliability of the offender's report.

6. *Emphasize "What happened?" not "Why did it happen?"* That a rapist may have "unresolved anger at his mother" is speculation and not particularly instructive in determining if he should be incarcerated to protect the community. That he threatened to kill his victim, cut her with a knife, and held her hostage for 5 hours addresses what he did and is much more useful in disposition planning.

7. *Use behavioral descriptors.* Words such as "molester" and "rapist" mean different things to different people. For example, a man who has performed oral sex on a minor child may deny that he is a child molester, because the child did not resist or because he did not have sexual intercourse with the child. His behavior does not fit "his" definition of child molesting. To avoid confusion and opportunities for misleading answers, the evaluator should ask questions concerning the offender's specific behavior rather than using words or phrases that are prone to misinterpretation.

8. *Ask direct questions.* By asking questions in a straightforward, matter-of-fact manner, the evaluator gives permission to the offender to respond in a like manner. The evaluator should avoid language that indicates apology, uncertainty, hesitancy, embarrassment, or lack of clarity, as this communicates lack of confidence and competence and will increase the likelihood of deceptive or dishonest answers.

9. *Develop a "yes set."* During the initial stages of the interview, the evaluator should ask only those questions to which the offender's response will be yes. This is considered to be the essence of approaching the "resistant" patient (Erickson, Rossi, & Rossi, 1976). Agreement and cooperation of the offender during the initial stages of the interview, even on unimportant points, can set the stage for cooperation during later stages of the interview when more difficult issues are discussed. In selecting such "safe" questions, the evaluator can refer to any information collected about the offender prior to the interview.

10. *Ignore answers believed to be untruthful.* Eventually, the evaluator must confront the offender to clarify points of confusion, deception, or disagreement. It may be easier, however, for the evaluator to begin by acting as if a suspected untruthful answer was not heard. The evaluator will then be free to repeat or rephrase the question later in a nonconfrontive manner.

11. *Place the burden of denial on the offender.* Kinsey, Pomeroy, and Martin (1948) recommended that, "The interviewer should not make it easy for the subject to deny his participation in any form of sexual activity. . . . We always assume that everyone has engaged in every type of sexual behavior" (p. 53). Therefore, the evaluator should avoid questions that are phrased, "Have you ever. . . ?" and instead use, "When did you first. . . ?" or, "How often have you. . . ?"

12. *Embed assumptions in questions.* By embedding multiple assumptions in questions, the evaluator can increase the burden of denial on the offender. For example, an offender could be asked, "During the 2 months before your wife discovered you were having intercourse with Jane, what percentage of the time when you masturbated did you have at least some thoughts about Jane or other children?" If the offender acknowledges deviant masturbatory fantasies about Jane, he is also admitting to molesting behavior and masturbation. Offenders sometimes put their energy into denying what they consider to be the more deviant aspects of behavior referred to in the question, although they concede to engaging in comparatively less deviant behavior or thoughts.

13. *Employ "successive-approximation" strategies.* Rather than first asking a resistant offender about his conviction for rape, the evaluator can begin by establishing facts approximate to this behavior. The evaluator might first confirm that the offender spent time alone with his victim. Questions might then progress relative to undressing the victim, to touching her bare flesh, to touching her vulva, to placing his penis between her legs, to finding his penis had "slipped" into her vagina, to actively hitting and raping her. Successive-approximation questions about a certain behavior might be asked all in one questioning sequence or interspersed throughout the interview.

14. *Repeat questions.* Asking the same question or variations of the same question at different times throughout the interview is a simple but potent interview strategy. Surprisingly, offenders are often willing to disclose some aspects of their story during subsequent presentations of a question.

15. *Avoid multiple questions.* Asking more than one question at a time encourages confusion, interrupts the flow of the interview, and allows the offender to dodge portions of the question (Kinsey et al., 1948). If an offender is asked whether he has "fantasized about sex with girls under the age of 12 or had sex with them," he may respond that he has never molested a young girl. He therefore manages to avoid answering the question of whether he has had sexual fantasies about young girls.

16. *Ask questions in a rapid-fire manner.* This technique enables the evaluator to cover interview material efficiently, and, even more important, it forces the offender to answer questions spontaneously and without too much premeditation. Therefore, this strategy also provides an effective check on fabrication (Kinsey et al., 1948).

17. *Use the fatigue factor.* With so much at stake during a psychosexual evaluation, most offenders understandably strive to be on their best behavior. Because offenders generally offend while not on their best behavior, it is useful, from an evaluation point of view, to observe the offender using his full complement of coping strategies across time and various assessment situations. Day-long assessments that intersperse paper-and-pencil tests and phallometric assessments between segmented clinical interviews will give the evaluator an opportunity to observe the offender in a variety of contexts and during varying degrees of stress and fatigue. The latter can also help erode the offender's resistances. Providing a brief follow-up interview a week or so later can allow both the evaluator and the offender to review and verify points made in the day-long interview.

18. *Alternate support and confrontation.* Offenders generally disclose the most when they feel understood and supported but at the same time are held accountable for presenting a truthful personal history.

19. *Frame disclosure as a positive action.* The offender may be well aware of the risks involved in admitting to his deviant sexual behavior but less aware of the benefits of accepting such responsibility. For example, many offenders experience relief in "confessing" their misbehaviors and getting secrets "off their chest." Admission is the first step in defining the problem and getting help.

20. *"Test the limits."* By the end of the assessment, the evaluator should have taken opportunities to pressure the offender in an effort to provoke emotional reactions from him or obtain information that he may have tried to conceal. This strategy should not be used to abuse the offender; rather, it is employed to develop a clear understanding of how his account of his offense history differs from the accounts of his victims and to determine how he reacts to variables such as confrontation and fatigue.

## CONCLUSION

Ultimately, the quality of a psychosexual evaluation begins with the quality of the forensic data base. The clinical interview is an essential component in developing an even more detailed and thorough case history. The interview process enables the evaluator to gather new information about the offender and corroborate data obtained from other sources.

Considered by many to be an art, interviewing is also a skill that can be improved through practice. Practice alone, however, is not enough. Only through the practice of *effective* interviewing strategies do evaluators develop their skills. Unfortunately, identification of effective interviewing strategies, especially in the area of human sexuality, is sometimes a difficult task. What sex researchers Kinsey et al. (1948) pointed out over 40 years ago is often still true today. Academic institutions tend to place more emphasis on training students to manipulate statistical data about human

subjects than on developing competence in obtaining that data. This article may help remedy that problem by providing evaluators with a diverse—although not exhaustive—array of interviewing strategies that can be of immediate practical use. It is also hoped that this article will stimulate research on the relative utility of different interview strategies in various evaluation contexts and with a variety of offender populations.

## NOTE

1. A copy of the evaluation agreement used at the Counseling Service of Addison County is available on request.

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