

# **A History of the Assessment of Sex Offenders**

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# **A History of the Assessment of Sex Offenders: 1830–2020**

BY

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INVESTOR IN PEOPLE

*Everything exists in some quantity and can therefore be measured.*  
*Edward L. Thorndike (1874–1949)*

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# Contents

List of Figures	ix
Acknowledgments	xi
Preface	xii

## **Part I: Introduction**

<b>Chapter 1</b>	<b>Contemporary Psychological Assessment</b>	<b>3</b>
------------------	--	----------

## **Part II: Assessment of Criminal and Sex Offenders: 19th and 20th Centuries**

<b>Chapter 2</b>	<b>Criminal Statistics and the Identification of Populations</b>	<b>15</b>
------------------	--	-----------

<b>Chapter 3</b>	<b>Offender Classification and Registration</b>	<b>29</b>
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<b>Chapter 4</b>	<b>Phrenology: Pseudoscience of the Mind or Precursor Science?</b>	<b>43</b>
------------------	--	-----------

<b>Chapter 5</b>	<b>Criminal Anthropology: Lombroso's Search for Criminal Man</b>	<b>63</b>
------------------	--	-----------

<b>Chapter 6</b>	<b>Anthropometry: Bertillon's Measurement of Criminal Man</b>	<b>89</b>
------------------	---	-----------

<b>Chapter 7</b>	<b>Fingerprinting: A Document Complete in Itself</b>	<b>99</b>
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## **Part III: Assessment of Sex Offenders: 20th and 21st Centuries**

<b>Chapter 8</b>	<b>Penile Plethysmography: The Search for the Gold Standard</b>	<b>113</b>
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<b>Chapter 9</b>	<b>Viewing Time: An Alternative to PPG</b>	129
<b>Chapter 10</b>	<b>Attention-based Measures: Supplementary Procedures</b>	141
<b>Chapter 11</b>	<b>Polygraphy: The Bogus Pipeline to the Soul</b>	149
<b>Part IV: Assessment of Sex Offenders: Possible Futures</b>		
<b>Chapter 12</b>	<b>Virtual and Augmented Reality: Being There</b>	173
<b>Part V: Conclusions</b>		
<b>Chapter 13</b>	<b>What We Learned in 190 Years: 12 Takeaways</b>	195
	<b>Index</b>	205



# List of Figures

Fig. 1.	John Clay’s (1839) <i>Prison Register</i> for the Preston House of Correction.	33
Fig. 2.	De Ville’s (1841) Phrenological Head.	47
Fig. 3.	Bertillon’s (1896) <i>Signalement Anthropométrique</i> .	93
Fig. 4.	Henry Fingerprint Classification System.	102
Fig. 5.	Affinity Archetype Ranking Task.	134
Fig. 6.	Affinity Image-rating Task.	135

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# Preface

There are three related modes of inquiry that fall under the general rubric of criminal identification, which we might call forensic, archival, and diagnostic (Cole, 2001, p. 305).

- (1) *Forensic identification* seeks to link a specific criminal act to a specific criminal body. Using a physical trace of a body, an impression on an actual body part or remnant, it attempts to establish the presence of a body at the scene of a crime and hence establish authorship of a crime.
- (2) *Archival identification* seeks to link a particular criminal body to itself across space and time. In conjunction with a paper or electronic record, it aims to establish a history of past criminal activities that can be ascribed with confidence to a single body.
- (3) *Diagnostic identification* seeks to read the signs of past or potential criminal behavior in the body itself. On the basis of some biological theory of the etiology of criminality, it endeavors to prevent crimes before they occur by identifying and stigmatizing potentially criminal bodies.

This book is primarily concerned with the first two modes of inquiry. The third mode is well beyond the scope of the present work as well as beyond the imagination of the author.

## Reference

Cole, S. A. (2001). *Suspect identities. A history of fingerprinting and criminal identification*. Cambridge, MA: Harvard University Press.

# Part I

## Introduction

Professionals who work with sex offenders or general criminal offenders as well as informed citizens will initially note some features in this book that seem unusual. The first seven chapters appear to be devoted to the historical assessment of general criminal offenders while the remaining six chapters are focused on sex offenders. Some readers may incorrectly conclude that there are two books here. In this regard, it is important to remember that, prior to the demonization of sex offenders that seriously took hold in the mid-twentieth century, they were treated as just another type of criminal subject to the same consequences as the general offender. Therefore, it is reasonable to assume that methods developed in the nineteenth and early twentieth centuries would have been applied to both classes of offender. The time frame covered in this book ranges from the early decades of the nineteenth century to the present day.

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## Chapter 1

# Contemporary Psychological Assessment

*What is psychological assessment?* Generally speaking, a psychological assessment is a process in which a professional uses the theory and procedures of psychology to obtain detailed information about another person. The purpose of this procedure is to ascertain how an individual functions in the present as well as to predict their behavior in the future. This process has typically focused on detailed personal interview; review of historical records, if any; interview of collateral persons; and administration of psychometric instruments. In the early twentieth century, psychological tests would have been employed to identify “mental disorders” supposedly related to “sexual criminality.” Today it remains common for psychological evaluators to administer standardized psychometric instruments to both criminal and sex offenders and these data are incorporated in court or agency reports. While these instruments may be useful in uncovering personality disorders, sex offenders rarely show evidence of profound mental disorders. Following are examples of instruments in two categories: traditional psychometric instruments applicable to all offenders and offense-specific instruments primarily targeted at sex offenders.

*Traditional psychometric assessments.* Following are descriptions of commonly used instruments.

*Minnesota Multiphasic Personality Inventory-2.* The MMPI is intended to assess personality traits and psychopathology in persons believed to have mental health problems. The MMPI-2 contains 567 true/false questions. The test has a large research base and is quite familiar to professionals. The MMPI-2 has 10 clinical scales that assess major areas of mental disorder and four validity scales which assess test-taking attitude and truthfulness.

Scales that might be useful with sex offenders are:

- *Depression (D).* Poor morale, lack of hope, and general dissatisfaction with life.
- *Psychopathic Deviate (Pd).* Complaints about family, authority figures, self-alienation, and boredom.
- *Psychasthenia (Pt).* Inability to resist actions or thoughts however maladaptive they may be.

#### 4 A History of the Assessment of Sex Offenders

- *Hypomania* (Ma). Overactivity – behavioral and cognitive – grandiosity, irritability, and egocentricity.
- *Social Introversion* (Si). Uncomfortable in social situations and avoids them, limited social skills, and preference for being alone or with a small group of friends.

The MMPI was initially developed in 1943 (Buchanan, 1994). It has undergone a number of revisions that update it to be consistent with contemporary thought regarding personality disorders and mental illness. The first major revision (MMPI-2) was released in 1989. The instrument is supported by a large empirical database.

*Sample items.* The following examples provide the flavor of the MMPI-2:

- I usually feel that life is worthwhile and interesting (False = Depression).
- I seem to hear things that other people can't hear (True = Schizophrenia).
- I have been disappointed in love (True = Psychopathic Deviate).

(Retrieved May 21, 2018 from <https://psychcentral.com/lib/minnesota-multiphasic-personality-inventory-mmmpi/>).

*Millon Clinical Multiaxial Inventory (MCMI-III).* The MCMI-III is based on Millon's theory of personality (Millon, Millon, Davis & Grossman, 2009). Compared to the MMPI-2 which has 567 questions, the MCMI-III is fairly brief at 175 true/false questions but quite comprehensive in its scope. The test contains 29 scales, 24 are personality and clinical scales and the remaining 5 are used to determine how the person approached and took the test.

MCMI-III scales that might have relevance to sex offenders would include: Avoidant, Histrionic, Narcissistic, Antisocial, Aggressive (Sadistic), Compulsive, Passive-Aggressive, and Alcohol and Drug Dependence.

While relatively brief the MCMI-III appears to have a broader reach than the MMPI-2 and has a strong theoretical basis. Many evaluators are said to prefer it because it has a multiaxial format.

*Sample items.* Following are three typical items from the Compulsive Personality Disorder subscale:

- I always make sure that my work is well-planned and organized.
- A good way to avoid mistakes is to have a routine for doing things.
- I always see to it that work is finished before taking time out for leisure activities.

(Retrieved May 21, 2018 from <https://psychcentral.com/lib/millon-clinical-multiaxial-inventory-mcmi-iii>).

*Personality Assessment Inventory (PAI).* This instrument is a 344-item self-report inventory. It is wide ranging, containing 22 scales in four areas of interest to assessors: clinical scales, treatment intervention scales, interpersonal scales, and validity scales.



*Sample items.* Following are three items illustrative of the PAI:

- I get a kick out of doing dangerous things.
- I have impulses that I fight to keep under control.
- I will take advantage of others if they leave themselves open to it.

In my view the PAI, unlike the MMPI-2 and MCMI-III, could serve as a useful clinical backup to the sex offense-specific inventories to be described in the following section. The following would be particularly useful:

- *Clinical scales:* Borderline features, antisocial features, alcohol problems, and drug problems.
- *Treatment consideration scales:* Aggression, nonsupport, stress, and treatment rejection.
- *Interpersonal scales:* Dominance and warmth.
- *Validity scales:* Positive impression and negative impression.

Thus, 11 out of the 22 scales of PAI could potentially be useful with sex offenders.

(Retrieved May 21, 2018 from <https://onlinelibrary.wiley.com/doi/full/10.1002/9781118625392.wbecp284>).

The three tests described above were not chosen because I believe in their superiority over other similar measures. Rather they were chosen as being highly illustrative of the traditional psychometric approach to assessment.

*Sex offense-specific instruments.* In the forensic evaluation of sex offenders it is more common to use instruments that are directly targeted at criminal or sexual offending. Instruments such as these, often used in combination, can provide a very rich picture of sexual history and sex offending behavior. They are called “offense-specific” because they deal with beliefs, attitudes, and modes of sexual offending. The traditional psychometrics tell us something about an offender’s psychological status but they only touch on highly unconventional behavior obliquely or by inference. Here, I want to describe four of these instruments, three that deal with offending behavior and one that deals with the risk of engaging in that behavior. I will not consider the background or current status of actuarial risk assessment. I have covered this more completely in an earlier work (Laws, 2016, pp. 73–119, Appendix I) and interested readers should consult that reference.

*Kinsey’s sexuality.* The comprehensive examination of human sexual behavior, both conventional and unconventional, properly begins with the research of Kinsey, Pomeroy, and Martin (1949) and Kinsey, Pomeroy, Martin, and Gebhard (1953). Laws and Marshall (2003, pp. 80–81) have noted that in the late nineteenth and early twentieth centuries, there was considerable interest in human sexuality in medical and academic settings. However, there was resistance to permitting scientists to study sexuality, especially its unconventional forms. This timidity persisted to Kinsey’s time. Kinsey et al. began the comprehensive study of human sexual diversity, at that time compiling the largest body of empirical information

on human sexuality ever seen. Kinsey et al. (1949, pp. 21–22) described the challenge they faced:

(I)t should be emphasized that there is no aspect of human behavior about which there has been more thought, more talk, more books written .... It is, at once, an interesting reflection of man's absorbing interest in sex, and his astounding ignorance of it; his desire to know and his unwillingness to face the facts; his respect for an objective, scientific approach to the problems involved, and his overwhelming urge to be poetic, pornographic, literary, philosophical, and moral.

In facing this challenge, the Kinsey researchers developed a taxonomic picture of human sexual diversity, classifying sexual behavior by experience, preferences, and behaviors engaged in. The data were then presented statistically with the intent to demystify and deromanticize sexual behavior. The final product, published in two volumes, presented large numbers of case histories, cross-classified on taxonomic variables, and the data presented in statistical summaries. Kinsey had urged his interviewers to ask the questions that needed to be asked. "Assume that everybody does everything," he advised them.

The relevance of Kinsey's work to the assessment of sex offenders is clear. The research showed the absolute necessity of obtaining complete details on sexual interests, preferences, and practices. This was the base upon which much of the subsequent assessment research was founded.

*Erotic Preferences Examination Scheme* (Blanchard, 2009; Freund, 1971–1974). Although better known for his work in penile plethysmography and his theoretical model of "courtship disorder," Freund was also a pioneer in developing a questionnaire to assess deviant sexual behavior in males. This work serves as an early example of an offense-specific instrument. Blanchard (2009), a colleague of Freund's, collected nine of the scales in a partial reconstruction of the questionnaire. The scales are:

- Masochism
- Sadism
- Fetishism
- Cross-gender Fetishism (Transvestism)
- Core Autogynephilia (subject imagines himself as a female)
- Pedo Admitter (Pedophilia)
- Hebe Admitter (Hebephilia)
- Voyeurism
- Exhibitionism.

Some of the items are simple, as in this masochism example:

Has beating somebody or imagining that you are doing so ever excited you sexually?

- (a) Yes
- (b) No

Others are complex, as in this pedophilia example:

How old was the youngest boy who attracted you sexually since you were 16?

- (a) Younger than 6 years.
- (b) Between the ages of 6 and 8.
- (c) Between the ages of 9 and 11.
- (d) Boys younger than 12 have never attracted you sexually since you were 16.

In Freund's laboratory at the Clarke Institute of Psychiatry in Toronto the completed questionnaire was referred to as Questionnaire III (Q-III). [Blanchard \(2009, p. 2\)](#) stated:

Freund eventually needed a better name than Q-III.... I suggested *Erotic Preferences Examination Scheme* (EPES), which he readily adopted. The EPES has never been published in its entirety, and there would be little point in doing so at this point. Many of its multi-item scales have been published in scholarly journals or book chapters, often in appendices or tables.

*Clarke Sex History Questionnaire for Males (SHQ)*. In the late 1960s and early 1970s other researchers at the Clarke Institute would have been familiar with Freund's unpublished questionnaire. [Paitich, Langevin, Freeman, Mann, and Handy \(1977\)](#) produced a similar inventory. This was a 225-item instrument with 24 scales determined by factor analysis. As the authors stated, the questionnaire examined "(t)he frequency, desire for, and disgust for a wide range of sexual behaviors" (p. 421). This was a research report describing the development sample and the factor analysis. The full scale was reported in [Langevin \(1983\)](#) as an appendix. The following sample items indicate its similarity to the Freund scales (p. 507):

- What is the total number of times that you have touched girls 13–15 years old in a sexual way since the age of 21?
  - None
  - Once only
  - 2–3 times
  - 4–5 times
  - 6–10 times
  - 11–20 times
  - 21–40 times
  - 41–70 times
  - 71–100 times
  - Over 100 times
- Have you ever wanted to do this?
  - Yes
  - No
- Would this be disgusting to you?
  - Yes
  - No

The SHQ was revised as the SHQ-R (Langevin, Handy, Paitich, & Russon, 1985). The revised version was based on a normative sample of 899 males over the age of 18. It is more comprehensive than the original, containing 508 items in a multiple choice response format.

*Sexual Interest Profiling System* (SIPS; Laws, 1986; Laws, Hanson, Osborn, & Greenbaum, 2000). The SIPS was originally called the Sexual Deviance Card Sort. It was developed in the late 1970s by Laws and his colleagues. In the original version, the client was given a stack of  $3 \times 5$  cards. On each card there was a description of a sexual act. Almost all descriptions were of a deviant sexual nature. The client was required to sort these cards on a 7-point scale of attractiveness from 7 (very unattractive) through 4 (neutral) to 1 (very attractive).

The card sort was computerized in the mid-1980s. Laws et al. (2000, pp. 1302–1303) described the procedure. A computer program randomly presented the items one screen at a time, instructing the participant on how to enter his response. The program analyzed the data and printed out means for each of the categories.

The instrument contains the following scales:

- Adult consenting
- Pedophilia
- Incest
- Rape
- Masochism
- Sadism
- Voyeurism
- Exhibitionism
- Frottage
- Transvestism

Heterosexual and homosexual versions (except transvestism) were provided to all participants (e.g., male pedophilia and female pedophilia) for a total of 19 scales. The adult consenting, pedophilia, and incest scales contained 10 items for each gender and the remaining scales contained 15 items, with the exception of transvestism, which contained 10 items of male to female cross-dressing. The total for the instrument was 130 items. Each item contained a brief description of sexual behavior. They are intentionally quite graphic.

The SIPS has proven to be a robust instrument. When compared to penile plethysmography (PPG) responses to slides and audiotapes the SIPS showed the greatest classificatory accuracy (Laws et al., 2000, pp. 1306–1307).

*SeeSR* (Glasgow, 2017). This instrument literally presents a “picture” of what is known about a case, as well as what is not known, uncertain, or what may still be required. This visualization of the case is presented as a single figure that displays the relevant elements. It is not a procedure for estimating the