

***SCHOOL OF SOCIAL WORK***

***AN EXPLORATORY STUDY OF EXHIBITIONISM AMONGST  
ADULT MEN IN PERTH: A QUALITATIVE PERSPECTIVE AS A  
GUIDE FOR TREATMENT***

***LINDA J. MAULE  
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## **ABSTRACT**

The aim of this research is to talk to a sample of exhibitionists who are currently under the supervision of the Ministry of Justice (MOJ) in Perth, Western Australia in order to ascertain whether current treatment approaches used within the MOJ are the most effective and appropriate for this group of sex offenders. It was considered that the most effective research method would be a qualitative approach in order to gain insight into the offender's understanding of their offending behaviour and to attempt to identify their areas of treatment need. Through personal observations in working with exhibitionists and supported by the literature, an interview schedule was developed to combine a detailed social history with questions on communication, childhood issues, father issues and stress. Twenty voluntary participants were interviewed, having been accessed through the correctional community and prison environments. The objectives were (1) To identify any categories of exhibitionists and therefore better utilise treatment resources, (2) To identify the role of stress and communication deficits in offending behaviour of exhibitionists, (3) To determine whether exhibitionists would be more effectively treated within their own discrete population or with other types of sex offenders and (4) To identify a more appropriate treatment model. Another area of interest which was not specifically focussed on was whether findings would emerge which could predict which exhibitionists would progress to more serious sexual offending.

The study found 3 categories of exhibitionist (1) Adolescent Onset Career Exhibitionists, (2) Adult Onset Career Exhibitionists and (3) Situational Response Exhibitionists. Whilst the first 2 categories contained participants whose offending was entrenched once commenced, either in early adolescence or adulthood, the latter group appeared to offend as a specific response to a life crisis. Further, findings indicated that there were 3 levels of communication deficits ranging from poor communication (65% of participants) to an inability to express negatively perceived emotions such as sadness or fear. All but one participant experienced high levels of stress and had difficulty coping with their symptoms. Again, all but one participant expressed unsatisfactory relationships with

their fathers, ranging from abandonment to emotional distance and 50% of the participants experienced physical, sexual and/or emotional abuse.

A model of treatment was recommended which allowed for increased flexibility, allowing resources to be focussed on those offenders with the highest need. Further recommendations included increased liaison with the courts and Community Corrections in order to facilitate a more integrated approach to the client. It was also considered that exhibitionists should continue working within groups which contained other types of sex offenders.

# CONTENTS

<b>CHAPTER ONE - INTRODUCTION .....</b>	<b>1</b>
1.1 AIM .....	1
1.2 RATIONALE FOR RESEARCH .....	1
1.3 SOCIETAL PERSPECTIVE .....	2
1.4 EXHIBITIONISM AND PARAPHILIAS .....	3
1.5 CHARACTERISTICS OF EXHIBITIONISTS .....	4
1.6 SENTENCING OF EXHIBITIONISTS .....	5
1.7 TREATMENT OF EXHIBITIONISM .....	6
<b>CHAPTER TWO - LITERATURE REVIEW .....</b>	<b>9</b>
2.1 INTRODUCTION .....	9
2.2 PSYCHO-ANALYTIC THEORIES .....	9
2.3 PHYSIOLOGICAL THEORIES .....	10
2.4 NEUROLOGICAL THEORIES .....	10
2.5 LEARNING THEORIES .....	11
2.6 CHILD DEVELOPMENTAL THEORIES .....	12
2.7 COGNITIVE THEORIES .....	14
2.8 ADDICTIVE THEORIES .....	15
2.9 FEMINIST THEORIES .....	15
2.10 THEORIES ON EXHIBITIONISM .....	18
2.11 COURTSHIP DISORDER THEORY .....	19
2.12 NARCISSISM AND EXHIBITIONISM .....	22
2.13 FEMINIST THEORY ON EXHIBITIONISM .....	24
2.14 PSYCHO-ANALYTIC THEORIES ON EXHIBITIONISM .....	24
2.15 BEHAVIOURAL THEORY FOR EXHIBITIONISM .....	25
2.16 SUMMARY .....	25
2.17 TREATMENT REVIEW .....	25
2.18 VICTIMS .....	36
2.19 SUMMARY .....	37
2.20 OBJECTIVES .....	38
<b>CHAPTER THREE - METHODOLOGY .....</b>	<b>40</b>
3.1 INTRODUCTION .....	40
3.2 RESEARCH TYPE .....	40

# CONTENTS

3.3 THE INTERVIEW SCHEDULE .....	43
3.4 THE GUIDED INTERVIEW SCHEDULE .....	44
3.5 RECRUITMENT OF PARTICIPANTS .....	48
3.6 THE INTERVIEW AND ETHICAL CONSIDERATIONS .....	50
<b>CHAPTER FOUR – QUALITATIVE STUDY RESULTS .....</b>	<b>52</b>
4.1 INTRODUCTION .....	52
4.2 RESULTS .....	53
4.3 MAJOR FINDINGS .....	56
4.4 COMMON THEMES .....	65
4.5 OTHER ISSUES.....	77
4.6 SUMMARY.....	83
4.7 OTHER ISSUES.....	86
<b>CHAPTER FIVE - DISCUSSION .....</b>	<b>88</b>
5.1 CATEGORIES OF EXHIBITIONISTS .....	88
5.2 COMMON THEMES .....	90
5.3 SUMMARY.....	97
5.4 IMPLICATIONS FOR PRACTICE.....	98
5.5 IMPLICATIONS OF THE NEW FINDINGS .....	100
5.6 SUMMARY.....	103
<b>CHAPTER SIX – PROGRAM AND TREATMENT RECOMMENDATIONS.....</b>	<b>105</b>
6.1 INTRODUCTION .....	105
6.2 RECOMMENDED MODEL FOR TREATMENT.....	105
6.3 MEDICATION AND ITS ROLE IN TREATMENT .....	110
6.4 FURTHER RECOMMENDATIONS .....	110
6.5 SUMMARY.....	113
<b>CHAPTER SEVEN - CONCLUSION.....</b>	<b>115</b>
7.1 INTRODUCTION .....	115
7.2 MEETING OBJECTIVES.....	115
7.3 SUPPORT OF OBJECTIVES .....	118
7.4 THE ROLE OF THE PARTICIPANTS .....	119
7.5 THE ROLE OF SOCIAL WORKERS IN A FORENSIC SETTING .....	120
7.6 FUTURE RESEARCH.....	123
7.7 SUMMARY.....	125

# CONTENTS

<b>BIBLIOGRAPHY .....</b>	<b>127</b>
<b>APPENDIX 1 “CONSENT FORM”.....</b>	<b>135</b>
<b>APPENDIX 2 “GUIDED INTERVIEW SCHEDULE” .....</b>	<b>136</b>
<b>APPENDIX 3 - ACRONYM KEY .....</b>	<b>141</b>

## **CHAPTER ONE - INTRODUCTION**

### **1.1 Aim**

As a Social Worker in a sexual offender treatment setting, I have found that the current interventions for exhibitionists in the community do not appear to meet their treatment needs satisfactorily. The aim of this research is to talk to a sample of exhibitionists who are currently under the supervision of the Ministry of Justice (MOJ) in order to ascertain whether current treatment approaches used within the MOJ are the most effective and appropriate for this group of sexual offenders. Interviews were conducted to establish common themes and levels of exhibitionist treatment need. One of the aims of this research is to establish a more effective model of treatment that can be applied to the rehabilitation programs of the Ministry of Justice.

### **1.2 Rationale For Research**

As a senior programs officer with the Ministry of Justice's Sex Offender Treatment Unit (SOTU), part of my role is facilitating a community based therapy group which caters for sex offenders who have received a community based order of some description. These groups can comprise of child molesters, rapists and exhibitionists. From observations within the Unit, given that a high percentage of wilful exposers receive a community order, many of these men appear in the community based treatment group and can have quite different needs to other participants. Consequently, the treatment team became concerned that our program perhaps did some of these men a disservice by assuming these individuals to have similar issues to other sexual offenders and was therefore failing to address their particular issues. Certainly research conducted by Minor and Dwyer (1997) concluded significant variations in psychosocial developmental differences between exhibitionists, child molesters and incest offenders, indicating "interesting implications for treatment". Although Minor and Dwyer (1997) identified the presence of differences, they did not identify the nature of those differences. To do so is also beyond the scope of this research as it focuses on exhibitionists specifically.



Hence, this research aims to identify the common elements within exhibitionists. As a practitioner in the field I felt this would best be achieved qualitatively. From the findings it was hoped that this research would identify the pertinent issues relating to exhibitionists as a discreet group and result in the development of more appropriate therapeutic interventions. Thus, a qualitative approach was considered to be the most effective method of research as the information desired would be obtained from an indepth interview with the participants.

### **1.3 Societal Perspective**

Given the general societal view that exhibitionists are more of a nuisance than a serious threat, particularly when compared with their sex offending counterparts; such as child molesters and rapists, then one can understand that treatment of the more serious sexual offenders appears a greater priority. However, an important aspect to note here is that several studies on prediction and dangerousness of exhibitionists regarding their potential for progression to more serious sexual offending have been conducted. Rooth (1973) suggested that approximately 10 to 12 percent of exhibitionists will later be arrested for more serious sexual crimes. Frisbee and Dondis (1965) found that 11 percent of exhibitionists were later arrested for crimes of paedophilia or sexual assault (Murphy, Abel & Becker:1980). Although the purpose of my research was not to establish any determinants for prediction, the issue maintained my interest throughout. There remained a possibility that a better understanding may lead to identification of potential predictive risk factors. Conversely, there may be findings that relate to protective or inhibiting factors which prevented certain exhibitionists from escalating in their offending behaviour. Comments regarding this issue are discussed in the findings. Certainly this data supports the suggestion that appropriate treatment of exhibitionists could prevent future victims of hands on offending, that is, offences where the victim is physically touched.

## **1.4 Exhibitionism and Paraphilias**

Exhibitionism, the exposure of one's genitals to a stranger (usually) is considered to be an offence committed predominantly by males, with the victim generally being female. In fact, Dwyer (1988) suggests exhibitionism is almost exclusively male behaviour. Hollender (1983) defines the term exhibitionism within psychiatric literature, as the repetitive exposure of the penis to women under inappropriate circumstances. According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), in order to be diagnosed with a paraphilia such as exhibitionism it is necessary for the problem to involve deviant urges and sexually arousing fantasies. The behaviour is highly repetitive and occurs over a period of at least 6 months (Lanyon:1991).

Often more than one paraphilia is present in the same individual. It is estimated that between 20% to 80% of exhibitionists also engage in other paraphilias such as;

- voyeurism (surreptitiously watching others engage in sex),
- toucheurism (touching strangers' body parts),
- frotteurism (rubbing one's genitals on another person),
- obscene phone calls,
- cross-dressing (dressing in opposite gender clothing – usually men in women's clothes).

This multiple fetishism can create problems for therapeutic intervention, particularly if the therapist is unaware of all the issues (Maletzky:1997).

Exhibitionism is considered to be one of the most common of sexual deviations. Reviews of North American and Western European statistics indicated that one third of all sexual offenders were exhibitionists (Rosen:1996). Further, comparison studies

between the United States and Guatemala, a Latin American country, found similar statistics. The conclusion has been made that psychopathology is more significant in exhibitionism than cultural factors.

The onset of exhibitionism generally occurs during early adolescence, particularly for those offenders whose exposing appears compulsive. Overwhelmingly, victims are found to be female, and, of those, a significant number are children and adolescents. Recent studies have shown that 40% to 60% of females in colleges and universities in the United States report having been exposed to exhibitionist behaviour. In spite of the belief that most offenders begin exposing in their adolescence, most do not receive their first conviction until they reach their mid twenties. Identified new cases drop sharply after the age of forty (Murphy:1997).

### **1.5 Characteristics of Exhibitionists**

There is some debate as to whether exhibitionism is a compulsive act or a perversion. Certainly for some offenders the compulsive nature of their offending behaviour is clear, however, for other offenders the issues are more ambiguous. Hollender (1983) has developed a model suggesting four types of exhibitionism;

1. compulsive exhibitionism,
2. secondary, in which the exposing behaviour occurs as a result of a primary condition of a psychiatric or neurological condition,
3. socially sanctioned, where the behaviour is considered appropriate because of the social climate, for example, streaking at sporting events,
4. attention seeking exhibitionism.

Prior research indicates several characteristics have been found to exist amongst exhibitionists. These include a tremendous disdain for other sex offenders, poor or non-existent relationships with their fathers, overprotective and/or enabling mothers or wives, experience of an early sexual trauma, experiences of sexual or physical abuse as children, adherence to obsessive religious codes, immaturity in sexual skills, low self esteem and high self criticism, a view of their sexual behaviour as an outside force, dissociation, general passivity, repressed anger, repression and manipulation (Dwyer:1988). Further, other research has suggested that the exhibitionist is notably lacking in assertiveness, aggressiveness and self-confidence. He is considered to be shy, passive and self-effacing (Hollender:1988). Typically, exhibitionistic men tend to have a slightly above average intelligence and educational background, often married and with good work records. Therefore, some knowledge of the characteristics of exhibitionists have been recorded by research. However, little information is available on their motivation to offend and the reasons for development are yet to be determined.

## **1.6 Sentencing Of Exhibitionists**

In Western Australia a man apprehended exposing himself in public will be charged with either Wilful Exposure, Indecent Exposure or Indecent Act (when accompanied by masturbation). Most of these offenders (initially) receive fines. Recidivist offenders may receive a community supervision order with a condition to attend sex offender treatment counselling. Occasionally, a period of incarceration may be imposed for Indecent Exposure or Indecent Acts, however there are usually extenuating circumstances in these rare cases.

Once apprehended, an exhibitionist in Western Australia can either be arrested or dealt with by way of summons. Given that wilful exposure is not an indictable offence, it can be dealt with summarily by signing the back of the summons accepting responsibility and avoiding a court appearance. However more commonly the offender would have to appear in court, usually the Court of Petty Sessions. Having appeared in court, the offender will generally receive a fine or a community based order usually with a

condition to attend counselling. The Magistrate may order a pre-sentence report before deciding on the sentence (Police Operations, Police Headquarters, Perth:1999).

### **1.7 Treatment Of Exhibitionism**

Once sentenced, the exhibitionist would then be referred to the SOTU by the Community Based Services supervising officer. In addition, the Unit also automatically receives a printout of all newly sentenced sex offenders. At this point, the men are assessed as to their suitability for a treatment program.

Prior and current treatment of exhibitionists has included a wide range of therapeutic intervention, consisting of a broad base of theoretical backgrounds, including various psychological, medical and feminist perspectives. Many treatment programs like the SOTU in W.A. use an integrated approach utilising a strong cognitive behavioural model and incorporating a relapse prevention model.

The WA MOJ SOT programs are based on a cognitive behavioural model. Cognitive Behavioural Therapy (CBT) and Relapse Prevention (RP) believes focus on the development of cognitive distortions that contribute to offending. Incorporating other theoretical approaches such as social learning theory and developmental theories the offenders are encouraged to examine the thoughts and feelings associated with their offending behaviours. Offenders attempt to discover the origins of their belief and value systems by examining their lives from earliest memories and discovering any existing patterns of behaviour. Gordon and Marlatt's (1985) relapse prevention model adapted from the addictions field is then integrated into treatment to identify how the offending occurred in the first instance and how it was maintained in order to develop future plans and strategies for non-abusive behaviour. Other interventions focus on improving sexual knowledge and social skills, such as assertion and communication, anger management techniques and developing an awareness of victim empathy. Currently, the program operating within the Ministry of Justice has four modules which must be undertaken in consecutive order to achieve completion.

During my research period, the Unit was reviewing the program format, and consulting with Canadian program providers and having an awareness of the diversity of programs offered in Australia, the Unit believes the model they have developed can overcome the inflexibility and restrictions of the original program. This model has an Introduction Module which encompasses issues such as invitations to responsibility, awareness raising, cognitive distortions, victim empathy, consent, fantasy and objectification, and relapse prevention. Following successful completion of this module, the participants then progress to the next level which has been named Maintenance phase, which incorporates an understanding of the issues relating specifically to them, their high-risk situations, the strategies and skills needed to master their behaviour and applying them in the here and now. This next module would assist them to develop the necessary skills by incorporating a variety of skill building and action methods such as role-play. The approach also incorporates review of risk factors, dealing with setbacks, relationships, sharing with others, etc. and involves learning communication skills throughout, regardless of the specific issues.

The application of relapse prevention to sexual offenders is clearly accepted as best practice around the world currently, particularly in Canada, the United States and Britain. Most, if not all, major programs appear to incorporate relapse prevention strategies with their other approaches. This model is justified in its applicability to sexual offenders due to the consideration that recidivism is thought to be a maintenance problem (Laws:1989).

Firstly, to apply a relapse prevention model it is necessary for the offender to recognise the need to change and maintain some desire to do so. A lack of motivation from the offender requires some form of motivational counselling in order to precipitate some level of change in this area. The Relapse Prevention Model operates on the concept that offenders identify and learn to recognise their *high-risk situations*, and then to develop strategies that assist them in either avoiding or dealing with those high risk situations (Laws:1989).

Central to the relapse prevention model are the concepts of *lapse* and *relapse*. With sexual offenders, the definitions of these two core concepts have been redefined. Whilst with other addictions, for example smoking, a single cigarette is not necessarily deemed a *relapse*, with a sex offence, a single act of wilful exposure must certainly be considered a *relapse*. Whilst the smoking of a single cigarette may be considered a *lapse*, for an exhibitionist or sex offender a *lapse* can be much more ambiguous. Any thoughts or fantasy about inappropriate sexual behaviour would be a *lapse*, as would many other individual behaviours that contribute to offending behaviour. For instance, for an offender who exposes himself at the beach, going to a beach may well constitute a lapse although he may not even expose himself (Laws:1989).

Further to the concept of a *lapse*, is the thought process mentioned previously, combined with a chain of events which precede the offending behaviour. This chain of events consists of (1) an urge or passing thought about committing the offence, (2) deliberate formulation of fantasies connected with offending and causing arousal, (3) masturbation to the fantasies, (4) formulating a plan of action and (5) actually committing the offence. Recognition of this type of offence chain can assist the offender in breaking the cycle by intervening in some form prior to the commission of the offence (Laws:1989).

The intention of this research is to interview a group of Perth based exhibitionists, to explore the issues and comment on the current Ministry of Justice Sex Offender Treatment Unit model of community based treatment program and the need for future changes to the approach.

## **CHAPTER TWO - LITERATURE REVIEW**

### **2.1 Introduction**

Many theories exist regarding sexual offending. However, theories specifically regarding exhibitionism are relatively scarce, particularly within Australia. Most clinicians working in this field agree there is no one theory which can adequately cover the complexities which exist in this area. Dwyer (1988) acknowledges that no single comprehensive theory can explain paraphilic behaviour of which exhibitionism is one aspect. Psychological, Sociological, Feminist and Medical theories abound and the more widely accepted and well known theories will be discussed and critiqued within this chapter.

As Lanyon (1991) discovered, most significant literature in the area of sexual offending focuses on rape and child molesting. This creates the problem of overgeneralisation and also creates some assumptions with more specific areas such as exhibitionism. Such overgeneralisation has led to some of the problems encountered by therapists in treating exhibitionists as the same as other sexual offenders and resulting in a high rate of recidivism.

In this chapter I will firstly explore many different theories relating to sex offending and then, more specifically, exhibitionism. This will link in with the discussion of the findings in later chapters and give the reader some grounding in the relevant theories. Also, various treatment techniques will be discussed again to give the reader an idea of current therapeutic practice with exhibitionists and a suggested model of treatment for the future.

### **2.2 Psycho-Analytic Theories**

Psychoanalytic theories dominated early speculation surrounding exhibitionism. Many of these types of theories accept the concepts relating to the offender having an overcontrolled and inappropriate relationship with their mothers, and poor or distant



relationships with their fathers. Exhibitionism is thought to be a demonstration against castration anxiety, with the reaction of the victim proving to and reassuring the offender that his penis does, in fact, exist. Further, acts of exhibitionism would tend to occur as a reaction to rejection or perceived failure in a masculine role. Therefore, not only is the offender proving that he has a penis but he is also asserting his masculine identity which can be a means of promoting a feeling of power and control over women (Murphy:1997).

### **2.3 Physiological Theories**

Some merit has been given to biological or physiological theories for sexual offending, however, these theories are less acceptable to most scientists and therapists working within this field. The attractiveness of these types of theories lies in their reduction of blame upon the offender as the cause of his offending is out of his control. This notion also sits better within the community as it is difficult for people generally to accept that others can commit these types of crimes. The idea that sexual offenders are “sick” and haven’t, in fact, grown up in dysfunctional families, also release any blame from the community at large. Ryan (1991:pp 42) states “If offenders are helpless to control their behaviour because of an inborn condition, then society is also helpless, and neither can be held responsible. The burden of guilt is shifted to the fates.”

For this reason, many therapists avoid medical models as they remove responsibility from the offender, and therefore are contrary to the currently used modes of treatment, such as cognitive and relapse models which encourage the offender to accept responsibility for their own behaviour.

### **2.4 Neurological Theories**

Neurological studies have also been conducted with a view to discovering links between brain damage and intellectual functioning, and sexual offending. Certainly, some neurological dysfunction creates a high rate of impulsivity which can lead to impulsive

and inappropriate acts such as exhibitionism, however, direct links have yet to be established. Earlier studies, however, discovered links between the removal of the temporal lobe in primates and subsequent indiscriminate sexual behaviour. Cases investigated by Blumer (1970) found links between paraphilias and frontal lobe dysfunction. However, an important aspect to note is that the sample examined was from a neurology clinic and therefore different from those selected from, for instance, a mental health setting (Murphy:1997). This suggests that among samples of patients with disabilities, higher rates of exhibitionism are found than within matched normal males (Langevin:1991).

## **2.5 Learning Theories**

Acceptance of learning theories is quite strong within the sexual offender therapist population. The idea is that the child's mind is a sponge which soaks up the information they are exposed to at an early age. Classical conditioning models support the notion that a individual's early sexual arousal may occur in a deviant or exploitative context and can create the situation where the adult's sexual stimuli relates to a sexually deviant experience. Further, Skinner's (1974) theory of behaviour and reward or punishment suggests that, although sexual arousal by the child may not be involved, certainly there is the existence of a behaviour and reward/punishment model. Thus, sexual abuse of a child is paired with some reward or punishment (Ryan:1991).

Ryan (1991) suggests that :

“Pavlov's theory of classical conditioning demonstrates a physiological response to the paired stimuli. In any sexual behaviour, physiological arousal may be a variable. If sexual arousal is paired with deviant behaviour, a condition exists wherein sexual deviance may occur. Repetition of deviant behaviour would then reinforce the original pairing and support continuation of the behaviour” (pg 46).

Bandura (1977) developed a learning theory of observational learning which indicates that behaviour is learnt through observation and imitation. The same author believed that learning can actually occur before experiences are had, and inappropriate sexual role

modelling can be just as damaging as actually experiencing inappropriate sexual behaviour. Research into learning theories is also able to look into, not only the development of the inappropriate behaviours which have been learnt, but also the best methods for unlearning the old and relearning more appropriate behaviours and skills. As opposed to physiological theories which suggest a physical cause (ie. hormonal, neurological or biological), learning theories encourage an acceptance of responsibility for both the offender and the society in which they live and, as such, creates some resistance to its acceptance (Ryan:1991).

## **2.6 Child Developmental Theories**

Child developmental theories as developed by researchers such as Piaget's cognitive development, Erikson's psychosocial development and Freud's personality development have been applied to sexual offending. Piaget's theory of Cognitive Development suggests that a child progresses through stages of development with regards to their cognitive abilities. They cannot successfully progress to the next stage until the former stage is adequately completed. Unsuccessful completion can result in an individual becoming fixated. Piaget theorised that infants initially are egocentric but after the age of two or three, begin to develop an understanding of other peoples' feelings. Interruption to the process can result in a lack of, or reduced, empathy for others, an important factor lacking in many sex offenders (Ryan:1991).

Erikson's (1963) theory of psycho-social development explores the notion that children move through a series of crises in order to achieve a mature identity. Various stages in this theory include initial development of trust in infancy, independence upon successfully achieving goals such as feeding oneself and toilet training, and sexual development through observing appropriate sexual role modelling. As opposed to Piaget's "fixation" outcome, Erikson considers unsuccessful development results in a changed course of direction (Ryan:1991). As a result of interrupted development through the abovementioned stages, identity formation is often unresolved for sex offenders.

Freud's theory of personality development believes childhood is fraught with sexual conflict stages such as oral, anal, phallic and genital. Unresolved stages of development can result in subsequent deviancy in later life. Freud also supported the notion that conflict between the id, ego and super ego could result in a fixated state (Ryan:1991). Freud also believed that all types of sexually deviant behaviours were representative of a singular form of psychopathology, or personality disorder. Treatment for such disorders required lengthy and intense intervention, and was considered difficult with often a poor prognosis for a positive outcome. Lanyon (1991:pg 37) stated "In the author's view, it is this "untreatability" aspect of the theory that has had the most profound influence on the beliefs and behaviours of professional workers for many years, a view that has been challenged only in the past 20 years by more recent views."

Psychodynamic theories such as Freud's have become less acceptable in the last twenty years, mainly due to their perception of the untreatability of the offender. Because the sex offender is considered to have developed a form of character disorder, it was believed that they were highly resistant to change and any useful therapy needed to be ongoing and conducted over a significant period of time (Lanyon:1991).

More recently, research has commenced on the relationship between attachment theory and the lack of intimacy from which many sexual offenders appear to suffer. Studies have shown that sexual offenders have often had the types of childhood dysfunction which interrupt the formation of attachment bonds and affect the ability to form intimate relationships in later life (Rada:1978, West, Roy and Nichold:1978). For many of these men, intimacy is considered to be synonymous with sexual intercourse. Seidman, Marshall, Hudson and Robertson (1994:pg 527) concluded that "These data indicate that deficiencies in intimacy are a distinctive and important feature of sexual offenders...Sex offenders showed greater deficiencies in intimacy than both control groups and wife batterers." There was also a strong correlation between a lack of intimacy and loneliness in the test results, with sex offenders reporting a significant degree of both. Unfortunately, this research did not specifically examine exhibitionists.

## **2.7 Cognitive Theories**

Cognitive theories when specifically applied to sexual deviance address the issues relating to a sexual offender's ability to offend in such a socially unacceptable manner. The belief is that offenders develop cognitive distortions or irrational beliefs which allow them to justify their offending as harmless and acceptable. These cognitive distortions are also considered to have their roots in earlier childhood experiences which then shape their belief systems. In this way, many sex offenders are considered to think differently, at least in some aspects of their lives, to non- sexual offenders (Ryan:1991).

Horley (1995:pg 335) notes "A key assumption of cognitive-behavioural therapy is that each individual has his or her own world view and, while we may share beliefs and values, we all operate with a unique set of personal beliefs."

Having developed specific beliefs and value systems, the individual then operates from that foundation. Thus, any behaviour or action committed by the individual will reflect their personal beliefs. In this manner, dysfunctional belief/value systems cause incorrect interpretations of others and therefore invokes inappropriate responses.

Cognitive-behavioural theories also focus on the notion that there has been a development of deviant arousal. When a stimulus causes a pleasurable response in the individual, this encourages further similar behaviour in order to cause the pleasurable response. Thus in sex offending, it is considered that the repetitive deviant behaviours are directly linked to the positive outcomes and a cycle of offending behaviours are established. Although several studies (Evans:1970, Laws and Marshall:1990) have investigated the role of deviant fantasy in behavioural theory, and although research to date has failed to link exhibitionism specifically, there is indirect support. Marshall (1974) and others stressed the importance of masturbation in the development of paraphilic arousal patterns and hypothesised it is the continued masturbation to the paraphilic stimuli and subsequent orgasm that eventually created the deviant arousal pattern (Murphy:1997).

## **2.8 Addictive Theories**

Addictive theories were originally developed to address addictive behaviours, primarily drug abuse. When applied specifically to sexual deviance they relate to the reward consequences of sexual offending and the subsequent “addictive” qualities attached to deviant sexual arousal. As a result the offender maintains a distorted view of the world or errors in thinking and consequently the offending becomes compulsive, leading to the feeling that the offending is out of control of the individual. Ryan (1991: pg 51) explains:

“Applying an addictive systems model to sexual behaviours, Carne’s theory of sexual addiction considers the “faulty beliefs” and “impaired thinking” previously discussed in relation to cognitive theory as a “distorted view of the world” and “thinking errors”. The sexual behaviours become unmanageable or out of control because of the offender’s preoccupation, ritualisation, compulsivity and subsequent despair. The offender sees his behaviour as out of his control.”

This theory of addiction also acknowledges early childhood experiences in the form of co-addiction and co-dependency. Inappropriate boundaries and inappropriate role modelling are relevant issues for the exploration of the individual’s childhood (Ryan:1991).

## **2.9 Feminist Theories**

Whilst there is difficulty finding research papers on Feminism and its relationship with sexual offending, important contributions have been made by this field of thought. To ignore this feminist theory would do an injustice to the current debate. Feminist theories on sex offending explore the notion that sexual assault is entrenched within the system of male dominated societies. Feminists argue that commonly accepted understanding of sexuality involves the male dominance and female submissiveness concepts. Coercion or force is often demonstrated through various media forms as an acceptable method for the male to assert his control over women and achieve his desires, regardless of hers.

Herman (1990: pg 178) states “Moreover, feminist theorists suggest that sexual assault serves a political function in preserving the system of male dominance through terror, thus benefiting all men whether or not they personally commit assaults.”

Herman’s view is further supported by such researchers as Brown and Lewis (1977) and Russell (1975) who agree that the subjugation of woman is integral into the organisational structure of societies. This perpetrates the ongoing disadvantages faced by women in male dominated societies.

Baron and Straus (1989) provided four theories of rape to consider. The first, gender inequality, has been briefly discussed in the previous paragraphs and relates to male dominance. The second, pornography, discusses the hypothesis that pornography objectifies women, eroticises sexual violence and promotes male domination. The third theory of rape is social disorganisation which suggests that rape is a bi-product of the societal disintegration caused by influences such as urbanisation and industrialisation. When the cultural norms are disrupted, community integrity is destroyed, resulting in instability and acting out behaviours such as rape. The fourth theory is called legitimate violence. In this theory, Baron and Straus explore the notion that violence can be accepted by society to enforce socially acceptable ideals, for example, order in schools. However, they suggest that this legitimisation can lead to generalisation of legitimate violence into other areas of society such as the family and relationships. All four theories of rape have a feminist base.

Certainly, most sexual aggressors are male, and research suggests that an increasingly large proportion of the male community has committed some form of sexual offence. In one study, one in four male college students admitted using some form of coercion to achieve sexual relations with an unwilling partner (Koss, Gidycz and Wisniewski:1987). Further, 35% of students admitted they might rape if they were assured of immunity from prosecution, inferring that the fear is of punishment rather than a belief that rape is wrong that may prevent many men from raping.

Murphy (1997) identifies consistencies within Feminism theories and Psychoanalytic theories when he suggests;

“Within this framework, the exhibitionistic act not only proves that one “has a penis” but also it is a way of asserting one’s masculine identity and establishing a sense of power and dominance, and on many occasions it is an expression of anger towards females...The notion that the act of exhibitionism is a means of expressing power, dominance and hostility toward women is also fairly consistent with Feminist views on sexual offenders”. Pp 32.

Where many theories attempt to portray sex offenders as “sick” or mentally unstable, Feminists argue that, in fact, many sex offenders are all too normal, with many offences merely crude exaggerations of the prevailing norms in society (Herman:1990). Herman also points to the prevalence of pornography in western society, which commonly expresses attitudes of male dominance/female submission. Attitudinal surveys conducted have indicated that a significant proportion of men found rape or forced sex scenes more arousing than non-violent, consensual sex. They also believed that forced sex was acceptable in certain situations. According to feminists, the fact that convicted sex offenders are generally often violent stranger rapists who lack the social skills to avoid detection and arrest can skew research of this population. Thus, they make the sex offender population generally appear more “abnormal” than what they really are. Herman (1990) also laments;

“In many psychological formulations of the motives of sex offenders, the sexual offence virtually disappears. Most psychodynamic explanations tend to minimise the sexual component of the offender’s behaviour and to reinterpret the assault as an ineffectual attempt to meet ordinary human needs. This renders the behaviour more comprehensible (and, presumably, more accessible to psychotherapy) and allows the offender to be viewed more sympathetically. The victimiser is seen as a victim, no longer an object of fear, but of pity.” (pg. 182)

Research has shown that there is a correlation between the prevalence of rape and male dominant societies and rape appears to be more common in those societies which only worship male deities, where warfare is held in high regard, where women hold little economic or political power, where the sexes are segregated and where child rearing is



considered an inferior occupation (Sanday:1981). Feminists propose that sexual assault, rather than being for the purpose of sexual gratification, is more about aggression, domination and power and control over women. Often, victims observe that their attackers enjoyed their fear and intimidation. Further to the Feminist beliefs on sexual assault is addiction theory which they believe contributes to the serial offenders. Feminists would consider the case unusual for a man to rape, gain enjoyment from the act and then not seek to gain this enjoyment again (Herman:1990).

One of the weaknesses of feminist theory of sexual assault is its inability to explain sexual assault against other males, or male children. However, this aspect is taken up by the cycle of abuse theory which suggests that males abused sexually as children have a greater likelihood of abusing others as adults. It is considered that male children experiencing sexual trauma may go on to develop sexually abusive behaviour towards other males, whereas male rapists of women often have had no inappropriate sexual experiences as children. Again, the former example is against the societal norms whereas the latter is supported, directly and/or indirectly, by societal expectations (Herman:1990). Further, male dominated societies have power and control over all others (ie., women and children), including other males of inferior standing. In this sense, abuse of males can be explained to some degree as an attempt to re-establish a perceived loss of power and control over others.

## **2.10 Theories on Exhibitionism**

More specifically, theories have been formulated for exhibitionism. Earlier discussion concentrated on psychoanalytic thought where the Oedipal complex, which refers to a boy's conflict when he desires his mother whilst fearing his father's jealousy, was considered significant. Exhibitionists were believed to have mothers who were seductive, controlling and dominant and fathers who were distant, at least emotionally, and possibly physically also, and unable to adequately nurture and reassure their son. Castration anxiety can result from this situation, and the offender is thought to expose his penis to his target group, usually females, to prove its existence. Thus, any reaction,

not necessarily one of happy surprise is acceptable to the offender as it is still proving existence of his penis. Murphy (1997) explains;

“Although conceptions such as castration anxiety are not frequently seen in the literature on sex offenders, the number of concepts derived from the analytic theorists are not uncommon in the current literature on paraphilias. For example, that exhibitionism is triggered by certain interpersonal stressors is not inconsistent with the general relapse prevention treatment model”. (pg. 32)

Many exhibitionists expose themselves to younger women or adolescent girls and this relates to the castration complex in that they are in fear of older women who may or may not resemble their mothers. Allen (1980) suggested that exhibitionists suffered from disturbances in early psychosocial development with their earliest relationships. This resulted in distorted psychosexual development and subsequent behaviours which defended castration fears, narcissistic hurt and gender confusion (Lanyon:1991).

Hollender (1983) supports a relationship with the castration complex in stating;

“According to the psychoanalytic theory, the compulsive exhibitionist unconsciously says to his audience, “Reassure me that I have a penis, by reacting to the sight of it.” He may also convey the message: “Reassure me that you are afraid of my penis so that I don’t have to be afraid of myself”. In other words, the response elicited by the penis serves to allay castration anxiety.” (pg. 122)

## **2.11 Courtship Disorder Theory**

Freund (1990) offered a theory on exhibitionism which he considered to be a courtship disorder. He explains that “The courtship disorder hypothesis holds that various anomalous erotic preferences can be seen as expressions of a common “underlying” disorder” (pg 195).

The ideas behind this theory had been explored earlier by Ellis (1933 and 1978), however, Freund has introduced this notion in some depth. He believes that human sexual interactions can be described as operating in four stages.

- The first is the location and initial appraisal of a suitable partner,
- The second is considered to be pre-tactile interaction which consists of looking, smiling, posturing and talking to a prospective partner,
- The third is tactile interaction and
- Fourthly, involvement of genital union.

Exhibitionism is viewed as a disturbance of the second phase, which involves pre-tactile interactions and it is suggested that one or more of the four stages is intensified or exaggerated in a distorted manner whilst the remaining stages are either omitted or severely neglected (Freund:1990).

Inherent in courtship disorder is the notion that humans maintain a “lovemap”. The lovemap is formulated via normal childhood development where children engage in sexual rehearsal play. For instance, Doctors and Nurses games, masturbation and mutual masturbation and “I’ll show you mine if you show me yours.” When this play is not interfered with, the child is believed to develop into normal adolescent heterosexual (sic) patterns of behaviour. Money (1986) explains;

“The most conclusive evidence concerning the importance of sexual rehearsal play in human childhood comes from the study of tribal people whose ancient tribal ways have not been overly Westernised. In some cases, the tribal tradition of childrearing does not require that children be punished when they engage in sexual rehearsal play, which they do from time to time, though without being obtrusive about it. Because anthropologists themselves have typically been too prudishly Victorian to have recorded sexual rehearsal play in children, there is not as much evidence as one would like.” (pg. 439)

The lovemap carries within it an individual’s erotic fantasies and the corresponding behaviours. Therefore, when a lovemap is distorted in childhood by such possible acts as inappropriate sexual play or sexual abuse or physical abuse, these distortions are carried in to the lovemap and result in behaviours which eventuate in and contribute to the

development of inappropriate fantasies. Money (1986) used an example of an adolescent who engaged in an erotic murder/suicide. In his case, his distorted belief was that a lustful or sinful act must be accompanied by the supreme sacrifice, which was death. Money also suggests that paraphilias can be understood in terms of six strategies which are;

1. Sacrificial paraphilias – One or both partners must atone for the lustful acts they engage in by undergoing some form of penance or sacrifice.
2. Predatory paraphilias – Enjoyment of the sexual act depends on stolen sex which may arise in the form of rape, kidnapping or enforced elopement.
3. Mercantile paraphilias – For sexual fulfilment it is necessary that the partners play “whore” as they normally would not engage in such sinful acts.
4. Fetish paraphilias – Tokens are used to symbolise the wickedness of the sinful act, such as women’s underwear and lingerie, rubber garments, etc.
5. Eligibility paraphilias – The partner, in order to cause arousal, must be seen as an outsider to what would normally be considered an acceptable partner. For instance, opposing or alternative religion or “the other woman”.
6. Allurement paraphilias – Where the other five categories are considered to include the sexual act, this final category is also known as displacement paraphilias as the sexual act becomes redundant or secondary to the preparatory foreplay behaviours.

According to Murphy, exhibitionism is considered to be an allurement paraphilia in which the act of exhibitionism replaces the culminating act of intercourse as the primary objective, as opposed to being considered as preparatory behaviour. Therefore, rather than exposing the penis as a means of allurement, as is often part of primate courtship for the purpose of copulation, the exposure of the penis becomes the primary goal.

Inherent in the courtship disorder theory is the connection between certain paraphilias. As previously mentioned, many exhibitionists have co-occurring paraphilias with exhibitionism, voyeurism, toucheurism and frottage, and this theory certainly supports the existence of co-occurrence of courtship disorders (Murphy;1997).

Critique of this model focuses on whether paraphilias do, in fact, co-occur, or if an individual with any one paraphilia is considered to be generally sexually anomalous. Further, there is said to be some inconsistencies within the research data. For instance while Freund (1990) found relatively low overlaps between transvestism and sadism within the exhibitionist population, Lang et al. (1987) found 41% of their exhibitionist subjects were transvestites (Murphy;1997). These discrepancies are not considered fundamental to this research, however, awareness of the possibility of co-occurring paraphilias is useful for treatment purposes.

## **2.12 Narcissism and Exhibitionism**

More recently, narcissism has become a focus for explaining exhibitionism. Messer (1985) explained that narcissistic people are individuals who place the primary emphasis on themselves, their own survival, happiness and comfort. They therefore have little capacity for empathy for others, and are intolerant of everyday frustrations. A diagnosis of Narcissistic Personality Disorder requires that the individual has a grandiose sense of self importance or uniqueness, preoccupation with unlimited success, power, beauty or brilliance, exhibitionism, requiring constant attention and admiration and either cool indifference or feelings of rage, humiliation or shame in response to criticism. Further, they exhibit a lack of empathy and have expectations of special treatment. Thus, the narcissistic exhibitionist could believe that they deserve more recognition than others and this, combined with a disregard for the impact of their behaviour on other people, increases their risk of offending, particularly when combined with other high risk factors.

Karpman (1957) and Langevin, Lang, Checkley and Pugh (1979) also examined the role of narcissism in exhibitionists. They suggested that exhibitionism is narcissistic because “1. it is autoerotic and the individual derives pleasure from seeing themselves in the nude, 2. he sees himself as conferring a service or kindness by exposing himself and 3. he wishes to be envied for the possession of his penis” (pg 217). Langevin also found that exhibitionist’s need to be admired was a major part of their exhibitionistic tendency and they derive satisfaction from being observed rather than a desire for sexual contact. Indeed, a study by Jones and Frei in 1979 showed that, of twenty-four exhibitionists, only two would have been pleased if their female victim approached them. Fourteen would be frightened or flee if they were approached by the victim. (Langevin et al.:1987) Langevin’s study also supported the hypothesis that narcissism played a major role in exhibitionism, with the desire to please the victim or to impress her with his penis size appearing a primary motive for exposure (ie., grandiosity).

Narcissism had earlier been discussed by Freud in his timetable of childhood libidinal development. According to Freud, the child progresses from auto-eroticism to narcissism to true object relationships. A disruption in normal development at the time of narcissism can result in an inability to progress from that stage successfully. He also suggested that previous fixations which occurred in the genital and pregenital stages could influence the subsequent responses (Rosen:1996).

Edgumbe and Burgner (1975) described a phallic narcissistic stage in the child where gratification occurs mainly through the penis. At this stage the largely influential Mother role plays an important part in providing the necessary admiration for the development of the separation of sexual identity and self. The child’s identification with his father assists completion of this stage of development, with failure possibly leading to dysfunction in later life where relationships can serve as either a source of admiration or condemnation. Such an explanation suggests that this is how exhibitionists relate to their victims (Rosen:1996).

### **2.13 Feminist Theory on Exhibitionism**

Feminist theories of exhibitionism are consistent with the feminist view of general sex offending which has been discussed above. Basically, they believe that the offender is attempting to assert his power and dominance over women and prove his masculine identity to them. Often exhibitionism is also considered a means of expressing anger and frustration towards females. In this context, acts of exhibitionism would be thought to have been triggered by an episode or situation in which the offender felt rejected or perceived failure in a masculine role. For instance, a job loss or relationship failure (Murphy:1997).

Whilst the general societal view is considered to be that exhibitionism is a “nuisance” offence, feminists argue that this is what the dominant masculine view would have us believe. They view exhibitionism in the context of other sexual offending behaviours and believe them to be serious expressions of a male dominated society. Therefore, whilst many individuals in the community understand exhibitionists to be “a bit of a joke”, feminists understand the ramifications and consequences of the wider picture of these offences.

### **2.14 Psycho-Analytic Theories on Exhibitionism**

Concepts derived from the early analytic theorists are not uncommon within the literature on sexual offending. However, empirical data is limited. While these theories suggest a high degree of family dysfunction, actual studies by Blair and Lanyon (1981), for example, failed to find any evidence that there is greater family dysfunction in exhibitionist’s families than other clinical or forensic client’s families. Further, Paitich and Langevin (1976) conducted a study which concluded that disturbances in parent-child relationships were much less serious than within other paraphilic groups (Murphy:1997).

## **2.15 Behavioural Theory For Exhibitionism**

Conditioning or learning theories for exhibitionism focus on the creation of deviant fantasy paired with masturbation. Certainly for many exhibitionists, their deviant thoughts begin in early adolescence. Earlier inappropriate childhood experiences are considered to play a part in the development of deviant fantasies, which would then be reinforced in the individual through masturbation and subsequent reward reinforcement (Murphy:1997).

Marshall et al. (1991) found three significant factors in exhibitionists. The first were “subtle assertive deficits” which lead to others taking advantage of the offender, secondly, a need to be perfect, and thirdly, an inability to achieve intimacy in their adult relationships. Whilst there is some dispute over this data, generally the findings are supported by the current research.

## **2.16 Summary**

This literature review has offered a broad overview, reflecting the holistic framework required to support a study of exhibitionism. From the observations made to date, it appears that the findings by several researchers regarding sexual offending having a multiple theory basis has some validity. Literature regarding courtship disorder theory, neurological approaches, psychoanalytic theory, the various developmental theories, cognitive models, addiction theory and feminist theory all appear to play a role in the exhibitionist debate. Further, many of these theories evidence limited empirical support to date. The relevant issues will be explored further in this research study.

## **2.17 Treatment Review**

### ***2.17.1 Treatment***

Although there has been a greater focus and increased societal disdain for sexual offenders in recent years, resulting in increased convictions and punishment for



offenders, exhibitionism is still considered by many as a “nuisance” offence. In my experience, offenders are rarely sent to prison for exposing and tend to receive any treatment in the community. Exhibitionists also rarely seek out help for themselves, at least not until their offending has reached such proportions that they have become desperate and therefore therapy is usually court mandated. Unfortunately, in Western Australia, those few who desire help prior to involvement with the Ministry of Justice have limited preventative options, a scenario that does not appear unusual for many other cities and countries in the Western world, according to various researchers.

According to McGuire and Priestley’s (1995) “What Works” Guidelines for More Effective Programs, there are 6 main principles which have been identified;

***Risk Classification.*** It is considered that programs with the highest efficacy offer the highest risk clients a more intensive service whilst the lower risk clients receive minimal intervention which reflects a lesser need.

***Criminogenic Need.*** It is considered important to distinguish between criminogenic and non-criminogenic needs. That is, to separate the needs of the individual which impact upon their offending behaviour and those which are less or non-related. Intervention should then focus on the needs which are most related to the offending behaviour.

***Responsivity.*** Learning takes place most efficiently when the delivery styles of the facilitators match the learning style of the client. Generally, clients require a method which encourages active participation, as opposed to a loose unstructured style or, opposingly, a rigid delivery.

***Community Based.*** Findings imply that community based delivery of programs have more effective outcomes, given that clients are able to apply what they are learning to their real life situations.

***Treatment Modality.*** It has been found that the most effective treatment programs are multi-modal. That is, they addressed the variety of the client's issues, the methods applied were skills based and designed to teach participants various coping skills related to their offending, and lastly, that those programs were either behavioural, cognitive or cognitive behavioural in approach.

***Program Integrity.*** Most effective program are considered to have stated aims linked with the approach being utilised, appropriately trained staff, monitoring and evaluation of the program and an efficient method of recording the above.

### ***2.17.2 Medication as Treatment***

Whilst biological theories are less widely accepted these days, treatment of sexual offending behaviour with medication still retains an important place. The belief now is that, rather than the only treatment, medications such as Depo-Provera which reduces sexual drive, are used in conjunction with other therapeutic interventions such as a cognitive-behavioural program. Thus, while the drive is reduced, work can be done to assist the offender in wanting to desist from their inappropriate behaviour, understanding their behaviour and developing strategies which assist them in reducing their risk of reoffending. Medication, understandably, is less effective when the offender does not have the internal motivation to avoid reoffending behaviours. These co-treatments are supportive of more recent beliefs that it is not the man's sexual impulses being out of control which is the underlying cause of their sexual offending. In fact, elevated levels of testosterone have only been reported in the most aggressive of sexual offenders (Lanyon:1991). Therefore the use of anti-androgen treatments, such as Depo-Provera, for sexual offenders merely assist the offender to control their sexual impulses temporarily whilst they work on changing the thoughts and beliefs which underlie their offending.

Maletzky (1997) also noted that research has shown that, while hormonal treatment can provide impressive results during treatment, this arousal reduction is dependent upon continuation of medication. Therefore, there is a high recidivism rate amongst offenders

who receive medication without the additional benefit of some cognitive intervention and eventually cease treatment. Unfortunately, the discontinuation of medication is high, given unwelcome side effects. Maletzky notes;

“As expected, most sex offenders treated with hormones show a rapid return of deviant drive following the discontinuance of medication, although some dispute this belief. The majority of treatment centres using hormones in North America now combine hormonal treatment with cognitive and behavioural methods in a multimodal approach”. (pg. 64)

More recently research has focussed on medication which addresses the compulsive nature of sexual offending as opposed to the sexual drive. Medical researchers Zohar, Kaplan and Benjamin (1994) described a successful case of treatment of an exhibitionist with an obsessive-compulsive medication, fluvoxamine. They believed the diagnosis of obsessive-compulsive disorder was as influential as his paraphilia and consequently prior treatments specifically for the paraphilia had been unsuccessful. Alternative medication and a placebo were administered with this client however his exhibitionistic impulses returned and he was again placed on fluvoxamine which resulted in a cessation in his need to expose himself inappropriately.

These types of medications, also known as psychotropic medication, include the regularly prescribed Prozac. Fluvoxamine appears to have the least side effects of all the sexual drive reducing drugs and has been successfully used in 70% of patients with sexually inappropriate behaviour for about 15 years. Again, given the dangerousness of long term use of these drugs, it is recommended that they only be used temporarily until cognitive and behavioural methods become effective (Maletzky:1997). McGuire and Priestley (1995) support this view when they state that “In some circumstances (eg. the use of anti-libidinal drugs) such methods may have a place, but only within the context of a more comprehensive program of work.” (pg. 10)

### *2.17.3 Historical Perspective*

Some therapies commonly used in the 70's and 80's are losing their appeal because of high recidivism rates and ethical reasons. Whilst still in use, these treatments tend to be one aspect of a multimodal program instead of "the" primary treatment they may have had previously. One such treatment was aversive conditioning which was implemented in various ways. Electroshock treatment is based on classical conditioning techniques. Basically, when inappropriate arousal was detected, the offender received an electrical shock at an "unpleasant" level. This method was further developed with the introduction of aversive olfactory conditioning. Olfactory conditioning involves the introduction of a foul odour at the point when the offender would normally be inappropriately aroused. Whilst initially, ammonia or "smelling salts" were used, research has shown that this was more painful than sickening, and rotting materials which induce feelings of nausea are considered more effective, due to the different cranial nerves affected by each smell (Maletzsky:1997).

Aversive therapy, in its various forms, had obvious shortcomings such as negative reactions from offender's families and the community, refusal and consequent high drop out rate in programs, and a significant effect upon the client/therapist relationship. These methods can also be expensive (Maletzsky:1997).

Covert sensitisation was developed in response to the negativity of the former techniques. It is considered to be less intrusive and easier and cheaper to administer. Covert sensitisation involves visualisation in which an offence fantasy is interrupted just prior to the actual offence and paired with images of, for example, the appearance of the offender's mother, wife, children or the police. Thus, the linking of the deviant fantasy with positive rewards are replaced by deviant fantasy and a negative, undesirable outcome. Eventually, alternative behaviours can be visualised, creating a positive non-offending ending. Aversive olfactory techniques are also sometimes used with this method (Maletzky:1997).

#### *2.17.4 Cognitive Approaches*

Cognitive approaches can vary widely amongst therapists although this appears generally to contain three main focuses; awareness and restructuring of cognitive distortions, relapse prevention and victim empathy. The program is based on the premise that most sex offenders are able to commit the crimes they do because they have developed a set of cognitive “distortions” which allow them to justify their behaviour. For instance, an exhibitionist can believe (ie., distort) that because they are not touching their victims they are doing no harm, or because they didn’t scream and run away they must have liked what they have encountered. Once the cognitive distortions are identified they can be corrected by various therapeutic techniques.

There are various methods for introducing cognitive models. Within the current Community Based Sex Offender Treatment Program (CBSOTP), cognitive distortions are addressed initially by exploring the various basic cognitive distortions we all have, for example how we can justify feeling angry and hard done by when we receive a speeding fine when we were actually speeding. As most offenders come to terms with general distortions, the context can become more focussed on their offending behaviour and the distortions they used to allow behaviour that they, clearly, knew to be wrong. Offenders are expected then to identify their own thinking errors in relation to their own offending behaviour. These thinking errors can also apply to their perceptions regarding other people’s and their victims’ behaviour. For instance, standing still in shock does not generally translate into “I really like what you are doing. Please continue”, as many exhibitionists convince themselves. A related intervention known as Rational Emotive Therapy (RET) which was originally developed by Albert Ellis is also relevant at this stage of treatment.

Horley (1995) described a case study on an exhibitionist who received cognitive behavioural therapeutic intervention. In this situation, the client was initially given individual sessions on relapse prevention. More specifically, this included topics such as negative emotion and its relation to sexual offending, victim empathy, developing

support networks, informed decision making and the avoidance of high risk situations. The second phase also contained a strong cognitive emphasis and targeted the sexual deviance of the client's problem, particularly sexual fantasy, using discussion, phallometric monitoring and covert sensitisation. In some cases individual therapy is offered as an introduction to group work which some individuals can find, at least upon commencement, to be somewhat threatening.

#### *2.17.5 Group Therapy*

Sex offender treatment is commonly delivered in a group therapy model. There are several reasons for this, besides the fact that it is the most cost and resource effective method of service delivery. Most major treatment facilities (all Australian states with sex offender treatment units and most major British and North American government facilities) offer their programs in a group work format. Current research suggests this to be best practice. Sex offenders are, typically, social isolates, often due to a lack of social skills, and subsequently suffer from a lack of intimate relationships. Groups offer these individuals a safe environment for developing and practicing social skills as well as demonstrating that they are not alone in the world, or so different from others. Also a group is a solid basis from which to begin examining empathy for others, as individuals in the group disclose and share personal and often painful and distressing information. The group also offers opportunities for the men to be challenged and confronted by their peers who are undeniably qualified to recognise cognitive distortions, justifications and minimisation of their offending behaviour.

Groups can be offered in closed or open format, each having its advantages and disadvantages. For instance, an open group allows for newcomers to be admitted almost immediately, eliminating waiting time before the next group starts, however, group bonding and program progress can be inhibited by frequent new group admissions. Open groups also allow for newer group members to be challenged and/or assisted by the more seasoned group members. Alternatively, a closed group offers an environment that can be conducive to the group cohesion and bonding process, allowing group participants to

feel safer and therefore encourage deeper personal disclosure. What can become more difficult, however, is when men have to wait for the next group to commence, or men fail to complete the program and numbers drop.

Mathis (1980) explained his rationale for using group therapy with exhibitionists;

“We founded our group therapy program for exhibitionists at the University of Oklahoma Medical Centre on four basic factors:

1. The use of group therapy as an effective method of counteracting the ego-defence mechanism of denial.
2. A treatment goal and symptom common to each patient.
3. Mandatory attendance.
4. Male and Female co-therapists.”

Mathis (1980) concluded that denial was a major stumbling block to individual therapy which was more effectively addressed within a group. He believed that the exhibitionists had similar treatment goals and symptoms, they were required to attend, and that the use of male-female therapists were able to simulate a more appropriate interaction between male and female than was demonstrated to them in their childhoods (ie., modelling).

Individual therapy tends to be offered more as the primary therapy by private therapists. Ideally, an offender in group treatment would have an opportunity for individual therapy as an adjunct supporting the transition to group therapy. Usually individual work in this context would focus on issues which were particular to the individual and not others in the group, for example, their own victimisation, or grief issues. Work would focus on assisting the individual to function more appropriately in a group environment where

some men need individual therapy to prepare them for participating in the group process more effectively in order to benefit from group therapy.

#### *2.17.6 Relapse Prevention*

Relapse prevention currently operates within the CBSOTP and contains identification of thought, feeling and behaviour chains which preceded the offending behaviour. There is a review of each individual's life, seeking to identify patterns of behaviour and their origins, followed by the formulation of an offence cycle and relapse prevention plan. The offence cycle identifies high risk situations, distorted thinking patterns and inappropriate behaviours, with the relapse prevention plan incorporating the development of strategies for the future which will assist the offender in avoiding his high-risk situations.

Although relapse prevention was originally developed by Marlatt and Gordon (1985) to treat addictions, reoffending behaviour can also be viewed in this manner. The approach identifies the stages through which the offender travels prior to his crime, and looks at different strategies he can employ in the future in order to reduce his risk of reoffending (relapse). Hopefully, when the offender begins an "offending cycle", for instance feeling bored and driving around, they are able to recognise this is a high-risk situation and remove themselves from that activity. This also involves their learned awareness of cognitive distortions which they use to self talk into appropriate cognitions. Finally, alternative strategies can then be set in place to counter the negative and impulsive feelings they are currently encountering (Maletzky:1997).

Lapses in behaviour can be viewed as learning tools which are discussed with the therapist and examined by searching for the beginning of the offending cycle. Appropriate and alternative modes of behaviour are discussed for future situations. The more the offender is able to positively handle, avoid or cope with high risk situations, the risk of his reoffending is reduced. This is a self managed therapy and requires the motivation of the offender to maintain any success, however, the therapist, Community Corrections Officer, and family and friends can play a major role in assisting the



offender in recognising high risk situations, and providing support (Maletzky:1997). Other methods such as covert sensitisation can be used in conjunction with this model. For instance the offender himself might carry smelling salts and administer them to himself when he feels inappropriate sexual urges. Further, he can also carry cards which he then reads. These cards may talk about a horrible scenario which occurs if he follows through with his urges (Marshall, Eccles and Barbaree:1991).

#### *2.17.7 Victim Empathy*

Victim empathy is considered another important aspect of sex offender treatment, given the offender's apparent lack of empathy. Efforts are made to identify the victim, the victimising act and identification of the possible harmful consequences of that act. By encouraging the offender to put themselves in the victim's shoes via various methods such as role-playing, etc., it is hoped that the offender will develop a sense of empathy for their victims and consider this aspect prior to reoffending in the future. Maletzsky (1997) complains that;

“Although much has been written about empathy training for the sex offender, the literature has been largely silent about application of these techniques for exhibitionists. It may be especially important in this group of offenders, however, because of the common misperception that exhibitionism is a victimless crime”. (pg. 62)

Victim Empathy is offered as another discrete module of the CBSOTP. This module has been developed based on Marshall's four stage model (Marshall, Hudson, Jones and Fernandez: 1994). The first stage, Emotional Recognition, involves the ability to accurately recognise the emotional state of another. It has been established that should an individual be unable to recognise emotional distress in others then they are unable to impart an empathic response or desist in behaviour causing the distress. Secondly is the Perspective Taking stage which involves the ability to see things from the observed person's perspective. To use violence as an example, it is considered easier to use aggression against another individual if the aggressor does not recognise any similarities between themselves and their victim. The third stage, Emotional Replication, reflects a

person's ability to be able to replicate another's emotional experience. In order to successfully replicate, the individual must firstly recognise the emotional state and to be able to adopt the perspective of that person. The final stage is known as Response Decision. This stage involves a decision whether or not to act upon the awareness of another's distress. For instance a sadist, may have a full understanding of the first three stages and, as a result, find their offending behaviour even more pleasurable.

The Victim Empathy module contains videos of victims and exercises which assist the offender to recognise how they may have affected their own victims with their offending behaviour. On some occasions, a "survivor" of sexual abuse is invited to discuss her own story, and its long and short term effects upon her life. This particular woman is now a counsellor and offers valuable insights to the men by encouraging discussion and questioning.

Many therapists now believe that social skills training is an important if not crucial facet of therapy with the exhibitionist. Assessment procedures would highlight any deficits within the offender and his relationships with others. These deficits can be overcome with the use of various social skills enhancement techniques such as assertiveness training, anger management, etc. (Maletzky:1997). This aspect of treatment is contained within the Intensive Sex Offender Treatment program but not CBSOTP. It would however, be hoped that general interaction and feedback within the group setting would provide an element of skills training.

In summary, basic and common treatment approaches appear to be largely cognitive-behavioural with a relapse prevention focus. Depending upon the focus of the group and resource implications, other approaches would also incorporate social skills training, techniques to reduce inappropriate fantasy such as covert sensitisation, and, with particularly high risk recidivists can incorporate medication. These approaches are consistent with the current CBSOTP.

## **2.18 Victims**

A key issue to consider in the context of this study is the impact upon the victim. Besides wanting to acknowledge the fact that there are victims of exhibitionism, knowledge of their reactions assists perpetrators in coming to terms with their own behaviour and the need to seek appropriate treatment.

There is little research on victims of exhibitionism, possibly again due to the considered “nuisance” factor of the crime. However, most available studies are consistent in their reporting and estimate only 17% of wilful exposure cases are ever reported to the police. It is speculated that reports are reduced due to a fear of ridicule or a perceived understanding that it is not considered a particularly serious crime by the community and/or the police. Of female students surveyed in both Britain and the United States, at least one third had been exposed to, many of them more than once. In the British survey, 57% of those had first been exposed to before the age of 16 years (Gittleson et al.:1978). These findings were not inconsistent with other similar studies (Cox and Maletzky:1980).

Victims report experiencing shock, fear, anger and distress as a result of their being exposed to. Lesser numbers of victims also reported curiosity, amusement, pity and embarrassment. Of those studied, most felt the negative effects passed after about one month, however many felt their freedom was restricted as they tended to avoid the area where they were exposed to (Cox and Maletzky:1980). In another study conducted by Cox and MacMahon, 15% of victims felt the episode “severely” affected their attitudes towards men. Some women blamed themselves for the offence, and their self esteem was adversely affected. Whilst, for many women, the long term effects are minimal, for a minority of victims there is evidence of significant trauma (Cox and Maletzsky:1980).

To highlight the potential for serious implications for victims, when a man masturbated, smiling, in full view of three school girls at a bus stop, two of the victims believed the incident had no ill effect upon them. The third, however, who had not experienced any

prior sexual abuse which may have impacted upon her reaction, had nightmares and panic attacks over an extended period before eventually convincing her parents to move (Maletzky:1997).

Just as important is the issue of dangerousness, in relation to the potential escalation of offending, which has previously been discussed. Maletzky (1997) highlights this issue with another example of a man exposing himself to women leaving office buildings at the end of their 11pm. shifts. Reports to police were treated very lightly, and were met with amusement, until the man gained entrance to an office building and attempted to rape a female worker at knife point.

## **2.19 Summary**

Overall, there are many theories which appear to be relevant to sexual offending and more specifically, exhibitionism. These were psychoanalytic, physiological, and neurological theories which have a medical approach, learning, developmental and cognitive emphasis. Most, if not all psychological theories, believe that childhood experience has, in various ways, a profound influence upon the development of sexual deviance. Addictive theories and theories on feminism can support and add to the basic theories by introducing new aspects such as societal or self conditioning. More recently, theorists have examined narcissism's role in exhibitionism and Freund (1990) has developed a courtship disorder theory consistent with other childhood developmental models.

Treatment interventions are currently fairly consistent in approach within major organisations around the world. Former popular treatments such as aversive conditioning or electroshock became ethically questionable, and methods such as covert sensitisation are now generally preferred. Medication to inhibit sexual drive has vastly improved and is often used in cases in which the compulsive urge is considered particularly overwhelming, however, is believed to be most effective when used in conjunction with an appropriate treatment program which assists with personal motivation to desist from

the behaviour. Popular therapies include cognitive behavioural approaches and relapse prevention, which are more commonly offered in a group format with individual sessions where necessary.

Victim empathy is also considered a major component of therapy given the offender's apparent ability to suspend empathy during offending. Thus, an awareness of the negative impact of exhibitionistic behaviour upon the victim is an important awareness for the offender to develop. For this reason, the third section of the Literature Review, "Victims" was incorporated. The section highlights the possible consequences of exhibitionism for victims, questioning the common belief that exhibitionism is a harmless activity or a "nuisance".

## **2.20 Objectives**

Previous research suggested that whilst specific international literature on exhibitionism was limited, research on exhibitionism in an Australian context is practically non-existent. Certainly this is a key observation that needs to be addressed by the research and highlights the value that a study on exhibitionists conducted in Western Australia might have in the future. Consequently the objectives of this study are as follows;

1. One objective that arose from observations made in treatment previously suggested that there were a number of various types of exhibitionists, who could benefit from different treatment options, duration or intensity. Whilst at this stage, practitioners had no defined or specific types, there is an emerging awareness that some basic groupings of exhibitionists appeared to exist within particular commonalities. Therefore, I wish to explore or identify the existence of categories or groupings of exhibitionists.
2. Also the notion that stress and communication deficits have some bearing on men's offending behaviour was another area requiring further exploration. In addition, dissatisfactory relationships with their father appeared common as did issues of

childhood abuse. Certainly, a theme which seemed apparent from team observations was that exhibitionists had difficulty communicating with others. Exhibitionists in general also commonly expressed high levels of stress. Practitioners also wondered whether this stress contributed towards their offending or if this offending was the stressor in their life and causing other problems. This research asks the question does the lack of an adequate father figure impacted upon the obvious masculinity aspect of this type of offending. In addition, do stress and communication deficits impact upon exhibitionism.

3. Further, the Sex Offender Treatment Unit in W.A. has queried the appropriateness of exhibitionists being treated with other sex offenders. Upon discussion with colleagues both within our own unit and in other similar units (eg. New Zealand), both parties queried whether this particular group of sex offenders required specific treatment groups to meet their special offence needs. Therefore, I will explore the notion that best practice for the treatment of exhibitionists would be to offer exhibitionist specific group therapy.
4. Finally, our Unit has for some time expressed doubts over the current community program and its effectiveness in the treatment of exhibitionists in particular. Discussions within the Unit have occurred regarding a more effective model of treatment and what that model may entail. The hope is that one of the outcomes of this study will help to improve therapeutic interventions for exhibitionists and a more effective model of treatment. Improvement of therapeutic interventions could involve both the mode of treatment and the specific focus and manner in which it could be administered, ie., group or individual, exclusively exhibitionist or sex offenders generally. This in turn will reduce the number of victims who are subjected to often frightening encounters with men who engage in these baffling and intrusive behaviours. Thus, I will identify a model of intervention for exhibitionists which is considered most effective in addressing their particular needs and reducing offending behaviours.

## **CHAPTER THREE - METHODOLOGY**

### **3.1 Introduction**

In this chapter, the type of research which was used in the study will be examined and its relevance discussed. The type of interview schedule used and examples of questions combined with its intent and expectations will also be discussed, and in addition, access to participants and ethical considerations of the study.

### **3.2 Research Type**

Most of the current and past research on exhibitionism appears to have been quantitative in design, and much of the research discusses the lack of efficacy in treatment and the high recidivism rate of exposures. Qualitative research was considered more appropriate in this study because of the need to address these issues. It was also considered appropriate as an alternative method of research, as forensic research tends to be quantitative, perhaps due to the more scientific approach of training of its workers. It must be acknowledged that qualitative research has increased significantly over recent years, however, there is still limited qualitative research in this area historically. There are also relatively few numbers of Social Workers who appear to be involved in a forensic setting. Qualitative methods of interview allowed me to approach the volunteers interviewed without being constrained by either predetermined assumptions or seeking either to prove or disprove a hypothesis or hypotheses. Having said that, to prevent the questions being so general as to restrict meaningful groupings of results, some basic themes were followed, chosen from what appears to be most focussed upon within the literature and from personal experience of common themes. For example, childhood issues are discussed by Money (1986), Langevin (1988) and Marshall (1991) and supported by other theorists as discussed in the Literature Review. Murphy (1997) and Marshall (1991) support the notion that relationship issues with fathers are significant factors in exhibitionism. Seidman, Marshall, Hudson and Robertson (1994) also support the notion that stress and communication deficits are a factor in this type of offending. Whilst admitting to having some general ideas on wilful exposure, the observations

made in the Unit raised some fundamental differences between sex offenders and some exhibitionists, and there appear far more questions about exhibitionists than answers. A strong critique of quantitative research is that the researcher enters the field with preconceptions that blind them to objective interpretation of the raw data (Patton:1990).

Further practice raised the question of what these men thought about their environment, how they interpreted the world, why they felt a need to expose their penis to the wider community and the need that particular activity met for them. Hopefully, this information would emerge identifying the needs and problems these men encountered and identifying a more relevant therapeutic process than was known or considered previously. One purpose of a qualitative study is to develop insight into the exhibitionist's world by being there beside them and attempting to view things through their eyes. No judgements were made about the appropriateness of collected data, only how the interviewee perceived their own story.

Patton (1990:pg 32,33) includes a quote depicting the role of qualitative approach which is relevant to my own aims for its usage;

“The commitment to get close, to be factual, descriptive and quotive constitutes a significant commitment to represent the participants in their own terms. This does not mean that one becomes an apologist for them, but rather that one faithfully depicts what goes on in their lives and what life is like for them, in such a way that one's audience is at least partially able to project themselves into the point of view of the people depicted. They can “take the role of the other” because the reporter has given them a living sense of day-to-day talk, day-to-day activities, day-to-day concerns and problems... A major methodological consequence of these commitments is that the qualitative study of people in situ is a process of discovery. It is of necessity a process of learning what is happening. Since a major part of what is happening is provided by people in their own terms, one must find out about those terms rather than impose a preconceived or outsider's scheme of what they are about. It is the observer's task to find out what is fundamental or central to the people or world under observation”.

Another reason for not selecting a quantitative approach is that while providing many useful facts and statistics, the method did not particularly assist me to provide appropriate therapeutic interventions for these men in the study. Often men who had



been convicted of wilful or indecent exposure offences, sometimes left the CBSOTP little different to when they entered. Sometimes the Unit felt that we “missed the point”.

A qualitative approach was also selected because of the focus on description, the representation of reality as viewed by the participants and, in particular, a method of working which emphasises and emergence of concepts and themes from the data rather than the imposition of pre-decided theory. Patton (1990:pg 150) states “Purpose is the controlling force in research. Decisions about design, measurement, analysis and reporting all flow from purpose.”

Therefore, my purpose consisted of two basic premises, the interview schedule responses would hopefully contribute to fundamental knowledge and theory, and secondly, the interviewee case study to a formative evaluation of the program. Whilst this study was not intended to be case study focussed, it was felt that the material discussed by the men involved highlighted the issues and enhanced the quality of the study. In addition, quoting relevant parts of the men’s stories provided information in a more interesting format whilst, I believe, promoting the “humanness” of these individuals by introducing aspects of their characters. Qualitative inquiry contributes to basic research by way of utilising grounded theory, which is a method of producing and confirming theory which arises when there is close involvement with the empirical subject (1990).

Strauss and Corbin (1994) provide a description of grounded methodology which I have attempted to use within the confines of this study. Whilst this type of methodology largely attempts to determine new theory, it is also considered appropriate that existing theories can be modified or elaborated upon from the study. The consistency with qualitative research generally and grounded methodology for the purpose of this study is the use types of data used for the findings, namely interviews and field observations, reports, court documentation, depositions and cassette tape recordings (Glaser & Strauss:1967).

Qualitative data consists of three kinds of data collection; 1, indepth, open ended interviews, 2, direct observation, and 3, written documents (Patton:1990). In this study I used 1, open ended interviews and 3, written documents. The latter being the SOTU files of the men interviewed which consisted of assessment interviews, statement of material facts, or court depositions, Judge's Sentencing Remarks, and Criminal Histories. Although files were examined for most of the men, they were not explored in great detail based on the assumptions that men's perceptions of their own experiences were more important than written reports. The written documentation for this study was only used for validating a richer picture of the individual. In most cases the written documentations confirmed what the men had told me, albeit sometimes with the expected cognitive distortions one would expect from an offender committing "shameful" offences. Therefore, although Murphy cites research which suggests that most offenders commence their offending as adolescents but usually do not receive their first conviction until their 20's, this was not demonstrated by interviews undertaken. Additionally, these men gave similar stories without knowing or having spoken to each other, which also validates their reports of having commenced offending in their 20's and early 30's (in one case) (1997).

The importance of using qualitative data was also its holistic view of the situation and reduction of subjectivity by way of having the participants speak for themselves as opposed to reflecting the expectations of the interviewer. Philosophically, there are problems interpreting another person's beliefs and values and the qualitative approach is one way to address this concern.

### **3.3 The Interview Schedule**

As I worked with exhibitionists in group treatment programs, common themes appeared to arise time and time again. Most of these themes were used to guide the schedule. Also incorporated were useful questions from the SOTU's Assessment Interview Schedule, and other interview schedules used for similar purposes, for instance, the Hare PCL-R and New South Wales' SOTP's Assessment Interview Schedule. These assisted in

pursuing the participant's thoughts and feelings on their own childhoods, their adult relationships, how they communicated, how they coped with stress and their perceptions of their offending and their victims.

After some discussion with my supervisor, a sample size of 20 was decided upon. This seemed an appropriate number, given the qualitative nature of my study and the resources available for the task. In addition, after consideration of the difficulties inherent in finding men who would be willing to participate in the study given issues relating to their willingness to co-operate and confidentiality fears, this number seemed attainable. Such a sample could provide useful data, particularly when placing these samples in the context of probability sampling, that is, although the divisions seem small, they could be generalised for a larger population of men. Whilst the word sample may not be strictly correct because of the manner in which the respondents were attained, it is considered that this group of men were a sample of exhibitionists within the scope of the Ministry of Justice.

After devising a guided interview schedule that seemed to adequately cover the areas of interest, this was shown to several of my work colleagues and my supervisor for comment, and the required adjustments were attended to. The schedule was piloted on a prison group and comments were requested on any aspect including those that were omitted from the schedule. The guided schedule allowed the interview to progress to places that were totally unexpected and very rich in information while at the same time not tied to a strict format or guidelines.

### **3.4 The Guided Interview Schedule**

The schedule consisted of 6 main sections which were Demographics/Family issues, School, Relationship/Sexual Development, Responses to Stress, Substance Use and Choice of Victims. These sections will be discussed in more detail following (See Guided Interview Schedule - Appendix 2). The reason a semi-structured format was chosen for interviewing is to gain consistency in the types of response groups so that the

data which emerged had relevance to other interviews, but was not so structured as to prevent the emergence of important data. For instance, an unstructured interview format may have provided rich information which may or may not be significant, but was not discussed in another interview and therefore remained an unknown variable. A mixture of closed and open-ended questions were used, the closed questions mainly being used to determine whether further inquiry regarding a particular topic was necessary.

#### *3.4.1 Demographics/Family of Origin Issues*

The first focussed on basic demographics and lead into childhood issues. The types of questions asked in this section were about any perceived differences the participant felt as a child around their family or religiosity, family type, any incidences of physical or sexual abuse and their perceived current closeness to family members. The purpose of these types of questions were to determine how much childhood issues appeared to play in the men's offending behaviour and for what apparent reasons. The focus in this section was based on prior research which suggested certain characteristics common to exhibitionists and the importance of learning and child developmental theories in subsequent offending. Examples of questions in this section are; Did you have any important religious or cultural upbringing? How did you find this? Was it different to others around you? The purpose here was not so much to collect demographic data on religiosity but to determine how the subject perceived these aspects of his life. Other questions focussed around – Was there any involvement with extended family members?, Did you experience any physical or mental health problems as a child?, How did you relate to other children?, What was family discipline like? And Did you experience any sexual (and/or physical) abuse as a child?

#### *3.4.2 School*

This section focussed on how well the participant performed at school, how well they felt they fitted in, after school activities and hobbies, friends, further qualifications and employment. The purpose of this section was to determine how well the interviewee felt

they socialised with other children and how comfortable, restricting or traumatising they found these years of important psychological development. Again rather than attempting to gain quantitative demographic data, the attempt was to focus on how the subject perceived themselves relating and fitting in with others. Questions asked in this section were - How did you like school?, What did you do after school, and at weekends?, Did you experience any teasing or bullying at school? Questions in this section moved towards employment and questions were asked such as; Did you get any further qualifications at this stage?, Describe your first job, Describe lengths of time (of employment), type of work, what you enjoyed most...

#### *3.4.3 Relationships/Sexual Development*

This section's queries hoped to derive the origins and appropriateness of early sexual development and further intimate relationships. There was also a focus on communication and the ability to express themselves within relationships. There has been some suggestion in previous research on the lack of intimacy which appears to be a significant factor in offending of a sexual nature. Also Freund's courtship disorder theory may have been supported or not by questions in this area, as well as questions regarding early childhood sexual abuse. These and my own observations regarding apparent deficits in the offender's ability to communicate at an intimate level encouraged me to want to delve further in these areas. Questions included; Describe your most recent or current relationship...How would you describe the level of communication in this relationship generally?, How do you express dissatisfaction, anger, hurt in your relationship?, How do you resolve conflict in this relationship?, How would you describe your relationship with your children?.

#### *3.4.4 Responses to Stress*

This section explored the participant's perception of their stress levels and their ability to manage stress. The hope here was to determine their perception of the role stress played in their lives and their responses to this behaviour. Again, the interview schedule was not

attempting to determine how much stress existed in their lives, but rather how they cope with those stresses. Here the suggestion is that these men do not necessarily suffer more stressful situations than others, but that they may have difficulties in dealing with situations that other individuals cope more appropriately with. Some questions that were asked in this section were; What types of situations cause you frustration or stress?, How would you rate your stress levels generally on a scale of 1 – 10?, How do you tend to deal with situations when you are stressed?

#### *3.4.5 Substance Use*

An important task of the interviews is to basically determine whether alcohol or drugs played a major or important role in these men's offending behaviour. Questions were asked about the participant's use of drugs and alcohol as well as determining their perceptions of that use. For example, Do you feel you have an alcohol or drug problem?, and, Is alcohol or drug use related in any way to your offending behaviour?

#### *3.4.6 Choice of Victims*

This final section focussed on, not only the reasons for choosing particular victims and places, but also to examine the thought and feelings behind the behaviour and its impact. Research suggests that exhibitionists have little victim empathy. The intention was to find out whether these men's answers supported that notion and if there were any common factors regarding the victims which may have suggested offender needs or issues, and therefore further suggestions for treatment. Examples of questions asked in this section are; What was happening in your life around the time of the offending?, What is it you are hoping to achieve by offending?, What is it about these people that encourages you to choose them?, How did you feel about their (the victim's) reaction at the time?, Did you fantasise about your offences after you committed them? If so, what was the focus of your fantasy?

### **3.5 Recruitment of Participants**

Although the criteria for exhibitionism according to the DSM-1V is that it occurs over a period of at least 6 months, for the purpose of this study this 6 month period has not been strictly adhered to, as men caught in the early stages of their offending were not considered to be less exhibitionistic. Potential participants were identified after presenting my proposal to the Ministry of Justice's Ethics Committee and receiving approval to go ahead with the study. Subjects were obtained by using a technique commonly known as "snowballing" or "networking". By this is meant the use of my knowledge within the Justice system to identify and approach men. The advantage of this method was that the sample goal was achievable because of my knowledge of the system. In this manner, a number of men were gained who could be considered representative of the wider exhibitionist population. A disadvantage of this method, however, is that this is not a random sample of Western Australian exhibitionists.

Several men in the system who had convictions of this nature were already known and colleagues were advised of the project requirements so that they could pass on the names of anyone they felt was appropriate. At this time, I was facilitating a community based sex offender treatment program and had several men in the group who were suitably qualified for my study. However, the men were not approached until their treatment was completed to avoid any issue of dual role or conflict of interests. This alleviated concerns held for the men that they would feel obligated or worried that they would be treated differently by me in the group if they declined my offer. Men in other community groups were approached however, as they did not share the complication of undergoing treatment with the researcher. Because these men may have still felt obligated due to my role in the Unit, I was particularly careful to ensure their awareness that this research was voluntary and that confidentiality was assured and confined to myself.

Another method of finding appropriate participants was to check the community based lists for men with wilful exposure or related offences. They usually came to the attention of my Unit anyway, however, some escaped perhaps by not being mandated to do a

program to address their offending behaviour for instance. These men were approached through their Community Corrections Officers (CCO's) after explaining my research. Often the men were telephoned when they were reporting to their officer and were spoken to on the phone by myself.

After gaining permission from the Prison Superintendent or other relevant Officer such as the Assistant or Acting Superintendent, the men were also approached in Casuarina and Canning Vale prisons after perusing the muster sheet (list of inmates) of the prison, identifying those with sexual offence convictions and checking their criminal history for wilful exposure related convictions.

It was unclear how many men were approached directly or indirectly in all due to the various methods utilised to gain participants. For example, men who were engaged in group treatment at the time of my study were not approached individually as I felt that this method could place undue pressure on them to participate. I merely presented my study details and request to the group as a whole and left contact details for those individuals interested. In addition, CCO's who may have asked their clients and received a negative response did not necessarily pass that information back to me.

Given my position in the Sex Offender Treatment Unit, access to these men's files and corroborating paperwork was possible. Although, this was not used specifically as a method of gaining information, accessing the participant's offending details in the form of their criminal history, Judge's sentencing remarks, and reports such as the pre-sentence report provided valuable information. This also enabled corroboration of the stories which they provided in the interview. Generally, the participant's stories were remarkably consistent with the official data available to the researcher, although some men did disclose further sexual offences for which they had not been convicted.

The men were spoken to personally either by phone or face to face. This enabled my response rate to be much higher when I was able to speak personally about my research, as opposed to having a third person explain requirements on my behalf. Most of the men



who participated in the study claimed that they were willing to do so as they believed they might be able to help either themselves or other men, by discussing their offending in an open and honest way.

### **3.6 The Interview and Ethical Considerations**

An Informed Consent Form was devised to emphasise the voluntary nature of the interview. Each of the men, prior to the interview, received a verbal explanation so that he understood the consequences, or lack of, of his participation (See appendix 1).

Research interviews were conducted in either prison or Perth Community Based Services Centre or in cases where individuals lived a particular distance or had mobility problems, at their nearest Community Based Corrections Centre. In this way attempts were made to be accommodating whilst ensuring my own safety. This is not to suggest that I felt unsafe, rather, safety issues as outlined by the Ministry were adhered to. Generally, the interviews lasted approximately one and a half hours.

All interviews were tape recorded and later transcribed. Although this is a time consuming process, this procedure enabled a true and accurate record of events to be kept for analysis. It was also felt that taking notes at the time would have been disruptive to the process and the flow of the interview and, given the subject matter may have created discomfort for the participant. Although some men expressed slight discomfort when the tape recorder was introduced, none objected to its use, and within minutes all had apparently forgotten the machine was in use.

Almost all of the literature on qualitative methodology (Hall & Hall:1996, Lincoln & Guba:1985) discusses the importance of rapport building and the need to be aware of asking intrusive questions of unfamiliar subjects. My social work background allowed me to be comfortable with both the nature and potential intrusiveness of the research material and the resulting questions. In addition, my confidence with the interview process also appeared to enable the men's anxiety to diminish.

However, with some men, a dilemma was created as I had worked previously in a therapeutic setting with them, or those who came into group after the interview. This came in the form of receiving more information and required me not to confuse my role as therapist and my role as researcher. Awareness of the difficulty enabled me to keep these roles separate. There were times when writing up my Qualitative Study Results and Discussion chapters that I had had to say to myself, “No, that is something I learned outside of my interview, and I can not use it here.” This seemed appropriate and ethical. When writing up my study, the names of the men and also their partners or family members were changed to maintain confidentiality.

As with most methods of research design and interpretation, there are criticisms over the issue of value and objectivity. Subjectivity is difficult to eliminate however in this case my experience as an interviewer and social worker in this field provides a form of integrity and sensitivity to the issue of data analysis.

## **CHAPTER FOUR – QUALITATIVE STUDY RESULTS**

### **4.1 Introduction**

In this chapter, the findings from the interview schedule will be discussed. These included results of the demographic data, major findings, what outcomes of investigation on common themes has arisen, and any other peripheral issues which came out of the study. Graphs and tables will also be presented in an attempt to highlight particular issues and highlight trends. Quotes and case studies are incorporated to portray the information in a more interesting and personalising format. In the course of the interviews, certain demographics emerged. Whilst these can be useful and have been included, they are discussed only briefly as they were not the focus of this particular study and I was reluctant to expand upon them. It was also felt that expansion would increase the risk of repetition within the results discussion.

As qualitative research is particularly reliant on self reporting and individual accounts, only those men who volunteered were thought to be “reasonably” comfortable discussing the topic. One reason for this might be their involvement in the correctional setting and the resulting need to tell their story several times at least over the course of their incarceration or community order. Also, many of the men had been through that process on previous arrests, which is believed to have desensitised them somewhat.

Given my work with the MOJ and access to the men’s records much of the material was in fact verifiable. It was inappropriate for this study to challenge or confront inconsistencies, as would have been the case with a Ministry interview. The men admitted many further offences, for which they had not been convicted, and this could be considered to be an indication of their honesty. Contradictions tended to be cognitive distortions on the part of the men, rather than untruths, and this is consistent with almost all men who commit sexual offences of any nature.

Both prior to and at completion of the interviews, there were some ideas as to what possibilities may emerge from the data. What became clearer as the data was analysed is

that some of my observations became a reality, whilst others were relegated to “other issues” without much particular bearing. This phenomenon was fascinating as issues emerged that were not anticipated, and demonstrated how rigorous research can elicit new information on exhibitionism.

As interviews were drawing to completion, the findings were discussed with several work colleagues, and again at the data collection stage. Advice was sought from other researchers about their method of data analysis and the various approaches that they used or intended using for their own studies. Finally, given my experience and familiarity with the subject matter, it was considered that the most effective data analysis for the study would be a simple qualitative, descriptive approach. Using a manual method, I identified key themes and ordered the data around those key themes. In this way, the men’s stories could be recorded, and hopefully understanding enriched by using an indepth interview. This approach was approved by my Supervisor as the analysis was presented, and it became clear and understandable. My experience and the subject material in conjunction with each other helped to consolidate the emerging ideas.

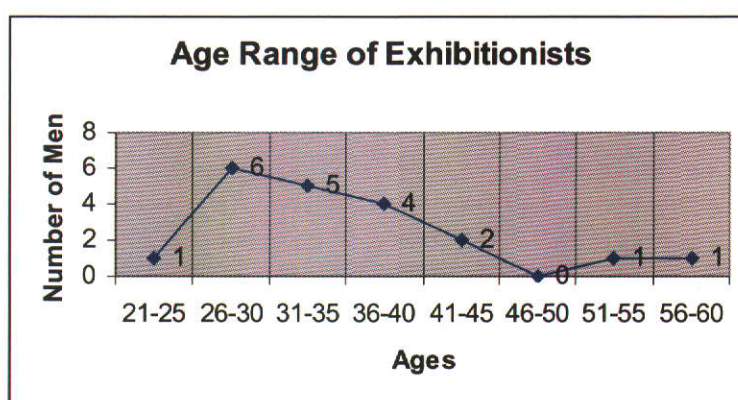
## **4.2 Results**

### ***4.2.1 Demographics***

Although the intent was to gain the stories of the men from their own perspective, in doing so some demographic data was also collected which can also be important in enriching our understanding of exhibitionists, as well as developing possible commonalities within the demographics that may also contribute to improving treatment. The demographics on age range, educational and relationship status are consistent with other research in the area which suggests that there are few limitations on the type of man who might expose themselves.

#### 4.2.2 Age Range of Exhibitionists

The age range of the men interviewed was from 21 - 57, which is consistent with research which suggest that there is a wide age range for exposing. The average age was 35 years. The youngest man was aged 21, however, given the sample size was derived from a population of adults, this age has no significance. Although after 40 years of age the number of men exposing appear to reduce, two men in the sample were 52 and 57. These men, however, have reached a stage where they know their offending is

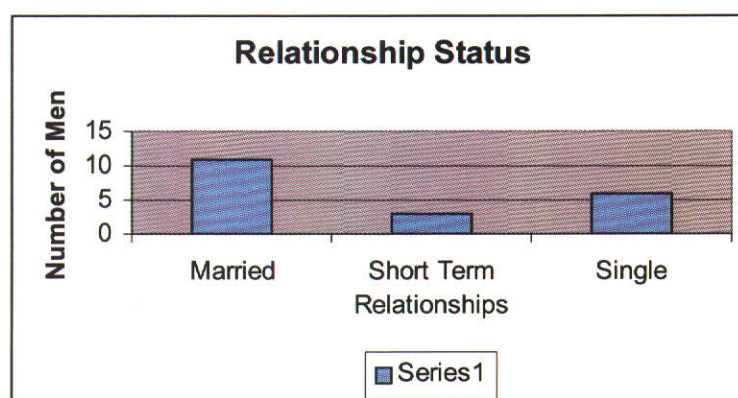


problematic and they are wanting once and for all to cease the behaviour. Whilst others stated their desire to desist their offending behaviour, a note of desperation could be detected in the voices of these men, particularly Dan, when discussing what they stood to lose. One can only speculate that as old age approaches, the prospect of losing family can become a more significant and overwhelming prospect.

#### 4.2.3 Marital Relationships

Of the 20 men, 11 are in long term marital or defacto relationships which are at least four years in duration, with the longest being 40 years. Three were in relationships of 2 years or less at the time of interview and 6 were currently single. Twelve of the men had children and 8 men had no children. One participant, however, had two children from one relationship, aged 16 and 12 years. Although they had separated in between each of the children, three children came from another relationship, one of those also 16 years of

age, and then 6 months difference in age to his first daughter, the others 14 and 12 years. Following these children he had a son, whose parentage he halfheartedly disputed, aged 11 years, and a 10-year-old daughter to another woman with whom he also has a son. This totals 6 altogether, 7 if the disputed son is also counted.



#### *4.2.4 Education/Qualifications*

Education and qualifications of the men interviewed varied from exiting education at Year 9, to university qualifications and long-term careers. One participant had a degree in anthropology, whilst another had served a draftsman apprenticeship. Yet another participant displayed a lack of confidence with his basic literacy levels. The majority of the sample were unemployed at the time of the research, although the length of that unemployment was not determined statistically.

#### *4.2.5 Place of Origin*

Nine men were born in Western Australia, 5 men were born in the Eastern States and 6 men were born overseas. Of those men born overseas, the youngest age of migration was 12, therefore these men were mostly raised in their country of origin. With the exception of one man, those born overseas described a society different to the culture of which they are now members.

#### **4.2.6 Characteristics**

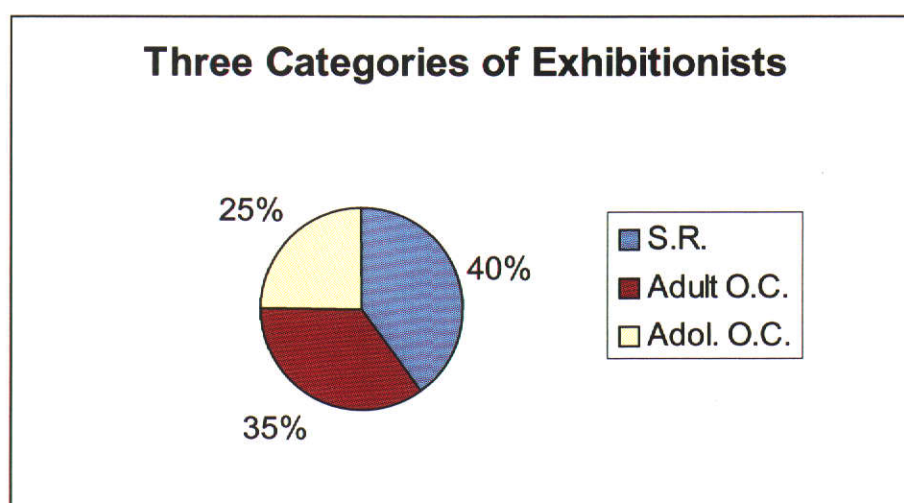
What has emerged from this sample is that the general characteristics of exhibitionists are consistent with some of the previous research in the area. Prominent themes identified were the poor or non-existent relationships with their fathers, many experienced early trauma and episodes of sexual or physical abuse as children, low self esteem and high self criticism and the appearance of dissociation. However, these men have a higher educational background than other sex offenders, having completed secondary and tertiary studies, are often married and hold good work records (Dwyer:1988).

#### **4.3 Major Findings**

As the interviews progressed, the findings began to support some of the objectives. What has emerged from the data are that there are 3 main categories of exhibitionists which have been named as follows; career exhibitionists of which there are 2 separate and distinct types, although it could be argued these are sub-types of career exhibitionists; adolescent onset career exhibitionists and adult onset career exhibitionists, and situational response exhibitionists. This was exciting as previous studies had not suggested these types of categories. All of the men interviewed fall clearly into a particular category and with one exception seem to find their behaviour unacceptable and peculiar. These categories do not conflict with Hollender's model of 4 categories of exhibitionists as he has defined his categories using different criteria. It is considered that the exhibitionists who participated in this research could fit into 3 of the 4 of Hollender's categories, namely; 1. Compulsive exhibitionism (of which I would consider they all fall into) in which generally most exhibitionists fall due to what Hollender believes to be the compulsive nature of the act. He believes that these men want to be caught and if they are not apprehended their exposing behaviour escalates to more open and brazen types of exhibitionism. 2. Secondary exhibitionism, where the exposing behaviour is believed to be the result of the primary psychiatric or neurological disorder. Hollender points out that undressing in public can arise in cases of schizophrenia, mania,



dementia, mental impairment and temporal lobe seizures. However, if the condition itself is treated appropriately, the exposing behaviour will cease. This may be the case for at least one of the participants, although unfortunately their brain damage is unable to be successfully addressed or managed with medication. Finally, the fourth category Hollender identified is Attention Seeking exhibitionism of which it could be also argued a majority of the participants could be placed. Although Hollender referred to this category as referring more to women, there is no doubt that many male exhibitionists are seeking some form of attention from the activity, in particular validation. This is supported by Langevin et al. (1979) who found that the desire to be admired was a major



factor in exhibitionism.

#### ***4.3.1 Adolescent Onset Career Exhibitionists***

This category was named as such because these men began exposing themselves in early adolescence. 25% of the sample fell into this category. Although all men discuss exhibitionism as a compulsive act, the career exhibitionists appear to have particularly entrenched patterns of offending behaviour. These men appear to have been particularly sexually focussed from at least early adolescence and several prior to that time;



- Dave                    “10,11,12 and I would usually hang out around where there were females.”
- Ahmed                  “...I was a bit of a bad boy at times. Hang around with girls. I liked having a girlfriend at that age, primary school. You explore.”
- Henry                   “My resentment started way back in the early school days...to me it’s being able to communicate freely without the hidden agendas...like trying to talk to a girl and in the back of my mind is... am I going to get into your knickers...Yeh, I don’t want to talk too much or say the wrong thing without thinking first.”

### **Case Study - Simon**

Simon is an Adolescent Onset Career Exhibitionist. Early in his childhood his father was imprisoned on child sexual abuse charges and was divorced by his mother. She moved in with her family of origin, which consisted of several brothers, who tormented and physically assaulted Simon on a regular basis. He was sexually abused once when about the age of 10. When he disclosed nothing was done, and he was hit when wanting to play at the same place the original assault occurred. In early adolescence, he began exposing himself. Simon believes this was initially to create a reason for the punishment received, and at some level and for a period of time, he achieved some personal status, with other school kids following him around to watch.

Simon was unable to relate to women, feeling inadequate and lacking self confidence and self esteem. He experienced problems with alcohol for a length of time, and his relationships with women were dysfunctional. He seemed to choose women who were dysfunctional themselves, and who often had children who they abused. In this way, Simon attempted to “save” the children and try and “help” the women. Of course, these relationships were high maintenance and extremely stressful, and Simon’s offending would increase in relation to the level of stress he experienced throughout his adult life.

He also experienced difficulties relating to other adults in the work environment, and eventually, has had to go onto a disability pension, due to work related stress. Simon estimated that he had offended at least a half a million times. He described a day where he walked from his home and along approximately 25 miles of beach in 40+ degree heat, wearing no shoes, exposing himself hundreds of times in the day. Simon arrived home late in the day, not having had any water. He stated he gained the energy for this excursion from his offending behaviour.

Simon's offending behaviour would become increasingly daring. He believed this was a cry for help as opposed to progressing his risk taking. He currently has a defacto wife and a small daughter, and has reduced his offending significantly due to the commitment vested in the relationship. Simon reports deriving feelings of self worth and importance from the relationship. Not only is Simon an Adolescent Onset Career Exhibitionist, he also suffers high stress, had a highly unsatisfactory relationship with his father, acknowledges great difficulties relating to other people and dealing with conflict resolution, and in addition has experienced significant and ongoing physical and emotional abuse, and was on one occasion sexually abused.

In summary, adolescent onset career exhibitionists appear to have a greater likelihood of family of origin dysfunction, they seem unable to relate to others on an intimate level, and often exhibited a high sexual focus as an adolescent, or even younger. Often, they have difficulties in communicating with others even in a general manner. They commence exposing themselves in early adolescence and by adulthood, have developed an entrenched and highly compulsive problem with exhibitionism, and sometimes other paraphilias, such as voyeurism which was discussed by several of the participants.

#### *4.3.2 Adult Onset Career Exhibitionists*

This group of men which consisted of 35% of the sample, can also have extremely entrenched exposing behaviours, however they did not commence their offending behaviour until their early to late 20's, generally in response to some crisis in their lives.

Commonly these crises appear to relate to a relationship breakdown or unemployment, which cause them stress and feelings of inadequacy. These men appear to have an inability to cope satisfactorily with the responsibilities and pressure of adult life and they can experience lack of direction, hopelessness, reduced self esteem and/or an increased self-focus. Of the 3 men in this category who migrated, all claim to have experienced great difficulties adjusting to their new cultural environment.

Tan (migrated from Vietnam - commenced offending at 21 years) I come here and I do not feel happy. I feel lost, frustrated with my language. I am not happy with my work or my family, and then my only entertainment is pornography.”

William (migrated from South Africa at 18 years- commenced offending at 23 years “....and I think that period did play a part in my situation today...everything was just so unfamiliar to me...it took me 4 or 5 years just to find my way around...I was just totally disoriented...we came from a country where the mixing of coloureds and blacks and whites is just not permissible. And you come here and everyone is mixing and you ask yourself how does this person really accept me? ...so it kind of holds you back from starting relationships...”

Paul “My wife always sees the dollar signs...so it was difficult and that was the pressure and I didn’t know how to handle that. I started exposing myself, that was how it all started.”

Neville “Basically...problems in my first marriage...it relates to a lot of emotional turmoil in my life, feelings of inadequacy...”

### **Case Study - Tan**

Tan was raised in Vietnam by a nanny as his parents were busy working. He describes his father as physically and emotionally abusive and both parents were very distant. Tan stated they did a lot of community work and he believed being well thought of in their community was more important than their own family. Tan sounded like a serious, shy, quiet and sensitive boy. In his late teens, Tan tried, unsuccessfully, to escape from Vietnam. On his second attempt he was imprisoned for a year. Soon after his release, he migrated to Perth where other members of his family had also taken up residence. Tan experienced great difficulties adjusting to the culture and it is possible he also suffered post traumatic stress from his incarceration in Vietnam (social withdrawal, nightmares). He felt lost, and had trouble with the language. Tan held down a series of unskilled, menial jobs which were not satisfying for him. He reported using pornography during these early days after migrating, although without a fulfilling sexual outlet and later developed an interest in cross dressing.

Within a year of migrating to Australia, Tan commenced exposing himself, usually in women's clothing. Some years later, he met and married an Asian woman, and describes the whole affair as stressful and difficult. The marriage appeared organised and orchestrated by the family. At the time of interview, Tan's wife was expecting their first child any day, and Tan expressed his fear at how well he would parent the child. Tan has difficulty communicating, not due to his language skills, but rather to a general deficit in relating to other people. He appears to have few skills in the area of problem solving and conflict resolution. Tan, besides being an Adult Onset Career Exhibitionist, has significant issues with stress and communication, and experienced humiliation and ridicule as well as physical abuse at the hands of his father, with whom he otherwise had little to do with while growing up. Tan estimated that he had exposed himself hundreds of times.

To summarise, this category: Adult Onset Career Exhibitionists, display a tendency to commence offending in their early to late twenties, often in response to a perceived

stressful event. Once they commence this behaviour, however, this becomes an entrenched method of expressing their distress or inability to cope. These men appear to have difficulties in coping with the stress of everyday life, as do their Adolescent Onset counterparts. Further, it appears that the pleasurable reward they receive from this behaviour through orgasm and/or stress reduction develops into a habitual manner of coping with stressful events which is consistent with cognitive behavioural explanations of sexual offending. This group of men, however, are often more socially capable within their relationships, at least generally.

#### *4.3.3 Situational Response Exhibitionists*

The third category are Situational Response Exhibitionists. These men also seem to have commenced offending in their early to late twenties, although one man started in his early thirties. However as opposed to the Adult Onset Career Exhibitionists, these men seem to cope better with stress and life generally but respond to particular life crisis's inappropriately by offending. For instance, as a result of a job loss or relationship breakdown.

- |       |   |
|-------|---|
| Imran | (Engineer migrated from India) "There is frustration. I mean what I am looking for essentially is a full time job. I mean what society does not recognise is that I have special skills. I feel that I am a social outcast. I feel that I am being looked over for work, so I mean, I feel like I am at a loss as to what to do, because I am not being given a chance. I feel rejected by society. It just gets too much for me you know." |
| Aaron | "...like I've always known what I was doing in the Navy...I'm usually paying my own way, helping other people but now my girlfriend was giving me money. I had to live with her parents."   |

- Bradley            “My relationship with my first wife was very painful sexually as far as in the fact that it really fucked my mind up. Made me think I was really useless sexually and years of that, I think it took its toll.”
- Doug              “Unemployed. My partner Melissa was out working all the time, I was bored, little for me to do...I grew up in the family environment where the mother stayed at home, the father being out there as the provider.”

### **Case Study - Bradley**

Bradley is considered to be a Situational Response Exhibitionist. He was raised with both parents until they divorced when he was 8 years of age. Although continuing to see his father on a fairly frequent basis, given he lived some 1200 miles across the country in the USA, he described his father as not quite knowing what to do as far as being a successful parent. Bradley did not experience any physical or sexual abuse, and appeared to have a reasonable relationship with his mother. However, they did move frequently for a lengthy period of time, and Bradley is able to articulate his strategies for fitting into a new neighbourhood as soon as possible.

Bradley met his first wife whilst in the Navy, and left the service under pressure from her opposition. After a period of about 8 years and some problems, Bradley's wife left him and returned to Australia, taking their young daughter. Bradley followed, and they reunited briefly. Bradley described his wife as making him feel very sexually inadequate. Although meeting another woman and forming a relationship in which he felt very happy, Bradley retained his fear of being inadequate. While his girlfriend was pregnant, he lost his job and experienced financial difficulties. Bradley discussed not wanting to burden his pregnant wife with their problems. He began offending and he was reluctant to specify the amount of times he had offended in addition to those times he has been convicted of over the last year. Bradley appears a capable communicator, who does, however, acknowledge that he may not share negative emotions. He acknowledged holding traditional views relating to the male provider role. He was experiencing high stress levels at the time of

offending, but generally appears to deal appropriately with such situations. He did not experience any childhood abuse, however was distant from his father.

In summary, Situational Response Exhibitionists commence offending in their early to late twenties as a response to a crisis situation which they encounter. Their offending may continue until that issue becomes resolved, and they either do not reoffend, or do not reoffend until a further crisis arises. These men appear more capable to respond appropriately to everyday stresses and appear only to resort to exposing themselves when they are in an extremely stressful or difficult situation.

*Table of 3 Categories of Exhibitionists and Characteristics of each one*

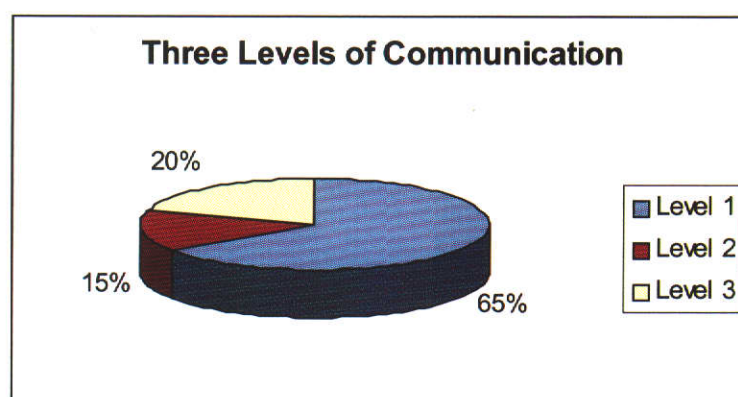
<b>CATEGORY ONE Adolescent Onset Career</b>	<b>TWO Adult Onset Career</b>	<b>THREE Situational Response</b>
greater likelihood of family dysfunction	inability to cope with life stress, pressure	Onset early to late 20's in response to crisis
inability to relate intimately to others	Hopelessness, low self esteem or high self focus	may only offend in response to crisis
commences offending as an adolescent	commences offending in early to late 20's in response to a crisis but tends to continue	Intermittent but intense when occurring
high level of sexual focus as a child/teen	Regular and intensified when occurring	
Regular and intensified when occurring		

#### **4.4 Common Themes**

Four common themes emerged which were significant. These common themes were (1) communication deficits, (2) stress levels, (3) father issues and (4) childhood abuse issues. These themes did not correspond with the three different types of exhibitionist, for instance, adolescent onset career exhibitionists do not necessarily have more difficult childhoods, or more stress. However, there were many environmental factors which also impacted upon each individual as well as their own individual resources, rather than one specific reason which is rarely, if ever, the case. This belief appears to be consistent with a holistic social work approach which places the men within a contextual framework including all environmental factors such as personality, childhood factors, family of origin, and adolescent and adult experiences.

##### **4.4.1 Communication Deficits**

What emerged from the data analysis demonstrated that all men experienced varying degrees of communication deficits. Three levels of communication were identified. The levels for each emerged from interview discussion regarding; self report on





communication levels, ability to handle stress, how they reacted to, or managed certain situations and their ability to relate socially and within their personal relationships. Level 1 is the most problematic communication deficit (see table), level 2 are medium range communication problems and level 3 are generally good communicators.

#### 4.4.2 Table for Communication Clarification of Levels

<b>LEVEL ONE</b>	<b>LEVEL TWO</b>	<b>LEVEL THREE</b>
poor communicators generally	some problems with communication but can	can be and appears a good communicator
employ avoidance tactics	get by on a superficial level, more functional in some areas than others	has trouble expressing negative emotions, beliefs are commonly they should be able to handle own problems or they are weak, etc.
difficulty with appropriate emotional expression		
difficulties with conflict resolution, problem solving		

#### Level one

Level one was the most dysfunctional level of communication, with men in this level generally being poor communicators. Significantly, 65% of the men fell into this group. These men experienced difficulties with appropriate emotional expression of any kind and difficulties with conflict resolution and problem solving.

Richard            “I have tried talking and things like that, but my willingness to put the effort into a serious relationship is lacking. If there’s no major dramas I’ll just cruise along.”

(On stress)        “...but I don’t take it out where it’s directed, Sandra will cop most of it.”

(In relationship) "...if I'm not happy, I'll go away from it, so I'll go and do something else."

Marcus "I'd say 2 out of 10, it's extremely, I can't really communicate with someone who is half love...it's extremely hard to... there's no communication between us. That's where our relationship falls down."  
(10 year relationship, 4 children)

Doug "Usually just bottle it up and get on with what's ahead, yeah...pretty much the same as it has been in previous relationships...I'll resort to not talking...it's not good for the relationship but that's how I was brought up and that's life."

Tan "I think at first it is better, but later it is not. Communication has improved since the baby but she doesn't know about my offences...I cannot tell her because I am unsure of the future. I think my wife kind of blackmail, emotional blackmail."

Simon "Work got less and less as I went. On the last job I had was at K-Mart, and I ended up on serapax and that just to try and cope with the stress. I found people pick up on the stress problem and its like they have to try to make it worse, like have some more stress, just like a repeat of my childhood..."

(On relationships) "...I just used to find relationships really stressful... I would get really pissed, you know, to escape..."

(On current relationship) "...depends, sometimes I get a bit overpowering like this is the way it is..."

## **Level two**

This group included men who had some communication problems but were not as dysfunctional across the board as level one communicators. They may experience deficits more in some areas than others and often appear more skilled at a superficial level. Fifteen percent of the men interviewed were in this level.

Kim                    “I think we communicate good, but Marj says I bottle it up. Mainly when there’s a problem, I think that’s when I don’t talk about stuff.”

(On dealing with stress)    “Well, uh, I don’t really, not all the time, sometimes I just avoid them.”

## **Level three**

These men can appear as good communicators and problem solvers, however they all discussed difficulties expressing negative feelings and concerns particularly to their partners. They would commonly bottle things up, often due to the beliefs that they hold regarding masculinity and the way they should be able to handle their own problems, feeling they are weak if they seek advice, etc. They may also feel that they are trying to protect their marital partners from problems. Twenty percent of the men interviewed fell into this level.

Bradley                “About an 8, pretty good...I have this problem of not trying to tell people bad news...instead of actually talking to her about it I guess I wanted to wear them to prevent her from worrying...I wasn’t letting her know how much it was getting to me...”

Aaron                  “Yeah, we have disagreements stuff like that, not just walk off in a huff, we always talk about it later, work it out...”

(On stress)        "...sometimes usually I just bottle it up"

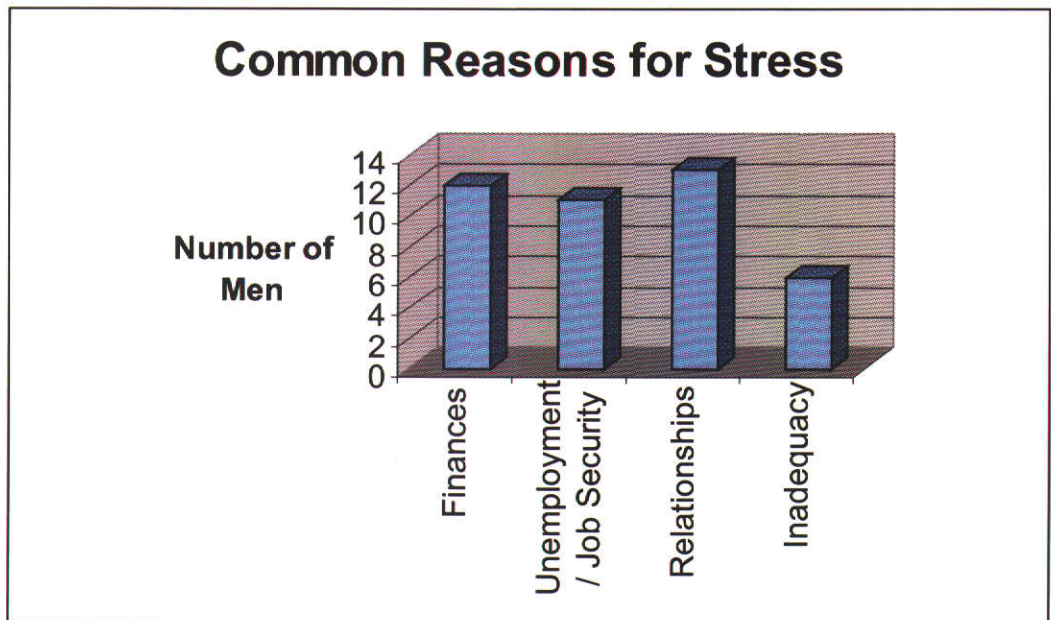
In summary, the research found that all the participants experienced some form of communication deficit. Three basic levels of communication were identified. Sixty five percent of the participants were considered to be poor communicators generally, comprising level one, the level with the most serious communication deficits. Level two contained men who experienced some problems communicating, particularly in their relationships, although on a superficial level can often appear reasonable skilled. The men in the level three category were quite skilled in their communication, however, found that they experienced difficulty expressing negative emotions, especially to their partner and as a result tended to bottle up feelings in stressful times.

#### 4.4.3 Stress

Only one man in the sample did *not* express reasonably high levels of stress. The majority (95%) expressed stress most commonly in the areas of finances, job security or unemployment and relationship problems. Many expressed feelings of inadequacy resulting from these problems. There appeared to be three main ways men deal with stress, most commonly to repress their emotions, some participate in running or other forms of exercise, or driving around, and others talk about relying on offending to obtain relief in times of stress. Unfortunately, given that many men offend at the beach or at parks often their jogging or aimless driving culminates in offending. I would also suggest that some of these men meet the criteria for anxiety disorder.

Paul        "I bought a ute and a trailer and started lawn mowing...which wasn't doing too bad but that's probably where the problems started. Because of the pressure of my own business I felt a lot of stress over it...my wife always sees the dollar signs...so it was difficult and that was the pressure and I didn't know how to handle that. I started exposing myself, that was how it all started."

- Neville "I worry. I find that I'm a compulsive worrier, to worry about future things, job interviews or something else in the future. Things you're going over and over. Job interview for example, or you're trying to tell my wife something and (I) go over and over conversations...sort of like compulsive worrier."
- Larry "Really bad. I get stressed heaps...Finances at the moment, I've got behind on my bills and that really stresses me out."
- Dan "Uh, I hate stress...it could have a lot to do with my offending...I think I could confidently say release of tension."
- Kim "I just seem to get quiet, and then I start doing these stupid things (exposing)."
- Dan (On handling stress) "Not very well, I don't think. I'm sure that's one of the reasons I get really bad headaches. I get stressed and I really don't know how to handle it...quite easily stressed 9 out of 10...uh, try to push it aside, think that I'm not getting stressed out, not dealing with it, I suppose. My mood changes."
- Simon (On stress) "Not too good...situations that I have no control over...a stressful situation is when I can't leave it..."



#### Case Study – Steve

Steve experienced such high levels of stress from having to interact with other people that he believes initially he commenced offending partly to alleviate his feelings of stress around other people when in high school. As he entered the workforce, Steve found that his feelings of anxiety relating to other people increased and he left jobs as the pressure intensified until he found himself unable to cope with the everyday pressure of a work environment and was eventually prescribed serapax as a medication. He felt people recognised his high stress levels and intentionally antagonised him. Eventually, at around the age of 28, he was unable to work and was placed on a disability pension. Steve is now 33 years of age and it is unlikely that he will ever re-enter the workforce.

Overall the majority of men in this study admitted to experiencing high levels of stress and felt they did not handle their stress appropriately. As a result, many responded maladaptively to events that others encounter and manage in everyday life.

#### *4.4.4 Father Issues (and Abandonment)*

All but one man in the sample were separated from their father either by geographical distance, desertion or divorce, or emotional distance. Sixteen of the 20 men (80%) described unsatisfactory relationships with their fathers. The term “unsatisfactory”, for the purpose of this study, refers to a relationship which the men felt was not emotionally intimate and in which they had difficulty relating to their fathers. Relationships ranged from paternal relationships that were non-existent to those that were extremely abusive. This is consistent with research presented by Dwyer (1988) that suggests that exhibitionists tend to have distant father figures.

Dave “I was 6 when my Dad sexually abused me, it went on for a while. It affected me in a lot of ways, it affected me in my self esteem, my self confidence, I had nightmares, it affected me in a sexual...I mean, problems sexually...the second marriage I got kicked and stuff like that, but not sexually abused. (by step father)” – also relevant to Childhood sexual abuse section

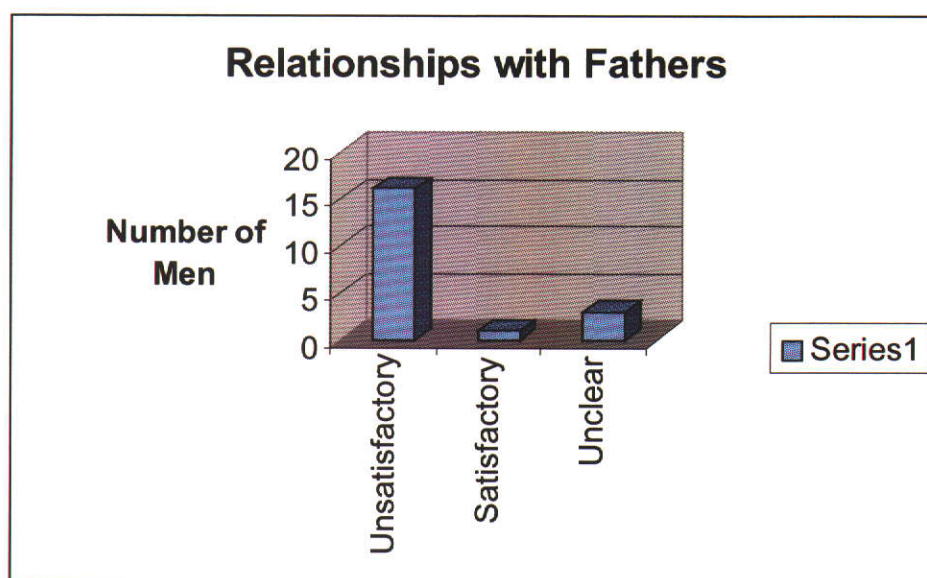
Simon “It started off, I was just living with my mother and father, he went to jail... yeah, he actually went to jail for child molestation. (extrafamilial)”

Bradley “Pretty normal, yeah, up until my parents split (8 yrs)...we lived about 1000, 1200 miles away so I would have to fly to go see my dad... He’s just not much...not a very involved dad, that’s all. He wants to be, but yeah, I just reckon he’s not. He just doesn’t know how to do it.”

Larry “Dad was the one who did the beltings, he was pretty cool until he and mum split up and then I think he used to take it out on me.”

Sam “...only when my parents deserted me, oh when I say parents I mean my dad and step mum. They deserted me and my sisters when we came to Australia... It would have been grade 7 because I was still in primary school...we were placed in separate foster homes.”

Aaron ...I’ve had a few different father figures from memory as you can see. My real dad left me when I was really young, had some other guy then he left us...and then we moved up to Queensland with my step dad (at 12).”



#### **Case Study – Neville**

Neville grew up in the Northern Territory in a country town. When he was about 8 years of age his mother discovered she had cancer and made a decision to “live it up”, thus leaving the family to live with another man. Neville felt abandoned by this move. Neville’s father eventually left for Sydney with the remaining family, believing this to be



a better option for his children. He also remarried, believing his children needed a mother, however the relationship failed and the children did not relate to their “new mother”. Neville also stated his relationship with his father was “pretty miserable” and felt that his father could not relate to him at all. He never did any activities or spent time with his children. Neville felt that his father was very unhappy and hated Sydney. His father eventually returned to the Northern Territory when he considered Neville was old enough to look after himself at 13 years of age.

Consequently, Neville’s childhood years after his mother left were ones of loneliness, doing housework, and spending his free hours wandering or entertaining himself by riding his bike around. Neville felt unable to relate to other children as he had grown up experiencing a different lifestyle.

To summarise the theme of “father issues”, most of the men felt their relationship with their father was unsatisfactory. The relationships ranged from fathers who were emotionally distant from their sons, resulting in the participants feeling they were not understood by their fathers who were unable to relate to them on an intimate level. At the other end of the continuum, relationships were associated with fathers who were deceased, in employment which resulted in them being absent from the home for lengthy periods of time, or fathers who were physically and/or sexually abusive towards their children.

#### *4.4.5 Childhood Abuse Issues*

Of the 20 men interviewed 50% experienced either physical, sexual or significant emotional abuse such as frequent ridicule or humiliation. Some men experienced all three. Although some men were hit as children using sticks or belts, if they believed this to be fair and deserved discipline, and was not prolonged or resulting in injury, it was not considered as child abuse by the participants and thus by myself. Of importance was the man’s perception of the punishment. Physical abuse in this study was easily

distinguished from punishment with the former being indicated by words such as bashing, beating, etc. which was consistent with abusive and undeserved discipline.

William "...he (father) hit me across the arm with a broomstick one day, oh, ooh I had it in a sling for about a couple of weeks. He used to get in these fits of rage and he could grab anything, sometimes if the belt wasn't there at the time, he'd grab anything."

Tan "...I am not allowed to play in the rain and he (father) lock the door so I cannot get in and he make fun of me in front of the other kids. Another time I play with a kite and he cut my hair in a funny way so everyone can see it. Another time I am on a bicycle and he kicked me from behind and it is so hard I can not breathe for a while."

Marcus "...when I was 7 years old I was sexually assaulted...he (older boy) would tell me to go in the bushes and play cowboys and Indians and then he would pull my pants down and penetrate me with his penis...I didn't go with him in the bushes a second time so he threw a rock at me and hit me in the head and so I went with him...there was this time when he set up 4 or 5 blokes, you know, older boys...and they all took turns at me...there was a time that Father (priest) wanted to get the truth out of me for the sexual abuse and he got this big, thick strap and he belted me over the hand about 6 times, from there they booted me out of there because I wouldn't tell them what happened."

Simon "Basically everyday (physical abuse), also constant teasing. Like my uncle would... say he'd have two icecreams, one for himself and one for my brother...he'd go up to me and I'd go to take it and he'd go you're not getting one and he'd eat the other one...(after visitation) I'd say dad did this and dad did that, that anger towards my father got put onto me. I couldn't understand why these people all of a sudden treat me like shit...one of the uncles...punched me in the face several times...I know that at one stage I was held down by an older

guy, how old I'm not sure, I can remember his face. I was held down (sexually abused) and I ended up going home and telling my mum about it. Basically, a little bit of time went by and I wanted to go and play at such and such place (the place the sexual abuse occurred) and I got a smack across the face for wanting to go down there".

To summarise the "Childhood Abuse Issues", 50% of the participants acknowledged some form of physical, sexual or emotional abuse. This abuse is considered to be extreme by the researcher as many men experienced rigid discipline but did not consider it abusive. The abuse acknowledged by the participants as such was generally at the serious end of the continuum. Emotional abuse was combined with physical and/or sexual abuse and, according to participants, was a negative influence in their formative years, often causing long term psychological damage.

### **Case Study - Marcus**

Marcus is a Situational Response Exhibitionist who commenced offending and acknowledged doing so several times before he was apprehended. He was removed from his alcoholic parents at a very early age and placed in a Catholic mission. At the mission Marcus received little affection and was taken out into the bush by an older boy and anally raped on an ongoing basis. Whilst he was being raped, he would see his house mother through the bushes looking for him and believed she felt something was wrong. When he would try to call to her, his abuser would place his hand over his mouth. Despite going to a family for many years and being treated very well by them, Marcus believes that he has been very emotionally scarred by his childhood sexual abuse. Marcus commenced offending under the influence of alcohol at a time in his life marked by a dysfunctional relationship and being the primary caregiver to his four young sons. He was unable to obtain work and felt inadequate, hopeless and frustrated. Finances were especially troublesome, particularly in light of his and his defacto's alcohol consumption. He would go into bushes and removing all of his clothes masturbate,

convincing himself he couldn't be seen. It appears that Marcus was reliving his childhood abuse within limited sight of other people, perhaps hoping to be "saved".

## **4.5 Other Issues**

### ***4.5.1 Desired Response from Victims***

Some of the questions were designed to determine what it was that the men were hoping to achieve from committing these types of offences. Responses indicated the following categories;

***Sexual or stress release*** – 70% of the participants discussed achieving a release of their stress and tension by exposing themselves. This contributed to their offending cycle as the stress began building again immediately, particularly as most men would feel stress as a result of offending, that is, through feelings of guilt and fear of capture.

***Acceptance*** - 25% of the men specified that they were wanting some form of acceptance from their victims. Acceptance was a term which the men introduced themselves, and generally meant that their victim did not scream and run off. It appeared that any passive response could be viewed by the men as acceptance, however, ideally the term would refer to an active positive response such as watching or smiling. Acceptance is the opposite of rejection, a feeling which the men were constantly experiencing. Another word which is used in the literature and can be considered similar to "acceptance" is "reassurance" (Fenichel:1945). This concept is also discussed as a desired outcome of exhibitionism when the man has a need for reassurance and therefore exposes his penis in the hope that the victim will acknowledge and reassure him that he is, indeed, in possession of his masculinity.

***Recognition*** - 20% of the men stated that they desired recognition from their victims. Again, recognition was considered to be gained if the victim appeared to acknowledge their presence in some form. Often, recognition could be a more negative form of

acknowledgment than acceptance, for example, laughing or disgust and still showed the men that they existed.

***Desire for further contact*** - 25% of the men reported that they hoped for further contact from their victims, or at least positive comments from the victim about their actions whilst they watched. Interestingly, these men were not necessarily the ones who had difficulties meeting women or forming relationships as one would perhaps expect. While three men were single, the other two were in long term marriages. Some men discussed their confusion over the reinforcement that was given to their offending behaviour because of the positive reactions they sometimes received.

Simon "...I will start a conversation like "do you come here all the time" and let her know when I will be back again, and often they have been back there. This is what I mean by, it is easy to convince yourself that it is not too bad, and people want you to do it."

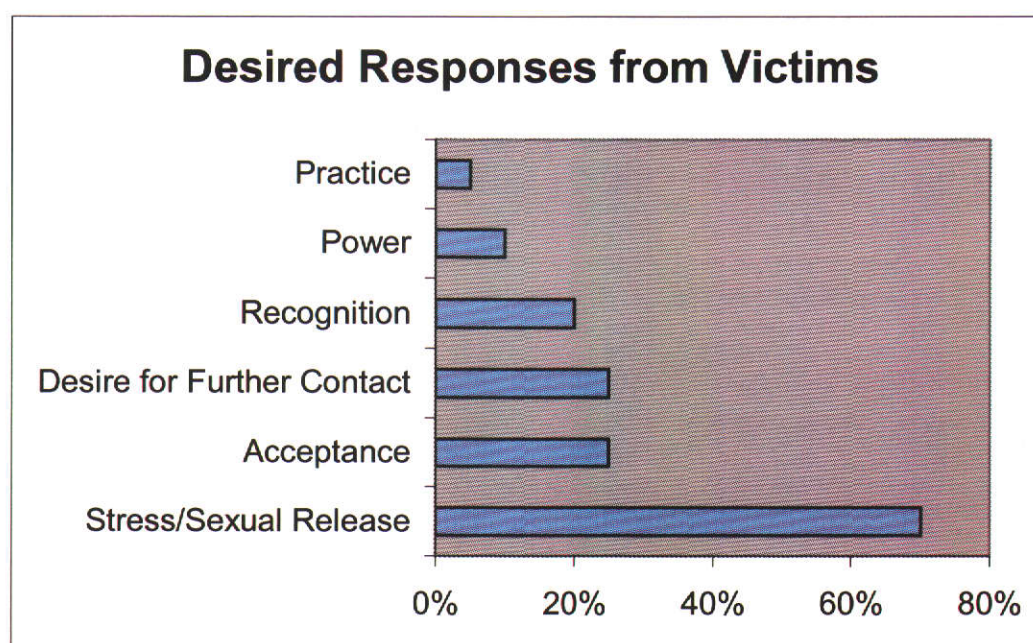
***Power*** - Only 2 men stated that they wanted or enjoyed the power they felt from exposing. One of these had also been convicted of rape and the other reported that he never felt he would commit further offences, that he had no desire to.

***Practice*** - one man stated that he used his exposing experiences as a way to progress in the seriousness of his offending safely. That is, he used the relatively minor exposing offences to develop a successful modus operandi to reduce his chances of being caught when he began more serious sexual offending (the rapist).

Some men attributed the reasons they exposed themselves to a number of categories while others were unable to articulate what it was that they were wanting from the exhibitionism.

To summarise, most of the men were able to articulate at some level, how they were wanting their victim to respond. Commonly, the participants stated they craved either

recognition or acceptance, or hoped for further contact. This was not necessarily physical contact although the most common hope from the men's point of view was to gain some form of stress or sexual release. In this sense, a particular response from their victim was irrelevant. Less of an issue were sentiments around feelings of power and only one man described his exhibitionism as "practice".



#### 4.5.1 Progression of Offending

Several studies on exhibitionists who have progressed to more serious sexual offending have found that approximately 10-12 % do progress (Rooth:1973, Frisbee & Dondis:1965 and Murphy, Abel & Becker:1980). In this study, of the 20 men interviewed 8 (40%) have committed further sexual offences. This number is not significant due to the way the sample was collected. These offences include frottage which is charged as indecent assault, stalking, child sexual offences including one involving impersonating a police officer and telephone offences, adult sexual assault and rape (sexual penetration). Some of the men acknowledged multiple paraphilias such as obscene phone calls, cross dressing and voyeurism.

Some research has been conducted on the prediction of dangerousness and how many exhibitionists escalate in their offending behaviour. Although my research cannot provide any answers here, one man who has progressed to becoming a serial rapist and who is particularly violent, appeared to have wanted distinctly different reactions from his victim to the other men, that is, to frighten. He also wanted to achieve different feelings from the offending such as power over others, and tended to offend in secluded places, whereas other men did not. In fact some of the other men even talk about making the offending as safe as possible.

Doug “I never offended against just one person. I always had some sort of safety net between us, a fence or a creek, a brick wall.”

Simon “I set up a place where I feel safe and the female will feel as safe as possible. So that they will stay there for as long as possible.”

Henry (rapist) “...but it’s trying to frighten someone into submission, laneways, trees that would be sort of secluded places but somewhere that you would eventually get someone walking along.”

Further, the rapist also talked about using exposing as a gradual risk taking would take further risks and progress in his offending each time, learning from any mistakes he felt he made. For instance, he discussed his first attempt at sexual assault in a caravan park laundry, after having exposed himself to the victim, she then screamed. He noted that next time he would have to be in a place where it didn’t matter if she screamed or not, and indeed, his later offences reflected this “lesson”.

This study found that almost half of the men had committed other types of hands on sexual offending, from frottage type offences to child sexual abuse and rape. No clear evidence for prediction was found and indeed this study was not attempting to make any significant discoveries in this area. However a notable finding was that those exhibitionists who had not progressed in their offending behaviour tended to discuss

how their focus of making themselves and their victims feel as safe as possible in the offending environment whereas the man who had progressed to rape described using very secluded places for his offending.

#### *4.5.2 Victim Types*

All but one man preferred his victims to be female. One man specifically chose adolescent boys playing football as his target group. A few of the men preferred female children, however most who had exposed to a child explained this as accidental ie., the child was not the intended target or they thought the child older. In this case, the child was generally around the age of 14 or 15. The remaining men preferred their victims to be attractive adult women. Commonly, the victims were in their mid/late teens to early thirties. Often the age of the man was similar to or greater than, the target range. Few men exposed to women much older than themselves, however, many exposed to women of a similar age or younger than themselves. This could be considered consistent with general age preferences of courting adult males, or alternatively, is a deliberate strategy to increase feelings of power and/or control. Target ranges reflected individual choice with no set patterns. For instance;

Kim      “Well, ah, I don’t think that I pick a particular type of person, you know, like one that I think is sexy, or something, ah, I think they just have to be women, not too young, cause you know I’m not into kids or anything, and not too old cause then they’re like your mum or something, you know.”

Tan      “Mature woman, any type that walks past.”

Simon   “I’ve never offended around a child willingly, you know, I mean sometimes they might have been underage but not intentionally.”

Paul     “The last girl was 15, I think, but I didn’t realise she was that young.”



Some men increased their chance of finding women in their target range by offending at particular places such as TAFE's, universities, high schools or recreation centres. As mentioned previously there were a few men who acknowledged offending deliberately against children. Interestingly, all three of these men have further hands on offences against children;

Sam     "I'd say 6 upwards. If the child looks too old, if you ranged kids in a room up from say 6 to 14, then I'd probably stop you at around 10,11 because, I wouldn't say I feel threatened by them but I don't go for the older people cause I think they're too smart at that age, they know what is wrong. I mean, the way I operate, please don't take that the wrong way, but the way I work is ..."

The third man stated his preferred target range to be adult women and indeed he did offend against adult women. However, his last offence was against two young girls, making this statement questionable. This is not to suggest he lied, but rather highlights cognitive distortions regarding his attraction towards children.

Another issue the research raises is a possible link between narcissism and exhibitionism. As this was not a focus of this study, the questions which were asked did not allow me to obtain much useful information on this issue. Of possible interest, however, is that both the exhibitionists in their 50's, who were both in long term marriages with children, had successful careers, were financially secure and exposed themselves throughout their adult lives, displayed narcissistic tendencies. Although other men discussed situations in which they were obviously self focussed, both these men seemed to live their lives with blatant disregard for the feelings of their wives and families. They needed to live their lives with a focus on their own happiness, and achieving and maintaining "feel good" behaviour. They had little ability to empathise with others and appeared easily frustrated and intolerant of other people's inadequacies. Certainly, comments by Karpman (1957) and Langevin et al. (1979) connect the seemingly obvious narcissistic traits with a behaviour which is definitely self focussed and deriving attention. Both these men were Adult Onset Career Exhibitionists.

To summarise, victims are commonly female. Most men stated their range of preference to be extensive, although generally younger than themselves. Most of the men required that their victims be someone who they found particularly attractive, whilst some other men took any opportunity rather than wait for a particular victim type. Very few men stated their preferred target group to be children, in spite of several having sexual offences against children. In fact only one man reported his target range to be female children between the ages of 6 and 10-11 years of age. A second man also admitted his target group to be adolescent boys. Engaging in this behaviour with a particular target group also highlights the degree of planning and control which contributes to this behaviour and counters the men's usual assertions of impulsiveness, and their claims that "it just happened".

## **4.6 Summary**

### ***4.6.1 Adolescent Onset Career Exhibitionists***

In summary, this study has found that there are three main categories of exhibitionists. This seems to be a new approach to viewing exhibitionists with exciting and practical treatment implications. These are Adolescent Onset Career Exhibitionists, Adult Onset Career Exhibitionists and Situational Response Exhibitionists. The first category - Adolescent Onset Career Exhibitionists are identified by several common characteristics. They tend to have more dysfunctional childhoods, are often sexually focussed even prior to adolescence, and began exposing themselves in early adolescence. This behaviour has continued throughout their adult lives as they experience difficulties dealing with general life issues, such as employment and relationships.

### ***4.6.2 Adult Onset Career Exhibitionists***

The second category, Adult Onset Career Exhibitionists, also appear to experience difficulties dealing appropriately with the responsibilities and stress of general life issues. Many experience feelings of inadequacy, and are either suffering from low self

esteem or appear highly self focussed. These men have commenced exposing themselves in their early to late twenties in response to some perceived life crisis, such as a relationship breakdown or job loss. Some of these men, not unlike those of the first category, suffer such high levels of stress that even perceived threats to their social structure can result in offending.

#### *4.6.3 Situational Response Exhibitionists*

The third and final category are the Situational Response Exhibitionists whose offending behaviour is less entrenched. These men also seem to commence their offending behaviour in their early to late twenties, however, as opposed to the second category, those men tend to cope better with stress and/or life generally, but respond to a particular life crisis by exposing themselves. In many cases the event is preceded by other events which, literally, “wear the man down”, reducing the natural resources of which he would draw on normally to cope with the situation. These men often seem to offend more spasmodically than the other categories, and, if they offend over time, this is often with large breaks in between where they are either able to stop, or have no desire/urge to offend.

Four main common themes which relate to exhibitionism have emerged from this study. These are Communication, Stress, Father Issues and Childhood Abuse.

#### *4.6.4 Communication*

All of the men suffered some form of communication deficit, although to clarify these deficits, three levels were devised to differentiate between participant groupings. These levels were identified by the manner in which each man dealt with their relationships, conflict resolution and problem solving, ability to handle stress, and other levels of perceived miscommunication.

Level one indicated poor communication. Men placed in this level exhibited poor communication skills generally and gave examples of this either directly or in relation to other issues. They had difficulty relating to other people, often providing examples of how they avoided or ignored significant issues within important relationships or their working environment.

Level two contained men who experienced some communication problems, however, were not as dysfunctional generally. Although they might have deficits in one area, they may have adequate skills in another area. For instance, they might be assertive but could not handle stress particularly well.

Level three men were reasonably good communicators, however generally admitted to experiencing difficulties expressing negative emotional states, and tended to repress these types of emotions. Therefore, when under stress these men tended to deny themselves possible assistance by not reaching out to partners or close friends and family. They tended to hold traditional family beliefs such as the man should provide for his family and should be able to deal with their own problems.

I believe it was very significant that 65% of the men interviewed experienced poor communication (ie., level one) across all facets of their lives and relationships. This suggests that the development of communications skills and understanding the developmental blocks as a treatment priority which is less likely to occur in the CBSOTP where these offenders are.

#### **4.6.5 Stress**

Again, the number of men who acknowledged high levels of stress in their lives and poor coping strategies to deal with them was significantly high. All but one man described experiencing stress particularly in the areas of relationships, finance and employment. Commonly, this stress was dealt with by either bottling up or ignoring feelings, offending, driving or exercising by jogging and walking. Unfortunately, driving or

exercising to relieve stress often ends in an offence as men place themselves in high-risk situations at the beach or in parks. Again, stress management is highlighted by this study as a treatment issue however it is not given sufficient attention in the CBSOTP.

#### ***4.6.6 Father Issues (Abandonment)***

All men in the sample with one exception, was separated from their father either by emotional barriers or geographical distance, divorce, desertion, or death. Some men's fathers had employment which took them away from home, whereas other men described situations where their fathers seemed unable or unwilling to relate to them at an intimate level. These men appear to experience a sense of abandonment due to their unsatisfactory relationships with their fathers.

#### ***4.6.7 Childhood Abuse Issues***

Fifty percent of the men interviewed suffered significant abuse of either a physical, sexual or emotional nature. This was often from close family members, particularly fathers, however, some men experienced extrafamilial sexual abuse. Harsh discipline that the men perceived as appropriate punishment was not considered abusive by the recipients.

### **4.7 Other Issues**

#### ***4.7.1 Desired Response from Victims***

Most of the men in the sample described obtaining stress/sexual release from their offending behaviour. 25% of the men wanted acceptance from their victims, whilst 20% stated they wanted recognition. Only 2 men (10%) desired and achieved feelings of power when offending and one of those men also described using exposing as a gradual risk taking exercise whereby he gradually progressed to violent rapes.

#### *4.7.2 Progression of Offending Behaviour*

Eight of the 20 men in the study progressed to further sexual offending, such as rape, stalking, child sexual offences and sexual assault. Although based on such a small sample and acknowledging the non-random manner in which the sample was obtained, this percentage was nonetheless high and suggests that the issue of progression of exhibitionistic behaviour to more serious sexual assault warrants further investigation.

#### *4.7.3 Prediction of Dangerousness*

There was nothing of significance emerging from this study which could be useful for predicting dangerousness. However, some differences did occur between the rapist and the other exhibitionists. The rapist wanted to frighten his victims into submission, enjoyed the fear he created and the ensuing feelings of power that created for him. He also used places that were particularly isolated, as opposed to other exhibitionists who discussed creating as safe an environment as possible for themselves and the victim for their offending to occur.

#### *4.7.4 Victim Types*

Most of the men chose victims at random, and preferred them to be from the age of 16 to their early 30's. Some men were more specific and chose attractive women within a smaller age range, younger than or equal to their own ages. Although several men had offended against adolescent female children, they claimed that this was accidental. One man was the exception and acknowledged choosing victims from the age of about 6 to 10. Any older, he believed, and the children would know the behaviour was wrong and would know to complain to the police. One man had adults and young children as his victims, but stated his preference for adult women.

## **CHAPTER FIVE - DISCUSSION**

### **5.1 Categories of Exhibitionists**

The qualitative study results found that there were three main categories of exhibitionist, Adolescent Onset Career Exhibitionists, Adult Onset Career Exhibitionists and Situational Response Exhibitionists. Contributing to these categories were four common themes (1) 3 levels of communication deficits, (2) stress, (3) father issues and (4) childhood abuse issues.

In this chapter, the exhibitionist categories and themes will be discussed in relation to the current literature and the research implications with regard to current practice.

Hollender (1983) suggested that there were four types of exhibitionists, (1) compulsive, (2) secondary in which the behaviour occurs as a result of a psychiatric or neurological condition, (3) socially sanctioned such as streaking at a sporting event, and (4) attention seeking exhibitionism. I have found that the men in my sample are certainly compulsive, some admit to seeking attention, and several suffered psychiatric or neurological problems.

#### ***5.1.1 Adolescent Onset Career Exhibitionists***

Twenty five percent of the sample was reflected in this category. These men described commencing their deviant behaviour patterns as early as 9 and 10 and some commenced by peeping at their older sisters or girls at school. Commonly, the literature supports these acknowledgments and suggests that exhibitionism as a paraphilia has early onset in the mid-teens to early twenties (Mohr, Turner and Jerry:1964, Abel and Rouleau: 1990, Murphy,:1997). Indeed, in a study by Abel and Rouleau in 1990 involving 142 exhibitionists, 50% reported onset before the age of 18 years. The men in this category all had dysfunctional relationships with their fathers. Saunders and Awad (1991) also reported high levels of family dysfunction in their research group containing exhibitionists and obscene phone callers. One participant has a psychiatric condition

which may or may not be related to his exhibitionism, although this has impacted upon his ability to relate and form appropriate relationships with women. Given that he admits to being sexually focussed from a primary school age, it would not be suggested that his subsequent diagnosis of schizophrenia has caused his exhibitionism by any means. Of all the men in this group, the man who appears to have had the least traumatic childhood, did have very distant parents. These were European immigrants who had survived the war and despite providing all the necessities for their son, were only able to provide limited emotional nurturing. Unfortunately for this man, he was raised on a farm and was therefore further isolated geographically, preventing social development to occur outside his family environment. Two other men suffered childhood abuse. One of the men lived in a two bedroom home with his parents, with himself and a brother sharing their parents' bedroom for many years.

The last man in this category suffered not only childhood abuse but also a lack of oxygen at birth, which has, according to him and of evidence, resulted in some neurological damage. Research generally accepts that this type of damage can result in some impulsivity and be a disinhibiting factor. Thus for this individual the circumstances of his childhood development were further disadvantaged by the neurological deficit. This suggests the stories of all the men in this group can be explained by the child psychosocial development theories and Freund's courtship disorder.

#### *5.1.2 Adult Onset Career Exhibitionists*

This category reflected 35% of the sample, that is 7 participants. Whilst these men described offending that did not commence until their early to late 20's, once begun the behaviour was as entrenched and compulsive as the previous category, although some of these men described longer breaks in between their cycles of offending. They seemed to recommence offending in times of stress and crisis, which for some is as often as in the first category, and for other men less so. Childhood abuse (physical and sexual) was common amongst this group. Two others in this category had reasonably functional childhoods. These men are the two offenders in their 50's, who displayed narcissistic



traits. They both had distant fathers, one described his father as a “stiff upper lip Anglophile”. The other, however, had a father who worked away and was rarely seen prior to his death when the participant was 12 years old. This aspect of exhibitionists’ contributing factors has been relatively extensively researched. Blair and Lanyon (1981) found that there was a high frequency of absent fathers and poor relationships with fathers during childhood in their study. Mohr, Turner and Jerry (1964) similarly found that many exhibitionists had weak or absent fathers. Unfortunately, insufficient data was collected to make further comment on narcissism.

### ***5.1.3 Situational Response Exhibitionists***

The men in this category, 40% of the total interviewed, came from a mixture of functional and dysfunctional backgrounds. The constant finding for this category was the lack of an adequate male role model in their lives. Four of the men could be considered to have had adequate childhoods, however they had no father figure to provide them with a sense of masculine self confidence. Of the other men, 2 had childhoods distinctly dysfunctional, marked with ongoing abuse of various kinds. The other man commenced offending when he migrated as an adult from India and failed to obtain work in his chosen career. The backgrounds of some of these men may account for the offending to some degree. Again however, all of these men have had absent or distant fathers and failed to receive paternal tuition by way of appropriate role modelling generally provided by the father.

## **5.2 Common Themes**

The following common themes which emerged from the study findings do not necessarily correspond with the above categories. All of these men had, often remarkably, different backgrounds and environmental factors. They had differing degrees of personal resources, both natural and developed. This suggested other factors besides their childhood backgrounds contributed to their exhibitionistic tendencies. There are many individuals in our community who have overcome childhood adversity

to become functioning adults who do not offend including many individuals who offend in other ways rather than exhibitionism, or even sexual offending. What cannot be discounted, however, is that childhood dysfunction is overrepresented in offending populations.

### *5.2.1 Communication*

Recently, much focus has been placed on issues such as intimacy and their relevance to sexual offending (Marshall et al.:1991). Certainly these findings suggest that personal isolation from other human beings has a negative impact upon people and suggest strongly that this offending population suffer deficits in communication and therefore are isolated by their inability to express themselves to others in an intimate manner. All of the men in this study have communication deficits and, due to the differences in these deficits it became necessary to define three levels of communication. The first level is generally poor communication. It relates to men who experience such difficulties relating to other people that they are socially isolated from others. In their personal relationships, they would be even more isolated as their emotions are likely to cause conflict when expressed in social situations.

Marshall et al.'s (1994) research on attachment theory, intimacy and loneliness in sexual offenders is particularly appropriate to this study. Marshall et al.'s research relates to the difficulties that all of the men in the study have in relating on an intimate level, even to loved partners. Although for some this only applies in stressful or crisis situations, these cases appear to occur only when the individual has reasonable general skills, and appears to revert to inappropriate methods of resolving problems at these times. At these times, even these relatively skilled individuals isolate themselves emotionally, and deprive themselves of the benefits of an intimate and sharing relationship.

Often men from this category attract and form relationships with women who also have difficulties in various areas. Therefore the relationship within which the man operates is particularly challenging and beyond their skill level. The problems caused by the man's

inappropriate communication style can be exacerbated by his partner's similar difficulties. Without the support which is gained from discussing our personal dilemmas with others, the feelings associated with those problems have no outlet, and can build until they explode in often very inappropriate ways.

Even men who are relatively good communicators (ie., level 3) expressed difficulties with expressing negative emotional states appropriately, if at all. Mohr, Turner and Jerry (1964) found that, due to overcontrolling, dominant mothers and weak or absent fathers, the family scene was set prohibiting the expression of anger. Therefore, the key issue with communication is the expression of emotions which socially, even now, are still believed should be kept to oneself, and handled intrapersonally, if one is a true man. Although it is accepted that these traditional notions of manhood are archaic and irrelevant in this day and age, the truth is that many people still retain such beliefs and pass them on to their children. Therefore, for many the dilemma is, "I know it's alright to share my emotions, but I feel like it is not appropriate".

### **5.2.2 Stress**

Along with communication, these men do not appear to manage their stress effectively. This would be interrelated with communication, as the men suffering stress may feel that they should be able to handle this problem without enlisting the aid of a friend or partner, or that they feel it is not "manly" to admit that they are not dealing with their problems, depending on the level of communication skill as discussed. Typically the men in this study "bottled" up their stress. Alternatively, some described using exercise. However, whilst exercise is a recognised and effective manner of reducing stress, it addresses the symptom rather than the cause.

### **5.2.3 Father Issues (Abandonment)**

Psychoanalytic theories have abounded for many years (Allen:1980, Gillespie:1955, Karpman:1948). One of the early theories suggested that exhibitionism is influenced by

distant or poor relationships with fathers (Mohr, turner and Jerry:1964). This suggestion was further supported by both Dwyer (1988) and Murphy (1997) as opposed to more general sex offenders who tend to experience more obvious signs of dysfunctional male parenting, often being subjected to, or witnessing, overt physical abuse. Distant relationships with fathers as described by many exhibitionists appears a much more subtle although common experience which is considered to be a more closely related factor to the specificity of this type of offending behaviour. This was a factor observed whilst dealing with these types of men and subsequently supported by this research. Men who have significant childhood abuse from their fathers have suffered from the lack of an appropriate role model. This study found that these men lack masculine confidence and in times of crisis they need to either seek reassurance from others regarding their maleness or to prove that they are masculine. One of the reasons that many exhibitionists often do not seek further inappropriate sexual contact with the victims is that they are, merely, seeking to prove their masculinity in a visual manner. Further, their inability to express their doubts, concerns and confusion adequately in a verbal manner encourages them to eventually express themselves in non-verbal terms such as exhibitionism. Hence, the relationship with communication and the other common themes.

It appears that it is the lack of masculine confidence which encourages the offender to express their distressed emotional state in such an inappropriately sexual manner is inherent in exhibitionism. Even Freudian concepts such as castration theory appear to have a valid role in understanding exhibitionism. Exhibitionism is thought to be a reaction against castration anxiety, with the reaction of the victim validating the fact that the man does have a penis (Murphy:1997). The question is why men did not seem particularly disturbed or put off when their victim's laughed or ridiculed them, a factor which was discussed to some extent in this study. The outcome indicated that for many men the type of reaction is not of primary importance, rather, the fact that there is a reaction, which proves to them their penis does exist is the salient factor.

Feminist theory definitely plays a role in explanations for exhibitionism. For instance, Feminist theory suggests that men are expressing certain negative emotions to women after they perceive being rejected or having failed in a masculine role. This would often be a job loss or relationship failure (Murphy:1997). Feminists believe that the overall social structure supports male dominance as a concept and therefore these men would feel a need to comply with these societal standards and pressure and inadequacy when they are unable to. Certainly, this applies to the majority of the men in this study, particularly when one views "Reasons for Stress", where men commonly describe job loss or employment insecurity, financial and relationship problems as the most common reasons for the high levels of stress which they experience. Feminist theory definitely plays a role in defining rapists' actions, however given there was only one in the sample, this seems inappropriate to draw too many conclusions. Given this man's admission that he experiences difficulties communicating with women and he attempts to overcome his feelings of inadequacy around women by physically dominating them, perhaps this is the only way he feels he can hold power over them. He also admitted experiencing feelings of arousal and excitement when he observed their fear and distress.

Given my observations on the apparently compulsive nature of exhibitionism, addictive theories are given a great deal of support. Certainly, given the popularity of the relapse prevention model as a therapeutic focus for the treatment of sexual offenders, besides the notion of a reward consequence of the sexually deviant behaviour, these theories believe that cognitive distortions or thinking errors are developed to override the social norms of "wrongness" of offending. These thinking errors were the mechanisms that allow individuals who would normally have difficulty conceiving of committing such an act, to commit them. Typically, sexual offenders hold distortions about the level of damage they are inflicting upon their victims, and the reasons that it is "not so bad". For exhibitionists in particular these cognitive distortions are even easier to develop, given that they are not actually touching anyone so their behaviour is "not that bad". These theories do not address the commencement and development of sexual deviancy but do go a long way in explaining the compulsive nature of exhibitionism (Ryan:1991).

#### *5.2.4 Childhood Abuse Issues*

Freund (1990) believed that human sexual interactions operate in four stages and they are; the location and appraisal of a suitable partner, pre-tactile interaction such as looking, smiling, posturing and talking to a prospective partner, tactile interaction and finally involvement of genital union. The Courtship Disorder theory suggests that an interruption of normal childhood sexual development can cause deviant patterns of sexual behaviour, for instance exhibitionism. The interruption in their "love map" causes them to become stuck in the second stage, where their interaction with women and attempts to attract a suitable partner consist of pre-tactile interaction. Further, in the Courtship Disorder theory, there is the suggestion of co-occurring paraphilias. Certainly a reasonable number of the men in my sample admitted to voyeurism and a lesser number acknowledged making obscene phone calls and frottage. One man usually exposed himself cross dressed and another discussed a plan he had for the future of dressing in women's clothing to gain access to women's toilets with less suspicion. This man also described a further paraphilia of urophillia, gaining arousal whilst listening to the women urinating.

Child development and learning theories are supportive of courtship disorder theories, as basically, both are suggesting that any interruption to normal childhood development can cause a deviance in that child. These theories are supported by the findings with regard to childhood abuse issues. These types of theories as promoted by individuals such as Piaget, Freud, and Erikson who all suggest that the child cannot pass successfully through to the next stage of their cognitive or psychosocial/sexual development until the former is adequately completed. Failure to achieve this movement can result in the individual becoming stuck or fixated (Ryan:1991). Again, these suppositions are supported by the outcomes of this study as the number of men in the study who had significant childhood abuse issues were higher than what one would expect in an average population.

The only exception in this category was a man who described his family as almost ideal. He had a functional childhood, the only sadness being a severely intellectually impaired sister who took a lot of care from the whole family. He explained everyone was happy to look after her and the family took regular holidays, placing her in temporary foster care. This man's tendency in later life to sexually offend at stressful times in his life, appears unexplainable in terms of early childhood or father issues. He himself states that he feels even more ashamed about his offending because there is no "excuse for it". This man suffered high stress levels particularly around work, and the subsequent problems with his wife caused him to feel inadequate, possibly considering himself to be an inadequate provider for his family.

With that exception, the other men's behaviour appears explainable in a similar theoretical context to the first category of psychosocial theories. Freund's courtship disorder can apply to those men with childhood dysfunction.

#### *5.2.5 Victim Issues*

Money (1986) suggested exhibitionism is an allurements paraphilia, in which the ultimate act of intercourse is replaced with exposing oneself as the primary objective. Given that only 25% of the men expressed a desire for further contact, this seems to support the notion that the exhibitionism has become the primary sexual act. Further, of those who admitted a desire for further contact, several of those stated that the desired contact would involve the victim merely watching and conversing with the man, or perhaps assisting, whilst he masturbates himself to ejaculation, thus maintaining exhibitionism as the primary sexual act.

Lanyon (1991) also noted that many exhibitionists expose themselves to younger women or girls, relating this to the offender's castration complex and their fear of older women. Whilst not negating this suggestion by any means, they could also be following normal target groups of attraction. (ie., men commonly have relationships with women some years younger than themselves and according to feminist theory men may feel more

comfortable around younger women). Having this experience can supply the men with feelings of power or dominance over a younger woman that they might not have with a woman of similar age and experience to themselves. Also, they are not facing any threats to their masculinity with younger women as they may assume they are less sexually experienced.

### **5.3 Summary**

The three categories of exhibitionists found in this study are; Adolescent Onset Career exhibitionists, Adult Onset Career exhibitionists and Situational Response exhibitionists. Such categories do not appear to have been previously discussed in the relevant literature, although research by Hollender (1983) supports the notion of exhibitionistic categories.

The common themes appear to confirm and be supported by several well accepted and respected theories. The Communication Deficits theme is supported by recent research which identified sexual offenders as isolated individuals who are unable to form adequate intimate relationships (Seidman, Marshall et al.:1994). Without exception, this sample of exhibitionists reported feeling isolated and unable to express themselves in varying degrees, even when they are involved in supportive relationships.

Stress, consistent with communication, appears to be a particular problem for many exhibitionists, as they are unable to relieve their stress and resolve problems by sharing and discussing their feelings with friends or loved ones. Further, often these men are unable to resolve conflicts or problem solve due to poor skills in these areas which are further compounded by their communication deficits, often, the result of dysfunctional childhoods. Consistent this notion are the psycho-analytic theories of childhood development, social learning, psychosocial and cognitive development. Thus, a child who receives inappropriate messages and role modelling from adults develops a cognitive view of the world that is not functional. Specifically to sexual development, courtship disorder can also be applied within this contextual framework.



The lack of an adequate paternal figure appears to be an overriding factor for these men. Psychoanalytic theories are also relevant to this theme as the lack of a paternal role model inhibits the male child's development and understanding of himself, creating the potential for many dysfunctions in later life. The fact that many of the men appear to be seeking validation of their masculinity by exposing themselves to strangers is strongly linked to castration theory and the feminist view that he is attempting to overcome feelings of inadequacy.

Childhood abuse theories thread their way throughout the common themes with the development of communication deficits and a failure to develop appropriate problem solving skills a direct result of inadequate social learning (Money:1981, Marshall and Barbaree:1990). The lack of suitable and appropriate role models denies the child opportunities for developing strong pro-social interaction methods and abusive experiences can interrupt the normal childhood developmental stages necessary to healthy growth. Again, courtship disorder theory appears to be an appropriate explanation for inhibited sexual development.

The choice of victim also supports feminist and other theories suggesting feelings of inadequacy, such as castration theory. Men commonly chose victims younger than themselves and this highlights the power and control issues which are inherent in many exposure situations. Often men are able to acknowledge that their goal is to feel dominance and power over their victim (Groth et al.:1977).

#### **5.4 Implications for Practice**

Findings have identified specific issues which relate to exhibitionists as a discrete group of sexual offenders. This is not to suggest that exhibitionists are completely different from other sexual offenders, or that they must be treated in a different manner. However, some specific treatment issues have been identified which, in order to more successfully treat these men, should be explored.

Currently, cognitive behavioural approaches and a relapse prevention model are the most popular method of treatment. These approaches have been discussed in detail in the Treatment Section of the Literature Review. Of importance with this model is for these men to understand where their behaviour has come from, how it has developed and what their high risk situations may be in the future. Given that three categories of exhibitionist offender have been identified, this appears to indicate that the approach's duration can be adjusted so that, for example some situational response offenders did not spend the same time in therapy as other category offenders.

Given the complexity of each individual, although the three categories themselves will not necessarily determine the level of treatment needed, they represent a useful indicator of the possibility of which level of intervention would be useful. For instance, it is likely that an Adolescent Onset Career Exhibitionist would have high treatment needs as compared to many Situational Response Exhibitionists, however it would be dangerous indeed to determine the level of treatment needed based on category alone. There the assumption is that Adolescent Onset Career Exhibitionists would have high multiple needs, however, common themes that have been discussed would also play a factor in determining the level of intensity for treatment of any category as well as the individual's response to their situation, depending on their personal resources. Conversely, Situational Response Exhibitionists would need a more basic therapeutic intervention, however as a general rule, many individuals could be mistreated using this assumption. Therefore, although these categories may determine some basic treatment options and some basic assumptions could be made, a thorough individual assessment needs to be conducted for the purposes of an appropriate treatment plan, as, common elements aside, all men are individuals and need to be treated as such.

More commonly, treatment is offered in a group setting for several good reasons. Firstly, men discover that they are not isolated beings, and there is an opportunity to form relationships with other men in an environment that is not superficial, and view appropriate role modelling and reinforcement, gaining support from other masculine

identities. Sometimes, group treatment is reinforced with individual treatment to enhance the therapeutic process.

### **5.5 Implications of the New Findings**

What is particularly exciting about the findings of the study is the implications for improving treatment. This is twofold. Firstly, by having more flexibility in the treatment process, valuable resources can be directed where they are most needed, given that different treatment needs will be identified and then followed through via the new model of therapy. By concentrating on men who need assistance, more funds are available to those who have more intensive needs. That is, men who have nothing more to gain in treatment in order to remain offence free have no need to continue with treatment, whilst men who have higher or greater needs have a greater chance of being able to access these needs given the competition for funds is, theoretically, reduced. This is consistent with the “What Works” literature by McGuire and Priestley (1995) discussed in the Literature Review. Previously, all exhibitionists have been considered “high risk” undoubtedly due to the compulsive nature of the problem. However the ability to categorise these men has added a dimension to treatment options which will provide more specific focus upon the issues relevant to the individual rather than a “catch all” treatment plan.

Secondly, in relation to the identification of the Unit’s new treatment model, the findings eliminated a previous problem which many staff members complained. As the W.A. Unit operates, offenders are assessed, a recommendation for treatment is made and once that treatment group is commenced, there is difficulty changing the group the offender is in for several reasons. For example, should an offender require a longer program than was assessed initially, he may complete his sentence prior to completing therapy.

Often, only after some offenders commenced a particular focussed aspect of a group that the facilitators became aware that the needs of the offender were far greater than originally intended. Often at this stage, this dilemma was difficult to remedy. However, the introduction of the new model creates a flexibility in which the intensity of treatment

needs do not need to be immediately obvious in order to receive effective treatment as all streams commence at the same level.

These categories and the 4 themes also enable identification of supervision and monitoring issues and would it be useful for the Community Corrections Officer to have awareness of the assessment in order to assist them in determining supervision levels most appropriate for their client. For instance, the Adolescent Onset offender, given the entrenched, obsessive and frequent nature of their behaviour would require a stringent regime of supervision and monitoring. Further, they would require almost immediate admission to treatment. In contrast, The Situational Response offender often requires little in the way of supervision and should waitlists dictate a reasonable period of time before treatment commences, this would be less problematic.

#### *5.5.1 Adolescent/Adult Onset Career Exhibitionists*

Whilst both categories are discrete, for the purpose of this discussion they are placed together so as to avoid repetition. These men have entrenched behavioural patterns and belief systems and would need long term therapeutic involvement to effect change. Given that these men almost always receive community orders, their options are limited. However, group therapy does not mean that individual therapy cannot be incorporated nor does this mean that an individual treatment plan can not be incorporated into their case management plans. A flexible treatment program where men can repeat modules with which they have particular difficulties is desirable.

The identification of the 4 themes allows an assessment of the offender which identifies problematic areas. As mentioned previously, some men with particular stress issues may fit the criteria for anxiety disorders and, if so, this would be most effectively addressed prior to entering a group in order for that group work to be most effective.

Having encouraged these men to examine their childhood in some detail, many will need to heal from these experiences. If this cannot be adequately dealt with in this therapeutic

environment, then they need to be referred to a counselling service which does deal with the problem appropriately. Often men are blocked and are unable to progress in their treatment until they have been able to heal in some way from their childhood abuse.

These men need assistance with their communication deficits and appropriate role-play would be desirable as they would need a good deal of practice becoming comfortable with dealing with a variety of situations. If possible, motivated individuals could also attend personal development courses to further develop their assertion skills and other associated communication skills, particularly when these communication deficits are fundamental to the issue and need to be dealt with adequately. Just being aware of where they went wrong, is not particularly useful for an offender if they do not possess the necessary skills to make changes.

Dealing with stress will to some degree be addressed by improving communication. However, for those men who seem to have a particular problem with stress management, then this needs to be identified and targeted in treatment. Men need to understand, and have techniques to reduce their stress so that they can employ their newly acquired problem solving or conflict resolution strategies. These techniques are diverse and many, however, the individual would need to be comfortable with the strategies which he employs. A useful strategy is to introduce basic ideas in treatment, and have the individuals choose their own techniques to follow up on, whether that be in this treatment setting or privately.

Some of these men may benefit from being referred on to Men's groups where they can practice their communications skills in an appropriate and supportive environment. Hopefully, men's groups would help to diminish the male myths which support the offending behaviour.

### ***5.5.2 Situational Response Exhibitionists***

One important issue is not to underestimate the potential for reoffending that some of these men hold for the future. However, many of these men would not require the therapeutic intensity of the previous categories. Given that their communication skills are reasonably sound, this component of the treatment would not require the attention it required at the first level. Having an awareness of important childhood and father issues would assist in the healing process for them requiring less of a treatment focus. For these men it is important to address the relevant issues, developing an awareness of their specific deficits and working on those specifically. An intense program of therapy may not be necessary in these cases. Alternatively, they may progress through a treatment program with no need to repeat modules. However, generally speaking, the most appropriate form of intervention for this category is likely to be a focus on relapse prevention and possible referral on to other more relevant agencies.

## **5.6 Summary**

Much of the research literature suggests that there is no single theory which can support all sexual offending behaviour, or even a specific sexual deviance. Certainly the study findings support that statement. Although the findings are specific and the categories clear, offending can still vary immensely. Thus, treatment needs will vary, although many men will also share common needs and issues.

Finally, exhibitionists do not appear to need to be treated as a homogenous group, separately from other sex offenders, as long as the treatment program contains the flexibility to address the individual needs of these men. Treatment should be cognitive-behavioural with a relapse prevention focus combined with assisting the individuals to develop skills in the areas in which they display a need eg., communication deficits and stress management. The categories of exhibitionists (ie., Adolescent Onset Career exhibitionists, Adult Onset Career exhibitionists and Situational Response exhibitionists), would reflect treatment needs to some degree, however, individual assessment is necessary to determine the level of dysfunction each individual maintains.

The group approach would also assist in developing interaction and communication skills. The introduction of the new model could increase flexibility in therapeutic options for these men, as well as creating a more equitable resource availability. That is, finances and human resources can be directed less to men with fewer treatment needs and more towards men with more intensive needs, creating cost effective distribution of resources.

## **CHAPTER SIX – PROGRAM AND TREATMENT RECOMMENDATIONS**

### **6.1 Introduction**

This chapter makes recommendations based on the findings and discussion addressed in chapters 4 and 5. Improvements for a model of treatment will be introduced to improve therapeutic intervention for exhibitionistic behaviour are consequently posited and explored.

Firstly, the recommendations need to be considered with respect to the resources available to the Sex Offender Treatment Unit in W.A. Currently, the Ministry's community based sex offender treatment program operates for three hours, one night per week. There are 4 modules which each need to be completed before new participants can begin treatment. That is, new participants can only enter at the close of a particular module as opposed to entering mid-module. These modules are currently, Victim Empathy, Human Sexuality, Emotion Management and Relapse Prevention. There was, however, general discontent with the restrictions that occur with this format, mainly being the inflexibility to attend to individual's needs and the failure to adequately address the necessary skills which the client's need to prevent recidivism.

### **6.2 Recommended Model for Treatment**

A model for treatment considered by the SOTU was discussed briefly in the Introduction section of this study. This model was initiated into the community based sex offender program in July 1999 and workers in the SOTU believe that this model offers greater diversity and flexibility, allowing men with greater needs to repeat the necessary modules until they have developed the appropriate skills.

This model is also consistent with suggested best practice models and the research cited by Maletzky (1997). Recent research indicates that cognitive approaches are considered to be the most effective form of intervention, with particular focus on the cognitive



distortions, relapse prevention and victim empathy. Further, social skills training is considered a crucial program component (Maletzky:1997). These findings are consistent with this study and the identified needs for treatment. The newly introduced model of treatment for the CBSOTP is also consistent with these considerations. Integral to an effective program is, of course, its facilitation. Within the unit a pro-social approach is practiced which is consistent with behavioural models and involves the workers both modelling appropriate behaviours and reinforcing any pro-social behaviour in their clients, usually by verbal acknowledgment and encouragement (Trotter:1999). In addition, throughout the program, facilitator's expression of empathy may require a degree of self-disclosure. Whilst it is crucial to develop an appropriate balance of the level of self-disclosure in therapeutic practice, in working with sex offenders therapists may need to develop greater vigilance and awareness in their level of self disclosure in contrast to therapists working with less dangerous clients (Trotter:1999).

The MOJ's new treatment model contains two major modules. The first is phase one, a core module which operates one evening a week for three hours. Initially it focuses on motivation, encouraging the offender to accept responsibility for his offending behaviour and engaging in a commitment for change. Subsequent sessions focus on;

- Distorted thinking –Exploring cognitive distortions and their relationships to offending behaviour, specifically addressing to each individual's offending patterns. The pro-social approach is particularly conducive with respect to exploring distorted thinking as offenders are challenged in their inappropriate thinking and subsequent behaviours and more socially acceptable and flexible thought processes are encouraged and positively reinforced (Trotter:1999). In some cases, even slight changes must be rewarded and accepted as a significant achievement, particularly when dealing with such entrenched cognitive distortions. A useful strategy in working with these groups of offenders is to be able to recognise the positives in otherwise extremely negative and/or inappropriate presentation and focus on that ember of positivity. A less obvious but equally important component of the pro-

social approach is positive role modelling which needs to be constantly exhibited throughout client interaction. In this way, the offender observes the facilitator deal appropriately with conflict resolution, anger and a variety of other emotions and situations and learns vicariously. This also takes into account the various learning styles of individuals.

- **Consent** –Relating to offending and distorted perceptions of others' behaviour. Information and exploration on legal, moral and socially acceptable aspects of consent are provided. As above, appropriate challenging and subsequent positive reinforcement of any changes in acceptance of responsibility is an important component of the program.
- **Intimacy, Fantasy and Objectification** – Examining the relationship between the three and their association with offending and the impact on victim empathy is explored and processed in therapy. Again, the pro-social approach has an integral part to play as appropriate interactions are modelled between the male and female facilitator (where possible) consistently throughout the program. In this way, a feminist framework can be introduced, developed and promoted without appearing threatening (Trotter:1999).
- **Empathy and Victim Awareness** –A series of sessions which explore and develop understandings of the potential consequences of abusive behaviour on the victims, significant others and self.
- **Life Reviews** –Individuals present their life story, focussing on significant issues in their life, their understanding of those issues, and their impact. It is important when these reviews are presented that genuine empathy is shown, although not at the expense of the individual's absolution of responsibility.

- Offence Cycles – Individuals present their offence cycle identifying and detailing their high risk situations, distorted decision making, lapses and their plan for dealing with potential high risk situations.

The second phase is considered a maintenance module aimed at assisting participants develop the necessary skills to maintain an offence free lifestyle. Offence cycles are reviewed as are other pertinent issues which may be impacting on the individual's capacity to maintain a healthy lifestyle. More specifically this module explores and processes;

- Understanding the process of change.
- Developing support network maps.
- Current relationships.
- Managing risk factors – incorporating role-plays of real or potential experiences.
- Allowing others to help with my relapse plan – sharing, communicating and asking for help.
- Rational Emotive Therapy – incorporating thoughts, feelings and subsequent behaviours.
- Dealing with setbacks and lapses.
- Healthy and respectful relationships.
- Expressing and managing emotions.

Throughout this 20-week rolling cycle, the above issues are addressed and are subject to reviews of the individual's relapse plan. This module requires participants to demonstrate their ability to effectively self manage. Thus, some participants will be required to continue through this module for some time, whilst others will not require additional support. This program, having so recently been initiated is in the pilot stage of implementation and, as such, remains under review.

This model appears far more appropriate for all sexual offenders, including exhibitionists, as it allows flexibility for the three categories found in this study, namely Adolescent Onset Career Exhibitionists, Adult Onset Career Exhibitionists and Situational Response Exhibitionists. Although there is merit in having a full and intensive assessment procedure, even this cannot possibly identify all the issues which may only become apparent as deepening rapport and trust is established within a therapeutic relationship. There is no doubt however, that "forewarned is forearmed" and the more information the facilitators can have regarding an individual prior to their induction into the group process, the smoother the treatment process often is.

According to Trotter (1999), the use of the pro-social approach with this model increases the potential for change. He states that "The pro-social approach...is based on the research about effective practice which shows it to be an effective method of working with involuntary clients" (pg.66). Being mindful of the following and combining them with the practice of the pro-social approach will encourage change in the clients in a variety of ways and increase the likelihood of both change and its maintenance (Trotter:1999):

- Behaviour is more likely to continue if it is rewarded or reinforced in a positive way.
- Rewards must follow the behaviour as soon as possible, as opposed to the promise of a reward.
- Rewards should be consistent with the behaviour in terms of quality or quantity.

- Rewards are most effective when they are perceived as fair.
- Rewards which exist in the client's environment are most effective.
- Variable rewards which provide encouragement rather than regular ongoing rewards work most effectively.

Given the acceptance of theories which suggest that early childhood family dysfunction (Erikson:1963) and inappropriate role modelling factors (Bandura:1977) are considered causal to exhibitionism, it seems appropriate that treatment would seek to address the issues relevant to these factors by using the social skills that functional families tend to utilise.

### **6.3 Medication and Its Role in Treatment**

Anti-androgens, which reduce sexual drive, and other drugs which address the obsessive-compulsive nature of exhibitionism, were discussed in the Literature Review. Although medication does not appear to be making a significant contribution to the treatment process, many therapists and Sex Offender Treatment Agencies consider this intervention appropriate in the short term. Of the three categories, Adolescent Onset and to a lesser degree Adult Onset offenders seem most likely to warrant such an intervention given the increased likelihood of their compulsion.

### **6.4 Further Recommendations**

An important aspect for treatment efficacy is to educate the Judges and Magistrates of the District and Petty Sessions Courts so that they can sentence more appropriately. Judges need to be aware of the current therapeutic programs implemented by the Ministry of Justice and the length of time necessary for their completion. Often there is a reasonable amount of information available prior to sentencing, particularly if a pre-sentence report has been provided for sentencing purposes. Being informed allows the

Judge to order a program requirement for community supervision which is sufficiently long enough for some therapeutic benefit. An example when such information would have been beneficial occurred recently when a man was recently sentenced to twelve months imprisonment in preference to a community order. However, his sentence was too short to enable prison based treatment and his parole period not long enough to attend the community based program that is of at least ten months in duration. His parole period was four months, which meant that the man had really only commenced the program when the order expired. Had he been given a two or three year intensive supervision order instead (a community disposition), he could have been required to attend therapy for that length of time, if necessary. This parolee completed his order with many Ministry officers having grave concerns about his future offending and its potential escalation, given his rape fantasies. This is an example of a Judge not having at his or her disposal appropriate awareness of the implications of the alternatives in the sentencing process.

Although there has been some question as to whether exhibitionists should be treated separately from other sexual offenders, these findings suggest that with an appropriate and flexible program, this is unnecessary. Nevertheless, there remain concerns regarding group composition of exhibitionists with far more serious sexual offenders. Concerns relate to the difficulty exhibitionists may have relating and bonding within a group context. Anecdotally, they often retain their isolating behaviours for longer, maintaining that the issues discussed do not relate to them or their type of offending. Another issue for therapists is how exhibitionists might conceptualise further offending. For example, one group participant stated his amazement at some of the offences being described, purportedly not realising that “this stuff” went on in the world. In conclusion, he queried if the group was a way for offenders to obtain more offending ideas.

Many of the men interviewed, all of whom fell into one of the three categories mentioned above, would benefit from the model recently developed by the MOJ. It is considered that some of the men would complete the program format without needing to

repeat any module. However, many others, particularly the men with the greatest communication deficits, would benefit from being able to develop and practice the skills needed to prevent recidivism, for instance, assertion, conflict resolution skills, problems solving etc. It is anticipated that some of these men would repeat this particular module until they were comfortable with incorporating those skills into their general lives. Alternatively, the men with the least needs may only complete the first phase before being considered for release from treatment. There would, however, be few men who would not complete both modules.

Further, Unit workers believe community resources could be utilised more than they are currently. Exhibitionists often require skills development in areas other than is offered in the group program. Therefore, if and when these are identified, that individual should be referred. Extra requirements may include, for example, relationships counselling or parenting classes. Each client's CCO has the authority to order them to attend any counselling or program considered necessary. Consequently, a collaborative relationship with the CCO throughout the course of the man's treatment enables the client to be linked with appropriate community resources due to the CCO's knowledge of local services (ie. Community Corrections Centres are regionalised). Maintaining a collaborative working relationship with each group member's CCO enables facilitators to provide best practice and opportunities for the offender. Given the current high turnover for CCO's, regular education on current sex offender treatment programs is considered desirable. Further there is some trepidation and avoidance within CCO and program unit circles, with the latter often being accused of seeing themselves as elitist, given their specialist field. This type of apprehension and ambivalence can be overcome by communicating and liaising.

Given the observations outlined above the following are recommended for improved treatment outcomes for exhibitionists:

- To integrate the research findings into the assessment process for exhibitionists in order to facilitate appropriate interventions, particularly when preparatory work may be deemed necessary prior to group therapy.
- To incorporate the newly developed Community Based Sex Offender Treatment Program model into practice. This model has recently been piloted, and details of the model have been discussed earlier in this chapter. As soon as is practical the Unit could introduce the new model for both community based sex offenders and exhibitionists, specifically.
- To continue with the current policy of maintaining groups of sex offenders of differing types. That is, to treat exhibitionists with other sex offenders.
- To provide an information/educational process for the District and Petty Session Courts' Magistrates and Judges, to raise their awareness of the implications of the available sentencing options. Currently the Unit has developed a presentation package which educates CCO's. A similar package could be developed tailored to the specific needs of Court officials in relation to treatment programs.
- Close liaison and information sharing with the offender's Community Corrections Officer to assist in the provision of appropriate services to that offender. Providing an awareness of the assessment process SOTU uses with exhibitionists in order to provide a more appropriate form of intervention for those in need allows the Officer to focus on those clients with the most need.

## **6.5 Summary**

Incorporating recommendations outlined above could result in improved program efficiency and reduced recidivism for exhibitionists specifically. The recommendations for the new model of CBSOT will provide greater flexibility to address the needs of exhibitionists and other sex offenders. The flexible format allows those with greater



needs to remain within the program until they have developed their skills and achieved behavioural control. The continued use of a pro-social approach to working with these involuntary offenders is also recommended.

Other recommendations highlighted the benefits exhibitionists are able to obtain from working in groups with other sex offenders, provided the program maintains its flexibility. Separation could suggest that their type of offending was “not as bad” as other sex offences. There may also be resource implications in W.A. given the relatively few numbers of exhibitionists whose order dates would coincide however, that would not compromise any recommendations to the contrary.

Also suggested is the need for the Judiciary to be educated to the new model for CBSOT. This process will provide insight into the program and the Units objectives and ensure that Judge’s and Magistrates can sentence offenders in a manner most suited to their treatment needs.

Further liaison and the development of interaction between the group facilitator and CCO is recommended to offer improved support and a united front to the offender. This can be achieved by an introductory visit or phone call from the group facilitator providing information on the client. Regular interaction helps alleviate any mistrust or hostility which can sometimes be attributed to a “specialist” unit who are sometimes thought to consider themselves “elite”.

## **CHAPTER SEVEN - CONCLUSION**

### **7.1 Introduction**

This chapter reflects on the objectives of the study and their application to exhibitionism in the Western Australian setting as well as my perspective on the participants. Future research directions will be suggested and the role of social workers in this forensic setting will be discussed.

Initially, the study commenced with four main objectives in mind. The first was the suggestion that there may have been different types of exhibitionists. The possibility of this had implications for treatment, in that the intensity of therapeutic intervention may differ according to the various types of exhibitionist. Secondly, an awareness had developed in the Unit team that certain themes were appearing within the exhibitionist population, namely stress and communication problems, issues with their father and childhood abuse. There was interest in the degree and frequency to which these themes appeared and their apparent relevance to the exposing behaviour. The third objective was the question of the efficacy of treating exhibitionists with other types of sex offenders, and whether their issues were so offence specific that they would be best accommodated within an exhibitionist treatment group. The final research objective was to determine a more appropriate model of treatment for exhibitionists based on the other findings of the study. This objective was initiated by the dissatisfaction expressed by members of the Unit over the current community treatment model.

### **7.2 Meeting Objectives**

The data analysis objectives have been thoroughly investigated in the context of the research and the ensuing recommendations contain interesting implications for treatment. Noteworthy is that these participants are residing in or near Perth, Western Australia and, as such, the findings may not be generalisable to other areas of Australia or overseas.

### *7.2.1 Objective One: Categories of Exhibitionists*

The first objective raised the question of types of exhibitionists. Although there appear to be different categories of exhibitionist, prior to this study, there was no development of a clear hypothesis as to how many or the type of categories that might be found; differences had merely been observed. Thus, the outcome of the first objective was to identify discrete categories of exhibitionists. The three categories which emerged provide an interesting perspective for treatment particularly in Perth, Western Australia in the way new approaches can be applied to bringing about behaviour change.

### *7.2.2 Objective Two: Common Themes*

The second objective focussed on investigating common themes that appeared and recurred frequently within the population. Four common themes emerged from this study, communication deficits, high stress, father issues and childhood abuse. These themes have implications for treatment as they suggest a particular focus for treatment. These themes were investigated partly because they have been identified in previous research and also due to therapists' anecdotal observations whilst treating exhibitionists in groups.

The implications of these findings for treatment are complex. From a treatment intervention, or practical focus, these issues could be resolved in a variety of ways, including individual therapy and/or men's groups, that can provide the sense of comfort when discussing issues of masculinity for men who may not have encountered this elsewhere in their lives. Therefore, the evidence supports the second objective of determining any common themes that may be shared by exhibitionists.

### *7.2.3 Objective Three: A Specific Group for Exhibitionists?*

The third objective was to investigate whether exhibitionists would be more appropriately treated in an offence specific group rather than a general sex offender group. In the context of a Perth exhibitionist population and the available treatment

options in Western Australia, there seemed no real purpose or therapeutic gains to be made by separating these men from other sex offenders. Certainly, the study provided no reasons for exclusion. The suggested model of treatment, discussed at length in Chapter 6 is believed capable of adequately meeting the needs of all sex offenders given the increased level of flexibility this offers. Unit members do not hold the belief that exhibitionists could be “contaminated” by other types of sex offenders, and would not like to infer to these men that their type of sexual offending is less serious than others types by separating them. Further, the degree to which all sex offenders share common treatment needs supports exhibitionists’ inclusion. For example, observations note that many exhibitionists are insular, concrete thinkers who have little idea of other’s lives and the differences therein. Sharing the experiences of others within a group setting can be an invaluable tool in opening the minds of these men and increasing empathy for others.

#### *7.2.4 Objective Four: An Appropriate Treatment Model*

Finally, the fourth objective was to develop and recommend a more appropriate treatment model than the one which was currently offered at the Ministry of Justice’s Sex Offender Treatment Unit. As discussed in previous chapters, the model which was, and still is partially, under development is considered to be less flexible in terms of meeting the needs of the individuals involved in the treatment of exhibitionism.

The new model that has been recently initiated, and is currently at pilot stage, appears to contain the crucial elements of flexibility relating to both the individual’s level of needs and their ability to absorb information and develop the appropriate skills to reduce recidivism. Prior to this new model, a primary concern of the previous model, although addressing the factors involved in offending, was that it failed to take the next crucial step and assist offenders to develop the necessary skills to maintain an offence free lifestyle. Knowing what one is doing wrong does not help someone lacking in the skills needed to behave differently. The model’s two phases allows those individuals who are more capable to complete when they have addressed their needs, whilst allowing others

with greater needs to continue and, if necessary, repeat the first or second module until they have developed the insight and skills they require.

The new model is considered to address all related principles of McGuire and Priestley's "What Work's" findings. That is, (1). Risk Classification – the 3 types of Exhibitionists reflect this, (2). Criminogenic Needs, the 4 common themes tend to reflect this principle, (3). Responsivity, workers within the Unit prefer approaches which reflect active participation from the client, (4). Community Based, (5). Treatment Modality, the program recognises the variety of client needs, the programs are generally cognitive-behavioural and focus on skill building, and (6). Program Integrity, staff are highly trained and supported with appropriate supervision and evaluation taking place.

This research reinforced the need for a more appropriate model of treatment to be employed in W.A. This will be undertaken by the SOTU as part of the recommendations of objective four.

### **7.3 Support of Objectives**

Overall, the objectives of this study were supported by the findings. A number of my research expectations were neither validated or invalidated. For instance, there might be more conclusive evidence on narcissism and its relationship to exhibitionism. However, the interview schedule was not able to address this issue specifically, and as a result, only general comments could be made on the subject. Also the hope that some significant data might emerge relating to progression of offending behaviour did not eventuate and again only speculation can be made on the connection with exhibitionism.

Generally, findings appeared to be supported by the previous research in the area. Those findings that have not been suggested previously, namely, the three categories of exhibitionist, are contradictory to previous research findings, and have yet to be explored. There was an expectation, however, that exhibitionists would be better placed in their own groups. This was a question raised in this study and one that was shared by

several other therapists. My observations of exhibitionists in groups with other sex offenders had left me feeling that this particular group of men were not achieving their potential. Since the study findings, I now believe there is no need to separate these men if the treatment program is flexible enough to meet individual treatment needs. In an ideal world, this would apply to any sex offender, regardless of offence specifics, as they all have individual needs.

What was particularly satisfying to the Unit team is the introduction of a more appropriate community based treatment model towards the completion of my study. Although colleagues in the SOTU had long expressed dissatisfaction with the then current CBSOTP, a more flexible program was discussed and developed over by a sub-committee of Unit staff. Complicating factors were the need to incorporate all sex offending types based on low numbers of expositors who had similar sentencing dates and the means of affecting a changeover from the previous model. The recent initiation of the model which was discussed in the recommendations was an exciting occurrence. This study, whilst not the sole factor, was certainly an influence in the process of change which occurred.

#### **7.4 The Role of the Participants**

Of particular interest and importance is the role of the participants in this research. These men are commonly viewed as sexual deviants who will stoop to any depths to conceal their activities from others in order to remain at large and continue their inappropriate behaviours. However, the men who agreed to participate in the study did so without any incentives for personal gain such as petrol money, money or gifts in any form. They went out of their way to attend a community corrections office which probably held negative associations for them, or alternatively, came to my office, which also houses a community corrections centre.

Given the shame factor involved, it was impressive that these men were willing to participate and bare their souls for the purposes of the study whilst being fully aware that

they stood to gain little on a personal level. Although, as I mentioned previously, they may have gained some comfort from such a frank discussion, most stated that they hoped other offenders could gain from improved treatment interventions which they expected to be an outcome of the study. Generally they felt that, if by sharing their stories, they could prevent others from recidivism, it was worthwhile for them. Further, several expressed the despair they felt and wanted to spare others from experiencing.

It is considered that the shame is a large factor in preventing unconvicted exhibitionists from enlisting professional assistance. Issues such as denial are also much higher in this population, with offenders often maintaining their denial in the face of overwhelming evidence. I am extremely grateful that a proportion of the exhibitionists in Perth were able to overcome their embarrassment and shame to give me some of their time to discuss such an intimate subject.

## **7.5 The Role of Social Workers in a Forensic Setting**

On completing my degree I was fortunate enough to be offered a position with the Ministry of Justice's Alternatives to Violence Unit. After three years, I was seconded to a position with the Sex Offender Treatment Unit. Thus, since graduating, my employment has always been in a forensic setting, working mainly with Psychologists in a multi-disciplinary team. Although there is sometimes a professional or territorial tension between Psychologists and Social Workers, there is a strong and important role for both professions in units such as these. My role has always been mainly treatment oriented. Whilst I can not administer specific psychological tests, the suggestion has often been made that the administration of these types of tests is sometimes overdone. They are also an important factor in many processes, such as assessment or pre and post testing.

The belief that the "old" role maintained by social workers of home visits and welfare work has defined expectations which are being cast aside and redefined in later years. There appears no logical reason that social workers should feel restricted to any

particular role in the larger therapeutic field. Social Workers should have the ability to develop the necessary skills to work in any field of interest. There is obvious purpose to the notion of a “multi-disciplinary team”. Different philosophies and professional backgrounds help ensure that the unit maintains a healthy and diverse attitude to their clients. Social Workers need to strive to attain any position they feel they can be of value in the team environment.

Given that the treatment methods are largely group focussed, an awareness of group process and group dynamics is critical. Whilst the skills need to be further developed experientially, Social Workers can begin to develop these critical skills during their degree. Many people do not realise the strength of the group as a therapeutic tool in itself in the hands of skilled facilitators.

From University, Social Workers have gained similar skills to other professionals who have clients. A particular skill which they have gained is the ability to view their client within a holistic framework including environment and relationships. In this context, Social Workers can achieve an understanding of the individual offender within his social context. Many if not most workers in this field have a belief that the families of offenders should be worked with in unison. This belief is consistent with the holistic Social Work philosophy and is an area to be worked towards. By working with families of the offender either whilst they are imprisoned or on an order allows for a smoother transition towards more functional relationships and the family develops consistent goals towards which they can all work. This occurs only to a limited degree within the Unit and is a valuable role for Social Workers to endorse and pursue.

Further, whilst in University, Social Workers learn all of the major theoretical approaches used when working with offenders. What is required of them, as it is with all new graduates, is to gain experience and develop their knowledge of theoretical approaches and the skills necessary to working effectively and competently with offenders. Practicums offer an opportunity for students to begin to put their knowledge into practice and discover whether working with these clients is what they expected.



What is required of workers in this area is an ability to work within a prison setting. This ability is not known until the new graduate enters the prison environment and examines their own reactions to that environment. Further, workers in this field need to develop skills that assist them in overcoming resistance and difficult clients, remembering that the term “voluntary client” takes on new meaning in this setting. Very few offenders wish to complete a program purely for personal gain, usually their decision is motivated by parole requirements. Therefore, whilst we would accept that they agree to attend a program, it would be considered that we are working with involuntary clients in this setting.

Workers in a forensic setting also need to develop strong professional boundaries which they promote with a respectful but authoritative delivery. They cannot become complacent about the client population within which they work and must at all times maintain awareness of the potential dangerousness of their clients. Generally, these offenders constantly push and attempt to manipulate boundaries, although they are most comfortable when they have clearly defined rules, expectations and understandings. Social Workers in this field need to be strong and assertive, and provide respectful and honest feedback to their clients. Often this involves providing negative feedback which may be uncomfortable and, frankly, threatening. According to Trotter (1999), role clarification is an important aspect when working with involuntary clients. The worker needs to clearly define their role in the relationship, and need to understand the issues which can be negotiated and those points which are non-negotiable in order to minimise attempts at manipulation and also to avoid misunderstandings. Another important factor when working with clients is to follow through on statements, or alternatively, do not make promises that can not be kept. This is consistent with a pro-social approach which has been previously mentioned in Chapter 6.

The pro-social approach is an appropriate model for use in any type of therapeutic intervention, or indeed any client focussed work. Whilst it would seem to be stating the obvious in terms of expectations of an individual who works with people, it is worth

discussing as a theoretical approach. I would anticipate that any Social Worker would behave in a manner appropriate to their profession, both in and out of their employment. This is not a profession which can be switched off, as the belief systems and care for others needs to be a genuine aspect of the worker. At all times, pro-social behaviour should be modelled and pro-social behaviour in clients should be encouraged and rewarded.

In Trotter's "Working with Involuntary Clients" (1999), he discusses several aspects of the facilitator's role. For instance, the notion of confidentiality is raised. With this population in particular confidentiality is often fraught with exceptions. Information may be used in court reports or termination reports, often to the detriment of the offender. It is a crucial aspect of the social worker's role to inform their client of the limitations of confidentiality prior to any disclosures, despite the fact that this can often impede the progress of the relationship between the client and the therapist.

There are many aspects to working within a forensic setting, from providing reports for court and for assessment purposes, providing counselling and being involved group work, to liaising with other professionals. For example, as the role of Judges has been discussed previously in Chapter 6, the ability to liaise and educate other professionals as to one's own environment is important. For Judges and Magistrates to effectively sentence offenders, it is the worker's responsibility to ensure that they adequately understand the options and all the consequences of those options. Within the MOJ, the SOTU is only one of many Units working for the offender but sometimes inconsistently with each other. Again, education and communication between all parties creates a more efficient and competent provision of resources.

## **7.6 Future Research**

One of the difficulties is knowing where to start with this issue, given the limited amount of research completed in Australia to date. A crucial starting point is the evaluation of

the new treatment model recently commenced in the Western Australian Sex Offender Treatment Unit's Community Based Sex Offender Treatment Program.

As a Social Worker undertaking a qualitative study was far more interesting because of the opportunity to develop insights into the participants and those they might represent. Further qualitative studies would be of great value as they may support my work, and develop further treatment approaches. Other research is necessary both here in Perth and in other areas of Australia and further afield.

Other future research issues which have arisen from my study are to pursue the area of prediction of risk. This is a valuable area of research as successful research in this area introduces the notion of prevention and the issue of early education. If researchers discovered factors which did indicate which exhibitionists would progress to further offending behaviours, then these men could be targeted early on in their offending careers and the potential outcome could be a reduction in many sexual assault victims. Further, early intervention could break many cycles of abuse in which the children of these men would not experience the inappropriate patterns of behaviour exhibited by offending family members. Certainly, issues relating to prediction of risk were identified in the research, for instance, the rapist was the only participant who desired his victims to exhibit fear. In addition, he tended to seek out areas that were more isolated than other offenders. These issues warrant further investigation.

Another research issue that would be of interest would be to research a culture in which its men do not indulge in exhibitionism. Differences in the culture and others in which exhibitionism is prolific could be explored with a view to determining some differences within our own society. The participants in this study whose place of origin was overseas appeared to struggle when arriving in a society where their role was not as clearly defined as they were in their own cultures and/or family structures.

## **7.7 Summary**

I found this research exciting as it was an area in which little had been attempted in Australia to date. For that reason it is hoped that the research is of benefit to the field currently. That is with regard to the treatment recommendations which have been introduced will be more beneficial to the men. I also hope that other findings in this study will be beneficial for other therapists who work professionally with exhibitionists. Further, and even more optimistically, it is hoped that the findings of this study will have some bearing for future research in the area.

There has been much personal gain in conducting this research. I feel that I have developed a greater understanding and empathy for individuals who have deviant sexual behaviour patterns. I feel honoured that these men trusted in me and were willing to share their very personal experiences with me and I anticipated that this will increase my skills in working with exhibitionists and sex offenders generally. It was difficult to operate within the limitations of a research project as so many questions remain unanswered and are not able to be pursued. Thus, the most important questions must be prioritised and focussed upon to prevent a dilution of the study purpose and outcomes.

It is hoped that the men who were willing to participate in this study gained a one-off forum to express their stories to a party who was non judgmental and accepted their version without confrontation or challenge, considering that theirs is a difficult story to share honestly with those they care about. Many also talked about their desire to help others who experience the same problem and knowing that there are others dissipates the strength of their feelings of isolation and deviancy. It is due to the willingness of these men to participate that I was able to complete this study and provide what I hope to be a worthwhile contribution to the field of exhibitionism.

As a result of their willingness to participate, I have found specific categories of exhibitionists and further identified strong themes relevant to exhibitionism. Consequently, this information can be utilised in the constant analysis the Unit

undertakes to determine appropriate treatment of sex offenders, specifically exhibitionists, which is consistent with best practice. Ongoing improvement and refining of the treatment process increases the mental health and well being of these men, their families and, importantly, the victims of exhibitionism and other forms of sexual assault.

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Police Operations, Western Australian Police Headquarters, July, 1999

## **Appendix 1 “Consent Form”**

### **CONSENT FORM FOR LINDA MAULE’S RESEARCH PROJECT**

#### **AGREEMENT TO PARTICIPATE**

MY NAME IS.....AND  
I AGREE TO PARTICIPATE IN THE RESEARCH PROJECT  
CONDUCTED BY LINDA MAULE OF CURTIN UNIVERSITY.

1. I UNDERSTAND THAT I WILL BE PARTICIPATING IN AN  
INTERVIEW OF 1 - 2 HOURS APPROXIMATELY IN LENGTH.
2. I UNDERSTAND THAT I AM NOT OBLIGED TO ANSWER ANY  
QUESTIONS THAT ARE VERY DISTRESSING FOR ME.
3. I UNDERSTAND THAT MY PARTICIPATION IN THE PROJECT  
DOES NOT AFFECT MY STANDING WITH THE MINISTRY OF  
JUSTICE IN ANY WAY.
4. I UNDERSTAND THAT I CAN WITHDRAW FROM THE PROJECT  
AT ANY TIME AND THAT THIS ALSO WILL NOT AFFECT MY  
STANDING WITH THE MINISTRY OF JUSTICE.
5. I UNDERSTAND THAT THE INFORMATION COLLECTED FROM  
ME WILL BE USED IN A REPORT BUT AT NO TIME WILL I BE  
PERSONALLY REFERRED TO, NOR WILL DETAILS BE GIVEN  
THAT COULD IDENTIFY ME.
6. MY CONSENT IS FREELY GIVEN.

SIGNED.....

DATE.....

NAME.....

## **Appendix 2 “Guided Interview Schedule”**

### **GUIDED INTERVIEW SCHEDULE**

**NAME:**

**AGE:**

- Where were you raised?
- Where were you born?
- Did you have any religious or important cultural or ethnic upbringing? How did you find this? Was it different to others around you?
- Describe who was in your family? Family members.....
- Was there any involvement with extended family members? Grandparents, Aunties, etc.
- Did you experience any physical or health problems as a child? If yes, describe the impact of...
- Did you experience any mental difficulties as a child? If yes, describe the impact of...
- What do you remember of your childhood?
- How did you relate to other children?
- Were you a happy child generally?
- What was family discipline like?
- What did you like about how your family operated?
- What didn't you like about how your family operated?
- Did you experience any physical abuse as a child? Who from, what was it...
- Did you experience any sexual abuse as a child? Who from, what was it, over how long, how often, was anyone else aware, any court or familial outcomes, did your behaviour change, explore impact of..

- Are you still in touch with family members?  
How close, and to who?

## ***SCHOOL***

- How did you like school?
- How well did you do at school?
- How well did you relate to the other children?
- How many schools did you attend?
- Describe your most significant memories of school.
- Did you experience any teasing or bullying at school?
- Were you good at/ did you enjoy sports?
- What did you do after school, and at weekends?
- What hobbies or out of school activities did you enjoy?
- What year did you complete school?
- Did you get any further qualifications at this stage?
- Describe your first job...  
How long did it last, did you enjoy it, what was it?
- How many different jobs and types of employment have you had since?  
Describe lengths of time, type of work, what enjoyed most...
- Describe your current employment, if any?
- If unemployed, how do you fill your days?

## ***RELATIONSHIPS/ SEXUAL DEVELOPMENT***

- At what age was your first partner?
- Describe your relationship...  
How you felt, how long, how it ended...
- What age was your first sexual experience? (excluding any abuse)  
Who with, age, how did you find it...



- Describe any relationships you have since had.  
Length of, how you felt, ages, how they ended...
- Describe your most recent or current relationship.  
How old, length of, how you feel about it...
- Do you trust your partner?
- Do you believe your current relationship will last?
- How would you describe the level of communication in this relationship generally?
- How would you rate it out of 10?
- How do arguments usually occur?
- What are arguments, disagreements usually about?
- How do you express dissatisfaction, anger, hurt in your relationship?
- Is this different from previous relationships? If so, how/why?
- How do you resolve conflict in this relationship?
- Do you currently have any hobbies or activities that you enjoy?
- Who's friends do you visit, or socialise with?
- Do you have any children?  
From which relationships?
- How would you describe your relationship with them?
- If a close friend or relative were to give their impressions of you as a person, how would they describe you?

### *RESPONSES TO STRESS*

- How do you generally respond to stress?
- What types of situations cause you frustration or stress?  
family, relationship, work, finances...
- How would you rate your stress levels generally on a 1 - 10 scale?
- How do you react when you are experiencing stress?

- What do you do to calm yourself down?
- How do you tend to deal with situations when you are stressed?

### *SUBSTANCE USE*

- Do you use alcohol or drugs?  
What type, how often...
- If so, what is the length, history of the substance abuse?
- Do you feel you have an alcohol or drug problem?
- Is alcohol or drug use related in any way to your offending behaviour?  
How, why...

### *CHOICE OF VICTIMS*

- How many times have you been arrested for this type of crime?
- How many times have you been arrested for another type of sexual crime?  
What was it?
- How many times have you committed this type of crime and not been arrested?
- Are there times in your life when you offend more often?  
Describe...
- What was happening in your life around the time of the offence/s?  
Work, family, relationship, finances...
- Why do you think you offend in this way?
- What is it you are hoping to achieve by offending?
- What, if anything, do you achieve by offending?
- What types of places do you generally offend in/at? Why?
- What type of people do you generally offend against?  
Age, gender, how many...
- What is it about these people that encourages you to choose them?
- Describe how you felt around the time you offended?  
Before, during and after...

- How did the people you offended against react?
- How did you feel about their reaction at the time?
- How did you feel about it later?
- Did you fantasise about your offences after you committed them?
- If so, what was the focus of your fantasy?
- How did you feel when you thought about your victims?

Thankyou for your willingness to share your story with me today and assisting me with my research.

### **Appendix 3 - ACRONYM KEY**

<b>CBS</b>	Community Based Services
<b>CBSOTP</b>	Community Based Sex Offender Treatment Program
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CCO</b>	Community Corrections Officer
<b>MOJ</b>	Ministry of Justice
<b>RP</b>	Relapse Prevention
<b>SOTP</b>	Sex Offender Treatment Program
<b>SOTU</b>	Sex Offender Treatment Unit
<b>WA</b>	Western Australia