

Crossover sexual offenses.

[Heil P¹](#), [Ahlmeyer S](#), [Simons D](#).

Abstract

Crossover sexual offenses are defined as those in which victims are from multiple age, gender, and relationship categories. This study investigates admissions of crossover sexual offending from sex offenders participating in treatment who received polygraph testing. For 223 incarcerated and 266 paroled sexual offenders, sexual offenses were recorded from criminal history records and admissions during treatment coupled with polygraph testing. The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children. Although similar trends were observed for the sample of parolees, the rates were far less dramatic. Parolees appeared to have greater levels of denial, had participated in fewer treatment sessions, and perceived greater supervision restrictions as a result of admitting additional offenses. These findings support previous research indicating that many sexual offenders do not exclusively offend against a preferred victim type.

Multiple Paraphilic Diagnoses among Sex Offenders

Gene G. Abel, MD; Judith V. Becker, PhD; Jerry Cunningham-Rathner, BA; Mary Mittelman, DrPH; and Joanne-L. Rouleau, PhD

The psychiatric literature suggests that paraphiliacs can be expected to participate in only one type of deviant sexual behavior. Using self-reports gathered with assured confidentiality from 561 nonincarcerated paraphiliacs, we discovered that most paraphiliacs have had significant experience with as many as ten different types of deviant sexual behavior without regard, in many cases, to gender, age, and familial relationship of the victim. The relevance of these findings to our understanding of paraphiliacs and their treatment is discussed.

Sex crimes are a major social problem. Despite changing cultural trends toward open discussion of sexual behavior, information about sex crimes and the individuals who commit them remains sketchy and inconclusive. Psychiatry, psychology, and sociology have tended to avoid the study of sex offenders, perhaps because they are viewed with disdain by all levels of society. Instead, the focus has been on the victims of sex crimes—certainly worthwhile and im-

portant research. If the accelerating incidence of reported sex crimes and the attendant victimizations are to be reduced, however, the psychopathology of the perpetrators must be examined.

The best source of accurate information about participation in deviant sexual behaviors is the paraphiliacs themselves. However, a major factor inhibiting the collection of accurate information from paraphiliacs is the fear of negative social and legal repercussions because of the lack of assured confidentiality. The paraphiliac believes that valid reporting of his deviant behavior is likely to increase the probability of arrest for crimes unknown to others, to prolong his incarceration, or to jeopardize his probation status. Furthermore, most states have laws that require the reporting of some sex crimes (e.g., child molestation) to law enforcement authorities. Therefore, paraphiliacs are reluctant to discuss the true scope of their deviant behavior with

Dr. Abel is Professor of Psychiatry and Dr. Rouleau is Assistant Professor of Psychology, Department of Psychiatry, Emory University, Atlanta, GA. Dr. Becker is Associate Professor of Psychology, Ms. Cunningham-Rathner is Assistant Instructor of Psychology, and Dr. Mittelman is Associate Research Scientist, Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY. Address reprint requests to Dr. Abel, Behavioral Medicine Institute, 3193 Howell Mill Rd., Suite 202, Atlanta, GA 30327.

This research was supported by the National Institute of Mental Health, Grant R01MH33678, "The Evaluation of Child Molesters," awarded to Dr. Gene G. Abel. The authors gratefully acknowledge the editorial assistance of Larry Brown in the preparation of this manuscript.

others. The key issue, then, to obtaining valid and reliable information from paraphiliacs in order to facilitate assessment and treatment is an assurance of confidentiality.

Information currently available concerning paraphiliacs has come generally from incarcerated offenders who are also unlikely to report accurately their various deviant sexual interests and behaviors. It is well known among incarcerated paraphiliacs that if the nature of their crimes becomes known to fellow inmates, the risk of violent reprisal will be substantially increased. Consequently, what we know about sex offenders as a population has been limited.

Recent studies,¹⁻³ relying on a Certificate of Confidentiality from the federal government⁴ that protects the identity and confidentiality of research subjects (in this case, self-reports obtained from paraphiliacs), have revealed a marked discrepancy between information in the literature regarding paraphiliacs and information gathered from paraphiliacs with the above assurance of confidentiality. The literature suggests that the average sex offender commits fewer than two crimes⁵⁻⁷; more recent studies¹ indicate that a rapist may commit as many as seven rapes, that a pedophile molesting young boys may commit an average of 240 such crimes, and that exhibitionists, frotteurs, and voyeurs commit an average of over 500 paraphilic acts each.

Previous studies^{5,8} have also underestimated the number of different types of paraphilia in which sex offenders may participate. With information ob-

tained from incarcerated paraphiliacs, these studies reported that each had participated, on the average, in fewer than two different types of paraphilia. Information gathered under a Certificate of Confidentiality,^{1,3,9} however, revealed that paraphiliacs have often been involved in many more paraphilias than previously suspected. To gain a better understanding of the number of different paraphilias in which the paraphiliac may participate and how the various paraphilic diagnoses interrelate, the following study was undertaken.

Methods

Subjects The study population included 561 men seeking voluntary evaluation and/or treatment for possible paraphilia at the University of Tennessee Center for the Health Sciences, Memphis, Tennessee, or at the New York State Psychiatric Institute, New York City. At the former site, all categories of paraphilia were evaluated; at the latter, subjects with a diagnosis of rape and/or child molestation, because of preselection, constituted the largest segment of the subject population. Approximately one third of the subjects were referred through mental health routes, one third from legal or forensic sources, and one third from other sources.¹

Diagnostic Criteria Interviews were conducted over an eight-year period (1977 to 1985), during which time the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association was revised from DSM-II to DSM-III. Both DSM-II and DSM-III describe nearly all of the char-

Multiple Paraphilic Diagnoses

acteristics of paraphilias appearing in this study, i.e., unusual or bizarre imagery or acts that tend to be insistently and involuntarily repetitive, generally involving the preference for the use of a nonhuman object for sexual arousal, repetitive activities with humans involving real or simulated suffering or humiliation, or repetitive sexual activities with nonconsenting partners. All subjects reported recurrent, repetitive urges to carry out these deviant sexual behaviors; subjects were not included simply because they had committed the behavior.

Diagnostic problems arose, however, when the criteria for diagnosis using DSM-II and DSM-III indicated that the subject's *predominating* sexual activity *must* involve paraphilic behavior (DSM-II), or that sexual excitement is possible *only* when the individual fantasizes or uses paraphilic images or behaviors to become sexually excited (DSM-III). We discovered that these latter criteria were inconsistent with our clinical experience with individuals who repetitively carry out paraphilic acts. The majority of paraphiliacs in our subject population could become involved with adult partners without relying upon paraphilic fantasies and behaviors. Many indicated that they preferred paraphilic fantasies or behaviors to nonparaphilic sexual behaviors, but both paraphilic and nonparaphilic sexual behavior clearly coexisted in most of the subjects.

In most cases, the DSM-II or DSM-III definition of paraphilia excludes the possibility of multiple, concomitant paraphilias. To determine a diagnosis of

paraphilia by relying upon the DSM-II or DSM-III criteria, therefore, would undermine any investigation into the coexistence of multiple paraphilic diagnoses in a single subject. Regardless of what proportion of sexual arousal resulted from paraphilic interests or fantasies, the victimization and the attendant consequences still occurred. This study describes individuals who, at times, participated in nonparaphilic behaviors without relying on paraphilic thoughts, and, at other times, used paraphilic thoughts to develop fantasy, erection, and/or behaviors. Thus, our diagnostic criteria in this one respect varied with the diagnostic criteria outlined in DSM-II and DSM-III.

Based upon the subjects' reported life history, we categorized each paraphilic diagnosis by gender and age of target (less than 14, 14 to 17, and more than 17 years of age) except in paraphilias where such divisions were irrelevant (e.g., bestiality, coprophilia, some fetishes). The majority of targets of the various paraphilic interests were female, except in cases of child molestation involving assaultive behavior. Categories were subsequently collapsed across genders except in the category of child molestation. The familial relationship of the perpetrator to the target was also initially categorized but was subsequently ignored for all diagnoses except child molestation. The number of pedophiles involved in incestuous activities was quite significant and appeared to warrant discrimination from nonincestuous child molestation.

The behaviors characterizing the 21 categories of paraphilias (see Table 2)

are described in DSM-II and DSM-III. The public masturbator differed from the exhibitionist in that the former masturbated in a public setting but made no attempt to expose his penis to his target. The exhibitionist, by contrast, became maximally aroused by exposing his penis to an unsuspecting target. Urolagnia involved sexual gratification as the perpetrator urinated on his victim or was urinated upon by others. Two subjects were seen who were aroused by specific odors associated with men or women and appeared to be distinct from coprophiliacs in that the odor to which they were particularly attracted did not involve feces.

Three nonparaphilic categories of sexual behavior (rape of adult women, transsexualism, and ego-dystonic homosexuality) were included in the sample to investigate whether these categories of sexual behavior correlated with any traditional paraphilic behavior. By including these three nonparaphilic categories, it was hoped that further scientific data could be gathered to substantiate or refute the inclusion of these three categories of behavior in the paraphilia category.

Procedure In an effort to minimize the subjects' attempts to conceal their deviant behavior, each subject viewed a one-hour, videotaped presentation that explained the human investigation aspects of the study, the confidentiality of the data, and the protection afforded to him under the Certificate of Confidentiality. Subjects were informed that their participation was strictly voluntary and that they were free to withdraw from the study at any point without ad-

verse consequences. Subjects were given the opportunity to discuss their concerns and to ask questions before signing the consent form.

All subjects underwent a structured clinical interview^{1,10} focusing on specific demographic characteristics, numbers and types of deviant acts, and number of victims. The subjects were again reminded of the confidentiality of the data and the voluntary nature of their participation, and told that they were free to withdraw at any time for any reason. If subjects were easily able to recall and describe the variety and complexity of their paraphilic interests, the structured clinical interview lasted approximately one hour. If subjects experienced difficulty, the interview lasted up to five hours.

Numerous problems arose during the clinical interviews. First, it was sometimes difficult for subjects to describe the frequency of their involvement with paraphilias that had developed much earlier in their lives. To assist the subjects with the chronology of their deviant arousal and to improve the validity of their reports, interviewers attempted to associate important events in the subjects' lives with the onset and frequency of their paraphilias.

Second, some subjects reported several paraphilias occurring simultaneously but at different frequencies. Such reports tended to indicate that, as one paraphilia rose to become the predominating deviant behavior, others would become less dominant. This wave effect continued as another paraphilia rose to dominance and other deviant interests diminished. Special care was taken

Multiple Paraphilic Diagnoses

under these circumstances to separate the occurrences and frequencies of the various paraphilias.

Third, the validity of the frequency of past deviant behaviors was a major concern. Verification of the subjects' reported frequency of paraphilic acts with arrest records proved to be ineffective because the subjects' reported frequencies of deviant behavior were substantially higher than the number of actual arrests. For example, the ratio of arrest to reported commission of the violent crimes of rape and child molestation was approximately 1:30 and the ratio of arrest to reported commission of the less violent crimes of exhibitionism and voyeurism was approximately 1:150. When the subject reported a range in the frequency of his deviant behavior (e.g., three to five times a month), the lowest value was selected so that the data would reflect minimal frequencies of deviant behavior. Only incidents of deviant behavior as reported by the subject himself were included. For example, if a family member reported five incidents of deviant behavior but the subject reported only two, then the interviewer recorded two acts. Conversely, if the subject reported ten acts of deviant behavior but his arrest record reflected only three, then the interviewer recorded ten acts.

Fourth, the possibility of overreporting was addressed. In the few instances of suspected overreporting, the interview was repeated until data were consistent. If repeated interviews failed to yield consistency, the subject's data were not included in the study.

Results

The age range of the study population of 561 males was 13 to 76 years, with a mean age of 31.5. Of these, 67 percent fell into the age range of 20 to 39 years of age. Approximately half of the study population were single and the remaining half either were married, had been married, or had formed a significant, "living with" relationship with an adult partner. The ethnic distribution was 62.1 percent white, 23.8 percent black, and 11.2 percent Hispanic. The majority of the participants had completed high school and 40 percent had completed at least one year of college. Nearly two thirds (65%) of the subjects were fully employed and earned annual incomes in the range of \$7,500 to \$25,000. Approximately 30 percent were referred for evaluation through legal or judicial sources, and 30 percent were referred by mental health professionals. The remainder were referred by other sources, including self-referral.

To determine a paraphilic diagnosis, the data were analyzed according to the following four subcategories: (1) gender of target, (2) age of target, (3) incestuous versus nonincestuous behavior, and (4) assaultive versus nonassaultive behavior. All paraphilic diagnoses were classified by each of these subcategories and the frequency of occurrence of each subcategory was determined. It should be noted that, in order to be included in a diagnostic category, a subject must have reported an overt act in that category; deviant arousal alone was not sufficient.

Gender of Target In our total population of 561 subjects, we observed that

Table 1
Target Age

	No. of Subjects	% of Subjects
Child, adolescent, adult	63	11.2
Child and adolescent	87	15.2
Child and adult	57	10.2
Adolescent and adult	32	5.7
Child only	142	25.3
Adolescent only	41	7.3
Adult only	92	16.4
Not applicable	47	8.4
Total	561	100.0

377 (67.2%) targeted only females and 67 (11.9%) targeted only males. Five subjects participated in deviant behavior that was not classifiable in this subcategory, e.g., fetishism. A total of 112 (20%) subjects offended against both male and female targets, indicating that this subgroup of the study population participated in deviant behavior irrespective of gender of target.

Age of Target Another important area of concern was age of the victims, i.e., whether a paraphiliac who offends against a young child would also commit acts against an adolescent and/or an adult, and vice versa. Subjects were divided into three categories of age of target: children less than 14 years of age, adolescents 14 to 17 years of age, or adults (more than 17 years of age) (Table 1). In our total population of 561 subjects, we observed that 275 subjects (49%) targeted victims in only one age group, 176 subjects (31.3%) targeted victims in two age groups, and 63 subjects (11.2%) targeted victims in all three age groups. Forty-seven subjects

(8.4%) participated in deviant behavior that was not classifiable according to age of target, e.g., fetishism. Analysis of these data reveals that 239 subjects (42.3%) targeted victims in at least two age groups.

Incestuous versus Nonincestuous Behavior It is commonly thought that paraphiliacs offend either against their family members or against nonfamily members, but rarely against both. In our total population of 561 subjects, we observed that 315 (56.1%) participated in nonincestuous deviant behavior only and 68 (12%) participated in incestuous deviant behavior only. Again, 47 subjects participated in deviant behavior that was not classifiable in this subcategory, e.g., fetishism. A total of 131 (23.3%) subjects offended against both family and nonfamily targets, indicating that this subgroup of the study population participated in deviant behavior irrespective of familial relationship.

Assaultive versus Nonassaultive Behavior Subjects were next categorized by assaultive or nonassaultive paraphilic behavior to determine whether paraphiliacs who committed assaultive acts (child molestation, rape, frottage) also carried out nonassaultive paraphilic behaviors (public masturbation, voyeurism, exhibitionism) and vice versa. In our total population of 561 subjects, we observed that 331 (59%) participated in assaultive deviant behavior only and 84 (14.9%) participated in nonassaultive deviant behavior only. However, 146 (26%) subjects participated in both assaultive and nonassaultive deviant behavior indicating that this subgroup of the study population offended against

Multiple Paraphilic Diagnoses

targets involving both touching and nontouching behaviors.

The foregoing analyses indicate that a significant percentage of paraphiliacs cross gender, age, familial, and assaultive/nonassaultive behavior boundaries during the commission of paraphilic acts.

We next examined the interrelationship between paraphilic diagnoses. The full impact of the results of this study emerges when the crossings of deviant behaviors are combined in order to determine multiple paraphilic diagnoses.

Number of Paraphilic Diagnoses by Diagnostic Category Our clinical experience with this population of 561 subjects indicates that, when multiple paraphilias exist in the same subject, one paraphilia initially takes dominance. A second paraphilia develops and overtakes the first in dominance, and then continues for a number of months or years, while the first continues at a greatly reduced intensity. On rare occasions, the initial paraphilia will appear to lose its arousal properties entirely for the patient and essentially disappear. Because our role was to determine the existence of more than one paraphilia in the same subject, we elected to count all paraphilias that had occurred during his lifetime, even though some were no longer actively arousing or erection producing. The temporal relationship among the various paraphilic diagnoses awaits further analysis.

Clinical interviews revealed that a number of subjects were involved in different paraphilias during their lives. There were 21 categories of paraphilia

in which our subjects could have been involved. (For this and subsequent analyses, pedophiles targeting children less than 14 years of age and those targeting adolescents aged 14–17 were combined into a single category.)

The percentage of subjects in each of the 21 diagnostic categories who had one or more paraphilic diagnoses appears in Table 2. Excluding infrequently seen categories having less than 12 subjects per category (such as obscene mail, urolagnia, coprophilia, and attraction to specific odors), subjects in all other diagnostic categories had histories of numerous other separate paraphilic diagnoses. There were at least a few subjects in each category who had as many as 10 different paraphilic diagnoses.

Because of preselection, it was assumed that the relative occurrence of paraphiliacs in the sample was unrepresentative of the general population, except for the relative occurrence of the subcategories of child molesters. To avoid skewing of the data by overrepresentation of some groups (e.g., child molesters) and underrepresentation by others (e.g., voyeurs) and to obtain a less biased appraisal of the number of different paraphilias in the "average paraphiliac," the percentage of each of the 21 paraphilic classifications with one or more paraphilias was calculated and then averaged across all 21 paraphilic categories. This averaged incidence of concomitant or nonconcomitant paraphilic diagnoses is reflected in Figure 1. Only 10.4 percent of these "average paraphiliacs" had one diagnosis, 19.9 percent had two diagnoses,

Table 2
Percentage of Paraphiliacs with Multiple Paraphilias

Diagnosis	% of Paraphiliacs									
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*
Pedophilia (nonincestuous), female target	15.2	23.7	19.2	14.7	9.4	4.5	6.7	3.1	1.3	2.2
Pedophilia (nonincestuous), male target	19.0	26.8	19.6	12.4	4.6	3.9	6.5	3.9	.7	2.6
Pedophilia (incestuous), female target	28.3	25.8	17.0	5.7	8.2	3.8	5.0	1.9	.6	3.8
Pedophilia (incestuous), male target	4.5	15.9	20.5	18.2	13.6	6.8	9.1	2.3	.0	9.1
Rape	27.0	17.5	19.0	12.7	7.1	3.2	7.9	1.6	1.6	2.4
Exhibitionism	7.0	20.4	22.5	15.5	7.0	7.0	9.2	4.9	2.8	3.5
Voyeurism	1.6	9.7	27.4	14.5	12.9	8.1	11.3	8.1	3.2	3.2
Frottage	21.0	16.1	12.9	16.1	11.3	3.2	12.9	3.2	.0	3.2
Obscene mail	.0	33.3	66.7	.0	.0	.0	.0	.0	.0	.0
Transsexualism	51.7	31.0	13.8	3.4	.0	.0	.0	.0	.0	.0
Transvestitism	6.5	29.0	29.0	9.7	.0	6.5	12.9	.0	6.5	.0
Fetishism	.0	15.8	21.1	15.8	26.3	5.3	10.5	.0	5.3	.0
Sadism	.0	17.9	28.6	14.3	14.3	3.6	3.6	3.6	7.1	7.1
Masochism	.0	41.2	11.8	5.9	11.8	5.9	5.9	5.9	5.9	5.9
Homosexuality	25.0	41.7	25.0	4.2	.0	.0	.0	4.2	.0	.0
Obscene phone calling	5.3	5.3	21.1	21.1	5.3	10.5	15.8	5.3	5.3	5.3
Public masturbation	5.9	17.6	.0	17.6	17.6	17.6	5.9	5.9	5.9	5.9
Bestiality	.0	28.6	7.1	14.3	14.3	7.1	14.3	.0	14.3	.0
Urolagnia	.0	.0	.0	25.0	.0	25.0	.0	.0	25.0	25.0
Coprophilia	.0	.0	.0	.0	.0	.0	.0	50.0	25.0	25.0
Arousal to odors	.0	.0	50.0	.0	.0	.0	.0	50.0	.0	.0

* Refers to number of paraphilias.

20.6 percent had three diagnoses, and 11.5 percent had four diagnoses. The remaining 37.6 percent were concomitantly or nonconcomitantly involved in five to ten different paraphilic behaviors.

The percentage of cases in each diagnostic category with only one paraphilia is indicated in Table 3. Categories containing fewer than 12 subjects were excluded because the number of subjects was considered too small to represent such paraphilias reliably. The

highest percentage (52%) of individuals with only one paraphilia were those involved with transsexualism. In each of the other 17 categories of paraphilias presented, less than 30% of the subjects confined their deviant behavior to only one paraphilia. In 10 categories of paraphilia, less than 10 percent of subjects had participated in only one type of paraphilic behavior. It was especially impressive that no cases of fetishism, sadism, masochism, or bestiality were seen in which an individual had only one par-

Multiple Paraphilic Diagnoses

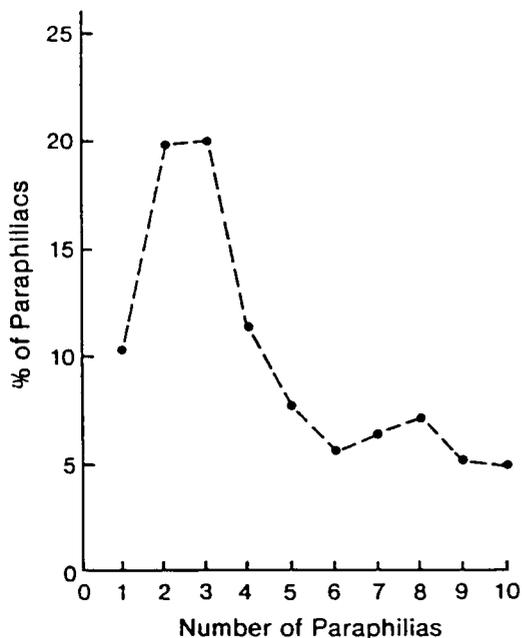


Figure 1. Average number of paraphilias.

aphilic diagnosis. These results clearly indicate that paraphiliacs with only one paraphilia are rare.

The average number of different paraphilias found in the histories of the 561 subjects in our study population is shown in Table 3. Except for those with a diagnosis of transsexualism or ego-dystonic homosexuality, the average number of paraphilias by diagnosis was in the range of three to five paraphilias per diagnostic category. Especially revealing was that multiple paraphilias were very common in individuals traditionally considered to have only one paraphilia, i.e., female-targeted incest pedophilia and male-targeted incest pedophilia.

To understand which paraphiliacs have histories of having committed other specific types of paraphilic be-

havior, the likelihood of the possible presence of other paraphilias relative to that indicated in column 1 is indicated in Table 4, a cross-diagnosis table. (Note: Table 4 should be read from left to right and not from top to bottom.) To ensure that the number of paraphiliacs who had multiple paraphilic diagnoses indeed reflected more than a simple deviant sexual arousal, data reflect the number of subjects who had reported actual commission of different paraphilic acts. Table 4, Column 1, includes the possible paraphilic diagnoses. Columns 2 through 22 represent additional concomitant or nonconcomitant paraphilic behaviors that subjects had committed. By reading across row 1, for example, one sees in Column 2 that 100 percent (224 subjects) represents the total subsample of men involved with girls outside the home. Reading further to the right, 35 percent of these individuals were (or had been) also involved in male nonincestuous pedophilia, 35 percent in female incestuous pedophilia, 12 percent in male incestuous pedophilia, 25 percent in rape, 29 percent in exhibitionism, 14 percent in voyeurism, 11 percent in frottage, and so forth. Therefore, from the clinical standpoint, 35 percent of paraphiliacs involved in nonincestuous deviant behavior with female targets have a high probability of having been involved with nonincestuous deviant behavior with male targets. By examining each row, one can see the frequent history of cross-diagnostic behavior that exists in paraphiliacs. For those diagnoses with fewer than 12 subjects per category, i.e., ob-

Table 3
Percentage of Subjects with Only One Diagnosis and Average Number of Paraphilias per Subject

Diagnosis	No. of Subjects*	% with only 1 Diagnosis	Average No. of Paraphilias	Total Paraphilias
Pedophilia (nonincestuous), female target	224	15	3.6	806
Pedophilia (nonincestuous), male target	153	19	3.4	520
Pedophilia (incestuous), female target	159	28	3.1	493
Pedophilia (incestuous), male target	44	4.5	4.5	198
Rape	126	27	3.3	416
Exhibitionism	142	7	4.2	596
Voyeurism	62	1.5	4.8	298
Frottage	62	21	3.8	236
Transsexualism	29	52	1.7	49
Transvestitism	31	6.5	3.8	118
Fetishism	19	0	4.4	84
Sadism	28	0	4.6	129
Masochism	17	0	4.4	75
Homosexuality	24	25	2.3	55
Obscene phone calling	19	5.5	5.1	97
Public masturbation	17	6	5.1	87
Bestiality	14	0	4.8	67
Total	1,170			4,324

* A subject is included in each diagnostic category in which he reported a completed act of paraphilic behavior. Therefore, overlapping of subjects across categories occurs.

scene mail, urolagnia, coprophilia, and arousal to specific odors, these data should be interpreted cautiously. With the exception of these four categories and transsexualism, all categories of paraphilia had large percentages of subjects who had also participated at one time or another in other types of paraphilic behavior.

Especially impressive were results in the categories of child molestation. Of the 153 subjects involved with boys outside the home, 51 percent had histories of also having been involved with girls outside the home, 12 percent with girls within the home, and 20 percent with boys within the home. Of the 159 sub-

jects who reported involvement with female incestuous pedophilia, 49 percent had histories of also having been involved in female nonincestuous pedophilia, 12 percent in male nonincestuous pedophilia, and 12 percent in male incestuous pedophilia. Of the 44 subjects who reported involvement with male incestuous pedophilia, 61 percent had histories of also having been involved with female nonincestuous pedophilia, 68 percent with male nonincestuous pedophilia, and 43 percent with female incestuous pedophilia. From these data, it becomes apparent that child molesters have a very high incidence of deviant behavior with both family and

Multiple Paraphilic Diagnoses

nonfamily targets. Furthermore, these data suggest that, contrary to traditional belief, incestuous child molesters are or have been involved very frequently with children outside the home.

Rapists also demonstrated a high incidence of concomitant or nonconcomitant cross diagnosis. Of the 126 subjects who had raped an adult woman, 44 percent had also been involved in female nonincestuous pedophilia, 14 percent in male nonincestuous pedophilia, and 24 percent in female incestuous pedophilia; 28 percent had histories of exhibitionism, 18 percent of voyeurism, and the remainder had been involved, to a lesser degree, in other types of paraphilia.

Exhibitionists had a high degree of other concomitant or nonconcomitant paraphilic behaviors in addition to exhibitionism. Forty-six percent had been involved in female nonincestuous pedophilia, 22 percent in male nonincestuous pedophilia, 22 percent in female incestuous pedophilia, 25 percent in rape, 28 percent in voyeurism, and 16 percent in frottage. Smaller proportions of exhibitionists had been involved in the other categories of paraphilia. An impressive aspect of these findings was that, contrary to some traditional texts, the exhibitionists evaluated frequently were involved in a large variety of other paraphilic behaviors at one time or another, some overtly aggressive. Once again, these data do not indicate that all exhibitionists have also been involved in other paraphilias, but it certainly suggests that there is a much higher likelihood of a history of involvement in

other deviant behaviors in this subsample of paraphiliacs.

Voyeurs, frotteurs, and fetishists all revealed histories of paraphilic interests in other major categories of paraphilia. Sadists and masochists also appear to have or have had experiences with other types of paraphilia. Of greatest concern is that 46 percent of sadists reported involvement with rape behavior, the highest percentage of cross-diagnosis into the rape category of any other category of paraphilia.

Ego-dystonic homosexuals, obscene phone callers, and public masturbators all had significant histories of involvement with other paraphilias. It is difficult to draw conclusions from infrequently seen paraphiliacs (e.g., senders of obscene mail) because these categories of paraphilia occurred at a low frequency in the study population and, therefore, these findings need corroboration from studies of larger subject populations.

In summary, examination of Table 4 suggests that our traditional view of paraphiliacs has been somewhat naive. With the exception of transsexuals, there is a significant incidence of crossing of deviant sexual behaviors.

Conclusions

The principal conclusion to which this study points is that paraphiliacs frequently participate in a variety of different paraphilias and that the paraphiliac with a history of only one paraphilia is rare. These assertions are at variance with the traditional view of the paraphiliac, i.e., as one who becomes fixated on one type of paraphilia to the ex-

Table 4
Percentage of Cross-Diagnosis by Paraphilia

		Female nonincestuous pedophilia	Male nonincestuous pedophilia	Female incestuous pedophilia	Male incestuous pedophilia	Rape	Exhibitionism	Voyeurism	Frottage	Obscene mail	Transsexualism	Transvestitism	Fetishism	Sadism	Masochism	Homosexuality	Obscene phone calling	Public masturbation	Bestiality	Urolagnia	Coprophilia	Arousal to odors
Female nonincestuous pedophilia	N	224	78	78	27	55	65	32	24	1	0	7	10	11	6	1	8	5	10	2	4	0
	%	100	35	35	12	25	29	14	11	1	0	3	5	5	3	1	4	2	5	1	2	0
Male nonincestuous pedophilia	N	78	153	19	30	17	31	16	12	0	0	4	6	7	6	3	3	2	1	1	2	0
	%	51	100	12	20	11	20	10	8	0	0	3	4	5	4	2	2	1	1	1	1	0
Female incestuous pedophilia	N	78	19	159	19	30	31	11	10	1	1	7	5	9	5	1	5	4	6	2	3	0
	%	49	12	100	12	19	20	7	6	1	1	4	3	6	3	1	3	3	4	1	2	0
Male incestuous pedophilia	N	27	30	19	44	7	7	6	4	0	0	2	3	1	1	2	0	1	3	2	1	0
	%	61	68	43	100	16	16	14	9	0	0	5	7	2	2	5	0	2	7	5	2	0
Rape	N	55	17	30	7	126	35	23	14	1	0	6	5	13	3	0	7	4	3	0	0	1
	%	44	14	24	6	100	28	18	11	1	0	5	4	10	2	0	6	3	2	0	0	1
Exhibitionism	N	65	31	31	7	35	142	39	23	1	1	11	4	6	6	3	12	12	5	2	3	1
	%	46	22	22	5	25	100	28	16	1	1	8	3	4	4	2	9	9	4	1	2	1
Voyeurism	N	32	16	11	6	23	39	62	14	0	0	3	4	7	1	0	9	5	6	1	1	2
	%	52	26	18	10	37	63	100	23	0	0	5	7	11	2	0	15	8	10	2	2	3

Frottage	N	24	12	10	4	14	23	14	62	0	0	1	3	7	0	0	4	2	1	0	0	1
	%	39	19	16	7	23	37	23	100	0	0	2	5	11	0	0	7	3	2	0	0	2
Obscene mail	N	1	0	1	0	1	1	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0
	%	33	0	33	0	33	33	0	0	100	0	0	0	0	0	33	0	0	0	0	0	0
Transsexualism	N	0	0	1	0	0	1	0	0	0	29	9	0	0	0	7	0	0	0	0	0	0
	%	0	0	4	0	0	4	0	0	0	100	31	0	0	0	24	0	0	0	0	0	0
Transvestitism	N	7	4	7	2	6	11	3	1	0	9	31	2	3	4	6	3	1	4	2	1	0
	%	23	13	23	7	19	36	10	3	0	29	100	7	10	13	19	10	3	13	7	3	0
Fetishism	N	10	6	5	3	5	4	4	3	0	0	2	19	1	2	2	0	1	0	1	0	0
	%	53	32	26	16	26	21	21	16	0	0	11	100	5	11	11	0	5	0	5	0	0
Sadism	N	11	7	9	1	13	6	7	7	0	0	3	1	28	5	0	4	2	2	2	2	0
	%	39	25	32	4	46	21	25	25	0	0	11	4	100	18	0	14	7	7	7	7	0
Masochism	N	6	6	5	1	3	6	1	0	0	0	4	2	5	17	2	0	0	1	2	2	0
	%	35	35	29	6	18	35	6	0	0	0	24	12	29	100	12	0	0	6	12	12	0
Homosexuality	N	1	3	1	2	0	3	0	0	1	7	6	2	0	2	24	0	0	1	1	0	0
	%	4	13	4	8	0	13	0	0	4	29	25	8	0	8	100	0	0	4	4	0	0
Obscene phone calling	N	8	3	5	0	7	12	9	4	0	0	3	0	4	0	0	19	2	2	0	1	0
	%	42	16	26	0	37	63	47	21	0	0	16	0	21	0	0	100	11	11	0	5	0
Public masturbation	N	5	2	4	1	4	12	5	2	0	0	1	1	2	0	0	2	17	1	1	1	0
	%	29	12	24	6	24	71	29	12	0	0	6	6	12	0	0	12	100	6	6	6	0
Bestiality	N	10	1	6	3	3	5	6	1	0	0	4	0	2	1	1	2	1	14	1	1	0
	%	71	7	43	21	21	36	43	7	0	0	29	0	14	7	7	14	7	100	7	7	0
Urolagnia	N	2	1	2	2	0	2	1	0	0	0	2	1	2	2	1	0	1	1	4	2	0
	%	50	25	50	50	0	50	25	0	0	0	50	25	50	50	25	0	25	25	100	50	0
Coprophilia	N	4	2	3	1	0	3	1	0	0	0	1	0	2	2	0	1	1	1	2	4	0
	%	100	50	75	25	0	75	25	0	0	0	25	0	50	50	0	25	25	25	50	100	0
Arousal to odors	N	0	0	0	0	1	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2
	%	0	0	0	0	50	50	100	50	0	0	0	0	0	0	0	0	0	0	0	0	100

clusion of other kinds of deviant sexual behavior.

Because these results challenge our traditional view of the paraphiliac, one might question the validity of these findings. Why have traditional interviews failed to reveal a variety of paraphilias? One reason might be the amount of time required to obtain a subject's full history. When histories are taken in the rush of forensic evaluation, the interviewer is likely to focus upon behaviors that have come to his or her attention. The interviews used in this study were time consuming (from one to five hours in duration) but provided the subject with the opportunity to establish rapport with the examiner and to acquire some degree of comfort with the interview.

A second factor might be the lack of specificity in the questions that interviewers pose. Our early experience indicated that suspected paraphiliacs did not volunteer information relative to all of their deviant sexual activities. Initially, interviews focused on the behavior that had come to our attention. As we gained greater experience and greater knowledge about the frequent occurrence of multiple deviant behaviors, the interviewers were more aware of the need to ask specific questions about other types of paraphilias. As interviews became more structured, interviewers worked from a listing of all possible paraphilias and asked each subject about his participation in each. Although the latter technique was rather routine and nonspontaneous, it was critical for an accurate recording of

the scope of the various deviant sexual activities of each subject.

A third and extremely important factor is the issue of confidentiality. Because the majority of prior research on paraphilias has been conducted within the prison setting, where confidentiality is limited, it is not surprising that the subjects reported a low incidence of multiple paraphilias. Using the various means of maintaining confidentiality described earlier, we found that subjects would more honestly report their various paraphiliac behaviors if they felt assured that negative repercussions as a result of such revelations would not be forthcoming. Where confidentiality is minimal or nonexistent, concealment is common, and therefore histories will be less valid.

The finding that histories of multiple paraphilias are common and cross-diagnoses are a frequent occurrence should be of importance to clinical judgments regarding paraphilias. For example, it is customarily believed that cases of incest simply result from distorted family dynamics and that individuals involved in incest are unlikely to be involved in other types of paraphilias. This conclusion, however, is inconsistent with the findings described above. These results and prior psychophysiological investigation of incestuous and nonincestuous pedophiles^{2,11} suggest that incest cases frequently involve individuals who participate in nonincestuous activities in addition to incestuous behaviors. Similarly, individuals involved with children outside the home frequently have concurrent involvement with children within the

Multiple Paraphilic Diagnoses

home. Treatment plans and assessment strategies must therefore investigate both of these possibilities. The presence of more serious paraphilias in individuals with "benign" paraphilias should also be of concern. Some professionals have considered exhibitionists, voyeurs, and fetishists as being rather benign, nuisance paraphiliacs. These results, however, suggest that some (but not all) of the benign paraphilias may actually lead to very aggressive behaviors and should not be viewed as reliably benign. Further clinical relevance of these results is the indication that treatment must be modified to incorporate all of the various paraphilias that an individual might have. If an individual involved in incestuous pedophilia is also involved with children outside of the home, then treatment must focus on the full scope of the individual's pedophilic interests including the possibility of other, unsuspected paraphilias. Without a thorough investigation of an individual's deviant interests and the formulation of a comprehensive treatment program, recidivism is much more likely.

Finally, the theoretical relevance of these findings must be considered. Why do paraphiliacs have histories of so many different paraphiliac interests and behaviors? If a specific conflict accounted for one discreet type of paraphilia, how could it explain the existence of multiple paraphilias in the same individual? Because paraphilic behavior is, by and large, a secretive event, and because most paraphilic acts remain unreported, it may be that failure to experience aversive consequences as

a result of the first deviant act may reinforce the rationalization or acceptability of the act for the perpetrator. Thus, he may feel less inhibited about acting upon other paraphilic fantasies.

Regardless of how one might interpret the theoretical implications of the results of this study, a number of factors suggest that these findings are representative of paraphiliacs seeking psychiatric or psychological evaluation and treatment. The large subject population was collected at two different sites in the United States, both offering assessment and treatment services for individuals seeking help in controlling their sexual behavior. Both sites emphasized treatment for assaultive sex offenders (child molesters and rapists), which is the major treatment emphasis for most sex offender treatment programs throughout the country. Furthermore, the considerable consistency with which paraphiliacs reported involvement in multiple paraphilias (regardless of an initial category of paraphilia) appears to support the validity of these new findings.

Prevention of sexual violence and deviant sexual acts necessitates a better appreciation of the perpetrator—who he is and what his deviant interests are—so that appropriate services may be provided to control sexually deviant behavior and to prevent further victimization.

References

1. Abel GG, Becker JV, Mittelman M, et al: Self-reported sex crimes of non-incarcerated paraphiliacs. *Journal of Interpersonal Violence* 2:3-25, 1987
2. Abel GG, Mittleman MS, Becker JV: Sexual

- offenders: results of assessment and recommendations for treatment, in *Clinical Criminology: Current Concepts*. Edited by Ben-Aron MH, Hucker SJ, Webster CD. Toronto, M & M Graphics, 1985
3. Abel GG, Rouleau JL: Sexual disorders, in *Medical Basis of Psychiatry*. Edited by Winokur G, Clayton P. Philadelphia: Saunders (in press)
 4. Protection of Identity—Research Subjects. 40 Fed Reg 234 (December 4, 1975)
 5. Gebhard PH, Gagnon JH, Pomeroy WB, et al: *Sex Offenders*. New York, Harper & Row, 1965
 6. Flanagan TJ, van Alstyne DJ, Gottfredson MR (eds): *Sourcebook of Criminal Justice Statistics—1981*. U.S. Law Enforcement Assistance Administration, National Criminal Justice Information and Statistics Service. Washington, DC, U.S. Government Printing Office, 1982
 7. U.S. Department of Justice: *Uniform Crime Reports (Federal Bureau of Investigation)*. Washington, DC: U.S. Government Printing Office, 1977–1980
 8. Frisbie LV, Vanasek FJ, Dingman HF: The self and the ideal self: methodological study of pedophiles. *Psychol Rep* 20:699–706, 1967
 9. Abel GG, Rouleau J, Cunningham-Rathner J: Sexually aggressive behavior, in *Modern Legal Psychiatry and Psychology*. Edited by Curran W, McGarry AL, Shah SA. Philadelphia, Davis, 1985
 10. Abel GG: A clinical evaluation of possible sex offenders, in *The Incest Offender, The Victim, The Family: New Treatment Approaches*. White Plains, NY, The Mental Health Association of Westchester County, 1985
 11. Abel GG, Becker JV, Murphy WD, et al: Identifying dangerous child molesters, in *Violent Behavior: Social Learning Approaches to Prediction, Management, and Treatment*. Edited by Stuart R. New York, Brunner/Mazel, 1981

10 U.S. Code § 920 - Art. 120. Rape and sexual assault generally

(a) Rape.—Any person subject to this chapter who commits a sexual act upon another person by—

(1)

using unlawful force against that other person;

(2)

using force causing or likely to cause death or grievous bodily harm to any person;

(3)

threatening or placing that other person in fear that any person will be subjected to death, grievous bodily harm, or kidnapping;

(4)

first rendering that other person unconscious; or

(5)

administering to that other person by force or threat of force, or without the knowledge or consent of that person, a drug, intoxicant, or other similar substance and thereby substantially impairing the ability of that other person to appraise or control conduct;

is guilty of rape and shall be punished as a court-martial may direct.

(b) Sexual Assault.—Any person subject to this chapter who—

(1) commits a sexual act upon another person by—

(A)

threatening or placing that other person in fear;

(B)

causing bodily harm to that other person;

(C)

making a fraudulent representation that the sexual act serves a professional purpose; or

(D)

inducing a belief by any artifice, pretense, or concealment that the person is another person;

(2)

commits a sexual act upon another person when the person knows or reasonably should know that the other person is asleep, unconscious, or otherwise unaware that the sexual act is occurring; or

(3) commits a sexual act upon another person when the other person is incapable of consenting to the sexual act due to—

(A)

impairment by any drug, intoxicant, or other similar substance, and that condition is known or reasonably should be known by the person; or

(B)

a mental disease or defect, or physical disability, and that condition is known or reasonably should be known by the person;

is guilty of sexual assault and shall be punished as a court-martial may direct.

(c) Aggravated Sexual Contact.—

Any person subject to this chapter who commits or causes sexual contact upon or by another person, if to do so would violate subsection (a) (rape) had the sexual contact been a sexual act, is guilty of aggravated sexual contact and shall be punished as a court-martial may direct.

(d) Abusive Sexual Contact.—

Any person subject to this chapter who commits or causes sexual contact upon or by another person, if to do so would violate subsection (b) (sexual assault) had the sexual contact been a sexual act, is guilty of abusive sexual contact and shall be punished as a court-martial may direct.

(e) Proof of Threat.—

In a prosecution under this section, in proving that a person made a threat, it need not be proven that the person actually intended to carry out the threat or had the ability to carry out the threat.

(f) Defenses.—

An accused may raise any applicable defenses available under this chapter or the Rules for Court-Martial. Marriage is not a defense for any conduct in issue in any prosecution under this section.

(g) Definitions.—In this section:

(1) Sexual act.—The term “sexual act” means—

(A)

contact between the penis and the vulva or anus or mouth, and for purposes of this subparagraph contact involving the penis occurs upon penetration, however slight; or

(B)

the penetration, however slight, of the vulva or anus or mouth, of another by any part of the body or by any object, with an intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person.

(2)Sexual contact.—The term “sexual contact” means—

(A)

touching, or causing another person to touch, either directly or through the clothing, the genitalia, anus, groin, breast, inner thigh, or buttocks of any person, with an intent to abuse, humiliate, or degrade any person; or

(B)

any touching, or causing another person to touch, either directly or through the clothing, any body part of any person, if done with an intent to arouse or gratify the sexual desire of any person.

Touching may be accomplished by any part of the body.

(3)Bodily harm.—

The term “bodily harm” means any offensive touching of another, however slight, including any nonconsensual sexual act or nonconsensual sexual contact.

(4)Grievous bodily harm.—

The term “grievous bodily harm” means serious bodily injury. It includes fractured or dislocated bones, deep cuts, torn members of the body, serious damage to internal organs, and other severe bodily injuries. It does not include minor injuries such as a black eye or a bloody nose.

(5)Force.—The term “force” means—

(A)

the use of a weapon;

(B)

the use of such physical strength or violence as is sufficient to overcome, restrain, or injure a person; or

(C)

inflicting physical harm sufficient to coerce or compel submission by the victim.

(6)Unlawful force.—

The term “unlawful force” means an act of force done without legal justification or excuse.

(7)Threatening or placing that other person in fear.—

The term “threatening or placing that other person in fear” means a communication or action that is of sufficient consequence to cause a reasonable fear that non-compliance will result in the victim or another person being subjected to the wrongful action contemplated by the communication or action.

(8)Consent.—

(A)

The term “consent” means a freely given agreement to the conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating or social or sexual relationship by itself or the manner of dress of the person involved with the accused in the conduct at issue shall not constitute consent.

(B)

A sleeping, unconscious, or incompetent person cannot consent. A person cannot consent to force causing or likely to cause death or grievous bodily harm or to being rendered unconscious. A person cannot consent while under threat or in fear or under the circumstances described in subparagraph (C) or (D) of subsection (b)(1).

(C)

Lack of consent may be inferred based on the circumstances of the offense. All the surrounding circumstances are to be considered in determining whether a person gave consent, or whether a person did not resist or ceased to resist only because of another person’s actions.

False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non- Stranger Sexual Assault

BY DR. KIMBERLY A. LONSWAY, SGT. JOANNE
ARCHAMBAULT (RET.), DR. DAVID LISAK¹

The issue of false reporting may be one of the most important barriers to successfully investigating and prosecuting sexual assault, especially with cases involving non-strangers. In this article, we will begin by reviewing the research on the percentage of false reports and then go on to discuss some of the complex issues underlying societal beliefs and attitudes in this area.

How Many Sexual Assault Reports are False?

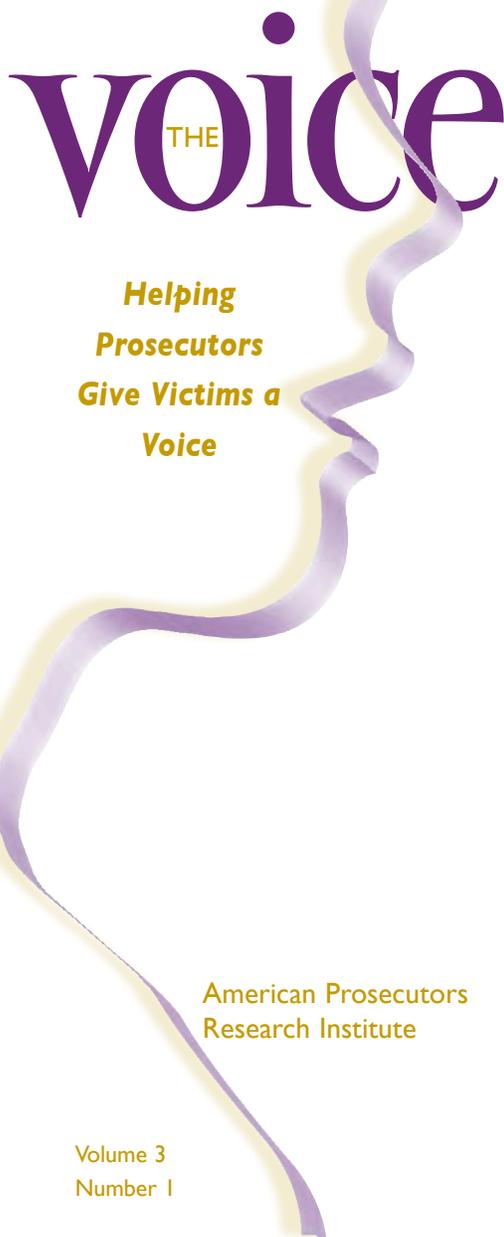
One of the most common questions we address in training presentations with professionals—as well as personal conversations with lay people—is how many sexual assault reports are false. In the research literature, estimates for the percentage of sexual assault reports that are false have varied widely, virtually across the entire possible spectrum. For example, a very comprehensive review article documented estimates in the literature ranging from 1.5% to 90% (Rumney, 2006). However, very few of these estimates are based on research that could be considered credible. Most are reported without the kind of information that would be needed to evaluate their reliability and validity. A few are little more than published

opinions, based either on personal experience or a non-systematic review (e.g., of police files, interviews with police investigators, or other information with unknown reliability and validity).

Prior “research:” The Kanin study

In the most frequently cited study on this topic, Professor Eugene Kanin (1994) reported that 41% of the 109 sexual assault reports made to one midwestern police agency were deemed to be false over a nine-year time period. However, the determination that the charges were false was made solely by the detectives; this evaluation was not reviewed substantively by the researcher or anyone else. As Lisak (2007) describes in an article published in the *Sexual Assault Report*:

Kanin describes no effort to systemize his own ‘evaluation’ of the police reports—for example, by listing details or facts that he used to evaluate the criteria used by the police to draw their conclusions. Nor does Kanin describe any effort to compare his evaluation of those reports to that of a second, independent research—providing a ‘reliability’ analysis. This violates a cardinal rule of



THE
voice

Helping
Prosecutors
Give Victims a
Voice

American Prosecutors
Research Institute

science, a rule designed to ensure that observations are not simply the reflection of the bias of the observer (p. 2).²

In other words, there is no way to explore whether the classification of these cases as false was simply made as a result of the detectives' own perceptions and biases, without any real investigation being conducted. This concern is compounded by the fact that the practice of this particular police department was to make a "serious offer to polygraph" all rape complainants and suspects (Kanin, 1994, p. 82). In fact, this practice "has been rejected and, in many cases, outlawed because of its intimidating impact on victims" (Lisak, 2007, p. 6). The reason is because many victims will recant when faced with apparent skepticism on the part of the investigator and the intimidating prospect of having to take a polygraph examination. Yet such a recantation does not necessarily mean that the original report was false.

In reality, there is no way that an investigator can make an appropriate determination about the legitimacy of a sexual assault report when no real investigation has been conducted—and the victim is intimidated by the department's policy of making a "serious offer to polygraph" all rape complainants. As we will discuss at length below, the determination that a report is false can only be made on the basis of findings from a thorough, evidence-based investigation.

As a result of these and other serious problems with the "research," Kanin's (1994) article can be considered "a provocative opinion piece, but it is not a scientific study of the issue of false reporting of rape. It certainly should never be used to assert a scientific foundation for the frequency of false allegations" (Lisak, 2007, p. 1).

Methodologically rigorous research finds 2-8%

In contrast, when more methodologically rigorous research has been conducted, **estimates for the percentage of false reports begin to converge around 2-8%.**

For example, in a multi-site study of eight U.S. communities involved in the "Making a Difference" (or "MAD") Project, data were collected by law enforcement agencies for all sexual assault reports received in an 18-24 month period. Of the 2,059 cases that were included in the study, 140 (7%) were classified as false. This is particularly noteworthy because a number of measures were taken to protect the reliability and validity of the research. First, all participating law enforcement agencies were provided training and technical assistance in an ongoing way to ensure that they were applying consistent definitions for a false report. In addition, a random sample of cases was checked for data entry errors. More information on the MAD Project is available at <http://www.evawintl.org>.

To date, the MAD study is the only research conducted in the U.S. to evaluate the percentage of false reports made to law enforcement. The remaining evidence is therefore based on research conducted outside the U.S., but it all converges within the same range of 2-8%.

For example, Clark and Lewis (1977) examined case files for all 116 rapes investigated by the Toronto Metropolitan Police Department in 1970. As a result, they concluded that seven cases (6%) involved false reports made by victims. There were also five other reports made by someone other than the victim that were deemed by these

researchers to be false (e.g., a relative or boyfriend).

Grace, Lloyd, and Smith (1992) conducted a similar analysis of the evidence in all 348 rape cases reported to police in England and Wales during the first three months of 1985. After reviewing the case files, reports from forensic examiners, and the statements of victims and suspects, 8.3% were determined to constitute false allegations. This study was sponsored by the British Home Office.

A similar study was then again sponsored by the Home Office in 1996 (Harris & Grace, 1999). This time, the case files of 483 rape cases were examined, and supplemented with information from a limited number of interviews with sexual assault victims and criminal justice personnel. However, the determination that a report was false was made solely by the police. It is therefore not surprising that the estimate for false allegations (10.9%) was higher than those in other studies with a methodology designed to systematically evaluate these classifications.

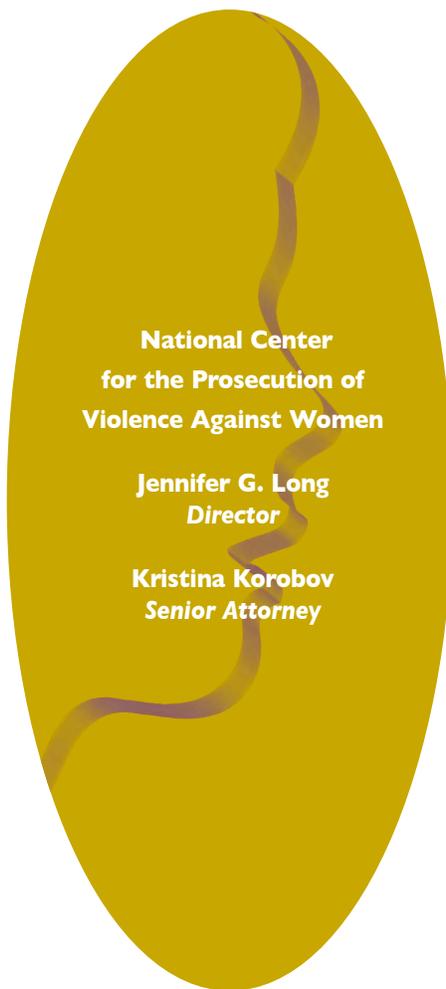
The largest and most rigorous study that is currently available in this area is the third one commissioned by the British Home Office (Kelly, Lovett, & Regan, 2005). The analysis was based on the 2,643 sexual assault cases (where the outcome was known) that were reported to British police over a 15-year period of time. Of these, 8% were classified by the police department as false reports. Yet the researchers noted that some of these classifications were based simply on the personal judgments of the police investigators, based on the victim's mental illness, inconsistent statements, drinking or drug use. These classifications were thus made in violation of the explicit

policies of their own police agencies. The researchers therefore supplemented the information contained in the police files by collecting many different types of additional data, including: reports from forensic examiners, questionnaires completed by police investigators, interviews with victims and victim service providers, and content analyses of the statements made by victims and witnesses. They then proceeded to evaluate each case using the official criteria for establishing a false allegation, which was that there must be either “a clear and credible admission by the complainant” or “strong evidential grounds” (Kelly, Lovett, & Regan, 2005). On the basis of this analysis, the percentage of false reports dropped to 2.5%.

Finally, another large-scale study was conducted in Australia, with the 850 rapes reported to the Victoria police between 2000 and 2003 (Heenan & Murray, 2006). Using both quantitative and qualitative methods, the researchers examined 812 cases with sufficient information to make an appropriate determination, and found that only 2.1% of these were classified as false reports. All of these complainants were then charged or threatened with charges for filing a false police report.

Of course, in reality, no one knows—and in fact no one can possibly know—exactly how many sexual assault reports are false. However, estimates narrow to the range of 2-8% when they are based on more rigorous research of case classifications using specific criteria and incorporating various protections of the reliability and validity of the research—so the “study” does not simply codify the opinion of one detective who may believe a variety of myths regarding false reporting.

This realistic and evidence-based estimate of 2-8% thus suggests that the American public



**National Center
for the Prosecution of
Violence Against Women**

**Jennifer G. Long
Director**

**Kristina Korobov
Senior Attorney**

dramatically overestimates the percentage of sexual assault reports that are false. It's probably not hard to imagine why. For example, we have all seen how victims are portrayed in the media accounts of rape accusations made against popular sports and cultural figures. These media accounts show us just how easy it is for us as a society to believe the suspect's statements (a respected cultural icon) and both discount the victim's statements and disparage her character.

This tendency to overestimate the percentage of false reports can then introduce bias into an investigation and prosecution because it causes us to give less credibility to victims and more credibility to suspects. This is especially true if the victim's behavior

is seen as risky or problematic and if the suspect seems like a “nice guy” who doesn't look like a stereotypic rapist. We describe these characteristics as “red flags,” in the characteristics of sexual assault cases.

What Are These Red Flags?

Concerns regarding the legitimacy of a sexual assault report are often triggered by the presence of “red flags,” based on specific characteristics of the victim, suspect, or assault. Yet many of these “red flags” are actually based on our cultural stereotypes of what constitutes “real rape.”

As professionals, we are often reluctant to believe that we share these stereotypes, but the reality is that everyone in our society is exposed to the same cultural messages about sexual assault, and they inevitably influence how we think about it. Because these are societal stereotypes, they impact not only jurors but also the other professionals involved in sexual assault response (e.g., law enforcement professionals, forensic examiners, victim advocates, prosecutors, and other professionals). They even influence friends and family, all too often preventing them from providing the emotional support that victims of sexual assault so desperately need.

It is typically not difficult for a professional working in this field to describe what our society considers to be a “real rape.” For example, if you were to ask a roomful of people to describe what sexual assault is like, they might give some of the following common characteristics:

- The victim and suspect do not know each other—they are strangers.
- A weapon was used and/or physical violence was reported.
- There are signs of physical injury.

- The victim is hysterical and reports to law enforcement immediately.
- The victim did not exercise bad judgment at the time of the sexual assault.
- The victim has never reported a sexual assault in the past.
- The suspect is seen as sick, crazy, or deranged—not respectable, credible, or likeable.

Then when it comes to the victim’s involvement in the criminal justice system, there are again a number of characteristics that most people would assume are typical of sexual assault cases:

- There is a great deal of physical evidence to corroborate the allegation.
- The victim actively participates with the investigation and prosecution.
- The victim does not change his or her account of what happened.
- The victim is absolutely certain about the details of the sexual assault.
- The victim does not recant.
- Not a single detail in the victim’s account is provably false.

However, if you asked a room full of prosecutors how many of their cases resemble this stereotype, most would say that only a small percentage of their cases do. In fact, the research³ is clear that these stereotypic characteristics of “real rape” are actually quite rare:

- In reality, most sexual assaults are perpetrated by someone known to the victim, without a weapon, physical violence, or signs of physical injury.
- Very few victims report immediately to law enforcement, but if they do report to law enforcement, it is often after a delay of days, weeks, months, or even years.
- Many victims have a number of factors that limit their perceived credibility: they are often young, homeless, have a mental or physical impairment, are belligerent, and/or

abusing alcohol or controlled substances.

- Victims often omit, exaggerate or fabricate parts of their account, and they may even recant altogether. They are not typically hysterical when interviewed by medical professionals, law enforcement professionals, prosecutors, or others.
- Suspects often do not fit our stereotype of a “rapist.”

In short, most sexual assault reports involve at least some of the “red flags” listed above. Yet sexual assault reports that are different from this stereotype of “real rape” are all too often viewed with suspicion, not only by jurors, support people, and other community members, but also by the professionals who are tasked with responding within the criminal justice system.

Of course, prosecutors may share some of these same “red flags” for suspecting that a sexual assault report is false. Yet this doesn’t necessarily indicate a personal belief in the stereotype. Often, prosecutors understand the realistic dynamics of sexual assault, but know that this stereotype will be prominent in the minds of judges and jurors as they make decisions regarding a sexual assault case. Prosecutors may therefore believe that they cannot ethically charge a defendant in cases that depart too much from the stereotype of “real rape,” because a jury would not be likely to convict. All of this makes cases with “red flags” more difficult to investigate and prosecute—despite the fact that many of the characteristics are actually typical of sexual assault.

What is the Actual Definition of a False Report?

Although many people have different ideas about what exactly constitutes a false report, the most reasonable definition is

that: A false report is a report of a sexual assault that did not happen (i.e., it was not completed or attempted). While we might all agree with this simplistic definition of a false report, people have different ideas about exactly when they can decide that the sexual assault did not actually happen. For example, investigators, prosecutors, and others often decide that a sexual assault did not happen based simply on their own views of the victim, the suspect, and their credibility. This is an unacceptable practice.

In reality, investigators and prosecutors cannot determine that the sexual assault did not happen, simply because they suspect that the report is false, view it with suspicion, or because the victim changes his or her account of what happened.

Investigators and prosecutors certainly cannot determine that the sexual assault did not happen because the victim lacks credibility—perhaps because the victim is young, drunk, taking drugs, belligerent, or suspected of “being a prostitute.”

It is similarly impossible to determine that a sexual assault did not happen based on sympathy for the suspect, because he seems sincerely outraged and upset by the charges, he has a credible story, or he appears to be a responsible citizen who does not meet our personal assumptions about who is likely to be a “rapist.”

In other words, professionals cannot determine that the sexual assault did not happen just because any of the “red flags” are present in a sexual assault case.

Rather, investigators and prosecutors must base all final judgments of a sexual assault report on the findings from a thorough, evidence-based investigation. The determination that a report is false can then only be

made when there is sufficient evidence to establish that the sexual assault did not happen (was not completed or attempted.) This does not mean that the investigation failed to prove that the sexual assault happened—in that case the investigation would simply be inconclusive or unsubstantiated. It also does not mean that the suspect was unable to successfully complete the sexual assault—this would be an attempted sexual assault and/or some other sexual offense.

This definition is consistent with guidance provided by the FBI Uniform Crime Report (UCR) on methods for clearing cases. Specifically, the UCR Handbook states that a case can only be unfounded if it is “determined through investigation to be false or baseless. In other words, no crime occurred” (p. 77). This seems clear, because a case cannot be “determined through investigation to be false or baseless” if no investigation was conducted or if it yielded insufficient evidence.⁴

While this is the actual definition of a false report for law enforcement purposes, it does not typically reflect the way investigators, prosecutors (and their supervisors) tend to think of sexual assault investigations.⁵ In fact, at virtually every training we offer on this topic, we hear from law enforcement professionals who unfound cases—and prosecutors who reject them—either because they do not believe the victim’s account or they failed to prove it conclusively. This practice fails to meet the needs of both victims and the larger society.

So, although the actual definition of a false report should be the same for all criminal justice professionals, it is clear that the practices that are really used vary dramatically. This is why the percentage of sexual assault reports that are unfounded by various law

enforcement agencies are so different; many are labeling sexual assault reports false without any evidence to establish that they did not occur.

But What if Part of the Report is False?

We have therefore sought to offer a clear definition of what constitutes a false report. Next we want to address the very common problem that investigators and prosecutors face—that parts of the victim’s account may be false, omitted, exaggerated, or inconsistent with other information that is given. In other words, how false does a false report need to be? Does the whole report have to be false to constitute a false report of sexual assault?

For most criminal justice professionals, it is not difficult to come up with reasons why sexual assault victims might omit, exaggerate, or even fabricate aspects of their report.

For example, victims might give inconsistent or untrue information out of trauma or disorganization. When we are traumatized, we do not always think clearly and cannot necessarily provide information that is 100% complete and accurate. This is especially true for victims who have been sexually assaulted more than once, because aspects of the prior sexual assault may be confused with the current one. Victims may also have memory impairment due to alcohol or drug use.

Victims might also give incomplete, inconsistent, or untrue information because they are uncomfortable relaying details of the sexual assault. This may be particularly likely for details regarding the sexual acts

involved. For example, it is quite common for sexual assault victims to describe the incident as involving only penile-vaginal penetration because they are uncomfortable reporting other crimes such as oral copulation or anal penetration.

Many victims give information that is incomplete, inconsistent, or untrue because they are afraid that they won’t be believed or that they will be blamed for the sexual assault. To illustrate, victims may omit details that will undermine their credibility, such as drug or alcohol use, prostitution, or other unflattering or even illegal behavior. Of course, victims may also omit details about their own unlawful activity out of the fear of being arrested.⁵

Victims also sometimes minimize what happened or change the details in order to protect the perpetrator. This can occur when the two people have a relationship, when the victim depends on the perpetrator for financial or emotional support, or is afraid of getting the perpetrator “into trouble.” As a result, victims may give incorrect or confusing information about what actually occurred.

Victims also may give information that is incomplete, inconsistent or inaccurate because of their immigration status (or assumed status). Many victims have learned from experiences in their country of origin that authority figures are not to be trusted, particularly law enforcement officers. In addition, suspects often use immigration status against victims, threatening to report them to immigration authorities or to have them deported if they tell anyone about the sexual assault.

There can also be cultural reasons for exaggerating or minimizing the facts of a sexual

assault report. For victims from another culture, beliefs about what is acceptable to tell a stranger and taboos about sexuality and sexual activity may influence their description of what happened. This problem can be especially pronounced when the (female) victim is from a minority culture and the (male) law enforcement professional is from the dominant culture of the United States.

Victims from a minority cultural group may be particularly reluctant to report a sexual assault against another member of their cultural group, because it is sometimes seen as a betrayal of the victim's cultural group. This reluctance may be heightened when there is a perception that the cultural group is treated unfairly by law enforcement.

However, one of the most common reasons why victims alter or exaggerate the details of what happened is to create a case that seems more believable. This can be due to guilt, shame, or a fear of not being believed. Just like everyone else in society, sexual assault victims know the stereotype of a “real rape”—that it is perpetrated by a stranger with a weapon or physical violence, that it is reported to law enforcement immediately, and that the victim is emotionally hysterical. In an effort to be believed, therefore, victims may change aspects of the reported incident to make it sound more like this stereotype.⁶

For example, victims may report that they were assaulted by a stranger when they really knew the suspect, and perhaps even had a prior sexual relationship together.

Victims may also report that the suspect used a weapon when this is not really true, or describe threats of physical violence that were not really made. Remember that victims also struggle with the same societal stereotypes as well.

When we think about these dynamics, it makes sense why victims might provide inconsistent, incomplete, or even untrue statements. Yet many investigators and prosecutors have seen this as evidence of a “false report.” In fact, none of these situations meets the actual criteria for a false report—because even if aspects of the victim's account of the incident are missing, exaggerated, or false, this does not necessarily mean that the sexual assault did not happen.

Overcoming This Challenge

For all of the reasons provided above, it is understandable that victims often give information in their statement that is incomplete, inconsistent or even untrue. Nonetheless, these issues can destroy the victim's credibility if they are not handled by criminal justice professionals. As a first step in overcoming this challenge, investigators and prosecutors must recognize that these omissions, inconsistencies, and even untrue statements are understandable and should never be confused with a “false report.” Then, they can address these issues by exploring them gently and nonjudgmentally with the victim. The most important objective is to create a safe and nonjudgmental environment that encourages honesty even for unflattering or illegal behavior.

Then when an omission, inconsistency, or untrue statement is suspected, the investigator or prosecutor can respond by pointing out the issue and asking for clarification. It is entirely possible that the victim simply made a mistake or the professional misheard or misunderstood what the victim was saying. Yet the appropriate time for this type of clarification is after the victim has completed his or her description of what happened—not immediately when the issue arises, because this will interrupt the victim's narrative account.

It is also important to fully—but gently—explain to victims the negative impact of such omissions, inconsistencies, or untrue statements on their credibility during the law enforcement investigation. By doing so, investigators and prosecutors can emphasize the importance of complete truthfulness.

If the issue remains, the professional can explain that conflicting information has arisen and ask for the victim's help to make sense of it. For example, an investigator could say: “I need to ask these questions because I have to write a report on this, and I want to get every detail correct.”

Reduce the number of unnecessary professional contacts

Problems such as inconsistent statements from the victim can also be decreased by reducing the number of unnecessary professional contacts. This is often a goal for communities that implement a coordinated Sexual Assault Response and Resource Team (SARRT).

This does not mean that investigators and prosecutors should be reluctant to conduct follow-up interviews during the course of the investigation, as additional evidence and information is uncovered. In fact, such follow-up interviews are necessary to conduct a comprehensive investigation.

Rather, the goal is to reduce the number of unnecessary professional contacts that take place, either because the case is being screened or the victim is being “handed off” to another professional for some administrative reason. The purpose of any follow-up interviews should therefore be to gather additional information and clarify any questions, not to go over the same information again.

Because it takes time to develop rapport and trust with sexual assault victims, agencies should not allow investigators or prosecutors to “hand off” a sexual assault investigation in mid-stream, if there is any way to avoid it.

This is a frequent cause of inconsistencies in the victim’s statement, and it creates serious difficulties in establishing rapport and trust with criminal justice professionals. Rather, criminal justice agencies should have policies in place that provide their personnel with the resources needed to complete thorough sexual assault investigations.

Given the advantages of reducing the number of unnecessary professional contacts, some communities have also implemented a policy of “vertical prosecution” in sexual assault cases. This strategy allows victims to work with the same prosecutor throughout their case processing, which can be especially valuable in larger jurisdictions where cases are typically initiated by one prosecutor and “handed off” to another. It clearly represents a “Best Practices” for the investigation and prosecution of sexual assault.

Seek corroboration for details in the victim’s statement

There are clearly a number of strategies that investigators can use to clarify inconsistencies, omissions, or untruths in the victim’s description of what happened. However, as important as it is to seek clarification of such inconsistencies or omissions, it is equally important to highlight the accuracy of other details in the victim’s statement. Thus, a primary goal of any sexual assault investigation will be seeking corroboration for details in the victim’s account of events, regardless of whether or not they are relevant for establishing an element of the offense.

How to Handle the Frustrating Reality of “Real” False Reports

Having demonstrated that the percentage of false sexual assault reports is not as high as many people think, this does not deny their terrible reality. We all know that false reports do really exist, and they are incredibly damaging both to criminal justice personnel and to the countless victims of sexual assault whose credibility they undermine.

Potential indicators of a false report

Investigators and prosecutors may already be familiar with some of the training materials that are widely available to describe “indicators” of a false report of sexual assault. Unfortunately, some of these indicators are based on research that is extremely limited and/or inappropriate for this purpose. For example, many were developed on the basis of FBI experience with false reports of stranger sexual assaults. These may not be appropriate, because these sexual assault reports are more likely to involve a perpetrator who is known to the victim. Regardless, these training materials typically suggest that the potential indicators of a false report are actually the same stereotypic characteristics of “real rape” described previously. This is not a coincidence.

Consider this: If you were going to file a false report of sexual assault, would you describe the realistic dynamics of sexual assault? Would you really say that you were assaulted by someone you knew, perhaps someone with whom you have had a relationship or even had sex? Would you really say that you were drinking at the time, or perhaps even taking drugs, or engaging in other risky behavior? Probably not.

By describing this type of realistic sexual assault, you might not get the kind of reaction you were looking for, because people might respond to you in the same way they respond to victims of sexual assaults in the real world. That is, you might not be believed, or you might be blamed for the sexual assault yourself.

Therefore, if you were going to file a false report of sexual assault, you would probably describe a sexual assault that looks like the stereotype of “real rape” that we have discussed at such length throughout this article.

For this reason, it is not surprising that the potential indicators of a false report are actually the same as the stereotypic characteristics of “real rape.” To summarize material developed by McDowell and Hibler (1987),⁸ realistic indicators of a false report could potentially include:

- A perpetrator who is either a stranger or a vaguely described acquaintance who is not identified by name. As previously discussed, most sexual assault perpetrators are actually known to their victims. Identifying the suspect is therefore not typically a problem. However, victims who fabricate a sexual assault report may not want anyone to actually be arrested for the fictional crime. Therefore, they may say that they were sexually assaulted by a stranger or an acquaintance who is only vaguely described and not identified by name.
- Victim claims of having physically resisted to the utmost. In fact, many victims do not physically resist during a sexual assault. There are a number of reasons for this. Many victims are simply too surprised or confused to resist, because they are assaulted by someone they know and trust. Often, they do not resist during the sexual assault because they are simply trying to make sense of what is happening. Other victims do not physically

resist because they don't trust their own perceptions of what is happening, or blame themselves for the situation. Of course, physical resistance is not likely among victims who experience dissociation or frozen fright, and those who have been drinking and/or taking drugs. Still other victims do not physically resist because they are too frightened, and may even fear that resistance will anger their assailant and increase their risk of injury or death. Therefore, although many sexual assault victims do not physically resist, a false report may include a description by the victim as having resisted vigorously—in an effort to appear blameless.

- Use of a weapon, serious physical violence, and/or signs of injury. Most sexual assaults do not actually involve a weapon, physical violence, or evidence of physical injury. Yet fabricated claims may be more likely to resemble the stereotype of “real rape” in this regard. In some cases, individuals who falsely report a sexual assault may even inflict physical injuries upon themselves to bolster the credibility of their report. These can sometimes be identified by their nature and placement, which suggest that they were self-inflicted and are generally superficial.

- An assault involving only penile-vaginal penetration. While other sexual acts are commonly experienced by sexual assault victims, fabricated claims typically include only this “classic” form of rape (i.e., penile-vaginal penetration).

Still other indicators may be based on the lifestyle or history of the reporting party, such as:

- Escalating problems in life or personal relationships.
- A documented history of mental or emotional problems.

- Characteristics of the allegation that “copy-cat” a highly publicized crime.

While these indicators may therefore raise suspicion that a report of sexual assault may be false, none of them should be considered significant when observed in isolation. In fact, some of these factors are particularly challenging because they are associated both with an increased risk of actually being sexually assaulted and with an increased likelihood of filing a false report. Examples include “escalating problems in life or personal relationships” and “a documented history of mental or emotional problems.”

On the one hand, these factors make an individual more vulnerable to actually being sexually assaulted. Yet these same factors may also indicate emotional instability that could potentially lead an individual to file a false report of sexual assault. Therefore, a report should only be considered suspect when a number of these indicators are present. Then the report can only be determined to be false when the investigative facts directly contradict the victim's account of events. In fact, the best way to identify a false report is to uncover evidence that actually contradicts the victim's account of events or makes it impossible for the sexual assault to have taken place as described.

For example, there might be no sign of a physical struggle or injury when there logically should be. Or perhaps the victim states that she was “hit over the head with a bat and knocked unconscious” or “cut with a knife” yet there is no evidence of such an injury. There might even be evidence that the victim purchased materials used in the sexual assault or wrote a note or letter that is attributed to the suspect (McDowell & Hibler, 1987). Therefore, the determination

that a report is false is the result of “putting all the pieces together.”

Responding to a suspected false report

Investigators and prosecutors should only act upon their suspicion that a sexual assault report is false if these concerns are very serious and they are based on the evidence uncovered during the investigation. As McDowell and Hibler (1987) describe, any effort to challenge the validity of a sexual assault report could be devastating if the suspicion is misplaced and the victim really was assaulted. Such a challenge would certainly destroy the trusting relationship that must develop between criminal justice professionals and victims for successful investigation and prosecution.

It is therefore recommended that the tone of any challenge be supportive and based on the information provided by the victim.

This decreases the likelihood of defensiveness and allows for the continued investigation of the report, in case the sexual assault was legitimate but the information provided by the victim was incomplete, inconsistent, or inaccurate.

When the validity of a sexual assault claim is challenged, the person reporting the crime may react with anything ranging from relief to outrage.

To prosecute or not to prosecute?

If a report of sexual assault is determined on the basis of the investigative findings to be false, investigators must then make the decision regarding whether or not to charge the individual with filing a false report. However,

this decision must be made carefully, with consideration of a number of factors. Investigators and prosecutors are thus advised to discuss the advantages and disadvantages of prosecution with other professionals involved in the multi-disciplinary response to sexual assault victims (e.g., victim advocates, forensic examiners). For example, some of the advantages of pursuing such a charge would include the importance of conducting a thorough investigation and exonerating anyone who is innocent.

Prosecuting someone for filing a false report may therefore be most appropriate in cases where an innocent person was arrested, booked, and perhaps even subjected to a forensic examination. The failure to pursue charges for filing a false report could create the appearance of bias, by turning a blind eye toward this criminal act.

Prosecution may also be appropriate in those rare cases that are very high profile and/or involve hundreds of hours of investigative effort. In such cases, some law enforcement agencies have even sought restitution from the person filing the false report for personnel hours consumed during an investigation and even expenses associated with forensic examinations, DNA analysis, and searches of crime scenes and suspects.

Finally, prosecution may help investigators to deal with the negative impact on their own personal and professional well-being. In the view of the person who investigated the case, this is often the most compelling reason to prosecute the individual who filed the false report.

On the other hand, there are also a number of important disadvantages to charging someone with filing a false report, even if it is justified.

For one thing, such a charge is likely to be publicized by the media and this can create problems with future jurors who use it as evidence to confirm their suspicion that many or most sexual assault reports are false.

Even more important, such media coverage can serve as a serious deterrent for victims of sexual assault who might consider reporting the crime to law enforcement but fear that they will not be believed.

Given the size of the caseload that most investigators and prosecutors handle, it seems difficult to justify the inordinate time that would be involved in investigating and prosecuting someone for filing a false report—given that it is typically only a misdemeanor offense.

While it is understandable that investigators might want to prove that the report is false out of a sense of frustration and a determination to get to the truth, this is probably not the best use of limited resources. Rather, the decision regarding whether to charge someone with filing a false report should simply be based on the investigative findings already documented in the case file.

It is also important to keep in mind that most false reports of sexual assault are typically the result of personal and emotional problems, rather than vengeful motives.

Despite the stereotype, false reports of sexual assault are not typically filed by women trying to “get back at a boyfriend” or cover up a pregnancy, affair, or other misbehavior. While there are examples of this kind of false report, the vast majority are actually filed by people with serious psychological and emotional problems. In these situations, the person files a false report for the attention and sympathy that they receive. This explains why

many “real” false reports do not involve a named suspect, because the intention is not to get someone in trouble with the police. Rather, many “real” false reports involve only a vaguely described stranger, so the victim can receive the caring attention of law enforcement officials and social service providers without the fear that someone will be arrested. Clearly, these cases can be extremely frustrating for criminal justice professionals, but they are probably best handled with appropriate referrals for social services rather than prosecution for filing a false report. Two other examples of best practices for handling these issues are to establish a multi-disciplinary review panel and develop a position paper to provide guidance.

Establish a multi-disciplinary review panel

To address these difficult issues, criminal justice professionals should also consider setting up a multi-disciplinary review panel, to discuss cases and investigations with input from other members in the coordinated community response to sexual assault. For example, a review panel might consist of victim advocates, forensic examiners, prosecutors, and others (including representatives from the crime laboratory, sex offender treatment program, and probation/parole). The purpose is not only to review the sexual assault reports that were unfounded by law enforcement—or rejected by prosecutors—within a specified time frame. The objective is to discuss and review these cases to determine the most appropriate response for victims whose sexual assaults are not likely to result in successful prosecution.

Adopt a position paper to provide guidance

Another best practice is to develop or adopt a position paper to provide guidance for

criminal justice professionals and others on the topic of false allegations, unfounded cases, and victim recantation. The state of Oregon has led the way in this regard, by publishing a concise discussion of the issues in a four-page document that is available from the Oregon Attorney General's Sexual Assault Task Force. This document could serve as a starting point for others seeking to disseminate similar guidance for professionals within a community, region, or state. Such guidance is often desperately needed, because the terms are so often misunderstood and practices across agencies vary so widely.

Conclusion

Again, one of the most important challenges for successfully investigating and prosecuting cases of non-stranger sexual assault is the idea that many—or even most—reports are false. As long as this belief is accepted by law enforcement professionals, prosecutors, jurors, and others, our efforts to improve the criminal justice response to sexual assault will have only limited impact. Only those cases that look like our societal stereotype of “real rape” will be successfully investigated and prosecuted.

To move beyond this issue of false reporting, one of the most important steps we can take is therefore to recognize that the “red flags” that raise suspicion in the minds of most people actually represent the typical dynamics of sexual assault in the real world.

Once we accept this reality, we can begin to move beyond this issue to more successfully investigate and prosecute sexual assault cases, especially those involving non-strangers.

In fact, these issues have historically created a bigger hurdle for sexual assault victims than any lack of training or experience on the part of law enforcement professionals. It is therefore critically important for investigators, prosecutors, and others involved in the community response system to recognize these factors and seek to address them. To provide assistance, a number of useful resources are available.

For More Information

The EAWW International On-Line Training Institute offers a comprehensive training module on this subject, entitled: “False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault.” This article constitutes an adapted excerpt from that module. Other modules are also relevant for addressing these issues and improving the investigation and prosecution of non-stranger sexual assault. These include modules entitled: “Interviewing the Victim: Techniques Based on the Real Dynamics of Sexual Assault” and “Effective Report Writing: Using The Language of Non-Consensual Sex.” For more information on the On-Line Training Institute, please see: http://www.evawintl.org/evaw_courseware.

International Association of Chiefs of Police (July, 2005). *Investigating Sexual Assaults: Model Policy and Concepts and Issues Paper*. Published by the IACP National Law Enforcement Policy Center, Alexandria, VA. Available at: *Investigating Sexual Assaults Concepts and Issues Paper* (July 2005), *Investigating Sexual Assault Model Policy* (May 2005). Three corresponding resources are also available: Part I: *Investigating Sexual Assaults*; Part II: *Elements of Sexual Assault &*

Initial Response; and Part III: *Investigative Procedures*, and Part III: *Investigative Strategy & Prosecution*. These training keys are also published by the International Association of Chiefs of Police (<http://www.theiacp.org/>) and available at: training keys.

The Oregon Attorney General's Sexual Assault Task Force has published a four-page position paper on “False Allegations, Recantations, and Unfounding in the Context of Sexual Assault.” It is available at: http://www.oregonsatf.org/documents/False_Allegations.pdf.

References

- Bachman, R. & Saltzman, L.E. (1995). *Violence against women: Estimates from the redesigned survey*. Washington, DC: Bureau of Justice Statistics.
- Bohmer, C. & Parrot, A. (1993). *Sexual Assault on Campus: The Problem and the Solution*. New York: Lexington Books.
- Brener, M.D., McMahon, P.M., Warren, C.W., & Douglas, K.A. (1999). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56, 252-259.
- Clark, L. & Lewis, D. (1977). *Rape: The price of coercive sexuality*. Toronto, Canada: The Women's Press.
- Fisher, B., Cullen, F., & Turner, M. (2000). *The Sexual Victimization of College Women*. Washington, DC: US Department of Justice: National Institute of Justice and Bureau of Justice Statistics.
- Grace, S., Lloyd, C., & Smith, L.J.F. (1992). *Rape: From recording to conviction*. Research and Planning Unit Paper 71. London, England: Home Office.
- Harris, J. & Grace, S. (1999). *A question of evidence? Investigating and prosecuting rape in the 1990s*. Home Office Research

Study 196. London, England: Home Office.

Heenan, M. & Murray, S. (2006). Study of reported rapes in Victoria, 2000-2003. Melbourne, Australia: Office of Women's Policy, Department for Victorian Communities.

Humphrey, S. & Kahn, A. (2000). Fraternities, athletic teams and rape: Importance of identification with a risky group. *Journal of Interpersonal Violence*, 15 (12), 1313-1322.

Kanin, E.J. (1994). False rape allegations. *Archives of Sexual Behavior*, 23, 81-91.

Kelly, L., Lovett, J., & Regan, L. (2005). A gap or a chasm? Attrition in reported rape cases. Home Office Research Study 293. London, England: Home Office Research, Development and Statistics Directorate. Available at <http://www.homeoffice.gov.uk/rds/hor-spubs1.html>.

Koss, M.P. (1988). Hidden rape: Sexual aggression and victimization in a national sample of students in higher education. In A.W. Burgess (Ed.), *Rape and Sexual Assault* (Vol. 2, pp. 3-25). New York: Garland.

Koss, M.P. & Cook, S. (1993). Facing the facts: Date and acquaintance rape. In R. Gelles & D. Loeske (Eds.), *Controversies in Sociology*. Newbury Park, CA: Sage Publications.

Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55, 162-170.

Lisak, David (2007). False allegations of rape: A critique of Kanin. *Sexual Assault Report*, 11 (1), pp. 1-2, 6, 9.

McDowell, C.P. & Hibler, N.S. (1987). False allegations (Chapter 11, p.275-299). In R.R. Hazelwood & A.W. Burgess (Eds.), *Practical Aspects of Rape Investigation: A*

Multidisciplinary Approach. New York: Elsevier.

Merrill, L.L., Newell, C.E., Milner, J.S., Koss, M.P., Hervig, L.K., Gold, S.R., Rosswork, S.G., & Thornton, S.R. (1998). Prevalence of premilitary adult sexual victimization and aggression in a Navy recruit sample. *Military Medicine*, 163, 209-212.

National Victim Center (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center.

Norton, R. & Grant, T. (2008). Rape myth in true and false rape allegations. *Psychology, Crime, & Law*, 14 (4), 275-285.

Rumney, P.N.S. (2006). False allegations of rape. *Cambridge Law Journal*, 65 (1), p. 128-158.

Tjaden, P. & Thoennes, N. (1998). *Prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. National Institute of Justice: Washington, DC.

ENDNOTES

¹ Dr. Lonsway is the Research Director of EVAW International; Sgt. Archambault is the Executive Director of EVAW International; and Dr. David Lisak is an Associate Professor of Psychology at the University of Massachusetts. This article is an adapted excerpt from the training module of the same name in the On-Line Training institute hosted by End Violence Against Women (EVAW) International, at http://www.evawintl.org/evaw_courseware.

² In an "addenda" to his article, Kanin (1994) describes how he also "gained access to the police records of two large Midwestern state universities" (p. 90) and examined all forcible rape complaints from a three-year period of time. Of these, 50% were classified as false reports, yet again this determination was made solely by police personnel and not reviewed in any systematic way by the researcher. Kanin does note, however, that these agencies did not use the polygraph and "neither declared the complaint false without a recantation of the charge" (p. 90).

³ Extensive research documents the characteristics of sexual assault victims, perpetrators, and incident. For example, see: Bachman & Saltzman, 1995; Bohmer & Parrot, 1993; Brenner, McMahon, Warren & Douglas, 1999; Fisher, Cullen & Turner, 2000; Humphrey & Kahn, 2000; Koss, 1988; Koss & Cook, 1993; Koss, Gidycz & Wisniewski, 1987; Merrill et al., 1998; National Victim Center, 1992; Tjaden & Thoennes, 1998.

⁴ Uniform Crime Reporting Handbook (2004). Published by the Federal Bureau of Investigations (FBI) and available online at <http://www.fbi.gov/ucr/handbook/ucrhandbook04.pdf>. More information on the Uniform Crime Reporting Program is also available at the FBI website at: <http://www.fbi.gov/ucr/ucr.htm>.

⁵ This calls to mind the terminology of "factually innocent" which the courts use to dismiss cases where it can be established that the suspect did not in fact commit the crime. To illustrate, the California appellate court has defined someone as "factually innocent" when:

"The person did not commit a crime. It does not mean a lack of proof of guilt beyond a reasonable doubt or even a preponderance of the evidence, nor does the term encompass those situations where an accusatory pleading is not issued for technical reasons such as search and seizure issues."

⁶ We believe that it is important for investigators and prosecutors to reassure victims that they will not be arrested for such behavior; but equally critical that departments have a policy of not arresting in such instances, unless it is absolutely necessary given the seriousness of the offense. Just as people who have overdosed on illegal drugs are treated for their medical emergency and not arrested, the priority in sexual assault cases must remain on investigating the crime and treating the victim with compassion. Arresting the victim will likely damage any trust that has been established with law enforcement, eliminate any chance that the victim will cooperate with the investigation, interfere with the victim's emotional recovery, and perhaps even deter future additional victims from reporting. Only when absolutely necessary should law enforcement personnel consider arresting the victim of a sexual assault. When crafting a policy for law enforcement agencies, it is therefore important to make a distinction in the policy for responding to felonies versus misdemeanors that may have been committed by the victim.

⁷ This hypothesis is supported by research studies that document more stereotypic characteristics (e.g., offender violence) in accounts of rape that are generated as false, than in reports to law enforcement that are corroborated with an investigation and maintained as true (e.g., Norton & Grant, 2008).

⁸ Some readers may have heard of the "McDowell checklist" which is a series of questions purportedly used to score the account given by a sexual assault victim and determine whether or not it is a false report. Yet there is absolutely no scientific basis to support such a procedure—using this or any other similar "checklist." Equally important, this type of procedure interferes with the rapport and trust that is needed for a law enforcement investigator to conduct an effective interview with a sexual assault victim. Of course, this in turn eliminates any chance for successful investigation and prosecution.



NCPVAW DISCUSSION GROUP

Are you a prosecutor or allied professional involved in the prosecution of violence against women? Join the NCPVAW Yahoo! discussion group at <http://groups.yahoo.com/group/apri-vawp>

Discover EAW International's Web Training:

On-Line Training Institute for Sexual Assault Investigations

Are your officers and other community responders equipped to successfully investigate sex crimes?



"I highly recommend these training modules for any agency involved in responding to sexual assault. They reflect the most up-to-date material on the topic and exemplify best practices for the field. The depth of knowledge and expertise that went into the development of the On-Line Training Institute is clearly evident in the modules I have reviewed.

*Sergeant Elizabeth Donegan,
Sex Crimes Unit, Austin Police Department*

Free training module at www.evawintl.org

End Violence Against Women (EVAW) International is offering an introductory training module entitled: "Effective Report Writing: The Language of Non-Consensual Sex" **free of charge**. The cost for **any other individual training module is \$50**. A track of six training modules costs \$200; **you receive TWO additional training modules FREE**.

Agencies registering **30 or more people** will receive **an extra discount of \$25** off the price for each track of six modules. With this group discount, **the price for each track of six modules is \$175** – an average of only **\$29 per course**.

Enhance your skills in investigating sex crimes by logging on to:
www.evawintl.org/online_training.htm

Questions? Feel free to call us at **509/684-9800**
Or email **HelpDesk@evawintl.org**



PO Box 33
Addy, WA
99101-0033
509 / 684-9800

www.evawintl.org