

H. H. Bonheur,¹ M.S. and Richard Rosner,¹ M.D.

Sex Offenders: Diagnosis, Organicity, and Intelligence

REFERENCE: Bonheur, H. H. and Rosner, R., "Sex Offenders: Diagnosis, Organicity, and Intelligence," *Journal of Forensic Sciences*, JFSCA, Vol. 26, No. 4, Oct. 1981, pp. 782-792.

ABSTRACT: This is a survey of over 60 defendants who were indicted on charges of sexual offenses in the County of New York and who were referred for comprehensive psychodiagnostic evaluation at the psychology unit of the Forensic Psychiatry Clinic. Only a small segment of the sample was found to be suffering from organic central nervous system impairment or to be of subnormal intellectual endowment.

KEYWORDS: psychiatry, criminal sex offenses

Public concern about victims of sexual offenses and general concern about the prevalence of violent criminal behavior have continued to exert effective pressure on mental health professionals to join with criminal justice personnel in efforts to identify the characteristics of persons who perpetrate sex crimes. The aims of such descriptive research include early detection of persons who may be of statistically significant risk to become sex offenders [1-3], the planning of special treatment services in the community as an alternative to incarceration for selected sex offenders, and the development of more effective rehabilitation programs for incarcerated offenders [4-6].

Despite the need for research in this area, the number of relatively current studies directed to the offenders (rather than to their victims) remains modest. This paper is designed to supplement a previously published report by the same authors [7]. Whereas the prior report addressed demographic characteristics, the present study focuses on data obtained from psychodiagnostic testing.

The Forensic Psychiatry Clinic for the Criminal Court and the Supreme Court of New York (First Judicial Department) provides services for the boroughs of Manhattan, Brooklyn, and the Bronx in the City of New York. For the purposes of this study, defendants referred from the Manhattan Supreme Court and charged with at least one sex offense, during the period of 1973 to 1979, were considered.

Defendants are referred to the Forensic Psychiatry Clinic either for a determination of their competence to stand trial or for a general psychodiagnostic evaluation to aid the court and the Department of Probation in dispositive planning. As a general rule, all persons aged 21 years or less who are referred for a general psychodiagnostic evaluation are examined by a

Received for publication 26 March 1981; revised manuscript received 29 April 1981; accepted for publication 30 April 1981.

¹Senior psychologist and medical director, respectively, Forensic Psychiatry Clinic—Manhattan, New York State Supreme Court, New York, N.Y.

psychologist on the clinic's staff; that examination may be supplemented by an examination by a psychiatrist. All persons sent for evaluation of their competence to stand trial must be examined by a staff psychiatrist; that examination may be augmented by psychodiagnostic testing by a psychologist. This process produces at least two necessary biases in data collected by the clinic. First, the great majority of persons seen for psychodiagnostic testing are young. Second, only a minority of persons seen for evaluation of their competence to stand trial will receive psychological testing.

During the period 1973 to 1979, 175 defendants charged with at least one sexual offense were seen by the psychologists of the Forensic Psychiatry Clinic. Of those cases, 64 have been chosen for this study. One basis of the selection is that all 64 of the cases were examined by the same psychologist, ensuring uniformity of approach. Necessarily, however, this process introduces another element of nonrandomization, although no deliberate effort was made to prescreen which cases of sex offenders went to the psychologist.

Statement of Purpose

This report is a study of those persons charged with at least one sexual offense who were referred to the Forensic Psychiatry Clinic between 1973 and 1979 and who received a complete battery of psychodiagnostic tests from one of the clinic's psychologists. The aim of the study is to provide data regarding the diagnoses, the signs of organic impairment of mental functioning, and the intelligence of the population in the study.

Method

One of the psychologists of the Forensic Psychiatry Clinic reviewed all of his case records for the period 1973 to 1979 and selected those reports relating to defendants charged with at least one sexual offense. To be included in the study, a complete battery of psychodiagnostic tests must have been administered to the defendant. "Complete" battery for the purposes of this report refers to the administration of the Wechsler Adult Intelligence Scale (WAIS) (or sufficient subtests of that instrument to permit the calculation of a verbal scale IQ and a performance scale IQ), the House-Tree-Person test, the Rorschach test, and the Bender Visual-Motor Gestalt test. Of the 175 cases of persons charged with sex offenses and examined by staff psychologists in the period under study, 64 cases met the criteria for inclusion in this report. In those instances where it was possible to do so, the data obtained by the psychologist were checked against the data provided by psychiatrists and probation officers to ensure reliability. The information about the 64 defendants was collated and tabulated to permit analysis. Information that might reveal the identity of any of the specific defendants was deleted to protect their anonymity. The definition of sex offenders was based on the Penal Law of the State of New York and included persons charged with rape, sodomy, sexual abuse, sexual misconduct, promoting prostitution, and public lewdness [8].

Description of the Study Sample

The great majority of the sex offenders examined were young. The largest number, 31, constituting 48.4% of the sample, were aged 17 to 21. Although this might be a partial reflection of the clinic's aforementioned practice of sending persons under age 21 to psychologists for psychodiagnostic evaluation, it should be noted that 18 defendants, 28.1% of the sample, were aged 22 to 29 years. Four subjects were aged 30 to 39 years; two subjects were aged 40 to 49 years; and five subjects were aged 50 to 59 years (Table 1).

The greatest group of the population in the study had reached high school (grades 10 to 12) in their education: 32 subjects constituting 50% of the population. Five of the defendants had been in special educational programs for the intellectually limited and the emo-

TABLE 1—*Sample by age.*

Age, years	<i>n</i>	%
15 and 16	4	6.3
17 to 21	31	48.4
22 to 29	18	28.1
30 to 39	4	6.3
40 to 49	2	3.1
50 to 59	5	7.8
Total	64	100.0

tionally or behaviorally disordered. Only six defendants graduated from high school or possessed a high school equivalency diploma as their highest educational attainment. Seven defendants had received some college education; one graduated from college; one had a professional degree (Table 2).

Reviewing the occupational status and skills of the defendants, we found 33 were unemployed at the time of their arrest, six worked part-time, and 25 held full-time jobs. A detailed breakdown of occupations is in Table 3.

Only 22 subjects, or 34.4% of the sample, had no previous history of psychiatric or medical/neurological treatment. In this instance, medical/neurological treatment includes such circumstances as having been knocked unconscious in an accident, having received an injury to the head that required medical attention (for example, stitches in the scalp), having been in a coma as a result of toxic, metabolic, or infectious illnesses, as well as any of the officially diagnosed neurological illnesses. In our population, eleven defendants had such medical-neurological histories. In-hospital psychiatric care had been provided for 17 persons, 11 had received outpatient psychiatric treatment, and 3 had been treated both on ambulatory and inpatient bases (Table 4).

Forty defendants denied abuse of drugs or alcohol. For the purposes of this study, occasional users of alcohol, self-reported social drinkers, and smokers of marijuana were not counted as abusers of drugs. Drug abusers were considered persons who consumed heroin, cocaine, lysergic acid diethylamide (LSD), amphetamines, and barbiturates. Only nine defendants abused both alcohol and drugs, nine abused alcohol only, and six abused drugs only (Table 5).

TABLE 2—*Breakdown of the sample by education.*

Educational Level	<i>n</i>	%
Grades 1 to 6	4	6.2
Grades 7 to 9	8	12.5
Grades 10 to 12	32	50.0
High school diploma	6	9.4
Special school ^a	5	7.8
Some college ^b	7	10.9
College graduate	1	1.6
Professional degree	1	1.6
Total	64	100.0

^aSpecial programs for the intellectually limited and the emotionally and behaviorally disordered.

^bRanging from a few credits earned to having completed 3½ years and still attending.

TABLE 3—Breakdown of sample by occupation-employment at the time of current arrest.

Occupation	n	Employment		
		Full-time	Part-time	None
Professional	1	1	...	...
Self-employed (business)	2	1	1	...
Managerial	2	2	...	...
Clerical	5	5	...	...
Skilled	6	3	...	3
Student				
High school	4	4	...	...
College	1	1	...	...
Trade school	2	1	1	...
Service	11	4	1	6
Unskilled	30	3	3	24
Total	64	25	6	33

TABLE 4—Psychiatric, medical-neurological history.

Type	n	%
Psychiatric		
Inpatient	17	26.5
Outpatient	11	17.2
Inpatient and outpatient	3	4.7
Medical-neurological	11	17.2
None	22	34.4
Total	64	100.0

TABLE 5—History of alcohol or drug abuse or both.^a

	n	%
Alcohol	9	14.1
Drugs ^b	6	9.4
Alcohol and drugs ^b	9	14.1
Denied	40	62.4
Total	64	100.0

^aMarijuana smokers, occasional drinkers, and social drinkers are not counted as abusers.

^bIncluding heroin, cocaine, LSD, and barbiturates.

A review of the specific sex offenses with which the defendants were charged revealed that the most frequent charge was rape: 44 defendants, 68.8% of the sample. Sodomy was the next most common charge: 13 defendants, 20.2% of the sample. Four persons were charged with sexual abuse. One each were charged with sexual misconduct, promoting prostitution, and public lewdness (Table 6).

Of the 35 defendants in the sample who were aged 21 years or less, 20 were charged with a sex offense alone on the current arrest and 15 were charged with combined sexual and nonsexual offenses. Of the 29 defendants in the sample who were aged 22 years or more, 25 were charged with a sex offense alone on the current arrest and four were charged with combined sexual and nonsexual offenses. A detailed analysis is shown in Table 7.

TABLE 6—Breakdown of the sample by the type of sexual offense contained in current indictment.

Type of Offense	<i>n</i>	%
Rape	44	68.8
Sodomy	13	20.2
Sexual abuse	4	6.2
Sexual misconduct	1	1.6
Promoting prostitution	1	1.6
Public lewdness	1	1.6
Total	64	100.0

TABLE 7—Breakdown of the sample by age grouping and type of offense contained in current indictment.

Type of Offense	21 Years and Younger, <i>n</i> = 35		22 Years and Older, <i>n</i> = 29		Total <i>n</i>	%
	<i>n</i>	%	<i>n</i>	%		
Sexual offenses only	20	57.1	25	82.7	45	70.3
Both sexual and non-sexual offenses	15	42.9	4	17.3	19	29.7
Total	35	100.0	29	100.0	64	100.0

A review of the prior arrest record of the defendants showed that this was the first arrest for 15 of them. However, for 27 defendants there had been previous arrests on nonsexual charges, for six defendants there had been previous arrests on sex charges, and for 16 defendants there had been previous arrests for combined sexual and nonsexual charges (Table 8).

The diagnostic criteria were those in the second edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association (DSM-II) [9], which was the standard reference during the period from 1973 to 1979 when the study sample was examined. According to those criteria, 30 defendants, 46.9% of the sample, had a diagnosis of schizophrenia. One defendant was diagnosed as having depressive neurotic reaction. There were 33 defendants who had personality disorders; 10 were diagnosed as schizoid, 12 were diagnosed as passive-aggressive, 10 were diagnosed as inadequate, and 1 was diagnosed as antisocial (Table 9).

In only six subjects was organic mental disorder suggested by the psychodiagnostic test data. These cases are outlined in Table 10. Four of the defendants had a history of medical-neurological illness, principally head trauma. Two of these organically impaired defendants abused alcohol; one of them abused drugs. Four of the six had full scale IQs below 80. None of the six had graduated from high school. Four of them had previously been treated at psychiatric in-patient facilities.

Table 11 shows the breakdown of the sample population by IQ scores. The verbal scale, performance scale, and full scale scores are listed separately.

Table 12 is a condensed form of Table 11, designed to facilitate review. Scores in the range of 60 to 69 are listed as defective; in the range of 70 to 79, borderline; in the range of 80 to 119, normal; in the range of 120 to 129, superior; in the range of 130 to 139, very superior. Using the verbal scale, 71.9% of the sample had normal intelligence; using the performance scale, 85.9% of the sample had normal intelligence; using the full scale, 76.5% of the sample had normal intelligence.

TABLE 8—*Breakdown of the sample by number and type of prior arrests.*

Type of Offense	<i>n</i>	%
None	15	23.4
Nonsexual only	27	42.2
Sexual only	6	9.4
Both sexual and nonsexual	16	25.0
Total	64	100.0

TABLE 9—*Breakdown of the sample by diagnostic classification.*

Diagnosis	<i>n</i>	%
Schizophrenia	30	46.9
Schizoid	10	15.6
Passive-aggressive	12	18.7
Inadequate	10	15.6
Antisocial	1	1.6
Depressive	1	1.6
Total	64	100.0

A total of 13 defendants had full scale IQ scores in the borderline range of intelligence or lower. Table 13 outlines the data regarding those 13 persons. It should be noted that 8 of the 13 actually scored in the normal range on either the verbal scale or the performance scale, notwithstanding their borderline or lower score on the full scale of the test.

Discussion

There are marked limitations on this particular study, deriving from its method. Although we do not have the power to correct them, we feel an obligation to indicate that we are aware of them. The sample of sex offenders that has been described is biased. Not all sex offenders are arrested; therefore, our study cannot be generalized to sex offenders as a whole. Not all of those sex offenders who are arrested are prosecuted by the Office of the District Attorney; it may be thought that the evidence against the offender will not be accepted in court, perhaps because it is insufficient or there were technical errors in its collection. Not all of those persons who are prosecuted are actually indicted in the Supreme Court; the case may be prosecuted on lesser charges in the Criminal Court. Not all persons indicted on charges of sex crimes are referred to the Forensic Psychiatry Clinic. Not all of those referred for psychiatric examination are channeled toward psychodiagnostic evaluation by a psychologist at the clinic. Not all of those persons accused of sex offenses and examined by a clinic psychologist receive a complete battery of psychological tests. For all of these reasons, the defendants included in this study are an unrepresentative, small subpopulation of alleged offenders.

It must be noted that not all persons who have been indicted will plead guilty or be found guilty. Furthermore, even if a person is found guilty or has entered a plea of guilty, that does not mean that the person actually committed the offense with which he is charged. It has not been possible for us to determine which of the defendants included in our sample were actually found guilty of the charges or entered a plea of guilty. Therefore, while we refer to this

TABLE 10—Description of cases with suggested central nervous system (CNS) disorder.

Age, years	Education	History of CNS Trauma/Disorder		Psychiatric History		Substance Abuse		Arrest Record		Scaled IQ Scores			Diagnostic Classification	
		yes	no	inpatient	inpatient	Alcohol	Drug	n	Type	Current Charge	Verbal	Performance		Full
17	11	yes	no	inpatient	no	no	no	2	nonsexual	rape 1	85	65	75	schizophrenia
18	CRMD ^a	yes	yes	inpatient	yes	no	no	11	5 for rape	rape 1, sodomy 1	82	84	82	schizophrenia
20	CRMD	no	yes	inpatient and outpatient	yes	yes	yes	20	nonsexual	rape 1, robbery	72	83	76	passive-aggressive
23	10	yes	no	no	no	no	no	no	no	rape 1	77	77	76	inadequate
28	5	yes	no	inpatient	no	no	no	3	sexual	sodomy and other	64	61	61	schizophrenia
42	ungraded	no	no	inpatient	no	no	no	5	3 sexual	promoting prostitution	82	92	86	schizophrenia

^aNew York City Board of Education designation of special classes for "children with retarded mental development."

TABLE 11—Breakdown of sample population by Wechsler Scale IQ scores.

IQ Range	Verbal		Performance		Full		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
60-69	1	1.6	2	3.1	1	1.6	4	2.1
70-79	15	23.4	5	7.8	12	18.7	32	16.7
80-89	19	29.7	25	39.1	21	32.8	65	33.9
90-99	13	20.3	20	31.2	13	20.3	46	23.9
100-109	10	15.6	6	9.4	12	18.7	28	14.6
110-119	4	6.3	4	6.2	3	4.7	11	5.7
120-129	2	3.1	1	1.6	1	1.6	4	2.1
130-139	...	...	1	1.6	1	1.6	2	1.0
Total	64	100.0	64	100.0	64	100.0	192	100.0

TABLE 12—Breakdown of sample population by classification of intelligence determined by the Wechsler Scales.

Classification	Verbal		Performance		Full	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Defective	1	1.6	2	3.1	1	1.6
Borderline	15	23.4	5	7.8	12	18.7
Normal	46	71.9	55	85.9	49	76.5
Superior	2	3.1	1	1.6	1	1.6
Very superior	...	...	1	1.6	1	1.6
Total	64	100.0	64	100.0	64	100.0

population as “sex offenders,” it should be kept in mind that they are really “alleged sex offenders,” whose guilty status has not been proven to the satisfaction of the law, notwithstanding their arrest, indictment, and prosecution.

Conclusions

While keeping in mind the limitations of this study, we can make the following conclusions based on the data we obtained.

The majority of the alleged sex offenders referred for psychodiagnostic evaluation at the Forensic Psychiatry Clinic are young. Fifty-three of the 64 defendants were under age 30 years. This suggests that clinicians trained in adolescent psychiatry and the problems of young adults may be particularly suited to work with this class of defendants.

The majority of the study population had not completed a high school education. Forty-four of the 64 defendants had not completed twelve years of progressive education. This suggests that remedial education may be an important component in any rehabilitation program directed at this group of offenders. It further suggests that efforts should be made to ensure that discussion with the defendants is at an educational level that they can comprehend. Complex phrases, technical terms, and sophisticated information should be reconsidered in the light of the limited education of most of these defendants.

A large number of the defendants, 30 of 64, had no work skills, and 24 of those 30 had never been employed. Vocational evaluation, guidance, and training may be an important aspect of both diversion programs and correctional programs.

Although 22 of the 64 subjects had no history of psychiatric or medical-neurological treat-

TABLE 13—Description of cases with borderline, or lower, full scale IQ scores.

Age, years	Scaled IQ Scores		Education	Current Charge(s)	Arrest Record		History of Substance Abuse		Psychiatric History	History of CNS Disorders/Traumas	Signs of CNS Disorders	Diagnostic Classification
	Verbal	Performance			No.	Type	Alcohol	Drug				
17	71	82	74	rape and others	2	nonsexual	no	yes	inpatient	no	no	schizophrenic
17	74	89	79	oral sodomy	3	sexual	no	no	no	no	no	passive-aggressive
17	85	65	75	rape	2	nonsexual	no	no	inpatient	yes	yes	schizophrenic
17	78	74	75	rape	2	nonsexual	no	no	no	no	no	schizoid
19	74	75	73	rape and murder	0	...	no	yes	inpatient	no	no	schizophrenic
20	72	83	76	rape and others	20	nonsexual	yes	yes	inpatient and outpatient	yes	yes	passive-aggressive
23	77	85	79	rape	6	nonsexual	yes	yes	inpatient	no	no	schizophrenia
23	77	77	76	rape	0	...	no	no	no	yes	yes	inadequate
26	75	81	76	rape	5	nonsexual	no	no	inpatient	yes	no	schizophrenic
27	76	81	77	rape	3	rape and others	no	no	inpatient	no	no	passive-aggressive
27	72	77	74	sodomy and robbery	9	nonsexual	no	no	inpatient	yes	no	schizophrenic
28	64	61	61	sodomy and others	3	sodomy and others	no	no	inpatient	yes	yes	schizophrenic
46	72	86	76	rape	0	...	yes	no	inpatient and outpatient	yes	no	inadequate

"New York City Board of Education designation for special classes for "children with retarded mental development."

ment, the great majority of the sample had such positive histories. Obtaining a psychiatric-psychological assessment of current functioning is insufficient with this population. A detailed history is required, going back to infancy, childhood, and early adolescence, with special emphasis on signs and symptoms that may have gone unrecognized as illnesses and may never have been treated. Obtaining past medical and psychological records would seem appropriate for rehabilitation programs aimed at this population. Interviews with alleged sex offenders should include questions directed to neurological impairments. Routine psychological testing should include at least one instrument that is designed to detect possible organic mental impairment.

The majority of the defendants in this study denied that they abused alcohol or drugs. This is in marked contrast with our own previously published research that stated, "Many of the subjects reported alcohol (64.75%) or drug (57%) use." This reflects a difference in criteria in the present study. In this study, social drinking and the smoking of marijuana were not automatically regarded as abuse of drugs and alcohol. In the previous study, all use of alcohol and drugs was regarded as mentionable. This may suggest that a portion of the defendants in this study did not recognize themselves as drug or alcohol abusers but might be regarded as such by outside observers or medical personnel.

The most frequent sex offense was rape, constituting 44 of 64 cases in this study. Sodomy was the second most frequent offense, contributing 13 cases to the sample. This suggests that forced sex, rather than deviant sex, remains a principal focus of attention.

There was an interesting difference in the portion of the sample aged 21 years or younger, as contrasted to the older sex offenders. Specifically, the incidence of sex offenses being perpetrated in the course of other nonsexual crimes was 42.9% for those aged 21 years and younger, whereas the incidence of such combined offenses was only 17.3% in those aged 22 years or older. Furthermore, whereas only 6 of the 64 subjects had been accused of prior sex offenses, 43 of the defendants had been previously charged with nonsexual and combined offenses. This suggests that sex offenders' problems with the law should be carefully reviewed by screening agencies to assess the range of their potential problems. It cannot be assumed that a sex offender "merely" has problems in the sexual area of behavior.

The major diagnostic category in our sample was that of the personality disorders, constituting 33 of 64 subjects. Only slightly less, the category of schizophrenia included 30 subjects. Although the diagnostic criteria of the American Psychiatric Association have recently been revised [10] so that many persons heretofore diagnosed under the label schizophrenia might be reclassified as schizophreniform disorder or atypical psychosis, or as a personality disorder such as borderline, schizotypal, or narcissistic, we believe that our basic findings remain correct: the great majority of these defendants are troubled by chronic mental disorders. They are likely to require long-term mental health treatment for conditions that they are not likely to recognize as illnesses and for which existing forms of therapy may not be adequate.

Only a small segment of the sample, 6 of 64 cases, was found to be suffering from organic central nervous system impairment. Although we believe that a thorough history and screening for neurological impairment should be provided, the numbers of defendants with organic mental impairment are not large. It is notable that five of these six cases had a history of psychiatric in-hospital treatment and four of the five cases were diagnosed as suffering from schizophrenia. Although we cannot prove the point, it is our belief that emotional illness rather than neurological illness was the main factor contributing to the deviant behavior of this group of defendants with organic central nervous system impairment.

The great majority of the persons in our study obtained scores in the normal range on the full scale IQ of the WAIS. Of the 13 defendants who scored in the borderline or lower range on the WAIS full scale IQ, 7 of them were diagnosed as suffering from schizophrenia. Of those 7 persons with schizophrenia, 4 actually scored in the normal range on either the verbal scale or the performance scale, leading us to think that their low full scale scores

reflected their emotional illness rather than genuinely limited intelligence. In fact, a total of 8 persons who scored in the borderline range or less on the full scale IQ of the WAIS had scores in the normal range on either the verbal scale or the performance scale. In most instances, the higher score was on the performance scale, which may be consistent with the action-oriented life-style of many of our criminal offenders and a corresponding de-emphasis on language as a means of coping with the environment in which they live. In our view, only 5 defendants could properly be regarded as intellectually limited.

We believe that our study, despite its inherent biases and limitations, is a useful step toward updating descriptive research on persons accused of sexual offenses. It is hoped that these data will assist other forensic psychiatrists in planning for outpatient diagnostic services, in developing diversion programs, and in implementing rehabilitative correctional programs.

References

- [1] Anderson, W. P., Kuncze, J. T., and Rick, B., "Sex Offenders: Three Personality Types," *Journal of Clinical Psychology*, Vol. 35, No. 3, July 1979, pp. 671-676.
- [2] Armentrout, J. A. and Hauer, A. L., "MMPI's of Rapists of Adults, Rapists of Children, and Non-rapist Sex Offenders," *Journal of Clinical Psychology*, Vol. 34, No. 2, April 1978, pp. 330-332.
- [3] Ellis, A., Doorbar, R. R., and Johnson, R., III, "Characteristics of Convicted Sex Offenders," *Journal of Social Psychology*, Vol. 40, No. 1, 1954, pp. 3-15.
- [4] Marshall, W. L., "The Modification of Sexual Fantasies: A Combined Treatment Approach to the Reduction of Deviant Sexual Behavior," *Behavior Research and Therapy*, Vol. 11, No. 4, Nov. 1973, pp. 557-564.
- [5] Cautela, J. R., and Wisocki, P. A., "Covert Sensitization for the Treatment of Sexual Deviations," *Psychological Record*, Vol. 21, No. 1, Winter 1971, pp. 37-48.
- [6] Sandoff, R. L., Resnik, H. L., and Peters, J. J., "On Changing Group Therapists," *Psychiatric Quarterly, Supplement*, Vol. 42, No. 1, 1968, pp. 156-166.
- [7] Bonheur, H. H. and Rosner, R., "Sex Offenders: A Descriptive Analysis of Cases Studied at a Forensic Psychiatry Clinic," *Journal of Forensic Sciences*, Vol. 25, No. 1, Jan. 1980, pp. 3-14.
- [8] *McKinney's Consolidated Law of New York*, Book 39, Penal Law, Article 130, Sex Offenses, West Publishing Co., St. Paul, Minn., 1975, pp. 444-491.
- [9] *Diagnostic and Statistical Manual of Mental Disorders*, 2nd ed., American Psychiatric Association, Washington, D.C., 1968.
- [10] *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., American Psychiatric Association, Washington, D.C. 1980.

Address requests for reprints or additional information to
 Hooshang Bonheur
 Forensic Psychiatry Clinic—Manhattan
 New York State Supreme Court
 100 Centre St., Room 124
 New York, N.Y. 10013