

Development of a Rational Taxonomy for the Classification of Rapists: The Massachusetts Treatment Center System

Robert Prentky, PhD; Murray Cohen, PhD; and Theoharis Seghorn, PhD

Many attempts to classify sexual offenders have focused either on the direct application of broad psychiatric diagnostic categories or on specific offense characteristics, such as the nature of the act (e.g., rape versus exhibitionism) or the age of the victim (adult versus child).¹⁻⁶ Investigators have either looked at the incidence of neurosis, personality disorder, and psychosis among sexual offenders^{1,7,8} or have compared psychiatric or legal subgroups of sexual offenders on various dimensions.⁹⁻¹⁵

Another approach has yielded more promising results. It attempts to generate and test rational taxonomic models based upon clinical experience with sexual offenders.¹⁶⁻²⁷ While most of these efforts have not produced elaborated rape taxonomies, they nevertheless provided the groundwork for future developments. Guttmacher²¹ and Guttmacher and Weihofen,²⁸ for example, described three types of rapists. The first type are those cases in which the offense is an explosive expression of a pent-up sexual impulse. The second type are those cases in which the offense is sadistic and the third type are those cases in which the offense is committed by an aggressive antisocial criminal. In the first group, designated "true sex offenders," the aim is primarily sexual, whereas in the second group, aggression is at least as important, if not more important, than sex. The last group, labeled "aggressive offenders," is composed of men for whom rape is an undifferentiated part of a generic criminal record.

Kopp²² dichotomized rapists on the basis of whether the offense behavior could be seen as ego-syntonic or ego-dystonic. In one type of rapist, the behavior resulted from a break in the individual's character defense. Such an individual is more likely than not to experience guilt and remorse as well as concern for the victim after the assault. The other type of rapist is the antisocial, psychopathic individual, characterized as unempathic, cold, and without the experience of guilt.

In their prodigious study of 1,356 sex offenders, Gebhard *et al.*¹⁹ distin-

Dr. Prentky, Dr. Cohen, and Dr. Seghorn are affiliated with the Boston University, Boston, MA, and the Massachusetts Treatment Center, Bridgewater, MA. Address requests for reprints and correspondence to Dr. Prentky, Research Department, Massachusetts Treatment Center, Box 554, Bridgewater, MA 02324.

guished seven types of adult males who used force or threat to make sexual contact with an adult female. The most frequent type was labeled assaultive (described as "sadistic"), followed in frequency by the amoral delinquent (described as "disorganized egocentric hedonists") and the drunken rapist. The explosive rapist was characterized by episodic dyscontrol. A fifth group was called the double-standard type. This individual is a less criminal, less asocial version of the amoral delinquent, and typically reflects a "machismo" style and attitude. These five groups accounted for about two-thirds of the Gebhard *et al.* sample.¹⁹ The remaining third was composed of mental defectives, psychotics, and hybrids of the five groups identified.

Amir¹⁶ delineated three types of rapist: (1) those men whose offenses are idiosyncratic to the aberrations of their personality; the behavior "is devoid of direct social role significance"; and (2) those men whose offenses represent "role-supportive acts"; the behavior is motivated by "youth culture" demands and is performed "in a group or for sheer sexual drive but by context" (such as gang rape). This classification scheme does not, in fact, partition the most important and highly heterogeneous first category. Amir¹⁶ seems to find, though he does not so state, that the first category conforms to what most previous attempts at classification revealed about the rapist: "psychiatrically normal, but antisocial, impulsive, and lacking of inner controls over their pent-up aggressive and sexual drives." With the exception of the assumption that this individual is psychiatrically normal, the profile of a sociopathic antisocial character is undoubtedly the most frequently noted one among rapists. Guttmacher and Weihofen,²⁸ Gebhard *et al.*,¹⁹ Glueck,⁷ Kopp,²² and Rada²⁴ also described such an individual.

Rada²⁴ described five types of rapists (1) the psychotic offender (characterized by exceptionally bizarre and violent behavior); (2) the situational stress offender (characterized by an agitated depression with postassault feelings of shame and guilt); (3) the masculine identity conflict offender (characterized by feelings of inadequacy with respect to masculinity, an accompanying hypermasculine or machismo style and acute sex role identity conflicts); (4) the sadistic offender (a premeditated assault characterized by the humiliation and degradation of the victim; and (5) the sociopathic offender (characterized by a history of generic antisocial conduct, with less dynamic meaning attached to the rape than for the other four types of offenders).

With the exception of the more recent efforts of Cohen (e.g., Cohen *et al.*,¹⁷ Cohen *et al.*,²⁹ Seghorn and Cohen²⁷) and Groth,²⁰ past attempts to classify sex offenders have, by and large, failed to examine comprehensively the motives of the men who assault adult women. Karpman,³⁰ in his excellent review of the literature through 1952, included extensive reports of clinical studies that focus precisely on the motivation and conflict of the

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rapist in terms of living out various derivatives of the oedipal complex. Although no formal taxonomic system derived from those observations, the intent was clearly to study the motivational patterns.

Two classification systems having roots in earlier typologies and incorporating specific motivational themes and personality styles into their formulations derived from collaborative work at the Massachusetts Treatment Center.^{17,20} Groth,²⁰ along with his colleagues Burgess and Holmstrom, adopted a taxonomy that underscores power and anger as the two primary motivating factors in rape. Groth's system²⁰ defines four subtypes of rapists, two of which use sex to express *power* (the power-assertive rapist and the power-reassurance rapist) and two of which use sex to express anger (the anger-retaliation rapist and the anger-excitation rapist). The power-reassurance offender uses rape to alleviate feelings of sexual inadequacies and to seek a confirmation of his masculinity from his victims. The power-assertive offender, in contrast, rapes to express potency, mastery, and dominance. Such rapes are committed by individuals whose doubts about their adequacy and effectiveness are more general and pervasive. For the anger-retaliation rapist, the offense serves to vent his rage toward women. He is seeking revenge and his goals are to degrade and humiliate the victim. The anger-excitation rapist, in contrast, obtains sexual gratification from the aggression. Violence is eroticized and his offenses are not only brutal but sadistic. The incorporation of the findings of Burgess and Holmstrom^{32,33} on sexual dysfunction among rapists during the offense³¹ and patterns of victim resistance associated with the four postulated subtypes³²⁻³⁴ are distinguishing features of this work.

The system developed by Cohen *et al.*^{17,29} at the Treatment Center makes similar conceptual distinctions to Groth's system,²⁰ however, the two taxonomies were independently refined and differ in the emphasis placed on motivational components hypothesized to underlie sexual aggression. Whereas Groth²⁰ focused on the motives of power and anger, Cohen¹⁷ adhered more to the earlier formulations of Guttmacher and Weihofen²⁸ and Gebhard *et al.*¹⁹ in focusing on the relative contributions of sexual and aggressive motives.

These taxonomic efforts must be viewed as the best available hypotheses about how rapists might be classified since there are no data on the reliability of any of these systems and only one study¹⁷ addressed the question of validity. The one taxonomy that has had some empirical validation¹⁷ has been subjected to ongoing scrutiny and revision based upon intensive clinical experience with more than 450 incarcerated rapists.

The present article describes the further development of the Massachusetts Treatment Center taxonomic system and its reliability based upon a sample of 108 offenders.

The Massachusetts Treatment Center Sample

This facility was established in 1959, under Chapter 123A of the Massachusetts General Laws, for the evaluation and treatment of sexually dangerous persons. A sexually dangerous person is defined under this law as an individual:

... whose misconduct in sexual matters indicates a general lack of power to control his sexual impulses, as evidenced by repetitive or compulsive behavior and either violence or aggression by an adult against a victim under the age of sixteen years, and who as a result is likely to attack or otherwise inflict injury on the object of his uncontrolled or uncontrollable desires (St. 1958, C. 646).*

This law provided that a person found guilty of a sexual offense could, if he were judged to be "sexually dangerous," be committed to the Treatment Center for one day to life under a civil commitment. Since the establishment of the Treatment Center, more than 6,000 sexual offenders have been given preliminary examinations. Of these, approximately 1,600 were judged to be possibly dangerous and were referred to the center for an intensive 60-day examination. Of the 1,600 men evaluated at the center, approximately 470 have been committed. Of these patients, 270 have been released after varying lengths of treatment, leaving a current resident population of about 200. Of the present population of 200, 108 are rapists. For the purpose of this report, the term "rapist" will refer to an adult male whose sexual offenses were committed against adult women (i.e., 16 years of age or older).† It is obvious that this sample is a select subset of men convicted of rape in Massachusetts, consisting primarily of individuals whose offenses were repetitive and/or violent. One may note, for instance, that of the 108 men in the present study, a total of 81 (75 percent of the sample) were rated as high in life-style impulsivity. In sum, an important empirical question, as well as a caveat, is the generalizability of the Treatment Center sample to other samples of rapists.

The average age at commitment for this sample is 27.12 (SD = 8.08) and the average age at present is 32.47 (SD = 9.07). Racially, 81.3 percent of the sample is Caucasian and 18.7 percent is nonwhite (black, hispanic, or native American). The average full scale IQ for the sample is 100.76, and the average number of years completed in school is 9.39 (SD = 1.89). The average achieved skill level, on a scale of 0 (unskilled) to 6 (professional), is

* This definition was originally written in response to the sexual homicide of two young boys. In practice, however, the law has been applied, unchanged, to all sex offenders for the past twenty-four years.

† This definition was expanded on several occasions to include fourteen and fifteen year olds when it was obvious from the record that the victim was perceived as an age-appropriate peer by the offender and when in fact the offender was no more than five years older than the victim.

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1.39. As juveniles, 48 percent had criminal histories and 20 percent had psychiatric histories. As adults, 94 percent had criminal histories and 64 percent had psychiatric histories prior to commitment to the Treatment Center. The average number of adult serious sexual offenses (i.e., physical contact with victim) for this sample is 2.98 and the average number of juvenile serious sexual offenses is 0.64.‡ A detailed description of this sample may be found in Bard *et al.*³⁵

The Massachusetts Treatment Center Taxonomy

A principal objective of current research at the Treatment Center has been to organize an extensive data base on sexually aggressive offenders into homogeneous and reliable scales and dimensions for the purpose of generating and validating a useful classification system. In such a manifestly heterogeneous population (sex offenders), one can only begin to understand the nature and origins of sexual aggression by precisely describing the behavior. Thus, the general purpose of this taxonomy is to reduce heterogeneity through the development of discrete, coherent subgroups. The system to be presented here was adapted from the most inclusive and descriptive clinical classification system in the extant literature.²⁹

Cohen *et al.*²⁹ described four types of rapists based upon the relative contributions of sexuality and aggression to the offense. In the *displaced aggression* type, sexual behavior is used to express varying degrees of rage and aggression, to physically harm, and to degrade or defile the victim. The assault is experienced by the offender as an "uncontrollable impulse" and usually follows some precipitating events involving a wife, girlfriend, or mother. In the *compensatory* type, the aim is clearly sexual and aggression is in the service of gratifying the sexual wish. The offender is typically highly aroused and beset by fantasies of the rape. There are pervasive feelings of inadequacy and the assault appears to be an effort to compensate for those feelings. In the *sex-aggression-defusion* type, there is a sadistic quality to the assault. Sexual and aggressive feelings coexist so that the offender is unable to experience one without the other. The two feelings, in fact, appear to be synergistically related. Because the aggression in the act is so primitive, lacking any neutralization by the sexual feelings, the offense is called sex-aggression-defusion. In the *impulse* type, neither sexual nor aggressive motives appear to play a significant role. The assault is predatory and represents one manifestation of an inability to delay gratification of any impulse.

‡ Determinations of criminal and psychiatric history were made from the patient's clinical files. A detailed statement of the archive-derived data base for this sample may be found in Knight *et al.*⁴⁵

In a follow-up report, Cohen *et al.*¹⁷ focused on the two differentiated, primary motives (sex and aggression) as well as the undifferentiated case of sexual sadism. In the *aggressive aim* type, the sexual assault is primarily a destructive act. Sexual behavior, in this case, is not the expression of a sexual wish but is in the service of the aggression (i.e., humiliating and defiling the victim). In the *sexual aim* type, the rape is motivated by sexual wishes and the aggression is primarily in the service of this aim. While the degree of manifest aggression varies according to the resistance of the victim, there is typically a relative absence of violence in this type. Cohen *et al.*¹⁷ concluded that "the heterogeneity among the patients who seem to represent types leaves no room for conviction regarding classification." There was a growing concern among the investigators that simply looking at two primary motives (sex and aggression) was overly parsimonious and failed to capture the heterogeneity of the men observed at the treatment center. The need to examine multimotivational themes and how they are lived out in the offenses was discussed by Seghorn and Cohen.²⁷ There was, however, no resolution in the form of an expanded classification system.

Partial resolution came somewhat serendipitously. Although concurrent validation supported the discriminability of the initial subtypes,²⁹ the critical question of the reliability of the assignment of subtypes had never been adequately examined. An initial pilot study assessed interrater reliability for two assignment methods. Analysis of the interrater agreement on subtype assignment for the original three-category typology¹⁷ was unsatisfactory, necessitating fundamental changes in the content of the classificatory system as well as the method and procedure used in the assignment process.

Efforts to systematize the subtyping process revealed that the additive criterion method[§] also proved to be inadequate. Such a method simply did not reflect the process of clinical decision making. Hunches arising early in the review of case material influenced the interpretation of subsequent material as well as the kind of material that was sought. Designing a system that accurately reflected the decision-making process required simultaneous attention to the relative importance and meaning of *both* sexual and aggressive motives in all rape offenses, as well as the role of impulsivity in the life history of the individual. Independent assessments of these motivational themes for each individual resulted in the conceptualization of the subtype assignment process in terms of a three-step decision tree (note Fig. 1). These independent assessments consisted of a very detailed analysis of case discrepancies performed by five senior clinicians over a period of

§ Subtypes were assigned by independent raters using an additive criterion approach based on the Research Diagnostic Criteria of Spitzer et al.⁴⁶ Assignments were determined by cumulative scores on several dimensions. Each dimension consisted of a set of specific criteria that were judged to be present or absent.

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fifteen months. The resulting eight subtypes were, therefore, the product of the integration of conceptual and clinical thought and appeared to have face validity. That is, the eight categories corresponded to offenders we had worked with who possessed the specific characteristics of the particular subtype.

The resulting model required an initial decision concerning the meaning of aggression in the offense, followed by a decision concerning the meaning of sexuality in the offense and finally a decision concerning the relative amount and quality of impulse control in the life history of the offender. The adoption of a decision-tree model provided for a finite number of well-specified decisions. Each individual received not only a primary subtype assignment, but also a score reflecting his relative position on each of the three-decision dimensions. The reliability of independent judgments can thus be examined in terms of its component parts. In sum, this model clarified important issues regarding the content of the system as well as the method of classification.

Decision-making Criteria

Among rapists of adult women, a primary consideration concerns the relative contribution and interaction of sexual and aggressive motivations. Although all rape clearly includes both motivational elements, for some rapists the aim is primarily aggressive—to humiliate, defile, injure, or destroy—while for others the aim is primarily sexual, with a relative absence of violence and brutality.

Decision A, instrumental *v.* expressive (Fig. 1), pertains to the meaning of aggression in the offense. In the *instrumental* case, the amount of aggression does not exceed what is necessary to force compliance. Injury to the victim is typically accidental. The rapist relies on threat for cooperation, occasionally attempting to reassure and express interest in the victim's comfort and enjoyment. Experienced anger is relatively absent except as reactive to the victim's resistance. Verbal threats frequently alternate with reassurance that the offender has no intention of hurting the victim if she complies with his *sexual* requests (e.g., to let him look at her, to fellate him, to have intercourse with him, to permit him to perform cunnilingus, to kiss him, to permit him to kiss her breasts, etc.) Perhaps most characteristic of the instrumental offender is an effort to relate to the victim, extending at times to a request for further meetings. It is not at all uncommon for the offender to stop the assault and flee if the victim screams or becomes defensively aggressive.

In the *expressive* case, the sexual component of the assault is secondary to, or in the service of, hurting or humiliating the victim. Aggressive

Rater _____
 Rate Date _____

Confidence Weighting
 3 = Highly Confident
 2 = Fairly Confident
 1 = Not Confident
 (Place weighting on adjacent line)

Research Code: _____
 Subtype: { Primary: _____
 Secondary: _____
 Final Consensus: _____
 Rater Initials: _____

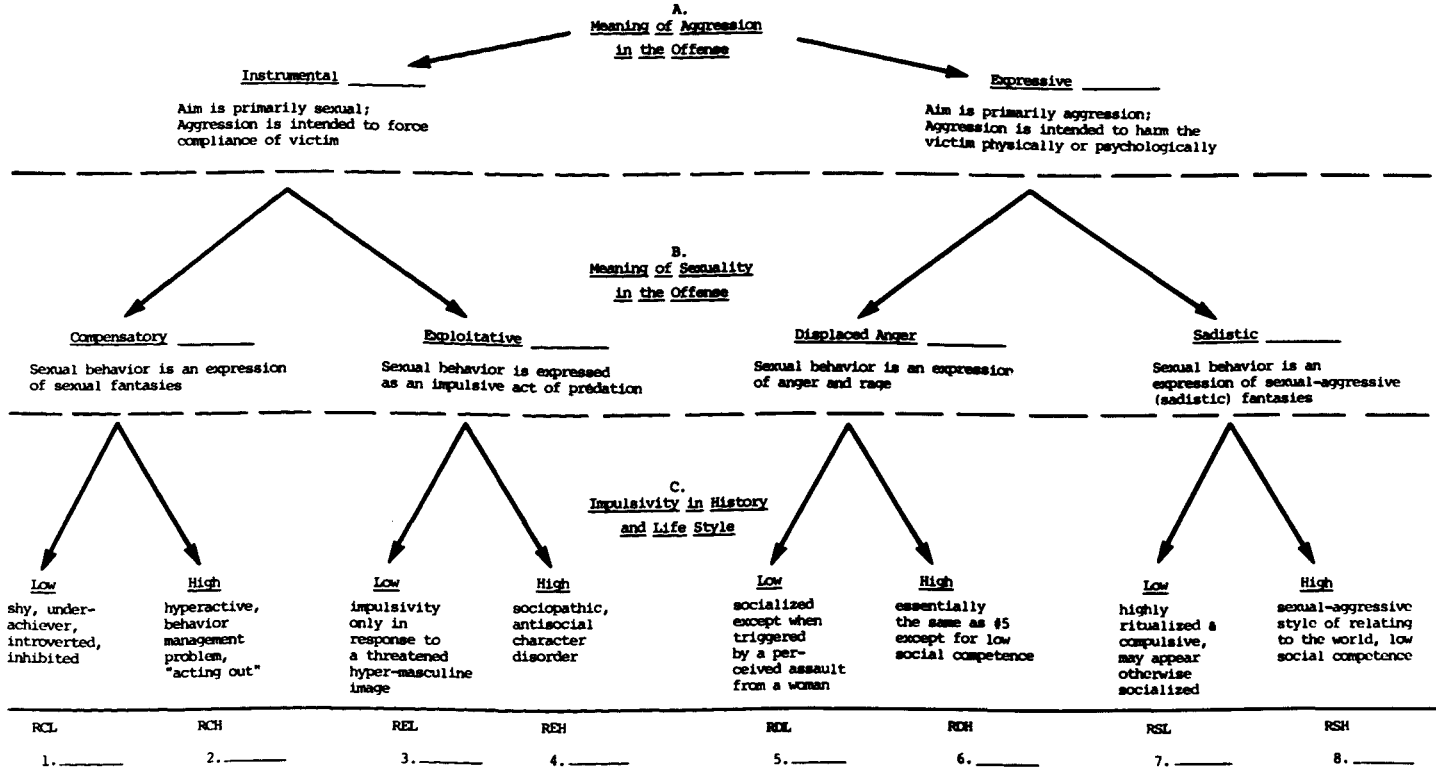


Figure 1. Decision tree for subtyping rapists.

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behavior is more or less uncontrolled, reaching peaks of violence and brutality and then subsiding. Often, there is evident pleasure with the victim's fear and pain. The offender is verbally abusive, shouting obscenities and vilifying the victim. It is obvious from the behavior that the intention is not simply to gain compliance of the victim for a sexual wish. In fact, compliance occasionally increases the intensity of the aggression. In other instances, compliance is met with a cold, calculated and vicious response characterized by the need to express power over and to control the victim. The meaning of this behavior is clearly to hurt, to abuse, to humiliate and, on occasion, to kill. Sadism is occasionally manifest, though it is not necessarily present.

Decision B, compensatory, exploitative, displaced anger, or sadistic (Fig. 1), pertains to the meaning of sexuality in the offense. In the *compensatory* case, the sexual behavior is an expression of sexual fantasies (e.g., attainment of an idealized sexual object, defense against conflictual homosexuality, a counterphobic defense against castration anxiety, fulfillment of passive sexual wishes through an identification with the victim). The sexual component of the offense may, however, serve nonsexual meanings as well (e.g., reduction of tension having to do with a fragmented sense of self, a sexual conquest to redress an acute or more chronic loss of self-esteem, reversal into activity of a life long history of passively experienced emotional traumas). There is characteristically a history of sexual preoccupation typified by the living out or fantasizing of a variety of perversions, including bizarre masturbatory practices, voyeurism, exhibitionism, obscene telephone calls, cross-dressing, and fetishisms. There is usually high sexual arousal accompanied by a loss of ego control, manifesting itself as distortions (i.e., the rapist may want the victim to respond in a sexual or erotic manner and may try to make a "date" after the assault). He is more likely than other types of rapists to give his name and address to the victim or to otherwise allow himself to be identified; he is more likely to fondle and caress, engage in foreplay and cunnilingus, and more likely to preejaculate. He is more likely than other types of rapists to talk to his victim; his words are intended to reassure the victim as well as himself. In part these behaviors derive from the activation of grandiose ideas in a man with severe narcissistic defects, but here too, the activation of these dynamics is a consequence of the sexual arousal.

In the *exploitative* case, sexual behavior is expressed as an impulsive, predatory act. The sexual component is less integrated in fantasy life and has far less psychologic meaning to the offender. Furthermore, the victim has little or no psychologic meaning to the offender. The rape is an impulsive act determined more by situational and contextual factors than by fantasy. The rapist is often not immediately aroused, but the situation may trigger

sexual arousal and instrumental behavior. He has little interest in trying to arouse the victim and little concern for the victim's fear or discomfort.

In the *displaced anger* case, sexual behavior is an expression of anger and rage. Sexuality is used in the service of a primary aggressive aim, with the victim representing, in a displaced fashion, the hated individual (typically the mother; however it may reflect a cumulative series of experienced or imagined insults from many women: mother, sisters, wife, girlfriends, etc.). This offense is not sadistic; i.e., there is no erotic quality to the aggressive behavior. The pervading feelings are of anger and contempt. Not infrequently the aggression and humiliation is verbal rather than physical. This individual is a misogynist, hence the aggression may span a wide range from verbal abuse to brutal murder. Although a sexual impetus (feeling, thought, fantasy, etc.) seems to be a catalyst for the aggression, there does not appear to be a sexual meaning in the assault itself.

In the *sadistic* case, sexual behavior is an expression of sexual-aggressive (sadistic) fantasies. It appears as if there is no differentiation between sexual and aggressive drives. In fact, there appears to be a synergistic relationship between the two drives. As sexual arousal increases, aggressive feelings increase and, similarly, increases in aggressive feelings heighten sexual arousal. The affect of anger is not always apparent, particularly at the outset wherein the assault may actually begin as a seduction. With increased sexual arousal the aggression emerges, often resulting in the most bizarre and intense forms of sexual-aggressive violence. The violence is usually directed at regions of the body possessing sexual significance (i.e., breasts, anus, buttocks, genitalia, mouth). Despite all evidence to the contrary, the offender often experiences the victim as an active participant in the assault. That is, the victim's efforts to defend herself are perceived as an integrated part of her own sexual-aggressive fantasy life, hence the theme: "the more she resists, the more she really wants it." Often the feelings of rage are activated or intensified in the offender when the victim, out of abject fear or helpless submission, becomes passive or otherwise unresponsive.

Decision C, low v. high impulsivity, is based upon the history and lifestyle of the individual. In the *compensatory* case, the low-impulse offender is generally a shy, introverted, inhibited, and withdrawn individual, typically an underachiever. The high-impulse offender tends to be hyperactive, an "acting out" child, a behavior management problem with late childhood onset. One may surmise, in this case, that high activity level is a defense against passive wishes.

In the *exploitative* case, the low-impulse offender shows an exaggerated masculine style, an assertion of masculinity that is often labeled "machismo." He possesses a pseudosocialized impulse control with a moderate to high degree of mastery of life tasks. The high-impulse offender presents as

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the typical sociopathic antisocial character disorder with low to moderate mastery of life's tasks. This individual has problems with behavior management stemming back to early childhood.

In the *displaced anger* case, the low-impulse offender is controlled and adaptive except when anger is triggered by a perceived assault from a woman. The anticipation of being mocked, insulted, or otherwise injured (emotionally or psychologically) by a woman is always present in latent form. When in control, this individual appears to be superficially socialized. A low-impulse life-style permits moderate to high mastery of life's tasks. The angry, high-impulse offender is essentially the same as the low-impulse counterpart with the critical distinction being social competence. The high-impulse offender has significantly more problems in the mastery of life's tasks and, hence, appears to be considerably less competent.

In the *sadistic* case, the low-impulse offender is a highly ritualized, compulsive individual who evidences a marked discrepancy between the perversity of his sexual acts and his seeming urbanity. Like the legendary Count de Sade, this individual can only experience erotic feelings when aggressive feelings are present. The sadistic, high-impulse offender demonstrates a generalized sexual-aggressive mode of relating to the world. It is this global style of relating that interferes with all adaptive efforts. The ego is entirely occupied with this manner of self-presentation, resulting in an absence of life management. Importantly, the sadistic offender need not murder his victims. It is the manifest association between sexual arousal and aggressive arousal that is critical rather than the degree of violence characterizing the offense.

Profiles of the Eight Subtypes

Type 1. Instrumental Aggression, Rape as Sexual Compensation, Non-impulsive Life-Style These offenders are characterized by behavioral, social, and sexual inadequacy associated with inhibition, shyness, alienation, and introversion. They appear as passive-dependent personalities with a history of underachievement in almost all aspects of their lives. In early childhood, they show a clinging relationship to the home; school phobias are not infrequent and social development with peers is impaired. In latency, fantasy life is developed at the cost of active mastery. Beginning in early adolescence, signs of a sexual identity problem are present with marked feelings of shame and embarrassment attached to their sense of failure at fulfilling a masculine self-image. There is a preoccupation with sexual fantasies and aspects of perverse fantasies are lived out in such acts as voyeurism, exhibitionism, cross-dressing, and collecting obscene literature. The failure to develop athletic skills, school skills, and social skills acts in a

vicious circle to enhance a lowered self-esteem and produce further inhibition and failures in the accomplishment of life tasks. The split-off sexual fantasies and perversions are experienced as singular islands of pleasure in an otherwise empty and unfulfilled life. They begin to serve more and more as escape, compensation, or defense against unresolved unconscious conflicts and unsuccessful coping efforts. An intense preoccupation with sexual thoughts and fantasies of rape develops, eventually being expressed in a compulsive manner.

Type 2. Instrumental Aggression, Rape as Sexual Compensation, Impulse Control Problem These offenders are characterized by asocial, dyssocial, or antisocial behaviors beginning either in latency or in early adolescence. Their early childhood is marked by family chaos, but no specific behavioral or psychologic problems are noted for this period. The basic dynamic features of this group in regard to sexual disturbance, sexual preoccupation, and perverse sexual fantasies are the same as described in Type 1. Type 2 differs from Type 1 in the presence of behavior management problems that reflect a relative absence of internalized social values, an extremely low tolerance of frustration and anxiety and the inadequacy or unavailability of stable adults to structure, set limits, or serve as identification models for appropriate social behavior. The rapes are compulsively determined, although specific acts in the offense are related to the general problem of impulse control.

Type 3. Instrumental Aggression, Rape as Exploitation, Nonimpulsive Life-style These offenders are the clearest example of the machismo rapist. There is no obvious developmental pathology and no general or gross psychologic, behavioral, or social disorder. There is, however, what may be called an excessive phallic narcissism and an attitude toward women marked by feelings of superiority, disdain, and scorn. Certain women (primarily family members) may be idealized, but they respond to other women in an arrogant and controlling manner. Most usually, the male peer system to which such offenders belong supports such attitudes. The masculine role within such a system is enhanced by conquering, manipulating, or sexually using women. The demand that women behave in passive, powerless ways in regard to them is seen as part of their birth right as men. The act of rape is experienced as an entitlement.

Type 4. Instrumental Aggression, Rape as Exploitation, Impulse Control Problem These offenders are both socially and sexually disturbed, but the major contribution to the offense of rape is the social disturbance. Beginning in early childhood there is a history of impulsivity and a lack of socialization. Sociopathic, dyssocial, antisocial character disorders make up this group. The antisocial disturbance is much more severe than in Type 2 and is already present in the latency years. In many ways the rape of the women

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is simply another example of the pillaging attitude which characterizes all of their motivational lives. It is not determined by any intense differentiated sexual or aggressive wishes, but can take on such meanings either within the initial first offense or in subsequent sexual assaults.

Type 5. Expressive Aggression, Rape as Displaced Anger, Nonimpulsive Life-style The most outstanding feature of these offenders is the persistent, at times overwhelming, anger and negative attitudes toward women. These attitudes, as well as aggressive, hostile behavior toward women, are a pattern that existed in the lives of these men long before the actual assaultive rapes took place. There appears no other similar singular feature in their lives that marks them as a discriminable group. In some, as in Type 3, there is an idealization of their mothers and, less frequently, their sisters, but in others we can find no positive images in regard to women. They have managed the developmental tasks of life in adaptive ways and, except for the difficulty with women, they are socially competent and relatively successful in work and recreational activities. Women are hated and despised, seen as threatening and dangerous, with even the most innocent appearing encounter, experienced as a struggle for survival. Since the presence of such anger and rage must be related to the primary women in the early lives of such offenders, the victim of the rape is therefore the object of displaced aggression.

Type 6. Expressive Aggression, Rape as Displaced Anger, Impulse Control Problem The offenders in this group show the same intense anger and rage at women as seen in Type 5 offenders. The life adjustment of these men, however, is marked by antisocial, dyssocial, and asocial behaviors. The basic tasks of life have not been mastered, but unlike the Type 4 offenders, who are also antisocial character disorders, these men also carry about with them pathologically intense rage and negative attitudes toward women. The rape of women is not simply a predatory act, but is activated and sustained by such attitudes.

Type 7. Expressive Aggression, Rape as a Sexual-aggressive (Sadistic) Act, Non-impulsive Life-style The figure that comes to mind in regard to such offenders is Donatien-Alphonse de Sade. Observed behavior in most social situations appears to be undisturbed. There are no manifest problems in development, with successful accomplishment of the tasks of life. Social behaviors with men and women appear to be "normal" and frequently they are attractive and accomplished persons. Their inner life, however, is a maelstrom of sado-masochistic fantasies. These fantasies occupy such men from early years and are lived out in muted, somewhat neutralized ways with willing women, before the violent sadistic rapes take place. By sadism we mean that sexual, erotic thoughts cannot take place without a coincident

arousal of aggressive, destructive thoughts, and, similarly, aggressive thoughts are always, on arousal, eroticized.

Type 8. Expressive Aggression, Rape as a Sexual-aggressive (Sadistic) Act, Impulse Control Problem Although the basic sexual pathology of these offenders is similar to that described in Type 7, these men are quite different. From their earliest years, life has been chaotic. Fused, sexual-aggressive behavior dominates their lives and is expressed in *all* relationships. In their histories, there is constant turmoil and absence of anything that can be described as stable. There may be some accomplishment in specific skill areas, but there is no ability to sustain an organized, productive work or recreational life. The lack of organization also characterizes the most basic aspects of need gratification. Although they are dominated by their impulse life and are preoccupied with impulse gratification, they have been unable to develop any systematic means for gratification. The image they present is of frenzied activity that moves from one set of needs to another without ever producing fulfillment. There is no area of life in which accomplishment can be ascertained except survival. Although they are not grossly psychotic, there does appear to be a psychotic core.

Clinical Vignettes

Compensatory, Low-impulse Rapist (Type 1) Jim is a 32-year-old divorced male. He was committed to the Treatment Center in 1978 after having been convicted of kidnapping and rape.

Jim was the first of three sons. The early years were described as reasonably happy ones; however, when his father was laid off from his job as a machine operator, he (father) started drinking heavily and became very destructive during "fits of rage." Jim graduated from high school and worked in general labor before joining the military. After a full term in the military, he was again employed as a laborer. At the time of the commitment offense he was working as a security guard. He met his wife while in the military, and they were married a short time later. They were divorced after about three years, and Jim was given custody of their three-year-old child.

Jim has no juvenile offense record. His criminal record started in 1973 at the age of 23. His first offense is an attempted rape of an 18-year-old woman. The same year he committed a second similar offense against a 17-year-old woman. In neither case was there physical force and in neither case did the assault eventuate in rape. In 1974 he raped a 19-year-old woman, in 1975 he raped a 23-year-old woman, and in 1976 he raped a 15-year-old girl. This last rape was the commitment offense. In every case, the "modus operandi" was more or less the same. It involved picking up a hitchhiker, brandishing a knife, and threatening harm, but never actually

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applying more force than necessary to gain submission. In fact, in the first two assaults the victims talked him out of the rape. The “scripted” or ritualized nature of the pattern of assaults suggests the compensatory nature of the patient. When examining his life-style, it is apparent that there is no long-term history of conduct disorder. The acts themselves had an element of premeditation in that he set out to locate victims on the occasions of the crimes. On several occasions he expressed interest in “dating” the victims, and, in fact, was apprehended after the last rape when he met his “date” the next evening. Jim represents the pure compensatory rapist.

Compensatory, High-impulse Rapist (Type 2) Eugene is a 30-year-old divorced male. He was admitted to the Treatment Center in 1976 after having been convicted of rape.

Eugene came from a relatively large, intact family. His father worked many hours from home and returned to the house only on weekends. When he was at home, he spent most of his time drinking; however, there is no evidence that he was ever abusive toward members of the family. Since his mother also worked and consequently was gone much of the time, caretaking and child-rearing responsibilities were assumed by the immigrant paternal grandmother who spoke almost no English. His mother was a capricious disciplinarian. When her tactics failed she would turn to her husband, who was equally ineffective. Eugene got along very poorly with his five brothers and sisters. He stated that he was “the black sheep” and “a bad seed.” His school-related difficulties began as early as the third grade. By the fourth grade he had already been suspended five times for truancy. His earliest memories are of skipping school and vandalizing deserted buildings. His school record is sporadic. Although he is clearly of average or above intelligence, he repeated several grades and eventually dropped out before finishing the tenth grade. He enlisted in the army and remained in the service for several years, with a record marked by “over thirty” disciplinary hearings and “considerable” stockade time for being AWOL. Shortly after discharge from the service he married. The marriage lasted two years and produced one child that died at birth. While the child allegedly died of natural causes, his wife and in-laws blamed him for the death. His employment history was as erratic as his school and military history. He worked as a truck driver, in construction, in warehouses, as a security guard, for moving companies, and as a mechanic, quitting all jobs he held, typically within two months.

Eugene’s sexual offense history began in his early twenties (during the time he was married) with exhibitionism. Four years after he began exposing himself he assaulted two young women. When he grabbed one woman—with his genitals exposed—the other woman slapped him in the face. He released his hold and the two women ran away. Two years later he

committed his first rape. While walking along a river bank he observed a jogger running toward him. He stopped her by asking a question. After they had conversed for a while, he grabbed her and said he wanted a "hand job." He fondled her breasts and forced her to remove her clothes. He placed her clothes on the ground and told her to lie on them. While raping her, he repeatedly asked her questions such as "Am I big enough?" "Am I bigger than your boyfriend?" "Does it feel good?" "Did you come?" "Have you ever come?" After achieving orgasm he left. A second rape occurred about a year later. This offense was similar to the first. He picked up a pedestrian, drove her to a park, and raped her; again asking the victim for assurance that the assault was a pleasurable experience.

Eugene's childhood, juvenile, and young adult history of instability, low frustration tolerance, acting out, and delinquent behavior underscores his impulsive life-style. The compensatory nature of his offenses is amply illustrated by his exhibitionism, attempts to confirm his sexual adequacy, and attempts to reassure the victim as well as himself.

Exploitative, Low-impulse Rapist (Type 3) Damon is a 21-year-old single male. He was committed to the Treatment Center in 1967 after having been convicted of rape, kidnapping, and assault with a dangerous weapon.

Damon's father was a self-educated engineer who was gainfully employed until his premature death from heart failure. Damon described his father as a chronic, heavy drinker who suffered from bouts of deep depression and crying spells that lasted, off and on, for days. Damon reported that his father was never abusive to anyone in the family. His mother was a college-educated school teacher who Damon described as "strict, puritanical, very religious, and a teetotaler." His early years seemed to be stable and reasonably happy. While in elementary school, he was an above average student with an above average IQ. His academic performance drifted into the average or satisfactory range during the last two years of high school, coinciding with the death of his father (age 15). After the death, the family seemed to fall apart. His mother became seriously ill and, as a result, bed-ridden. His older brother was incarcerated for assault and battery. Damon dropped out of school in his senior year and enlisted in the service. He was honorably discharged after six months at the discretion of the military. The primary difficulty was Damon's intractable behavior. Damon's employment history after the service can best be described as "good—when he was in the mood." He was perceived by his employers as apathetic, unreliable, and diffident. Overall, Damon's educational, military, and professional track record reflects an evolving picture of social maladjustment, poor interpersonal skills, and a particular disaffection with authority.

Two months after leaving the service he was arrested for stealing hub

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caps; the charges were later dropped. Importantly, this is the only known criminal offense other than the rape for which he was committed to the Treatment Center. The commitment offense occurred exactly two years after discharge from the service. He and three companions were driving around when one of them (not Damon) suggested that they “grab a girl and have some fun.” They picked up a hitchhiker, and, while driving, took “turns” raping her. When it was Damon’s turn, he engaged in frottage but did not actually rape her. The victim was raped repeatedly over a period of two hours while in the car. Eventually they arrived at an abandoned house. The four men, including Damon, raped the victim throughout the night, occasionally waving revolvers in her face to subdue her protests. The following day they drove back to the victim’s home and dropped her off.

In this particular case, the offense was clearly exploitative. In fact, the expressed intention “to grab a girl and have some fun” could not be stated in a more predatory, exploitative way. Damon’s childhood and adolescence were not marked by impulsivity. He excelled in school and only began sliding down hill after his father’s death. During the last two years prior to the rape, he became increasingly unreliable and belligerent toward authority; however, at the time of the offense he had no record of any criminal conduct.

Exploitative, High-impulse Rapist (Type 4) Richard is a 32-year-old single male. He was committed to the Treatment Center in 1975 after having been convicted of rape, sodomy, armed robbery, breaking and entering, and assault and battery.

Richard was the third of four brothers. His father was a cab driver who worked regularly and drank regularly. He was described as a “woman chaser” and very abusive when intoxicated. His mother was a waitress and domestic. She attended church regularly and appeared to have been devoted to her family. Shortly after the death of a younger sister (age six months), Richard (age about two years) began wandering away from home. By the age of three, he was killing kittens by locking them in an ice box and by age four was removed from a day nursery for fighting. By age six he was pulling up girl’s dresses and exposing himself. He was placed in a Home the same year and has remained in penal institutions, juvenile detention centers, and foster homes throughout his life. He remained in the fourth grade until his sixteenth birthday, eventually earning his GED while in prison.

Richard has a long juvenile and adult criminal record that includes numerous instances of larceny, statutory burglary, breaking and entering, motor vehicle offenses, armed robbery, assault and battery, and rape. His first rape was a 25-year-old woman. He grabbed her around the throat and placed a knife to her neck, forcing her to the basement of a building. The

victim was held prisoner and repeatedly raped and sodomized. He stole a small amount of money from her purse before allowing her to leave. A second (27-year-old) victim was seized on the street and forced into a vacant house, where she was raped and change removed from her purse. A third (25-year-old) victim was seized at knife point on the street, forced to her apartment, and repeatedly raped and sodomized. The victims were blindfolded and the last one was bound with a rope. None of the victims were injured by weapons.

This is a typical profile of an exploitative, high-impulse rapist. The assaults were all impulsive, predatory acts. While there was little gratuitous aggression (compared with the expressive rapist), there was no concern for the victims' fear or discomfort (compared with the compensatory rapist). There is a long history of behavior management problems going back to early childhood, resulting in a low level of adult social, professional, and interpersonal competence. It is this extensive history of acting out concomitant with a low level of social competence that distinguishes this individual from the exploitative, low-impulse rapist.

Displaced Anger, Low-impulse Rapist (Type 5) Steven is a 24-year-old single male committed to the Treatment Center in 1965. He was convicted of rape. Other than the commitment offense, he had no criminal history.

Steven came from a relatively normal, seemingly unremarkable family. He has an older sister and a younger brother, both of whom appear to be living normal lives. His father was a strict disciplinarian. His mother was a passive, quiet, religious woman who rarely questioned her emotionally detached husband. His father was a twenty-five-year veteran mechanic. Family life was described as stable and uneventful. Steven remained in school through the eighth grade, held a few part-time, unskilled jobs, and joined the military. He received an honorable discharge after less than one year of service.

The commitment offense involved a 17-year-old woman who was walking along a city road as Steven drove by. He stopped his car beside her, stepped out, and asked her where she was going. He did not hear her answer and asked again in an angry manner. She turned to walk away, which made Steven feel as though she was rejecting him and trying to make a fool of him. He punched her in the stomach, grabbed her under her chin, pulled her into his car, and drove away to a secluded area. After he parked the car he told her to get into the back seat. When she refused, he climbed into the back and dragged her over the seat beside him. He undressed her and violently penetrated her. He states that he then withdrew, without having an orgasm, and let her out of the car, threatening to kill her if she made mention of the attack. When he was arrested shortly thereafter, he immediately admitted his guilt.

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During the diagnostic interviews subsequent to his trial, he discussed the incident, describing himself as enraged at the time, not sexually excited. He had gone to visit his girlfriend, a "good" girl whom he had been seeing off and on since early adolescence with no sexual activity throughout the courtship. He found her necking on the porch with another man and he drove from her house in a blind rage. He was partially aware as he drove away that he was going to look for somebody to attack sexually.

Steven had an active sexual life, but only with girls whom he considered to be "bad." These relationships were short-lived, ending when he was directly confronted with their promiscuity. Terminating the relationship always occurred with violence, either in assaults on the girls or on the boyfriends that had replaced him.

His late adolescence was marked by the repetitiveness of these experiences. Over and over again he became involved with promiscuous girls who would then prove to be unfaithful. On the one hand, he could only permit himself to have intercourse with girls known by him to be sexually indiscriminate. On the other hand, he maintained the fantasy that they would be faithful to him.

This is an exemplary case of a displaced anger, low-impulse rapist. As one diagnostic report stated, Steven's attitude toward women was "tremendously hostile and bordering on rage." His pattern was to jockey for a position in a relationship with a woman where he would feel ashamed, foolish, and hurt. He would respond aggressively, at times explosively, typically at the woman. He created an effective outlet for discharging—and displacing—his rage. There was never any indication that this aggression was eroticized. Finally, there was no evidence of the developmental turbulence, the behavior management problems, and the poor social and interpersonal competence characteristic of high impulsivity.

Displaced Anger, High-impulse Rapist (Type 6) Randy is a 22-year-old single male committed to the Treatment Center in 1977. He was convicted of rape, kidnapping, armed robbery, assault with a dangerous weapon, and unnatural acts.

Randy's father died in a car accident when he (Randy) was two years old. Randy's mother was a cocktail waitress and "heavy drinker" who died of pneumonia at the age of 30. After his father died, Randy was raised by foster parents. He reports not seeing his mother "more than a half dozen times a year" after that. His relationship with his foster parents was apparently a good one, though his foster father died when he was 13. His foster mother, alone, was unable to provide the supervision and guidance he needed and before long he was getting into trouble with the law. At the age of 17, he left home and moved in with a male companion. Randy was never married, although at the time of arrest he was engaged. He attended

six different primary and secondary schools, eventually dropping out in the eleventh grade at age 17. In the five years between leaving high school and his arrest he held many different jobs, primarily as a dishwasher, busboy, cook, and clerk. He had been drinking heavily (mostly beer) since he was 16 and also reports use of amphetamines, cocaine, and marijuana. He had no service record.

The commitment offense involved a 26-year-old woman, who was awakened at 2:00 am when Randy put his fist through the glass door of her apartment building. He reached in and unlocked the door as she came out into the hallway. He grabbed her around the neck, put a knife to her throat, and dragged her into his car. When in the car, he warned her that if she moved he would "chop her up" with the knife. When they arrived at an abandoned building, he forced her to undress, dance in the nude, and utter obscenities about women while dancing. He grabbed her breasts and buttocks and ordered her to repeat "all women are sluts, whores, and bitches" over and over again. He grabbed her by the hair and slapped her face, while ordering her to repeat "all women are cocksuckers, pigs, and tramps." He then sodomized her, performed cunnilingus, forced her to perform fellatio, and finally had intercourse with her. Throughout the assault he told her to keep swearing, saying "I like to hear it." Eventually he got back into his car and drove off, leaving the victim to walk five miles to the nearest house.

While this was his first sexual offense, he had a long history of delinquent behavior, including 10 prior court appearances for motor vehicle violations, larceny, writing bad checks, and drugs.

This is a typical case of a high-impulse, displaced anger rapist. The primary aim obviously was the expression of rage by physically assaulting, degrading, and humiliating the victim. A pattern of chronic acting out began in early adolescence, reflecting an impulsive life-style that was noted at commitment in a psychiatric report. Comments from this report suggested that his behavior was "frequently unplanned and guided by whim" and that there was an "exaggerated craving for excitement." While Randy's impulsiveness did not appear until adolescence, we often see an impulsive style expressed as early as childhood.

Sadistic, Low-impulse Rapist (Type 7) Terry is a 25-year-old single male. He was committed to the Treatment Center in 1982 after having been convicted of second-degree murder.

Terry came from an upper middle-class, professional home. He did not, however, experience a happy childhood. From early childhood into adolescence, he was plagued by night terrors, nightmares, and sleep talking/walking. He bit his fingernails and sucked his thumb until the age of sixteen. He had few, if any, friends and was convinced that kids did not like him. His pathologic shyness kept him in his room through much of his childhood.

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His mother felt "very badly" that he was so lonely. When she failed to coax him from his room, she resorted to purchasing expensive toys for him to play with. Terry was sickly much of the time, often febrile and described as "glassy-eyed." Although the parents described their sons as "very good boys . . . always obedient," Terry felt particularly alienated and withdrawn as he became more and more aware of homosexual feelings. Upon graduating from high school, he enlisted in the Air Force. He spent four years in the service, compiling an excellent record that included five commendations for meritorious action. During this time he also attended college and earned a degree. After discharge from the service, he began the first of a series of jobs in sales. He proved to be a highly successful salesman ("well spoken, polite, quiet but firm") and was said to be earning in excess of \$6,000/month at the time of his arrest. Terry has a long psychiatric history, with depression and alcoholism presenting as primary features.

Terry has no juvenile criminal record. His first offense occurred two years after discharge from the service. The victim was a 17-year-old male that Terry picked up while "cruising." Terry smacked, punched, and kicked the victim for twenty minutes before forcing the victim to engage in fellatio. When the victim refused to engage in intercourse, Terry pulled a knife out and began stabbing him in the abdomen. Just prior to the stabbing, Terry demanded that the victim masturbate while cutting himself with the knife. Following the assault, Terry called an ambulance and the police. The commitment offense took place about one year later. Terry picked up a 24-year-old male hustler and drove toward his home. Before reaching his house they got into an argument. Apparently, Terry had paid the victim in advance for services that the victim decided he did not wish to provide. Terry stabbed the victim fifteen times, penetrating the thorax, heart, and aorta. He then mutilated the body by amputation of the penis at the most proximal point. The penis was never found, and there is some suggestion that it may have been ingested.

While this case is somewhat atypical in that we do not often see homosexual murder, it is illustrative of a Type 7 in all other respects. As an adult, Terry led an exemplary life. He had good interpersonal skills and acquired a fair degree of academic and professional competence. He was described as "pleasant" and "charming" by co-workers. He certainly did not lead what could be called an impulsive life-style. He had no criminal record up to the point of his first offense. His two assaults were ritualized, compulsive, and highly sadistic, much along the lines of the classic "Jack the Ripper" case.

Sadistic, High-impulse Rapist (Type 8) Martin is a 25-year-old single male committed to the Treatment Center in 1976. He was convicted of second-degree murder.

Martin is the sixth oldest of nine siblings. He described his family life as

"horrible, with emotional and physical abuse." Father was portrayed as the ruler of the household, who made sure that "orders were carried out," and, if not, frequent physical abuse resulted. Mother was described as passive and obedient and would often collude in the beatings by reporting to father incidents of punishable behavior. At the age of thirteen the patient was sent away to a training school for being an habitual school offender. His early schooling continued to be sporadic, and he was eventually expelled for good while in the tenth grade. All employment has been of a menial nature.

Martin does not have a long history of very violent crime. Most of his transgressions involved truancy, lying/cheating, and disruptiveness in school. His criminal record contains mostly alcohol and automobile-related offenses. He has, essentially, two violent crimes, an initial rape attempt that was reduced to assault and battery and murder. On the occasion of the first rape he was at an after-school party and assaulted a seventeen-year old. When she refused his advances, he choked her until she passed out. When she regained consciousness, he was still lying beside her. The commitment offense occurred one year later when Martin, age 19, killed a 30-year-old woman by manual strangulation. He had met the victim in a bar and they left together to go to a secluded area to engage in sex. To what extent the decisions leading up to the rape were mutual, obviously cannot be determined.

In both offenses the motive was clearly primarily aggressive. It did not appear, however, that sex was used as a vehicle for venting anger, but rather that the aggression was antecedent to or concurrent with sexual arousal. His life-style throughout adolescence was characterized by impulsive acting out, and, indeed, none of his serious crimes had any semblance of premeditation, compulsiveness, or ritualization.

Interrater Reliability As indicated previously, the primary data source for classification was the subject's clinical file. The lengthy clinical files were condensed into research files, which included diagnostic and evaluative information, school and employment reports, police reports and court testimony, parole summaries, probation records, social service notes, past institutionalization records, and complete treatment center records on familial and developmental history. The research files were read and subtyped independently by two senior clinicians who were familiar with the subject population. Discrepancies were resolved and a consensus was reached on all ratings. In the event that discrepancies could not be easily resolved, a third independent rating was made. If this third judgment failed to promote a consensus of agreement, the case was omitted. This occurred in 8 of 180 cases. In all other cases (95 percent) consensus was obtained. The process of achieving consensus is facilitated by the uniform and consistent use of confidence weights. That is, at each decision point the

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Table 1. Percentage of Interrater Agreement on Subtyping Rapists by Decision

Decisions	Rapist Subtypes							
	1	2	3	4	5	6	7	8
A	0.93	0.91	0	0.91	0.86	0.67	0.75	0.67
B	0.79	0.52	0	0.76	0.67	0.92	0.67	0.67
C	0.64	0.73	0	0.88	0.75	0.91	1.00	1.00
N	15	23	1	30	7	18	4	10

Table 2. Interrater Reliability

Decision	Kappa	No. Based on
Instrumental v. Expressive	0.63	109
Compensatory v. exploitative	0.36	63
Displaced anger v. sadistic	0.44	28
Subtype 1 v. subtype 2	0.39	23
Subtype 3 v. subtype 4	—*	20
Subtype 5 v. subtype 6	0.66	15
Subtype 7 v. subtype 8	1.00†	6

* A kappa was not computed since there were no men initially assigned a Subtype 3 classification by both raters. Eighteen men were initially classified as Subtype 4 by both raters. There were two men reclassified from Subtype 3 to Subtype 4 after consensus and ten men initially classified as something other than 3 or 4.

† For the six men initially subtyped as 7 or 8, there was uniform agreement on consensus; hence, no classification errors.

rater assigned a confidence weight (Fig. 1) depending upon how sure he felt about the decision. Consensual agreement is also facilitated by the assignment of a secondary subtype. While it is premature to make any definitive statements at this point, we believe that the most accurate classification address for most individuals will include a primary *and* a secondary subtype.

Interrater reliability is based upon the *initial* pair of ratings prior to consensus. Overall percent agreement is provided primarily as a means of identifying sources of judgment error (Table 1). As an index of reliability, percent agreement has a serious limitation in its failure to account for agreement predicted by chance. Thus, for all *binary* decisions (i.e., instrumental v. expressive, compensatory v. exploitative, displaced anger v. sadistic, high v. low impulsivity) chance alone would predict a 50 percent agreement rate. Thus, 60 percent agreement among raters represents only a very modest improvement over chance prediction. Cohen's³⁶ well-known kappa coefficient corrects the observed interrater agreement for expected chance agreement. Fleiss³⁷ and Fleiss and Cohen³⁸ demonstrated that values greater than .75 reflect good reliability, values between .50 and .75 reflect fair reliability, and values below .50 reflect poor reliability. By these standards, reliability was only fair for instrumental v. expressive (kappa = .63) and subtype 5 v. subtype 6 (kappa = .66) and poor for all other decisions (Table 2). Although these results are far from satisfactory, prompting renewed intensive efforts to identify major sources of error, one may note

Table 3. Major Sources of Error in Ratings

Primary Rating (Consented)	Discrepant with:	No. of Cases	Resulting in			Overall
			A	B	C	
Type 1	Type 2	4	—	—	0.80	0.73
Type 2	Type 1	3	—	—	0.91	0.48
Type 2	Type 4	8	—	0.83	—	0.70
Type 4	Type 2	5	—	0.87	—	0.80
Type 4	Type 6	3	100	0.80	—	0.73
Type 6	Type 4	4	0.89	0.83	—	0.78
Type 8	Type 4	3	100	0.70	—	0.70
Type 8	Type 6	3	—	0.70	—	0.70

that most attempts at clinical diagnosis are characteristically unreliable. Spitzer and Fleiss,³⁹ for example, examined six studies of the reliability of routine psychiatric diagnosis, finding that reliability was fair for psychosis (x kappa = .55) and schizophrenia (x kappa = .57) and poor for affective disorders (x kappa = .41), neurotic depression (x kappa = .26), all neuroses (x kappa = .40), and all personality disorders (x kappa = .32).

It should be noted, however, that the *final* subtype is an *octonary* and not binary decision. Thus, the chance agreement rate would be 12.5 percent rather than 50 percent.

Discrepancy Analysis Percentage of interrater agreement for each decision by subtype is provided in Table 1. Inspection reveals that the majority of assignment problems are within Decision B. Decisions A and B each require inferences from described behavior. Decision B, however, requires a much more complex set of inferences with less reliance on specific behaviors. Thus, the higher number of errors in Decision B reflect the greater demand for astute clinical judgment.

A more in-depth examination of the errors was made by contrasting all preconensus assignments with the consensus (*final*) classification. In Table 3 one notes three major sources of error (1) between Type 1 and Type 2; (2) between Type 4 and all other high-impulse types; and (3) between Type 6 and Type 8.

In errors between Type 1 and Type 2, the discrepancies are attributable to differences at Decision C. Since decisions at the C level are most clearly based upon descriptive historic information, with minimal inferential demand, these errors must be attributable to oversight or inattentiveness on the part of the rater. There is no reason to believe that this source of error cannot be eliminated or that consensus cannot be obtained with relative ease.

In errors occurring between Type 4 and Types 2, 6 or 8, there is greater difficulty in fathoming the source of the error and less certainty for easy resolution. Type 4 is the antisocial character disorder (psychopath, socio-

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path, dyssocial character). Historically, a clinical diagnosis of antisocial character disorder has been used as a "waste basket" category or as a diagnosis by default. In some sense, this diagnosis by exclusion is a partial explanation for the differences among raters in this study (i.e., "... if there is no sexual pathology, if there is no focus of intense rage at women, and if there is no obvious eroticized aggression (sadism) then the offender with a history of reduced impulse control must be a Type 4 rapist").

Of the 23 errors involving Type 4 offenders, eight (35 percent) were due to a rater not attending to the meaning of sexuality as a source of self-esteem management (Type 2) and seven (30 percent) were due to a rater not attending to the qualities of expressive aggression (i.e., an error at the level of Decision A). The difficulty here is somewhat understandable. Does the aggression derive from a lack of caring for others, an insensitivity to the meaning and vitality of another human being (Type 4), or is it the result of rage, hatred, and contempt as a dispositional state (Type 6)? Or what of aggression without rage, aggression so fused with sexuality that it acts synergistically to spiral to the most intense behaviors (Type 8)? The manifest behavior cannot always make the differentiation. It is often necessary to use clinical judgment regarding the internal motivational state of the offender, a highly speculative task given the nature of most archival data sources.

When there is a discrepancy between Type 4 and Type 2, the error occurs at Decision B. One rater has determined that whatever sexual feelings or thoughts were present appeared spontaneously as a result of the presence of the woman and not as an integral part of the motivational state. In Type 2 offenders, the sexual fantasies may be split off in a way that is not integrated with the rest of the personality; hence, they may not appear to be object oriented. That is, since they are defensive structures and thus possess a narcissistic component, the drive-object meaning is overlooked. In the eight cases referred to here, this feature was discerned during consensus and a Type 2 classification reached.

In those discrepancies where the consensus rating was Type 4 (five errors with Type 2 and three errors with Type 6), the explanation is the same as was provided in the preceding paragraphs. The discrepant rater introduced sexual or aggressive meaning when it was not present.

The last source of error to be discussed is where the consensus rating was Type 8 and the discrepant rating was Type 6. This error may be attributable to the rater's identification with the victim and hence failure to discern the sexual component in the offense. The Type 8 offender may insert a variety of foreign objects into his victim. The very perversity and bizarreness of the behavior in such instances, coupled with the contemptuous attitude of the offender and the victim's humiliation, may foster an immediate empathic

response to the victim as someone subjected to a brutally aggressive assault and in so doing overlook the sexual component of the attack. If the assault is expressive of erotic feelings or produces erotic feelings, the proper assignment must be a Type 8 (or 7). In each of the three cases noted here, the discrepant rater failed to observe the sexual meaning of the assault. The need for dispassionate clinical judgment to override transferential responses to the offenses is perhaps more demanded here than at any other place in the decision-making process.

It has been our experience that the consensus procedure is a highly effective means of cross-checking classifications and routing out assignment errors. It is obviously the case that the more deficient, inaccurate, or ambiguous the archival data sources are, the more difficult—and unreliable—the classification. Since Decisions A and B rely upon detailed statements of the sexual offenses and since this information tends to be more readily available in the form of court transcripts, police and probation records, and the like, one might anticipate that Decision C, which requires historic developmental information, would be most vulnerable to inadequate or poorly maintained files.

While the consensus classification is ideal, it is not always practical, particularly for routine clinical application. We are presently compiling a manual for guiding raters through the classification process, highlighting common errors and underscoring critical inclusionary and exclusionary criteria. Such a manual should facilitate a reliable single-rater classification.

Discussion

The development, procedural application, and reliability of a comprehensive taxonomic system for classifying men who have sexually assaulted adult women was presented. This rationally derived system, based upon intensive clinical experience with about 1,600 men referred to the Massachusetts Treatment Center, when empirically validated can potentially make a number of distinct contributions in the following areas.

First, it is one of the few taxonomies with conceptually cohesive subtypes. That is, the same theoretical and conceptual network applies to and links all eight subtypes, enhancing hypothesis-generation through reduction in heterogeneity. Areas of potential utility include *treatment* (determination of appropriate treatment modalities for different subtypes), *judicial decisions* (e.g., dangerousness, selective incapacitation, recidivism, release dispositions), *law enforcement* (designing offense profiles for each subtype to assist in apprehension), and *intervention* (identifying critical antecedent events (i.e., familial, developmental, etc.) that reliably differentiate the life course of different subtypes).

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Second, the system was designed to be inclusive, which, theoretically, obviates the need for adding wastebasket categories. If these eight subtypes do not capture the important motivational themes underlying most sexual assault, hence failing the test of empirical scrutiny, then the entire system will have to be reconceptualized. Our goal has been to develop an internally consistent, motivational theory for sexually assaultive behavior, rather than to describe independent sets of behaviors with target labels that are used for evocative more than conceptual purposes.

Third, the development of the system was based upon a highly heterogeneous population of 1,600 men. While generalizability of the system remains an empirical question, we have covered our observable base of men committed to the Treatment Center (i.e., we have been able to "address" 95 percent of the cases reviewed). In working with derivatives of the concepts we have used, we were led to expect certain motivational themes. As a result, the system predicts the existence of certain categories of rape (such as Type 3) that are not represented at a facility like the Treatment Center. A major investigation examining the generalizability of the system to a difficult sample of sex offenders is presently underway.

Fourth, this system provides for enhanced communicability by spelling out in detail the psychodynamic, developmental, and social-maturational characteristics of each subtype. This feature of the system should be further improved with the completion of an instructional manual on the use of the system.

The relationship of the treatment center subtypes to the subtypes of other classification systems is presented in Table 4. According to the taxonomic literature and clinical experience, the most frequently *observed* subtype of rapist appears to be the exploitative, high-impulse (Type 4) offender (Table 4). Guttmacher and Weihofen,²⁸ Kopp,²² Gebhard *et al.*,¹⁹ Groth,²⁰ and Rada²⁴ described such an individual. The exploitative, low-impulse (Type 3) offender was described by Gebhard *et al.*¹⁹ as a "double-standard" rapist and by Rada²⁴ as a "masculine identity conflict" rapist. The same type was also identified by Astor.⁴⁰ This offender is essentially the individual described in detail by Brownmiller,⁴¹ though, of course, Brownmiller attributed a network of cultural, economic, and ideologic dynamics—rather than psychodynamics—to the meaning of rape. The most frequently *reported* subtype of rapist—highest in profile due to its bizarre and sensational nature but lowest in actual incidence—is the sadistic (Type 7 or 8) offender (Table 4). Guttmacher and Weihofen,²⁸ Gebhard *et al.*,¹⁹ Bromberg and Coyle,⁴² Becker and Abel,⁴³ Rada,²⁴ and Groth²⁰ have all described sadistically, motivated rape. With the exception of the exploitative (antisocial) offender and the sadistic offender, the only other offender type appearing to have

Table 4. Rape Classification Systems

	Analogous Massachusetts Treatment Center Subtypes
Guttmacher and Weihofen ²⁸	
1. True sex offender (sexual aim)	1/2
2. Sadistic sex offender (aggressive aim)	7/8
3. Aggressive offender (antisocial criminals)	4
Kopp ²²	
1. Ego dystonic (remorseful)	2
2. Ego syntonic (antisocial, psychopathic)	4
Gebhard <i>et al.</i> ¹⁹	
1. Sadistic offender (assaultive)	7/8
2. Disorganized egocentric, hedonist (amoral delinquents)	4
3. Alcoholic offender	—
4. Explosive offender (episodic dyscontrol)	—
5. Double-standard offender ("machismo")	3
6. Mental defective offender	—
7. Psychotic offender	—
Amir ¹⁶	
1. No social role significance (idiosyncratic to the personality of the offender)	4?
2. Role supportive ("youth culture" demands)	—
3. Role expressive (motivated by context)	—
Rada ²⁴	
1. Psychotic offender	—
2. Situational stress offender	1?
3. Masculine identity conflict offender	3
4. Sadistic offender	7
5. Sociopathic offender	4
Groth ²⁰	
1. Power-assertive offender	3/4
2. Power-reassurance offender	1/2
3. Anger-retaliation offender	5/6
4. Anger-excitation offender	7/8

some continuity across classification systems is the compensatory rapist (Type 1 or 2). Such an individual has been variously described as the "true sex offender,"²⁸ ego-dystonic,²² a situational stress offender,²⁴ and a power-reassurance offender²⁰ (Table 4).

Various types of rape discussed in the literature have been referred to as "syndromes" rather than components of a taxonomy.⁴⁴ Such syndromes might include prison rape, wartime rape, gang rape, marital rape, and rape by the mentally retarded, psychotics, and alcoholics. Megargee's⁴⁴ distinction between syndromes and useful taxonomic subtypes is important and deserves elucidation. In general, syndromes of rape can be described as *situation-specific events* (e.g., gang, prison, or wartime rape) or *mediated events* (e.g., alcohol, psychosis, or mental retardation) and, as such, do not imply motivational homogeneity. We would argue, for instance, that the "alcoholic rapist" (described by Gebhard *et al.*,¹⁹ Astor,⁴⁰ Rada,⁴⁷ and others) does not present as a homogeneous group and that alcohol may be, at most,

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a precipitating factor in the offense. Since use of alcohol is differentially observed in all types of sexual offenses (97 percent of the rapists at the treatment center report use of alcohol), alcohol alone is not a salient discriminating variable.¶ In a similar vein, the mentally retarded rapist does not rape because of mental retardation. Subnormal intelligence will undoubtedly be associated with emotional immaturity and thus be a contributing factor; however, one must also examine the role of compensatory, anger displacement or sadistic motives in such an individual. The meaning of the behavior cannot be understood in terms of intelligence level. The same argument can be made for psychotic rape. The meaning of the assault must be understood in terms of the delusional system that precipitated the behavior.

Situation-specific rape is epitomized in gang assaults.^{16, 20, 41, 42} While there are clearly group dynamics (e.g., contagion effects, defusion of responsibility, etc.) and social dynamics (highly developed gang cultures in particular communities) that foster gang rape, the psychodynamics motivating each participant may be quite different. Some members of the gang, particularly the leader(s), may be exploitative (Type 4) or angry (Type 5 or 6), while the motivations of other members may be more compensatory (Type 1 or 2) and arise out of the dynamics of the particular gang (i.e., such members may feel compelled to participate in order to defend their sense of masculinity within the group). Despite identifiable factors that appear to be associated with the occurrence of gang rape, there is no evidence that most participants are motivationally homogeneous and deserve to be grouped together. Excluding sexual deprivation, one can argue that the motives governing prison rape are different for each participant. Such assaults may be racially motivated, revenge motivated, or sexually motivated. The sexual meaning of the assault can be understood to be any of the four motives described in this article (i.e., compensatory, exploitative, anger displaced, or sadistic). Similarly, wartime rape occurs in a vacuum of social, legal, ethical, and moral restraints. The disinhibiting effect of war, coupled with long periods of sexual deprivation and a deeply ingrained antipathy for "the enemy," provides optimum conditions for eliciting sexually assaultive behavior. In our language, rape has become synonymous with pillage, and pillage is the hallmark of war. Yet despite this, there are many men who do not rape during wartime and those that do, engage in such behavior for many different reasons and with many different motives.

The validity of the system presented here is presently under examination at the Treatment Center. Although there are no data bearing directly upon

¶ While the incidence at the treatment center is exceptionally high and may well be inflated through self-report, the incidence of alcohol use during rapes has been reported in the literature to be as high as 50 percent.⁴⁷

the concurrent or predictive validity of the system that can be reported at this time, one study provided evidence for independent "types" of offenders that bear close resemblance to profiles of subtypes described in this article. In that study, conducted on 78 members of the resident Treatment Center population, a linear causal model was designed and tested using a series of simultaneous multiple regression analyses.⁴⁵ The regression analyses employed cohesive, stable item groups derived through principal components analysis. In the first analysis, each of four childhood/juvenile scales were entered as separate dependent variables with three family/parental scales entered as predictors. In the second analysis, each of five adult incompetence/pathology scales were entered separately as dependent variables with the three family/parental and four childhood/juvenile scales entered as predictors. In the third and final analysis, each of three adult criminal (outcome) measures were entered as the dependent variables with the twelve family/parental, childhood/juvenile, and adult pathology scales entered as predictors. The resulting linear structural model was characterized by two major paths, both emerging from family instability. One path proceeded from family instability to juvenile acting out, adult antisocial behavior, and frequency of criminal offenses. The other path led from family instability to juvenile psychiatric system contact and frequency of criminal offenses. Thus, there appeared to be two independent routes to more frequent criminal offenses, both originating with family instability, but manifesting that instability differently during the child/juvenile period. One path appeared to define a longitudinal pattern of assaultiveness and generic (non-sexual) unsocialized aggression, while the other path was defined entirely by an antecedent history of early psychiatric institutionalization or psychiatric outpatient contact. The former might be described as an impulsive, antisocial character disorder (Type 4) whereas the latter might be described as a low-impulse, incompetent individual with no evidence of early conduct disorder (Type 1). A third type, while not clearly directly observed in the model, may be inferred from the pattern of correlations. This type was characterized by no apparent history of family instability, few childhood or juvenile problems, and a low frequency of criminal offenses. This profile most closely approximates Type 5. Although this investigation did not include the subtypes as predictors, the results suggest the importance of doing so in future research on the development of structural models.

In conclusion, the taxonomic system presented in this article requires

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extensive cross-sample and validation scrutiny; however, the returns thus far are indeed encouraging and certainly merit clinical and empirical follow-up.

References

1. Ellis A, Brancale R: *The Psychology of Sex Offenders*. Springfield, IL: Charles C Thomas, 1956
2. Frosch J, Bromberg W: The sex offender: A psychiatric study. *Am J Orthopsychiatry* 9:761-776, 1939
3. Hellman DS, Blackman N: Enuresis, firesetting, and cruelty to animals: A triad predictive of adult crime. *Am J Psychiatry* 122:1431-1435, 1966
4. Shaskan D. One hundred sex offenders. *Am J Orthopsychiatry* 9:565-569, 1939
5. Mohr JW, Turner RE, Jerry MB: *Pedophilia and Exhibitionism*. Toronto: University of Toronto Press, 1964
6. Henn RA, Herjanic M, Vanderpearl RH: Forensic psychiatry: Profiles of two types of sex offenders. *Am J Psychiatry* 133:694-696, 1976
7. Glueck BC: Final Report, Research Project for the Study and Treatment of Persons Convicted of Crimes Involving Sexual Aberrations, June 1952-June 1955. New York: State Department of Hygiene, 1956
8. Kozol HL: The medico-legal problem of sexually dangerous persons. *Acta Med Leg Soc* 2:125-128, 1963
9. Fisher G: Psychological needs of heterosexual pedophiles. *Dis Nerv Syst* 30:419-421, 1969
10. Fisher G, Howell LM: Psychological needs of homosexual pedophiles. *Dis Nerv Syst* 31:623-625, 1970
11. Hoppe CM, Singer RD: Overcontrolled hostility, empathy, and egocentric balance in violent and nonviolent psychiatric offenders. *Psychol Rep* 39:1303-1308, 1976
12. McCreary CP: Personality differences among child molesters. *J Pers Assess* 39:591-593, 1975
13. Revitch E: Sex murder and the potential sex murderer. *Dis Nerv Syst* 26:640-648, 1965
14. Vanasek FJ, Frisbie LV, Dingman HF: Patterns of affective responses in two groups of pedophiles. *Psychol Rep* 22:659-668, 1968
15. Virkkunen M: The pedophilic offender with antisocial character. *Acta Psychiatr Scand* 53:401-405, 1976
16. Amir M: *Patterns in Forcible Rape*. Chicago: University of Chicago Press, 1971
17. Cohen ML, Garofalo RF, Boucher R, Seghorn T: The psychology of rapists. *Semin Psychiatry* 3:307-327, 1971
18. Fitch JH: Men convicted of sexual offenses against children: A descriptive follow-up study. *Br J Criminol* 3:18-37, 1962
19. Gebhard PH, Gagnon JH, Pomeroy WB, Christenson CV: *Sex Offenders: An Analysis of Types*. New York: Harper & Row, 1965
20. Groth AN: *Men Who Rape: The Psychology of the Offender*. New York: Plenum Press, 1979
21. Guttmacher MS: *Sex Offenses: The Problem, Causes, and Prevention*. New York: WW Norton & Co., 1951
22. Kopp SB: The character structure of sex offenders. *Am J Psychother* 16:64-70, 1962
23. Prentky RA, Cohen ML, Seghorn TK, Garofalo RF, Boucher RJ: Clinical Subtypes of Rapists and Child Molesters: The Decision-making Process. Paper presented at the meeting of the Fifth World Congress of Sexology, Jerusalem, June 1981
24. Rada RT: Classification of the rapist, in *Clinical Aspects of the Rapist*. Edited by Rada RT. New York: Grune & Stratton, 1978
25. Revitch E, Weiss RG: The pedophilic offender. *Dis Nerv Syst* 23:73-78, 1962
26. Seghorn TK: Adequacy of ego functioning in rapists and pedophiles (Doctoral Dissertation, Boston University Graduate School, 1970). *Diss Abstr Int* 31:7613A-7614A, 1971 (University Microfilms no. 70-22, 413)
27. Seghorn T, Cohen M: The psychology of the rape assailant, in *Modern Legal Medicine, Psychiatry, and Forensic Science*. Edited by Cerran W, McGarry AL, and Petty C. Philadelphia: FA Davis Co., 1980
28. Guttmacher MS, Weihofen H: *Psychiatry and the Law*. New York: WW Norton & Co., 1952
29. Cohen ML, Seghorn T, Calmas W: Sociometric study of the sex offender. *J Abnorm Psychol* 74:249-255, 1969
30. Karpman B: *The Sexual Offender and His Offenses, Etiology, Pathology, Psychodynamics and Treatment*. New York: Julian, 1954
31. Groth AN, Burgess AW: Sexual dysfunction during rape. *N Engl J Med* 297:764-766, 1977
32. Burgess AW, Holmstrom LL: *Rape: Victims of Crisis*. Bowie, MD: Prentice-Hall Co., 1974

33. Burgess AW, Holmstrom LL: Coping behavior of the rape victim. *Am J Psychiatry* 133:413-414, 1976
34. Groth AN, Burgess AW, Holmstrom LL: Rape: Power, anger, and sexuality. *Am J Psychiatry* 134:1239-1243, 1977
35. Bard LA, Carter DL, Cerce DD, Knight RA, Rosenberg R, Schneider B: A descriptive study of rapists and child molesters: Developmental, clinical and criminal characteristics. *Criminal Justice Behav*, 1985
36. Cohen J: A coefficient of agreement for nominal scales. *Educ Psychol Measurement* 20:37-46, 1960
37. Fleiss JL: Measuring agreement between two judges on the presence or absence of a trait. *Biometrics* 31:651-659, 1975
38. Fleiss JL, Cohen J: The equivalence of weighted kappa on the intraclass correlation coefficient as measures of reliability. *Educ Psychol Measurement* 33:613-619, 1973
39. Spitzer RL, Fleiss JL: A re-analysis of the reliability of psychiatric diagnosis. *Br J Psychiatry* 125:341-347, 1974
40. Astor G: *The Charge is Rape*. Chicago: Playboy Press, 1975
41. Brownmiller S: *Against Our Will*. New York: Bantam Books, Inc., 1975
42. Bromberg W, Coyle E: Rape! A compulsion to destroy. *Med Insight* 4:21-22, 24-25, 1974
43. Becker JR, Abel GG: Men and the victimization of women, in *Victimization of Women*. Edited by Chapman JR and Gates MR. Beverly Hills, CA: Sage Publications, Inc., 1978
44. Megargee EI: Psychological determinants and correlates of criminal violence, in *Criminal Violence*. Edited by Wolfgang ME and Weiner NA. Beverly Hills, CA: Sage Publications, Inc., 1982
45. Knight RA, Prentky R, Schneider B, Rosenberg R: Linear causal modeling of adaptation and criminal history in sexual offenses, in *Prospective Studies of Antisocial Behavior*. Edited by Van Dusen K and Mednick S. Boston: Kluwer-Nijhoff Publishing Co., 1983
46. Spitzer R, Endicott J, Robins J: Research diagnostic criteria. Unpublished manuscript, 1975 (available from: Biometrics Research, New York State Psychiatric Institute, 722 West 168th St., New York, New York 10032)
47. Rada RT: Alcoholism and forcible rape. *Am J Psychiatry* 132:444-446, 1975