Drinking, Alcoholism, and the Mentally Disordered Sex Offender

```
RICHARD T. RADA, M.D.*,
ROBERT KELLNER, M.D., Ph.D.**,
D. R. LAWS, Ph.D.†, and
WALTER W. WINSLOW, M.D.††
```

Associations of alcohol and alcoholism with violent behavior have been frequently reported.^{1,2} Data on associations between drinking at the time of the commission of an offense, alcoholism, and sex offenses are conflicting. The reported proportion of rapists who had been drinking at the time of their offense has ranged from 0 to over 50 per cent.³⁻⁹

In a previous study of 77 rapists confined at Atascadero State Hospital in California, 50 per cent were found to have been drinking at the time of the commission of the offense, and 35 per cent were found to be alcoholic, using stringent criteria. The purpose of this paper is to present data on the frequency of alcoholism and the degree of drinking at the time of the offense among 382 sex offenders committed to Atascadero State Hospital for sexual offenses.

Patient Population and Data Collection

The California state program for the treatment of the mentally disordered sex offender was initiated with the opening of Atascadero State Hospital in 1954. At any one time, there are approximately 500 inmates with the diagnosis of mentally disordered sex offender. All sex offenders in the hospital were invited to participate in this research project.

After completing an informed consent form, 405 mentally disordered sex offenders of all types completed a questionnaire that asked for basic demographic data and whether they were drinking at the time of the commission of the offense for which they were committed, and, if so, whether heavily, moderately, or lightly. Heavily was defined as ten or more beers or the equivalent, moderately 5-9 beers, and lightly as fewer than 5 beers. Subjects also completed the Michigan Alcoholism Screening Test (MAST) devised by Selzer.¹¹ In the original scoring of this 25-question screening test, a score of 5 or above classified a person as alcoholic. In order to exclude any subject from the alcoholism category where alcoholism

Dr. Rada is Associate Professor and Vice Chairman, Department of Psychiatry, University of New Mexico School of Medicine, Albuquerque, NM 87131.

^{**}Dr. Kellner is Chief, Psychiatry Service, V.A. Hospital, and Professor and Vice Chairman of Psychiatry, University of New Mexico School of Medicine.

[†]Dr. Laws is Director, Sexual Behavior Laboratory, Atascadero State Hospital, Atascadero, CA 93422. ††Dr. Winslow is Professor and Chairman, Department of Psychiatry, University of New Mexico School of Medicine.

history might be doubtful, only those who scored 7 or above on the MAST were labeled alcoholic.

Only those offense categories with at least 20 subjects are included in this report. The offense categories and number of offenders in each category are: child molestation -203; forcible rape -122; incest -35; exhibitionism -22. Some of the data on child molesters have been previously presented.¹²

Results

The age range for the total group was 18-69 years, mean 32.2 years. The mean age for the child molesters was 35 years, for the rapists 24.5 years, for those charged with incest 37.5 years, and for the exhibitionists 26 years. Racial breakdown for the total group showed 77 per cent Caucasian, 10 per cent Black, 7 per cent Spanish-American, 5 per cent Native American, and 1 per cent Oriental. The proportion of races within offender groups was similar except for a lower percentage of Caucasians (63 per cent) and a higher percentage of Blacks (21 per cent) among rapists. The mean educational level was 11th grade for child molesters, rapists, and exhibitionists, and 10th grade for those convicted of incest. Twenty per cent of the sex offenders had one or more years of college education. Two child molesters and one incest offender had Master's degrees, and one rapist had a Ph.D.

Table 1 shows the marital status for the offender groups. Of particular interest is the fact that at least 50 per cent of the offenders were married at some time prior to their offenses, and approximately one-third were married at the time of the offense. The high proportion of married offenders among those charged with incest is, of course, to be expected.

TABLE 1
MARITAL STATUS OF 382 SEX OFFENDERS

Marital Status	Total Group	Child Molesters	Rapists	Incest Offenders	Exhibitionists
Single	41%	41%	50%	5%	37%
Married	32%	27%	34%	60%	36%
Separated	7%	9%	6%	3%	9%
Divorced	18%	20%	10%	26%	18%
Widowed	2%	3%	0%	6%	0%

Table 2 presents the percentage of offenders reporting drinking at the time of the offense and the rated amount of drinking: heavily, moderately, or lightly. The data show that 53 per cent of offenders reported drinking at the time of the offense, and there is little variation among groups. Of those reporting drinking, most reported drinking heavily or moderately, and relatively few reported drinking lightly.

TABLE 2
PERCENTAGE OF SEX OFFENDERS DRINKING AT THE TIME
OF THE OFFENSE AND AMOUNT OF DRINKING

	Total Group	Child Molesters	Rapists	Incest Offenders	Exhibitionists
DRINKING:	53%	49%	57%	63%	55%
AMOUNT:					
Heavily	62%	69%	62%	46%	55%
Moderately	23%	20%	18%	36%	27%
Lightly	15%	11%	20%	18%	18%

Table 3 gives the percentage of alcoholism among sex offenders based on the MAST. Fifty per cent of the offenders were alcoholic, and there was little variation in the percentage of alcoholism between offender groups.

TABLE 3 PERCENT OF ALCOHOLISM AMONG SEX OFFENDERS				
Total Group	50%			
Child Molesters	51%			
Rapists	48%			
Incest Offenders	46%			
Exhibitionists	55%			

Table 4 compares the numbers of alcoholic and nonalcoholic sex offenders who were or were not drinking at the time of the offense. The data indicate that a history of alcoholism is significantly associated with whether or not the offender was drinking at the time of the offense. Thus, for the total group, 81 per cent of alcoholic sex offenders were drinking at the time of the offense, whereas only 25 per cent of nonalcoholic sex offenders did so. The data for the various subgroups of sex offenders are similar and each comparison is highly significant (p < .0005).

TABLE 4
A COMPARISON OF DRINKING AT THE TIME OF THE OFFENSE
BY ALCOHOLIC AND NONALCOHOLIC SEX OFFENDERS

	TOTAL	GROUP	
	Drinking	Not Drinking	
Alcoholic	155	36	11 100 17 100 0
Nonalcoholic	48	143	chi-square = 120.36; p < .0005
	CHILD M	OLESTERS	
	Drinking	Not Drinking	
Alcoholic	75	29	
Nonalcoholic	25	74	chi-square = 44.56 ; p < $.0005$
	RA	PISTS	
	Drinking	Not Drinking	
Alcoholic	53	6	1' #4.40
Nonalcoholic	16	47	chi-square = 51.48 ; p < .0005
	INCEST O	FFENDERS	
	Drinking	Not Drinking	
Alcoholic	16	0	mile i E m
Nonalcoholic	6	13	Fisher's Exact Test; p < .0005
	EXHIBITIONISTS		
	Drinking	Not Drinking	
Alcoholic	11	1	E'dende Per ex Tres es a coor
Nonalcoholic	1	9	Fisher's Exact Test; p < .0005

The effect of alcohol on this population is illustrated by the positive responses of the total group to particular items on the MAST. Thirty-eight per cent had been previously arrested for drunken behavior, 26 per cent had been arrested for drunken driving, 20 per cent had sought professional help for an emotional problem in which drinking had played a part, 17 per cent had experienced delirium tremens or severe withdrawal symptoms, and 8 per cent had been told that they had liver trouble or cirrhosis. Question 10 asks, "Have you gotten into fights when drinking?" This is the only question on the MAST directly related to violence. Forty-one per cent of the child

molesters, 45 per cent of the rapists, 50 per cent of those convicted of incest, and 58 per cent of the exhibitionists answered affirmatively. Because child molesters and exhibitionists are generally considered nonviolent types of offenders, and because their offenses are generally nonviolent, the high percentages admitting to violent behavior were unexpected.

Discussion

Data from this study indicate a strong association between drinking, alcoholism, and the commission of various types of sexual offenses. Although alcohol may be an important factor in the commission of sexual offenses, these data do not prove a cause and effect relationship.

Many other factors are apparently more important, such as the personality of the offender and the time and setting of the offense. Furthermore, the data were obtained from convicted offenders, and the findings cannot necessarily be generalized to offenders who are not apprehended or convicted. It is possible that offenders who drink at the time of the offense or who are chronic alcoholics are more likely to be apprehended, thereby inflating the statistics on the association of these factors and the commission of the crime. Nevertheless, it is likely that some of these offenses would not have been committed if the offender had been sober.

Although the heavy abuse of alcohol is consistent across groups, the psychodynamics of drinking and its relationship to specific offenses may differ among sex offenders. For example, rape is rarely an impulsive act and is usually planned, often meticulously.¹³ Thus, the rapist probably does not use alcohol to numb his conscience. It seems more likely that he hopes that alcohol will bolster his courage to commit an act which he has already planned and fantasized.

On the other hand, a number of factors suggest that alcohol may be more directly causal in child molestation than in rape. Unlike the rapist, child molesters may experience considerably more anticipatory guilt when fantasizing an offense. In these cases, alcohol might serve to dull the conscience and to lower inhibitions, which facilitates commission of the offense. Other child molesters do not profess pedophilic tendencies when sober. In these cases, alcohol appears to unmask sexual desires which are not present in the sober state. Other factors may be the consequences of chronic alcoholism. The average age of the child molester is a decade higher than that of the rapist. Thus, as the chronic alcoholic loses his potency as a direct result of the toxic effects of alcohol and as his possibilities for adult sexual contacts are lessened by the social deterioration caused by alcohol abuse, he may turn to a child for sexual gratification, especially when drinking heavily. Again, unlike the rapist, the child molester's offenses are often followed by guilt and shame.

Although the "typical" exhibitionist is usually considered to be nonviolent, many rapists have a history of various sexual perversions including exhibitionism prior to or concomitant with the commission of rape. Some rapists continue to practice exhibitionism even after beginning to rape. In these offenders there appears to be a complex interplay between inhibition, the desire to aggress, and alcohol.

Many studies on drinking and violence do not adequately distinguish

whether the drinking offender is alcoholic or nonalcoholic. Our studies suggest that this is an important distinction.¹⁴ Our data indicate that it is the high percentage of alcoholic sex offenders that inflates the overall statistics on drinking at the time of the offense. The nonalcoholic sex offender is far less likely to drink alcohol at the time of the offense.

The distinction between the alcoholic and nonalcoholic offender has important implications for treatment planning. If long term treatment programs are to be effective, the sex offender will need ongoing treatment not only for his sexual deviance but also for his alcoholism. In a study of patterns of drinking by sex offenders before their commitment and after their discharge to the community, those labeled problem drinkers showed an increase in drinking after discharge despite specific legal prohibition against any drinking.¹⁵ At present, most treatment programs tend to focus on one aspect of the problem or the other, which suggests that currently available follow-up care might be improved by treating the offender's alcoholism as well as his tendency to commit sexual offenses.

Acknowledgements

The authors wish to thank Al Rucci, M.D., and the staff of Atascadero State Hospital, California, for their valuable assistance, and Dorothy Pathak, Ph.D., and Betty Skipper, Ph.D., of the University of New Mexico School of Medicine, who acted as statistical consultants.

References

- 1. Wolfgang ME, Strohm RB: The relationship between alcohol and criminal homicide. Q J Stud Alcohol 17:411-425, 1956
- 2. Goodwin DW: Alcohol in suicide and homicide. Q J Stud Alcohol 34:144-156, 1973
- 3. Rowe MJ: Alcohol and crime. J of Delinquency 4:135-151, 1919
- Vollmer KA, cited in Adler H: The relation of alcohol and crime, in Emerson H (ed.): Alcohol and Man. New York, Macmillan, 1932, p. 322
- Frosch J, Bromberg W: The sex offender a psychiatric study. Am J Orthopsychiatry 9:761-776, 1939
- 6. Abrahamsen D: Study of 102 sex offenders at Sing Sing. Federal Probation 14:26-32, 1950
- 7. Shupe LM: Alcohol and crime. J Crim Law Criminol Police Sci 44:661-664, 1954
- 8. Glueck BC: Psychodynamic patterns in the homosexual sex offender. Am J Psychiatry 112:584-589, 1956
- 9. Amir M: Patterns in Forcible Rape. Chicago, University of Chicago Press, 1971
- 10. Rada RT: Alcoholism and forcible rape. Am J Psychiatry 132:444-446, 1975
- 11. Selzer M: The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. Am J Psychiatry 127:1653-1658, 1971
- 12. Rada RT: Alcoholism and the child molester, in Seixas FA, Eggleston S (eds.): Work in Progress on Alcoholism. New York, New York Academy of Sciences, 1976, pp. 492-496
- Rada RT: Psychological factors in rapist behavior, in Rada RT (ed.): Clinical Aspects of the Rapist. New York, Grune & Stratton, 1978, pp. 21-58
- 14. Rada RT, Laws DR, Kellner R: Plasma testosterone levels in the rapist. Psychosom Med 38:257-268, 1976
- 15. Frisbie LV: Another look at sex offenders in California. Research Monograph 12:196. Sacramento, Dept of Mental Hygiene, 1969