Introduction

Despite extensive research having been conducted on sexually offending behaviour (see Ward et al., 2003 for an overview), empirical data on the sexual history of “dissexual” men is scant, particularly with respect to adolescents (Worling, 1998). Furthermore, the vast majority of research in this area has been conducted with convicted offenders. However, as reflected in the results of representative studies of the general population (e.g. Wetzels, 1997; Darsky et al., 1997), most dissexual acts occur in the “Dunkelfeld”, i.e. are not reported. Hence, the extent to which the current knowledge about sex offenders’ sexual history is representative of dissexual men remains unknown.

Since most convicted sex offenders return to the community eventually, the main goal of intervention is recidivism reduction. Therefore, much of the sex offender research has focussed on dynamic risk factors and explored for example, attachment styles, empathy deficits, cognitive distortions, social skills, impulse control, and attitudes towards women. Studies that have examined the sexual histories of sex offenders tend to focus on singular aspects, such as history of sexual abuse, or use of pornography, but comprehensive assessments remain the exception. Detailed knowledge of sexual history however, may improve the effectiveness of treatment programs (Hall, 1995;1996; Hanson et al., 2002).

Though treatment and relapse prevention programs are important interventions in the effort to reduce dissexual behaviour, these programs’ potential to markedly reduce dissexual behaviour on the whole is very limited for two major reasons: first of all, only a small proportion of perpetrators are arrested, sentenced, and eventually treated. Secondly, when convicted for a sexual offence for the first time, perpetrators often show a history of previously undetected sexual offenses. Thus, primary prevention of dissexual behaviour must remain the ultimate goal. Again, paying close attention to socio-sexual development could benefit efforts in primary prevention, for example, sexual educational programs for adolescents.

To obtain the database necessary to achieving this goal more research has to be conducted on the sexual history of dissexual men. A comprehensive sexual history would have to encompass both intra- (e.g. masturbation, pornography) and interpersonal (e.g. prostitution, sexual function) aspects of sexual experiences and behaviours. As depicted in figure 2 these two components overlap.

To establish the role that psychosexual development and socio-sexual experiences play as antecedents of dissexual behaviour, this study will compare the sexual history of violent and non-violent dissexual males with that of violent non-dissexual males. The comparison to violent non-dissexual males may shed light on what might stop these men from crossing that border to dissexual behaviour; the comparison to adolescents may strengthen the awareness for developmental trends and, thus, emphasizes the importance of early intervention.

DEFINITION: “Dissexuality”

In general, sexually offensive behaviour firstly expresses a disturbance of social interaction. The concept of dissexuality (Beier, 1995) attempts to provide a morally neutral description of this disturbance. Here, dissexual behaviour refers directly to those activities that threaten the individuality and integrity of another person in a sexual practice “to which the person affected would very probably not consent” (Beier, 1998). These practices may be imposed on another by force, coercion, or manipulation. However, some dissexual acts require neither (e.g. masturbation in presence of a sleeping woman, voyeurism). Thus, dissexuality is defined as an expression of a failure to conform to social norms in the realm of sexuality. The concept of dissexuality emphasizes that the subject of study is not simply a medical or legal concern. The concern is fundamentally about human interaction, and thus the concept is applicable across various jurisdictions and medical classification systems (see figure 1).

DEFINITION: “Dunkelfeld”

The German word Dunkelfeld (dark field) refers to incidences that remain undetected by the authorities and, unlike the cases in the “Hellfeld” (light field), are not accounted for in official statistics; the magnitude of the Dunkelfeld, i.e. the number of undetected cases, is referred to as “Dunkelziffer” (see figure 1).

Objectives

- To obtain baseline data and further increase the knowledge on the sexual histories of dissexual men;
- To investigate how violent dissexual men differ from non-violent dissexual men in their sexual history;
- To assess the comparability of both sample characteristics and data for cross-cultural research purposes;
- Ultimately, the aim of this project is to help develop better primary prevention and intervention programs.

Main hypotheses regarding offenders

Sex vs. Non-sex offenders:

H1 Sex offenders will report more negative intra-personal aspects regarding their sexual history
H2 Sex offenders will report more negative inter-personal aspects regarding their sexual history
H3 Sex offenders will report more severe socio-sexual experiences

Adolescent vs. Adult violent sex offenders:

H4 Sexually violent adolescents and adults will report similar intra-personal aspects regarding their sexual history
H5 Sexually violent adolescents’ and adults’ socio-sexual experiences will appear similar in quality

Method

Participants:

Adolescent (14+) and adult (18+) males, numbers in table 1 indicate minimum number of adult (adolescent) participants per cell; offenders need not be incarcerated but convicted for a sexual or violent offence; non-offender participants shall be recruited from the general public and matched by age, socio-economic status, and a measure of aggression (“quasi-victims” vs. “quasi-non-victims”). Note: non-violent non-offenders are not included.

Design:

Cross-sectional, retrospective, multi-method, interdisciplinary; with respect to offender participants, data on demographic, medical, psychological, socio-sexual, criminological, and psychological variables will be collected.

Measures:

Data will be collected (1) by extracting relevant information from existing data bases, (2) with a self-administered comprehensive sexual history questionnaire (approx. 60 minutes), and (3) during a semi-structured clinical interview (approx. 60 minutes). Note: the number of offender participants to be interviewed is limited to approx. 30%. Both questionnaire and interview will predominantly focus on various aspects of participants’ sexual history (table 2). To guarantee absolute anonymity, non-offenders will be assessed by questionnaire only.

Table 1: Minimum number of adult (adolescent) participants per cell

<table>
<thead>
<tr>
<th>Sex (18+)</th>
<th>120 (80)</th>
<th>60 (40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent</td>
<td>(60) sex</td>
<td>(40) sex</td>
</tr>
<tr>
<td>Non-violent</td>
<td>(60) non-sex</td>
<td>(40) non-sex</td>
</tr>
</tbody>
</table>

Table 2: Aspects of sexual history to be assessed

<table>
<thead>
<tr>
<th>Intra-personal aspects (sex)</th>
<th>Inter-personal aspects (social interaction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>attitude towards nudity &amp; sexuality at home</td>
<td>sexual interaction, childhood</td>
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