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**SEXUAL BEHAVIOR AND SECURITY RISK:
BACKGROUND INFORMATION FOR SECURITY PERSONNEL**

By

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Executive Summary

There is today no community consensus on value judgments regarding sexual practices or how these practices should be evaluated in a national security context. Conflicting interpretations of sexual behavior that were widely accepted during earlier time periods continue to influence the public psyche, the legal code, and organizational practices.

The record of past espionage cases and the bulk of scientific research suggest that the connection between sexual behavior and personnel security is more complex than a simple notion that "normal" sex is acceptable but "nonconforming" sexual practices are a security risk. Self-control, social maturity, strength of character, and overall psychological adjustment are more important security indicators than the specific sexual practices in which people engage.

This report identifies criteria for relating sexual behavior to security risk. Specifically, sexual behavior may be of security concern when it is criminal, when it is compulsive or out of control or indicates a personality disorder, when it exposes the individual to pressure or coercion, or when it is notorious. Sexual behavior offers such a significant window into an individual's psyche that it may also serve as an indicator of broader emotional problems. The bulk of the report provides background information on the nature, causes, and prevalence of a wide variety of sexual behaviors. It then discusses security concerns that may or may not be associated with these behaviors.

This report was prepared for the Central Intelligence Agency with support and assistance from the U.S. Department of Defense Personnel Security Research Center. This is the sixth article published in this journal by the author, all on topics of use to those who must hire law enforcement personnel or adjudicate clearance and access for federal employees. The prior articles in this series are Crime and Security, Alcohol Use and Abuse, Financial Irresponsibility, Compulsive Gambling, and Drug Use and Abuse.

Sexual behavior of any type, including "normal" heterosexual intercourse between consenting adults, is a security concern if it is compulsive and out of control. Indicators that sexual behavior may be out of control are seeking sex as a means of coping with problems of loneliness, stress, anxiety, low self-esteem, pain, or sleeplessness; an obsession with sex that dominates one's life, including sexual fantasies that interfere with work performance; so much time devoted to planning sexual activity that it interferes with other activities; feelings of shame about one's sexual behavior; a feeling of powerlessness or inability to stop despite predictable adverse consequences; inability to make a commitment to a loving relationship; extreme dependence upon a relationship as a basis for feelings of self-worth; or little emotional satisfaction gained from the sex act.

It is not the frequency or type of sexual activity or number of partners that is of greatest significance, but a pattern of out-of-control behavior that causes problems for the individual with employment, health, marriage, social relationships, or the law, or that causes a significant lowering of self-esteem.

The report discusses the origins of homosexuality and cites research conclusions that being homosexual does not predispose one to unreliability, disloyalty, or untrustworthiness. Lifestyles of homosexuals are as varied as heterosexual lifestyles. Homosexuality does not by definition reflect poor judgment, nor is it an emotional disorder. To the extent that it is concealed, homosexuality may cause a person to be vulnerable to threats of exposure, but not necessarily more so than the adulterer or any other person who conceals an embarrassing personal secret.

For these reasons, sexual orientation alone is not an appropriate basis for security concern. However, the regular "cruising" associated with some homosexual lifestyles does involve a degree of promiscuity and sexual indiscretion which is difficult to reconcile with some security requirements, especially if the individual may travel or be assigned abroad.

To protect employee rights to privacy and civil liberties, adjudication of sexual behavior needs to be based on demonstrable security concerns, not on commonly accepted myths or the personal moral values of individual adjudicators. This will be aided by improved understanding of the wide diversity of human sexual behavior and the specific connections between various forms of sexual behavior and security risk.

Findings in this report suggest a need to rethink criteria for evaluating a number of forms of atypical sexual behavior, some of which may be unrelated to security risk. The report reinforces the importance of case-by-case judgments rather than automatic disqualification of some categories; this emphasizes the need for qualified medical expertise in making many of these judgments.

Introduction

This report sets out general criteria for determining when sexual behavior may present a security risk. It then describes a wide range of sexual behaviors and discusses how each relates to the security risk criteria.

Director of Central Intelligence Directive No. 1/14 defines minimum personnel security standards for access to sensitive compartmented information (SCI). The directive says sexual behavior may be of concern when it "indicates flawed judgment, lack of discretion, irresponsibility, and/or a personality disorder, or could result in exposing the individual to direct or indirect pressure because of susceptibility to blackmail or coercion." Similarly, Department of Defense Regulation 5200.2-R states that acts of sexual misconduct or perversion are relevant to adjudication of security clearances when they are "indicative of moral turpitude, poor judgment, or lack of regard for the laws of society."

Interpretation of these criteria is influenced by the personal opinions and values of the adjudicator. Does homosexuality indicate a personality disorder? Does cross-dressing indicate flawed judgment? When does extensive womanizing by a married male reflect flawed judgment or a personality disorder? Is a single female who frequents single bars for pick-ups demonstrating lack of discretion? What is meant by "moral turpitude"?

Given the inevitable subjectivity of judgments about sexual behavior, how can one ensure that adjudicators with different backgrounds and different sexual experiences will make consistent judgments on sexual issues. And how can one ensure that these judgments reflect appropriate concern for personal freedoms and individual choice while still protecting the security of the United States? There are no easy answers to these questions, but judgments may be aided by a better understanding of sexual behavior and how it may relate to security concerns. That is the purpose of this report.

Sexual practices have differed greatly from one historical time period to another, and from one culture to another. In Western culture, attitudes toward nonconforming sexual practices have passed through clearly defined phases. First defined as sin, nonconforming sexual practices were next viewed as crime, and then as illness.

In the early Christian tradition, sex served only one purpose: to propagate the species. The purpose of sex was to have children, not pleasure. Masturbation, adultery, homosexuality, and other forms of non-procreative sex were originally forbidden as sins against nature.¹ Good and evil were the categories employed to evaluate sexual behavior. Society's punishments for sin included ostracism, whipping, imprisonment, stoning, hanging, and burning at the stake.

As society and government became increasingly organized and more secular around the 16th Century, government assumed responsibility for enforcing the moral code. Laws were passed, and the concept of sins against nature evolved into the concept of crimes against nature. The basic categories for evaluating sexual behavior were still good and evil, but now violations

were considered crimes as well as sins.² Although rarely enforced today because of changed social values and sexual practices, many old laws regulating sexual morality remain on the books. Many states still have statutes banning premarital and extramarital intercourse as well as homosexuality. Cohabitation is still illegal in a few states. Oral sex, even between husband and wife, is classified as sodomy and is illegal in many states although it is not a common practice.³

Development of science and technology during the 19th Century led to optimism that human behavior could be explained by the laws of chemistry and physics. Theories were developed to explain nonconforming sexual behavior and some other forms of undesirable conduct as illnesses--the consequences of some mental malfunction.⁴ This "medicalization" of deviant behavior eventually led to the humanitarian view that people should not be punished for behavior caused by an illness they cannot control. Good and evil as the dominant categories for evaluating sexual behavior were replaced by the categories of normal and abnormal, healthy and sick. The American Psychiatric Association formally defined homosexuality as a mental illness in 1933. In the 1930s and 1940s, any admitted homosexual was likely to be referred to a psychiatrist for treatment with the goal of eliminating the homosexual interest.

Under the influence of further scientific advances, especially Alfred Kinsey's pioneering research into actual sexual practices in the 1940s and early 1950s, attitudes toward nonconforming sexual behavior have continued to evolve. Activities such as cohabitation and oral sex which were once illegal are now regarded as no one else's business. Many types of nonconforming sexual behavior are still viewed as illnesses, and some that harm others are subject to punishment through the legal system. Sexual harassment in the workplace has become a major issue. Compulsive sexual behavior is now described by some researchers as an addiction.

The dominant approach to sexual matters today is that freedom of sexual expression should be protected as long as it does not harm or exploit others. Evidence of this approach may be seen in a number of judicial and administrative decisions. In the case of a federal government employee fired for immorality because he had engaged in homosexual conduct, the court ruled that immoral conduct is not grounds for separation from public employment unless it can be shown that such behavior has demonstrable effects on job performance.⁵

The Civil Service Commission in 1975 and 1976 amended its regulations so that no person would be denied Federal employment on the basis of sexual orientation.⁶ In 1977, the U.S. Commission on Civil Rights took jurisdiction of cases in which discrimination on the basis of sexual orientation had been alleged, such as police harassment of homosexual men and women.⁷ In 1988, the Veterans Administration changed its rules regarding benefits for veterans discharged for homosexuality. Those discharged prior to 1980 had generally been given a less than honorable discharge, which resulted in denial of most benefits. The VA decided to upgrade those discharges "as a matter of fairness."⁸

Social change of this magnitude does not come without turmoil and inconsistent application of old and new values. The residue of each historic interpretation of sexual behavior

remains in the public psyche, in the legal code, and in organizational practices. Most people assimilate values regarding sexual behavior during their early childhood years and often do not question these values thereafter. As a consequence, there exist today among adjudicators and in the citizenry as a whole conflicting value judgments regarding sexual practices and how these practices should be evaluated in a national security context.

This study does not make moral judgments or policy recommendations. It presents empirical findings on human behavior and interprets the relevance of these findings to judgments on security clearances, while recognizing that many aspects of human sexuality are controversial in the scientific community as well as among the public at large. Readers interested in researching a specific subject in greater depth may wish to start by ordering a bibliography on the subject from the Kinsey Institute for Research in Sex, Gender, and Reproduction.⁹

SEXUAL BEHAVIOR AND SECURITY

The record of past American espionage cases suggests that the connection between sexual behavior and security is far more complex than the simple notion that a history of "normal" sex is acceptable but "nonconforming" sexual practices are a security risk. Ability to exercise self-control, strength of character, overall psychological adjustment, and social maturity are more important security indicators than the specific sexual practices in which people engage.

The unclassified record of past espionage cases indicates that indiscrete sexual activity has led at least four Americans to become involved with foreign intelligence services. Marine Sergeant Clayton Lonetree was recruited in Moscow in 1986 as a consequence of an affair with a Soviet woman who was under KGB control.¹⁰ American diplomat Irving Scarbeck was recruited in Warsaw in 1961 through his affair with a woman agent of Polish intelligence.¹¹ Master Sergeant Roy Rhodes, assigned to the motor pool of the American Embassy in Moscow, was recruited by the KGB in 1952. After a one-night-stand with a Soviet woman, he was told several weeks later that she was pregnant and that, as the father of a Russian national, he would not be given a visa to leave the country unless he cooperated.¹² There are many other cases of Americans in Moscow and other Eastern European capitals being approached by local intelligence services as a result of sexual affairs or indiscretions. In some cases, the indiscretions were frame-ups rather than real. All the Communist intelligence services maintained a stable of attractive, female "swallows" used in efforts to seduce Western officials.

The lure of love or sex has also been used effectively to assess or entrap female targets. Sharon Scranage, a CIA employee stationed in Ghana, was recruited in 1985 by her Ghanaian boyfriend, who was working for Ghanaian intelligence.¹³ She had emotional needs for love and affective that were stronger than her loyalty to country. Until the collapse of the Communist regime, the East German Intelligence Service had a large and highly successful program of sending male agents to seduce, assess, and when appropriate recruit West German secretaries employed in sensitive positions.

The noteworthy point is that these individuals were engaging in normal rather than nonconforming or deviant sexual practices. But their emotional needs, or inability or unwillingness to control their sexual desires, led to inappropriate behavior (*i.e.*, promiscuity in Moscow). This sexual behavior exposed them to assessment and eventually pressure and recruitment by a hostile intelligence service.

A study of 117 Americans known from unclassified sources to have been involved in espionage against the United States between 1945 and 1990 identified six of the American spies who reportedly had a homosexual orientation. According to the available unclassified information, which is quite incomplete, the homosexuality is not known to have been directly related to the agent's recruitment in any of these cases. None was blackmailed or specifically targeted because of known homosexuality. Their motivation was primarily money or resentment. Their homosexuality may have contributed to a sense of alienation leading to resentment and betrayal, but alienation and resentment were present in other cases as well.¹⁴

One pair of agents, Karl Koecher and his wife Hana, were swingers and are believed to have used this as a means of spotting other potential recruits. Koecher and his wife were Czech nationals dispatched to the U.S. by Czech Intelligence on a long-term mission to gain access to sensitive information. They became American citizens, and Karl Koecher eventually obtained a position as a CIA contract employee. At least once or twice a week, the Koechers had one or two couples over for dinner, or went to their homes, and exchanged spouses for sex. They also frequented sex clubs where middle class couples, reportedly including CIA and other government officials and their wives, engaged in partner swapping and group sex. It is not known if the Koechers were successful in exploiting a swinging lifestyle to assist in recruitment of other sources.¹⁵

In general, not enough is known about the sexual behavior of spies, or how this may or may not have related to their decision to betray their country. What can be said for certain is that certain types of sexual behavior may bring an individual to the attention of an opposition service and make it more likely that the individual will be assessed and approached. To understand this risk, one has to understand how intelligence and security services operate, and the difficulties they encounter in recruiting Americans.

Foreign intelligence and security services are interested in recruiting a wide range of Americans. If an individual does not have access to information of intelligence interest now, he or she might be directed into a position where interesting information would become available, or the person might be used in a support capacity. For an intelligence service seeking to recruit Americans, the first step is to gain access to a potential target in a manner that permits meaningful assessment. The assessment aims to identify vulnerabilities that can be manipulated--need or desire for money, resentment of employer, ambition for career advancement, problems with a boss or wife or children, or personal secrets (relating to any immoral, illegal, or embarrassing activity) that one is at pains to conceal. Many potential targets may be assessed before one is found with the requisite vulnerabilities. After identifying the vulnerability, the opposition service needs to develop and implement a plan for manipulating that vulnerability to

entice or pressure the target to start providing information or other services. Initially, the requests may be fairly innocent, gradually increasing in sensitivity until the target becomes hooked.

Recruitment of an agent is a difficult process. It is greatly facilitated if one has good access for assessment of what makes a person tick. Individuals who regularly engage in promiscuous sex, bar hopping, and certain types of gambling or drug use are more accessible to assessment by foreign intelligence or security services. This is especially true of those who have a problem with addiction to sex, alcohol, gambling or drugs. Addicts organize a part of their life and their circle of friends around their addiction. Intelligence and security services generally maintain sources in these circles, and it is easy for them to place an agent in contact with a potential target who attracts attention through these activities. Sexual activities are particularly interesting, as sex may lead to personal as well as physical intimacy. The bedroom is an ideal location to learn of an individual's resentment of a boss, problems with a spouse, or longing to be rich. In summary, habitual behaviors that provide access opportunities to foreign intelligence and security services increase the risk that an individual will become a target and that any vulnerabilities that do exist will be discovered and exploited.

CRITERIA FOR ADJUDICATION OF SEXUAL ISSUES

"Most people believe they know intuitively how to rate sexual behavior as normal or abnormal. Nevertheless, trying to define what is sexually normal and what is not is one of the more perplexing problems in sexology today."¹⁶ Normality and abnormality or deviance are not the appropriate criteria for determining the security relevance of sexual behavior. Many unusual sexual fetishes are abnormal but harmless unless carried to an extreme. Similarly, celibacy is not normal but is irrelevant to security clearance unless it is part of a pattern of emotional maladjustment. On the other hand, "normal" heterosexual relations can be a security problem if pursued in an irresponsible manner.

Even the law is not always an appropriate criterion for judging the security relevant of sexual behavior. So many outdated laws are still on the books that "if current laws regulating sexual behavior were enforced in a strict and uniform manner, our prisons would have to accommodate the great majority of our population."¹⁷

Personal codes of sexual morality are also not an appropriate criterion. As noted by one judge when overturning the termination of a homosexual federal employee,

The notion that it could be an appropriate function of the federal bureaucracy to enforce the majority's conventional codes of conduct in the private lives of its employees is at war with elementary concepts of liberty, privacy, and diversity.¹⁸

Adjudication of issues relating to sexual behavior needs to be tied directly to security considerations, and everyone involved in the security clearance process is obliged to keep personal values and prejudices out of the process as much as possible.

The question to be asked about many reports of sexual behavior is not "Are they true?" but "Are they relevant?" This section identifies four general categories of behavior that are relevant when considering approval of security clearance. These categories are drawn from current regulations, judicial decisions, analysis of past espionage cases, and review of the scientific literature on sexual behavior. The categories are: behavior that is criminal, that is out of control or indicates a personality disorder, that exposes one to pressure or coercion, or that qualifies as notorious. These four categories are discussed briefly in this section.

Criminal Offenses

Some behaviors are not only technically illegal, but are almost universally condemned and prosecuted when sufficient evidence is available. These include rape, incest, sexual abuse of children and minors, voyeurism, frotteurism, exhibitionism, and making obscene phone calls.

Criminal behavior is a security concern as most individuals with a history of knowingly breaking the law cannot be counted on to respect security regulations.

Compulsive or Addictive Sexual Behavior

The emotionally healthy individual is able to exercise some control over his or her sexual urges. Whatever one's sexual needs or preferences, sexual behavior should be pursued at appropriate times and places and in a manner that does not adversely affect accomplishment of work tasks or draw the attention of local or foreign security services. Inability to do so suggests that sexual behavior is compulsive and out of control. This may result from a personality disorder or what is now described by some specialists as sexual addiction.¹⁹

The sexual compulsive or sexual addict engages in an ongoing pattern of out-of-control sexual behavior that he or she is unable to stop despite potential or actual adverse consequences. Compulsive, out-of-control sexual behavior is a security concern because it leads to poor judgment or lack of discretion, and it may open one to exploitation, manipulation, or extortion that could compromise security. Promiscuity may be a concern, because sexual intimacy often leads to personal intimacy that increases the risk of inadvertent disclosure or exploitation by a foreign intelligence service.

Exposure to Pressure or Coercion

Shame is one of the more powerful human emotions. People are often ashamed of their sexual behavior if it deviates from their own or society's standards of what is normal or proper. If exposure of sexual behavior would cause acute embarrassment to the individual or severe problems with spouse, family, or employer, the individual may be vulnerable to pressure or coercion by anyone who learns of that behavior. This can be a security risk, especially for persons serving in positions where they come into contact with others who might seek to exploit such a vulnerability if they became aware of it.

It is difficult to assess vulnerability to pressure, as vulnerability depends upon the individual's attitudes and circumstances as well as the nature of the behavior. For example, a married man who has a homosexual affair will be much less vulnerable if his wife already knows of his activity. Under some circumstances, heterosexual adultery may cause one to be as vulnerable to coercion as concealed homosexuality or sado-masochism. Vulnerability to coercion depends upon how ashamed one is of the behavior, the lengths to which an individual has gone to keep the behavior secret, and the magnitude of potential loss if the behavior were exposed.

Ironically, sanctions associated with the personnel security system may increase the vulnerability to pressure of those who engage in nonconforming sexual practices. If admissions of homosexuality or transvestism, for example, affect's ones chances of security clearance, one is more likely to conceal this information and thus be more susceptible to threats of disclosure.

Notorious Behavior

Sexual behavior is notorious when sufficiently well known and noteworthy that it becomes the subject of talk among work colleagues and/or social contacts. Failure to keep sexual behavior private may reflect sufficient lack of judgment or discretion that it becomes a security concern. It may also reflect underlying emotional or mental problems. Notorious sexual behavior may attract attention of hostile security or intelligence services and provide a ready means of access for targeting an individual.

The security significance of notorious sexual behavior depends in part, on the location of assignment, the nature and visibility of one's position, and the openness of the behavior. Notorious womanizing may not be a security problem--unless one is assigned to a hostile country with an active security service or to a conservative Moslem country. The notoriously homosexual scientist may not be a problem--unless he or she travels overseas and is promiscuous with local nationals.

In some cases, notorious sexual behavior may be only a personnel issue with no security ramifications. The notoriety may reflect adversely on the U.S. Government or may make it more difficult for an employee to accomplish his or her assigned tasks. For example, flaunting one's

sexual preferences, sexual harassment in the workplace, or adultery with a consenting subordinate may fall into this category.

Sexual Behavior as an Indicator of Other Problems

"Sexual behavior is a barometer, and a highly sensitive barometer of the 'whole person.' When things go awry, sexual behavior is one of the first places where we see it."²⁰ It is, therefore, a good indicator of emotional stability or instability.

In the experience of many clinical psychologists and psychiatrists, problematic sexual behavior is often accompanied by emotional or personality problems. Problems with sexual behavior can be interpreted as clues to the existence of other problems that may not be as readily apparent. Although the sexual behavior itself may not be disqualifying, it may indicate the presence of other problems that would be disqualifying if fully known. When investigators, polygraphers and adjudicators determine that an individual has a sexual behavior problem, they should be especially alert to other mental, emotional, or character problems that may also be present.²¹

INABILITY TO CONTROL SEXUAL BEHAVIOR

Sexual behavior of any type, even "normal" heterosexual intercourse between consenting adults, is a security concern if it is part of a pattern of behavior that is not under rational control.

Adjudicators sometimes disagree on the significance of heterosexual relations between consenting adults when the number of partners, frequency, or circumstances seem abnormal. A key factor in deciding such cases is whether there is a pattern of out-of-control behavior. If the individual is unable to exercise rational control over his or her sexual behavior, but is controlled by some sexual compulsion or addiction, this is grounds for concern. Out-of-control sexual behavior may take various forms--heterosexual or homosexual, "normal" or "deviant."

The roots of out-of-control sexual behavior may be quite varied. It may be caused by an underlying personality disorder, by an "addiction" to sex, or by a physical disorder. The traditional disorders of exaggerated sexuality, nymphomania in the female and satyriasis in the male, are believed to be caused by a disorder of the pituitary gland or irritation of the brain cortex by a tumor, arteriosclerosis or epilepsy, but these physical disorders are rare.²²

Indicators that sexual behavior may be out of control are compulsive seeking of sex as a means of coping with problems of loneliness, stress, anxiety, low self-esteem, pain or sleeplessness; an obsession with sex that dominates one's life, including sexual fantasies that interfere with work performance; so much time spent planning for sexual activities that it interferes with other activities; a feeling of powerlessness or inability to stop sexual behavior

despite predictable adverse consequences; feelings of shame about one's sexual behavior; inability to make a commitment to a loving relationship; extreme dependence on a relationship as a basis for feelings of self-worth; or little emotional satisfaction being gained from completion of the sex act.

Failure to modify high risk sexual behavior in response to the AIDS epidemic is another indicator that sexual behavior is not under rational control. A 1989-90 survey of a random sample of homosexual and bisexual men in Los Angeles County found that seven out of eight survey respondents reported having made some change in behavior in response to the risk of AIDS.²³ In the general population of sexually active persons in Los Angeles County, 29% reported at least one change in sexual behavior as a result of the AIDS epidemic.²⁴

Deviation from an assumed normal *frequency* of sexual activity is not an appropriate criterion for determining that behavior is out of control. Some individuals have a naturally stronger sex drive than others, and the range of human sexual activity is so broad that it is difficult to define "normal" frequency of any sexual activity. Dr. Patrick Carnes, a prominent scholar in this field, notes that the rhetorical question, "How many affairs do you have to have before you are a sex addict?" is comparable to the question of how many drinks it takes to be an alcoholic or how many bets to be a compulsive gambler. According to Carnes:

The answer is not one of quantity but rather of pattern. For example, drinking ceases to be social and becomes problematic and then addictive as out-of-control behavior becomes the norm in the alcoholic's life. The same standards apply to sex addiction.²⁵

The concept of sexual addiction is relatively new and still controversial, although since the late 1970s it has spawned the rapid growth of four nationwide organizations for individuals trying to recover from compulsive sexual behavior. They are Sex Addicts Anonymous, Sex & Love Anonymous, Sexaholics Anonymous, and Sexual Compulsives Anonymous. All are 12-step recovery programs patterned after Alcoholics Anonymous.

An estimated 2,000 sexual addiction recovery groups were meeting weekly throughout the country in 1989.²⁶ Sex & Love Addicts Anonymous alone now reports 1,000 groups with about 10,000 active members in 26 countries, but mainly in the United States. In a 1989 membership survey, the organization found that 58% of its members were male, 92% Caucasian, 44% in professional jobs, 24% with a postgraduate degree and 31% with a college degree. The sexual orientation of its members was 63% heterosexual, 11% bisexual, and 26% gay or lesbian.²⁷ It is normal for recovery groups like this to have a disproportionate number of well-educated members; one would not expect these figures to be representative of sex addicts in the population as a whole.

The term *addiction* has become a popular metaphor to describe any form of excessive, self-destructive behavior that one feels powerless to stop. Scientists specializing in sexual behavior generally agree on what constitutes out-of-control sexual behavior, but they disagree

over whether it is appropriately diagnosed as an addiction or as a symptom of an underlying obsessive compulsive disorder.²⁸ This report uses the terms *addiction* and *compulsion* interchangeably in a non-technical sense, not as medical diagnoses.

One might ask how sex can be an addiction when it does not involve abuse of a psychoactive substance. The scientific argument for addiction is based, in part, on recent advances in neurochemistry that suggest we carry within us our own source of addictive chemicals. When pleasure centers in the human brain are stimulated, chemicals called endorphins are released into the blood stream. Experiments with hamsters have shown that the level of endorphins in their blood increases dramatically after several ejaculations. Experimental rats habituated to endorphins will go through much pain in order to obtain more. In rats, the addiction to endorphins is even stronger than to morphine or heroin. Endorphins are believed to be associated with the mood changes that follow sexual release. Any chemical that causes mood changes can be addictive, with repeated exposure altering brain chemistry to the point that more of the chemical is "required" in order to feel "normal."²⁹

The first major empirical study of sexual addiction was published in 1991. *Don't Call It Love: Recovery from Sexual Addiction*, by Patrick Carnes, is based on questionnaires filled out by 932 patients diagnosed as sex addicts, most of them admitted for treatment in the in-patient Sexual Dependency Unit of a hospital in Minnesota.³⁰ Of the sex addicts in Carnes' study, 63% were heterosexual, 18% homosexual, 11% bisexual, and 8% were unsure of their sexual preference.

A common element of all addictions is self-destructive behavior that one is unable to stop despite the adverse consequences. The sex addict uses sex as a quick fix, or as a form of medication for anxiety, pain, loneliness, stress, or sleep. Sex addicts often refer to sex as their "pain reliever" or "tension reliever." In a popular novel, the heroine describes sex as "the thinking women's Valium."³¹ Sex serves "as an 'anesthetic,' masking feelings of inadequacy, low self-esteem, social and interpersonal phobia, isolation and loneliness. By masking these feelings, an individual can create a false sense of security, well-being and intimacy."³² The relief is typically short-lived, however. The anxiety, tension or depression returns and is exacerbated by the guilt and remorse associated with the excessive sexual behavior.

Out-of-control sexuality may have serious adverse consequences. In the Carnes survey of individuals in treatment, 38% of the men and 45% of the women contracted venereal diseases; 64% reported that they continued their sexual behavior despite the risk of disease or infection. Of the women, 70% routinely risked unwanted pregnancy by not using birth control, and 42% reported having unwanted pregnancies. Many patients had pursued their sexual activities to the point of exhaustion (59%) or even physical injury requiring medical treatment (38%). Many (58%) pursued activities for which they felt they could be arrested and 19% actually were arrested. Sleep disorders were reported by 65%; they usually resulted from stress or shame connected with the sexual activity. Of the survey respondents, 56% experienced severe financial difficulty because of their sexual activity. Loss of job productivity was reported by 80%, and

11% were actually demoted as a result.³³ Many of these problems are, of course, encountered by persons whose sexuality is not out of control, but the percentages are much lower.

The greatest cost of out-of-control sexuality may be the emotional cost. Respondents to Carnes' questionnaire were typically unable to form close relationships. Their feelings of shame and unworthiness made them unable to accept real intimacy. They were certain they would be rejected if others only knew what they were "really" like, so they found myriad obsessive ways to turn away a potential friend or loving partner. Despite a large number of superficial sexual contacts, they suffered from loneliness, and many developed a sense of leading two lives--one sexual, the other centered around their occupation or other "normal" activity.

In Carnes' survey, 97% responded that their sexual activity led to loss of self-esteem. Other reported emotional costs were strong feelings of guilt or shame, 96%; strong feelings of isolation and loneliness, 94%; feelings of extreme hopelessness or despite, 91%; acting against personal values and beliefs, 90%; feeling like two people, 88%; emotional exhaustion, 83%, strong fears about own future, 82%; and emotional instability, 78%.

Carnes' research is part of a growing body of literature that documents the relationship between childhood abuse and later development of various addictions. Carnes found these striking figures: fully 97% of recovered sexual addicts reported having been victims of childhood emotional abuse, 81% victims of sexual abuse, and 72% victims of physical abuse. The percentages were the same for men and women, although men tended to report somewhat lesser amounts and duration of abuse. For this study, Carnes used a sample of 233 men and 57 women who were far enough along in recovery to be past the stage of denial and repression of early memories. That is, they were able to remember and admit to themselves and others what had happened to them during their childhood, which Carnes believes explains why his percentages are considerably higher than other similar studies.³⁴

For the subjects of Carnes' research, the problem was sufficiently advanced that the individuals either sought professional help on their own or were referred by legal or other authorities. There are, of course, various types and degrees of sexual problems, and adjudicators must determine where to draw the line between what is acceptable and what is a basis for disqualification.

Carnes has proposed a 15-point protocol for diagnosing sexual addiction. Presence of five or more of the criteria listed in Table 1 indicates sexual addiction.³⁵

Adjudicators might wish to condense this 15-point scale to a simpler rule of thumb dealing with number and severity of problems caused by the individual's behavior. has the sexual behavior caused problems in the areas of employment, health, marriage, social relationships, finances, the law, or has it caused a lowering of self-esteem? If the individual has had two or more problems, especially different types of problems, this may indicate the behavior is out of control. Concurrent presence of other addictions is also indicative. Carnes found that 42% of sex addicts in his sample had a problem with chemical dependency and 38% had eating disorders.

TABLE 1

DIAGNOSTIC CRITERIA FOR SEXUAL ADDICTION

1. Sexual obsession and fantasy is a primary coping strategy.
2. Sexual behavior is a central organizing principle of daily life.
3. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience.
4. Amount, extent, or duration of sexual behavior often exceeds what the person intended.
5. Severe mood shifts around sexual acting-out.
6. Escalating pattern of increasing amounts of sexual experience because current level of activity is no longer sufficient.
7. Persistent pursuit of self-destructive or high-risk sexual behavior.
8. Persistent desire or efforts to limit sexual behavior.
9. Inability to stop behavior despite adverse consequences.
10. Pattern of out-of-control (compulsive) behavior for two years.
11. Pattern of alternating excessive control and out-of-control behavior over a five-year period.
12. Severe consequences due to sexual behavior.
13. Presence of clear hierarchy of sexual acting-out behaviors.
14. Important social, occupational, or recreational activities sacrificed or reduced because of sexual behavior.
15. Presence of any three of the following associated conditions:
 - ~ Extreme sexual shame
 - ~ Depression
 - ~ Other addictions
 - ~ Has been or is currently victim of sexual abuse
 - ~ Has been or is currently victim of emotional or physical abuse
 - ~ Secret or "double life" due to sexual behavior
 - ~ Being sexually stimulated while nurturing small children
 - ~ Few or no nonsexual relationships
 - ~ Suicidal ideation or attempt
 - ~ Presence of sex-negative behavior
 - ~ Excessive reliance on denial
 - ~ Codependent personality disorder

Exceptionally high frequency of orgasm does not necessarily indicate compulsive or out-of-control behavior, as people vary greatly in their need for sexual outlet. However, many of those who are out of control are likely to be found among the group with an unusually high frequency of orgasm. Medical personnel who need statistics on frequency and type of sexual outlet for white males are referred to pages 681-735 of Alfred Kinsey's book, *Sexual Behavior in the Human Male*. These pages contain a series of tables showing number of organisms per week from various sexual outlets for many demographic categories. The types of sexual outlet covered are masturbation, nocturnal emissions, petting to climax, heterosexual intercourse of all types, extra-marital intercourse, prostitution, homosexual outlets of all types, and animal contacts. There are separate tables for single, married, and previously married males, and within these categories the data are broken down by age group in five-year increments. Within each age group, the data are further broken down by educational level, whether the formative years were spent in an urban or rural environment, and by religious affiliation. The tables for each demographic category show the percentage that has experience with each type of sexual outlet, the range and mean and median frequency of orgasm per week for each outlet, and the range, mean and median percentage of the total sexual outlet represented by each source of orgasm. Kinsey's companion book, *Sexual Behavior in the Human Female*, has somewhat similar tables for females on pages 544-564.³⁶

PROMISCUITY

Promiscuity is a potential concern because sexual intimacy so often leads to personal intimacy, or may create circumstances that leave an individual open to exploitation or manipulation.

To facilitate evaluation of cases involving heterosexual promiscuity, this section discusses extra-marital relations, use of prostitutes, group sex and swinging, and premarital sexual relations. Homosexual promiscuity is discussed in a later section.

Men and women seem to have different perspectives on what is normal and permissible in sexual relations. As a general rule, men seem to have a stronger urge than women toward sexual variety. It is more common for men than women to separate love from sex. For women, emotional commitment to a relationship is often more important in the decision to engage in intercourse than it is for men.³⁷ Consequently, behavior patterns tend to differ for men and women. Promiscuous men are likely to have more different partners than women, while promiscuous women are more likely than men to have an emotional attachment to their partners.

This section and later sections of this report refer frequently to Alfred Kinsey's well known survey of sexual behavior. Kinsey conducted exhaustive personal interviews (521 items covered) with 5,300 men and 5,940 women. His research is more than 40 years old and has been criticized because his interview subjects were not a representative sample of the population as a whole; for example, there were no blacks; college graduates and Protestants were heavily

overrepresented; and the elderly people living in rural communities and the poorly educated were underrepresented.³⁸ Nevertheless, his work is still widely recognized as one of the largest, best, and most thorough studies of sexual behavior ever conducted. His findings have held up well over the passage of years and are still widely cited by specialists in this field.³⁹

Extra-Marital Relations

Kinsey found that married males from the higher educational and social levels were less willing to talk about extra-marital affairs than about any other aspect of their sexual activity.⁴⁰ This is significant for two reasons. First, it indicates that adultery is a personal secret that men are often at great pains to conceal; it may, therefore, be a basis for blackmail. Second, it indicates that most surveys of extra-marital relations may underestimate its prevalence.

Based on a comprehensive review of the major studies published over the last 40 years, the Kinsey Institute at Indiana University now estimates that 37% of married men and 29% of married women have had at least one extramarital affair.⁴¹ However, all such studies of sexual behavior have serious limitations: Samples that are not representative of the population as a whole, tendency of some respondents to either exaggerate or hide the truth when talking about sexual matters, small sample size, insufficient data on subcultural groups, and incomplete or ambiguous information.

Table 2 shows Alfred Kinsey's findings on the percentages of married men⁴² and women⁴³ who experienced intercourse outside marriage during each 5-year period from age 16-20 to age 51-55.

Table 2

Extramarital Intercourse, by Age

Age	% of Men	% of Women
16-20	37%	6%
21-25	31%	9%
26-30	32%	14%
31-35	31%	17%
36-40	27%	17%
41-45	23%	16%
46-50	30%	11%
51-55	N/A	6%

In the Kinsey sample, 41% of those married females who had extra-marital intercourse confined their activity to a single partner; 40% had contacts with two to five partners, and 19% with more than five. Some 3% had more than 20 partners in their extra-marital relationships. Of course, the older a woman was, the more likely she was to have had multiple partners. Of those with extra-marital experience, 32% had had extra-marital intercourse 10 times or less; 42% had confined their activity to a single year or less.

It is the secrecy and consequent susceptibility to blackmail that makes marital infidelity an issue of potential security concern. According to the Kinsey study, 40% of the women believed their husbands knew of their extra-marital relationship, while 9% of the women believed their husbands suspected and 51% of husbands presumably did not know.

Some of the most detailed information on marital infidelity, including the secrecy issue, comes from a 1983 study that obtained responses from 3,650 American married couples. The respondents who volunteered to participate in this study were disproportionately white and well-educated as compared with the population as a whole, so they may not be representative of other population segments.⁴⁴

Although 75% of the husbands and 84% of the wives felt it was important that they themselves be monogamous, 26% of the husbands and 21% of the wives had had at least one extra-marital sex partner at some time since their marriage. Many of these extra-marital relationships were no longer active at the time of the survey. For husbands, the number who had intercourse outside of marriage during the previous year ranged from 9% to 12%, depending upon length of marriage; for wives, 7% to 9% had had intercourse outside of marriage during the previous year.

For those who had had sexual intercourse outside of marriage, the number of extra-marital sex partners was reported as shown in Table 3.

Table 3

Number of Extra-Marital Sex Partners

	Husbands	Wives
Only 1 partner	29%	43%
2 to 5 partners	42%	40%
6 to 20 partners	22%	14%
Over 20 partners	7%	3%

Most married people eventually learn of any sexual experience their partner has outside the marriage, and there is very little difference between husbands and wives in this respect. Of those marriages in which either or both parties had had extra-marital sexual intercourse, 64% of the husbands and 65% of the wives were aware of it; 9% of husbands and 7% of wives were unsure; and 27% of husbands and 28% of wives were unaware. Unfortunately, the study does not distinguish between awareness of extra-marital relations and more or less explicit consent for sex outside the marriage. Some couples do isolate sex from their feelings about each other and establish among themselves a variety of "rules" for sex outside the marriage.

When one or both partners give permission to the other to engage in extra-marital sexual relations, this is sometimes referred to as an open marriage. One study of 4,246 persons over age 50 found that about 5% had the spouse's approval for extra-marital relations.⁴⁵ Such agreement may be reached when partners have incompatible sexual needs, one partner has a sexual dysfunction, when a marriage is continued for practical reasons without emotional commitment, or when there is mutual consent to separate sex from emotional commitment.

Use of Prostitutes

There have been few systematic studies of men who patronize prostitutes. A 1984 study of 2,402 men over age 50 found that 34% had used a prostitute prior to age 50, but only 7% after age 50. Only 2.5% of the men over 50 reported even one encounter during the previous year.⁴⁶ Other studies report lifetime use of prostitutes as low as 20%. The main conclusions that can be drawn from the available studies are that seeing prostitutes is more common in younger men than in older men, and that successive generations of men have been less and less likely to see prostitutes.⁴⁷

Use of prostitutes while traveling abroad on official business is a security risk, as it may attract attention from the local security service. Even within the United States, there is potential for arrest and embarrassment as police in many areas mount periodic crackdowns on prostitution. For many men who use prostitutes, this is a secret activity with substantial penalties for exposure. Use of call girls at a cost of \$200 to \$500 per encounter can be a financial drain.

Prostitute users run a high risk of infection with potentially fatal sexually transmitted diseases. A 1990-1991 study that took blood tests of a probability sample of 638 street prostitutes in Los Angeles County found that 33.7% had been infected with syphilis at some point in their lives, 15.2% were probably infected at the time of the study, 32.6% were infected with Hepatitis-B, and 2.5% were infected with the AIDS virus. The percentage of prostitutes with AIDS is believed to be much higher in other areas; the low percentage in Los Angeles reflects the unusually low percentage of HIV virus among heterosexual drug users in that area. The rate of sexually transmitted disease among call girls is probably lower than among street prostitutes.⁴⁸

Use of prostitutes may indicate personal characteristics that justify concern when adjudicating security clearance. It may reflect poor judgment, a propensity for irresponsible or high-risk behavior, or that sexual behavior is out of control.

Group Sex and Swinging

Group sex takes various forms including threesomes, partner-swapping, and orgies. A common element of all group sex is that sexual activity is pursued as recreation, rather than as an expression of emotional commitment to another person.

One study estimated that 24% of single males and 7% of single females have engaged in group sex, although most did this only once.⁴⁹

Wife or partner-swapping is a form of group sex often called swinging. Swinging is an attempt to reconcile two seemingly conflicting desires--the desire for sexual variety and the wish to maintain a stable marriage. As a general rule, it is an activity or lifestyle that couples engage together as part of their relationship, although singles may also participate. Recreational sex of this type may take place only in private with close friends or with strangers at organized events held for that purpose. Some couples have rigid agreements as to when, where, and what is permissible, while other couples have mutual agreement on complete sexual freedom.

Some research suggests that 2% of all married couples, mainly middle class couples with children, have shared mates at least once during their marriage,⁵⁰ but there are no valid data on how many couples do this regularly. The Kinsey Institute speculates that perhaps 0.5% of married couples engage in this practice on a regular basis.⁵¹ The North American Swing Club Association reports there are about 200 swing clubs in the U.S. today, most of which are open to couples only. As many as 3,500 have attended a popular, annual swingers convention.⁵²

To learn more about swingers, Dr. Brian Gilmartin compared 100 swingers in suburban Los Angeles with a matched control group of 100 non-swingers of the same age living in the same neighborhoods and with the same socioeconomic background.⁵³ Similar studies have been done with swingers in the Chicago and New York areas.

Gilmartin found that swingers were three times as likely as non-swingers to come from broken homes, and they generally had a less happy childhood and adolescence. Their parents' child-rearing was not much care, respect or compassion for the feelings, needs, or individuality of the children. Nevertheless, there was little evidence of loneliness or social isolation during the swingers' formative years or later. As both children and adults, swingers regarded good friends as more important and interacted with their friends substantially more frequently than non-swingers. On the other hand, swingers in general, but especially the wives, were a great deal more alienated from their parents and other relatives than non-swingers. Up to age 25 or so, those who became swingers might have tended to be less stable and content than others, but after they lived through this period and successfully grappled with its problems, the swingers emerged

with a sense of personal happiness, self-esteem and adjustment to life which at the very least was equal to that of the non-swingers. The swingers were considerably more outgoing than the non-swingers and more likely to rate their health as "excellent."

A strong finding of the Gilmartin study was that, as adolescents, swingers experienced all forms of erotic and romantic behavior at an earlier age than non-swingers. This generally correlates with a life-long, stronger-than-average sex drive. Swingers were far more likely to have experienced divorce; many married young and divorced soon thereafter. Swingers were as happy or happier with their current spouses than the non-swingers. Swingers considered themselves monogamous from the standpoint of emotional and psychological commitment to their spouses, and they had intercourse with their spouses a great deal more frequently than the non-swingers. Many swingers (38%) first met their spouses at swinging singles gatherings; in other words, the swinging preceded the marriage. Almost as many swingers as non-swingers had children, and most swingers said they would be pleased if their children adopted the same lifestyle; in many cases the parents had already facilitated their children's introduction to swinging.

One serious problem with the Gilmartin and other studies of swingers is that the sample is limited to currently active swingers; the unsuccessful swingers had dropped out. One study found that about three quarters dropped the activity within one year.⁵⁴ Another found that many couples tended to gradually expand from swinging, in which the couple participated together, to individual sexual involvements and long-term intimate relationships with others.⁵⁵

Group sex of all types raises moral issues, but it is not clear under what circumstances group sex also raises security issues that might disqualify an individual for access to classified information. Group sex may be viewed as indicating flawed judgment, which is a basis for disqualification, but the relationship between flawed judgment in this context and flawed judgment in any other context that might affect ability to protect classified information is unclear.

Since swinging, as defined here, is a consensual activity with one's spouse or primary partner, and participants often make no great investment in secrecy, potential for blackmail or coercion may not be a significant security issue. DCID 1/14 identifies "the public nature" of sexual conduct as a relevant consideration, presumably because it bears upon the issue of the participant's judgment and discretion. In this context, the security significance of swinging is different if done in private with a few close friends as compared with attending a swinger's club or having a number of anonymous contacts.

The amount of valid research on psychological attributes of swingers is limited. What research is available, combined with the available anecdotal evidence, suggests that swinging may be one of several unusual varieties of sexual preference that are not necessarily associated with emotional disorder. This may need to be confirmed by medical evaluation in each individual case.

Depending upon recency and frequency, participation in any form of group sex may contribute to a decision against security approval if it is part of a pattern of dissolute behavior (drinking, drugs, gambling), high risk behavior, or emotional immaturity. If pursued discretely and in private by an individual who shows no other behavioral weaknesses, it may not entail unacceptable security risk.

Premarital Sexual Relations

No data are presented on premarital promiscuity, as this generally has no security significance unless it falls into some other category of security concern, such as out-of-control sexuality or a pattern of immature behavior.

Cohabitation of unmarried persons is relevant to security only in that the partner must also be investigated. The number of unmarried couples living together has increased sharply over the past two decades. The Census Bureau tracks information on unmarried-couple households, which it defines as two unrelated adults of the opposite sex living in the household. The number of such households increased from 523,000 in 1970 to 2,764,000 in 1989. This five-fold increase far exceeds the increase in population during the same period. It was accompanied by an increase of three years in the median age of first marriage.⁵⁶

GENDER IDENTITY/ROLE TRANSPOSITIONS

This section deals with homosexuality, bisexuality, transsexualism and transvestism, all of which involves some transposition of gender identity or role. The term *gender transposition* signifies that one or more components of masculine or feminine identity is transposed so as to be opposite from the anatomical gender. Scientific understanding of gender transpositions is still limited, but there is a growing conviction among researchers that these conditions are, to a substantial degree, influenced prior to birth.

In the absence of any chemical intervention, all fetuses develop as females. It is sometimes said, for this reason, that nature has a bias toward creating females. If the male Y chromosome is present, it normally triggers the release of male sex hormones and neurohormonal chemicals which cause development of male organs during the first to fifth month of pregnancy. Release of some hormones may be insufficient to clearly establish one or more aspects of the male identity. In hermaphroditism, for example, the fetus develops incomplete versions of both male and female sex organs. Based on experimental animal studies, there is reason to suspect an anomaly in prenatal hormone function may influence sexual pathways in the central nervous system to remain sexually undifferentiated or potentially bisexual. If so, individuals affected by this would respond easily to postnatal influences that tip sexual orientation in one direction or the other.⁵⁷

During gestation, complex chemical processes occur in the brain and throughout the body of the fetus. Because these processes operate over time, one or more of them may not continue to completion, which can cause either obvious or subtle and hidden results. Transpositions may take different forms and vary in degree of severity. The following transpositions may occur:

- ~ Sexual anatomy may be incompletely formed, as in hermaphroditism and other physical anomalies.
- ~ Sexual orientation, or the preference for sexual partners of one gender or another, may differ from what is commonly associated with the anatomical sex, as in homosexuality.
- ~ Gender identity, or one's internal understanding of oneself as a man or woman, may differ from either anatomical sex or sexual orientation, as in transsexualism and perhaps, to a lesser degree, transvestism.
- ~ Secondary sex characteristics such as voice, body hair, body type, and mannerisms may differ from anatomical sex, as in the effeminate male or the masculine female.

Sexual transpositions occur naturally in other mammals as well as in humans. Transpositions have also been induced in experiments with pregnant laboratory animals which then gave birth to homosexual offspring. For example, male offspring of female rats subjected to severe emotional stress during the last trimester of pregnancy are likely to be homosexual. This happens because stress reduces the level of testosterone in the mother's blood, which in turn affects development of the fetus.⁵⁸ Evidence from recent research in molecular biology, endocrinology, embryology, and developmental neurology suggests that homosexuality is a natural variant of human functioning similar to left-handedness and color blindness, both of which were also once condemned as deviant.

Researchers differ on whether prenatal developments only predispose to a given sexual orientation or rather firmly determine that orientation. Both could be true under different circumstances. "There may be different types of homosexuality, each of which originates in a different way."⁵⁹

John Money, a leading researcher on the psychobiology of sex, writes that "with respect to orientation as homosexual or bisexual in the human species, there is no evidence that prenatal hormonalization alone, independently of postnatal history, inexorably preordains either orientation." He explains that prenatal developments will facilitate subsequent development of a homosexual or bisexual orientation, but only if the postnatal determinants are also present. Money believes that one's "lovemap" is formed during late infancy and childhood prior to puberty, and that developments during puberty and adolescence play little role.⁶⁰

On the other hand, Lee Ellis and Ashley Ames, after reviewing more than 300 research reports on this subject, conclude that:

... complex combinations of genetic, hormonal, neurological, and environmental factors operating prior to birth largely determine what an individual's sexual orientation will be, although the orientation itself awaits the onset of puberty to be activated, and may not entirely stabilize until early adulthood.⁶¹

Ellis and Ames believe one's early sexual experiences and other environmental factors also contribute to a homosexual or heterosexual orientation and to one's choice of lifestyle, but that these experiences after birth may only influence how, when, and where one expresses the basic sexual orientation formed in the womb.

These theories of prenatal development partially explain why gender transpositions are widespread and persistent in all cultures. They support the current view that treatment should help an individual adjust to living with these feelings rather than try to eliminate them or force conformity with societal expectations. These theories also help explain why there are more men than women with gender transpositions, as more can go wrong with male fetal development. These theories are based on a great deal of research, but like so many scientific theories, they are not universally accepted.⁶²

Homosexuality

Scientific findings on the origin of gender identity/role transpositions have contributed to significant changes in public perception and legal treatment of homosexuals. Attitudes toward homosexuals are considerably more positive among people who believe that homosexuals are "born that way" than among those who believe homosexuality is a conscious choice of lifestyle or an unnatural act.⁶³

The magnitude of change now underway is illustrated by several recent news reports. San Francisco and San Jose, California, school boards banned Boy Scouts from meeting in school public rooms because Boy Scouts of America is a discriminatory organization; the national Boy Scouts policy bans gay scouts and scout leaders.⁶⁴ About 100 American universities now have policies forbidding discrimination based on sexual orientation. Forty-six schools, according to the National Gay and lesbian Task Force, have academic programs in gay and lesbian studies. At Rutgers, the State University of New Jersey, the anti-discrimination policy forbids students from making "belittling comments" about homosexuals, there is an annual "Coming Out Days" when gay and lesbian students hold a "kiss-in" on the commons, and the university has made a policy decision to tolerate gay cruising in the basement bathroom of the university library.⁶⁵

A recent study of the scientific literature on homosexuality by the Defense Personnel Security Research Center led to the following conclusions: There is no evidence to support the belief that being homosexual predisposes one to unreliability, disloyalty, or untrustworthiness. Sexual orientation is unrelated to moral character, as large individual differences in morality are

found among heterosexuals as well as homosexuals. Lifestyles of homosexuals are as varied as the lifestyles of heterosexuals. To the extent that it is concealed, homosexuality may cause a person to be vulnerable to threats of exposure, but not necessarily more so than the adulterer or any other person who conceals an embarrassing personal secret. The implications of these conclusions is that knowing that a person is homosexual or heterosexual tells very little about his or her character, and that sexual orientation alone is not an appropriate basis for withholding security clearance.⁶⁶

This conclusion coincides with the prevailing view among sex researchers, psychiatrists and psychologists, and the same rationale underlies recent court decisions dealing with the hiring and firing of homosexual personnel. However, this conclusion sets the stage for conflict between the law and policy and the personal views of many investigators and adjudicators. In 11 national opinion polls conducted between 1973 and 1989, the number of persons responding that homosexuality is "always wrong" ranged from 67.1% to 74.8%. When the question was put in a legal rather than a moral context, 36% responded in a 1989 poll that homosexual relations between consenting adults should be illegal, while 47% said homosexual relations should be legal and 17% had no opinion.⁶⁷

The distinction between homosexuality and heterosexuality may be one of degree, not a sharp black-and-white difference, and this often muddles public debate on the issue. In his pioneering work on the frequency of various sexual behaviors, Alfred Kinsey used a 7-point scale to rate subjects on a continuum from heterosexual to homosexual. As previously reported, Kinsey's subjects were all white and not necessarily representative of the population as a whole. Kinsey drew the conclusions in Table 4. The percentages are cumulative in that each category includes all of those in each previous category.

From the Table 4 figures it follows that 63% of white males have never had any homosexual experience to the point of orgasm. Since 13% have reacted erotically to other males, albeit not to the point of orgasm, only 50% of white males have never had any homosexual arousal. Kinsey reported that homosexual experimentation is a relatively common phenomenon among young males age 10 to 15.⁶⁸

Although Kinsey's data were collected many years ago, his work is still the standard against which other studies of homosexuality are measured. There appears to be a scientific consensus that somewhere between 8% and 12% of American males are homosexual. The statistics are hard to evaluate, as ostensibly similar studies may not be comparable. Findings may be influenced by how the data are collected, as it is not possible to obtain a random sample of persons willing to talk honestly about sexual behavior that in some states is still illegal. Findings also depend upon how homosexuality is measured. It is easy to define a homosexual act, but not so easy to define a homosexual person. Are individuals categorized on the basis of their sexual acts, their emotional feelings, or their self-identification as either heterosexual or homosexual? If categorized on the basis of sexual acts, how much homosexual activity is required before classifying a person as homosexual? How should one categorize persons whose sexual preference

has changed over time? Some researchers now believe bisexuals represent a distinct category often miscounted as homosexual.

Table 4

**Degree of Male Homosexuality
Cumulative Percentages**

- 4% - Exclusively homosexual throughout their lives after the onset of adolescence.
- 8% - Exclusively homosexual for at least three years at some point between the ages of 16 and 55.
- 10% - At least more or less exclusively homosexual for at least three years between the ages of 16 and 55.
- 13% - More homosexual than heterosexual experience for at least three years between the ages of 16 and 55.
- 37% - At least some homosexual experience to the point of orgasm between adolescence and old age.
- 50% - At least some erotic reaction to other males even if not to point of orgasm.

Kinsey found that prevalence of female homosexuality was about one-third to one-half that of male homosexuality. Using the same 7-point scale to measure the continuum from heterosexuality to homosexuality, he drew the conclusions in Table 5.

The Table 5 figures indicate that 80% to 89% of unmarried females, 90% to 92% of married females, and 83% to 86% of previously married females were exclusively heterosexual in each year between the years of 20 and 35. When Kinsey looked at the cumulative experience of all the female respondents over their entire life span, he found that 28% had had some homosexual response at some point in their lives, as compared with 50% for men. Among females, 13% had reached orgasm as a result of homosexual contact, as compared with 37% for men. Among females, 71% had limited their homosexual activity to a single partner or two, as compared with 51% of the males.⁶⁹

Table 5

**Degree of Female Homosexuality
Cumulative Percentages**

1% to 3% of unmarried females and previously married females, but only three in one thousand married females, were exclusively homosexual in each year between the ages of 20 and 35.

2% to 6% of unmarried females, less than 1% of married females, and 1% to 6% of previously married females were at least more or less homosexual in each year between the ages of 20 and 35.

3% to 8% of unmarried females, less than 1% of married females, and 4% to 7% of previously married females had more homosexual responses or experience than heterosexual in each year between the ages of 20 and 35.

4% to 11% of unmarried females, 1% to 2% of married females, and 5% to 7% of previously married females had at least as much homosexual as heterosexual response and experience in each year between the ages of 20 and 35.

5% to 14% of unmarried females, 2% to 3% of married females, and 8% to 10% of previously married females had more than incidental homosexual activity in each year between the ages of 20 and 35.

11% to 20% of unmarried females, 8% to 10% of married females, and 14% to 17% of previously married females had at least incidental homosexual responses or contacts in each year between the ages of 20 and 35.

Many studies have applied well-known psychological tests to both homosexuals and heterosexuals to determine if the two groups differed in emotional stability or psychological adjustment. This is an important issue for security policy. If homosexuality were pathological or indicated maladjustment, it would be a basis for denial of security clearance. Two independent reviews of this research literature concluded that mental health and social adjustment are unrelated to sexual orientation. "Homosexuals as a group are not more psychologically disturbed on account of their homosexuality."⁷⁰ In 1975, an American Psychological Association resolution declared that "homosexuality per se implies no impairment in judgment, stability, reliability or general social or vocational capabilities."⁷¹ The American Psychiatric Association, which had deleted homosexuality from its list of mental illnesses in 1974, passed a similar resolution in 1976.

There is as much diversity among homosexuals as there is among heterosexuals. Statistical analysis of data collected in interviews of almost 1,000 male and female homosexuals in San Francisco suggested that homosexuals can be usefully grouped into five categories: Close-Coupled, Open-Coupled, Functional, Dysfunctional, and Asexual.⁷² These categories are useful when assessing the security risk that may or may not be associated with an individual's homosexuality. This study pre-dates the AIDS epidemic which has encouraged coupling and discouraged cruising among homosexuals.

Close-Coupled: These homosexuals were similar to happily married heterosexuals. They were living together with a sexual partner in a quasi-marriage, and they looked to each other, rather than to outsiders, for sexual and interpersonal satisfaction. They were able to integrate their emotional and their sexual needs. They tended to be better adjusted, have fewer sexual problems, have less regret about their homosexuality, and be more sexually active than the typical homosexual. The Close-Coupled homosexual may be more trustworthy and less vulnerable to blackmail than the heterosexual who carefully conceals an illicit extramarital relationship.

Open-Coupled: Those in this group were also living with a special sexual partner but were not entirely happy and tended to seek sexual satisfaction with others as well. This group scored higher than average on number of sexual partners, numbers of sexual problems, and amount of cruising. This was the most common group for male homosexuals. Lesbians were found most frequently in the Close-Coupled category. Open-Coupled males were about average in their psychological and social adjustment, but Open-Coupled females tended to have difficulties. The Open-Coupled females were comparable to the Dysfunctional category on measures of happiness, self-acceptance, paranoia, tension, and depression. The infidelity associated with the Open-Coupled relationship appears to be symptomatic of emotional problems for many females but not for males.

For the Open-Coupled male homosexual, frequency of cruising would be a relevant security consideration; in the San Francisco study, 28% of the males cruised at least once a week. Lesbians in this category would need to be carefully evaluated for emotional stability.

Functionals: These homosexual men and women organized their lives around their sexual experiences. The closest heterosexual counterpart would be the "swinging single." This group reported more sexual activity, a greater number of partners, more cruising, and less regret at being homosexual than any other group. They were not interested in finding a special partner to settle down with. They tended to be younger, exuberant, very involved with their many friends, more open in their homosexual activity and involved in the homosexual community. They are also the most likely to have been arrested for a homosexual offense. This group was better adjusted than average, although not quite as well adjusted as the Close-Coupled group.

Although rather well-adjusted emotionally, the Functional homosexual's promiscuity, cruising, and frequent lack of discretion in sexual activity are of security concern. Of the Functional male homosexuals in the San Francisco study, 76% were cruising at least once a week. Cruising of homosexual bars was characteristic of 65%, while 40% cruised on the street.

The study found that every one of the male functional homosexuals had at least 20 different sexual partners during the previous year. Many had far more than that. For an employee assigned or traveling overseas, this type of activity is likely to attract the attention of a local security or intelligence service. On the other hand, Functional homosexuals tend to be somewhat more open about their homosexuality and, therefore, less vulnerable to blackmail. Female homosexuals are far less likely than males to be promiscuous or to engage in anonymous sexual contacts. Cruising was unusual among Functional lesbians, and only 10% of them had more than 20 different sexual partners during the previous year.

Dysfunctionals: This group resembled the stereotype of the tormented homosexual. They were not coupled, but scored high on level of sexual activity and number of partners. They were troubled people whose lives offered little gratification. They showed a poor adjustment sexually, socially, and psychologically. They were much more likely to regret their homosexuality. Among the men, they were the most likely to report robbery, assault, extortion, or job difficulties as a result of their homosexuality. They were also the most likely to have been arrested, whatever the reason. The women were most likely to have needed long-term professional help for an emotional problem. About 20% of the homosexuals clearly fell into this Dysfunctional category.

About 66% of the Dysfunctional male homosexuals cruised at least once a week, 90% had at least 20 sexual partners during the previous year, 80% reported difficulty finding suitable sexual partners, about half reported problems of psychological adjustment, and 43% reported that their homosexuality had harmed their career. Individuals of this type are particularly vulnerable to exploitation by hostile security or intelligence services and may also fail to qualify on mental or emotional grounds.

Asexuals: The most prominent characteristic of this group was relative lack of involvement with others. They were not coupled but differed from the Dysfunctionals by scoring low on level of sexual interest and number of partners. They had more sexual problems than other homosexuals and often complained of difficulty in finding a partner. They expressed more regret over their homosexuality, were less exclusively homosexual and more covert in their homosexual activity than other respondents. Female asexuals were more likely to rate themselves as bisexual and to have sought professional help concerning their sexual orientation.

Cruising was rare among the Asexual males, and none had more than 20 sexual partners during the previous year. On the other hand, Asexuals were more likely to conceal their homosexuality and, therefore, may be more vulnerable to blackmail. Almost half of this group reported problems of psychological adjustment. About 75% reported difficulty finding a suitable sexual partner, which would make an individual vulnerable to exploitation by a local security service. As with the Dysfunctionals, many Asexuals might be disqualified for security approval on mental/emotional grounds.

A recent survey of 300 Los Angeles homosexuals determined that 88% have modified their behavior in response to the AIDS epidemic. Reduction in number of sex partners was

reported by 80%, while 10% had become celibate.⁷³ Failure to modify behavior in response to AIDS would be a security concern as it indicates that high risk sexual behavior is not under rational control.

Concealment of homosexual orientation has been a security concern as it leaves one open to threats of exposure. Vulnerability to blackmail is supported by several surveys of homosexuals conducted 10 or more years ago. It is not known if any more recent studies have covered this subject; if so, they could not be identified.

A 1982 study of 1,556 gay men in the Chicago area found that 16% had been threatened with exposure of their homosexuality. Of those who were threatened, 35% gave the extortionist something. Of this 35%, 79% made one-time payments and 13% made repeated payments. The amount of the payments was not reported in the study. Those with mainly gay friends (and therefore more open about their homosexuality) were more likely to resist extortion than those whose friends were mainly or entirely straight. Of those in the former category, 25% acceded to the extortion, while 44% of those with mainly straight friends made one or more extortion payments. The extortion was almost always an amateur effort by a lover, friend, acquaintance, relative, coworker, or neighbor of the homosexual. "The image of the gay person being blackmailed by professional extortionists seems rather mythical," according to this study.⁷⁴

A 1979 study of almost 1,000 San Francisco area homosexuals determined that 15% of the white males and 23% of white females had been threatened with exposure at least once. Black males and females had been threatened somewhat less frequently as shown in Table 4. Of those who threatened male homosexuals, about two thirds sought to extort money or material goods in return for their silence; others wanted sexual favors or to force a lover to continue a relationship. Statistics on the amount of money demanded were not reported, but several cited examples suggest the amounts were small. Close-Coupled homosexuals were blackmailed more frequently than others. With the female homosexuals, money or material goods was the motive only about 10% of the time. Lesbians were most likely to be threatened with exposure by a desperate lover intent on keeping the relationship from breaking up. The study did not question how many homosexuals yielded to the threat, but from the examples cited it appeared that many did not.⁷⁵

Little information is available in unclassified records regarding foreign intelligence services using threats of exposure to recruit homosexuals. As previously noted, six of 117 Americans known from unclassified sources to have been involved in espionage against the United States between 1945 and 1990 reportedly had a homosexual orientation. However, according to the available unclassified information, which is quite incomplete, none was blackmailed or specifically targeted because of known homosexuality.⁷⁶

To locate unclassified reports of foreign intelligence services using threats of exposure to recruit homosexuals, one has to go quite far back in the historical record. One such case is among the most famous cases in the history of high level intelligence operations. Col. Alfred Redl was chief of counterintelligence in the Austro-Hungarian Empire's military intelligence

service and a member of the general staff. He was a Russian agent from 1902 to 1913 and compromised the Austro-Hungarian Empire's war plans prior to World War I. He was recruited on the basis of homosexuality and venality.⁷⁷

Table 6

Attempted Extortion of Homosexuals

	White Male N=575 %	Black Male N=110 %	White Female N=229 %	Black Female N=64 %
Never	85	87	77	86
One or more times	15	13	23	14

A Canadian ambassador to Moscow⁷⁸ and a British Admiralty clerk assigned to the Naval Attache office in Moscow⁷⁹ were each recruited by the KGB in the 1950s through homosexual entrapment. Americans assigned to or visiting the Soviet Union and other communist countries are also believed to have been recruited through threats of exposure of homosexuality, but these cases were not prosecuted so information is available only in classified records. Sexual entrapment of foreigners working in hostile countries is common. It is important to note, however, that heterosexuals engaging in sexual relations with local nationals in Moscow and other former communist capitals have been just as vulnerable to recruitment as homosexuals.

Increased openness and public acceptance of homosexuality have reduced the risk of blackmail, but the possibility remains and is stronger for individuals in positions where exposure of homosexuality may result in job loss. The same risk exists, however, with heterosexuals who conceal an embarrassing personal secret. A Security Practices Board of Review convened by the Federal Emergency Management Agency in 1992 concluded that "the evidence indicates that homosexuals, 'in our out of the closet,' are no more vulnerable to coercion or blackmail than heterosexuals."⁸⁰ Most people have personal secrets they would prefer to keep private. Relevant considerations for both homosexuals and heterosexuals are how much they have to lose if the secret is exposed, and whether there is any indication of willingness to betray government secrets in order to maintain the personal secret.

In summary, homosexuality is not a mental or emotional disorder. There are degrees of homosexuality, and a number of different homosexual lifestyles, some of which do raise security concerns while others do not. Vulnerability to blackmail is reduced as homosexuality becomes more open and accepted in our society. Some threat of blackmail remains, but the vulnerability is not necessarily greater than for any heterosexual who conceals an extramarital relationship or any other embarrassing personal secret. Different jobs have different security and suitability requirements. The circumstances of each case should be evaluated in the context of specific security risks and job suitability considerations.

Bisexuality

Research on bisexuality has been quite limited, and scientists disagree on whether it is a distinct sexual orientation comparable to heterosexuality or homosexuality. There are three alternative theories.⁸¹

~ Exclusive heterosexuality and exclusive homosexuality are polar extremes on a continuum with no sharp distinctions or categories in between. Kinsey's seven-point scale is based on this assumption.

~ Bisexuality is a distinct sexual orientation that may be defined on the basis of sexual behavior, desire, or one's self-identification as bisexual. If defined on the basis of behavior, it might be described by the three middle points on the Kinsey scale, which apply to persons who have had significant sexual contact with both sexes.

~ Bisexual preference is only a "way-station" that one passes through. When homosexuality appears in an otherwise heterosexual person, it tends gradually to replace heterosexuality, so "sexual preference is dichotomous rather than being a continuum."⁸²

Kinsey found that 16% of single 30-year-old men and 9% of single 30-year-old women are best described by the three middle points in his scale.⁸³ They might, therefore, be considered bisexual by some definitions. Kinsey's figures are based on sexual behavior over the course of the lifespan after age 16.

Individuals who were initially exclusively heterosexual but then changed to exclusively homosexual would fall into the middle area on Kinsey's scale and could be regarded as bisexual by some definitions. If one counted only those persons who engaged in sexual relations with both sexes during the previous year, the number of bisexuals would be lower. If one expanded the concept to include all heterosexuals who have ever had any homosexual experience, and all homosexuals who have ever had any heterosexual experience, the number of bisexuals would be higher.

Extensive interviews of persons who identified themselves as bisexuals have found that sexual behavior and lifestyle associated with those claims varies widely.⁸⁴ Many who fall in the middle ground on the Kinsey scale are individuals who are basically homosexual but married, or who grew up conforming to heterosexual social norms but later experienced homosexual desires as a reaction to stress or emotional conflict. Others are hedonists who "swing" both ways but have a clear understanding of their sexual identity as heterosexual or homosexual.⁸⁵

Patterns of sexual behavior are so diverse that it seems inadvisable to think in terms of neat categories like heterosexual, homosexual and bisexual. The scientific debate over whether there is such a thing as bisexuality, or how to define it, is not relevant to personnel security decisions. What name one ascribes to those who fit between the extremes of exclusive heterosexuality or homosexuality is far less important than recognition of the immense variety of human sexual behavior, and the ability to deal with individuals as individuals rather than as members of any artificial category.

Transsexualism

Transsexualism, literally, means going from one sex to another. A transsexual experiences strong discomfort with his or her biological sex. There is a conviction that, mentally, one is a man trapped in a woman's body, or a woman trapped in a man's body. As with other gender and sexual anomalies, this occurs with varying degrees of severity. In more extreme cases, it may result in a request for a sex-change operation, which is usually granted only after the person has spent at least two years living as a member of the preferred sex. In the United States, several thousand people have undergone surgery to change (insofar as possible) their external genitalia to that of the opposite sex.

Transsexuals generally also suffer from a moderate to severe personality disturbance. They frequently report anxiety or depression, while they may attribute to inability to live in the role of the desired sex.⁸⁶ Any associated personality or adjustment problems would be a security concern. Transsexuals sometimes take strong doses of hormones, and this entails some risk; testosterone, for example, can cause people to become aggressive.

Prevalence of transsexualism is estimated at one per 30,000 for males and one per 100,000 for females. The wish to be a member of the opposite sex commonly dates back to one's earliest childhood memory. The young child may make very emotional assertions that he or she *is* the other sex. Cross-dressing normally begins early in life, as do play which is more typical of the opposite gender and choice of playmates exclusively of the opposite gender. Although transsexuals almost invariably report having these gender identity problems in childhood, most children who report these problems do not grow up to be transsexuals. The transsexual tends to be asexual and may be so aversive to the genitals that there is a reluctance to touch them to masturbate. Attempted self-mutilation is not uncommon. Transsexuals are usually attracted sexually to members of the same biological gender, but they perceive themselves as heterosexual as they are themselves in the wrong body.⁸⁷

One would assume, intuitively, that the U.S. military is the last place one would find transsexuals. Actually, there are grounds for speculating that transsexuals may be *more* common than expected in the military. An Air Force psychiatrist assigned to Wright-Patterson Air Force Base reported evaluating 11 male transsexuals during his 3-year tour there. Eight were current or former active duty military personnel, while three were civilians. Of the eight who had had extensive military service, seven had joined the service voluntarily at a time when no draft existed or other options were readily available. All were requesting either female hormones or sex reassignment surgery.⁸⁸

Young male transsexuals in the throes of adjusting to their situation appear to go through a hypermasculine phase in which they try to purge the feminine side of their personality and prove their masculinity both to themselves and others. Transsexuals pass through this hypermasculine stage during late adolescence and early adult years, which coincides with the time when men consider military service. Quotes from taped interviews with military transsexuals are typical: "I tried to do things to make me feel more masculine, like joining the Navy and getting married." "I thought it would make a man out of me." "I joined the Navy hoping maybe the problem would go away." "I joined the Air Force as a cover. In uniform, my masculinity would not be questioned." Also typical is the civilian doctor who advised one young man who had come to him for treatment of feminine feelings to "join the Army, go to boot camp, and learn how to run over trees with a tank." These military transsexuals tend to seek out the more macho military specialties. One who had been assigned as a lab technician volunteered for combat helicopter training during the peak of the Vietnam war; his hobbies were mountain climbing and race car driving. Another became a Green Beret. These are natural choices for the young transsexual in the hypermasculine phase making a last ditch effort to adjust to what society expects from a male. This effort eventually fails in many cases, however, and transsexual urges return, although transsexuals have had successful military careers of 20 years or more.⁸⁹

Transvestism

Transvestism is cross-dressing.⁹⁰ The transvestite is almost always a male, and usually a heterosexual male, who has an obsession for wearing women's clothes, usually as a means of reducing psychic stress or tension. To the extent that sexual arousal is a principal motive for wearing female garments, this is a type of fetish and is mentioned in the next section under fetishism; it is sometimes called transvestic fetishism. Cross-dressing by homosexuals is the exception rather than the rule.⁹¹

Transvestism takes a number of forms. It may involve occasional cross-dressing while alone in private, usually accompanied by masturbation; relaxing in women's attire while at home in the evening with a spouse; cross-dressing as an erotic turn-on during intercourse with a partner; wearing on a daily basis a single item of women's attire such as underwear or stockings under one's masculine clothes; dressing up in full women's regalia with wig and makeup for the excitement of venturing out in public alone as a woman; or participating in the subculture of transvestite support groups or transvestite bars.

The transvestite should be distinguished from the drag queen and the female impersonator. A drag queen is a male homosexual who dresses as a woman, often for the purpose of sexually stimulating other males. Although he may be a transvestite, in many cases he is not. The female impersonator is an entertainer. He, too, may also be a transvestite, although in many cases he is not. The drag queen and female impersonator may have no psychological dependence on wearing feminine clothing as a form of tension release, nor do they necessarily gain sexual stimulation from the clothing.

The transvestite should also be differentiated from the male transsexual who seeks to change his gender identity. As discussed above, the transsexual male feels like a woman trapped in a man's body, wishes to live as a woman, and experiences an insistent urge to change his anatomical sex. Although some cross-dressers evolve into transsexuals as young adults or in early middle age,⁹² most are quite happy with their gender and feel no urge to change it. There is also an immediate condition called gynemimesis in males and andromimesis in females, where the person dresses and lives continuously as a person of the opposite sex but does not wish for any change in the anatomy.

Gynemimesis might be more common in the United States if there were not such strong societal constraints against its expression. Males who live as women are accepted and have well-defined and in some cases highly respected roles in a variety of cultures, including India, Burma, Oman, Polynesia, and among North American Indian tribes. In one small town in Oman where they were studied, the xanith, as they are known there, comprised 2% of the 3,000 adult males.⁹³

Many transvestites are married and masculine in appearance. Most assume a female name and personality while they are cross-dressed. Cross-dressing often starts in childhood or early adolescence. The causes are not known, but some prenatal biological influence may be involved as well as later experiences during early childhood.

No valid statistics are available on the prevalence of transvestism. The Society for the Second Self is a support and social organization for heterosexual cross-dressers. The group reports about 1,100 members organized into 27 chapters nationwide, with another 23 chapters in the process of formation. Other similar organizations also exist. The "second self" is the woman that the society believes "is buried within every man." The group's purpose is to create a safe environment for the heterosexual male membership "to express without fear, to speak without shame, and to act out without guilt the femininity that is within them." Members generally limit their cross-dressing to the privacy of their homes or cover of night and socialize *en femme* only at chapter meetings with their close confidants.⁹⁴

The largest survey of transvestites was conducted in the late 1960s by V. Prince and P.M. Bentler. They received survey responses from 504 subscribers to a magazine for heterosexual cross-dressers.⁹⁵ Prince, who was one of the founders of the Society for the Second Self, has almost 1,200 more responses from recirculating the same survey questionnaire during the past 3 or 4 years. Prince reports that the responses "come out pretty much the same as the original survey, which indicates that the phenomenon is pretty much the same over a 25-year period."⁹⁶

The findings reported here are from the original Prince and Bentler survey. In response to a question about how they see themselves, 12% said they felt like a woman trapped in a male body; in other words, they may be transsexuals rather than transvestites. Another 12% reported they were a man with just a sexual fetish for feminine attire, which suggests they should be classified as transvestic fetishists. The classical transvestite response, that they feel themselves to be a man who has a feminine side seeking expression, was given by 69%. Only 28% reported ever having any homosexual experience, which is less than the 37% reported by Kinsey for the male population as a whole.

Most (64%) respondents were currently married, with another 14% either separated, divorced, or widowed. About one third of the married members described their wives as either cooperative or understanding, while 20% of the wives were completely unaware of their husbands' interests.

About one quarter had a college degree, while another 13% had earned an advanced degree. A remarkable 17% were either presidents or owners of a company or business, while 19% had played football in high school or college.

To some extent, these figures reflect the fact that people who join any type of support group tend to be well educated. The figures may also say something about transvestites, however. A separate study of 51 members of the Society for the Second Self found that many were high achievers, driven to seek personal success in order to gain a sense of self-worth and positive recognition. Many sought out particularly masculine occupations as a means of compensation, that is, to prove their masculinity both to themselves and to others despite their enjoyment of feminine things.⁹⁷

Cross-dressers are not dangerous. That is, they generally are not child molesters, voyeurs, exhibitionists or rapist. The practice does not generally interfere with work performance. If cross-dressers have difficulties with the law, it is generally because of society's inability to accept persons who do not behave in the "normal" way.⁹⁸ A book to be published later this year by one of the principal scholars in this field will argue that gender impersonation (including cross-dressing) should not be classified as a mental illness or a pathology unless it becomes a compulsive behavior. Under those circumstances, it should be considered the same as any other compulsive behavior.⁹⁹

Prince and Bentler report that 76% of their respondents had never had a psychiatric consultation for any reason. This is significant, as it indicates that many transvestites do not experience other emotional problems of sufficient gravity to require treatment. Some scientific literature on transvestism is written by psychiatrists based on their clinical experience, and they tend to see cross-dressing as the tip of the iceberg of other emotional problems. If the psychiatrists see only those transvestites who are seriously disturbed by their problems, their impression of the phenomenon as a whole may be less accurate than the broad survey research.

Because of lack of public acceptance, cross-dressers normally conceal their feelings and their secret life, and this creates a potential for extortion in exchange for keeping their secret. On the other hand, secret cross-dressing tends to be a solitary activity. Unlike homosexuality or adultery, it does not require a partner, so the risk of discovery and blackmail may be considerably less. According to the Prince and Bentler study, almost 50% of transvestites had told either no one or only one other person (often the wife). Most others were very limited in their disclosure; only 9% had told anyone who was "antagonistic," showing that transvestites "were quite adept in selecting individuals to talk with who would not respond negatively to the information."¹⁰⁰

Transvestism is similar to homosexuality in that it is not illegal, and there is no empirical evidence that transvestites are, by nature, less trustworthy or loyal than other persons. Cross-dressing, by itself and in all circumstances, does not necessarily indicate poor judgement, unreliability, irresponsibility or emotional instability, although these disqualifying characteristics will be present in some cases. There is strong evidence that many cross-dressers lead successful lives with a high degree of personal and professional achievement. Each individual should be considered on a case-by-case basis. Appropriate medical authorities should determine whether there are other associated emotional problems or evidence of a progression toward other sexual disorders such as fetishism or transsexualism.

The DCID 1/14 criteria that may apply to some cases of transvestism are the public nature of the behavior and susceptibility to blackmail or coercion. Going out in public dressed as a woman may indicate lack of discretion and would be an aggravating circumstance that may justify disqualification. Concealment of current cross-dressing behavior may indicate susceptibility to pressure. Admission of cross-dressing during a security interview may eliminate some of this susceptibility but is discouraged by the sanctions associated with current personnel security policies.

PARAPHILIA (SEXUAL PERVERSION)

Paraphilia is the medical term applied to many sexual behaviors commonly referred to as kinky, bizarre, or perverted. A paraphilia is a recurrent and intense sexual urge or sexually arousing fantasy that generally involves either (1) nonhuman objects as in fetishism or bestiality, (2) the suffering or humiliation of oneself or one's partner as a sadism or masochism, or (3) children or other nonconsenting persons as in pedophilia, exhibitionism, voyeurism, or obscene phone calls. Each of these is discussed below. Several other paraphilias are also mentioned briefly.

Homosexuality and bisexuality are not classified as paraphilias. Homosexuals and bisexuals differ from heterosexuals only in the gender of the chosen sex partner, and they are capable of associating sex with feelings of affection and love. Paraphiliacs, on the other hand, are fixated on a narrow range of sexual objects or situations that are not normally sexually arousing to others. The more severe the paraphilia, the more likely it will interfere with the capacity for reciprocal, affectionate sexual activity. A paraphilia which causes an individual to

act compulsively, alone and in secret, blocks development of an enduring sexual relationships based on mutual affection.

Paraphilias are thought to be the consequence of traumatic or humiliating sexual experiences during early childhood. Many paraphiliacs come from families where normal sexuality was repressed for religious and other reasons. Little is known for certain about the origin of paraphilias, however, and scientific study has been limited, in part, by ethical constraints on research into childhood sexuality.¹⁰¹

Clinical psychologists and psychiatrists find that when an individual has one paraphilia, there are often other paraphilias present as well. The childhood trauma suspected of causing the paraphilia may also have other residual effects on psychological adjustment.¹⁰² Personality disturbances, particularly emotional immaturity, frequently accompany paraphilia,¹⁰³ and these accompanying conditions may be of greater security concern than the paraphilia itself. When evidence of any sexual problem is present, investigators, polygraphers and adjudicators should ask appropriate questions designed to reveal other conditions of security concern.

Paraphilias are classified as mental illnesses in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (third edition, revised). Paraphilic fantasies or behavior are not always indicative of illness, however. Paraphilia

becomes pathological when it becomes too severe, too insistent, and too noxious to the partner, or to the self. In mild form, paraphilic imagery and the behavior it engenders may be simply a part of love play. For example, a playful degree of biting, slapping, or pinching qualifies as sadistic but is harmless when the play is between consenting partners.¹⁰⁴

In other words, paraphilias exist with various degrees of severity. The security adjudicator dealing with a case of paraphilia must determine when to respect an individual's right of privacy, and when to decide that nonconformity might affect trustworthiness or job performance. This judgment should take the following into account:

~ The severe paraphiliac is unable to control his or her behavior, and the consequences of this for professional performance are unpredictable.

... a full-fledged paraphilia has nothing optional or elective about it. It is a usurper that takes over completely. Its injunctions are compulsory and must be obeyed, no matter what else they might interfere with. They may interfere during any waking hour ... They defy voluntary attempts at control.¹⁰⁵

~ Paraphilias are not stable. they tend to become worse over time, or during periods of stress when sound judgment is most important.

~ Paraphilias such as pedophilia, exhibitionism, making obscene phone calls, voyeurism and frotteurism involve criminal offenses. When such behavior is reported, the known behavior may be only the tip of a much larger iceberg, as many sex offenders either cannot or will not cooperate fully even during a clinical interview when immunity from prosecution is guaranteed. This was demonstrated when male sex offenders in an outpatient program were fitted with a device to measure changes in their penis while they were shown movies or tapes of various sexual behaviors. When confronted with recordings of penile arousal that contradicted what they had said during previous criminal interviews, 62% of the patients admitted to previously concealed sexual interests and behaviors. As a consequence, it was learned that these patients had committed more different kinds of sex offenses, and far more offenses, than had previously been thought.¹⁰⁶

~ Despite the above, paraphilias often exist in less severe forms that are not dysfunctional in any way, do not impede the development of reciprocal affectionate relationships, do not harm the individual or others, and do not entail criminal offenses. They may be limited to fantasy during masturbation or copulation. If acted out, they may be done in private and either alone or in a playful manner with a willing partner. They may be practiced occasionally by choice, rather than constantly by compulsion.¹⁰⁷ Although unusual, such mild paraphilias do not cause an individual to be less reliable or trustworthy, nor do they indicate emotional disturbance or make a person more vulnerable to blackmail than many other types of personal secrets. Many fetishes, in particular, fall into this category.

~ "Imagining unusual sexual situations or behaviors to enhance stimulation or arousal is not uncommon."¹⁰⁸ Fantasies are generally not a security problem as long as they are not acted out. The fantasies themselves are beyond conscious control; the failure to act on them indicates that behavior is under control. Fantasies may be a problem, however, if they are vivid and frequent and the individual feels threatened by them; in such cases, the individual's reaction to the fantasy could be symptomatic of an emotional problem that requires medical evaluation.

The study of sex offenders noted above showed that most offenders had developed deviant sexual interests and fantasies by age 12 or 13. The age of onset is relevant, as it is generally believed that the earlier deviant behavior begins, the more difficult it is to treat effectively. For half or more of the offenders, the age at which the offenses began was before age 15 for voyeurism, before age 16 for homosexual sex with children, before age 17 for frotteurism, and before age 18 for exhibitionism. A different study of sex offenders has shown that about 90% have a history of more than one paraphilia at some point in their lives. Pedophiles might also engage in exhibitionism, sadism, or fetishism, for example. Engaging in one deviant behavior may break down the barriers to others.¹⁰⁹

No hard data are available on the prevalence of paraphilias in the general population. People with these disorders tend not to regard themselves as ill, and usually come to the attention of mental health professionals only when their behavior has brought them into conflict with sexual partners or the law. Judging from the large commercial market in paraphilic pornography and paraphernalia, however, the prevalence in the community is believed to be far higher than that indicated by statistics from clinical facilities. Males are far more prone to paraphilias than females. For cases in which sexual masochism has developed to the point of paraphilia, the sex ratio is estimated to be 20 males for each female. Many other paraphilias are practically never diagnosed in females.¹¹⁰ There appears to be no difference in the prevalence of paraphilias among homosexuals and heterosexuals.¹¹¹

There is no cure for paraphilia in the sense of complete eradication or reversal of its cause. It can be treated to ameliorate its consequences, but relapse is not unusual. In serious cases, it may be controlled effectively with a drug trade-named Depo-Provera. This medication reduces the sex drive by drastically reducing the level of male hormone in the blood stream and by acting directly on the portion of the brain which governs mating behavior.¹¹²

Fetishism

In fetishism, sexual arousal occurs in response to some inanimate object or to a body part that is not primarily sexual in nature. The person with the fetish generally masturbates while holding, rubbing or smelling the fetish object, or asks the sexual partner to wear the object. Common fetish objects are women's clothing such as panties, brassieres, slippers, stockings, shoes, or gloves. Other fetishists depend upon objects made of specific fetish materials, such as leather, rubber, silk or fur, or they are aroused by body parts such as hair, feet, legs, or buttocks.

Fetishism usually begins by adolescence, although it may have its origin in some sexual experience in early childhood. Fetishists often collect the objects that turn them on and may go to great lengths to add just the right item to their collection. An example is cited of a man who had a fetish for women's high-heeled shoes. He gradually accumulated more than a thousand pairs which he catalogued and concealed from his wife in his attic.¹¹³

In severe cases, the fetishist can be sexually aroused and reach orgasm only when the fetish is being used. In moderate cases, the fetish adds to the excitement but is not required. The man who is turned on by a women in black, lacy lingerie is not a fetishist unless this is the primary focus of his sexual arousal.

There is a thin line between fetishism and some normal sexual preferences and turn-ons. As a general rule, the person with a fetish poses no danger to others and pursues the fetish in private. Fetishism may be a security concern in severe cases when the fetish prompts behavior that is illegal, compulsive or lacking in discretion. When fetishism is reported, the possible coexistence of other sexual or emotional problems should be evaluated.

Bestiality

Sexual contact with animals is called bestiality. To a considerable extent, sexual contacts with animals are pursued as a convenient substitute for heterosexual relations when the animal is more readily accessible than a human partner. It may also be the result of curiosity or a desire for novelty. As such, bestiality is not necessarily a paraphilia. It becomes a paraphilia, known as zoophilia, only if it develops into the preferred means of sexual arousal.

The 40-year-old study of sexual behavior by Alfred Kinsey and his colleagues is still the principal source of information on the prevalence of bestiality. In the population as a whole, about 8% of males have had sexual contact with animals to the point of orgasm at some point in their lives, according to Kinsey. Among females, 3.6% had some form of sexual contact with animals, but this led to orgasm in only 0.5% of the females. For most individuals, sexual contact with animals did not happen more than once or twice or a few times in a lifetime. For the males, the most common animals were sheep, calves, or burros, and the activity included vaginal intercourse. For females, it usually involved dogs and sometimes cats and was limited to having the animal perform cunnilingus or to the female masturbating a male animal.

The practice is far more common among boys raised on farms, where it is prompted by observations of the sexual activity of farm animals. About 17% of boys raised on farms experience orgasm as a result of animal contacts sometime after the onset of adolescence. Many others had pre-adolescent experience or experience that did not result in orgasm, so something like 40% to 50% of farm boys have had some degree of sexual contact with an animal. The practice is most common among boys raised on farms, in the Western United States, and among those who later go on to college.¹¹⁴

As a general rule, contact with animals is a passing phase in one's sexual history. It is replaced by heterosexual intercourse as soon as that is available. If the bestiality occurs during youth and infrequently, it does not indicate personality disturbance. In some cases, however, the animal experience has been so extensive that one becomes conditioned to it as the principal source of arousal. In those cases, it may preclude formation of a normal sexual relationship, and the diagnosis of zoophilia is warranted.

Sexual Sadism and Masochism

Sadism involves intense sexual urges or fantasies that involve inflicting pain or humiliation on others. In masochism, the pain or humiliation is directed at oneself.

Humiliation may involve being required to crawl and bark like a dog, being kept in a cage, verbal abuse, or being urinated or defecated upon. Pain might be inflicted by tying a person down with rope or chains, or by whipping, pinching, biting, spanking, burning, electrical shocks, rape, strangulation, torture, mutilation, or lust-murder. All of these behaviors emphasize the transfer of power from a submissive to a dominant partner. The varied roles may be

master/slave, guardian/child, employer/servant, owner/owned, etc. Practitioners of sadomasochism "often report it is this consensual exchange of power that is erotic to them and the pain is just a method of achieving this power exchange."¹¹⁵

Sadomasochism encompasses a wide range of activities from the benign to the bizarre and occasionally fatal. Arousal may come only from fantasy, without any need to act out the behavior. It may be limited to gentle and playful biting and spanking, or it may be a carefully controlled symbolic ritual with a trusted partner. At the other extreme, it may involve self-strangulation (which causes one or two accidental deaths per million persons per year¹¹⁶) as a means of gaining sexual arousal through oxygen deprivation. Some engage in sadomasochistic behavior in all their sexual interactions, while others do it only occasionally. Masochism may be self-inflicted or inflicted by a cooperative partner. Sadism may be acted out with a willing partner or imposed by violence on an unwilling subject.

Although some sadomasochists engage in violence on unwilling partners, most do not. The psychology of the rapist is generally quite different from the sadist, as most rapists are not sexually aroused by their victim's suffering. Only 5% to 10% of rapists are sadists.¹¹⁷ Most sadomasochists seek willing partners, and for many the partner search is facilitated by joining a club for sadomasochists or frequently a bar which caters to such persons. The clubs stress and teach safety, so serious injury is rare.¹¹⁸

Sadomasochism has been reported in many different cultures and in many time periods. It is pictured in an ancient Indian marriage manual from 450AD, for example.¹¹⁹ It is also found in other mammals. Kinsey identified 24 different mammalian species that sometimes bite during intercourse, so some association between sex and pain probably must be considered biologically normal.¹²⁰

Masters *et al.* report that "sadomasochistic fantasies are very common, but most people who find such fantasies arousing have no desire to have the real-life experience."¹²¹ The *Cosmopolitan* survey also found that sadomasochistic fantasies were very common among women, but that only 2% actually engaged in sadomasochistic behavior regularly; this usually involved spanking or being tied to the bed. Kinsey reported that 55% of women and 50% of men report at least some erotic response to being bitten.¹²² Hunt found that 5% of respondents reported obtaining sexual pleasure from inflicting or receiving pain.¹²³ Masters *et al.* believe that many such respondents "have probably engaged in mild or even symbolic sadistic or masochistic behavior, with no real physical pain or violence involved."¹²⁴

No statistics are available on the more hard core forms of sadomasochism, but its prevalence is indicated by an entire industry which has evolved to support the practice through equipment supply catalogues (whips, chains, etc.), specialized magazines with picture spreads and how-to articles, bars, and "private" clubs. A few empirical surveys are available on the sadomasochistic practices of those who subscribe to these publications or belong to the clubs.¹²⁵

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (third edition, revised) defines sadism and masochism as mental disorders only if "the person has acted on these urges, or is markedly distressed by them."¹²⁶ Persons beginning to explore sadomasochistic desires often worry that they desire will escalate and lead them to cause serious injury or commit sex crimes. Actually, serious injury or crime caused by sadomasochism is rare, although the urge does escalate in some cases. Masters *et al.* report their impression that only rarely is sadomasochism a full-fledged paraphilia in the sense that it is the predominant or exclusive means of attaining sexual excitement. They also find that sadism and masochism occur as paraphilias mainly in men.¹²⁷ Sadomasochists are found among homosexuals and bisexuals as well as heterosexuals.¹²⁸

The causes and psychological significance of sadomasochism are unclear.

Noting that many masochists are men who occupy positions of high stress and authority (such as executives, politicians, judges, and bankers), some experts theorize that private acts of submissiveness and degradation provide the masochists with an escape valve from their rigidly controlled public lives. Seeking sexual pain or humiliation may also be a way of atoning for sexual pleasure for a person who was raised to believe that sex is sinful and evil. Conversely, sadists either may be seeking a means to bolster their self-esteem (by "proving" how powerful and dominant they are) or may be venting an internal hostility that they cannot discharge in other ways.¹²⁹

From a security viewpoint, sadism and masochism raise two concerns. One is vulnerability to blackmail. This depends upon risk of exposure and the consequences if the specific behavior were exposed. Clearly, the senior officer who frequents a sadomasochism club to pick up partners who will chain and whip him, make him crawl and bark like a dog, or swaddle him in diapers presents an attractive blackmail target. On the other hand, the individual who engages in some symbolic sadomasochistic ritual with a willing spouse in private is not a security risk.

The other concern is emotional stability. Several limited attempts to use psychological testing to see if a sample of sadomasochists differs from a control group have shown no significant differences, but empirical research on this is still sketchy.¹³⁰ On the other hand, many sadomasochists are unable to sustain a long-term sexual relationship. Clearly, the regular practitioner of sadomasochism has at least one unusual personality quirk. Any individual who has one mental/emotional problem is at greater risk than the general population for having other mental/emotional problems as well. When sadomasochistic tendencies are present, it is necessary to determine whether the individual has other emotional problems that might impact on security or job performance. Of particular concern is the judgment that sadism and masochism, like all the addictive behaviors, tend to get worse under stress¹³¹ when high performance is most important.

Pedophilia

From a narrow psychiatric perspective, pedophilia is defined as recurrent, intense sexual urges and fantasies involving sexual activity with children prior to puberty, which generally means age 13 or younger.¹³² This includes only a small part of the group commonly known as child molesters, however. Other child molesters sometimes described as pedophiles focus on pubescent children, or engage in sexual acts with children only occasionally in response to opportunity or when sexual outlets with adults are blocked for some reason. The following paragraphs apply to pedophilia as a narrowly defined psychiatric disorder.

Given the stigma attached to pedophilia and ambiguities in definition, researchers have been unable to assemble valid statistics on its prevalence in the population as a whole. National statistics on arrests for sex offenses are not broken down by type of offense. Pedophilia is most common in males, although it does occasionally occur in women.¹³³ Many pedophiles are attracted to children of a specific age, such as girls age eight to ten. Those attracted to boys usually prefer slightly older children. Attraction to girls is apparently twice as common as boys, although some pedophiles are sexually aroused by both young boys and young girls.¹³⁴

The type of activity engaged in by pedophiles varies greatly. It may be limited to undressing and observing the child, or it may include fondling the child, exposing themselves or masturbating in the presence of the child, fellatio, cunnilingus, or coitus. The activity is often rationalized as having "educational value" for the child.

There are three distinct age groups in which pedophiles are most commonly found: in adolescents, in the mid-to-late thirties, and over age fifty. Many pedophiles have a history of being sexually abused themselves when they were children. Estimates of the percentage who were abused themselves as children range from about 28% to 80%.¹³⁵

The popular stereotype of a child molester as a stranger who lurks around schools and playgrounds with a bag of candy is only partially correct. There are at least three different types of pedophiles. In about 10% of the cases the sexual act is an impulsive action with a stranger as the victim. In the most common form of pedophilia, the pedophile exploits a child already known to him, the action is not impulsive, and it often begins with a form of courtship in which the pedophile befriends the child with stories, games, and disarming companionship. In about 15% of cases the victim is a relative, and the sexual contact is a form of incest. This type of pedophile generally treats his victims very well, as he must gain their confidence and ensure they do not tell others. A third type of pedophile, and the least common type, has a history of antisocial behavior and may feel a strong hostility toward women. This type may assault his victim and cause severe physical harm.¹³⁶

Many pedophiles have a great many victims before they are caught. One study found a ratio of only one arrest per 30 acts of child molestation, and that child molesters often engage in a variety of deviant behaviors. Many who molest young girls also molest young boys. Many who molest children outside their family also engage in incest within their family.¹³⁷ It is

common practice for pedophiles to claim that they were drunk as an excuse to reduce the stigma and lessen the chances of punishment. They may convince others that instead of needing punishment or psychiatric treatment they simply need to stop getting drunk.¹³⁸

Few offenders are actually sentenced to jail for sexual abuse of children. One study of 173 cases brought to prosecution found that 44% were dismissed, 22% voluntarily accepted a lesser plea, 11% were found guilty of a lesser charge, and only 2% were found guilty as charged. The other 20% were either still pending, terminated because the offender was committed to a mental institution or absconded, or no information was available.¹³⁹

Pedophiles would not normally qualify for security clearance, as this is a criminal activity with a high rate of recidivism and treatment is often ineffective.

Voyeurism

The voyeur has repeated, intense sexual urges to observe unsuspecting people who are either naked, in the process of undressing, or engaging in sexual activity. The secretive, illegal nature of the peeping is an essential element of the sexual excitement. As a result, voyeurs, or peeping Toms as they are often called, are not particularly attracted to nudist camps, burlesque shows, or nude beaches where nudity is accepted.

There are a number of parallels between voyeurism and exhibitionism. Like the exhibitionist, the voyeur is not seeking sexual activity with the person observed. Orgasm is often produced by masturbation during the peeping, or later in response to the memory of what was observed. Voyeurism is found mainly among young men and diminishes greatly toward middle age. Many voyeurs have trouble forming normal heterosexual relationships, so voyeurism becomes the preferred or exclusive means of sexual arousal.

Voyeurism is an illegal activity with high risk of arrest. Arrested voyeurs are often dealt with more harshly than exhibitionists as they trespass on others' property, are close to victims' windows, etc. Although most voyeurs are harmless, some have been known to commit rape, burglary or arson.¹⁴⁰

Exhibitionism

Exhibitionism is the repeated, intense, sexual urge to expose one's genitals to a stranger. This is, of course, illegal, and many exhibitionists have long arrest records before they are eventually referred for mandatory treatment. For exhibitionists and voyeurs, the ratio of arrests to commission of such acts is estimated at 1 to 150.¹⁴¹ As with the other paraphilias, valid data on prevalence in the population are not available.

As a general rule, the exhibitionist makes no attempt to form a relationship with the stranger or to engage the stranger in any sexual activity, so there is no physical danger to the victim. In many cases, sexual pleasure is derived from seeing the victim's shock or fear, and there is little pleasure when the victim shows no visible reaction. There are several exceptional cases of an exhibitionist being angered to the point of attacking the victim because the victim *ignored* the exhibitionist.¹⁴²

Exhibitionism is found almost exclusively in males, although female cases have been reported. Most exhibitionists are inhibited or even impotent in other forms of sexual activity. The disorder usually starts before age 18 and is most common among men in their twenties. Frequency diminishes during the thirties and is much less common after age 40.

One study found that the typical exhibitionist is married, has above average intelligence, is satisfactorily employed, and shows no other evidence of serious emotional problems.¹⁴³ The absence of other emotional problems has been a consistent finding in a number of studies.¹⁴⁴

The typical exhibitionist makes little effort to evade apprehension, often "performing" repeatedly on the same street corner or in a parked car which is easily identifiable. The risk of being caught may be an important part of the sexual excitement, leading some exhibitionists into behavior almost guaranteed to result in arrest. Police catch more exhibitionists than any other category of sex offender.¹⁴⁵

The exhibitionist engages in high risk, illegal behavior that is out of control. This is a definite security concern. Even if arrested only once, there is a strong likelihood that he has done it many more times without being reported or arrested. Effective treatment is possible, however. In the case of one of the best treatment programs in the country, recidivism after treatment is rare.¹⁴⁶

Mooning is a form of exhibitionism generally classified as a juvenile prank. It probably has no security significance unless it is part of a pattern of socially immature behavior that continues beyond the college years.

Obscene Telephone Calls

Obscene telephone calling is common. In 1968 in New York City alone, the telephone company received more than 17,500 complaints about obscene calls. Two studies of female undergraduates in 1967 and 1968 determined that from 50% to 75% had been the recipients of unwanted obscene calls. More recent data on prevalence are not available.

Each obscene phone caller generally has many victims, as numbers are commonly chosen at random from the phone book or by chance dialing. The attraction of the obscene phone call to the caller, who is almost always male, is that he can impose himself without exposing himself. The telephone connection offers intimacy and proximity while preserving anonymity, and little

energy is lost in searching for a victim. If one phone call fails to elicit the desire response (often only shock), it is easy to just dial another number.

The chances of an obscene phone caller being caught are slim unless he repeatedly calls the same person. In fact, making obscene phone calls is so safe, and so few are caught, that little is known for certain about the kinds of people who make these calls. In one study of 1,356 convicted male sexual offenders, for example, only six were obscene telephone callers. Of those six, three were also exhibitionists. From the little that is known, the motivations and personality make-up of obscene phone callers appear to be similar to exhibitionists. The action is an expression of aggression and hostility toward women in general but, like the exhibitionist, the obscene phone caller is generally not considered dangerous. Both have difficulty in forming interpersonal relationships with the opposite sex.¹⁴⁷

Today, it is possible to make sexually explicit calls legally to phone numbers advertised in many magazines. One New York City number attracted 500,000 calls per day during 1983. The mentality of those who make obscene calls to strangers is different from those who call "dial-a-porn" numbers. It is not known whether the availability of these legal commercial lines has reduced the frequency of illegal and unwanted obscene calls to strangers.¹⁴⁸

Other Paraphilias

Money has identified over 40 different forms of paraphilia.¹⁴⁹ Frotteurism is sexual arousal from rubbing one's body, often the genitals, against the body of a fully clothed stranger or fondling breasts in a crowded area such as an elevator or subway. Necrophilia is arousal from viewing or having sexual contact with a corpse. Coprophilia and urophilia refer to sexual excitement derived from contact with feces and urine. In klismaphilia, the preferred or exclusive means of sexual excitement is enemas. Other sexual addictions may involve diapers, insects crawling over the body, or sex with a partner the age of one's parent, a criminal, or an amputee.

ILLEGAL BEHAVIORS

Forcible Rape

Like attitudes toward many aspects of human sexual behavior, the concept of rape is evolving. Historically, when rape was first defined as a crime, women were considered to be chattel, or property, and rape was defined as a violation of the father's or husband's property right; it was not a violation of the rights of the woman. By definition, therefore, a husband could not rape his wife. By 1990, however, 42 of the 50 U.S. states had adopted laws criminalizing rape in marriage.¹⁵⁰

The FBI, for purposes of its statistical reporting on the frequency of crime, defines forcible rape as attempted or actual "carnal knowledge of a woman forcibly and against her will." According to the FBI's *Uniform Crime Report for 1989*, 94,504 rapes were reported to police that year. So many rapes go unreported, however, that this is not a very useful measure of the prevalence of rapists in society.

An alternative source of data is the Department of Justice's annual National Crime Victimization Survey, which measures the number of rape victims based on interviews of persons age 12 and up in about 47,000 U.S. households. This survey measures the frequency of crimes not reported to the police as well as those that have been reported, but even in this survey many crimes, especially rapes, are underreported.

The National Crime Victimization Survey found that about 130,000 women were raped during 1990. This was a rate of 1 rape per 1,000 women age 12 or older. The rate was about three times greater for women age 12 to 24 than for those age 25 and older. The rate of rape has declined by about 35% since the annual survey began in 1973.¹⁵¹

The national survey statistics have been criticized because the screening question designed to measure the incidence of rape asks about it indirectly and does not use the word rape. Two other studies based on a probability sample of 930 San Francisco women and a random sample of 3,187 female college students found the incidence of rape 7 to 15 times greater than reported by the National Crime Survey. The San Francisco study found that fewer than 10% of attempted or completed rapes were reported to police.¹⁵²

The concept of rape is now evolving in directions that will make it more difficult to determine when rape has occurred. It is argued that since a woman's body is her own property, no one should have access to it without her consent. This would make absence of consent rather than use of force the defining characteristic of rape. Within the context of a complex male-female relationship, absence of consent is harder to define and to prove than use of force. Although not now codified in the law, this approach is increasingly reflected in both informal and formal codes of conduct. The student conduct code at the University of California, Berkeley, for example, defines consent in sexual relations as "positive cooperation in act or attitude" and notes that "consent may not be inferred from silence or passivity."¹⁵³

Studies of rapists and of what motivates rape are, of necessity, based on the study of those convicted of the crime. It is not at all clear that results of these studies apply to rapists as a whole. Since rape by acquaintances is much less likely to be reported than rape by a stranger, this type of rapist is under-represented in the studies of convicted rapists. Of those who are arrested, many are not prosecuted, and of those who are prosecuted, many are not convicted. Rape has the lowest conviction rate of all violent crimes. Of the small percentage of rapists who are convicted, 85% have a prior criminal record, 80% have never completed high school, 70% are strangers to their victims, and 60% are members of racial minorities. This profile of convicted rapists matches those who are easiest to convict. It does not match in general, who comes from all socioeconomic classes, educational backgrounds, and racial groups.¹⁵⁴

With the above caveat concerning the applicability of studies of convicted rapists, it is noted that these studies show most rapists do not lack available sexual partners. Forcible rape is usually an expression of power or anger, not an act of sexual desire by an oversexed or sexually frustrated man.

As rape is a crime rather than a medical diagnosis, most convicted rapists are sent to prison and there is little attempt at treatment. Three quarters of convicted rapists become repeat offenders. Counseling of rape offenders often fails to quell the inner compulsion to rape. A drug that causes a marked drop in the sex drive helps to control aggressive sexual impulses, but it is effective only for as long as the drug is taken.¹⁵⁵

Incest

Incest generally refers to sexual activity between blood relatives, but there is no agreement on precise definition of the term. If stepfathers are counted along with natural fathers, incest is more prevalent, as stepfathers are five times more likely to abuse their daughters than natural fathers.¹⁵⁶ Incest takes many forms ranging from fondling to intercourse, from a one-time event to continuing activity over many years, and from mutual consent to rape. It occurs in wealthy and well-educated families as often as in poorer families. As described in the title of one book, it is *The Best Kept Secret*.¹⁵⁷

Two reviews of what is known about incest concluded that "current knowledge rests on a very insecure scientific basis," as there have been few empirical studies with large sample sizes, adequate comparison groups and objective measures.¹⁵⁸

Although research results are inconsistent, one reviewer concluded that when incest is defined in terms of sexual intercourse, it occurs in less than 1% of the female population, but other forms of intrafamilial (including stepfathers) sexual activity may affect 10% of females before they are 16 years of age.¹⁵⁹

One of the best empirical studies used a random household survey of 930 adult women in the San Francisco area who were interviewed in person by intensively trained female interviewers. The study found that 16% of the women had experienced at least one incident of intrafamilial sexual abuse prior to age 18, and 12% had at least one such experience prior to age 14. Further analysis of the 16% figure revealed the percentage of incestuous relationships with various relatives: biological fathers (2.5%), stepfathers (2%), uncles (4.9%), cousins (3%), and brothers (2%). The 2% figure for stepfathers is noteworthy, as most daughters don't have stepfathers; of those who were reared by stepfathers, 16.7% were abused.¹⁶⁰

Incest is often so traumatic that many children repress memory of it, while others are unable to admit incest because of the shame associated with it. As a result, surveys reporting the prevalence of incest are believed to understate its frequency.

Incest between a parent and a child is the most traumatic, and in most cases one of the parties is psychologically disturbed. Most researchers and clinicians agree that it is an intensely damaging psychological experience.¹⁶¹ Many studies of adults who experienced incest as children suggest that its effects include low self-esteem, guilt, depression, marital and sexual difficulties, substance abuse and other self-destructive behavior.¹⁶²

Mother-son incest is rare.¹⁶³ Father-son incest is also rare, and is reportedly devastating in its impact.¹⁶⁴

The incestuous brother-sister relationship is frequently the result of mutual sexual exploration and often leaves no scars. One study reports that about half of the participants perceive it as relatively harmless.¹⁶⁵ In another survey of 796 college students, 15% of females and 10% of males reported sibling incest experiences; one quarter of the experiences were categorized as exploitive.¹⁶⁶

Over half the incest victims in self-report surveys describe being coerced by violence or threats of violence.¹⁶⁷ Those incest victims who were subjected to violence are more likely to experience emotional and mental problems later in life.

Adult-child incest is against the law. It is a serious security concern as it indicates sexual behavior is out of control.

Sexual Harassment

Sexual harassment has been the subject of extensive, recent public discussion and is not discussed in detail here. There are several circumstances when it may become a security issue. If sufficiently serious to be prosecuted as felony assault, it is a crime that may serve as a basis for disqualification for security clearance. If harassment persists after due warning, it may indicate lack of judgment or inability to control one's sexual behavior. Inability to control sexual behavior is a basis for disqualification, as is poor judgment that reflects a pattern of immature or irresponsible behavior. If harassment does not meet these criteria, it is a disciplinary issue rather than a security issue and is best handled in a personnel management context.

CONCLUSION

A common error in thinking about sexuality is to reason that "since I'm normal, most other normal people must think and behave more or less the way I do." Actually, the range of "normal" sexuality in the human species is incredibly broad and varied. Adjudication of sexual behavior issues needs to be based on accepted criteria of security risk rather than on common myths or the personal moral values of individual adjudicators. This will be aided by improved understanding of the diversity of human sexual behavior and how this behavior relates to security risk.

APPENDIX

DCID 1/14 Adjudication Criteria

Specific adjudication criteria are set forth in Director of Central Intelligence Directive No. 1/14, "Minimum Personnel Security Standards and Procedures Governing Eligibility for Access to Sensitive Compartmented Information (SCI)," dated 22 January 1992. The following paragraphs quote the portion of this directive dealing with sexual considerations.

Sexual Considerations

DCID 1/14 requires that, to be eligible for SCI access, individuals must be stable, of excellent character and discretion, and not subject to undue influence or duress through exploitable personal conduct.

Sexual conduct is of legitimate concern to the SCI adjudicator where such conduct reflects a lack of judgment and discretion or when the conduct offers the potential for undue influence, duress, or exploitation.

Sexual behavior, including but not limited to deviant sexual behavior, can be a relevant consideration in circumstances in which it indicates flawed judgment, lack of discretion, irresponsibility, and/or a personality disorder, or could result in exposing the individual to direct or indirect pressure because of susceptibility to blackmail or coercion as a result of the sexual behavior. Deviant sexual behavior includes, but is not limited to, bestiality, fetishism, exhibitionism, necrophilia, nymphomania or satyriasis, masochism, sadism, pedophilia, transvestism, and voyeurism.

In examining cases involving sexual conduct of security significance, it is relevant to consider the public nature of the conduct, as well as any other circumstances that may serve to aggravate or mitigate the nature or character of the conduct. A recommendation for disapproval is appropriate when, in view of all available evidence concerning the individual's history of sexual behavior, it appears that access to SCI could pose a risk to the national security.

References

1. Bullough, V. (1976). *Sexual variance in society and history*. Chicago, IL: University of Chicago Press.

2. Ruse, M. (1988). *Homosexuality, a philosophic inquiry*. New York: Blackwell.
3. Masters, W., Johnson, V., & Kolodny, R. (1985). *Human sexuality* (2nd ed., p. 458). Boston: Little, Brown & Co.
4. Taylor, G.R. (1954). *Sex in history*. New York: Vanguard.
5. *Norton v. Macy*, 417 F.2d 1161 (D.C. Cir. 1969).
6. *Singer v. U.S. Civil Service Commission*, 530 F.2d 237 (9th Cir. 1975).
7. *Singer v. U.S. Civil Service Commission*, 429 U.S. 1034 (1977).
8. Maze, R. (1988, June 13). VA extending benefits to more homosexual veterans. *Navy Times*, p. 14.
9. Kinsey Institute for Research in Sex, Gender and Reproduction, Information Service, 313 Morrison Hall, Indiana University, Bloomington, IN 47405, telephone (812) 855-7686.
10. Allen, T., & Polmar, N. (1988). *Merchants of treason*. (pp. 77-84). New York: Dell.
11. DeGramont, S. (1962). *The secret war: The story of international espionage since World War II*. (p. 84). New York: Putnam.
12. *Ibid.*, pp. 434-439.
13. Allen & Polmar, *op. cit.*, pp. 378-379.
14. Wood, S., & Wiskoff, M.F. (1992). *Americans who spied against their country since World War II*. (PERS-TR-92-005). Monterey, CA: Defense Personnel Security Research Center. The publicly known homosexuals were Air Force MSgt. Raymond DeChamplain, Navy Yeoman Third Class Lee Madsen, NSA employees William Martin and Bernon Mitchell, Army Sgt. James Mintkenbaugh, and Navy man James Pickering. For brief biographies, see Sarbin, T. (1991). *Homosexuality and personnel security*. Monterey, CA: Defense Personnel Security Research and Education Center.
15. Kessler, R. (1988, April 21). Moscow's mole in the CIA. *The Washington Post*; and Maza, R., & Stanford, P. (1987, February). The swinging spies. *The Washingtonian*, pp. 132-140.
16. Masters, W., Johnson, V., & Kolodny, R. (1985), *op. cit.*, p. 438.
17. *Ibid.*, p. 457.
18. *Norton v. Macy*, *op.cit.*
19. Carnes, P. (1991). *Don't call it love: Recovery from sexual addiction*. New York: Bantam.

20. Dr. Bernard Mooney, CIA Office of Medical Services, Applicant Evaluation Division, personal communication, September 16, 1992.
21. Richard Rees, CIA Office of Medical Services, personal communication, August 1992.
22. Barth, R.J., & Kinder, B.N. (1987, May). The mislabeling of sexual impulsivity. *Journal of Sex and marital Therapy*, 1, 15-23. Also, Salzman, L. (1972). The highly sexed man. *Medical Aspects of Human Sexuality*, 36-49.
23. Kanouse, D.E., Berry, S.H., Gorman, E.M., Yano, E.M., & Carson, S. (1991). *Response to the AIDS epidemic: A survey of homosexual and bisexual men in Los Angeles County*. (R-4031-LACH). Santa Monica, CA: RAND Corp.
24. Kanouse, D.E., Berry, S.H., Gorman, E.M., Yano, E.M., Carson, S., & Abrahamse, A. (1991). *AIDS-related knowledge, attitudes, beliefs and behaviors in Los Angeles County*. (R-4054-LACH). Santa Monica, CA: RAND Corp.
25. Carnes (1991), *op.cit.*
26. Salman, R. (1989). *Twelve-step resources for sexual addicts: A comparison of the nationwide fellowships*. Los Angeles: National Council on Sexual Addiction.
27. Sex & Love Addicts Anonymous, personal communication, January 13, 1992.
28. For opposing positions in this debate, see the two special issues on Medical Aspects of Sexual addiction/Compulsivity of the *American Journal of Preventive Psychiatry and Neurology*, dated May 1990 and Spring 1991.
29. Carnes (1991), *op.cit.*, pp. 22-23, 30-34. Also see Milkman, H.B., & Sunderwirth, S. (1986). *Craving for Ecstasy: The consciousness and chemistry of escape*. Lexington, MA: Lexington Books.
30. Carnes (1991), *op.cit.* The research was done at the Golden Valley Health Center, 4101 Golden Valley Road, Golden Valley, MN 55422, but the Sexual Dependency Unit no longer exists there. Dr. Carnes is now at Delano Hospital, 23700 Camino del Sol, Torrance, CA 90505, phone (612) 782-0510.
31. Sanders, L. (1983). *The Seduction of Peter S*. New York: Putnam.
32. Coleman, *op.cit.*
33. Carnes (1991), *op.cit.*, Chapter 3: Unmanageability: Costs and Consequences.
34. *Ibid.*

35. Carnes, P. (1990). Sexual addiction: Progress, criticism, challenges. *American Journal of Preventive Psychiatry & Neurology*, 3, 1-8. (Special Issue on Medical Aspects of Sexual Addiction/Compulsivity).
36. Kinsey, A.C., Pomeroy, W.B., & Martin, C.E. (1948). *Sexual behavior in the human male*. Philadelphia: Saunders. And Kinsey, A.C., et al. (1953). *Sexual behavior in the human female*. Philadelphia: Saunders.
37. Froese, A.D., Rumbach, K.L., & Hard, L.D. (1990). Sex differences in evaluating heterosexual and homosexual promiscuity. *Psychological Reports*, 66, 579-582. Also see Christopher, F.S., & Cate, R.M. (1985). Anticipated influences in sexual decision-making for first intercourse. *Family Relations*, 34, 265-270.
38. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 30.
39. Kinsey, *op.cit.*
40. Kinsey, et.al. (1948), *op.cit.*, p. 585.
41. Reinisch, J.M. (1990). *The Kinsey Institute new report on sex*. New York: St. Martin's Press.
42. Kinsey, et.al. (1948), *op.cit.*, pp. 248-257, 584-589.
43. Kinsey, et. al. (1953), *op.cit.*
44. Blumstein, P.W., & Schwartz, P. (1983). *American couples*. New York: William Morrow.
45. Brecher, E.M. (1984). *Love, sex & aging*. Boston: Little, Brown.
46. Brecher, E.M. (1984), *op.cit.*, p. 398.
47. Personal communication from Sandra H. Berry, The RAND Corporation, October 22, 1992.
48. Kanouse, D.E., Berry S.H., Duan, N., Richwald, G. & Yano, E.M. (1992). *Markers for HIV-1, hepatitis B, and syphilis in a probability sample of female street prostitutes in Los Angeles County*. Report #PoC 4192 presented to the VII International Conference on AIDS/III STD World Congress, Amsterdam, The Netherlands, July 19-24, 1992.
49. Reinisch (1990), *op.cit.*, p.149. Although referring to this study, the author does not give a citation to identify it.
50. Hunt, M. (1975). *Sexual behavior in the 1970s*. New York: Dell. Also Gebhard, P. & Johnson, A.B. (1979). *The Kinsey data: Marginal tabulations of the 1938-1963 interviews conducted by the Institute for Sex Research*. Philadelphia: Saunders.

51. Reinisch (1990), *op. cit.*, p. 149.
52. North American Swing Club Association, International (1990). *Etiquette in Swinging: A Position Paper of NASCA International*. Buena Park, CA: Author.
53. Gilmartin, B.G. (1978). *The Gilmartin report*. Secaucus, NJ: The Citadel Press.
54. Murstein, B.I. (1978). Swinging, or comarital sex. In B.I. Murstein (ed.), *Exploring Intimate Life Styles*. New York: Springer Publishing Co.
55. Smith, J. & Smith, L. (1970). Co-marital sex and the sexual freedom movement. *Journal of Sex Research*, 6, 131-142.
56. Saluter, A.F. (1990). *Marital Status and Living Arrangements: March 1989*. (Current Population Reports, Population Characteristics, Series P-20, No. 455). Washington, D.C.: Bureau of the Census.
57. Money, J. & Wiedeking, C. (1980). Sexual disorders and their treatment, p. 281, in Wolman, B., & Money, J., eds. *Handbook of human sexuality*. Englewood Cliffs, NJ: Prentice Hall.
58. Ellis, L. & Ames, M.A. (1987). Neurohormonal functioning and sexual orientation: A theory of homosexuality-heterosexuality. *Psychological Bulletin*, 101(2), 233-258. Ellis and Ames on page 242 cite ten references to animal experiments.
59. Masters, Johnson, & Kolodny (1988), *op.cit.*, p. 435.
60. Money, J. (1988). *Gay, straight, and in-between: The sexology of erotic orientation*. New York: Oxford University Press.
61. Ellis & Ames, *op. cit.*
62. For a dissenting view, see Coleman, E., Gooren, L., and Ross, M. (1989). Theories of gender transpositions: A critique and suggestions for further research. *Journal of Sex Research*, 26, 525-538.
63. Ernulf, K. (1989). Biological explanation ... tolerance of homosexuals. *Psychological Reports*, 65, 1003-1010. Also Schneider, W. & Lewis, I.A. (1984). The straight story on homosexuality and gay rights. *Public Opinion*, 7, 16-20, 59-60.
64. Myers, L. (1992, Feb. 5). San Jose scouts may lose charter over gays. Associated Press report in *The Herald*, Monterey, CA.
65. Milbank, D. (1992, Feb. 3). Campus liberation: Gay students enjoy programs, protections at Rutgers University. *Wall Street Journal*, p. A1.

66. Sarbin, T. (1991). *Homosexuality and personnel security*. Monterey, CA: Defense Personnel Security Research and Education Center. For an excellent academic review of scientific research as it relates to personnel policies, see Herek, G.M. (1991). Myths about sexual orientation: A lawyer's guide to social science research. *Law and Sexuality*, 1.
67. Smith, T.W. (1990). A report: The sexual revolution. *Public Opinion Quarterly*, 54, 415-435.
68. Kinsey, *et al.* (1948), *op.cit.*, p. 650.
69. Kinsey, *et al.* (1953), *op.cit.*, pp. 452-500.
70. Gonsorick, J.C. (1982). Results of psychological testing on homosexual populations. *American Behavioral Scientist*, 25, 385-396. Also see Siegleman, M. (1987). Kinsey and others: Empirical input. IN L. Diament (Ed.), *Male and female homosexuals: Psychological approaches*. New York: Hemisphere.
71. American Psychological Association (1975). Minutes of the Council of Representatives. *American Psychologist*, 30.
72. Bell, A.P., & Weinberg, M.S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon and Schuster.
73. Kanouse, D., Berry, S., Gorman, E., Yano, E., & Carson, S. (1991). *Response to the AIDS epidemic: A survey of homosexual and bisexual men in Los Angeles County*. Santa Monica: Rand.
74. Harry, J. (1982). Derivative deviance. *Criminology*, 4, 564-645. Also see Gagnon, J. & Simon, W. (1973). *Sexual conduct*. Chicago: Aldine, p. 141, which reports that 12% of a homosexual sample had been blackmailed.
75. Bell & Weinberg (1978), *op.cit.*, p. 426.
76. Wood & Wiskoff, *op.cit.*
77. Dulles, A. (1963). *The craft of intelligence*. New York: Harper & Row.
78. Mangold, T. (1991). *Cold warrior*, pp. 280 & 419. New York: Simon & Schuster. The ambassador was John Watkins. He died of a heart attack after questioning and was not prosecuted. Although admitting his homosexuality and many years of talking with the Russians, he did not confess to espionage.
79. Pincher, C. (1984). *Too secret too long*, pp. 276-285. New York: St. Martin's Press. The agent, John Vassall, passed highly classified documents to the Soviets from 1954 until his arrest in 1962.

80. Federal Emergency Management Agency (November 1992), *Security Practices Review Board: Final Report and Recommendations*. See in particular Tab F, memorandum dated August 24, 1992, by Lorri L. Jean, Subject: Personal Secrets and Vulnerability to Undue Influence: What is the Appropriate Analysis of Homosexual Conduct Kept Private?
81. Morrow, G.D. (1989). Bisexuality: An exploratory review. *Annals of Sex Research*, 2, 283-306.
82. Altschuler, K.Z. (1984). On the question of bisexuality. *American Journal of Psychotherapy*, 38, 484-493.
83. Masters, Johnson, & Kolodny, *op.cit.*, p. 434.
84. Blumstein, P.W., & Schwartz, P. (1976). Bisexual women. In J.P. Wiseman (Ed.), *The social psychology of sex*. New York: Harper & Row. Also Blumstein, J.P., & Schwartz, P. (1976). Bisexuality in men. *Urban Life*, 5, 339-358.
85. Altschuler, K.Z. (1984). On the question of bisexuality. *American Journal of Psychotherapy*, XXXVIII, 484-493.
86. American Psychiatric Association (1987), *op.cit.*, pp. 71-77.
87. American Psychiatric Association (1987), *op.cit.*, pp. 71-77. Satterfield, S.B. (1988). Transsexualism. *Journal of Social Work and Human Sexuality*, 7, 77-87. Peo, R.E. (1989). *Understanding transgender behaviors*. Unpublished monograph.
88. Brown, G.R. (1988). Transsexuals in the military: Flight into hypermasculinity. *Archives of Sexual Behavior*, 17, 527-537.
89. *Ibid.* Also personal communication from Dr. George R. Brown dated January 2, 1991.
90. The American Psychiatric Association (1987), *op.cit.*, does not use the term transvestism. What is described in this report as transvestism is identified in the diagnostic manual as "Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type." The diagnostic manual also describes Transvestic Fetishism, which is cross-dressing as a means of sexual arousal.
91. Bullough, V., Bullough, B., & Smith, R. (1983). A comparative study of male transvestites, male to female transsexuals, and male homosexuals. *The Journal of Sex Research*, 19, 238-257.
92. Money & Wiedeking (1980), *op.cit.*
93. Money (1988), *op.cit.*, pp. 98-100.
94. Personal communication dated 27 December 1991 from Society for the Second Self, and brochure entitled *Society for the Second Self: What is it? Whom is it for? What are its goals?*

95. Prince, V. & Bentler, P.M. (1972). Survey of 504 cases of transvestism. *Psychological Reports*, 31, 903-917.
96. V. Prince, personal communication, January 13, 1992.
97. Goodwin, L.J., & Peterson, R.G. (1990). Psychological impact of abuse as it relates to transvestism. *Journal of Applied Rehabilitation Counseling*, 21, 4 (Winter).
98. Peo, R., *op.cit.*
99. Bullough, V.L. & Bullough, B. (forthcoming 1992). *Cross Dressing, Sex, and Gender*. University of Pennsylvania Press.
100. Prince & Bentler (1972), *op.cit.*, p. 916.
101. Money (1988), *op.cit.*, Chapter 4.
102. Oral communication from Richard Rees, CIA Office of Medical Services, May 1991.
103. American Psychiatric Association (1987), *op.cit.*, p. 281.
104. Money & Wiedeking (1980), *op.cit.*, p. 272.
105. Money (1988), *op.cit.*, p. 143.
106. Rosenfeld, A.H. (1985, April). Discovering and dealing with deviant sex. *Psychology Today*.
107. Money (1988), *op.cit.*, pp. 138-140.
108. Reinisch (1990), *op.cit.*
109. Abel, G., Becker, J., Cunningham-Rathner, J., Mittleman, M., & Rouleau, J. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and Law*, 16, 153-168.
110. American Psychiatric Association (1987), *op.cit.*, pp. 279-281.
111. Money (1988), *op.cit.*, Chapter 6.
112. Money (1988), *op.cit.*, p. 178.
113. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 440.
114. Kinsey *et al.* (1948), *op.cit.*, Chapter 22. Also Masters *et al.* (1985), *op.cit.*, p. 448.

115. Moser, C. (1988). Sadomasochism. *Journal of Social Work and Human Sexuality*, 7 (Special issue entitled *The Sexually Unusual: Guide to Understanding and Helping*), 43-56.
116. American Psychiatric Association (1987), *op.cit.*, p. 286.
117. American Psychiatric Association (1987), *op.cit.*, p. 288, reports 10%. Groth, A.N. (1979). *Men who rape*. New York: Plenum Press reports 5%.
118. Moser (1988), *op.cit.*, p. 49, 53-54.
119. Vatsysayana (1964). *Kama sutra*. New York: Lancer Books. (Originally written in 450 AD.)
120. Kinsey *et al.* (1953), *op.cit.*
121. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 448.
122. Kinsey *et al.* (1953), *op.cit.*, p. 678.
123. Hunt, M. (1975), *op.cit.*
124. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 446.
125. Breslow, N., Evans, L., & Langley, J. (1986). Comparisons among heterosexual, bisexual, and homosexual male sado-masochists. *Journal of Homosexuality*, 1, 83-107.
126. American Psychiatric Association (1987), *op.cit.*, pp. 286-287.
127. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 446.
128. Moser (1988), *op.cit.*, p. 46.
129. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 447.
130. Moser (1988), *op.cit.*, p. 47. Moser cites the following studies. Gosselin, C. & Wilson, G. (1980). *Sexual variations*. New York: Simon and Schuster; Miale, J.P. (1986). *An initial study of nonclinical practitioners of sexual sadomasochism*. Unpublished doctoral dissertation, the Professional School of Psychological Studies, San Diego; Moser, C. (1979). *An exploratory-descriptive study of a self-defined S/M (sodomasochistic) sample*. Unpublished doctoral dissertation, Institute for Advanced Study of Human Sexuality, San Francisco.
131. American Psychiatric Association (1987), *op.cit.*, p. 286.
132. American Psychiatric Association (1987), *op.cit.*, p. 284.

133. Kolodny, R., Masters, W., & Johnson, V. (1979). *Textbook of Sexual Medicine*. Boston: Little, Brown.
134. American Psychiatric Association (1987), *op.cit.*, p. 284.
135. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 448-449.
136. *Ibid.*
137. Abel *et al.*, *op.cit.*
138. MacNamara, D.E., & Sagarin, E. (1977). *Sex, crime, and the law*. New York: Free Press.
139. DeFrancis, V. (1969). *Protecting the child victim of sex crimes committed by adults*. Denver: American Humane Society.
140. Information on voyeurism is based principally on Masters, Johnson, & Kolodny (1985), *op.cit.*, pp. 444-445 and Dwyer, M. (1988). Exhibitionism/voyeurism. *Journal of Social Work & Human Sexuality*, 7 (Special issue on *The Sexually Unusual: Guide to Understanding and Helping*), pp. 101-112.
141. Abel *et al.*, *op.cit.*
142. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 445.
143. Smukler, A.J., & Schiebel, D. (1975). Personality characteristics of exhibitionists. *Diseases of the Nervous System*, 36, 600-603.
144. Dwyer, M. (1988), *op.cit.*
145. Masters, Johnson & Kolodny (1985), *op.cit.*, p. 445.
146. Dwyer, S.M., & Amberson, I.J. (1985). Sex offender treatment program: A follow-up study. *American Journal of Social Psychiatry*, 4.
147. *Ibid.*
148. Matek, O. (1988). Obscene phone callers. *Journal of Social Work & Human Sexuality*, 7 (Special issue on *the Sexuality Unusual: Guide to Understanding and Helping*), 113-130.
149. Money (1988), *op.cit.*, p. 179-180.
150. Russel, D.E.H. (1990). *Rape in marriage* (2nd edition). Indianapolis: Indiana University Press.

151. Bureau of Justice Statistics (1992). *Criminal victimization in the United States, 1990*. (NCJ-134126). Washington, D.C.: U.S. Department of Justice.
152. Eigenberg, H.M. (1990). The National Crime Survey and rape: The case of the missing question. *Justice Quarterly*, 7, 655-671.
153. Fairfax, S. (1991, September). Defining sexual assault. *California Monthly*, 15-17.
154. Masters, Johnson, & Kolodny (1985), *op.cit.*
155. *Ibid.*
156. Kosky, R. (1987). Incest: What do we really know about it? *Australian and New Zealand Journal of Psychiatry*, 21, 430-440.
157. Rush, F. (1980). *The Best Kept Secret*. Englewood Cliffs, NJ: Prentice-Hall.
158. *Ibid.*, and Alter-Reid, K., Gibbs, M.S., Lachenmeyer, J.R., Sigal, J., & Massoth, N.A. (1986). Sexual abuse of children: A review of the empirical findings. *Clinical Psychology Review*, 6, 249-266.
159. Kosky (1987), *op.cit.*, p. 430.
160. Russell, D. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 7, 133-146. And Russell, D. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
161. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 482.
162. For example, see Becker, J.V., Skinner, L.J., & Abel, G.G. (1983). Sequelae of sexual assault: The survivor's perspective. In J.G. Greet & I.R. Stuart (Eds.), *The sexual aggressor*. New York: Van Nostrand Reinhold Co.
163. Masters, Johnson, & Kolodny (1985), *op.cit.*, p. 481.
164. Medlicott, R.W. (1967). Parent-child incest. *Australian and New Zealand Journal of Psychiatry*, 1, 180-7.
165. Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety, and effects. *Archives of Sexual Behavior*, 9, 171-194.
166. *Ibid.*
167. Kosky (1987), *op.cit.*, citing Gagnon, J.H. (1965). Female child victims of sex offenses. *Social Problems*, 13, 176-92; and Finkelhor, D. (1980). Risk factors in sexual victimization of children. *Child Abuse and Neglect*, 4, 265-73.

**SUBCULTURE REPORT: EFFECT OF EXAMINER'S AND EXAMINEE'S RACE ON
PSYCHOPHYSIOLOGICAL DETECTION OF DECEPTION OUTCOME ACCURACY**

By

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Abstract

This study was designed to assess whether or not the race of the examinee, the race of the examiner, or the interaction of the race of the examinee with the race of the examiner affected the outcome accuracies of Modified General Question Technique (MGQT) and Zone Comparison Test (ZCT) psychophysiological detection of deception (PDD) examinations. The study utilized 213 military (50 African-American, 108 Caucasian, 52 Hispanic, and 3 other), 168 civilian (45 African-American, 110 Caucasian, 10 Hispanic, and 3 other) examinees. Two hundred and thirty-two examinees were male and 147 examinees were female. The examiners were three African-American, three Hispanic and seven Caucasian student examiners from the Department of Defense Polygraph Institute (DoDPI) Basic Polygraph Examiners Training Course (91-1).

The students participated in the study during their 7th and 8th weeks and their 10th and 11th weeks in instruction. Students utilized standard field polygraph instruments and conducted ZCT format examinations during weeks 7 and 8, and conducted MGQT format examinations during weeks 10 and 11. A variety of scenarios (rape, murder, robbery) were used to program examinees to be guilty. All examinations were conducted according to DoDPI standards and guidelines.

Analyses of the data included an assessment of the effect of the race of the examinee on the accuracies of the examinations, the effect of the race of the examiner on the accuracies of the examinations, and the effect of the interaction of the race of the examinee and the race of the examiner in the accuracies of the examinations. In general, there were no significant results. The accuracies of the examinations were not different based on the race of the examinee, the race of the examiner, nor the interaction of the races of the examinee and examiner.

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There has been speculation that psychophysiological detection of deception (PDD) examinations in this country might be biased against specific racial subcultures. Post hoc evaluations of previously collected data suggest that innocent African-Americans may be less likely to be cleared on the initial series. A total of 1,141 examinations from previous Department of Defense Polygraph Institute (DoDPI) classes were analyzed. There were no significant differences in accuracy for African-American guilty versus Caucasian guilty examinees (740 examinees - 601 Caucasian/139 African-American). However, for innocent examinees (401 examinees - 320 Caucasian/81 African-American) a correct NDI decision was more likely to be made if the examinee was Caucasian versus African-American (Fisher's exact two-tailed test, $p = .0256$).

Before developing different techniques or approaches for subcultures, it will be important to determine whether or not cultural or subcultural characteristics moderate PDD examination results. This study assessed the effects of subcultural differences on the accuracy of the PDD exam. Separate analyses were computed on each of the following variables: (1) race of the examinee, (2) race of the examiner, (3) interactions between race of the examinee and race of the examiner, and (4) accuracy differences between innocent and guilty examinees for each category.

Method

Subjects

Subjects included U.S. Army personnel assigned to Fort McClellan, AL either during their basic training or as permanent party personnel and civilian personnel recruited from the surrounding communities. All subjects volunteered to participate in the study.

Military personnel. A total of 213 (172 male and 39 female) military personnel participated as part of their military training. They participated on February 19-22, 1991, February 25-27, 1991, March 1, 1991, and March 19-20, 1991. One hundred and eight of the military examinees were Caucasian, 50 African-American, 52 Hispanic, and 3 Native Americans (only Caucasians, African-Americans and Hispanics were used in the racial analyses). The African-Americans and Hispanics were recruited specifically for this study. The ages ranged from 18 to 55.

Civilian personnel. A contract was let to a temporary services agency to supply 30 individuals per day for a six-day period (March 21 and 22, 1991 and March 26-29, 1991). The examinees were paid \$50.00 for their participation. A total of 168 PDD examinations were conducted on civilian personnel. Due to illness, either the examinee's or the examiners, 12 civilian personnel were not administered PDD examinations. Sixty of the examinees were male and 108 were female. There were 110 Caucasians, 45 African-Americans, 10 Hispanics, 2 Asians, and 1 other (only Caucasians, African-Americans and Hispanics were used in the racial analyses). The ages ranged from 18 to 66.

Examiners

Examiners were 24 students enrolled in the 14-week Basic Polygraph Examiners Training Course (91-1) at the Department of Defense Polygraph Institute. Seventeen of the students were criminal investigators from several DoD agencies, six were from non-DoD federal agencies and one student was from the Anniston Police Department, Anniston, AL. Data collection occurred during the 7th and 8th weeks of the polygraph course and again during the 10th and 11th weeks. Students had completed more than 20 hours of instruction in test evaluation and had conducted more than 56 hours of PDD examinations. The 24 students included 3 African-American students (2 male and 1 female), 3 Hispanic students (all male) and 1 Caucasian female. Since there was a larger number of Caucasian examiners, the exams from only seven were used in order to restrict the discrepancy in sample sizes. In addition to the student examiners, three (1 Caucasian, 1 African-American and 1 Hispanic - all male) DoD instructors conducted examinations during weeks 10 and 11. The student examiners conducted one exam per day and the faculty examiners, when possible, conducted two exams per day. A total of 166 exams were conducted by Caucasian examiners, 60 by African-American examiners and 50 by Hispanic examiners. Half of the examiners conducted their examinations during the morning and the other half conducted their examinations during the afternoon. The examiners whose data was included in these subcultural analyses were assigned examinees based on the examinees' race.

Equipment

The student examiners used Lafayette Factfinder polygraphs to conduct the examinations. The instruments recorded four physiological channels: two pneumographs, one electrodermal, and one cardiovascular. During weeks 10 and 11, 6 of the students utilized Galvanic Skin Response (GSR) (resistance) couplers while the other 18 used GSG^R (conductance) couplers. In addition, 6 student examiners used the standard plate electrodes without electrode paste, 6 used standard plate electrodes with electrode paste (mixture of a neutral base with physiological saline), and 12 used silver-silver chloride (Ag/AgCl) electrodes (6 with GSR couplers and 6 with GSG^R couplers). Subjects were assigned randomly to the different equipment configurations. The different equipment configurations were part of another study. The faculty examiners used their own standard field instruments.

Testing Techniques

During the 7th and 8th weeks, the ZCT format was used and during the 10th and 11th weeks, the MGQT format was used. Both tests were conducted as taught during the DoDPI Basic Course. The examinations included the standard rights advisement and a consent form. Examiners scored their own exams (unassisted) using a 7-point scale. The decision criteria for the ZCT format required a -3 in any spot for a decision of deception indicated (DI) and a total score of +6 with each spot $\geq +1$ for a no deception indicated (NDI) decision. Any other score was an inconclusive decision (INC). The decision criteria for the MGQT was the same as the ZCT for the DI decision. However, an NDI decision required a minimum of +3 in every spot. Military personnel were employed during the ZCT format and during the first two days of the

MGQT format. The remainder of the MGQT format employed the civilian examinees. Data was not collected during the first day of either technique. This allowed the students an opportunity to become familiar with the technique.

Scenarios

The scenarios included robberies, murders, and sexual assault mock crimes typical of those used during the ZCT and MGQT portions of the DoDPI basic course. The scenarios were set by faculty examiners experienced in setting criminal scenarios for the basic course. The examinees were either all programmed guilty or all programmed innocent for any given day. During the ZCT, the examinees were programmed innocent on three days and programmed guilty on four days. During the MGQT, the examinees were programmed innocent on three days and programmed guilty on six days. Since only two days of the MGQT included military personnel, they were programmed guilty one day and programmed innocent the other. For comparison purposes, the civilian personnel had one innocent and one guilty day during the first two days. Other than these four days, the order of innocent and guilty scenarios was randomly selected.

Questionnaires

Demographic and subcultural information was obtained from the examinees by the examiner during the pretest examination. Examiners asked the examinee specific information contained on the questionnaire. Civilian personnel previously had completed an additional questionnaire.

Procedure

When the examinees arrived at the Institute they were briefed regarding the nature of the examination and were asked to sign a consent form granting permission for them to participate in the study. The scenario was enacted and each examinee was assigned to an examiner. The PDD exams were conducted, the examinees were debriefed and released.

Results

Frequency cross tabulations were constructed for each variable. Unless otherwise stated, the tables depict the levels of the variable by the examiners' decisions: no deception indicated (NDI); inconclusive (INC); deception indicated (DI). The percentages are included in parentheses next to the frequencies. Separate cross tabulations were computed for innocent examinees and for guilty examinees on each variable. Four analyses were conducted: (1) to assess the entire table, (2) to compare correct decision against non-correct decisions (*e.g.*, on innocent examinees the NDI decision would be compared against the INC + DI decisions), (3) correct decisions against errors (NDI *vs.* DI), and (4) errors against inconclusives (*e.g.*, on innocent examinees - DI *vs.* INC). When the analyses resulted in a 2 x 2 comparison, Fisher's exact two-tailed test was calculated. If the comparison was not a 2 x 2 and the cell sizes were adequate, a chi-square statistic was calculated. Due to the large number of analyses, statistics were considered

significant only if $p = 0.015$. The Appendix contains all the statistics for all the tables - whether significant or not.

Examinee's Race

Table 1 (Innocent) and 2 (Guilty) contain the cross tabulation data for examinee's race (Caucasian/African-American) by examiner's decision. None of the results was significant. Examiner's decisions were not different for Caucasian examinees compared to examiner decisions for African-American examinees for either the innocent or the guilty.

Table 1

Cross Tabulation for Examinee's Race by Examiner's Decision for Innocent Examinees

	NDI	INC	DI	
Caucasian	32 (37.2)	31 (36.0)	23 (26.7)	86
African-American	18 (39.1)	17 (37.0)	11 (23.9)	46

Table 2

Cross Tabulation for Examinee's Race by Examiner's Decision for Guilty Examinees

	NDI	INC	DI	
Caucasian	13 (9.8)	40 (30.3)	79 (59.8)	132
African-American	6 (12.2)	12 (24.5)	31 (63.3)	49

Table 3 (Innocent) and 4 (Guilty) contain the cross tabulation data for examinee's race (Caucasian/Hispanic) by examiner's decision. Results for the guilty examinees was not significant. Examiner's decisions were not different for guilty Caucasian examinees compared to examiner decision for guilty Hispanic examinees. For the innocent examinees, the comparison of correct decisions versus wrong decisions was significant, Fisher's $p = 0.0098$. The innocent Caucasian examinees were more likely to receive a wrong DI decision than were the innocent Hispanic examinees. Table 5 depicts the data.

Table 3

Cross Tabulation for Examinee's Race by Examiner's Decision for Innocent Examinees

	NDI	INC	DI	
Caucasian	32 (37.2)	31 (36.0)	23 (26.7)	86
Hispanic	22 (57.9)	13 (34.2)	3 (7.9)	38

Table 4

Cross Tabulation for Examinee's Race by Examiner's Decision for Guilty Examinees

	NDI	INC	DI	
Caucasian	13 (9.8)	40 (30.3)	79 (59.8)	132
Hispanic	3 (12.5)	5 (20.8)	16 (66.7)	24

Table 5

Cross Tabulation for Examinee's Race by Correct and Wrong Decisions on Innocent Examinees

	Correct	Wrong	
Caucasian	32 (58.2)	23 (41.8)	55
Hispanic	22 (88.0)	3 (12.0)	25

Tables 6 (Innocent) and 7 (Guilty) contain the cross tabulation data for examinee's race (African-American/Hispanic) by examiner's decision. None of the results was significant. Examiner's decisions were not different for African-American examinees compared to examiner decision for Hispanic examinees for either the innocent or the guilty.

Table 6

Cross Tabulation for Examinee's Race by Examiner's Decision for Innocent Examinees

	NDI	INC	DI	
African-American	18 (39.1)	17 (37.0)	11 (23.9)	46
Hispanic	22 (57.9)	13 (34.2)	3 (7.9)	38

Table 7

Cross Tabulation for Examinee's Race by Examiner's Decision for Guilty Examinees

	NDI	INC	DI	
African-American	6 (12.2)	12 (24.5)	31 (63.3)	49
Hispanic	3 (12.5)	5 (20.8)	16 (66.7)	24

Examiner's Race

Table 8 (Innocent) and 9 (Guilty) contain the cross tabulation data for examiner's race (Caucasian/African-American) by examiner's decision. None of the results was significant. Decisions by Caucasian examiners were not different compared to decisions by African-American examiners for either innocent or guilty examinees.

Table 8

Cross Tabulation for Examiner's Race by Examiner's Decision for Innocent Examinees

	NDI	INC	DI	
Caucasian	35 (43.2)	29 (35.8)	17 (21.0)	81
African-American	13 (43.3)	12 (40.0)	5 (16.7)	30

Table 9

**Cross Tabulation for Examiner's Race by Examiner's Decision
for Guilty Examinees**

	NDI	INC	DI	
Caucasian	8 (9.4)	24 (28.2)	53 (62.4)	85
African-American	7 (23.3)	6 (20.0)	17 (56.7)	30

Table 10 (Innocent) and 11 (Guilty) contain the cross tabulation data for examiner's race (Caucasian/Hispanic) by examiner's decision. None of the results was significant. Decisions by Caucasian examiners were not different compared to decisions by Hispanic examiners for either innocent or guilty examinees.

Table 10

**Cross Tabulation for Examiner's Race by Examiner's Decision
for Innocent Examinees**

	NDI	INC	DI	
Caucasian	35 (43.2)	29 (35.8)	17 (21.0)	81
Hispanic	10 (43.5)	9 (39.1)	4 (17.4)	23

Table 11

Cross Tabulation for Examiner's Race by Examiner's Decision for Guilty Examinees

	NDI	INC	DI	
Caucasian	8 (9.4)	24 (28.2)	53 (62.4)	85
Hispanic	5 (18.5)	7 (25.9)	15 (55.6)	27

Table 12 (Innocent) and 13 (Guilty) contain the cross tabulation data for examiner's race (African-American/Hispanic) by examiner's decision. None of the results was significant. Decisions by African-American examiners were not different compared to decisions by Hispanic examiners for either innocent or guilty examinees.

Table 12

Cross Tabulation for Examiner's Race by Examiner's Decision for Innocent Examinees

	NDI	INC	DI	
African-American	13 (43.3)	12 (40.0)	5 (16.7)	30
Hispanic	10 (43.5)	9 (39.1)	4 (17.4)	23

Table 13**Cross Tabulation for Examiner's Race by Examiner's Decision
for Guilty Examinees**

	NDI	INC	DI	
African-American	7 (23.3)	6 (20.0)	17 (56.7)	30
Hispanic	5 (18.5)	7 (25.9)	15 (55.6)	27

Examiner-Examinee Interactions

Tables 14 through 29 contain the cross tabulation data for the different combinations of examiner's and examinee's race. None of the results was significant. The pairing of an examinee with the same race examiner versus a different race examiner had no effect on the examiner's decisions (Tables 14 - 21). The pairing of an examiner with the same race examinee versus a different race examinee had no effect on the examiner's decisions (Tables 22 - 29). The Hispanic/African-American combinations were not conducted since African-American/Hispanic pairing were not conducted.

Table 14**Cross Tabulation for Caucasian (CAU) Examiner's Decision
for Innocent African-American (aa) or Caucasian (cau) Examinees**

	NDI	INC	DI	
CAU-aa	11 (39.3)	9 (32.1)	8 (28.6)	28
CAU-cau	11 (34.4)	13 (40.6)	8 (25.0)	32

Table 15

**Cross Tabulation for Caucasian (CAU) Examiner's Decision
for Guilty African-American (aa) or Caucasian (cau) Examinees**

	NDI	INC	DI	
CAU-aa	2 (6.0)	9 (27.3)	22 (66.7)	33
CAU-cau	5 (13.9)	12 (33.3)	19 (52.8)	36

Table 16

**Cross Tabulation for African-American (AA) Examiner's Decision
for Innocent African-American (aa) or Caucasian (cau) Examinees**

	NDI	INC	DI	
AA-aa	7 (38.9)	8 (44.4)	3 (16.7)	18
AA-cau	4 (40.0)	4 (40.6)	2 (20.0)	10

Table 17

**Cross Tabulation for African-American (AA) Examiner's Decision
for Guilty African-American (aa) or Caucasian (cau) Examinees**

	NDI	INC	DI	
AA-aa	4 (26.7)	3 (20.0)	8 (53.3)	15
CAU-cau	3 (20.0)	3 (20.0)	9 (60.0)	15

Table 18

**Cross Tabulation for Caucasian (CAU) Examiner's Decision
for Innocent Hispanic (his) or Caucasian (cau) Examinees**

	NDI	INC	DI	
Cau-his	13 (61.9)	7 (33.3)	1 (4.8)	21
CAU-cau	11 (34.4)	13 (40.6)	8 (25.0)	32

Table 19

**Cross Tabulation for Caucasian (CAU) Examiner's Decision
for Guilty Hispanic (his) or Caucasian (cau) Examinees**

	NDI	INC	DI	
CAU-his	1 (6.2)	3 (18.8)	12 (75.0)	16
CAU-cau	5 (13.9)	12 (33.3)	19 (52.8)	36

Table 20

**Cross Tabulation for Hispanic (HIS) Examiner's Decision
for Innocent Hispanic (his) or Caucasian (cau) Examinees**

	NDI	INC	DI	
HIS-his	7 (46.7)	6 (40.0)	2 (13.3)	15
HIS-cau	3 (37.5)	3 (37.5)	2 (25.0)	8

Table 21

Cross Tabulation for Hispanic (HIS) Examiner's Decision for Guilty Hispanic (his) or Caucasian (cau) Examinees

	NDI	INC	DI	
HIS-his	2 (25.0)	2 (25.0)	4 (50.0)	8
HIS-cau	3 (16.7)	5 (27.8)	10 (55.5)	18

Table 22

Cross Tabulation for Innocent Caucasian (cau) Examinees with African-American (AA) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
AA-cau	4 (40.0)	4 (40.0)	2 (20.0)	10
CAU-cau	11 (34.4)	13 (40.6)	8 (25.0)	32

Table 23

Cross Tabulation for Guilty Caucasian (cau) Examinees with African-American (AA) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
AA-cau	3 (20.0)	3 (20.0)	9 (60.0)	15
CAU-cau	5 (13.9)	12 (33.3)	19 (52.8)	36

Table 24

Cross Tabulation for Innocent African-American (aa) Examinees with African-American (AA) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
AA-aa	7 (38.9)	8 (44.4)	3 (16.7)	18
CAU-aa	11 (39.3)	9 (32.1)	8 (28.6)	28

Table 25

Cross Tabulation for Guilty African-American (aa) Examinees with African-American (AA) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
AA-aa	4 (26.7)	3 (20.0)	8 (53.3)	15
CAU-aa	2 (6.0)	9 (27.3)	22 (66.7)	33

Table 26

Cross Tabulation for Innocent Caucasian (cau) Examinees with Hispanic (HIS) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
HIS-cau	3 (37.5)	3 (37.5)	2 (25.0)	8
CAU-cau	11 (34.4)	13 (40.6)	8 (25.0)	32

Table 27

Cross Tabulation for Guilty Caucasian (cau) Examinees with Hispanic (HIS) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
HIS-cau	3 (16.7)	5 (27.8)	10 (55.5)	18
CAU-cau	5 (13.9)	12 (33.3)	19 (52.8)	36

Table 28

Cross Tabulation for Innocent Hispanic (his) Examinees with Hispanic (HIS) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
HIS-his	7 (46.7)	6 (40.0)	2 (13.3)	15
CAU-his	13 (61.9)	7 (33.3)	1 (4.8)	21

Table 29

Cross Tabulation for Guilty Hispanic (his) Examinees with Hispanic (HIS) or Caucasian (CAU) Examiner's Decisions

	NDI	INC	DI	
HIS-his	2 (25.0)	2 (25.0)	4 (50.0)	8
CAU-his	1 (6.2)	3 (18.8)	12 (75.0)	16

Examinee's Role

The following analyses were designed to assess whether any of these variables differentially influenced the accuracy rates of guilty versus innocent examinees. These analyses used only the civilian personnel. Cross tabulations of innocent and guilty examinees were generated for each of the following variables -- Caucasian examinee, African-American examinee, Hispanic examinee, Caucasian examiner, African-American examiner, Hispanic examiner, and each of the relevant dyads. None of the analyses was significant. Accuracy rates did not differ for innocent compared to guilty examinees on any of the subcultural variables.

Discussion

The results suggest that the psychophysiological detection of deception (PDD) tests are relatively robust with respect to subcultural factors. Of all the analyses that were conducted to assess effects of racial or subcultural differences, there was only one significant finding. Decisions were more accurate for programmed innocent Hispanic examinees than for programmed innocent Caucasian examinees. For the lack of a better explanation, given the large number of analyses that were conducted, it is entirely possible that this result is simply due to chance. Although these results suggest that accuracy rates for African-American and Hispanic examinees were no different than the accuracy rates for Caucasian examinees, the setting and the general experience level of the examiners must be considered. Students (and the instructors) would be aware that the African-American and Hispanic examinees would be no more (or no less likely) than the Caucasian examinees to have committed the mock crime. In a true criminal investigation, an examiner might be more biased to expecting an African-American or Hispanic to be guilty. However, if that were true and the outcome were biased, that would be an examiner bias not a bias in the examination itself.

* * * * *

Appendix

Statistics for All Tables

Table	Initial analysis	Correct/ Wrong	(Fisher's two-tailed, p) Correct/ Non-Correct	Wrong Inclusive
1	X2 (2, 132) = .129, p<.9374	.8171	.8524	.8169
2	X2 (2, 181) = .684, p.7102	.7867	.7337	.5417
3	X2 (2, 124) = 7.08, p<.0290	.0098	.0488	.1394
4	NA	1.0000	.6511	.4215
5		.0098		
6	X2 (2, 84) = 4.786, p<.0913	.0595	.1243	.1954
7	NA	1.0000	1.0000	1.0000
8	X2 (2, 111) = .311, p<.8561	.7759	1.0000	.7673
9	NA	.1132	.6650	.0864
10	NA	.0000	1.0000	.7541
11	NA	.2907	.6516	.2952
12	NA	1.0000	1.0000	1.0000
13	X2 (2, 57) = .378, p<.8276	1.0000	1.0000	.6951
14	X2 (2, 60) = .463, p<.7935	1.0000	.7907	.7430
15	NA	.4158	.3271	.6683
16	NA	1.0000	1.0000	1.0000
17	NA	1.0000	1.0000	1.0000
18	NA	.0466	.0894	.3715
19	NA	.3945	.2204	1.0000
20	NA	.5804	1.0000	1.0000
21	NA	1.0000	1.0000	1.0000
22	NA	1.0000	1.0000	1.0000
23	NA	1.0000	.7610	.6214
24	NA	.6942	1.0000	.4349
25	NA	.1495	.5216	.1414
26	NA	1.0000	1.0000	1.0000
27	NA	1.0000	1.0000	1.0000
28	NA	.5375	.4996	1.0000
29	NA	.2219	.3625	1.0000

COMING TO TERMS WITH TERMS: CONTROL QUESTIONS

By

Don Krapohl

The beginning of wisdom is to call things by their right names.

Chinese Proverb.

Before any discipline can mature, there is a need to standardize its language, and the emerging science of psychophysiological detection of deception (PDD) is no exception. Over the course of a century it has accumulated a vocabulary for phenomena and concepts unique to its domain. Most of the terms used in the field of PDD today sprang, not only from scientists, but from early practitioners who developed the techniques and discovered the relationships. This body of language continues to be important for the education of new generations of PDD examiners and for the communication within the profession. Some expressions have fallen into disuse and are now part of our history, such as Psychograph and Psychogalvanograph, while many others have withstood the test of time.

As we begin our second century since Mosso's and Lombroso's seminal work we find that some terms used in the field of polygraphy have not kept pace with the advances in science. Other terms we use are imprecise, and still others are just plain wrong. The purpose of the present commentary is to propose a correction to our terminology and to open the debate on other terms the profession employs. Just as the term Psychogalvanic Reflex had to give way to the Electrodermal Response, so too will other terms require updating. With the movement afoot to characterize ourselves as forensic psychophysiologicals, it becomes more important to assess our professional vocabulary for accuracy, clarity, and correspondence with our sister science, psychophysiology. Considering its other challenges, the field of polygraphy can ill afford to maintain outdated terms, even when the words have been used for decades and have currency within the professions.

The author is a member of the APA and in Federal service. Comments and requests for reprints can be directed to his address at 12340 Coleraine Court, Reston, VA 22091, or by e-mail to DKrapohl@aol.com. The opinions expressed in this article are solely those of the writer and do not necessarily represent those of the U.S. Government or the American Polygraph Association. The author is very grateful to Claydon Meyers for his editorial review of this manuscript.

One term that regularly causes consternation among scientists is what we in the profession call the "control question." The concept of the control question has had other names over time, such as Father Summers' "emotional standard" (Summers, 1939) and Keeler's "cover questions," (Minor, 1989). The expression "control question" has been attributed to John Reid (Inbau, 1948; Reid, 1947), and it had crystallized into our current usage by the early 1950s.

The problem is with the word "control." To the rest of the scientific world it already has an accepted meaning. A "control variable" is one that is kept constant for all experimental conditions. In other words, the stimulus of interest has been withheld. Practicing PDD examiners use "control" with a singularly unique denotation. For control questions the subject is directed or manipulated into lying, and the resulting responses are then compared with those evoked by the relevant questions. It is for the comparison of one lie response against another response that might be a lie response. To the scientist this is two experimental manipulations rather than one control and one experimental. It is far from the accepted definition, and it is of little wonder critics of PDD gleefully use our peculiar use of "control" as evidence that PDD is pseudoscience (Ben-Shakhar & Furedy, 1990; Furedy & Heslegrave, 1988; Lykken, 1979, 1981).

Neither is control, as in "regulate," a good descriptor for the function the control question performs. The control question does not control anything or for anything. Moreover, control questions are quite likely the least controlled of all test questions. While we are not completely sure why they work, we must agree that the term "control" does not characterize the underlying principle or function.

It seems reasonable that control questions in their various forms will be used in PDD examinations for some time to come, and that there is a need to have a generic term for them--one that is easily understood and does not conflict with scientific convention. The present author proposes that the term "comparison question" is better suited to the task. It accurately describes its purpose without implying qualities it does not have. Comparison questions can be further delineated into categories such as exclusionary or nonexclusionary, directed lie or probable lie, or other typologies.

For the practicing PDD professional, the use of "comparison question" affords an opportunity for clear communication without pretense, misdirection, or misunderstanding. To those outside the PDD profession, be they psychophysicologists, jury members, or government officials, "comparison question" is intuitively easy to associate with the concept. The term is not the invention of the present writer; it has been employed by some in the profession to convey the concept to others not in the profession (Honts, 1995; Horowitz, Kircher, Raskin & Honts, in press; Raskin & Kircher, 1991; *United States v. Galbreth*, 1995).

There may be some among us who believe that there is no compelling need to change a term that has proved satisfactory for nearly 50 years. After all, what do outsiders know about polygraphy? However, those times when we were largely ignored by the scientific community are gone, and we are moving into an era of parity with the other forensic disciplines with its attendant scrutiny. For this and other reasons set forth in this community we need to retire the

expression "control question." When we look at the larger picture we will come to recognize that it does not benefit the science of PDD to set itself apart from the family of behavioral sciences, and that our disciplines will not see full acceptance before we speak the common language. An updating of our terminology is overdue, beginning with control questions, and this writer commends it to the profession.

References:

- Ben-Shakhar, G. & Furedy, J.J. (1990). *Theories and applications in the detection of deception: A psychophysiological and international perspective*. New York: Springer-Verlag.
- Furedy, J.J. & Heslegrave, R.J. (1988). Validity of the lie detector: A psychophysiological perspective. *Criminal Justice and Behavior*, 15(2), 219-246.
- Honts, C.R. (1995). The polygraph in 1995: Progress in science and the law. *North Dakota Law Review*, 71(4), 987-1020.
- Horowitz, S.W., Kircher, J.C., Raskin, D.C. & Honts, R.C. (In press). The role of comparison questions in physiological detection of deception. *Psychophysiology*.
- Inbau, F.E. (1948). *Lie detection and criminal interrogation*. Baltimore: Williams & Wilkins.
- Lykken, D.T. (1979). The detection of deception. *Psychological Bulletin*, 86(1), 47-53.
- Lykken, D.T. (1981). *A tremor in the blood: Uses and abuses of the lie detector*. New York: McGraw-Hill.
- Minor, P.K. (1989). The relevant-irrelevant technique. In S. Abrams: *The complete polygraph handbook*. Lexington, MA: Lexington Books.
- Raskin, D.C. & Kircher, J.C. (1991). Comments on Furedy and Heslegrave: Misconceptions, misdescriptions, and misdirections. In P.K. Ackles, J.R. Jennings & M.G.H. Coles (Eds.): *Advances in Psychophysiology*, (Vol. 4), 215-223. New York: Jessica Kingsley Publishers, Ltd.
- Reid, J.E. (1947). A revised questioning technique in lie-detection tests. *Journal of Criminal Law and Criminology*, 37(6), 542.
- Summers, W.G. (1939). Science can get the confession. *Fordham Law Review*, 8, 335-354.
- United States v. William Galbreth*, 64 USLW 2260, 908 F. Supp. 877, (1995).

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RESEARCH AND THE REID CONTROL QUESTION TEST

A Bibliography

Compiled by Norman Ansley

Buckley, Joseph P. & Senese, Louis C. (1991). The influence of race and gender on blind chart analyses. *Polygraph*, 20(4), 247-258.

Buckley, Joseph P. & Senese, Louis C. (1991). The influence of race and gender on preemployment screening results. *Polygraph*, 20(4), 238-246.

Buckley, Joseph P. & Senese, Louis C. (1991). The influence of race and gender on specific issue polygraph examinations. *Polygraph*, 20(4), 229-237.

Elaad, Eitan & Kleiner, Murray (1990). Effects of polygraph chart interpreter experience on psychophysiological detection of deception. *Journal of Police Science and Administration*, 17(2), 115-123.

Elaad, Eitan & Schahar, Esther (1985). Polygraph field validity. *Polygraph*, 14(3), 217-223.

Horvath, Frank (1988). The utility of control questions and the effect of two control question types in field polygraph techniques. *Journal of Police Science and Administration*, 16(3), 198-209. Reprinted in *Polygraph*, 20(1), 7-25.

Horvath, Frank & Reid, John E. (1971). The reliability of polygraph examiner diagnosis of truth and deception. *Journal of Criminal Law, Criminology and Police Science*, 62(2), 276-281. Reprinted in *Polygraph*, 11(1), 91-99.

Hunter, Fred L. (1971, Nov-Dec). Polygraph reliability in identifying the truthful subject. *American Polygraph Association Newsletter*, 6(2), 11-23.

Jayne, Brian C. (1989). A comparison between the predictive value of two common preemployment screening procedures. *Polygraph*, 18(4), 203-207.

Jayne, Brian C. (1990). The relative contributions of physiological recordings to physiological detection of deception. *Polygraph*, 19(2), 105-117.

Kirby, Steven L. (1981). The comparison of two stimulation tests and their effects on the polygraph technique. *Polygraph*, 10(2), 63-76.

- McInerney, Charles A. (1959). *A case history illustrating card test and dual pneumographs*. Paper presented at the Annual Meeting of the AAPE. 3 pp.
- Palmatier, John J. (1991). *Analysis of two variations of control question polygraph testing utilizing exclusive and nonexclusive controls*. Unpublished master's thesis, Michigan State University.
- Ryan, R. (1989). *The accuracy of respiration, GSR, and cardiovascular polygraph responses utilizing numerical evaluation*. Unpublished master's thesis, Reid College.
- Senese, Louis (1976). Accuracy of the polygraph test technique with and without card test stimulation. *Journal of Police Science and Administration*, 4(3), 274-276.
- Slowik, Stanley M., Buckley, Joseph P., Krockner, Leonard & Ash, Philip (1973). Abdominal and thoracic respiration recordings on the detection of deception. *Polygraph*, 2(1), 12-27.
- Slowik, Stanley & Buckley, Joseph P. (1975). Relative accuracy of polygraph examiner diagnosis of respiration, blood pressure, and GSR recordings. *Journal of Police Science and Administration*, 3(3), 305-309.
- Timm, Howard W. (1982). Analyzing deception from respiration patterns. *Journal of Police Science and Administration*, 10(1), 47-51.
- Wicklender, Douglas E. & Hunter, Fred L. (1975). The influence of auxiliary sources of information in polygraph diagnosis. *Journal of Police Science and Administration*, 3(4), 405-409.
- Widacki, Jan & Horvath, Frank (1978). An experimental investigation of the relative validity and utility of the polygraph technique and three other common methods of criminal identification. *Journal of Forensic Science*, 23(3), 598-601.

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