

(3) It is suggested that enforcement officers are aware of the fact that state institutional facilities are not available for custody and/or treatment of all who could be committed as "sexual psychopaths." Therefore, they do not proceed with steps which would only further crowd the state mental hospitals.

The statutes suffer from the problem of determining who is a "sexual psychopath." There is a great variation in the statutory definitions set up. Furthermore, the mental condition of sexual psychopathy is not a definite entity, even among psychiatrists and so-called experts. The conclusion of some students of the problem is that the concept of the "sexual psychopath" is too vague for judicial administrative use. See Edwin H. Sutherland's article in the *Journal of Criminal Law and Criminology*, Vol. 41, January-February, 1950.

One result of the definition difficulty is that in practical effect a "sexual psychopath" law may become only another habitual sex offender law. Something may be said for setting the limits of the "sexual psychopath" group within the group of sex offenders who have had a prior conviction; it gives an objective criterion which makes administration easier. There is some belief that even if a "sexual psychopath" law is not limited to affect sex offenders convicted twice, it at least should be limited to sex offenders convicted at least once. It was the recommendation of the New Jersey Commission on the Habitual Sex Offender on page 52 of their report that this special "sexual psychopath" type of proceeding should be limited to the situation "where there has been a conviction in a criminal court for a serious sex crime, evidencing the danger of the offender to the security of the community."

If a "sexual psychopath" law is limited in operation to second-conviction offenders, it will miss a large number of sex offenders. See the discussion in Chapter V concerning the low rate of recidivism indicated among sex offenders.

There is a wide variety in the types of persons who are being committed as "sexual psychopaths." They differ very much in the types of mental illness from which they suffer (psychotics, feeble-minded, seniles, schizoids, psychoneurotics, etc.). Also they differ very much in the types of sex behavior which they practice. In fact, the New Jersey Commission on the Habitual Sex Offender drew the conclusion on page 28 of its report that during the first six months of administration of the new law in New Jersey, "it is almost entirely the minor sex cases that are getting attention."

Nowhere is there much treatment available for the persons committed as "sexual psychopaths." See Chapter VII on treatment facilities and methods available.

CHAPTER VII

TREATMENT OF SEX OFFENDERS

A. GENERALIZATIONS

Dr. David Abrahamsen has said, "Basically crime indicates that society is sick." The control of symptoms of this sickness has, in the past, been vested in legal prohibitions and punishments. This prohibitory and punitive approach to crime has not been wholly satisfactory because there is much evidence that it has not successfully reduced the problem of crime, particularly of sex crimes.

Society is turning to the medical profession. A scientific approach nonpunitive in philosophy is suggested. Special consideration of the sex deviate is demanded by a public concerned over the threat such conduct represents to individual and group security. There is a growing demand that sex offenders be "treated" and cured.

The demand for treatment of these violators has been relatively sterile because there is no unanimity of thought within the professional groups normally engaged in the treatment of personal and social ills. Within the framework of existing knowledge there are many recommendations but few conclusive or verified assertions. If real help is to be effected experimental research and evaluative studies of present methods must be established. The question as to what basic causes provoke aberrant behavior and what may be done to relieve or modify those drives must be answered.

Furthermore, society must determine the extent to which such abnormal behaviorists are to be "cured." To actually require "cure" of these individuals is to demand that they be placed in a condition medically and mentally superior and more intact than the population which supports their treatment. Realistic definitives of scope and objectives must be established.

B. TREATMENT METHODS

An eclectic review of the treatment involved in the sex patient cases includes:

1. Psychotherapy

Psychotherapy refers to the treatment of mental or other illnesses through mental suggestion or influencing the thinking of the patient.

It is done by counselling, training individual patient into some recognition of the factors responsible for his problem, some insight or understanding of the forces at work.

a. It Is Administered by Four Groups (Primarily):

Psychoanalyst: Usually a physician specializing in psychiatry utilizing techniques of psychoanalysis. The mental processes comprise two groups, one controls conscious and second the subconscious ideas and wishes. Conscious group dominates but when some break occurs in the processes behavior or mental attitudes reflect the problem. Patient is led to relate all ideas, proper and improper, thoughts, etc., up to time of

break the "pathogenic link" is identified and if patient recognizes the relationship, he may recover completely. A method of treating psychoneuroses.

Psychiatrist: A physician specializing in the treatment of diseases of the mind. These diseases may be physiogenic, source is physical lesion, etc., or psychogenic, where there is no apparent pathology to account for the disturbance.

Psychologists (psychotherapist): Not medically educated but advanced study in psychology, usually involving considerable graduate level work and often reflect M.S. or Ph.D. in their field. (The study of the mind in action and the behavior of humans.)

Counsellors: Many other professional levels may be tapped to aid in this aspect of treatment. The churchmen, family physician, lawyers, teachers, and other community leaders can be of inestimable assistance in helping the individual involved with problem of which sexual behavior is an element.

b. The General Approach In This Method

Individual therapy is a treatment involving counselling and working with the patient for several hours a week over a long period of time. This has been considered the most effective therapy but it is admittedly the most expensive and is prohibitive on a large scale.

Group therapy for several years advocated by prominent therapists, is being considered more seriously than in the past by administrative physicians and those practicing therapy today. It consists of projecting techniques of individual analysis into a group of patients who are encouraged to discuss personal problems. Discussion of their problems with other members of the group is followed by comfort received from knowledge that others are also troubled and this will help the individual solve his adjustment difficulty. Group functions and projects such as painting, cooperative building, carpentry, occupational interests, etc., are carried on. Some benefit of this general theory is demonstrated by the phenomenon of Alcoholics Anonymous.

Adequate standards require small groups (8-20) but even this is an advantage over the individual approach (numerically at least). Mendocino Hospital in California applies this approach to groups using minimum of sixty (60) hours of such activity before they feel individual patients benefit.

Some discussion of these therapies is included in Dr. David B. Williams' report on Mendocino and Dr. Schmidt's report on San Quentin in the Appendix.

2. Surgery as a Treatment Method

a. *Sterilization*, obtained by cutting tubes from testicles to penis produces no effect upon drive nor capacity, it is a contraceptive technique rather than anything else.

b. *Peotomy* is the amputation of male sex organ. This cannot in any direct way reduce the sex drive and may very likely produce harmful personality changes. It may induce considerable exaggeration of sexually abnormal behavior such as fellatio, cumilingus and sodomy (recipient).

c. *Lobotomy* (prefrontal lobotomy) is surgery referred to in *Science Digest*, May, 1947, as "two edged weapon of last resort." It is an operation usually restricted to cases recognized as definitely "psychotic."

The operation consists of removing buttons of bone from each side of patient's head permitting surgeon to partially sever the connection between the frontal lobes (believed to be center of association and focal point for sensory impression) and the thalamus at base of brain (where impressions are thought to be processed and where behavior affected by them is initiated). Abnormal behavior presumably results from distorted relation of ideas traveling from frontal lobes to the thalamus. Thus the interruption of this communication frees the patient from the disturbing ideas which dominated his personality.

The first operation was in Spain in 1936, and was followed in the United States in 1938 by Drs. Freeman and Watts, Washington, D. C. By 1946 over 2,000 such operations had been performed.

Medicine generally concurs that the operation works profound changes in the patient. He may be relieved from fears, anxiety, and other disturbing conditions, but he may also disregard consequences of conduct which formerly concerned him and/or he may lose all initiative at the same time feeling a sense of well being. Reports concerning the capacity of patients to return to society following a lobotomy are conflicting. (*Time Magazine* reports "sensational results"—another report refers to 10 percent receive spectacular improvement.)

The operative procedure has not been standardized according to Veterans Administration Technical Bulletin (1948). Further, many psychiatrists disagree with the basic hypothesis. Most authorities agree the operation is not to be used upon persons suffering from psychosis of which aggression is a factor. They believe that the surgery may not reduce the aggression but will remove the inhibitory function.

There seems no question but that the patient undergoes personality changes following the surgery which may be harmful. There is also the distinct possibility of complete disintegration and he may be reduced to "human vegetable" (Dr. Lauran Smith, University of Pennsylvania Hospital).

In the light of the drastic possibilities involved in this approach and in the absence of conclusive medical opinion as to the theory and practice of such surgery it would appear that prefrontal lobotomy as such must be regarded as in an experimental stage.

d. *Castration*.—Orchotomy is the surgical removal of the testes thus producing the theoretical status, at least, of a neuter condition.

This operation is one of the most controversial methods suggested to eliminate sexual offenders. The controversy, however, appears to be between the medical professions and lay groups. There seems to be considerable accord within the profession of medicine to the effect that castration would not have any particular beneficial result, and might produce personality changes increasing the individual's problem.

The medical view is that the sex drives do not originate in the testes, (in fact many sex violators are without the testicular function at the time of their act) and that the side effects of the surgery promote a real possibility of personality disorders which will complicate the problem. They believe the removal of testes may exaggerate any tendency toward

bizarre performances for sexual satisfaction. As long as most sex drives originate in the mind and the center of an erection is the spinal cord they reason that removal of the testes was no more efficacious than removing the patient's thumb. There is a further danger that removal of testes will alter hormone balance and result in effeminacy.

Some physicians suggest that such surgery may have a psychological effect which would justify its use in a few circumstances. Such circumstances include the situation where the individual would regard the operation as a purge. Such a person would feel a need for atonement and riddance of his guilt feelings. Other psychiatrists advance the argument that loss of the testes, would in many instances affect the male ego in a manner which would lead to additional behavior of disapproved character.

The proponents of castration urge acceptance of available statistics regarding the experiment. They point to the experience of Judge Collier's Superior Court in Pasadena, California, where over a period of years Judge Collier accepted the surgery as a condition of probation. Over 50 such cases were placed under supervision of the Los Angeles County Probation Department. The known facts are that none of the individuals were returned to the sentencing court, that three of them were again arrested but not specifically for sex violations, and that both the Pasadena court and the city police were satisfied that the surgery had contributed to the results. Additional argument is advanced that the Beverly Hills court accepted a defendant's request for the operation as a probation condition and that the results as reported by the defendant-patient were highly satisfactory. The unknown quantity lies in the absence of an actual follow-up of the patient group. No studies were made of their behavior outside purview of authority and there is no record of any medical observation re their conditions. There is no information with respect to how many left the jurisdiction, died (several were in their seventies at time of operation), and other necessary material for conclusions. Dr. Rosanoff of Rosemead, California in cooperation with the Los Angeles County Probation Office engaged in a study of these cases but his untimely death interrupted the project and none of his findings (if any) have been reported.

The subcommittee has been unable to find any actual medical studies supporting this method.

3. Medication

a. Hormonal therapy

A hormone is a specific chemical substance formed by one organ, which, on passing into the circulatory fluid, evokes functional changes in other organs. The process is usually accomplished by tissue transplantation or administration of hormonal concentrates.

The theory has been advanced that an excess of female hormones will produce effeminate characteristics including homosexual propensities in males. The biologists experimented with hormone therapy many years ago in the animal field. They came to rather definite conclusions which may aid the present medical inquiry. They contend that the direction of a sex drive cannot be modified by changing the hormonal content or balance. An experiment conducted during the last war included three hundred patients with homosexual histories. Each patient was given injections of male hormones. The results were extremely discouraging,

the incidence of homosexuality and intensity of the drives markedly increased.

Some agreement is reported that hormone treatment of the pre or early adolescent will materially alter all physiologic development including genitalia. The effect reduces intensity of sex drive, frequency of arousal, and general activity. These effects cannot be isolated however from the other physiologic results. This factor dissuades usage. If hormone medication is to be instituted, therefore, it may only be done when the particular circumstances equate to medical necessity. A considerable degree of medical diagnosis is required before application of treatment. There is a large group of physicians who have evaluated the entire hormone medical approach and suggest that additional attention and experience are necessary before conclusions may be drawn.

b. The use of drugs—the intravenous barbiturates

This practice is usually limited to sodium amatol, pentathol, and the so-called truth serum, scopolamine (used with morphine to produce anesthesia). It is ordinarily applied merely to reduce patient's consciousness so that the physician may benefit from remarks, information, etc., drawn out at that time.

There is no contention before this committee that drugs will directly alter sexually offensive behavior.

c. Shock treatment

In this technique either an electrical shock is given patient (causing convulsion) or insulin is administered (lowering blood sugar). The result is that brain activity is quieted and the patient is temporarily relieved.

The theory is somewhat similar to lobotomy in that disassociation is desired. Application of this method is ordinarily reserved for the psychotic patient (dementia-praecox, depressed, etc.) and is less often used on milder forms of mental disturbances.

Neuro-psychiatry has had considerable experience with shock treatment, especially in government hospitals. There are no well substantiated claims that it has any application to the cases of behavior disorders of which the sex offender is characteristic.

d. Use of electroencephalogram

This is an instrument which records the electrical impulses emanating from designated areas of the brain. It is a diagnostic tool ordinarily applied in cases of suspected brain tumors, epilepsy, etc.

While it is possible that such equipment may prove useful in diagnosing behavior disorder patterns at some future time, there is nothing to support its use in that reference at the present state of information.

C. PLACES PROVIDING TREATMENT

1. Public Institutions

Public institutions house the majority of those sexual offenders who are under custody and/or care. Although treatment facilities are unequal to the needs of the institutional population, every effort is apparently made to provide best treatment possible.

Examples of the program offered are found at:

Mendocino, a California state hospital where the psychotic sex offender is committed. The patient is given psychiatric, psychological, neurological, laboratory, and general physical examination. The results are interpreted by a clinical staff and treatment instituted at the staff's direction. A minimum of one year's treatment is required before patient's case may be presented to the staff conference in connection with release or parole request. If the staff and the director approve the parole, such recommendation is forwarded to proper authority.

Dr. David B. Williams, director, stated (January 12, 1950) that "we don't feel that we are curing anybody, but we do feel that we are giving insight to these cases so that they will not become involved in anti-social behavior."

San Quentin. Dr. David G. Schmidt, supervising psychiatrist, at this penitentiary believes this prison points up the fact that jails are not suitable places for treating the sex offender. He states that prison population is irritable and is intolerant of the homosexual who cannot be segregated due to overcrowded conditions, and that lack of personnel makes treatment nearly impossible. He approximates one and one-half hours of individual and ten hours of group therapy a year is average. The psychiatric unit utilizes tests, encephalographs, hormone, shock, and other treatment efforts. The unit consists of five psychiatrists, two sociologists, two psychologists, and several physicians rotating through San Quentin from Langley Porter Clinic, San Francisco. Of the 4,800 inmates in San Quentin in 1948, 3,600 were recommended for psychiatric treatment, but the staff has been unable to adequately reach even the 1,200 selectees who were most seriously in need of attention.

Dr. Schmidt is convinced that hospitals will supplant prisons in the future more enlightened era.

Sing Sing Penitentiary in New York State is a scene of research at this time under Dr. David Abrahamsen. A fifty thousand dollar appropriation permits a staff including psychiatrists, psychologists and sociologists. A two-year study of 100 cases will be reported by Dr. Abrahamsen in 1950.

St. Elizabeth Hospital in Washington, D. C., serves both the District and Federal Government. A mentally ill population of over 9,000 includes but 20 persons brought there under a sex psychopath petition. The group and individual therapists (Drs. Cruvant, Meltzer, Bevers and others) are actively engaged in their respective therapies but make no particular claims regarding programs of the patients under them. Dr. Overholer, Superintendent and Medical Director, reports that facilities for treatment of mentally ill persons are available, but individual cases present particular problems of appreciation and method.

St. Peter State Hospital, Minnesota—the psychopathic admissions are entered to a close custody admission ward, usually for several months. Some shock treatment is used and other methods within somewhat limited facilities. A certain number of out-patient relationships are conducted and some "off-grounds" permits granted. A reluctance to release sex psychopaths characterizes the state hospital, perhaps due to requirement that release recommendation requires strong supporting statement from the director.

2. Clinics

Private and public clinics are serving the sex offender.

Langley Porter in San Francisco is operated in connection with the University of California School of Medicine and serves public as well as government agencies referring to it. The clinic is utilized by courts and enforcement groups throughout the area.

New York courts (special and general sessions) have psychiatric clinics in connection with the court. The purpose is diagnostic and the findings are offered to assist court in its case dispositions.

The tremendous number of cases submitted to these clinics, however, results in rather assembly line methods (15 minutes to one hour interviews). Most psychiatrists do not believe that valuable diagnosis is available under such circumstances.

Private clinics also assist in these matters. In New York the Quaker Clinic counselled with some 600 cases in the past 20 months. One half of these were referred to the clinic by the Magistrates Court (handling minor offenses) and the balance were volunteer patients. The voluntary group is increasing according to the clinic and it is within this group that best results are obtained.

Statistics re number of persons under private treatment are not available. It is believed that the number is increasing. If true, it is a hopeful sign.

CHAPTER VIII

RESEARCH IN SEX CRIME PROBLEMS

The extent of the sex crime problem has interested many persons. The solution of the problem, if any, has engaged relatively few scientific studies.

There are three broad areas in the sex crime problem where research is being undertaken and where more is needed. There are (1) the administration of criminal justice with respect to sex statutes, (2) the techniques and objective standards for diagnosing potential future sex offenders, and (3) the treatment of sex offenders whose behavior is caused by a curable mental illness.

A. THE ADMINISTRATION OF CRIMINAL JUSTICE

Research in the administration of criminal justice should embrace all phases of law enforcement; (1) the reaction of the offended person or victim, (2) the behavior of the officials faced with the crime, and (3) the effect of the legal processes upon the offender.

California has taken some steps in this direction with research in the statistics of a few sex offenses, some study of recidivism, and an appraisal of the convicted sex offender as a probation or parole risk. These studies emanate from different bureaus, however, and lack integration with the over-all problem.

The New York City Mayor's Committee for the Study of Sex Offenses made a preliminary survey of this phase but no specific research project resulted.

The Crime Prevention Bureau in Chicago, Illinois is studying the present methods of crime prevention and this study will include an examination of the processes of law as they are applied to the sex offender.

In their review of the "sexual psychopath" statutes, the New Jersey Commission on the Habitual Sex Offender points up some of the problems involved but no additional research was instituted.

B. DIAGNOSIS TECHNIQUES

The second area of research relates to the development of reliable objective standards for diagnosis of potential future sex offenders. The many tests offered, the techniques employed, and present methods used in diagnosis should be exhaustively studied and evaluated.

California has made some effort in this direction. Some of the institutions so occupied are San Quentin, where Dr. Schmidt is actively engaged in research (as reported in the Appendix). At Mendocino State Hospital for the criminally insane, Dr. David Williams and staff are researching constantly with particular emphasis upon the diagnostic tests employed. (See Appendix for Dr. Williams' report.) The Langley Porter Clinic in San Francisco, a part of the University of California, is also devoting attention to the diagnostic methods in an effort to judge their worth.

Dr. Alfred C. Kinsey's research at San Quentin Prison, California, may provide information in this field in addition to the other points of his inquiry. Kin

New York State has a project under way at Sing Sing Penitentiary. One hundred prisoners have been selected for study and treatment. The director of the project, Dr. David Abrahamsen is preparing a report for publication early in 1950 which will reveal the product of this two-year effort.

The project is financed by the state (\$35,000 for the first year and \$45,000 for the second year), and was approved by Governor Dewey because New York believed that research should precede legislation on this matter.

Michigan has entered the effort through its Wayne University Medical School which has established a clinic for research on psychosexual deviation. (See "Terror in Our Cities," Collier's January 21, 1950, p. 64.) There is also a plan to create a neuropsychiatric institute for the training of the professions engaged in the fight against sex aberrants. This institute will be formed in Detroit, Michigan.

In Chicago the Michael Riis Hospital is reportedly instituting special research on the reliability of known diagnostic methods.

The Gary Methodist Hospital of Gary, Indiana, is adding a wing for the treatment of mentally ill persons and Superintendent John M. Anderson has studied the diagnostic needs as well as the problem of architecture designed for this patient group.

Minnesota, recognized as a leader in sex legislation, has recently renewed its interest in the problem by a research of present methods. The research is being conducted at the State Hospital at St. Peter, Minnesota.

Berlin, Germany is the site of a research which many medical men believe will produce much of interest. Dr. Magnus Hirschfeld heads a group researching the pathology of the sex pattern. The patients involved have been introduced to the purpose of the study and their responses are entirely voluntary. It is believed that such responses are more accurate reflections of the actual practices and patterns of sexual behavior than are the responses of patients who are institutionalized. Hir

Dr. Kurt Fantle (Los Angeles City Health Department) points out that much of the value possible from research is lost if the researcher must rely on "criminal statistics" to guide his appraisal of behavior.

C. TREATMENT OF MENTALLY ILL SEX OFFENDERS

The third area of research in which there is some activity and for which there is urgent need is in treatment methods. Serious thinkers urge that no lasting formula advanced as a solution of the sex crime problem will be superior to the treatment element of the formula. It is apparent that a tremendous effort would be necessary to establish a treatment program; but, before it should be undertaken, the directors of the program should be supplied with reliable information on what constitutes treatment.

Within the United States, there are several active researches directed toward the treatment segment. In each instance the men engaged in the work deplore the limits imposed by lack of personnel, funds, and

facilities. They continue however, and we may hopefully look forward to their results.

At St. Elizabeth's Hospital in Washington, D. C., Medical Director Dr. Overholser has programs of group therapy, individual therapy, medication, psychoanalysis, and all the recognized medical approaches laboring with the patients. Here Dr. Cruvant is watching the effects of various therapies as administered by Dr. Meltzer, Dr. Bevers and others. Any signs of results will be reported by this medical unit.

The Quaker Emergency Service Clinic in New York City has applied various therapies to nearly six hundred patients. The clinic intends to publish a progress report this year (1950).

In New York City, Bellevue's psychiatric staff handles its hundreds of patients with the researcher's eye. Their constant attention may be rewarded by the identification of treatment methods.

The hundred men selected by Dr. Abrahamsen for his study at Sing Sing Prison in New York have received and will continue to receive treatment in the hope that something definite will emerge.

California institutions are making every effort to utilize known treatment methods and to devise new techniques. The reports of Dr. David Schmidt (San Quentin) and Dr. David Williams (Mendocino) present their efforts and problems. (See Appendix.)

It should be noted that there are methods of treatment which are not medical. These include such things as the effect of social disapproval and the deterrent effect of law and punishment. There has been some research in these types of "treatment" and there is much more needed.

Researches in England have indicated that the severity of the penalty is not the prime factor in the deterrent effect of punishment. These results agree with the researches of Sheldon and Glueck in this Country. They found that the two most important factors were quickness of apprehension and certainty of some punishment.

CHAPTER IX

COMMUNITY PROBLEM: ROLE OF OTHER GROUPS

A. THE COMMUNITY AS A GROUP

The sex crime problem is a community problem. It was made evident to the subcommittee that many other groups in society beside law enforcement and medicine have an important responsibility in this connection.

Testimony was received as to the nature of the responsibility of these other groups in the community. Furthermore, certain representatives of these groups told of their activity in meeting the responsibility.

The difference in theory and practice was illustrated. In some instances, group organizations were not supplying the leadership. In other instances, the leadership of the organization was active, but the individual citizens attached to the groups were passive to the problem.

There were, of course, instances where the community and its organizations as a cooperative whole were doing something. It was here that the sex problem was minimized.

B. THE HOME

1. Parents

Testimony indicated that the heavy responsibility borne by people who are parents was not being carried out in many instances. It was not the group which was blamed, but certain individuals. These instances of negligence by parents very greatly hinder the work of crime prevention and crime prosecution.

An area of negligence at home is in the proper training of children—training in self-control, training in avoiding danger, training in constructive habits. An example was cited from one California community. A check of the child molestation cases reported to the police during the past year indicated that the great majority of molestation cases could have been avoided if the child had "known better." It was recommended that parents enforce their "own curfew law" and know the associates of their children.

Another area of negligence and noncooperation is in parents' relations with law enforcement agencies. (1) Offenses are not reported. There were instances where investigation of a report of child molestation would reveal that as many as three to six prior acts of child molestation by the same offender were known to the respective parents of the children involved. These prior offenses had not been reported. (2) Parents who reported refused to prosecute. In these situations, prosecuting officers were forced to drop the case.

Certain organizations among parents are particularly active. The Parent-Teachers Associations have been carrying on programs of education and prevention in many instances. (See the remarks of Mrs. Ralph Lewis in the Appendix.) Certain neighborhood organizations have played a great part in combatting the problem. In Mullanphy, Missouri, "block mothers" set up an organization to protect their children going to and from school. (See "The City That Does Something About Sex Crime," Collier's, January 21, 1950, page 64.)

2. Family and Friends

Testimony indicated that individuals who are members of the family or friends of a person involved in a sex crime, as offender or as victim, have a large responsibility. Many such individuals are not meeting the responsibility they owe to their community.

C. SCHOOLS

The responsibilities of the schools were outlined by Dr. Alexander J. Stoddard, Superintendent of Schools of Los Angeles. He stated two general responsibilities. The first was to "provide a clean wholesome environment for growing boys and girls." The second was to teach from kindergarten to college appropriate social and personal standards. This should be done through providing a continuing curriculum program in both physical and health education.

Dr. Stoddard listed certain specific responsibilities of the schools.

- (1) "There should be a most careful screening of all employees."
- (2) "On the positive side, only those school employees should be selected, and continued in service, who have excellent educational, cultural, and social backgrounds."
- (3) "Every possible precaution should be taken to provide a program for the early recognition by school personnel of any signs of mental, emotional, or endocrine abnormalities and especially deviant sexual behavior."
- (4) "Corrective measures should be provided through school medical, counseling, and psychiatric services, including the operation of guidance, welfare and adjustment rooms and child guidance centers."
- (5) "Every precaution should be taken to safeguard children from potential or actual sex criminals."
- (6) "We try to take every precaution to see to it that children do not become morbidly conscious of this subject, so that they act in a prudish way towards people."

(See remarks of Dr. Alexander J. Stoddard in Appendix.)

School personnel are attempting to meet their responsibilities. Their success varies, of course, in individual instances. Most success appeared in areas where the members of the community most actively supported their representatives in the schools.

D. RELIGIOUS ORGANIZATIONS

Both the clerics and the laity in religious organizations have a sense of responsibility in the problem of sex crimes. The subcommittee was informed that this group recognize duties in this problem as in other problems of the community.

The Reverend F. C. Farnham, Executive Secretary of the Church Federation of Los Angeles and the Southern California Council of Protestant Churches testified as follows. "As a responsible element in our social structure, we humbly accept our share of guilt for any sins of omission which may have contributed to this unhappy situation, and we stand ready to undertake our share of the remedy.

"Our churches do not claim to be specialized agencies for dealing with sex crimes. But our churches do deal with persons of all types, and with the underlying problems and motives, as well as conduct of people. Throughout its existence, the church has been concerned with persons, with social relationships, and with moral, social, and religious foundations of conduct. The churches work constantly against the background or upon the foundation of personal and social ethics, having the long

range, and permanent good of individuals and society constantly in view. Ever present is the concern that individuals achieve moral stature, social acceptability, and full spiritual selfhood." (See remarks of Rev. F. C. Farnham in Appendix.)

E. YOUTH ORGANIZATIONS

Various organizations for youth have programs which attempt to prevent sex crimes.

The first and primary approach is the screening of personnel. This includes removal of persons with dangerous behavior habits from positions where they have continuing contact with youths.

A second aspect is to develop normal attitudes toward sex in the youthful mind. Healthy group activities like discussions, movies, lectures, dances, and parties are utilized as much as possible.

Thirdly, youth organizations often provide facilities for young people where authoritative literature on sex education is available.

Fourthly, they often provide counseling services for young persons with difficult "problems."

A fifth aspect of youth organizations is the creation of committees and groups of young people to consider the problems of the community. It has been found that young people will work out their own "problems" in activities where they are helping others.

F. MENTAL HYGIENE SOCIETIES

Mental hygiene societies have been formed by people who wish to promote the mental health of persons in the community. They accent first the prevention of mental and emotional breakdowns in children and adults. Secondly, they stress the treatment of mentally ill individuals. The societies educate fellow citizens to the necessity for constructive action to promote mental health. Further, the societies take an active part in obtaining the mental hygiene facilities that each community needs.

Representatives of two coordinating agencies active with societies interested in mental hygiene testified before the subcommittee. (See the remarks of Dr. Dressler of the Southern California Society for Mental Hygiene and of Mr. Sidney Zagri, Executive Secretary of the California Citizens' Committee for Mental Hygiene, Inc., in the Appendix.)

G. THE PRESS

The role of the press in the sex crime problem was stressed in testimony before the subcommittee.

1. Actual Practices of Newspapers in California

Mr. John B. Long, General Manager of the California Newspaper Publishers' Association, testified on December 8, 1949, as to the policies of California newspapers. His statements declare the following general policies:

Murder and Kidnaping cases. In general, if the story is run, there is no policy against printing the names and addresses of the victims, minors or not, and of relatives such as parents. In other words, these facts usually appear.

"Major cases," those involving prominent people. Here again, complete stories are generally written. There is no policy against printing names and addresses. This is true whether the prominent person is

involved as offender or as victim. If the offender is prominent, there is no policy against printing the name and address of a minor victim. Complete information on crimes in these cases is published on the theory that "names make news." The point was illustrated by the cases of Thomas Johns, tennis champion, and Charlie Chaplin, movie star.

Rape cases. Mr. Long testified that the average newspaper had a policy against printing the average rape case. All but a few do not even use the word "rape." When a rape case is reported and it involves a minor, the policy is not to print the name of the victim or parents, or the address.

When a rape case involves an adult, and it is reported, the policy in these cases is to print the name and address of the adult victim.

Lewd and lascivious conduct with children under 14. The policy in these cases is not to print the name of the victim, the parents, or the address.

There was testimony by others before the subcommittee that names and addresses of victims and their parents were very often printed in California papers. The particular types of cases were not specified.

2. Effect of Newspaper Publicity Practices

Arguments and facts were presented to the subcommittee both pro and con on the publicity policy of California newspapers concerning sex crimes.

CON:

Hindering the administration of justice. There was much testimony to the effect that newspaper articles which presented the names and addresses of the victims and relatives had an ill effect. It was argued that publicity in the newspapers caused citizens to refuse to cooperate with law enforcement agencies. Citizens refuse to report large numbers of sex crimes (it was estimated only 20 percent of rapes are reported to police). They refuse to prosecute many cases that are reported. These effects hinder the administration of justice by law enforcement officials.

Causing criminal behavior by juveniles and immature adults. It was suggested that articles giving publicity to crimes, especially the gory and gruesome details, had an adverse effect on immature minds. It was argued that the effect was to inflame imaginations and to contribute to the incidence of crimes of violence.

PRO:

Publishing news, reporting life as it is, is educating. It was contended that the proper function of the newspapers is to publish the news and necessarily to "publish the facts of life as it is, not as it ought to be." The effect of this is to educate the public. Without newspaper articles, most citizens would be unaware of the existence of the sex crime problem.

Awakening citizens to action. It was argued that after newspaper accounts of sex crimes made the public aware, citizens were aroused to great indignation. Committees for action were created. News of these activities led to cooperative action by others. The free citizens of a democracy demanded action by their elected representatives in city,

county, and state government. The results were affirmative steps to solve the problem of sex crimes.

Furthering the ends of justice. It was pointed out to the subcommittee that newspaper articles which had printed the names and photographs of victims and offenders had led to the capture of the offenders and the recovery of kidnaped victims. These were cited as some of the instances where newspaper publicity has cooperated with law enforcement officials and has furthered the ends of justice.

CHAPTER X

RECOMMENDATIONS MADE TO THE SUBCOMMITTEE
BY OTHERS

Many recommendations were made to the subcommittee during its hearings in Los Angeles, Sacramento, and San Francisco, and also many have been received since the time of the hearing. The following chapter is a report of those recommendations made to the subcommittee, not necessarily by the subcommittee.

The recommendations are grouped according to subject matter. In many cases both the pros and the cons of certain matters were expressed to the committee.

A. RECOMMENDATIONS RE RESEARCH

There were overwhelming recommendations that more knowledge was needed concerning the sex crime problem. To obtain this knowledge, various types of research programs were suggested.

Recommendations as to the administration of the programs varied. It was suggested that a commission be established to administer the research program, and that it should include representatives of the Department of Corrections, Department of Mental Hygiene and the Department of Justice and representative lay-groups. There was opinion that the State should authorize universities to conduct the research. For example, it was suggested that the University of California conduct a research program and carry it on at its Langley Porter Clinic and at nearby San Quentin Prison among the sex offenders incarcerated there. It was also suggested that the Department of Corrections would be the proper administrative head. It was suggested that the Department of Mental Hygiene conduct a research program through the facilities of the state mental hospitals. It was suggested that research be administered by a behavior clinic established under some county probation department. It was recommended that research should be conducted under the administration of some privately endowed agency or under the United States Public Health Service.

Recommendations as to the amount of money the State of California should appropriate varied from \$25,000 to \$500,000. The variation depended to a great extent upon practical matters such as opinion concerning available personnel who are trained to conduct research profitably.

The first step was suggested to be the gathering of the results of reliable research which has been conducted previously.

Research in Administration of Criminal Justice

It was recommended that one aspect of the research should be conducted in the administration of criminal justice. It was stated that the behavior of law enforcement officials when confronted with the problem of sex crimes should be studied as well as the behavior of the offenders. For example, it was proposed that research should be conducted into the four stages of law enforcement described in Chapter V.

Also it was suggested a study be made of sentences which are actually fixed under the Indeterminate Sentence Law.

It was recommended that research be made into the effect upon sex offenders of the present enforcement of the criminal laws. For example, it was recommended that further research be made into the deterrent effect of different punishments. This was recommended to be done to guide judges and supervisory authorities in carrying out present law and to guide the Legislature in enacting any laws which would increase or lessen maximum punishments.

Research in Methods of Diagnosis

It was recommended that research be conducted to establish reliable objective standards for identifying who are *potentially dangerous future sex offenders*. It was recommended that this research be conducted in order to make "Sexual Psychopathic" Acts effective.

A specific suggestion was that the research for this purpose be conducted among the group of convicted sex offenders who are sentenced to San Quentin and also those who are freed on parole. It was stated that a test group of 1,200 men should be studied by a special research staff of four psychiatrists and their necessary clinical and clerical help.

Research in Methods of Cure or Treatment

It was recommended that research be conducted into the methods of cure or treatment of sex offenders suffering from mental illness. It was felt this was one of the most constructive approaches to the prevention of sex crimes.

It was recommended that research be conducted to determine which sex offenders are curable.

It was recommended that research into treatment methods be conducted or perhaps continued at penal institutions, state and private mental hospitals, and at mental clinics.

B. EDUCATION

Numerous recommendations were made that the ultimate solution of the sex crime problem lay in proper education of the public. One aspect of these recommendations was that a new attitude toward sexual matters should be developed in the American public. Another aspect of the general recommendations was that the public should be educated to cooperate with law enforcement officials in reporting and prosecuting sex crimes.

Special Groups

The recommendations concerning education were often directed toward special education of particular groups.

1. Children.

A three-point educational program for education of children was put forth. It included education in a proper manner concerning sexual matters, training in self-control, and cautioning to avoid dangerous situations.

There were recommendations for this personal and family life education of children to be conducted both in the home and church.

It was recommended that special consideration be given to the curriculum and to the personnel to handle such an education program in

the school. The dangers of over-stressing sex and frightening children were mentioned.

Maladjusted Children.

It was recommended that counseling services and child guidance clinics be made available for maladjusted children.

Parents.

It was recommended that parents be educated concerning the sex crime problem and the methods for its control on a family level.

Teachers.

It was recommended that teachers be educated as to the scope of the sex crime problem and the methods for its control and solution on a school level. It was suggested they be given training in diagnosing the child suffering from personality disorders leading to deviated behavior.

Medical Profession.

It was recommended that physicians be presented with special material to acquaint them with the sex crime problem and methods for its control on their level.

Judges.

It was recommended that helpful material be made available to judges. It was suggested, for example, that the report of the subcommittee be presented to all judges.

Police Officers.

It was recommended that special training for both rural and urban police officers be given. It was suggested the education might be in the form of special training schools in investigative techniques. It was also suggested that a pamphlet be prepared for study and use by police officers.

C. CHANGES IN THE STATUTORY LAW OF SEX CRIMES

1. It was recommended that not much change be made in statutory laws because laws are generally adequate.

2. It was recommended that present sex crime laws be clarified, simplified, or unified where needed.

For example, it was recommended that a uniform age for a "child" be established for Penal Code Sections 288, 644 and 647a. The first section deals with "child under 14," the second with a "child under 12," and the third with a "child" and "school children."

Punishments

1. There were general recommendations both pro and con as to an increase in maximum punishments.

2. There were specific recommendations to increase penalties, e.g. (a) To increase maximum penalties under California Penal Code Sections 288 (lewd and lascivious conduct with children under 14) and 286 (sodomy and bestiality).

(b) To increase maximum penalty under Welfare and Institutions Code Section 702 (Contributing to delinquency of a minor) to a term of two years in county jail and thus legislatively overrule the case of *in re Chiapetto*.

(c) To increase all misdemeanor maximum penalties for sex offenses to a term of one year in the county jail.

(d) To amend California Penal Code Section 209 (kidnaping punishment) which provides for death or life imprisonment where the person kidnaped suffers bodily harm, to include kidnaping for sex purposes.

(e) To amend California Penal Code Section 645 to provide authority for the judge to order sterilization of offenders convicted of violating Section 288 (lewd and lascivious conduct with child under 14).

(f) There were numerous recommendations against castration as a penalty.

Probation

It was recommended that California Penal Code Section 288.1 be amended to provide that the court could not grant probation to a person convicted of an offense under Section 288 (lewd and lascivious conduct with a child under 14) where the court psychiatrist recommended against it.

Second Offenses

It was recommended that conviction for a second offense of California Penal Code Section 647.5 (vagrant-idle, lewd, or dissolute person or associate of known thieves), or Welfare and Institutions Code Section 702 (Contributing to delinquency of a minor) be classed as a felony.

New Crimes

1. It was recommended that California Penal Code Section 288 (lewd and lascivious conduct with a child under 14) be amended to raise the age of the child from "under 14." It was suggested that it be set at "under 16 years of age."

2. It was recommended that California Penal Code Section 1111 be amended so that in sex offenses all children would be regarded as victims rather than as accomplices, until they reached the age of 18.

3. It was recommended that congregation of "sex deviates" be prohibited.

Evidence Matters

1. Prior Sex Convictions: There were recommendations both pro and con concerning evidentiary rules of exclusion which generally preclude the admission of evidence of a defendant's prior convictions for sex offenses.

2. Corroboration Requirements: At present corroboration is required of testimony by an accomplice before a conviction can be had, and the corroborating evidence must tend to connect the defendant with the commission of the offense. Recommendations were received both pro and con regarding the amending of this provision of California Penal Code Section 1111.

3. Cautionary Instruction: At present, under California law, in certain sex crimes such as rape and sodomy, the judge must make an instruction to the jury to the effect that the charge is easily made and difficult to disprove and that therefore the testimony of the prosecuting witness should be viewed with caution. It is especially effective where a child is the prosecuting witness. There were pro and con opinions concerning the recommendation for legislation to remove this right from the defendant.

D. LAW ENFORCEMENT AND ADMINISTRATIVE METHODS**Cooperation**

It was recommended that there be full cooperation between district attorney, juvenile court and police departments in metropolitan areas.

Systems to Keep Track of Sex Deviates

It was recommended that some system be devised to keep track of known sex deviates. Specific suggestions concerned the Registration Act, California Penal Code Section 290, and fingerprinting practices.

Registration

1. It was recommended that Section 290 (registration of persons convicted of certain sex crimes) be amended to include convictions under Penal Code Sections 220 and 647.5 and Welfare and Institutions Code Section 702. These amendments were enacted at the December, 1949 Special Session.

2. It was also recommended that Section 290 be amended to include convictions for crimes motivated by sex (such as certain cases of arson, theft, burglary, etc.).

3. It was recommended that Section 290 be amended to require the convicted offender to report every three months to the sheriff of his county until he produced a bill of health by a psychiatrist that he was no longer a menace to the health and safety of others.

4. It was recommended that Section 290 be amended to require registration immediately upon conviction.

Fingerprinting

1. It was recommended that fingerprinting of all persons arrested for misdemeanor sex offenses be required of police departments, and that the records be made available for all enforcement agencies. Legislation for this purpose was enacted at December, 1949 Special Session.

2. It was recommended that fingerprinting and the checking of fingerprints be made part of the employment practice in many fields where there are frequent contacts with children.

E. SYSTEMS FOR DETECTING DANGEROUS SEX DEVIATES**Psychiatric Clinics for Screening**

It was recommended that clinics be established to detect dangerous sex deviates. Some recommendations were that they be handled by psychiatrists. The group of people to be studied varied in different recommendations. Some recommended that all persons arrested of felony or misdemeanor sex offenses be screened. Others recommended the procedure only for second or repeated offenders. Others limited the group to offenders against certain sex laws.

The use of screening methods was recommended for children at school age to detect the "deviated" child.

Many recommended against wholesale use of psychiatric examinations because of dubious value and tremendous costs.

Training of Police

Several recommendations were made that police officers receive special training in investigative techniques for handling sex offense cases. Recommendations covered both rural officers and special details in metropolitan areas.

A method of obtaining instruction was suggested to be the setting up of FBI schools for the purpose.

Police Equipment

It was recommended that crime laboratories for scientific investigations be made available to areas that do not have them. One suggestion was that this be accomplished by setting up districts for supporting the crime labs just as water districts are now created. Another suggestion was that the labs be created under the administration of the State Bureau of Identification and Investigation.

Increased Personnel

It was recommended that personnel in police departments be increased and that more policemen be stationed at areas where children frequently attend.

Prosecution

1. It was recommended that there be more forceful prosecution of sex offense cases. A specific suggestion was that a special body such as the grand jury, handle the prosecution of sex offenses against children.

2. On the other hand, it was recommended that district attorneys value a sure conviction even for a misdemeanor as more important than gambling for a higher sentence.

Court Procedures

1. It was recommended that court procedures be adopted to handle cases where children are witnesses. Small courtrooms or courtrooms closed to the public and press were recommended. In addition, it was recommended that a procedure for limiting examination of the child be devised, and that judges use discretion in this regard wherever possible.

2. It was recommended that all officials exercise discretion wherever possible to bring sex offense cases to quick trial.

Outside Advice for Judges

It was recommended that sources of information concerning defendants be made available for judges following conviction. It was recommended that the FBI report on the defendant be made available to the judge and that probation department reports include some psychiatric opinion. It was also recommended that a panel of experts, to include at least a psychiatrist, psychologist, sociologist and criminologist be set up to advise judges.

Selection of Jurors—Information

It was recommended that the person with responsibility for selecting prospective jurors, have an affidavit signed by each prospective juror giving pertinent facts as to family connections, experience, etc. This information should be available to prosecution and defense attorneys.

Jury Vote Required for Conviction

It was recommended that the conviction requirements for jury trials be lowered in misdemeanor cases from a unanimous decision to a vote of guilt by nine out of twelve jurors, and in noncapital felonies to 10 or 11 out of 12 jurors.

Probation Standards

It was recommended that uniform standards be set up for all California probation departments.

F. BEHAVIOR CLINICS

It was recommended that behavior clinics be established immediately for the assistance of all courts. The clinics would be staffed by psychiatrists, psychologists, criminologists and psychiatric social workers.

One function of such clinics would be to furnish information concerning convicted defendants to courts faced with the problem of passing sentence. This would be a study and diagnosis function.

It was recommended that such clinics could perform a second function, that of research into the problem of the sex offender.

The third function suggested was one of treatment, both for the defendants and volunteer patients.

It was recommended that behavior clinics be established for municipal courts as well as superior courts in metropolitan areas.

Recommendations as to administration of the clinics were that they should be attached to the county probation departments or to the State Department of Mental Hygiene.

G. SEX PSYCHOPATHIC ACT

1. Who should be committed. Numerous recommendations were made that a definition of a "sexual psychopath" be revised and reworded in Section 5500 of the California Welfare and Institutions Code. Although there was some recommendation that the definition be made broader to include "all sex deviates," most recommendations were that the definition be made clearer.

It was recommended that the definition of a sex psychopath be made to include all second offenders of sex crimes listed in California Penal Code Section 290 (the Registration Act).

Others agreed that a second conviction of certain sex crimes should be established as a criterion of a "sex psychopath." But they recommended that the definition be limited to this criterion and that the sex crimes be limited to serious crimes such as sex crimes involving force and sex crimes against children.

Some recommended no change at present in the law considering the following factors: The limited facilities and personnel for control, absence of proven treatment techniques for cure.

The superintendent of one hospital recommended that safeguards be set up to keep "sane" people out of mental hospitals—people who had been committed under a sexual psychopath statute.

2. Many people recommended that the present law would be used more if a provision were made for immunity from civil liability for filing a petition.

Mentally Abnormal Sex Offenders

It was recommended that the provisions under Section 5600 et seq., Welfare and Institutions Code, for voluntary commitment of "mentally abnormal sex offenders" be unified with the provisions in Section 5500 et seq. concerning "sexual psychopaths."

Recommendations concerning the need for adequate definition of "mentally abnormal sex offenders" were made.

It was recommended that the district attorney be allowed to institute proceedings under this law.

H. CONTROL OF SEX OFFENDERS

1. It was recommended that noninstitutional methods of supervision and control be used wherever practicable. It was suggested that probation and parole be granted convicted sex offenders more freely. It was suggested that outpatient or extramural treatment facilities be established for service to these sex offenders outside of institutions.

2. It was recommended that all "dangerous sex offenders" be incarcerated in institutions for the protection of the public, either under a theory of punishment for crimes or a theory of quarantine because of dangerous mental illness.

To handle the increased institutionalization it was recommended that staffing of state hospitals and state prisons be increased to make them adequate.

It was recommended that trained religious counselors be employed in custodial and rehabilitative institutions.

3. It was recommended that "all sex offenders" be segregated and placed in the same institution. No breakdown as to particular types of sex offenders was made in many recommendations.

To the contrary, many authorities recommended that sex offenders who were in mental hospitals for mental treatment could be cured more readily if not segregated from other patients.

Some recommendations as to segregation of sex offenders were limited to segregation of the effeminate homosexual group who cause disciplinary problems.