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THE VALUE OF SELF-REPORTS  
IN THE STUDY OF  
VOYEURISM AND EXHIBITIONISM

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## ABSTRACT

Self-reports about patterns of sexual behavior among voyeurs and exhibitionists were examined. Some of their reported experiences were compared with those of other sex offenders and community controls. Four hundred and thirty-seven patients, 92 university student controls and 35 controls with a lower educational level were examined. The self-reports of voyeurs were used to construct a scale for the assessment of voyeurism in co-operative individuals. The self-reports of exhibitionists provided information about the development of their pattern of erotic behavior. It was found that: (a) about one third to one half of the exhibitionists masturbated while exposing and during fantasies about exposing; (b) nearly two thirds of them admitted they had also masturbated in a public place though they knew nobody could see; (c) more than half experience the act of exposing as an invitation to intercourse and about one third as a substitute for intercourse with the target person; (d) the desired reaction from the target person was quite diverse although approximately one third wanted to sexually arouse her, and (e) their inclination to see prostitutes is more likely motivated by the impersonal kind of sexual interaction with prostitutes than by a particular preference for fellatio. The study also confirmed that obscene telephone calling, which occurs also with other anomalous erotic preferences, was connected particularly to exhibitionism.

**Freund, K., Watson, R., & Rienzo, D. (1988). The value of self-reports in the study of voyeurism and exhibitionism. *Annals of Sex Research*, 1, 243-262.**

Most of our information about anomalous erotic preferences such as voyeurism and exhibitionism is based on demographic descriptions, recidivism rates, descriptions of the situation by persons who were targets or witnesses of the offence, and patients' self-reports. A psychophysiological method exists for the assessment of anomalous erotic preferences, namely penile plethysmography, which examines penile tumescence in terms of circumference or volume changes. This method is fairly reliable in diagnosing pedophilia (Freund & Blanchard, 1988; Freund, Diamant & Pinkava, 1958). To date, however, the stimuli employed in this method have not been sufficiently standardized for use in diagnosing exhibitionism and voyeurism and some important information can only be obtained by patients' self-report. As a result, apart from a few studies (Abel & Blanchard, 1976; Abel, Barlow, Blanchard & Guild, 1977; Freund, Scher & Hucker, 1983; 1984), there is little information about voyeurism and exhibitionism available which is based on penile measurement, and much of the present diagnostic and theoretically important information is based on self report.

When evaluating patients' self-reports we have to be aware that the suffering caused by the sexual behaviors in question differs from the suffering caused by the majority of other psychopathological conditions for which patients come to the attention of physicians or psychologists. Exhibitionists and voyeurs suffer almost exclusively as a result of the hostile responses their anomalous sexual behavior elicits from victims (hereafter target persons) and the legal system, as well as from the public at large.

Most of these patients, therefore, have the tendency to conceal their sexually anomalous activities and fantasies. Some exhibitionists and voyeurs may experience a contradiction between their own moral standards and their sexual behavior. This dilemma may lead them to interpret their motives for these sexual activities and fantasies in ways which allow them to tolerate the contradiction. Understandably then, self-reports are often at variance with other data which are less dependent on the patient. There is, nonetheless, little reason for excluding self-reports, and with them the subjective dimension, from analyses of conditions such as exhibitionism and voyeurism because self-reports constitute an additional set of data for systematic analysis. Self-reports can be used in at least two ways.

First, they can serve to measure the degree to which patients admit to an anomalous erotic preference, as the Pedophilia and Hebephilia Admitter scales do (Freund, 1981). Second, self-observations of behavior in co-operative individuals may be scrutinized for information about their sexual activities which only they can provide, such as when their sexual preference first became evident, or their attitude toward the target person. While subjective data do not offer a short cut to understanding the causes of an anomaly, such data, even if gathered only from relatively few co-operative cases, may supply the basis for

hypotheses which may prove useful in research, including studies employing penile plethysmography.

In the following study the contribution of self-reports to the understanding of voyeurism and exhibitionism is highlighted.

### **Diagnostic Features**

Clinical experience suggests that there are four features important for the diagnosis of sexual anomalies, three of which appear to pertain to all anomalous erotic preferences.

The first was pointed out by Freud (1905/1925, p. 30), who differentiated between "perversions" in respect to sexual object and perversions in respect to sexual aim ("Sexualziel"). He observed that anomalies in respect to sexual aim "replace in importance to the patient the normal sexual act" (in present terminology: normal preparation to orgasm).

The second feature is masturbating (or spontaneously ejaculating) during, or immediately after, carrying out an anomalous sexual activity or when fantasizing about such a situation. Rape is the exception, of course, since there is physical contact with the victim.

The third characteristic feature is the devotion of considerable time to the search for a suitable target person and situation for carrying out the anomalous activity.

The fourth characteristic feature is a strong tendency to choose total, or relative strangers as target persons for the anomalous sexual activity (Mohr, Turner, & Jerry, 1964).

Exhibitionism is characterized by a desire to expose one's genitals or, less frequently, other parts of the body from a distance to a member of the preferred gender and, according to Mohr et al. (1964), taking the onlooker by surprise. It is for the most part easy to differentiate exposing from normal sexual behavior even on the basis of incomplete descriptions by patients, witnesses, or target persons. This, however, is not the case in respect to voyeuristic activities, because similar patterns can appear in normal sexual behavior. Auxiliary diagnostic indicators are almost always needed in such cases.

Voyeurism, defined in terms of patients' self-reports, is an exaggerated desire to observe stealthily a member of the erotically preferred gender in some stage of undress, having intercourse, in the act of excretion, or in similar intimate or very private situations. For a differential diagnosis of voyeurism considerable subjective diagnostic information is needed. More often than not it becomes essential to include the patient's self-report in the diagnostic process. Observations of these patients by others can never be complete enough to examine masturbatory activity, fantasy, course of development of the anomaly, and the patients' impressions about motivation for the sexually

anomalous acts. The present investigation gathered self-report data from voyeurs and exhibitionists in order to examine these aspects of anomalous erotic preferences.

## METHOD

The study has two parts. The first concerns voyeurism, the second exhibitionism. Not all cases participated in both parts. Therefore information about number of participants, age, and education will be given separately for each part. The first part of the study compares voyeuristic with non-voyeuristic patients and with two control groups; the second part of the study compares patients who exposed with patients who did not expose and with the same two control groups.

### Research Participants

Four hundred and thirty-seven patients were examined who either were accused of, charged for, or who had themselves complained of voyeurism, exhibitionism, toucheurism, frotteurism, or rape-proneness. This set of anomalous behaviors was selected because they share certain common features (Cf. Freund et al., 1983). The classifications were not mutually exclusive.

The patients were compared with 92 paid volunteers recruited from a student placement centre and 35 paid volunteers recruited from a Canada Employment Centre. They were all seen at the sexology department of a psychiatric teaching hospital.

### Materials and Procedure

All men were administered the Erotic Preferences Examination Scheme (hereafter EPES -- unpublished but available on request). This 385-item questionnaire examines a wide range of erotically anomalous types of behavior and ideation. A number of scales are contained in the EPES which have been shown to be internally consistent and to have discriminant reliability (Freund, 1981; Freund, Langevin, Satterberg, & Steiner, 1977; Freund, Steiner, & Chan, 1982).

## RESULTS

### Part I. Diagnosis of Voyeurism

For each of the four groups compared in part I, number, mean age and education level of the individuals are shown in Table 1. The voyeuristic patients and the non-student controls did not differ significantly in age but both groups were older than the non-voyeuristic patients and the student controls. The students were more educated than the remaining groups, which did not differ significantly from each other.

**Table 1**  
**Age And Education of Participants in the Voyeurism Study**

	Groups			
	Voyeurs	Non-voyeur sex offenders	Student Controls	Non-student Controls
N	60	221	69	35
Mean Age	29.8a	27.0	24.0	30.7 a
S.D.	7.7	7.1	4.0	7.4
Grades completed:				
<8	3	12	0	1
8	5	23	0	1
9-11	27	92	1	17
12	19	73	11	8
University studies	4	11	28	5
University graduation	2	9	16	3
Unknown	0	1	13	0

Note: Age differences were assessed by One-way Analysis of Variance ( $F = 11.44$ , d.f. = 3, 381,  $p = 0.0001$ ) and Duncan multiple range test at a significance level of 0.05. Groups do not differ on mean age if the same subscript is used. Differences in education were assessed by Kruskal-Wallis Analysis of Variance ( $\chi^2 = 89.10$ ,  $p = 0.0000$ ) and Mann-Whitney U-tests: Voyeurs vs. Non-voyeur sex offenders,  $U = 6518.0$ ,  $p = 0.8755$ ; Voyeurs vs. Student controls,  $U = 337.0$ ,  $p = 0.0001$ ; Voyeurs vs. Non-student controls,  $U = 914.5$ ,  $p = 0.2641$ ; Non-voyeur sex offenders vs. Student controls,  $U = 1238.5$ ,  $p = 0.0001$ ; Non-voyeur sex offenders vs. Non-student controls,  $U = 3311.5$ ,  $p = 0.1587$ ; Student controls vs. Non-student controls,  $U = 334.5$ ,  $p = 0.0000$ .

A simple diagnostic tool for voyeurism was developed for co-operative patients. This tool consisted of 6 questions on voyeurism contained in the EPES.

*Question 1* is directly aimed at Freud's "replacement" hypothesis: "Since you were 16, have you ever had a greater desire to secretly watch people of your preferred sex who were undressed or partly dressed (not including pictures, movies, etc.) than to have sexual contact? If so, would you rather watch:

- one person alone
- people fondling and playing with each other (without intercourse)
- people having intercourse
- always preferred to have sexual contact since age 16".

The next three questions in the EPES ask about masturbation while peeping, or while fantasizing about peeping.

*Question 2:* "Since you were 16, did you ever masturbate (play with yourself) to a climax (ejaculation) while you were secretly watching people having sexual contact, or who were undressed or partly so (not including pictures or movies etc.)?"

*Question 3:* "Since age 16, have you ever masturbated while watching or trying to observe a girl or woman who was unaware of your presence?"

*Question 4:* "Since you were 16, have you ever masturbated while remembering other peoples' sexual activities you have seen?"

The next question ascertains the amount of time spent in search of voyeuristic situations.

*Question 5:* "Since age 16, and apart from viewing pictures or movies, have you ever spent a substantial amount of time trying to observe females nude or partly nude, or observe them urinating, having intercourse with a man or in some other normally private act?"

Finally, patients were asked about their identification with either of the persons peeped at.

*Question 6:* "Since you were 16, if you secretly watched people making love, did you feel you were:

the male, the female, either one, neither one, have never watched (except for movies, plays, etc.)"

The answers to questions 2 to 5 are simply yes or no, and the answers to questions 1 and 6 were dichotomized by combining the first three options of Question 1, and doing the same in respect to the first four options of Question 6. The percentages of positive responses given by each group to these 6 questions are shown in Table 2. Every question differentiated the voyeuristic patients from all other groups. With the exception of questions 4 and 5, all questions differentiated between the non-voyeuristic patients and non-student controls. Only Questions 2 and 6 differentiated between the student and non-student controls.

**Table 2**  
**Percentage Of Positive Answers to**  
**The Voyeurism Scale**

Question	Group			
	Voyeurs	Non-voyeur sex offenders	Student controls	Non-student controls
1. Prefer Voyeurism over Intercourse	60.0	25.8 a	14.5 b	28.6a,b
2. Masturbate While Peeping at Intercourse	70.0	19.9 a	5.8	22.9 a
3. Masturbate While Peeping at Female Undressing	85.0	31.7 a	11.6 b	20.0a,b
4. Masturbate During Peeping Fantasy	63.3	27.1 a	20.3 a	34.3 a
5. Amount of Time Spent Peeping	85.0	21.3 a	18.8 a	20.0 a
6. Identification With Target Person	70.0	29.0 a	14.5	34.3 a

Note: The groups were compared for each question separately by Chi-square tests (with d.f. =3,  $p = 0.0000$ ) and T-tests of proportions. The results of the T-tests are indicated by subscripts. Percentages with the same letters are not significantly different from each other. Question 1:  $\chi^2 = 35.89$ ; Question 2:  $\chi^2 = 80.50$ ; Question 3:  $\chi^2 = 86.70$ ; Question 4:  $\chi^2 = 33.77$ ; Question 5:  $\chi^2 = 98.93$ ; Question 6:  $\chi^2 = 49.30$ . The alpha reliability of the scale was 0.8273. Differentiation of the scale between the groups was by Oneway Analysis of Variance ( $F = 52.56$ , df= 3,381,  $p = 0.0001$ ) and Duncan test.

The 6 questions were combined into a miniscale for the diagnosis of voyeurism in co-operative subjects. The results of Analysis of Variance and the Duncan test showed that the voyeuristic patients obtained a significantly higher score on this scale than the remaining groups. There was no significant difference between the non-voyeuristic patients and the non-student controls and both groups reached a significantly higher score than the student controls.

#### Part II. Exhibitionism

The following examples illustrate how self-report data may render non-trivial information regarding exhibitionism. In respect to some of the EPES questions, the exhibitionists were compared with controls; with other

questions which asked about the exhibitionistic act, this comparison would not have been pertinent. Some of the questions were contained in a more recently introduced section of the EPES. They were answered by a smaller number of patients and students but the same number of non-student controls. The actual numbers are given in the sections affected.

For each of the four groups compared in part II, number, mean age, and level of education of the individuals are shown in Table 3. The exhibitionists and the non-student controls did not differ significantly in age and both were older than the other two groups, which did not differ from each other. The student control group was significantly more educated than all the other groups. The

**Table 3**  
**Age And Education of**  
**Participants in Exhibitionism Study**

	Groups			
	Exhibitionists	Non-exhibitionist sex offenders	Student controls	Non-student controls
N	238	199	92	35
Mean Age	28.9 a	26.2 b	24.2 b	30.7 a
S.D.	7.7	6.4	3.8	7.4
Grades completed				
<8	15	18	0	1
8	19	22	0	1
9-11	96	87	1	17
12	73	50	17	8
University studies	11	9	39	5
University graduation	12	4	22	3
Unknown	12	9	13	0

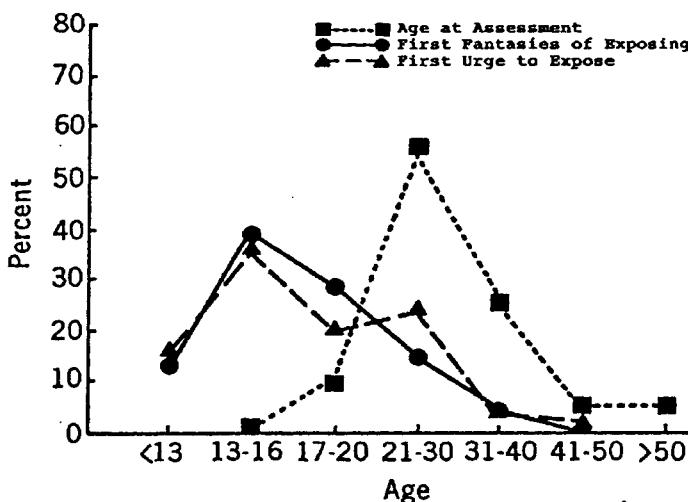
Note: Age differences among groups were tested by Oneway Analysis of Variance ( $F = 15.71$ ,  $df = 3, 560$ ,  $p = 0.0001$ ) and Duncan multiple range test at a significance level of  $p = 0.05$ . Age means which share the same letter are not significantly different from each other. Differences in education were tested by Kruskal - Wallis Oneway Analysis of Variance ( $\chi^2 = 147.34$ ,  $p = 0.0001$ ) and Mann-Whitney U-tests (two-tailed). Exhibitionists vs. Non-exhibitionist sex offenders ( $U = 3449.5$ ,  $p = 0.1967$ ); Non-exhibitionist sex offenders vs. Students ( $U = 18874.5$ ,  $p = 0.0241$ ); Exhibitionists vs. Students ( $U = 1970.0$ ,  $p = 0.0000$ ); Exhibitionists vs. Non-student controls ( $U = 1128.0$ ,  $p = 0.0001$ ); Non-exhibitionist sex offenders vs. Non-student controls ( $U = 2504.0$ ,  $p = 0.0135$ ); Students vs. Non-student controls ( $U = 476.0$ ,  $p = 0.0000$ ).

non-student controls did not differ from the exhibitionistic patients but both groups had a better education than the non-exhibitionistic patients. The non-student controls were a better match to the exhibitionists on both age and education.

### Age of Onset

Age of onset of exposing is an important factor in etiologically oriented research. According to Arieff and Rotman (1942) most exhibitionists are in their twenties and, in 85% of cases, the offender is under 40 years old. Mohr and co-workers (1964), who evaluated the relevant earlier literature on exhibitionism and provided a thorough analysis of their own patient group, pointed out that exposing decreases rapidly in the thirties and that over the age of 40 this symptom occurs only in rare instances. Mohr and co-workers were also the first to point out that exposing at an older age frequently indicates other factors, such as alcoholism, organic deterioration, or another sexual anomaly, in particular pedophilia (p. 127).

The foregoing data, however, do not identify age of onset of exhibitionism, a datum requiring self-report information. Figure 1 shows age at assessment, age when first fantasies of exposing occurred, and age when



**Figure 1**  
**Onset Of Exhibitionistic Behavior**

the first urges to expose appeared for our 238 patients suffering from exhibitionism. The first fantasies about exposing accompanied by orgasm and the first urges to expose occurred in most patients between ages 13 and 16, that is, in the period of pubertal change. Although these are self-report data, there can be little doubt that the inclination toward exhibitionism is in most cases present as early as, or earlier than, at puberty. In fact, sometimes these patients when interviewed also reported childhood memories about exposing.

### **The Pattern of Exposing**

*The Body Part Exposed* According to Radzinowicz (1957), approximately 80% of exhibitionists expose only the penis. According to Macdonald (1973) approximately 15% show their whole body in the nude, and some show only their bare buttocks (Stekel, 1952). In these last cases differentiating between exhibitionism and a prank in first offenders is difficult. Two questions relevant to this topic are contained in the more recently introduced section of the EPES. These questions are:

1. "Since age 16 have you ever shown your penis (from a distance) to a female who was almost or totally a stranger to you?"
2. "Since age 16 have you ever shown your naked buttocks (from a distance) to a female who was almost or totally a stranger to you?"

In Table 4 the percentage of persons who answered in the affirmative is shown for each of the four groups. Approximately half the exhibitionists had exposed only the penis and about one third answered that they had exposed both. According to their responses, exhibitionists who expose only the buttocks are

**Table 4**  
**Part of Body Exposed**

	Percentage of Groups			
	Exhibitionists	Non-exhibitionist Sex Offenders	Student Controls	Non-student Controls
N	150.	139.	81.	35.
Penis only	49.3	7.2	0.0	0.0
Buttocks only	0.7	6.5	11.1	17.1
Both	31.3	1.4	4.9	5.7
Neither	18.7	84.9	84.0	77.1

rare. In controls exposing of the penis was not reported; however, exposing the buttocks (most likely as a prank: "mooning") was not too rare.

*Masturbation and exposing.* According to Taylor (1947) about one third of his exhibitionistic patients admitted that they masturbate when exposing. Langevin et al. reported that, of two samples of exhibitionists, 81.9% and 69.8% respectively indicated having masturbated at least once when exposing.

The EPES presented the exhibitionists in the present study with the following questions:

1. "Did you ever masturbate to a climax (ejaculation) while exposing your privates from a distance?"
2. "Did you ever masturbate to a climax (ejaculation) while imagining that you were exposing your privates from a distance?"

The percentage of persons in each group who responded in the affirmative is shown in Table 5. Almost two thirds of the exhibitionists admitted to masturbating while exposing and/or when fantasizing about exposing, and more than 40% indicated they did both.

*Public Masturbation.* When confronted, some exhibitionists claim that they only masturbated (in a public place) without the intent to expose. If this is true, they may have fantasized a target person or may have actually engaged in voyeuristic activity, or they may really have masturbated without typical voyeuristic or exhibitionistic fantasies. In this connection the observation of Abel, Becker, Cunningham-Rathner, Mittelman and Rouleau (1987) is important that, of 17 men who had masturbated in public, 12 had at other times also exposed to women.

One of the questions of the EPES reads: "Since age 16, have you ever masturbated in a public place, even though no one could see?". The percentage of individuals in each group who gave affirmative answers to this question are shown in Table 6. The result was in concordance with Abel et al.'s (1987) data:

**Table 5**  
**Percentage of Exhibitionists (N=212)**  
**Masturbating to Climax While Exposing**  
**or During Fantasy of Exposing**

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Only while exposing the penis	14.6
Only while fantasizing about it	8.5
Both	40.6
Neither	36.3

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**Table 6**  
**Frequency of Exposing Versus Public Masturbation**  
**Among the Four Study Groups**

	Percentage of Groups			
	Exhibitionists Sex Offenders	Non-exhibitionist Sex Offenders	Student Controls	Non-student Controls
N	210.	162.	18.	35.
Exposing only	23.3	0.0	5.6	11.4
Public Masturbation	2.9	8.0	22.2	14.3
Both	64.3	14.8	0.0	11.4
Neither	9.5	69.1	72.2	62.9

nearly two thirds of the exhibitionists indicated they had also masturbated in a public place though they knew nobody could see. This would suggest that the adult male who masturbates in a public place is likely to be an exhibitionist. However, in the present study, a fifth to a quarter of the controls also admitted to masturbation in a public place where nobody could see. Thus, we have to be cautious in diagnosing public masturbators as exhibitionists.

*Self-reported Motivation for Exposing* Three questions of the EPES assess whether the patient experiences his exposing as a substitute for or as preliminary to sexual contact with the target person:

1. "Right after you have exposed your privates to someone from a distance, did you ever want to touch his or her privates also?"
2. "Right after you had exposed your privates to someone from a distance, did you ever wish to have intercourse
  - with the same person you had exposed to ?
  - with another person who was about the same age and sex as the person you had exposed to ?
  - with someone who was much younger, of the same sex as the person you had exposed to?
  - with someone who was much older?
  - with someone of the same sex as the person you had exposed to?
  - with someone who was not of the same sex as the person you had exposed to?
  - never wanted to have intercourse right after exposing."
3. "Imagine you were forced to have sexual intercourse after exposing your privates to someone from a distance, would you choose
  - the person you had exposed to?
  - someone else."

**Table 7**  
**Desired Sexual Behavior With Target Person**  
**When Exposing**

Question	Percent
1. To touch the target person intimately :	62.4
2. To have intercourse:	
--with the target person	51.9
--With other person of same gender and age as target	10.4
--With someone much younger than the target person	1.0
--With someone much older than the target person	1.7
--Never wanted intercourse right after exposing	34.8
3. If forced to have intercourse after exposing, would you choose	
--The same person you had exposed to	72.4
--Someone else	27.6

Results are shown in Table 7. At least half of the exhibitionists experienced the act of exposing as a preliminary to genital union and approximately one third (who would not wish to have intercourse after exposing) may perceive exposing as a substitute.

One of the questions of the EPES focuses on the patient's preferences in respect to the target person's response:

"How would you have preferred a person to react if you were to expose your privates to him or her?

- With fear
- With admiration
- With anger and disgust
- That she or he would show their privates also
- That she or he would want to have sexual intercourse with you
- Kind of response didn't matter as long as there was one
- It would not have mattered whether the person reacted or not."

Results are shown in Table 8. Only one third of the exhibitionists indicated they were most interested in arousing the target person to the point of wanting intercourse. Apart from the negligible proportion of exhibitionists who

**Table 8**  
**Desired Reaction From**  
**Target Persons In Exposing (N=185)**

Reaction	Percent of Exhibitionists
-- fear	0.5
-- admiration	14.1
-- anger and disgust	3.8
-- To show their privates also	15.1
-- Would want to have sexual intercourse	35.1
-- Any reaction	11.9
-- No reaction necessary at all	19.5

indicated they would like to induce fear in the target person, the answers of almost two thirds of the exhibitionists were more or less evenly distributed among the remaining options. This suggests that the target person's receptiveness to the exhibitionist's initiating sexual interaction really does not matter too much as long as there is some response, that is, as long as the target person pays attention to him.

*Obscene Telephone Calling* Some exhibitionists shout invitations to intercourse, mostly in vulgar language, at their target persons. There is also a non-visual analogue of exposing --obscene telephone calling -- noted first by Hirschfeld (1948). In such cases, an unknown female or casual acquaintance is located by telephone and becomes the target of obscene communications. The patient may tell her that he is masturbating, which is likely to be true. He may describe his penis or his mounting arousal, or he may ask her in obscene language about her body or her sex life.

Table 9 compares the exhibitionists to the remaining 3 groups in respect to the proportions of individuals who admitted to having made obscene telephone calls. The exhibitionists indicated significantly more often that they had made obscene telephone calls and there were no other differences among the groups.

*Use of Prostitutes* Exhibitionists in particular often appear to seek out prostitutes, whom they hire to carry out fellatio and much less often to have intercourse with them. This may be related to their preference for target persons who are strangers, with whom it is easier to forego more subtle erotic interactions (Kolarsky & Madlaousek, 1983; Madlaousek, Zantovsky, Hlinak & Kolarsky, 1981) or it may be an expression of a preference for fellatio, which

**Table 9**  
**Percentage of Exhibitionists and Controls**  
**Making Obscene Telephone Calls**

	Groups			
	Exhibitionists	Non-exhibitionist Sex Offenders	Student Controls	Non-student Controls
N	150.	139.	81.	35.
Percent Yes	28.7	13.7 a	6.2 b	14.3a,b

Note: Group differences in percentage of individuals admitting to obscene telephone calling were assessed by a Chi square test ( $\chi^2 = 21.52737$ , df.=3,  $p = 0.0001$ ) and two tailed T-tests of proportions using a significance level of 0.05. Percentages which share the same subscript are not significantly different.

the wives of these men may not want to provide.

Three relevant EPES questions were examined. Two of them assess the strength of the exhibitionist's erotic preference for a stranger as the target person, the third assesses the strength of their inclination toward fellatio.

Question 1 : "If nothing unpleasant would have happened as a result, would you have preferred that the person you exposed your privates to from a distance be

- someone you knew well?
- someone you knew only slightly?
- someone you did not know?
- it did not matter to you whether or not you knew the person."

Question 2: "If there would not have been any risk of detection who would you have most liked to expose your privates from a distance to?

- always the same person
- a few times the same person
- always to a different person."

Answers are shown in Table 10. Over two thirds of the patients who answered indicated they would prefer a stranger as target person even if there would be no unpleasant repercussions if they chose a friend or acquaintance. As well, two-thirds of the patients indicated they would prefer to expose always to a different person, even if there were no risk of detection. Nearly one third indicated they would prefer to expose just a few times to the same person. This supports the contention that these patients' preference for a strange partner is genuine and does not result from concerns about being identified.

A possible preference for fellatio was examined by the EPES question:

**Table 10**  
**The Target Person**  
**Desired By Exhibitionists**

Question	Percent
1. Person is	
--Someone you knew well	7.6
--Someone you knew only slightly	4.3
--Someone you did not know	68.1
--Didn't matter whether you knew the target person	20.0
2. Expose	
--Always to the same person	5.1
--A few times to the same person	26.9
--Always to a different person	68.0

Note: N for question 1 was 185 and for Question 2, 175

**Table 11**  
**Preference for Fellatio**  
**Among the Exhibitionists and Controls**

	Percentage of Groups			
	Exhibitionists Sex Offenders	Non-exhibitionists Sex Offenders	Students Controls	Non-student Controls
N	150.	139.	81	35
Always	3.3	4.3	0.0	5.7
Often	12.7	10.8	13.6	20.0
Rarely	54.0	41.0	53.1	60.0
Not at all	16.7	34.5	21.0	8.6
Unsure	13.3	9.4	12.3	5.7

Note: The groups were compared by Kruskal-Wallis One-way Analysis of Variance ( $\chi^2 = 11.1778$ ,  $p = 0.108$ ) and Mann-Whitney U-tests: Exhibitionists vs. Non-exhibitionist sex offenders ( $U = 8846.0$ ,  $p = 0.0172$ ); Exhibitionists vs. Students ( $U = 5729.5$ ,  $p = 0.4353$ ); Exhibitionists vs. Non-student controls ( $U = 2103$ ,  $p = 0.0441$ ); Non-exhibitionist sex offenders vs. Students ( $U = 5077.0$ ,  $p = 0.1952$ ); Non-exhibitionist sex offenders vs. Non-student controls ( $U = 1654.0$ ,  $p = 0.0019$ ); Student controls vs. Non-student controls ( $U = 1056.5$ ,  $p = 0.0166$ ).

"Have you ever preferred putting your penis into a woman's mouth over putting it into her vagina?

-- always,-- often,-- rarely,-- unsure,-- not at all."

Results of a comparison of the four groups is shown in Table 11. There were no overall significant group differences in preference for fellatio. This suggests that exhibitionists do not seek out prostitutes especially for this purpose.

## DISCUSSION

Because the suffering of those afflicted with voyeurism or exhibitionism is mainly caused by social and legal disapproval of their anomalous sexual behavior, one has to expect intentional as well as unintentional distortions in their self-reports. The direction of these distortions can for the most part be predicted, but there do not as yet exist any experientially derived scales which would allow us to measure the degree of trustworthiness of these self-reports.

Lie-scales, which sometimes are part of general personality tests and similar instruments, are not likely to be satisfactory if not accompanied by a more specific measure aimed directly at the area in question. Validity scales tailored specifically to examine self-reported sexual behavior will have to be constructed. These scales should probably assess the patient's willingness to admit to behavior or ideation closely connected with his anomalous erotic preference(s) but unobservable to others, such as masturbation fantasies, or components of the patient's anomalous behavior which to his knowledge were not reported by observers.

The voyeurism scale could be used as an admitter scale in research; for example, a voyeuristic participant in a study using penile plethysmography could be characterized as an admitter or nonadmitter. On this scale the student control group was shown to be less voyeuristic than the non-voyeuristic patients. All the controls were anonymous volunteers, the questions could be easily understood, and it is unlikely that the student controls would be more inclined to hide voyeuristic behavior than the non-student controls. It appears therefore most likely that this difference is social. Only rigorous measurement of the pertinent factors, however, would give us more reliable information.

The questions about masturbation when exposing or fantasizing about exposing could be used in the construction of an admitter scale for exhibitionism. Because one must be cautious in accepting self-reports, the assessed proportion of exhibitionists who masturbated when exposing or fantasizing about it can only be used as a lower limit of the range in which the real proportion of such patients who masturbate at these occasions is likely to be found.

The answers to the questions on the patient's intent (a subjective indicator of motivation) and his expectations of the target person's responses might have to be evaluated in an even more cautious way. These answers do, however, provide a feasible starting point for an analysis of exhibitionists' motivations by more objective methods, particularly by penile plethysmography.

## REFERENCES

Abel, G. G., Barlow, D. H., Blanchard, E. B., & Guild, D. (1977). The components of rapists' sexual arousal. *Archives of General Psychiatry*, 34, 895-903.

Abel, G. G., Becker, J. V., Cunningham-Rathner, J., Mittelman, M., & Rouleau, J. L. (1987). Multiple paraphilic diagnoses among sex offenders. Manuscript submitted for publication.

Abel, G. G., & Blanchard, E. B. (1976). The measurement and generation of sexual arousal in male sexual deviates. In M. Hersen, R.M. Eisler, P. M. Miller (Eds.), *Progress in behavior modification* (Vol. 2, pp. 99-136). New York: Academic Press.

Arieff, A.J., & Rotman, D.B. (1942). One hundred cases of indecent exposure. *Journal of Nervous and Mental Disease*, 96, 523-528.

Freud, S. (1925). *Drei Abhandlungen zur Sexualtheorie* [Three essays on the theory of sexuality]. Leipzig: Psychoanalytic Verlag. (Original work published 1905).

Freund, K. (1981). Assessment of pedophilia. In M. Cook & K. Howells (Eds.), *Adult sexual interest in children* (pp. 139-179). London: Academic Press.

Freund, K., & Blanchard, R. (1988). Phallometric diagnosis of pedophilia. *Journal of Consulting and Clinical psychology*. In press.

Freund, K., Diamant, J., & Pinkava, V. (1958). On the validity and reliability of the phalloplethysmographic diagnosis of some sexual deviations. *Review of Czechoslovak Medicine*, 4, 145-151.

Freund, K., Langevin, R., Satterberg, J., & Steiner, B. (1977). Extension of the gender identity scale for males. *Archives of Sexual Behavior*, 6, 507-519.

Freund, K., Scher, H., & Hucker, S. (1983). The courtship disorders. *Archives of Sexual Behavior*, 12, 369-379.

Freund, K., Scher, H., & Hucker, S. (1984). The courtship disorders: A further investigation. *Archives of Sexual Behavior*, 13, 133-139.

Freund, K., Steiner, B., & Chan, S. (1982). Two types of cross gender identity. *Archives of Sexual Behavior*, 11, 49-63.

Hirschfeld, M. (1948). *Sexual anomalies: The origins, nature, and treatment of sexual disorders*. New York: Emerson Books.

Kolarsky, A., & Madlafosek, J. (1983). The inverse role of preparatory erotic stimulation in exhibitionists: Phallometric studies. *Archives of Sexual Behavior*, 12, 123-148.

Langevin, R., Paitich, D., Ramsay, G., Anderson, C., Kamrad, J., Pope, S., Geller, G., Pearl, L., & Newman, S. (1979). Experimental studies of the etiology of genital exhibitionism. *Archives of Sexual Behavior*, 8, 307-331.

Macdonald, J. M. (1973). *Indecent exposure*. Springfield, IL: Charles C. Thomas.

Madlafosek, J., Zantovsky, M., Hlinak, Z., & Kolarsky, A. (1981). Sexual behavior as a

communicative process by which the system of partial motivational states is executed. *Ceskoslovenska Psychiatrie*, 77, 377-384.

Mohr, J. W., Turner, R. E., & Jerry, M. B. (1964). *Pedophilia and exhibitionism*. Toronto: University of Toronto Press.

Radzinowicz, L. (1957). *Sexual offenses*. London: Macmillan.

Stekel, W. (1952). Patterns of psychosexual infantilism. In E. A. Gutheil (Ed.), *Disorders of the instincts and the emotions*. New York: Liveright Publishing.

Taylor, F. H. (1947). Observations on some cases of exhibitionism. *Journal of Mental Science*, 93, 631-638.