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Adult Sexual Interest in Children

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Adult Sexual Interest in Children

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Preface

This book arose out of our feelings that there was a need for a collection of informed opinions on the subject of adult sexual interest in children. This need became apparent to us in late 1977, when one of us (Mark Cook) organized a conference on sexual behaviour — the International Conference on Love and Attraction (Cook and Wilson, 1979) — at which the other (Kevin Howells) convened a symposium on Pedophilia.

This conference was in a double sense the starting point of this book. At one level, it brought us together with several of our present contributors. David Crawford and Ken Plummer presented papers in Kevin Howell's Pedophilia symposium, and Thore Langfeldt presented one in Floyd Martinson's symposium on Child and Infant Sexuality. At a different level, reactions to the conference — or to various misperceptions of the conference — made us realize what an explosive issue adult sexual interest in children was. So strong indeed was the local reaction that the conference came very near to being cancelled.

The problems all centred on the organization "Paedophile Information Exchange" (PIE), mentioned in the chapters by Ken Plummer and D. J. West. PIE seeks to change the law on the age of consent, and to present pedophilia in a more favourable light. They chose the autumn of 1977 to "come out", and the Love and Attraction conference as one of the places to do so. They possibly supposed that public attitudes to sexuality were changing so fast that pedophilia would be as readily accepted as homosexuality was by then — officially at least. They were to find very quickly that their day had not yet come. They also provided a first class "silly season" story for the national and local press.

PIE's first meeting in a London hotel was cancelled when staff threatened to strike, and when eventually held was picketed by the National Front (Plummer, 1979). News that PIE's chairman planned

to attend the Love and Attraction conference brought the promise of industrial action by the college's ancillary staff. He came anyway, but was ejected from the UCS campus within 24 hours by the college authorities.

This incident, and the abusive letters and comments we received from various directions, made us realize that for most people to utter the words "sex" and "children" in the same sentence was virtually unthinkable. According to Freudian theory — which we began to look at again, in a more favourable light — "unthinkable", repressed, unknowable, is just what childhood sexuality is, for most adults. Such extreme reactions are likely to be based on particular images of pedophilia, or particular assumptions about the nature of the children, the adults, and the circumstances (Howells, 1980). Public and judicial images of deviant sexuality will have important consequences for reactions to victimized children (will such children be blamed and stigmatized?), as well as for the pedophile adult (will he be rejected, perceived as mentally disturbed, seen as deserving punishment?). Such images, therefore, need to be compared with the known facts about such behaviour. We began planning this book with the intention of assembling a body of information about the various aspects of adult sexual interest in children, which might provide a factual basis for a cooler and more reasoned approach to the issue.

The earlier chapters offer answers to questions like: what sort of adults are sexually interested; in what sort of children; and why; what effect does their interest have on the child; how might their interest be measured; and how might their interest be re-directed? The last two chapters, by Ken Plummer and D. J. West, address broader issues: how does society presently view adults who are sexually interested in children; and how should society deal with adults who are sexually interested in children?

We should point out that, although this book aims to provide a review of work relevant to adult sexual interest in children in general, much, though not all, of the work presented concerns convicted pedophiles, who may not be representative of all pedophiles. This difficulty is common to all work on deviant and criminal populations.

We would like to thank our wives and families for putting up with our absence and pre-occupation while producing this book; Maureen Rogers, Janette Cook, Rita Benford, and Margaret Frape for typing it

for us; our contributors for being so prompt; Academic Press for undertaking to publish it; and the union and the UC Swansea authorities for giving us the idea in the first place.

August 1980
Swansea

Mark Cook
Kevin Howells

References

Cook, M. and Wilson, G. (1979). *Love and Attraction. Proceedings of an International Conference*. Pergamon, Oxford.

Howells, K. (1980). Social reactions to sexual deviance. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology, Cambridge.

Plummer, K. (1979). Images of pedophilia. In Cook, M. and Wilson, G. (eds.), *Love and Attraction. Proceedings of an International Conference*. Pergamon, Oxford.

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Part I

ADULTS

1

A Comparison of Intrafamilial Sexual and Physical Child Abuse

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and
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Introduction

In 1962 Kempe and his co-workers published an article on the battered child syndrome that brought public outrage and professional concern over the maltreatment of children in general and the physical abuse of children in particular. Since that time, the concept of child abuse, or as some professionals prefer to call it, child misuse (Brant and Tisza, 1977), has expanded considerably to include physical, emotional and sexual maltreatment and neglect (Rosenfeld and Newberger, 1977). While some define child abuse more conservatively as including very specific acts of omission and/or commission occurring between certain adults and children, others consider child abuse to potentially include almost any type of interaction that can transpire between a wide variety of adults and children.

There is virtually no literature that examines the similarities and differences that exist between different types of child abuse. Many professionals indicate that they do not consider such a topic to be worthy of extensive discussion because they view all acts of child abuse

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as being equivalent in that acts all represent exercises in power, aimed at controlling others (Cohen *et al.*, 1969; Forward, 1978). However, others argue that the dynamics, etiology and effect of various types of abuse are quite different and deserving of individual and comparative attention (Walters, 1975; Crime Prevention Unit, 1976). Even a superficial reading of the literature on child abuse raises some interesting issues with respect to whether or not different types of abuse represent altogether different phenomena, as well as whether or not the comparison of types of abuse is a worthwhile subject for discussion. Such issues appear to be especially provocative with respect to sexual versus physical child abuse.

For instance, a look at the incidence statistics on cases of reported sexual and reported physical child abuse pose some perplexing questions. At first glance it might appear that sexual and physical child abuse are very similar in that physical child abuse is known to be one of the most common forms (Gil, 1971) and sexual child abuse is likewise considered to be widespread (Lustig *et al.*, 1966; Leaman, 1977; Groth, 1978; Herjanic and Wilbois, 1978). However, on closer inspection, the incidence statistics reveal surprising differences between cases of reported intrafamilial sexual and physical child abuse. While many researchers acknowledge that the existing incidence data on both sexual (Schecter and Roberge, 1976) and physical (Lystad, 1975) child abuse are unreliable and represent only a fraction of the actual number of assaults on children, the information that does exist suggests that reported cases of physical abuse far outnumber those of sexual abuse. Various studies on physical abuse have put the estimated number of cases in the United States between 30 000 and 60 000 annually (Kempe *et al.*, 1962; DeFrancis, 1969; Zalba, 1971) and suggest that somewhere between 84 and 97% of all parents use some form of physical punishment in rearing their children (Gelles, 1978). On the other hand, the American Humane Association has estimated the annual number of cases of father–daughter incest to be around 5000 (Summit and Kryso, 1977) with this type of incest comprising about 75% of the cases of intrafamilial sexual child abuse (Schecter and Roberge, 1976). Gebhard *et al.* (1965) report that about 3·9% of the average, non-prisoner population has experienced incest. These statistics alone suggest that there may be some very significant differences between intrafamilial sexual and physical child abuse that are worthy of examination.

The breakdown of the literature on sexual and physical child abuse

further suggests that a comparison of these two phenomena might reveal some interesting information. A superficial reading of the literature indicates that these two types of abuse are almost always discussed separately and in completely different publications. Articles on incest rarely refer to instances of physical child abuse and vice versa. The primary material used in developing the discussion presented in this chapter comes from 80 references that are concerned specifically with either sexual or physical child abuse within the family, or with both. Of these 80 references, 39 (48·75%) are concerned almost exclusively with sexual child abuse, and 34 (42·5%) are devoted almost exclusively to physical child abuse. Only 7 (8·75%) include a discussion of both in any substantial form. When mention is made in most of the articles of the other type of abuse it is usually for the purpose of indicating that it is to be excluded from the discussion; infrequently sexual and physical child abuse are linked together in descriptions of cases involving both types of abuse in the same family (Gil, 1971; Oliver and Taylor, 1971; Oliver and Cox, 1973; Summit and Kryso, 1977) or they are defined in the same article (Crime Prevention Unit, 1976). But vary rarely are they discussed together for the purpose of comparing and contrasting them on any significant dimensions. Only two works reviewed include serious discussions of both sexual and physical child abuse (Walters, 1975; Helfer and Kempe, 1976), and of these two, only the former explicitly attempts to compare and contrast them in a productive fashion.

From this rigid separation of discussions of sexual and physical child abuse in the literature, as well as from the wide variation in reported incidents of these two types of abuse, there is some reason to suspect that these acts of commission against children differ in important ways. The purpose of the following discussion is to shed some light on what appears to be somewhat of a controversy within the literature on child abuse as to whether or not sexual and physical child abuse constitute similar or divergent phenomena. The discussion begins with a definition of terms, a description of the emphases and limitations of the chapter, and a critical review of the research in the field. This is followed by a review of the literature on sexual and physical child abuse that attempts to compare these types of abuse with respect to various psychological, psychosocial and cultural etiological factors. The discussion concludes with remarks concerning differences and similarities in the aim of sexually and physically abusive acts and a note on treatment implications.

Table 1

Articles on sexual abuse	*Articles on both*	*Articles on physical abuse*
Bagley, 1969	Crime Prevention Unit, 1976	Abrahamsen, 1970
Brant and Tisza, 1977	Gil, 1971	Antler, 1978
Browning and Boatman, 1977	Helfer and Kempe, 1976	Bennie and Sclare, 1969
Flugel, 1926	Oliver and Cox, 1973	DeFrancis, 1969
Forward, 1978	Oliver and Taylor, 1971	Elmer, 1967
Frances and Frances, 1976	Summit and Kryso, 1977	Elmer and Gregg, 1967
Gebhard *et al.*, 1965	Walters, 1975	Galdston, 1965
Groth, 1978		Garbarino, 1977
Guttmacher, 1951		Gelles, 1973
Heims and Kaufman, 1951		Gelles, 1978
Herjanic and Wilbois, 1978		Gil, 1970
Hirning, 1947		Gil, 1975
Karpman, 1954		Giovannoni, 1971
Kaufman, *et al.*, 1954		Goode, 1971
Leaman, 1977		Helfer and Kempe, 1968
Lester, 1972		Johnson and Morse, 1968
Lukianowicz, 1971		Justice and Justice, 1976
Lukianowicz, 1972		Kadushin, 1967
Lustig *et al.*, 1966		Kempe *et al.*, 1962
Machotka *et al.*, 1967		Lystad, 1975
Maisch, 1972		Melnick and Hurley, 1969
Marmor, 1955		Merrill, 1969
Masters, 1964		Morris and Gould, 1963
Meiselman, 1978		Paulson and Blake, 1969
Parker, 1974		Radbill, 1968
Peters, 1976		Smith and Hanson, 1975
Raphling *et al.*, 1967		Spinetta and Rigler, 1972
Reimer, 1940		Steele, 1976
Sarles, 1975		Steele and Pollock, 1968
Schecter and Roberge, 1976		Terr, 1970
Schwartzman, 1974		Wasserman, 1967
Sgroi, 1975		Young, 1964
Sonden, 1936		Zalba, 1966
Sonden, 1936		Zalba, 1971
Swanson, 1968		
Virkkunen, 1974		
Wahl, 1864		
Weinberg, 1955		
Weiner, 1962		
White, 1964		

DEFINITIONS OF TERMS AND EMPHASES OF THE DISCUSSION

The focus of this chapter is on sexual and physical acts of commission against children. These acts have been selected not only because of the substantial differences between reported cases of these types of abuse as well as the infrequency with which they have been discussed together in the literature, but also because of the senior author's interest in the relationship between sexual arousal and physical abuse based on research being conducted with violent child molesters at Atascadero State Hospital.

Initial attempts at defining child abuse conceived of the acts as qualitatively different from those interactions that normally occur between adults and children (Gelles, 1978). Whether the result of a "sick" person or family system, sexual and physical acts of commission against children were originally thought of as discrete and unrelated to the behaviour that is regularly exhibited by parents in relation to their offspring. However, this qualitative approach to the definition of these types of abuse poses certain problems as it is rare to find agreement between individuals with respect to what constitutes discrete acts of physical or sexual child abuse. Take, for example, the following from Walters (1975):

> "Johnny is struck by his father for misbehavior. His hand strikes the boy's face, leaving temporary imprints of his hand, which eventually fade. Johnny cries" (p.24).
>
> "Johnny is struck by his father for misbehavior. His hand is directed to the boy's face, but Johnny turns his head. The blow hit Johnny's ear, rupturing his eardrum. Johnny is off balance and strikes his head against the wall. Johnny is unconscious and is taken to the hospital, where it is found that his skull is fractured" (p.24).

Or, the following:

> "Father walks around nude in the house and encourages his two teen-age daughters to do so. They comply. Father makes remarks about their breasts. A neighbor observes this and reports this situation" (p.26).
>
> "Father walks around nude, encourages his two teen-age daughters to do so, and they comply. He "wrestles" on the bed with one while nude, has an erection, and sexual relations result" (p.26).

Given these two sets of examples of physical and sexual interactions between adults and children, it would probably be easy to obtain agreement from most people that the second example in each set represents a case of child abuse. Agreement as to the abusive or non-abusive nature of the first example in each set would be more difficult to obtain. Acts of child abuse do not appear to be as qualitatively distinct from normal adult–child interactional behaviour as was once thought. Many researchers in both sexual (Brant and Tisza, 1977; Summit and Kryso, 1977) and physical (Giovannoni, 1971; Gelles, 1978) child abuse would agree that abusive acts exist along a continuum with typical parent–child interactional patterns, and the simply quantitative distinction that does exist between abusive and non-abusive behaviour often makes these acts difficult to define. Walters (1975) suggests some useful definitions that convey the notion of a spectrum of behaviours. These are quoted and paraphrased as follows:

> "Physical abuse of a child is action taken by a parent or parent surrogate caretaker that results in physical harm or injury to the child wherein death of the child will result from continued assault" (p.27).
>
> "Sexual abuse of a child is action taken by a parent or parent surrogate caretaker that results in sexual activity and possibly even physical injury to the genitals of the child" (p.29).

These definitions convey the importance of the role of the parents in abuse. Studies of both sexual (Brant and Tisza, 1977) and physical (Gil, 1970; Justice and Justice, 1976) child abuse indicate that the great majority of perpetrators are parents or parent surrogates. Thus, this chapter focuses on sexual and physical child abuse *within* the nuclear family system. Emphasis will be placed on the role of the adult not only because other chapters in this book examine the victim's influence, but also because most of the literature on abuse focuses on parental participation. However, this chapter does not explicitly address the issue of types of adults within the categories of sexual and physical abuse nor, for that matter, types of children within these groupings; although typologies of adults and children involved in abuse will be referred to indirectly throughout, this chapter attempts to examine similarities and differences between sexual and physical child abuse based on generalizations that can be made about these types of abuse across typologies of abusers and victims. (For more specific readings on typologies of abusers and victims see, for example, Frosch and

Bromberg, 1939; Guttmacher, 1951; Karpman, 1954; Revitch and Weiss, 1962; Mohr *et al.*, 1964; Gebhard *et al.*, 1965; Kozol *et al.*, 1966; Shoor *et al.*, 1966; Mohr and Turner, 1967; Swanson, 1968; Cohen *et al.*, 1969; Cormier and Simons, 1969; Merrill, 1969; Gil, 1971; Jaffe *et al.*, 1975; Walters, 1975; Wolfe and Marino, 1975; Summit and Kryso, 1977; Groth, 1978; Meiselman, 1978.)

CRITICAL EVALUATION OF THE RESEARCH

The literature on incest and physical child abuse inevitably begins with a treatise on taboos and legal sanctions, followed by a description of deficiencies in the research. Current areas of argument as well as points where the research has clearly fallen short of minimal experimental requirements are presented below. The deficiencies in research design are common to both the sexual and physical child abuse literature. Individual analysis would therefore be redundant. The following criticisms are applicable to both areas of research.

The main criticism is the question of true representativeness of samples. Most frequently, the majority of subjects in the literature are identified through legal and/or psychiatric agencies. The former results in an increased apparent incidence of both types of abuse in lower social classes (Weiner, 1962; Lester, 1972) while the latter increases the probability that family members will be labelled as psychologically disturbed (Lester, 1972; Spinetta and Rigler, 1972). As a result, truly representative samples are difficult to obtain, and infrequently appear in the studies.

The lack of representativeness is also apparent when consideration is given to the sample sizes that are used in this research. Few studies have obtained a sufficiently large sample to allow for generalizations concerning the psychological functioning of the families that participate in sexual and physical child abuse. In fact, quite the opposite has occurred with the frequently published single-case reports often extrapolating their findings to the entire abuser population (Walters, 1975). The failings of this type of thinking are apparent.

In addition to these problems of subject selection and sample size, the information obtained from family members involved in this research is gathered most often after the abuse has been reported and legal or therapeutic action taken. Such action directly affects the

family members involved, frequently making them appear more disurbed and unstable than they actually may have been prior to or at the time the abuse occurred (Lester, 1972).

Another serious question that pertains to the psychological analysis of family members involved in abuse has to do with the use of vague terms such as "immature", "passive", "dependent", and "frustrated" to characterize these individuals. Rarely are these terms operationally defined or specific interactional behaviour patterns described that could identify the present functioning of the abusive family members. Also, a number of psychological tests used to evaluate abusive individuals have not been standardized on the population that they are attempting to evaluate. For example, there is very little in the clinical histories or psychological test protocols of incestuous families that cannot be found in families where abuse does not occur. Current assessment devices usually fail to differentiate between characteristics of abusive and non-abusive families (Weiner, 1962).

Two final and very important research deficiencies include the lack of "blind interpretation" of test protocols and the lack of control groups. Participants are identified through their offences, thereby influencing the evaluator's clinical assessment. Additionally, the lack of control groups makes evident the lack of comparative analysis of both within and between abusive and non-abusive individuals and families (Lester, 1972).

A Comparison of Sources of Sexual and Physical Child Abuse

As with the initial definitions of child abuse, early attempts at explaining sexual and physical child abuse had a decidedly medical or "disease" flavour to them. The sources of abuse were thought to lie within the individual parents and/or children involved in the abuse; they were regarded as having some constitutional defect that, in essence, made them "sick" and caused them to initiate the abuse. Recently, a more quantitative approach to the explanation of child abuse has developed. Advocates of this approach criticize the initial, pathological explanations for focusing too exclusively on the individuals involved, and for failing to consider relevant contextual and interpersonal variables that might influence participation in child abuse (Gil, 1970; Gelles, 1973). The following discussion attempts to examine not only the findings of the

more traditionally oriented etiological studies that explain child abuse on a more psychological level, but also the results of the recent ecologically oriented investigations that consider the role of the family and larger culture in the development of sexual and physical child abuse. Sexual and physical child abuse will first be compared and then contrasted with respect to psychological, psychosocial and cultural etiological factors.

SIMILARITIES IN SOURCES OF SEXUAL AND PHYSICAL CHILD ABUSE

It is upon reviewing the clinical and experimental literature on sources of abuse that one first begins to sense that the differences between sexual and physical child abuse that might be expected on the basis of the large discrepancy between reported cases of these types of abuse as well as on the basis of the rigid segregation of discussions of sexual and physical child abuse into separate articles may be more imaginary than real. As one reads through the literature on posited psychological, psychosocial and cultural sources of child abuse, one becomes aware of the similarities in the etiology of these types of abuse.

Psychological Studies

A large number of clinical and experimental studies in the literature on sexual and physical child abuse emphasize the individuals involved in the abuse. The characteristics of the adults in particular are frequently focused on as the prime source of both types of abuse.

(a) *Characteristics of parents.* There are numerous psychological studies of parents involved in incest that suggest that these adults are very immature, dependent and irresponsible people who have great difficulty making decisions, holding down employment, and providing nurturance for those who are dependent on them (Kaufman *et al.*, 1954; Heims and Kaufman, 1963; Gebhard *et al.*, 1965; Lustig *et al.*, 1966; Machotka *et al.*, 1967; Raphling *et al.*, 1967; Lester, 1972; Lukianowicz, 1972; Schecter and Roberge, 1976; Browning and Boatman, 1977; Summit and Kryso, 1977). There are about an equal number of studies on parents involved in physical child abuse that suggest the same characteristics for this type of abusive adult (Kempe *et al.*, 1962; Zalba, 1966, 1971; Paulson and Blake, 1969; Wasserman,

1967; Steele and Pollock, 1968; Melnick and Hurley, 1969; Giovannoni, 1971; Spinetta and Rigler, 1972; Lystad, 1975; Smith and Hanson, 1975; Justice and Justice, 1976; Steele, 1976). These studies suggest that even when abusive mothers are distinguished from abusive fathers, both sexually and physically abusive mothers have a tendency to be more passive and dependent than abusive fathers; however, both sexually and physically abusive mothers and fathers tend to alternate between being very ineffectual and withdrawn on the one hand, and exhibiting very sudden and aggressive emotional outbursts on the other.

Although early investigations indicated that parents who sexually abuse their children suffer from gross intellectual and personality disturbances in the form of mental retardation, psychosis and organic brain impairment, more recent studies suggest that the majority of these parents do not experience such severe disorders (Weiner, 1962; Bagley, 1969; Lukianowicz, 1972). Reports on cases of physical child abuse indicate very similar findings in that physically assaultive parents are usually not mentally deficient, psychotic or organically impaired (Kempe *et al.*, 1962; Wasserman, 1967; Steele and Pollock, 1968; Spinetta and Rigler, 1972). In cases of physical child abuse, Antler (1978) reports that about 10% of parents involved have severe personality and/or intellectual deficits; this percentage is comparable for those adults involved in incest.

High rates of alcoholism have been noted in fathers who sexually abuse their children; these fathers have frequently been found to have been drunk at the time they committed the incestuous act (Gebhard *et al.*, 1965; Machotka *et al.*, 1967; Virkkunen, 1974). Similarly, studies of physically assaultive parents have noted a higher rate of alcoholism in these adults as compared to non-abusive adults (Giovannoni, 1971; Lystad, 1975).

(b) *Dynamics of parents.* Investigators who do not consider a description of the traits of abusive parents to be sufficient explanation for the abusive act frequently pose underlying, intrapsychic dynamic processes as the reason for the parents' immature and abusive acting out behaviour. Most of the dynamic studies focus on the parents' early experiences with the inadequate nurturing. For example, studies on sexually abusive adults suggest that these individuals have many unmet dependency needs that result from early emotional crippling at the hands of their parents (Kaufman *et al.*, 1954; Marmor, 1955; Weiner,

1962; Lustig *et al.*, 1966; Lukianowicz, 1972; Meiselman, 1978). By the same token, Justice and Justice (1976) report on investigations that suggest that physically abusive parents appear to be dependent and panicky in the face of responsibility because they have "been reared in a way that precluded the experience of being mothered and nurtured" (pp.38-39). Other investigations support the contention that physically abusive parents have failed to resolve their dependency needs as a result of early emotional deprivation (Galdston, 1965; Melnick and Hurley, 1969; Spinetta and Rigler, 1972; Steele and Pollock, 1968; Lystad 1975; Smith and Hanson, 1975). As both sexually and physically abusive parents appear to have failed to resolve these so-called oral conflicts, they have great difficulty catering to the dependency needs of their spouses and children. In the resulting frustration, feelings of insecurity, and need for attention on their own part, the parents turn to their children, initially for affection and eventually in an abusive manner. These dynamic studies suggest that sexually and physically abusive parents are themselves in search of a nurturing parental figure.

(c) *Learning in parents.* One of the implications of the dynamic approach to the development of child abuse is that learning, and particularly early learning, plays a very important role. One of the most intriguing findings in the clinical and experimental literature on sexual child abuse is that adults who abuse children have usually been exposed to abuse as children, often specifically to sexual abuse (Lustig *et al.*, 1966; Raphling *et al.*, 1967; Brant and Tisza, 1977). Similarly, and even more frequently, parents who physically abuse their children appear to have experienced childhood physical abuse (Kempe *et al.*, 1962; Paulson and Blake, 1969; Goode, 1971; Spinetta and Rigler, 1972; Steele, 1976). Both sexually and physically abusive parents appear to have learned to deal with frustration most often by acting out assaultively against others, particularly those who are more helpless. While their own parents may have provided them with much anguish by abusing them, they also provided them with dramatic models for coping with stress. Usually the physical and sexual assaults of these adults do not represent isolated outbursts but, instead, reflect a learned pattern of acting out behaviour when faced with conflict (Walters, 1975).

This early learned pattern of acting out behaviour is frequently maintained in the adults' later life because these abusive individuals tend to associate with others who handle stress in similar and familiar

ways. As a result, people who have been abused as children and who are likely to become abusive as parents often make friends with and marry individuals who are likely to further reinforce the use of abusive acting out under stress. Abusive parents frequently have spouses who come from similarly abusive backgrounds. Oliver and Cox (1973), reporting on families involved in both physical and sexual child abuse, describe the marriages of the adults who participated in the abuse as follows: "When disturbed members of the family married, they married disturbed partners" (p.86).

(d) *Conclusions on psychological studies.* Parents who sexually abuse their children have been found to have similar traits as well as dynamic and learning patterns to parents who physically abuse their children. Both sets of adults appear to have failed to establish adequate personal identities as mature individuals, and tend to respond impulsively to stress.

Psychosocial Studies

In the past two decades there has been a growing emphasis in the clinical and experimental literature on the role of the family system in the development of child abuse. This is the result not only of the increasing appeal of a more quantitative approach to the study of the etiology of many types of human behaviour patterns, but also an increase in the tendency to view human behaviour in non-linear, interactional terms.

(a) *Characteristics of families.* Families involved in sexual child abuse have often been noted for the fact that they are of lower socio-economic status, live in poor housing facilities, are fraught with unemployment and lack of adequate health care (Flugel, 1926; Sonden, 1936; Reimer, 1940; Hirning, 1947; Weinberg, 1955; Lustig *et al.*, 1966; Lukianowicz, 1972; Parker, 1974; Schecter and Roberge, 1976). Sometimes these families are also found to be socially isolated and unable to establish and/or maintain adequate support systems outside of the family system itself (Raphling *et al.*, 1967). However, families who participate in physical child abuse have also been found to predominate among the lower classes and to be characterized by poor employment histories, crowded living conditions, and unsatisfactory health care (Young, 1964; Elmer, 1967; Gil, 1970, 1971, 1975; Bennie and Sclare, 1969; Lystad, 1975; Antler, 1978). The findings are also

very similar for physically abusive families with respect to their being unsuccessful in establishing and/or maintaining outside support systems (Young, 1964; Elber, 1967; Spinetta and Rigler, 1972; Lystad, 1975; Justice and Justice, 1976; Steele, 1976; Garbarino, 1977).

Recent investigations, however, suggest that studies such as those mentioned above that focus on single and isolated situational variables (e.g. socio-economic status) as the causal factors in child abuse, fail in their endeavour. There are almost an equal number of studies on sexually abusive families (Lukianowicz, 1972; Schecter and Roberge, 1976; Browning and Boatman, 1977) and physically abusive families (Galdston, 1965; Helfer and Kempe, 1968; Steele and Pollock, 1968; Giovannoni, 1971; Spinetta and Rigler, 1972; Justice and Justice, 1976; Antler, 1978) that suggest that child abuse is no more related to one isolated psychosocial variable (such as socio-economic status) than it is to any other single situational factor. For example, these studies suggest that both sexual and physical child abuse may be as prevalent in middle class families as in lower class families. As a result of such findings, more and more researchers are beginning to emphasize not so much any one type of situational variable as the cause of child abuse, but rather the rapid occurrence of many significant stressful events. Walters (1975) notes in the case of sexually and physically abusive families, and Justice and Justice (1976) and Garbarino (1977) report in the case of physically abusive families that

> "It is the *life crisis* — the prolonged series of changes — that predisposes [one] to abuse, not the situational disturbance that is simply an appendix to that life crisis. Similarly, it is not day-to-day economic pressure and stress that frame the context in which abuse occurs. It is the unpredictability of all kinds of changes, most of which have nothing to do with the threat of poverty" (Justice and Justice, 1976, p.30).

It appears to be more useful and accurate to state that families that produce sexual and/or physical child abuse are similar in that they are both frequently amidst life crises at the time that the abuse takes place, and that both types of family are prone to frequent crises of this nature. It is not surprising, therefore, to find that both sexually and physically abusive families are often characterized by great amounts of instability, chaos, and desertion. In many cases the families are headed by a single parent, or one or both parents are absent; divorce and separation are common phenomena not only for the sexually abusive

families (Reimer, 1940; Kaufman *et al.*, 1954; Weinberg, 1955; Weiner, 1962; Gebhard *et al.*, 1965; Lustig *et al.*, 1966; Lester, 1972; Lukianowicz, 1972) but also for physically abusive families (Kempe *et al.*, 1962; Elmer and Gregg, 1967; Gil, 1971; Spinetta and Rigler, 1972).

(b) *Dynamics of families.* All families characterized by life crises do not produce child abuse. For researchers who are not satisfied with the trait approach to explaining child abuse on a psychosocial level, an emphasis on interpersonal dynamics within families often provides a more satisfying explanation. Both sexually and physically abusive family systems appear to be typified by four major dynamic patterns. These patterns include: (1) interactions between abusive parents and their parents; (2) interactions between abusive parents and their spouses; (3) interactions between abusive parents and their children; (4) collusion of the "silent" partner. Each of these will be examined below.

(1) Interactions with parents. As mentioned previously, families involved in sexual or physical child abuse are often disorganized and may be characterized by desertion and acting out under stress. These traits also appear to typify the families of origin of the abusive parents. The investigations into families in which sexually abusive parents grew up (Reimer, 1940; Kaufman *et al.*, 1966; Weinberg, 1955; Weiner, 1962; Lustig *et al.*, 1966; Machotka, *et al.*, 1967; Raphling *et al.*, 1967; Lukianowicz, 1971, 1972; Lester, 1972; Schwartzman, 1974; Walters, 1975; Meiselman, 1978) and studies on the families of origin of physically abusive parents (Kempe *et al.*, 1962; Steele and Pollock, 1968; Lystad, 1975; Smith and Hanson, 1975; Walters, 1975; Justice and Justice, 1976) suggest very similar interpersonal dynamics between these sets of abusive adults and their parents. Typically these families of origin involve unpredictable abandonment of the family system by one of the parents, most often the father. Abusive fathers frequently report being physically abused by their fathers, men they describe as individuals to be feared, not loved. Abusive fathers often remember their mothers as being cold and rejecting; these men frequently left home at a young age to escape the unbearable interpersonal situations they were experiencing.

Abusive mothers come from similar backgrounds in which their fathers were often absent and their mothers hostile toward their irresponsible spouses. They remember their mothers as pampering the

boys in the family and selecting a daughter (the woman who would later abuse) with whom they became overly involved. They would alternate between treating this daughter as their confidante one minute, and the recipient of their displaced hostility toward their deserting husbands the next. As these daughters grew up they expended a great deal of effort in trying to gain approval from their mothers, but to little avail. As adults they often remained symbiotically attached to their mothers, continuing in their pursuit of winning acceptance. Both sexually and physically abusive men and women often remain more closely attached to their parents in a maladaptive, symbiotic fashion than to their spouses and children. They fail to develop adequate personal identities apart from this original system, and this often raises many problems for the family they create as it undermines any effective decision-making power that the marital unit possesses.

(2) Interactions with spouses. Given the abusive parents' often destructive relationships with their own parents, these individuals' interactions with their spouses are frequently disturbed. Studies on the marital relationships of sexually abusive parents (Weiner, 1962; Raphling *et al.*, 1967; Schwartzman, 1974; Walters, 1975; Brant and Tisza, 1977; Browning and Boatman, 1977) and on the marital relationships of physically abusive individuals (Johnson and Morse, 1968; Terr, 1970; Giovannoni, 1971; Lystad, 1975; Smith and Hanson, 1975; Justice and Justice, 1976) indicate that very similar patterns of interaction exist between these sets of spouses. Both sexually and physically abusive parents tend to marry early in an attempt to establish some semblance of security apart from their original and chaotic families. As suggested, however, they tend to marry people similar to themselves and it does not take long before they begin to exhibit the patterns of desertion and acting out under stress that characterized the families they grew up in. As both parents are usually immature and dependent, they tend to overwhelm each other with their needs for nurturance. Unable to satisfy these needs in their spouses, the parents begin to pull away from each other, the husband frequently through alcohol and abandonment. However, both parents are so threatened by the relationship that their spouses might have outside of the family system, interactions that might satisfy some dependency needs and relieve the marital relationship of the full burden of providing such gratification, that they tend to sabotage the

development of many external support systems that might help bolster the marriage itself and prevent the parents from turning to their children for fulfilment of these needs for attention.

As one parent begins to act more irresponsibly, the other becomes angered, frustrated and also more irresponsible. When one of the parents is left alone with one of the children, he or she may begin to make demands on this child for the affection he or she is not getting from the spouse. As the child is incapable of satisfying these needs, the parent becomes frustrated and may act out against the child. Some of the above-mentioned studies indicate that both sexual and physical child abuse are the result of such displacement of marital tension on children. The parents begin to fight between themselves for the attention of their own offspring, making the child the victim of their own disagreements.

(3) Interactions with children. Studies on families involved in sexual child abuse suggest that as abusive parents fail to differentiate themselves from their own parents and are unable to gain satisfaction from their spouses, they often attach themselves symbiotically to one of their children in an attempt to successfully fulfil their needs for nurturance (Kaufman *et al.*, 1954; Heims and Kaufman, 1963; Lustig *et al.*, 1966; Machotka *et al.*, 1967; Lester, 1972; Schwartzman, 1974; Schecter and Roberge, 1976; Browning and Boatman, 1977; Summit and Kryso, 1977). These parents fail to allow their children to establish independent identities as such a process of differentiation would threaten their source of attention. They typically have exceedingly high expectations of these children, expectations that the children will satisfy needs no adult has thus far been able to. As a result, not only are these children frequently propelled into adult and parental roles at inappropriately early ages, but they are also the recipients of parental hostility and frustration when they fail to meet the expectations their parents have of them. These interactional patterns between abusive parents and the children they abuse may be charaterized as involving much frustration and role confusion. In some cases, complete role reversal occurs. For instance, in cases of father-daughter incest, the mother may be dissatisfied with her maternal and marital responsibilities to the point where she seeks someone to fulfil these obligations; the father, similarly displeased with his role, may search for the young love of his early married life. Between the two of them, they may actively encourage one of their daughters to assume the role of wife and mother to the husband and other children.

Studies examining the relationship between parents and children involved in physical child abuse have revealed remarkably similar adult-child interactional patterns of symbiotic overinvolvement and role confusion or reversal (Morris and Gould, 1963; Steele and Pollock, 1968; Melnick and Hurley, 1969; Spinetta and Rigler, 1972; Lystad, 1975; Smith and Hanson, 1975; Justice and Justice, 1976). These studies, as well as several on sexual child abuse (Schwartzman, 1974; Summit and Kryso, 1977), suggest that the father is the parent who becomes overly involved with and abusive toward the children most often when there is a role reversal between the spouses; the abusive parent is likely to be the father in families where the mother is the primary source of financial support and the father provides most of the child care.

(4) Collusion of the "silent" partner. Sexual child abuse appears to be a family affair in more ways than are immediately apparent. Not only does it occur within the confines of the family system, but it usually involves more family members than actively participate in the abuse. Although the father is usually the pivotal figure in intrafamilial child abuse, incest usually requires the passive cooperation of the wife (Weiner, 1962; Lustig *et al.*, 1966; Machotka *et al.*, 1967; Raphling *et al.*, 1967; Lester, 1972; Lukianowicz, 1972; Sarles, 1975; Walters, 1975; Brant and Tisza, 1977; Browning and Boatman, 1977). Through denial and the use of other defences, the passive parent allows the incest to continue, apparently unwilling to disturb the tension reducing function that is effected by the abuse. For instance, in one case

> "The wife had become a recluse by day, but at night she spied on [her husband's incestuous] activities. She knew what was going on, but rather than stop it, she let him continue" (Peters, 1976, p.408).

The compliance on the part of the passive parent is often manifested indirectly at the time that the abuse is brought to the attention of the authorities; at this point, the passive parent frequently supports the active abuser and forces the child to take responsibility for the abuse.

Though fewer in number, there are studies on families involved in physical child abuse which also suggest that the abusive activity must be implicitly if not explicitly condoned by the parent not actively involved in the assaults if the actively abusing parent is to be able to continue with the abuse (Oliver and Cox, 1973; Walters, 1975; Garbarino, 1977).

(c) *Learning in families.* If life may be viewed from the perspective of a series of entrances into and exits from different roles which involve the learning of certain appropriate behaviour patterns (Elmer, 1967; Garbarino, 1977), then one of the implications of the foregoing discussion is that members of abusive families have failed to develop behavioural repertoires that are considered by society as appropriate for the roles that the different members perform in the family system. In short, abusive families may be characterized as systems in which those who are expected to behave as parents have failed to learn the appropriate parental role patterns, and those who are expected to act as children are not given the opportunity to learn these behaviours. This failure to develop appropriate behavioural repertoires is manifested not only as disturbed expectations on the part of abusive parents concerning appropriate coping mechanisms in general, but also as disturbed expectations concerning adequate parenting behaviour and child role patterns.

Parents involved in sexual child abuse (Kaufman *et al.*, 1954; Lustig *et al.*, 1966; Lester, 1972; Summit and Kryso, 1977; Meiselman, 1978) and those involved in physical assaults (Steele and Pollock, 1968; Oliver and Taylor, 1971; Spinetta and Rigler, 1972; Gelles, 1975; 1978; Lystad, 1975; Smith and Hanson, 1975; Justice and Justice, 1976; Garbarino, 1977) often fail to learn a distinction between the role of parent or adult and the role of child. If they do develop such conceptual distinctions, they often come to expect that parenting involves the abuse of children particularly when the parents are faced with conflicts. However it appears that both physically and sexually abusive parents learn to expect that the parental role is associated not so much with qualitatively different behavioural patterns from those expected by non-abusive parents; instead, abusive parents learn to associate the parental role with the use of exaggerated forms of sanctioned coping patterns for dealing with stress in general, and conflicts with children in particular. As Summit and Kryso (1977) state

> "All parents get angry with their children. All parents have sensuous feelings toward their children. The abusing parents acts on those feelings in a less controlled way" (pp.239–240).

As these parents learn to associate excessive acting out behaviour with the parental role, they simultaneously fail to develop alternative, more appropriate and effective methods of coping. They do not learn to expect that the role of the parent involves the exhibiting of rational,

problem solving behaviour as well as principled, law-abiding patterns of interaction.

The distorted expectations that abusive parents learn with regard to the parental role are manifested not only as poor parenting skills but also as unrealistic expectations regarding appropriate child role behaviour. The studies cited above indicate that both sexually and physically abusive parents have exceedingly high expectations of how their children are to behave. While these parents may fail to associate problem solving and law-abiding behaviour with the parental role, this does not prevent them from expecting these types of behaviours from their children. These parents often actively reinforce their children for making the family decisions, and for assuming the parental and adult responsibilities. It is most curious that these abused children, who often appear so mature as youngsters and who obviously have the capacity for demonstrating rational and principled behaviour, are the very same individuals who often later become abusive and impulsive people as parents. This finding further illustrated the point that abusive families often involve disturbances in learned role behaviours such that it is the child role that becomes associated with typically mature behaviour patterns and the parental role that is paired with impulsive acting out.

(d) *Conclusion on psychosocial studies.* Families that produce sexual and/or physical child abuse appear to be characteristically crisis prone systems that involve symbiotic and undifferentiated interactional patterns between parents and children. The fact that members of both of these types of abusive families have failed to establish independent identities results in the development of poor communication skills between spouses, and poor parenting skills in dealing with offspring.

Cultural Studies

The staunchest advocates of the ecological approach to the study of sources of sexual and physical child abuse are sociologists and anthropologists who assert that child abuse is the result of forces outside of the individuals' or families' control that influence those involved to act out impulsively against children when faced with conflict.

Investigations into cultural influences on incest indicate that intrafamilial child abuse has existed at all times and in all societies (Kaufman *et al.*, 1954; Masters, 1964; Walters, 1975; Schecter and

Roberge, 1976). For instance, Lukianowicz (1972) reports that

> "Paternal incest has been known and recorded in all periods of history and in all types of civilization. It seems to be a universal phenomenon which does not recognize any historical, geographical, racial or social boundaries" (p.301).

The same appears to be the case for physical assaults on children, even in very exaggerated forms (Gil, 1971; Lystad, 1975; Justice and Justice, 1976; Steele, 1976).

> "[It] is not a unique product of our time and place . . . . Infanticide has from time immemorial been an accepted procedure for disposing not only of deformed or sickly infants, but all such new borns as might strain the resources of the individual family or larger community" (Lystad, 1975, p.333).

Most culturally oriented researchers view the source of child abuse as lying within the complex, dynamic interactions between social groups; others emphasize the specific values that are transmitted from social groups to families as a result of these dynamic interactions.

(a) *Dynamics of cultures.* Investigations that focus on the interactions between social groups as the primary cause of child abuse emphasize the significant social institutions that both sexually and physically abusive families may have contact with that encourage the abuse of children. Different institutions and products of these institutions that are perceived by members of a society as bearing the standards of the culture can have tremendous influence on the development of child abuse. Walters (1975) notes in the case of both sexual and physical abuse, and Light (1973) and Justice and Justice (1976) report in the case of physical abuse the effect of the legal system in fostering abusive activity in the home; many legal institutions support the concept of the Roman *Patria Postestas* which states that the father is the owner of his child with whom he can do as he pleases. Gil (1975) points out several other types of institutions that, were families to have contact with, might easily facilitate the development of an abusive attitude toward children in these systems. Most notably he discusses the frequent use of corporal punishment in day care centres, schools, courts and correctional and other residential child care settings.

The literature of a society as well as other forms of artistic communication can often have a strong influence on the values that people come to hold with respect to appropriate adult-child interactional patterns. Sexual child abuse (Masters, 1964; Lester, 1972;

Schecter and Roberge, 1976) and intrafamilial physical child abuse (Walters, 1975; Justice and Justice, 1976) appear to be quite similar in that the societies that foster their expression are often characterized as having literary themes condoning impulsive acting out against children. For example, the Bible has stories of children being stoned to death (Deuteronomy), disciplined with corporal punishment (Proverbs), and impregnated by their fathers (Genesis, Deuteronomy). Greek and Roman myths are filled with tales of gods seducing and raping their children. Many rhymes, stories and songs written *for* children tell of the abuse they "deservingly" suffer at the hands of their parents, e.g.

> "Little Polly Flinders
> Sat among the cinders
> Warming her pretty little toes.
> Her mother came and caught her
> And whipped her little daughter
> For spoiling her nice new clothes"
> (Walters, 1975, p.13).

Not only were the ancient Greek, Roman and Judaic cultures noted for incestuous and physically assaultive activities directed against children, but so are more modern cultures that teach nursery rhymes such as the one quoted above, and that produce literature by men such as Shakespeare, Proust, Freud and O'Neill that frequently include themes of an incestuous nature (Schecter and Roberge, 1976).

(b) *Learning in cultures.* Some researchers emphasize not so much the patterns of interactions between various social institutions and family systems as the source of sexual and physical child abuse, but rather the specific values that are transmitted from social institutions to family groups via these interactions. Cultural sources of physical and sexual child abuse appear to be quite similar in that the social systems that produce both of them tend to teach parallel values with respect to: (1) a conceptualization of what it means to be human; (2) a conceptualization of what it means to be a child; (3) a conceptualization of legitimate means of coping with stress.

(1) Values concerning being human. Gil (1975) most specifically addresses the issue of a basic social philosophy regarding values about being human. He argues that societies that consider every person to be unique but equal and entitled to the same social, economic, and political rights tend not to foster child abuse in any form. These societies typically encourage cooperation among the various members

and social groups of the cultural system, hindering the expression of impulsive acting out behaviours between individuals. Societies conceiving of its members as more or less valuable and deserving of unequal status, on the other hand, tend to facilitate destructive competitive interactional patterns between individuals. As children in these systems are not only regarded as less important than adults but are also in fact unable to compete with them successfully in most areas, they are often perceived as being weaker and more vulnerable, and are more frequently taken advantage of in numerous and abusive ways.

(2) Values concerning being a child. The values a society transmits with respect to differences between children and adults may influence the development of both sexual and physical child abuse. Publications on the former (Walters, 1975; Schecter and Roberge, 1976) as well as several works on the latter (Kadushin, 1967; Radbill, 1968; Gil, 1971, 1975; Giovannoni, 1971; Justice and Juctice, 1976; Steele, 1976; Garbarino, 1977) suggest that until the nineteenth century there was virtually no social concept of childhood as distinct from adulthood; children were not perceived as needing special consideration or protection but because they were younger and more helpless they were frequently taken advantage of both physically and sexually. The thinking underlying this traditional approach to childhood, as well as the consequences that resulted, are aptly described by Aristotle:

> "The justice of a master or a father is a different thing from that of a citizen, for a son or slave is property, and there can be no injustice of one's own property" (Light, 1973, p.559).

Although this view of children has changed over the centuries, and as a result the sexual and physical abuse of children has probably declined, more contemporary cultures continue to conceptualize of children as the property of their parents, even while advocating the apparently contradictory position that children were in need of special and non-abusive consideration from their parents. As noted by Walters (1975)

> "The physical and sexual abuse of children does not occur in a cultural vacuum. Rather, America has a long history of treating children as inferiors, as little more than chattel to be done with as the adult caretaker pleases" (p.9).

(3) Values concerning legitimate coping techniques. A third cultural level of causation of both sexual and physical child abuse appears to be the society's conception of legitimate means of dealing with conflict, especially conflict with children. Sexual and physical child abuse is

prevalent in cultures that sanction the use of excessive acting out behaviour as a means of reducing tensions and frustrations and regaining control (Lustig *et al.*, 1966; Abrahamsen, 1970; Gil, 1971, 1975; Goode, 1971; Gelles, 1973; Brownmiller, 1975). These cultures do not encourage so much the use of qualitatively different forms of control than societies which fail to promote child abuse; instead, they appear to encourage the extensive and sometimes unrestrained use of typical coping behaviours in a wider variety of circumstances.

(c) *Conclusions on cultural studies*. For a social system to operate effectively, there must be cooperation between its various social and family groups. As a result, the family that is best able to exploit the mutual aid of the social units is most likely to survive (White, 1964). Families in any given culture are not likely to avoid contact with those social institutions that offer services which enhance the families' survival opportunities. For example, families with children are not likely to refuse the benefits offered by day care facilities. Consequently, it is difficult to imagine that families will not be influenced by such social units and will not, therefore, come to share some of the same values advocated by these institutions with regard to child rearing practices. Families existing in cultures where the institutions advocate inequality and competition between individuals, failing to distinguish needs of children from those of adults, and condoning the use of excessive acting out in response to stress, are likely to foster the development of both sexual and physical child abuse if only because of the families' contact with the social institutions.

Summary of Similarities in Sources of Sexual and Physical Abuse

The literature on sexual child abuse indicates numerous psychological, psychosocial, and cultural sources of this type of assault on children; findings from studies on physical child abuse also reveal varied and often parallel factors that appear to facilitate the development of this child abuse. Despite what might be expected on the basis of the large differences that exist between reported cases of sexual and physical child abuse, and despite the fact that most publications refer to only one of the types of abuse, a comparative review of the investigations in the field suggest that sexual and physical child abuse are quite similar with respect to etiology.

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DIFFERENCES IN SOURCES OF SEXUAL AND PHYSICAL CHILD ABUSE

One of the implications of the preceding discussion is that the differences in etiology between sexual and physical child abuse are less than the similarities. Indeed, the literature seems to suggest that differences between sources of these types of abuse are not only fewer in number but less convincing in nature when compared with the similarities between sources. There appear to be only three major areas of distinction between sources of sexual and physical child abuse that may be considered worthwhile discussing: (1) on the psychological and psychosocial levels of analysis, sexual and physical child abuse appear to differ primarily with respect to the specific types of crises the individuals find most stressful as well as (2) the specific types of acting out beahviours that these individuals and families learn as coping strategiès when faced with crises; (3) on the cultural level, it appears that the strength of the values or taboos against acting out differs for sexual versus physical child abuse.

Psychological and Psychosocial Studies

(a) *Characteristics of crises.* Individuals and family systems that produce sexual child abuse seem to struggle more with issues of sexuality not only between spouses but also between parents and children than do those involved in physical abuse (Reimer, 1940; Kaufman *et al.*, 1954; Weinberg, 1955; Wahl, 1964; Weiner, 1962; Lustig *et al.*, 1966; Machotka *et al.*, 1967: Raphling *et al.*, 1967; Bagley, 1969; Lester, 1972; Lukianowicz, 1972). Those involved in physical child abuse, on the other hand, have more difficulty dealing with issues of control and discipline between spouses and between parents and children (Gil, 1971; Goode, 1971; Smith and Hanson, 1975; Walters, 1975; Justice and Justice, 1976).

The studies mentioned above focus on the effect of sexual estrangement between spouses on the development of sexual child abuse. For instance, Weiner (1962) pays particular attention to the fact that marital and most often sexual tensions usually exist prior to the initiation of the incestuous relationship. Several investigations suggest that wives of men who commit incest often frustrate and reject their husbands sexually, and may even actively place their daughter in their conjugal position. Husbands are frequently found to be making

inadequate sexual adjustment in these cases, either in terms of becoming over demanding of their wives' sexual attention, or in terms of neglecting their wives. This latter phenomenon is most typically observed in cases of mother-son incest.

Some professionals stress not only the sexual difficulties that exist between the spouses, but also the problems that parents in sexually abusive families have in handling their children's developing sexuality. Summit and Kryso (1977) vividly describe the dilemma parents face in coping with his sexual development:

> "Household sex eduction, sexualized play, incest, child molestation, and ritual sexual exploitation are all aspects of an interest of adults in the sexuality of children. On one end of the spectrum, there is a presumably altruistic dedication to sharing with the child the benefit of adult awareness and experience toward the goal of eventual sexual fulfillment. On the other end, adults who teach and demonstrate sexuality to children for the goal of immediate gratification are condemned as criminals . . . . The objective distinctions between loving support and lustful intrusion are disquietingly subtle" (p.237).

Parents who engage in sexually abusive activity with their children seem to have greater difficulty making these distinctions than do non-abusive parents, or parents involved in physical child abuse.

On the other hand, individuals and families involved in physical child abuse have more difficulty handling crises of a disciplinary nature. The parents themselves often argue over the best methods of control with respect to dealing with their children, and frequently perceive their spouses as unwilling to assert authority over family and child rearing affairs (Smith and Hanson, 1975). The actively abusing parent experiences the burden of disciplinary responsibility. Goode (1971) has observed that when parents cannot arrive at any type of agreement with regard to effective methods of controlling their children, the children are more likely to suffer physical abuse.

As with issues of adult sexual interest in children, distinctions between appropriate disciplinary measures and physical assault are subtle. The line between "constructive discipline and dehumanizing punishment" (Summit and Kryso, 1977, p.240) is quite unclear; parents involved in physical child abuse appear to have greater difficulty making this type of distinction in dealing with their children than do sexually abusive parents, or parents who are altogether non-abusive.

While these studies do suggest that the crises that characterize sexually and physically abusive families are different, a couple of these investigations (Justice and Justice, 1976; Summit and Kryso, 1977) as well as others (Oliver and Taylor, 1971) indicate that the differences are not always definitive or absolute. Physically abusive families are often noted for struggling with a number of sexual difficulties, and sexually abusive families frequently responded to crises of a disciplinary type.

(b) *Differences in learning*. Although there is virtually nothing in the literature that examines the different types of learning experiences that might occur for individuals and families which produce sexual as opposed to physical child abuse, there are a few interesting bits of information that raise some provocative questions with respect to the different types of reinforcement contingencies that might influence the development of these types of abuse. A passage by Lustig and co-workers (1966) offers a case in point with regard to the development of incest:

> "An example of such a transaction involved Mrs. R, who on the night incest occurred, welcomed her husband home from work dressed in what he described as her "sexiest outfit". . . . She prepared a cocktail for him before dinner . . . . However, in the past they had had numerous arguments over her refusal to have sexual relations with him if he was drinking . . . . Sergeant R described feeling sexually aroused and frustrated and was about to go into the bedroom to express his pique when his wife stepped out and placed their 10-year-old daughter, Linda, on his lap saying, "You two take care of each other while I'm gone." . . . It is perhaps noteworthy that this type of interaction has been observed to characteristically lead to a fight . . . which in this case was prevented by the mother's departure. We suggest that incest was a preferable alternative to overt conflict for this family" (Lustig *et al.*, 1966, pp.34-35).

It may be that stressful events that give rise to overt expressions of frustration in physically abusive systems have come to serve as discriminative cues for more covert acting out behaviour in sexually abusive systems. For sexually abusive individuals and families, the overt expression of tensions is most likely not tolerated or reinforced, whereas for physically abusive individuals and families it is not only tolerated but is encouraged, often in the form of exaggerated and

extensive use of force against children (Goode, 1971; Garbarino, 1977).

Although research in this area would most likely prove very interesting, caution must be exercised with respect to expectations of discovering altogether different reinforcement contingencies as distinguishing between sources of sexual and physical child abuse. This is because researchers such as Malamuth *et al.* (1977) report that discriminative cues come to elicit sexual acting out also often facilitate the expression of physical acting out and vice versa. It appears that such cues develop their eliciting control due to the taboo nature of both sexual and physical responding. Thus, studies which suggest that very different learning contingencies are operating for individuals and families involved in sexual versus physical child abuse may have to be regarded with some amount of scepticism for the time being.

Cultural Studies

At this point it is most appropriate to turn to the subject of taboos against sexual and physical acting out behaviours. At this broader level of analysis, Lester (1972) notes that social living involves the inhibition of the expression of all types of impulsive behaviours; social systems that fail to inhibit such expression do not survive and/or promote the welfare of component social units for any significant period of time. As a result, almost every society in history has had taboos against the expression of these behaviours, especially when directed against children (White, 1964). However, contrary to popular opinion, these taboos do not necessarily evolve out of a natural sense of human concern for others. For instance, in the case of incest, Summit and Kryso (1977) note that

> "People tend to assume that the incest taboo is a natural outgrowth of human decency, and that sex with offspring is unnatural and inherently repugnant. However, the taboo may have evolved for quite the opposite reason, as a practical defense against a very natural experience. People who live together, who depend on each other for love and support, and who have intimate daily contact with each other will tend to develop sexual relationships with each other" (p.239).

The same statement has been made in the literature with respect to the taboo against expressing physical hostility toward children. As Goode

(1971) and Lystad (1975) have pointed out, one of the reasons that people commit acts of violence against children is that children are frequently in close proximity to parents much of the time; few individuals can so frustrate parents as the children in their care, to whom they may even turn for support and attention. Thus, socially sanctioned prohibitions on the expression of both sexual and physical acting out against children appear to be necessary to curtail naturally occurring psychological and psychosocial events.

Sources of sexual and physical child abuse appear to differ, however, with respect to the strength of these socially sanctioned prohibitions on sexual versus physical acting out against children. The taboo against the former appears to be more powerful. A brief analysis of the theories of origin of the incest taboo suggests some reasons why this prohibition might be the stronger.

It appears that there are more biological, psychological, psychosocial and cultural advantages to having an incest taboo than there are to having a prohibition against physically abusive interactions between parents and children. Several authors (Masters, 1964; White, 1964; Lester, 1972; Maisch, 1972; Schwartzman, 1974; Walters, 1975; Frances and Frances, 1976; Meiselman, 1978) suggest the following as reasons for the development of the incest taboo; only one appears to pertain to advantages that might be accrued as a result of sanctioning prohibitions against intrafamilial physical child abuse.

First, the genetic theory of the origin of the incest taboo relates to the issue of the effects of inbreeding. There appears to be some evidence to suggest that offspring of incestuous relationships are more prone to biological impairment. While there are contradictory findings with respect to this theory, it offers some kind of a viable explanation of the development of the incest taboo; it sheds no light on the advantages of originating a taboo against physically assaultive interactions with children.

Secondly, the role strain theory suggests that the incest taboo originated in order to maintain clear role definitions in social systems. Frances and Frances (1976) note that social groups are structured along two primary biological bases of differentiation, "sex (making for role difference) and generation (making for leaders and followers)" (p.237). A parent who is involved sexually with his or her child clearly strains the second basis of differentiation and will have two, often conflicting, roles with respect to the child, that of leader and that of

equal and sexual partner. Such a parent may also strain the first basis of differentiation as in the case of homosexual incest. However, the physically abusive parent places no strain on his or her role relationship with the child by acting out in his or her characteristic fashion. In fact, physical child abuse may be consonant with the role of being the leader and parent, especially in societies that condone the use of excessive force in the disciplining of children. Therefore, this theory does not help to explain the advantages of a prohibition against physical child abuse.

A third theory, that of family cohesiveness, asserts that the incest taboo developed in order to deal with the tremendously disruptive effects of intrafamilial sexual jealousies and conflicts. This theory holds that while "any kind of family conflict is disruptive . . . that [of] sexual jealousy between kin is most disruptive" (Lester, 1972, p.279). Physical abuse within the family is viewed as less disconcerting and, therefore, less in need of restriction.

The culturological theory argues that families must learn to cooperate with one another if the social system is to survive. "Cooperation between families cannot be established if parent marries child" (White, 1964, p.247). Similarly, interfamilial cooperation cannot be achieved if there is intrafamilial physical discord. As a result, this theory appears to be the only one that suggests advantages to originating a taboo against the expression of *both* sexual *and* aggressive impulses toward children. Families in which the sexual and aggressive needs are satisfied within the confines of the immediate system will have neither the need nor the energy for cooperating as smoothly functioning units with other social groups that might enhance their chances for survival. The effect of the taboos is to force families to interact with other, similar systems.

From this brief analysis of the reasons for the development of taboos against the expression of impulsive behaviours directed toward children, it appears that there are more benefits for individuals and social units if incest is prohibited than if physically assaultive interactions between parents and children are restricted. If it follows from this, that because of the greater advantages of restricting incest, the incest taboo is more powerful, then it is possible to conclude that the sources of incest and physical child abuse differ with respect to the relative strength of the taboo against the former. And it is probably the case that the incest taboo is the more potent of the two, for as some

professionals have noted, the sexual abuse of children, more than any other type of child abuse, is "shrouded by misinformation, myths, and ignorance in the lay and professional communities alike" (Sgroi, 1975, p.111). The greater strength of the incest taboo appears to be reflected in the continued greater reluctance of adults to discuss issues of parent–child sexual involvement as opposed to questions of physically abusive interactions between parents and children.

Summary of the Difference in Sources of Sexual and Physical Abuse

Sources of sexual and physical child abuse appear to be different in three major ways, namely, the types of crises that characterize those involved in the two kinds of abuse, the types of acting out behaviours exhibited by the participants in the two kinds of abuse, and the strength of the taboos against sexual versus physical child abuse. Given the large differences that exist between reported cases of sexual and physical child abuse, and the way in which discussions on these subjects are separated in the literature, possibly more differences in sources would be expected. Not only do there appear to be more similarities than differences with respect to etiology between these two types of abuse, but the arguments that exist in the literature in support of the similarities appear to be based on somewhat more convincing data than are the arguments pertaining to differences in etiology.

Epilogue: Is There a Link Between Sex and Aggression

The foregoing discussion has not addressed the issue of the overt manifestations of acts of sexual versus physical child abuse, nor has it compared these types of abuse with respect to the aims of the different acts. Therefore, it would not be very difficult to argue that no matter how similar the sources of these types of abuse might be, they still represent very divergent phenomena in that the behaviours involved and the intentions of these behaviours are very distinctive and serve to differentiate one type of abuse from the other. However, there is literature to suggest that the behavioural components of acts of physical and sexual child abuse are not always so distinctive, nor are the aims of these abusive acts.

Literature not only from broader physiological, psychological and

cultural investigations, but also from projects aimed more specifically at examining child abuse indicate that acts of sex and acts of aggression may often be linked in a mutually facilitative fashion. This appears to be the case not only with respect to the behavioural components of the acts but with respect to the intentions of the acts as well. For example, evidence from physiological studies suggests a mutually facilitative link between sex and aggression. Electrical and chemical brain stimulation experiments have revealed that neural nodal points of sexual and aggressive responding lie in extremely close proximity (stimulation of one point frequently resulting in activation of the other) and that certain sex hormones greatly influence the expression of aggressive behaviour (MacLean, 1965; Edwards, 1971).

Psychological experiments that support a mutually facilitative relationship between sex and aggression have reported increased sexual responding in aggressively aroused subjects (Barclay, 1969, 1970, 1971) as well as increased aggressive behaviour in previously angered subjects presented with sexual stimuli (Zillmann, 1971). As noted earlier, Malamuth *et al.* (1977) have shown that sexual and aggressive responding may be closely linked in a facilitative fashion on the basis of the environmental cues that serve to elicit both types of behaviour. The same cues may come to control both sexual and aggressive acting out given the taboo nature of these behaviours.

Further evidence for this type of link between sex and aggression is provided by sociological and historical investigations. For instance, Bandura (1973) and Brownmiller (1975) suggest that in societies where physical prowess and aggression are highly valued, sexual energies may often be used in the service of an aggressive life style. In these cultures, acts that appear to be sexual in overt manifestation may, in fact, be more aggressive in intent.

There is also evidence to suggest that sex and aggression may become fused as in the case of sadism. There are descriptions of men who hang themselves in an attempt to facilitate orgasm (Weisman, 1967; Resnick, 1972). Litman and Swearinger (1972) report on middle class males who are impotent without bondage scenarios and props. There are also data to suggest that certain types of destructive crimes that appear to be solely expressions of hostile aggression may involve sexual components. In these cases, the perpetrators experience sexual arousal from the destruction of property and person (Karpman, 1954; Reinhardt, 1957; Rubenstein, 1965).

Studies that pertain more directly to the issue of sexual and physical child abuse suggest that acts which appear to be expresisons of one type of impulse may in fact involve aspects of the other. For example, Summit and Kryso (1977) list ten kinds of adult sexual interaction with children. These include incidental sexual contact, true endogomous incest (in which the adult turns to the child out of sexual frustration), misogynous incest (in which the adult turns to the child out of sexual frustration and anger toward the spouse), imperious incest (in which the adult turns to the child as part and parcel of a generalized authoritarian and aggressive stance within the family), and intrafamilial child rape (in which the adult turns to the child to vent sexual frustration and anger in general). Of the ten categories, the final three mentioned above usually involve some combination of sexual and aggressive activity and intention; several of the other types may include both at times.

Reporting on types of physical child abuse, Gil (1971) mentions different kinds of this type of assault. Two of his categories explicitly involve sexual activity and motivation along with the overtly aggressive behaviour. He states that a small percentage of cases of physical child abuse occur simultaneously with sexual assaults and sadistic gratification, while a greater percentage involve sadism sublimated to the level of child-rearing ideology where the parent receives some type of sexual satisfaction from disciplining children in an authoritarian manner.

While the research findings that link sex and aggression are scarce and frequently contradictory, there is enough evidence to suggest that sexual and aggressive behaviours and aims are at times closely related and/or fused; sexual energies may operate in the service of aggressive behaviours and vice versa. When this happens it may be difficult to distinguish sexual acting out from physical aggression.

If the research on the similarities between the overt manifestations and intentions of sexual and aggressive acting out is coupled with the discussion on the similarities between sources of sexual and physical child abuse, some interesting issues present themselves. If these similarities in sources, overt manifestations and intentions between sexual and physical child abuse do in fact exist, is it not possible that sexual and physical child abuse are often very closely related, if not one and the same phenomenon? And is it not possible that sexual child abuse is as prevalent as physical child abuse but that, as a result of the more powerful taboo against sexual abuse and the greater difficulty

diagnosing it on the basis of observable evidence (Sgroi, 1975; Schecter and Roberge, 1976; Herjanic and Wilbois, 1978), it often goes unrecognized and is classified under the rubric of physical child abuse?

Despite all of the similarities that appear to exist between sexual and physical child abuse, some professionals suggest that there are enough differences, that treatment of the two types of abuse must often involve the confrontation of distinct and separate issues (Walters, 1975). If sexual abuse is as closely related to physical child abuse as is suggested by the previous discussion, and if it is, therefore, frequently unrecognized apart from many cases of physical child abuse, then there are many professionals who are doing their clients a disservice by failing to accurately assess the type of child abuse they are treating. This failure is resulting in inadequate treatment for individuals and families who may be assessed as physically abusive, and who may be physically abusive as well, but who are simultaneously and/or more discretely involved in the sexual abuse of children and who may need to therapeutically confront more specifically sexual issues.

References

Abrahamsen, D. (1970). *Our Violent Society.* Funk and Wagnalls, New York.

Antler, S. (1978). Child abuse: an emerging social priority. *Social Work* **23**, 58–61.

Bagley, C. (1969). Incest behavior and incest taboo. *Social Problems* **16**, 505–519.

Bandura, A. (1973). *Aggression: A Social Learning Analysis.* Prentice-Hall, Englewood Cliffs.

Barclay, A. M. (1969). The effect of hostility on physiological and fantasy responses. *J. Pers.* **37**, 651–667.

Barclay, A. M. (1970). The effect of female aggressiveness on aggressive and sexual fantasies. *J. Proj. Tech.* **84**, 19–26.

Barclay, A. M. (1971). Linking sexual and aggressive motives: Contributions of "irrelevant" arousals. *J. Pers.* **39**, 418–492.

Bennie, E. and Sclare, A. (1969). The battered child syndrome. *Amer. J. Psychiat.* **125**, 957–979.

Brant, S. T. and Tisza, V. B. (1977). The sexually misused child. *Amer. J. Orthopsychiat.* **47**, 80–90.

Browning, D. H. and Boatman, B. (1977). Incest: Children at risk. *Amer. J. Psychiat.* **134**, 69–72.

Brownmiller, S. (1975). *Against Our Will: Men, Women and Rape.* Bantam Books, New York.

Cohen, R., Seghorn, T. and Calmas, W. (1969). Sociometric study of the sex offender. *J. Abnorm. Psychol.* **74**, 249–255.

Cormier, B. and Simons, S. P. (1969). The problem of the dangerous sexual offender. *Can. Psychiat. Assn. J.* **14**, 329–335.

Crime Prevention Unit. (1976). *Child Abuse: The Problem of the Abused and Neglected Child.* Department of Justice, Sacramento.

DeFrancis, V. (1969). *Protecting the Child Victim of Sex Crimes Committed by Adults.* American Humane Society, Denver, Colorado.

Edwards, D. A. (1971). Neonatal administration of Androstenedione, Testosterone or Testosterone Propionate: Effects on ovulation, sexual receptivity and aggressive behavior in female mice. *Physiol. and Behav.* **6**, 223–228.

Elmer, E. (1967). *Children in Jeopardy: A Study of Abused Minors and their Families.* University of Pittsburgh Press, Pittsburgh.

Elmer, E. and Gregg, G. S. (1967). Developmental characteristics of abused children. *Pediatrics* **40**, 596–602.

Flugel, J. C. (1926). *The Psychoanalytic Study of the Family.* L. and V. Woolf, London.

Forward, S. (1978). Lecture presented at the Sexual Abuse Conference in Los Angeles, California, 24 June.

Frances, V. and Frances, A. (1976). The incest taboo and family structure. *Family Process* **15**, 235-244.

Frosch, J. and Bromberg, W. (1939). Sex offenders. *Amer. J. Orthopsychiat.* **9**, 761–776.

Galdston, R. (1965). Observations on children who have been physically abused and their parents. *Amer. J. Psychiat.* **122**, 440–443.

Gabarino, J. (1977). The human ecology of child maltreatment: A conceptual model for research. *J. Marr. Fam.* **39**, 721–735.

Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). *Sex Offenders: An Analysis of Types.* Harper and Row, New York.

Gelles, R. (1973). Child abuse as psychopathology: A sociological critique and reformulation. *Amer. J. Orthopsychiat.* **43**, 611–621.

Gelles, R. (1975). The social construction of child abuse. *Amer. J. Orthopsychiat.* **45**, 363–371.

Gelles, R. (1978). Violence toward children in the United States. *Amer. J. Orthopsychiat.* **48**, 581–583.

Gil, D. (1970). *Violence Against Children: Physical Child Abuse in the United States.* Harvard University Press, Cambridge.

Gil, D. (1971). Violence against children. *J. Marr. Fam.* **33**, 637–648.

Gil, D. (1975). Unraveling child abuse. *Amer. J. Orthopsychiat.* **45**, 346–356.

Giovannoni, J. M. (1971). Parental mistreatment: Perpetrators and victims. *J. Marr. Fam.* **33**, 649–657.

Goode, W. J. (1971). Force and violence in the family. *J. Marr. Fam.* **33**, 624–636.

Groth, A. N. (1978). Patterns of sexual assault against children and adolescents. In Burgess, A. W., Groth, A. N., Holmstrom, H. H. and Sgroi, S. M. (eds.), *Sexual Assault of Children and Adolescents.* Heath, Lexington.

Guttmacher, M. S. (1951). *Sex offenses: The Problem, Causes, and Prevention.* Norton, New York.

Heims, L. W. and Kaufman, I. (1963). Variations on a theme of incest. *Amer. J. Orthopsychiat.* **33**, 311–312.

Helfer, R. E. and Kempe, C. H. (1968). *The Battered Child.* University of Chicago Press, Chicago.

Helfer, R. E. and Kempe, C. H. (1976). *Child Abuse and Neglect.* Ballinger, Cambridge.

Herjanic, B. and Wilbois, R. P. (1978). Sexual abuse of children: Detection and management. *J. Amer. Med. Assn.* **239**, 331-333.

Hirning, L. C (1947). The sex offender in custody. In Lindner, R. M. and Seliger, R. V. (eds.), *Handbook of Correctional Psychology.* Philosophical Library, New York.

Jaffe, A. C., Dynneson, L. and ten Bensel, R. W. (1975). Sexual abuse of children: An epidemiological study. *Amer. J. Dis. Child.* **129**, 689-692.

Johnson, B. and Morse, H. (1968). Injured children and their parents. *Children* **15**, 147-152.

Justice, B. and Justice, R. (1976). *The Abusing Family.* Human Sciences Press, New York.

Kadushin, A. (1967). *Child Welfare Service.* MacMillan, New York.

Karpman, B. (1954). *The Sexual Offender and His Offenses.* Julian Press, New York.

Kaufman, I., Peck, A. L. and Tagiuri, C. K. (1954). The family constellation and overt incestuous relations between father and daughter. *Amer. J. Orthopsychiat.* **24**, 266-279.

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W. and Silver, H. K. (1962). The battered-child syndrome. *J. Amer. Med. Assn.* **181**, 17-24.

Kozol, H. L., Cohen, M. L. and Garofalo, R. F. (1966). The criminally dangerous sex offender. *New England J. Med.* **275**, 79-84.

Leaman, K. (1977). The sexually abused child. *Nursing* **7**, 68-72.

Lester, D. (1972). Incest. *J. Sex. Res.* **8**, 268-285.

Light, R. (1973). Abused and neglected children in America: A Study of alternative policies. *Harvard Educ. Rev.* **43**, 556-598.

Litman, R. and Swearingen, C. (1972). Bondage and suicide. *Arch. Gen. Psychiat.* **27**, 80-85.

Lukianowicz, N. (1971). Infanticide. *Psychiatric Clinician* **4**, 148-161.

Lukianowicz, N. (1972). Incest. *Brit. J. Psychiat.* **120**, 301-313.

Lustig, N., Dresser, J. W., Spellman, S. W. and Murray, T. B. (1966). Incest: A family group survival pattern. *Arch. Gen. Psychiat.* **14**, 31--40.

Lystad, M. H. (1975). Violence at home: A review of the literature. *Amer. J. Orthopsychiat.* **45**, 328-345.

Machotka, P., Pittman, F. S. and Flomenhaft, K. (1967). Incest as a family affair. *Family Process* **6**, 98-116.

MacLean, P. D. (1965). New findings relevant to the evolution of psychosexual functions of the brain. In Money, J. (ed.), *Sex Research: New Developments.* Holt, Rinehart and Winston, New York.

Maisch, H. (1972). *Incest.* Stein and Day Publishers, New York.

Malamuth, N. M., Feshbach, S. and Jaffe, Y. (1977). Sexual arousal and aggression: Recent experiments and theoretical issues. *J. Soc. Issues* **33**, 110-133.

Marmor, J. (1955). Orality in the hysterical personality. *J. Amer. Psycho-anal. Assn.* **1**, 656-671.

Masters, R. E. L. (1964). *Patterns of Incest: A Psycho-social Study Based on Clinical and Historical Data.* Julian Press, New York.

Meiselman, K. (1978). *Incest: A Psychological Study of Causes and Effects with Treatment Recommendations.* Jossey-Boss, San Francisco.

Melnick, B. and Hurley, J. R. (1969). Destructive personality attributes of child-abusing mothers. *J. Cons. Clin. Psychol.* **33**, 746–749.

Merril, E. J. (1969). Physical abuse of children: An agency study. In De Francis, V. (ed.), *Protecting the Battered Child.* American Humane Association, Denver, Colorado.

Mohr, J. W. and Turner, R. E. (1967). Sexual deviations. Part IV. Pedophilia. *Applied Therapeutics* **9**, 362–365.

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

Morris, M. G. and Gould, R. W. (1963). Role reversal: A concept in dealing with the neglected-battered child syndrome. In *The Neglected-battered Child Syndrome.* Child Welfare League of America, New York.

Oliver, J. E. and Cox, J. (1973). A family kindred with ill-used children: The burden on the community. *Brit. J. Psychiat.* **123**, 81–90.

Oliver, J. E. and Taylor, A. (1971). Five generations of ill-treated children in one family pedigree. *Brit. J. Psychiat.* **119**, 473–480.

Parker, G. (1974). Incest. *Med. J. Australia* **1**, 488–490.

Paulson, M. and Blake, P. (1969). The physically abused child: A focus on prevention. *Child Welfare* **48**, 86-95.

Peters, J. J. (1976). Children who are victims of sexual assault and the psychology of offenders. *Amer. J. Psychother.* **30**, 398–421.

Radbill, S. X. (1968). A history of child abuse and infanticide. In Helfer, R. E. and Kempe, C. H. (eds.), *The Battered Child.* University of Chicago Press, Chicago.

Raphling, D. L., Carpenter, B. L. and Davis, A. (1967). Incest: A genealogical study. *Arch. Gen. Psychiat.* **16**, 505–511.

Reimer, S. (1940). A research note on incest. *Amer. J. Sociol.* **45**, 554–565.

Reinhardt, J. M. (1957). *Sex Perversions and Sex Crimes.* C. C. Thomas, Springfield.

Resnick, H. (1972). Eroticized repetitive hangings. *Amer. J. Psychother.* **27**, 4–21.

Revitch, E. and Weiss, R. G. (1962). The pedophiliac offender. *Dis. Nerv. Sys.* **23**, 73–78.

Rosenfeld, A. A. and Newberger, E. H. (1977). Compassion vs. control: Conceptual and practical pitfalls in the broadened definition of child abuse. *J. Amer. Med. Assn.* **237**, 2086–2088.

Rubenstein, L. H. (1965). Sexual motivation in "ordinary" offenses. In Slovenko, R. (ed.), *Sexual Behavior and the Law.* C. C. Thomas, Springfield.

Sarles, R. (1975). Incest. *Pediatric Clinician of North America* **3**, 633–642.

Schecter, M. C. and Roberge, L. (1976). Sexual explotation. In Heifer, R. E. and Kempe, C. H. (eds.), *Child Abuse and Neglect.* Ballinger, Cambridge.

Schwartzman, J. (1974). The individual, incest, and exogamy. *Psychiatry* **37**, 171–180.

Sgroi, S. M. (1975). Sexual molestation of children: The last frontier in child abuse. *Children Today* **44**, 18–21.

Shoor, M., Speed, M. H. and Bartelt, C. (1966). Syndrome of the adolescent child molester. *Amer. J. Psychiat.* **122**, 783–789.

Smith, S. M. and Hanson, R. (1975). Interpersonal relationships and child-rearing

practices in 214 parents of battered children. *Brit. J. Psychiat.* **127**, 513-525.
Sonden, R. (1936). Incest crimes in Sweden and their causes. *Acta Psychiat. Neurol.* **11**, 379-401.
Spinetta, J. J. and Rigler, D. (1972). The child-abusing parent: A psychological review. *Psychol. Bull.* **77**, 296-304.
Steele, B. F. (1976). Violence within the family. In Helfer, R. E. and Kempe, C. H. (eds.), *Child Abuse and Neglect.* Ballinger, Cambridge.
Steele, B. F. and Pollock, C. B. (1968). A psychiatric study of parents who abuse infants and small children. In Helfer, R. E. and Kempe, C. H. (eds.), *The Battered Child.* University of Chicago Press, Chicago.
Summit, R. and Kryso, J. (1977). Sexual abuse of children: A clinical spectrum. *Amer. J. Orthopsychiat.* **47**, 237-251.
Swanson, D. W. (1968). Adults' sexual abuse of children: The men and the circumstances. *Dis. Nerv. Sys.* **29**, 677-686.
Terr, L. (1970). A family study of abuse. *Amer. J. Psychiat.* **127**, 665-671.
Virkkunen, M. (1974). Incest offences and alcoholism. *Med. Sci. and Law* **13**, 124-128.
Wahl, C. W. (1964). The psychodynamics of consummated maternal incest. In Masters, R. E. L. (ed.), *Patterns of Incest: a Psycho-social Study Based on Clinical and Historical Data.* Julian Press, New York.
Walters, D. R. (1975). *Physical and Sexual Abuse of Children: Causes and Treatment.* Indiana University Press, Bloomington.
Wasserman, S. (1967). The abused parent of the abused child. *Children* **14**, 175-179.
Weinberg, S. K. (1955). *Incest Behavior.* Citadel Press, New York.
Weiner, I. B. (1962). Father-daughter incest: A clinical report. *Psychiat. Quart.* **36**, 607-632.
Weisman, A. (1967). Self-destruction and sexual perversion. In Schneidman, E. (ed.), *Essays in Self-Destruction.* Aronson, New York.
White, L. A. (1964). The definitions and prohibition of incest. In Masters, R. E. L. (ed.), *Patterns of Incest: a Psycho-social Study Based on Clinical and Historical Data.* Julian Press, New York.
Wolfe, R. W. and Marino, D. R. (1975). A program of behavior treatment for incarcerated pedophiles. *Amer. Crim. Law Rev.* **13**, 69-84.
Young, L. (1964). *Wednesday's Children: A Study of Child Neglect and Abuse.* McGraw-Hill, New York.
Zalba, S. (1966). The abused child: I. A survey of the problem. *Social Work* **11**, 3-16.
Zalba, S. (1971). Battered children. *Transaction* **18**, 58-61.
Zillmann, D. (1971). Excitation transfer in communication-mediated aggressive behavior. *J. Exp. Soc. Psychol.* **7**, 419-434.

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Age Structures in Pedophilia

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The Context

Research as well as public interest concerning sexual interaction between adults and children have focused their attention primarily on the adult. There is a cultural assumption, if not a conspiracy, to look at and present the phenomenon of pedophilia in a way which excludes its treatment as an interaction phenomenon. This bias is brought about by deeply entrenched social norms which hide the very ground of the problem from which public anxiety, criminal prohibition, punishment, treatment and research activities flow.

In spite of what has been termed the Freudian revolution with its discovery of infantile sexuality (Freud, 1905/1953), and in spite of an increasing frankness in public discussion of sexual variances and the recognition of the need for sex education in schools, children's sexual interests as such have never been acknowledged except in their relationship to future adult functioning. Children are basically still treated as asexual beings with some cognitive interest in sexuality. Actual sexualization is generally acknowledged only in puberty and even then the social response is one of control. We can thus observe all the attributes of a taboo, in which sex play between children can still be ignored or controlled by social disapproval, but in which sexual interaction between adults and children constitutes a break which has to be publicly stigmatized and controlled by institutional means.

Even Freud had a low opinion of pedophiles and Krafft-Ebing (1904) related "immorality" with children in most cases to acquired mental weakness indicating degenerate living. The very formulation of immorality, degeneracy, deviation, perversion, molesting and abuse clearly state the nature of the value judgements made. Although *pedophilia* is literally "love of children", it is used mainly as a technical term which hides its derivation. It also retains the directionality of adults to children and thus accepts children as passive objects.

The *scientia sexualis*, as Foucault (1978) characterizes it, as well as the popular culture in which it is embedded, thus expresses a particular value position which needs to be examined to make possible an understanding of the basis of these forms of discourse. This is especially important at this point in time when child abuse has gained high visibility and sexual abuse is seen as part of it. At the same time one can observe a marked agitation for children's rights, which can be seen as an attempt to re-define the place of children in societies in which they have no public standing, and in which the rejection of children goes much deeper than child abuse as expressed in the marked decline of birth rates in advanced Western societies.

For any phenomenon to become visible in a public realm and to be addressed by institutions such as organized science, there must be a basic concern about the values at hand and their social and behavioural expression.

The difficulty for the researcher, as well as the critical analyst, is that the former is constrained in his activity since direct exploration of children's sexuality is rejected out of hand, while the latter is constrained by the absence of content in the normative structure, since the culture easily speaks of sexual *abuse* of children but provides no basis for an examination of the sexual *use* of children. Under these conditions, rather than elucidating the general value structure, research tends to isolate the phenomenon defined as deviant from its context; this is the nature of demonology. There is thus neither an observational basis for the understanding of sexual behaviour of children nor a discernible norm structure which governs it.

The results of studies in sexual behaviour cannot be treated in isolation from their social and cultural context. Thus, if we speak of adult sexual interest in children in the context of advanced Western societies, we can only come to a deviant definition since there is no room in the normative structure for this form of behaviour. Once a

phenomenon is defined as deviant then it is clearly subject to change and control and the majority of our data will come from agencies with these mandates, namely the cirminal justice and psychological adjustment systems. Since "adult interest in children" cannot be seen as *prima facie* deviance the stumbling block is obviously in the word sexual.

Yet interest in children in advanced Western societies is almost exclusively familial or professional. The number of activities and life spaces shared by adults and children in every day interactions has been reduced to home and school, or other supervised activities. There is hardly a sphere of intimacy left, except where adults appear in a legitimated caretaking role. Public interest in children mainly arises when the primary caretaking pattern breaks down and has been concentrated on negative phenomena such as juvenile delinquency, child protection and abuse, calling for professional intervention to replace or augment the role of the primary caretakers.

In this context the definition of "sexual" is highly amorphous, if present at all. The need for a definition, and thus a conscious representation, only arises when the taboo is broken and the behaviour can no longer be ignored. Such a definition, however, is not arrived at from the self-definition of child and adult in the face of each other but from some form of objectification. Although, at least since Freud, adult sexuality has been understood in its derivation from formative stages in childhood, the value assumption is clear when we speak of a developmental task from an undifferentiated, polymorphous perverse state to its final accomplishment in genital heterosexual behaviour. If any of the childhood stages should remain in their preferred form as mode as well as object choice they are assigned to the perversions. Freund (1967, 1978) has demonstrated experimentally that there are different orders of sexual or erotic preference in the adult. It must be remembered however that in the shift from concepts such as libido and eros to expressed sexual behaviour there is more involved than a selection of a specific form of sexual expression. The by-products, as it were, are the ability to respond emotionally (libidinal cathexis), to be attached in any meaningful way to objects and part objects, people and body parts as well as the enjoyment of activities. It is a reductionist, *post hoc* interpretation to ascribe to childhood sexuality the same quality as to those of adults where the very concept of sexuality is much more narrowly focused. Indeed, the term infantile sexuality, as Freud

well knew, was a challenge to a culture which denied sexuality in children altogether.

The behavioural acts of pedophiles bear out this qualitative difference. Genital union is very rare in the sexual interaction between adults and children; the most common behaviours are those of fondling, touching, kissing, showing and looking with some variations depending on whether the interaction takes place with boys or girls. In general it represents the form of sexual exploration among children (Mohr *et al.*, 1964). In the adult repertoire these behaviours are termed "foreplay". This again expresses a value position in which the final aim is the climax (the high point), preferably as socially shaped towards procreative sexual behaviour. Here we can discern a basic break in the value position since procreative behaviour no longer constitutes the major basis for sexual expression. Auto-eroticism as well as paraphilias among adults have been largely legitimated. Sexual interaction (one would prefer to speak of erotic interaction) between adults and children remains entirely problematic.

The very context of pedophilic acts is that of the general life world of the child and not — as is often perceived — that of the stranger forcing his sexual desires on the child (Mohr *et al.*, 1964, pp.28–33). Most of the data show a preponderance of neighbours and family friends as well as family members themselves. Measured by frequency of contact one would expect family members to appear more often than neighbours and family friends. However, most of the data come from identified problem groups such as offenders and it is likely that there has been a significant dark figure in this area, especially where close family is concerned. Secondly, there are numerically more neighbours and family friends than family itself. Thirdly, on phenomenological grounds, behaviour such as kissing and touching, looking and even non-ostensive display on the part of the adult may be interpreted differently when done by family members and when done by outsiders.

Age Structure

The foregoing discussion represents only a sketch of the framework of discourse concerning adult sexual interest in children. We have stressed the other side of this interaction, namely the absence of any specification of children's sexual interest in adults, because the absence

of data and critical interpretation along this dimension distorts the nature of the phenomenon and its meaning to the participants and hides the problematic nature of children's sexuality in advanced Western societies.

Michel Foucault (1978), in the first volume of a projected history of sexuality, which is significantly entitled *La Volonté de Savoir*, speaks of two forms of discourse about sexuality: *scientia sexualis* and *ars erotica*. He recognizes that they are not only instruments of, or results of, repression and sets out the task that we must now "investigate the conditions of their emergence and operation and try to discover how the related facts of interdiction or concealment are distributed with respect to them" (Foucault, 1978, p.73). We will attempt to do this on the basis of some simple age distributions.

When we speak of adults and children, we already make a basic age differentiation. Even in simple chronological terms childhood and adulthood are not separated by a clear demarcation line in modern society. If chronological age is taken as a delimiting and determining criterion for children, and it most often is in research, then confusion must invariably take place in the upper ranges. The term hebephilia has been used for the adolescent period, but since sexual behaviour at this stage changes so rapidly very little can be said about this group in general. There does seem to be more substance in isolating this age group concerning homosexual activity but since this form of behaviour has a problematic social location even between adults we will focus our analysis on the sexual interaction with female children. It is taken for granted that adults are males, as in most other forms of "sexual deviations"; this is almost certainly not an unimportant factor in the sexual economy but why it should be so is almost impossible to approach in any cogent way at this time.

Age Structure of Children

Childhood is, of course, neither biologically nor psychosocially a uniform stage. Freud, for example, has posited oral, anal and genital phases, followed by a latency period. Empirical evidence suggests that sexual interaction of children with adults takes place mainly in the latency period, which on the dimension of actual behaviour is not latent at all. There is a general problem in equating intra-psychic

phenomena with behavioural acts. Even the Oedipus Complex is contradicted on empirical grounds since most sons kill their mothers rather than their fathers.

In our earliest studies we found that the majority of children involved with adults were between the ages of 7 to 11 years (see Fig. 1).

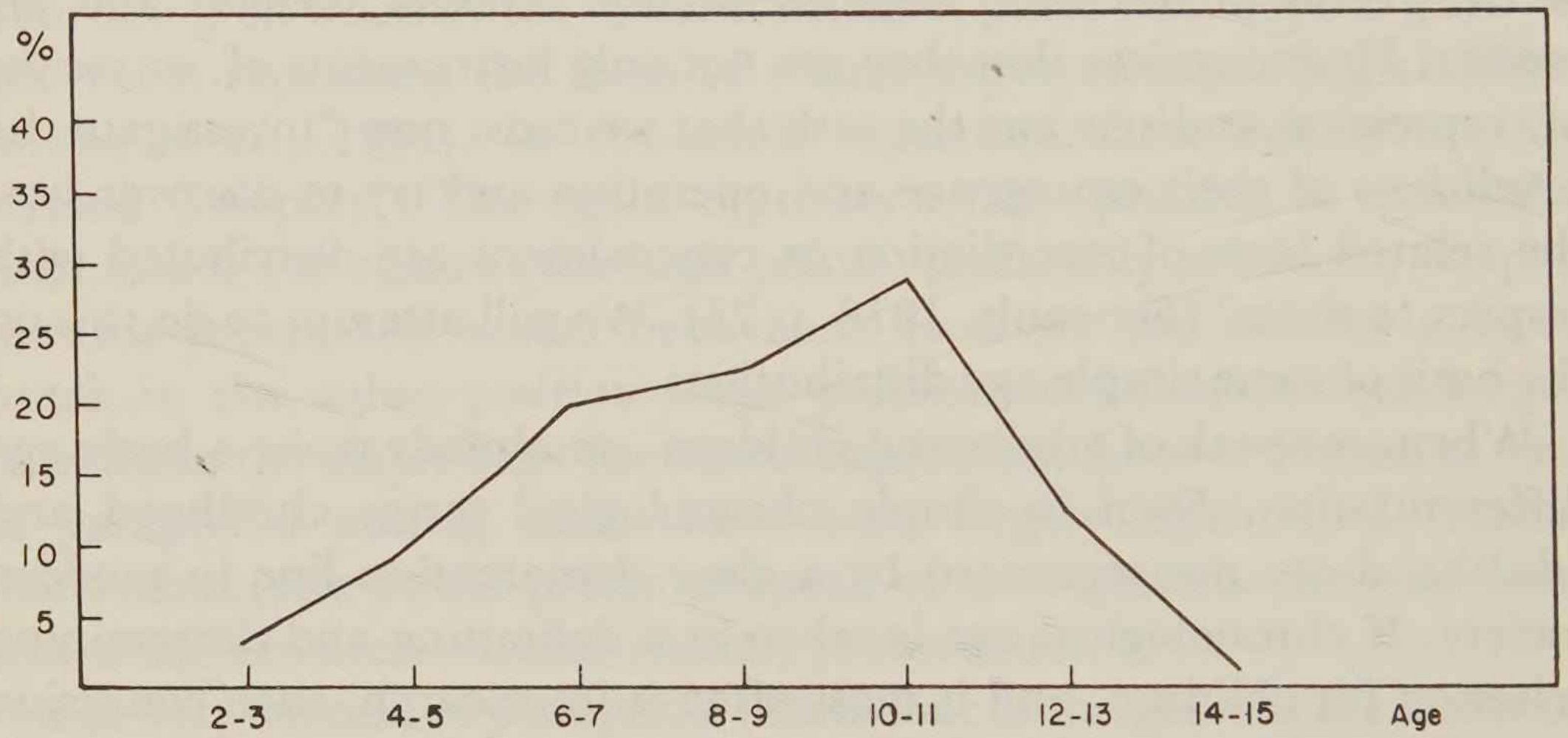


Fig. 1. Age distribution of female children involved in pedophilic acts (clinic sample, 36 cases). Adapted from: Mohr, Turner and Jerry (1964), p.24.

This distribution was essentially borne out by other studies including the slim data on those populations that did not become officially identified as offenders. Subsequent studies of all sexual offences occurring in a Metropolitan area over a one-year period yielded the same results (Mohr, 1967) (see Fig. 2).

We have already mentioned that the age distribution of boys is more complex. It follows the same ascendancy, although with a delay factor, but because of a different pubertal situation in which the nature of homosexual acts does not change as significantly as that of heterosexual acts, it is difficult to make the differentiation in terms of age distribution although individual object choices differ markedly. On the basis of the available data Fig. 3 would represent the basic distribution of ages of children involved in heterosexual pedophilic events.

Almost any distribution of behaviour is a composite of various factors. In itself a distribution does not explain anything but it does make possible the organization and demonstration of other data. If we assume that infantile sexuality is a steady state and that adult

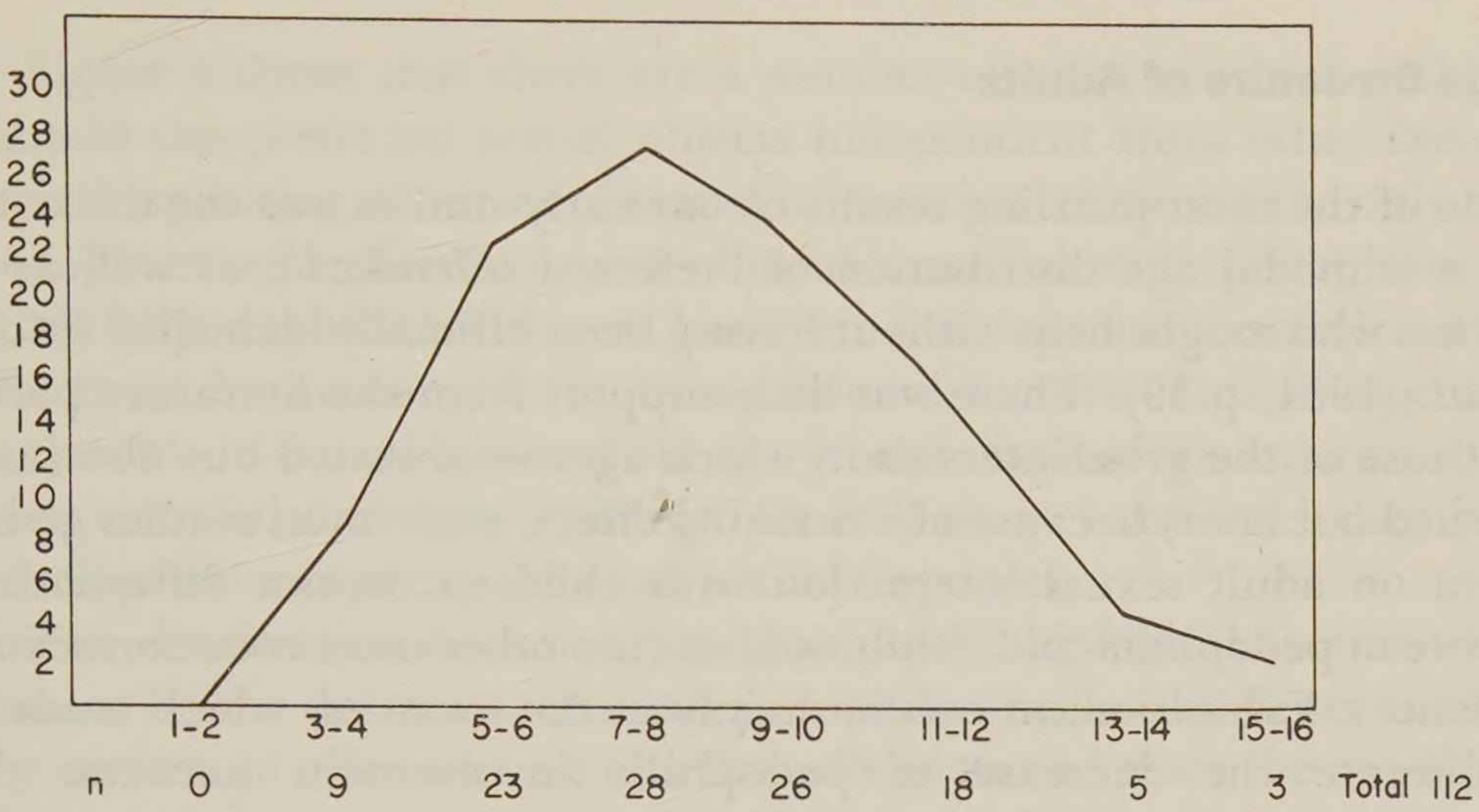


Fig. 2. Age distribution of female children involved in pedophilic acts (court sample, 112 cases). Adapted from: Mohr (1967), Part IV, Section II, p.4 and Section III, p.3.

participation in it is constant we would expect a horizontal line. If we assume that sexual development follows a steady growth rate, we would expect an increase over age but could not explain the decline, since sexuality obviously does not cease with the development of secondary sex characteristics which is the most obvious visible change associated with the declining part of the curve. In terms of behaviour science this would indicate a change in the stimulus characteristics. However if we had more reliable observation on children's behaviour we might well find that this age distribution also represents sexual exploration between children as the data of Kinsey *et al.* (1948, 1953) indicate.

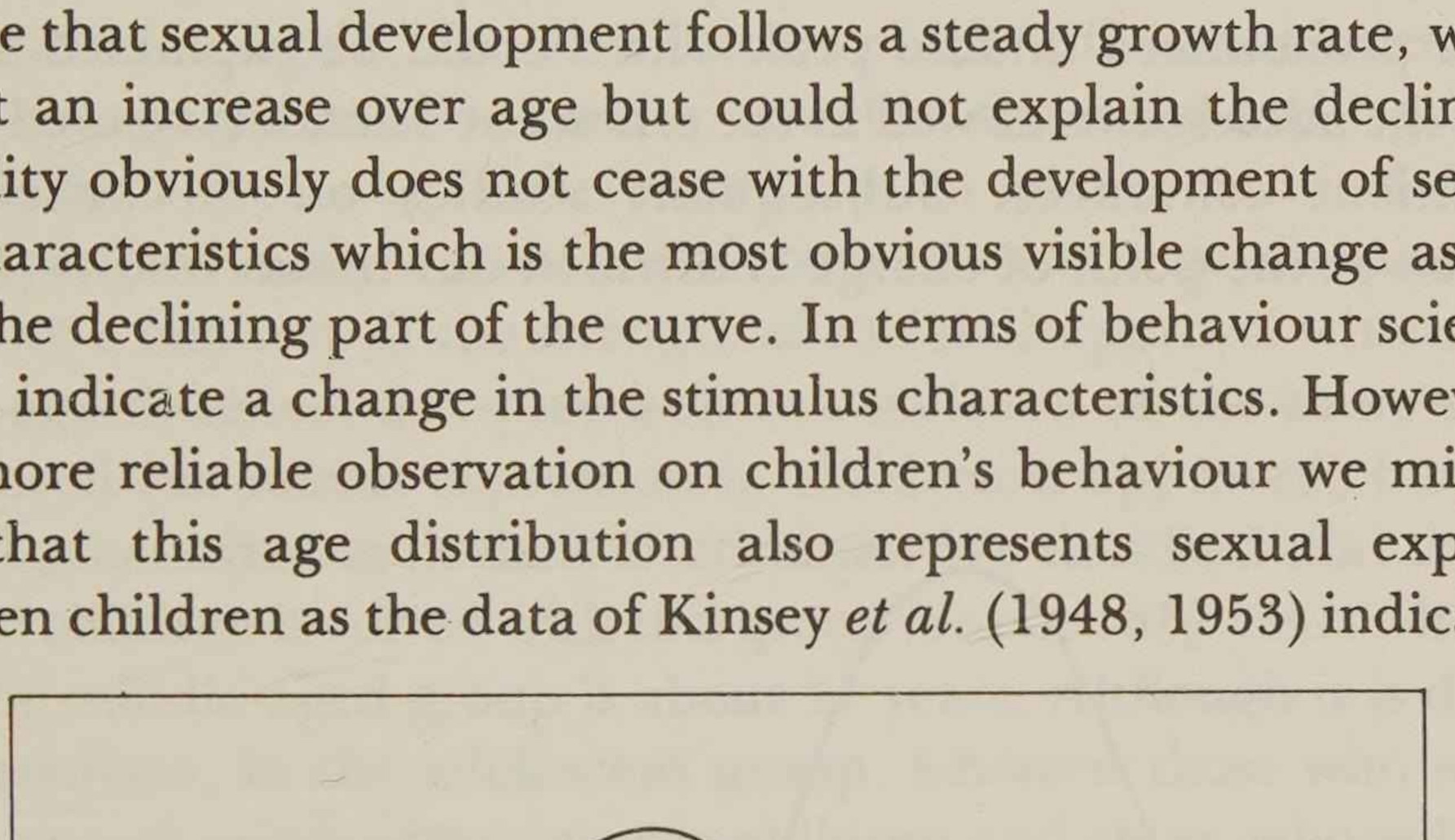


Fig. 3. Model age distribution of female children in erotic interaction with adults.

Age Structure of Adults

One of the most puzzling results of our early studies was the discovery of a trimodal age distribution of "referred offenders", as well as of others who sought help without having been officially identified (Mohr *et al.*, 1964, p.39). There was little support from the literature partly because of the gross intervals in which ages were stated but also (as it turned out later) because of a masking effect, since most studies giving data on adult sexual interaction with children do not differentiate between pedophilia and exhibitionism (the other most common sexual offence). Exhibitionism occurs mainly in the twenties, which tends to obliterate the decrease of pedophilic involvement between the adolescent and middle-age peaks. Although showing of the genitals can also occur in the pedophilic context, the two phenomena are easily differentiated; there is spatial distance and no bodily contact is sought in exhibitionism.

Collateral studies undertaken on prison populations (Mohr, 1963) showed a pronounced middle peak which could be explained by the fact that the adolescents as well as the senescent offenders tended to get more lenient sentences. Subsequent studies on an unselected population at the point of charge confirmed our initial results (Mohr, 1967).

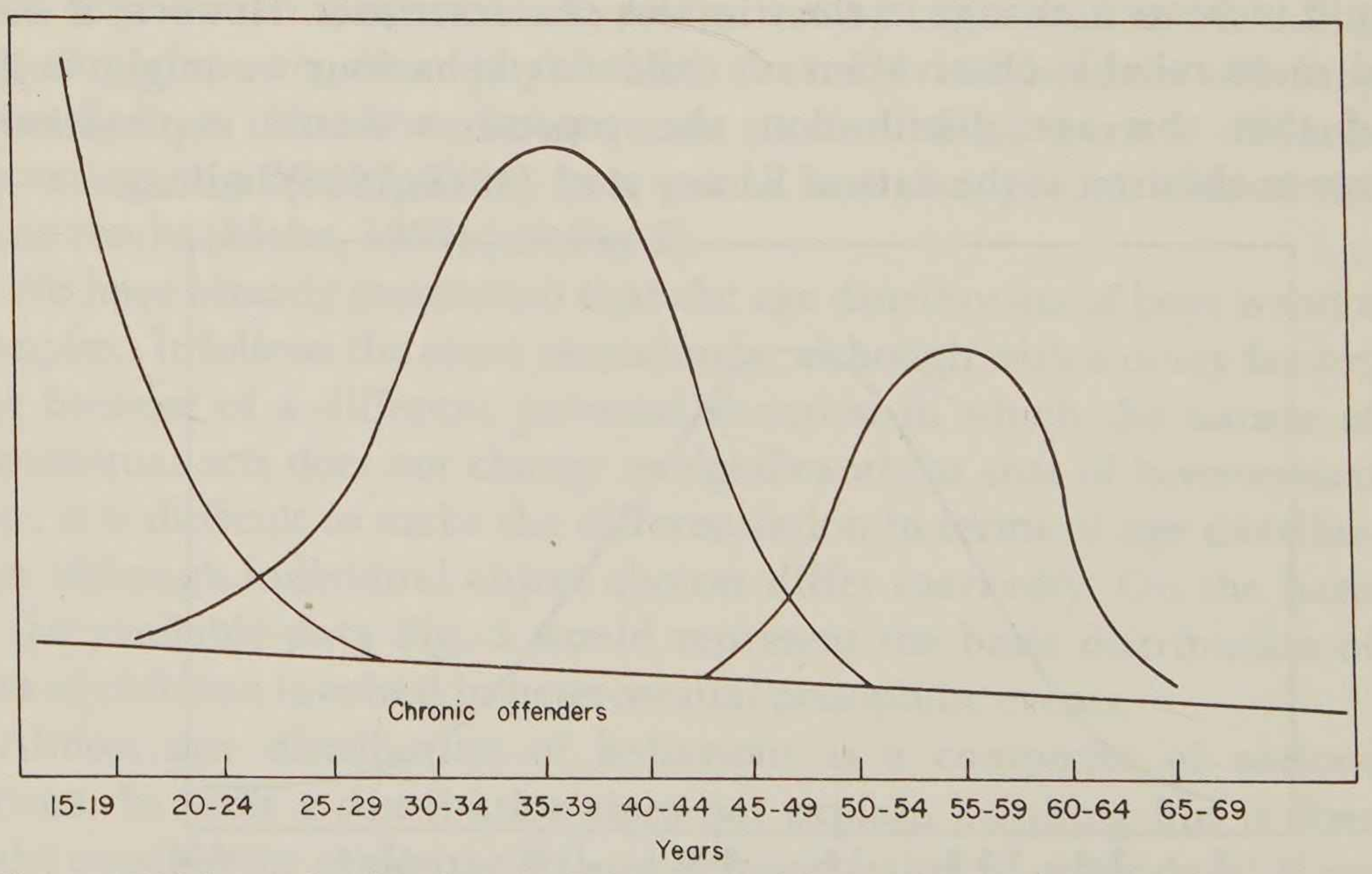


Fig. 4. Model age distribution of adults involved in erotic acts with children. Adapted from: Mohr, Turner and Jerry (1964), p.42.

Figure 4 shows that there are a number of cases in which children remain the preferred sexual objects independent from other factors. Strictly speaking, in terms of sexual orientation, these are the only true pedophiles and therefore in a clinical sense, chronic pedophiles. In terms of pedophilic incidences however, their number is small and the rest must be accounted for by additional factors. This is especially noticeable in the middle and old age groups, most of whom are or have been married and have children, so at least at some level they have developed the capacity for adult sexual responses.

The distribution does indicate that psycho-biological factors alone cannot be the determinant in all pedophilic incidences. Since most of the incidental offenders are also first offenders and since the recidivism rate is low, it also means that the distribution is not a continuous one, so that we are essentially dealing with three different groups.

The first one (adolescent group) is predominantly characterized by a lag in psycho-sexual maturation and the decrease reflects a further development towards object choices which are no longer socially disapproved. Again, the distribution of identified incidences must be seen as a composite of behaviour as well as the social and legel response to this behaviour. Age difference between adolescents and their child partners is not only a measure of the adolescents' psycho-sexual status but also a measure of the strength of social disapproval which increases with age distance. Sex play between children of the same age is not approved (no sexual expression in children is approved) but it is also not characterized as deviant or criminal. We thus find that the average age of children involved with this group is about 6½ years whereas that for the middle-aged group is about 11 years. Although it is difficult to differentiate, in the adolescent group, between those who will retain their sexual orientation towards children and those who will move to age appropriate involvements — at least on a statistical basis — the decline shows that most of them will, in fact, move to more socially approved sexual partners.

The trimodal distribution also points to the composition of the "life world" of the various age groups. Adolescents are still more closely involved with children, either through younger siblings, their friends and playmates or, in school or recreational facilities. Involvement with children decreases in the late teens and the twenties but increases in the thirties since at this stage children again appear in the family, which brings about connections with other children. This is clearly the

case for the middle-aged group where either their own children are involved, or friends of their children or children of their friends. It is therefore not sufficient to explain incidents in terms of stimulus-response characteristics. They are also an expression of the composition of the "life world" which rarely consists of independent variables but inter-dependent ones. Thus it has consistently been observed that the phenomenon of father/daughter incest has a relationship to the position of the mother in the family. It is therefore not surprising to find that in the middle-aged group where most of the adults are or have been married at the time of the pedophilic incidents, the relationship to their wives has become problematic and not only along the dimension of sexuality. Whereas the adolescent group could be characterized by a lack of psycho-sexual progression, the middle-aged group can be seen in terms of regression or substitution where adult relations have become problematic.

In the old-aged group another consideration arises. Although the distribution may reflect a grand-parental "life world", there is a relationship factor to children which is not accounted for to the same extent by social space as in the middle-aged or adolescent group. For most individuals in this group, adult sexual activity had ceased and often a withdrawal from social interaction can be observed. The question therefore arises whether over and above the actual composition of the "life world" one does not observe in this age group a special proximity to childhood, a proximity which in the first two groups can be accounted for by concerete variables but which must be seen in the old-age group as an inclination towards children quite apart from the sexual aspects. Old age has often been linked to childhood in the general folklore. More specific, from Krafft-Ebing (1904) on, organic factors have repeatedly been mentioned in clinical assessments of older pedophiles. Although we could not find gross organic defects in most cases, the nature of the indicents — which often arose from play — indicated that many of these people were more comfortable with children than adults. The decline in numbers of this group after age 65 could simply indicate that such play at later ages no longer becomes sexualized. It is especially noticeable in this group that the sexualization of the interaction was not intended and the amount of shame and guilt experienced tends to be very high.

Interaction

In choosing age as a means of explication of pedophilic behaviour we were able to show that the involvement of children as well as adults, although most of them incidental, are not random ones. Far too little is known from an observational point of view about the sexual responses of children except what is generally found (although not generally admitted), namely that sexual exploration between children show the same distribution as those of children who became involved with adults. The quality of interaction with adults is also similar to that between children and is rarely aggressive or obtained by force. The interaction is nevertheless seen as highly problematic and characterized as deviant and criminal. Looking at the nature of most incidents it is difficult to understand why this should be, although there can be no doubt about the level of anxiety such incidents arouse in adults. This anxiety and the demonology to which it gives rise is not accounted for by pedophilic incidents themselves.

As indicated at the beginning, adult interest in children in the context of modern society is mainly restricted to primary caretaking or professional pursuits. Both exclude sexuality as a form of interaction, an exclusion which can be comfortably maintained as long as children are characterized as asexual and adults as lacking any erotic responses to them. This shared social assumption therefore does not only reflect individual repression but general cultural denial. Since this denial must be maintained by adults the blame for breaking the taboo must also fall on the adult. It is interesting to note that in the legal as well as in the clinical control process children are rarely ever considered, although the control processes are ostensibly invoked on their behalf.

This is not to say that child–adult sexual interactions are in themselves unproblematic where they are not forcibly imposed. There is, after all, a power differential between adults and children which raises questions about the freedom of mutual consent in general. Concerns about child abuse and children's rights point to the necessity of reordering the relationships between adults and children. In addition, the value status of procreative sexuality has been eroded and has left the traditional normative ordering of sexuality in disarray.

It has to be recognized that studies of sexual behaviour, the *scientia sexualis*, tend either to reinforce the normative order, which is predominantly the case in studies on identified deviance, or to provide

a reinforcement for self-gratification fantasies, predominantly in studies of "normal" sexual behaviour, which ignore the social location and grounding of sexuality. The question is not whether we can understand the varieties of sexual behaviour in and by themselves — this is meaningless — but whether the study of the varieties of sexual behaviour can yield answers to the uncertainty of the moral order.

Thus, although the data indicate that the sexual involvement of children with adults is not a random one, that it is part of exploratory behaviour representing a given stage (Table 1), and although adult involvement is predicated by certain psychosocial conditions which are also transitory in most cases, the nature of the societal response has not been clarified. If anything, it is even less clear than if one views those interactions in terms of force and aggression applied by the adult. Such cases of course exist, but are the small minority and are objectionable already on the very grounds of force and aggression.

Table 1. Nature of Pedophilic Acts
(Adapted from: Mohr (1967), Part IV, Section II, p.18)

				VICTIM										OFF	
	Total														
	M		*A*	*Vag.*		*Legs, Buttock*		*Breast*		*Mouth*		*General body*		*Penis*	
Act	*n*	%	*n*	*M*	*A*	*M*	*A*	*M*	*A*	*M*	*A*	*M*	*A*	*M*	*A*
Touch	26	29·8	9	14	0	10	3	1	2			0	2	1	2
Fondle	26	29·8	7	23	4	0	1					2	0	1	2
Kiss	13	14·9	12	6	0	0	2			4	9			3	1
Appos. of Pen.	12	13·7	1	3	0	9	1								
Insert finger	4	4·6	2	4	2										
Expose (Ped.)	1	1·2	4											1	4
Remove clothes	2	2·3	0									2	0		
Other	3	3·4	0									3	0		
Total	87	100·0	35	50	6	19	7	1	2	4	9	7	2	6	9

M = Main Act; A = Additional Acts.

For the majority of cases where the offensive aspect is the sexual one, public sentiment, criminal law and clinical nosology are in basic agreement without specifying the nature of this agreement (Gigeroff, 1968).

The public response system (including research) is ostensibly invoked

on behalf of children. And yet it is acknowledged that this very response, as expressed in the criminal process, is generally inappropriate for children. Clinical intervention on their behalf rarely occurs and therefore few observational data are available; taken as a whole, with an eye to the sampling process, the results remain inconclusive since the early work by Rasmussen (1934) and Bender and Blau (1937). Some jurisdictions even remove children from the trial to mitigate negative effects of this procedure (Reifen, 1951). Little is known about any positive effects of intervention on behalf of children. (More is known about intervention with adults but the results also remain ambiguous (Mohr, 1972).)

The study of sexual interaction between adults and children has been conducted mainly on criminological and psychological grounds. In the current re-evaluation of sexual offences (Law Reform Commission of Canada, 1978) there is some recognition of the problematic nature of the legal response, mainly based on psychological considerations. A re-evaluation of the social and political meaning of various forms of sexual behaviour is, however, only at a bare beginning (Marcuse, 1955; Foucault, 1978).

References

Bender, L. and Blau, A. (1937). The reaction of children to sexual relations with adults. *Amer. J. Orthopsychiat.* **7**, 500–518.

Foucault, M. (1978). *The History of Sexuality: Vol. 1. An Introduction.* Pantheon, New York.

Freud, S. (1905/1953). *Three Essays on the Theory of Sexuality. Standard Edition Vol. 8.* Hogarth Press and Institute of Psycho-Analysis, London.

Freund, K. (1967). Diagnosing homo- or heterosexuality and erotic age preference by means of a psychophysiological test. *Behav. Res. Ther.* **5**, 209–228.

Freund, K. (1978). A conceptual framework for the study of anomalous erotic preference. *J. Sex. Mar. Ther.* **4**, 3–10.

Gigeroff, A. K. (1968). *Sexual Deviations in the Criminal Law.* University of Toronto Press, Toronto.

Kinsey, A. C., Pomeroy, W. B. and Martin, I. E. (1948). *Sexual Behavior in the Human Male.* Saunders, Philadelphia.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E. and Gebhard, P. H. (1953). *Sexual Behavior in the Human Female.* Saunders, Philadelphia.

Krafft-Ebing, R. von (1904). *Psychopathia Sexualis.* Davis, Philadelphia.

Law Reform Commission of Canada (1978). *Sexual Offences.* Ministry of Supply and Services, Canada.

Marcuse, H. (1965). *Eros and Civilisation*. Random House, New York.

Mohr, J. W. (1963). A short survey of sexual offenders in the Ontario Reformatory Millbrook. *Can. J. Correct.* **5**, 229–235.

Mohr, J. W. (1967). *Sexual Behavior and the Criminal Law. Part IV. Indecent Assault on a Female.* Research Report, Clarke Institute of Psychiatry, Toronto.

Mohr, J. W. (1972). Evaluation of treatment. In Resnick, H. L. P. and Wolfgang, M. (eds.), *Sexual Behaviors: Social, Criminal and Legal Aspects*. Little, Brown, Boston.

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

Rasmussen, A. (1934). Die Bedeutung sexueller Attentate auf Kinder unter vierzehn Jahren für die Entwicklung von Geisteskrankheiten und Charakter-Anomalien. *Acta Psychiat. Kbh.* **5**, 351–433.

Reifen, D. (1958). Protection of children involved in sexual offences: a new method of investigation in Israel. *J. Crim. Law. Criminol. Pol. Sci.* **49**, 223–229.

Adult Sexual Interest in Children: Considerations Relevant to Theories of Aetiology

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Introduction

In this chapter I would like to review some attempts at explanation of adult sexual involvement with children. I shall focus on aetiological theories which are concerned with explanation in terms of psychological characteristics of the pedophile, and will exclude theories and empirical research which identify cultural factors, victim or situational characteristics as important causes of pedophilic behaviour. In general, theoretical accounts explicitly addressed to pedophilia are rare in the literature. More often we find general theories of sexual learning, sexual deviance and "perversion" which would explain the acquisition of a pedophilic sexual interest in terms of mechanisms common to many other forms of sexual deviance. I shall survey two broad approaches to explanation: the psycho-analytic and that usually labelled as the "social learning" approach. The importance of including cognitive variables in any theoretical account will be stressed, as will the need to reduce the heterogeneity of persons identified as pedophiles by evolving appropriate taxonomic systems. Three potentially useful dimensions for classification will be described. Finally, the dangers of drawing conclusions concerning aetiology from biased samples of pedophiles will be emphasized.

The Psycho-analytic Perspective

Psycho-analysts have had much to say about deviant sexual behaviour and perversions. Whilst there is no one psycho-analytic theory of perversion which is generally accepted, a review of the literature clearly indicates much agreement about the importance of particular themes. It is also clear that the specific area of perversion which might loosely be labelled as pedophilia receives less attention from analytically oriented writers than do perversions such as fetishism, homosexuality, exhibitionism and transexualism. Mohr *et al.* (1964) suggested in their book that "there is an inverse ratio between the importance of a deviation and the amount of literature available" (p.7). This seems to hold for pedophilia. A recent substantial and authoritative review of psycho-analytic thinking concerning sexual deviation (Rosen, 1979a), for example, contains no contribution on pedophilia and refers to the topic only incidentally. A psycho-analytic account of the aetiology of pedophilia, therefore, has, to some degree, to be extrapolated from general theories of perversion.

Early Psycho-analytic Accounts

Freud described his theory of psychosexual development and of perversion in his "Three Essays on Sexuality". In the many editions of this work Freud makes only the briefest of references to pedophilia. In a section of his book devoted to a discussion of "the sexually immature and animals as sexual objects", Freud describes both forms of sexual behaviour as "sporadic aberrations" (Freud, 1948). By this he means that

> "only exceptionally are children the exclusive sexual objects. They are mostly drawn into this role by a faint-hearted and impotent individual who makes use of such substitutes, or when an impulsive urgent desire cannot at the time secure the proper object" (Freud, 1948; p.13).

In these cases, in which children are substitutive rather than exclusively preferred sex objects, gross psychopathology cannot be inferred. Freud notes the high frequency of sexual abuse of children by teachers and servants "because they have the best opportunities for it" rather than because they are inherently disturbed. Freud gives no indication of what proportion of pedophilic incidents are opportunistic

rather than a product of an enduring deviant interest. His general theory of perversion, however, explicitly refers only to cases of exclusive and enduring deviant interest. Not all subsequent analytical writers have been as careful to delimit the scope of their observations and theory.

Freud's general explanation of the perversions formed part of his description of the nature of the sexual instinct, and his statements about perversions were intended to demonstrate that the roots of many perversions lay in childhood sexuality. Freud saw sexually perverse impulses as characterizing early development and as being given up by the child in response to social conditioning and educational pressures. Perversion in adulthood denotes the continuation into adult life of infantile sexual behaviour and inclinations, and represents a possible outcome of a failure of social conditioning to suppress perverse sexuality. In this sense, perversions were seen as an alternative to neurosis. In neurosis, strongly marked perverse tendencies have become repressed in the course of their development and have become unconscious. Freud states quite clearly that the unconscious fantasies of neurotics show the same content as the recorded *actions* of perverts. "The neurosis is, so to say, the negative of the perversion" (Freud, 1948, p.28).

In subsequent work Freud gave more emphasis to the notion that perversion may be a *regression* to perverse sexuality as well as a *fixation* at an infantile level, and also stressed the role of the Oedipus Complex in the development of sexual perversions (Nagerra, 1969). Fenichel (1945) also stressed disturbance of genital primacy in sexual perversion, caused by unresolved Oedipal conflicts. Unable to deal with adult heterosexuality because of castration fears, the sexual deviant resorts to safer and developmentally more primitive forms of sexual expression. More recently Gillespie (1964) has re-emphasized that perversions may serve a defensive function in providing avoidance of Oedipal and castration anxieties rather than being simple continuities of infantile sexuality into adulthood. Gillespie also emphasizes the need to account for the specificity of the object (or means) of gratification chosen as an alternative to anxiety-laden adult sexual expression. The particular form of infantile sexuality chosen, he suggests, may be determined by early life experiences. Such psycho-analytic suggestions tend to be illustrated with references to conditions such as homosexuality, voyeurism, exhibitionism, sadism and fetishism, where the link

between the overt sexual behaviour (e.g. fetishism) and the hypothesized infantile psychological process (castration fears) is described in some detail. As so little attention is paid to pedophilia, it is not clear which particular infantile drives and experiences are linked to the development of a pedophilic preference, nor is it indicated how such experiences produce this particular form of aberration. Freud indicates that preferences for particular deviant sexual objects in general are a product of "a sexual impression . . . received in early childhood" and notes that a "symbolic thought association unconscious to the person concerned" may lead to the "replacing of a conventional sexual object with a deviant one" (Freud, 1948, pp.18–19). Whereas a "foot fetish" might be explained by a psycho-analyst as dependent on the symbolic equivalence of the foot and the penis, the nature of the symbolic meaning of an immature person as a sexual object is not spelled out.

Developments in Psycho-analytic Theory of Perversion

Analytic theory of perversion has been affected by the growth of literature pertaining to ego functions, with greater emphasis being placed on the role of ego pathology in the development of perversion, and on the relevance of aggression and hostility (Rada, 1978; Rosen, 1979a; Stoller, 1975). Stoller, in an influential text, elaborates in some detail both the ego defensive and hostile functions of perversion. He shares with other psycho-analytic writers the belief that perversion is a product of "unresolved problems in libidinal and family development" but is concerned to explain what he sees as the key to the understanding of perversion — perverse *fantasy*. Few theorists have tackled so directly the problem of explaining how and why a particular sexual fantasy acquires a capacity for intense gratification for particular persons. Learning theorists (see below) have emphasized the importance of fantasy, seeing it as a mere internalization of an external stimulus which has acquired erotic properties, but they would have some difficulty in accounting for the vital importance of particular themes for that person. For Stoller, the perverse fantasy is a defensive cognitive structure which acquires its gratificatory powers through its capacity to serve as a scene of symbolic mastery over childhood-induced psychological traumas. An essential element in most perverse fantasies is that they involve a wish to harm, a symbolic "act of revenge" (Stoller, 1975, p.6).

Perversions such as pedophilia, though Stoller does not deal specifically with this form of perversion, always involve "hostility, revenge, triumph and a dehumanized sex object" and "there is always a victim". From Stoller's viewpoint, a pedophilic fantasy would need to be analysed to reveal such mastery and hostility themes. Stoller's hypothesis would seem to be testable, in that the non-sexual thematic content of sexual fantasy in deviant and non-deviant individuals could be compared empirically.

Rosen (1979b) has also stressed the functional nature of perversions, which he sees as "regulators of self esteem" and suggests the interesting hypothesis that the sexual acting out of perversions is precipitated by traumatic and stressful external life events which have an impact on the self concept. This impact is experienced as "humiliation . . . being humbled or lowered in position . . . having a lowered sense of self esteem" (Rosen, 1979b, p.65). Perverse sexual fantasy is a response to this change in self-esteem, and the fantasy itself then precipitates overt sexual behaviour. Both Stoller and Rosen, then, draw attention to the important non-sexual components of perversion. Non-sexual stresses and threats may induce deviant fantasies because these fantasies have underlying (for psycho-analysts — unconscious) themes which are of a non-sexual (in the genital sense) nature.

Analytic Studies Specific to Pedophilia

Storr (1964) discusses pedophilia in his book on sexual deviation. His observations are not strongly dependent on psycho-analytic concepts and could be incorporated within other theoretical approaches. Storr directs his attention as much to the psychological problems that might make an adult sexual relationship inaccessible to the pedophile as to the forces which might produce a pedophilic interest *per se*. He suggests, for example:

> "The man who suffers from pedophilia as a true deviation does not do so from excess of sensuality, but rather because he has been unable to find sexual satisfaction in an adult relationship. It is not from superfluity of lust, but rather because of a timid inability to make contact with contemporaries that a man generally finds that children form the focus of his sexual interest" (Storr, 1964, p.102).

Storr sees a sense of inferiority and a related need for dominance as

important components of the general difficulty in establishing adult contacts. In the context of such social difficulties children become more attractive than adults in that they are less of a threat, less dominant, more affectionate and more easily dominated. Some data consistent with these suggestions are discussed later in this chapter. Storr also points to the interruption of established relationships by illness, death and separation, events which may provoke a return to behaviour present at an earlier stage of development. Storr gives some weight to the pedophile's identification with the young, particularly in homosexual pedophilia: "In loving a boy, a man may be admiring the boy he would like to have been or actually was" (Storr, 1964, p.104). Identification may also be with the child as a recipient of affection. The man, it is suggested, gives affection to the child to compensate for his own feelings of being unloved in childhood.

Bell and Hall (1976) report an in-depth single-case study of a pedophilic patient. Their observations and conclusions are based mainly on a dream analysis extending over several years and on biographical information provided by their client. The authors draw attention to a number of factors presumed to have played a causal role in the development of their client's pedophilic interest, including castration fears, lack of aggression, maternal dependence, gender identity confusion and a poor relationship with his father, but the dominant conclusion seems to be that the sexual interest in children was an expression of the client's personal child-like level of functioning: "these activities can best be understood as the expression of an inadequate, infantile personality . . . his molestations . . . were probably . . . a continuation of his childhood preoccupations and conducted from a child's point of view" (Bell and Hall, 1976, p.195). The client's account of his history provides information which might be readily incorporated into a more behavioural explanation of his pedophilic preference. It could be argued that such an explanation would be more plausible, more parsimonious and more easily tested than that put forward by Bell and Hall. It might be pointed out, for example, that their client (1) had experienced extensive parental *modelling* of adult-child sexual contact through his sexual experience with his father in childhood; (2) was so chronically dependent on his mother that she could effectively sanction and "punish" any attempts by him to establish "normal" adult sexual contacts; (3) had a history of sexual interest in his younger sister which, in the absence of new sexual

contacts, provided an established, rewarding and potentially "deviant" source of sexual satisfaction. Such behavioural models will be discussed in more depth below.

In recent years there have been two British books devoted to the psycho-analytic understanding of pedophilia (Fraser, 1976; Kraemer, 1976a). Fraser's central thesis is that pedophilia can be explained by the process of *narcissistic inversion*. The potential pedophile is deprived of love by his mother, and his father is absent, disliked or despised. According to psycho-analytic theory, successful resolution of the Oedipal conflict depends on the boy identifying with his father in response to the threatened loss of possession of his mother. The child who has no father present, or who despises his father, has no parental model. He is unable to select his mother as the alternative identificatory model because of difficulties in relating with her. The solution the child adopts, Fraser suggests, is to substitute himself as the love object: "He narcissistically remains in love with the child he then was. This is impossible so he must project his love on to other children of a similar age to his lost child, who thus become love-objects for him" (Fraser, 1976, p.20). Fraser's theory seems to be more explanatory of homo-sexual pedophilia than of heterosexual, as the male pedophile is presumably in love with the *boy* he then was. Evidence to support this theory is found by Fraser in rather unconventional sources — not in the behaviour, history or dreams of pedophilic clients but in the writings of pedophilic authors in which narcissism is seen as manifesting itself in the form of a preoccupation with mirrors, self-portraits, shadows and ghostly alter-egos. For Fraser, then, attraction to children is a form of self-recognition.

Kraemer's *The Forbidden Love* (1976a) comprises four separate contributions by Jungian analysts. Kraemer himself (1976b), like Fraser, traces pedophilic interest back to narcissism, though narcissism is seen as a product of the narcissistic relationship between the child and mother (the mother loves herself excessively, regards the child as an extension of herself, the child is a recipient of excessive love and acquires a narcissistic attitude) rather than as a product of the Oedipus conflict. As in Fraser, narcissism is seen as projected in the form of an idealized version of children. Kraemer quotes a typical pedophile: "The children I am drawn to are usually very pretty. They invariably remind me of myself as a child" (Kraemer, 1976b, p.4). In the same volume Gordon gives some support to a similar notion: "in many

deviants . . . there is an eternal longing for an idealized childhood and youth which is often thought of as a state of purity and innocence" (Gordon, 1976, p.42). Both Gordon and Kraemer include clinical cases of pedophiles who are female, though it is doubtful that the persons and incidents discussed would meet the usual criteria for pedophilia (see below). Lambert (1976) stresses the features common to pedophilia and "normal" nurturance of children, and also draws attention to hostile themes in pedophilic fantasy in terms very similar to those of Stoller (1975). A pedophile's fantasy of seducing young girls, for example, is seen as having significant non-sexual content. As in Stoller, the fantasy serves the function of producing a sense of coping with anxieties. In the particular example quoted, the specifically sexual content of sexual involvement with girls is less significant than the theme of "hoodwinking parental authorities and horrible mothers" (Lambert, 1975, p.101). The important component for the pedophile, it is suggested, is a form of revenge against the fantasized parents of the child.

General Evaluation of Psycho-analytic Contributions

As stated above, although Freud observed that many pedophilic incidents are not the product of a "perverse" sexual orientation, most psycho-analytic theory is concerned with perversion. In general, the theoretical speculations and observations presented are relevant to persons with a dominant and sustained sexual interest in children. In the cases that are discussed it is not always clear whether children are the *preferred* sexual partner, but they are clearly an important source of interest over a prolonged period of time. There is good reason to think (see below) that such persons form a minority in the total population of people who become sexually involved with children. Observations based on the "fixated" or dominant interest groups may not, then, be relevant to the situational, opportunistic group whose behaviour is precipitated by unusual life circumstances.

Despite efforts to delimit the scope of observations to "perversion", psycho-analysts have shown themselves to be insufficiently aware of definitional problems, and particularly of the necessity to form psychologically meaningful sub-categories of pedophilia. Pedophilic acts vary in terms of a multitude of important dimensions, and to such a degree that it is unreasonable to treat them as forming a homogeneous group.

In general, for example, little attention is paid to the question of whether pedophiles with female victims differ from those with male victims; whether pedophiles whose deviance is restricted to fantasy differ from those who act out their sexual interest; whether pedophiles whose acts involve an aggressive component differ from those involved in what might be classified as "sex play"; or whether the age structure of pedophiles (see Mohr — Chapter 2 of this volume) requires different theories for different age groups. This criticism would apply to any attempt to put forward a unitary theory of pedophilia, not just to those of a psycho-analytic nature. It is likely (see below) that general theories of pedophilia need to be recast in terms of theories about the aetiology of specific forms of act, engaged in by a specific type of person, with a particular type of victim. The range of applicability of a theory needs to be specified more clearly. Some writers have shown some awareness of the problem. Gordon (1976), for example, is concerned to point out that her clinical sample is predominantly homosexual and that she is uncertain of the generalizability of her observations to heterosexual pedophiles. In some instances the definition of pedophilia is so broad that the pedophilic persons who form the basis of theory are likely to have nothing in common with pedophiles identified by other workers. One of Gordon's clients (1976), for example, is included on the basis of her "compulsive need to have more and more babies". Such persons would certainly not be defined as pedophilic by the majority of workers in this field.

Many criticisms that might be made of psycho-analytic theory of pedophilia are, in fact, criticisms of psycho-analytic method in general. One such criticism is that theoretical conclusions are drawn from highly untypical subjects and from biased sources. Theories are based on very small numbers of clients, and, in some cases (e.g. Fraser), there is no direct observation of the pedophile at all. Insufficient information is given about the client and how he came to the attention of the analyst to determine whether he is typical of pedophiles in general or whether he is exceptional. Gordon (1976) is aware of the difficulty, and suggests that such patients are unusual in their high level of motivation for treatment and in their general intellectual level. They are likely to be very different from those who find themselves in a court of law and their sexual behaviour is likely to be significantly more "ego dystonic" than would be the case for persons drawn from prison populations or even from the larger population of all adults who

engage in sexual contact with children. That biased sources of data can produce misleading observations and false theories has been demonstrated in the field of homosexuality research, where studies based on clinical samples often produce different results from those based on "adjusted" homosexuals.

The validity of psycho-analytic theories of pedophilia is dependent on the validity of the particular psychological mechanisms and processes which the theories subsume. The theories outlined above, for example, are dependent on the validity of analytic ideas concerning infantile sexuality, fixation, the Oedipal conflict, projection, narcissism, and so on. The evidence for many such processes is weak (Eysenck and Wilson, 1973), and it has even been suggested that many psycho-analytic theories are unfalsifiable and useless from the point of view of empirical science. It is obviously not possible to discuss such general criticisms in any detail here.

Common Psycho-analytic Themes of General Interest

In defence of the psycho-analytic accounts it might be said that they have provided a rich source of hypotheses and have drawn attention to some features of pedophilia that appear to be worthy of further research. Gordon (1976) has likened the analytic approach to the archaeologist or geologist sinking "bore holes" in order to get samples which help orientate him about the general features he can hope to uncover. Three such general features appear, to the author, to be of some interest, even to those who might reject psycho-analysis. First, there is the theme that perversions such as pedophilia occur in the context of avoidance of anxiety-laden adult heterosexuality. Many behavioural theorists have come to the same conclusion (see below). This theme is implicit in most of the accounts reviewed, though the authors vary in the precise anxieties they identify as important. In general these anxieties are seen as unconscious or as related to developmental problems of a psycho-analytic nature, though some of the anxieties discussed (e.g. Storr, 1964) seem relatively accessible to awareness and would be recognizable to those not of a psycho-analytic persuasion.

The second theme of possible interest to those outside the psycho-analytic tradition is the identification of important non-sexual components in deviant sexual behaviour. Stoller (1975), Lambert

(1976), Rosen (1979b) and others point to the coping and mastery functions of deviant sexual fantasy and behaviour. In behaviourist terminology, the reinforcing components of deviant fantasy and behaviour may not be exclusively erotic in nature. A fantasy or behaviour may be rewarding because it induces a sense of control, competence or dominance. Similar non-sexual reinforcers have been suggested as being important in other areas of sexual deviance. It now seems widely accepted, for example, that some rapes provide reinforcers of a non-sexual sort, including a sense of dominating and humiliating the victim (Howells, 1980).

Finally, many of these accounts emphasize the importance of the pedophile's identification with childhood. Bell and Hall (1976) see an "infantile personality" and "childhood preoccupations" in their client. Fraser (1976) sees pedophilia as dependent on narcissism, a love for the child the adult once was. Kraemer (1976b) and Gordon (1976) support this view, as does Storr (1964). Shorn of speculation, these suggestions can, perhaps, be reduced to the observation that many pedophiles' involvement with children occurs in the context of an idealization of the characteristics of childhood. It is not uncommon, clinically, to find pedophilic persons who are fascinated with, and attracted by, the qualities of children. Such qualities may not be physical or sexual but of a more general nature. This fascination may extend to the pedophile's own childhood, early experiences frequently being recalled with pleasure and affection. There is a need to understand and to assess what childhood signifies for such persons. This topic will be returned to in the next section.

Social Learning Approaches

That sexual behaviour in humans is massively determined by processes of social learning has been attested to by a number of sex theorists and researchers. Such workers often view human sexuality as relatively free from biological and hormonal controls and emphasize the importance of conditioning experiences, rather than of the intra-psychic processes discussed within psycho-analysis. Ford and Beach (1951), for example, conclude as a result of their cross-cultural study that:

> "Human sexuality is affected by experience in two ways. First, the kinds of stimulation and the types of situations that become

> capable of evoking sexual excitement are determined in a large measure by learning. Second, the overt behaviour through which this excitement is expressed depends largely upon the individual's previous experience" (Ford and Beach, 1951, p.262).

Kinsey and his colleagues came to a broadly similar conclusion:

> "Learning and conditioning in connection with human sexual behaviour involve the same sorts of processes as learning and conditioning in other types of behaviour . . . the sexual capacities which an individual inherits at birth appear to be nothing more than the necessary anatomy and the physiological capacity to respond to a sufficient physical or psychological stimulus . . . apart from these inherent capacities, most other aspects of human sexual behaviour appear to be the product of learning and conditioning . . . (as a result of this learning) an individual may come to prefer particular types of individuals as sexual partners; may prefer tall persons or short persons; may prefer blondes or brunettes; may prefer sexual partners who are much younger or much older, or of his or her own age" (Kinsey *et al.*, 1953, p.644).

Sexual deviations, such as pedophilia, have many different components, each component involving learning and conditioning processes. Barlow (1974, 1977) has identified three important components of sexual deviation requiring differential explanation, assessment and treatment — firstly, sexual arousal; secondly, heterosexual social skills; and thirdly, gender-role behaviour. This last component is most relevant to those deviations which involve the adoption of behaviours ascribed to the opposite sex, and is not directly relevant to pedophilia, though, interestingly, Freund *et al.* (1974) have reported higher femininity in heterosexual pedophiles. It is proposed here that Barlow's components are a useful starting point but require some expansion. The author will distinguish (1) sexual arousal, (2) sexual behaviour and (3) non-sexual factors essential to successful adult heterosexuality. This third component refers to a broader range of experiences and behaviours than would be suggested by the phrase "heterosexual social skills". All of these components are likely to involve cognitive variables which have, until recently, been neglected in the literature on sexual deviation.

Sexual Arousal

It cannot be assumed that all pedophiles demonstrate deviant sexual

arousal (to children) and an absence of arousal to "normal" adult heterosexual stimuli. This is discussed in detail below, where a distinction is made between situationally and sexual preference induced pedophilic behaviour. Where sexual preferences *are* deviant, social learning theorists would point to classical conditioning as an important mechanism in the acquisition of deviant arousal. Rachman (1966) has demonstrated that classical conditioning of sexual responses can occur in adults. If such conditioning can also occur in pre-pubescent and pubescent males then it might very plausibly account for sexual arousal to children in a large number of pedophiles. Pre-pubescent children are clearly capable of sexual arousal and of orgasm (Martison, 1980; Langfeldt — Chapter 4 of this volume). Martinson quotes data indicating that nearly 80% of pre-adolescent boys aged 10 to 13 years are able to reach a climax. Although some of these experiences of arousal and orgasm will be autoerotic, a sizeable proportion will be social/interpersonal and will involve sexual contact with peers. Kinsey *et al.* (1948), for example, categorized 37% of 11 year old boys as having experienced socio-sexual play (22% with girls, 28% with other boys). The implication of these figures is that large numbers of "normal" pre-pubescent children will have experienced arousal and orgasm with "immature" partners (although the partner will be of a similar age to themselves). A series of such experiences would be expected to classically condition arousal to the physical cues provided by such immature partners (for example, the absence of pubic hair, "young" body builds etc.). Such conditioning is likely to be facilitated by the marked increase in sexual drive occurring at puberty, when sexual activity becomes a major and intense part of everyday activity rather than a sporadic event. Even children first experiencing significant sexual arousal at puberty will find that, when socio-sexual contacts occur, many will still be with pre-pubescent partners. In this sense a conditioning explanation seems more plausible when applied to pedophilia than it does when applied to other deviations (e.g. sado-masochism), where it is unlikely that a relevant deviant (sado-masochistic) stimulus is present in early sexual experiences for most adolescents. If sexual arousal to immature partners is a normal response, shared by many at this stage of development, the problem requiring explanation becomes why most adolescents *move on* to more adult partners while the potential pedophile rigidly adheres to stimuli with which he is familiar. Social difficulties with more mature partners (see below) are likely to be one important factor maintaining this

habit. Classical conditioning may also be relevant to the process of adult heterosexuality becoming aversive. Punishing early experiences with mature females (e.g. through failure, rejection, shame or parental disapproval) may condition anxiety to "normal" sexual approach.

Cognitive Factors in Sexual Arousal

The experience of sexual arousal to deviant stimuli is likely to involve more than simple conditioning mechanisms. Whether or not physiological arousal results in a sense of sexual excitement and in sexual behaviour itself will depend on how the arousal is defined and labelled. The role of such labelling processes has been outlined by sociologists within the symbolic interactionist school (e.g. Plummer, 1975) and by cognitive social psychologists (Rook and Hammen, 1977). Schachter's model of emotion (1964) suggests that the experience of a particular emotion is dependent on two elements — perceptible physiological arousal and cognitive labelling on the basis of situational cues. This model allows for the misattribution of sexual arousal. Physiological arousal not, in fact, elicited by an erotic stimulus may be attributed as sexual, and conversely, arousal elicited by an erotic stimulus may be defined as non-sexual. It is plausible that both types of attributional error are relevant to pedophilia. Freund (Chapter 6 of this volume) found that normal males show some sexual arousal to child stimuli. If the level of arousal is sufficiently high to reach consciousness it would seem to pose an attributional problem for the person involved. If the arousal is defined as sexual and is elicited by a child, the person might define himself as showing a "deviant" reaction. Presumably, most males make non-sexual attributions of such arousal when it occurs, precluding the necessity to define themselves as deviant. We know very little, as yet, about how these and other deviant sexual responses are attributed in the course of development. Conversely, it may be possible for some persons to label non-sexual arousal elicited by children as erotic, and for sexual behaviour to follow from this definition. Children appear to elicit strong emotional reactions in many people, reactions usually labelled as "parental" or "protective" or "affectionate", but potentially definable as sexual love. The fact that the initial stages of the adult sexual response cycle are not distinct physiologically from patterns of arousal produced by other

emotions (Rook and Hammen, 1977) allows for such misattributions in some individuals and in some (as yet unknown) situations. The existence of such attributional errors in pedophilia is mere speculation, but the demonstration of such errors in other emotions indicates that cognitive factors need to be taken into account in any aetiological formulation.

The Role of Fantasy in Conditioning Arousal

One of the difficulties posed by conditioning theory would be that, in many persons, deviant first experiences would be one-off or occasional events recurring with insufficient frequency to establish conditioning. McGuire *et al.* (1965) have suggested that learning is established by the process of fantasizing the initial deviant experience. It is postulated that the memory of the first experience becomes the basis of fantasies used in subsequent masturbation. The deviant fantasy becomes increasingly arousing through repeated masturbatory experiences. Imperfect recall of the original scene will produce "distortion and selection of cues" so that certain specific cues in the original experience become of increasing importance. Such processes might account for the gradual development of a sexual preoccupation with child-related stimuli. However, real-life experiences are not the only source of fantasy material. Symbolic representations of sexual experiences can also be found in the form of visual and written erotica. Sexual offenders, including pedophiles, have been found to differ from controls in their use of such material. Studies by Goldstein and his colleagues (Goldstein, 1973, 1977; Goldstein and Kant, 1973) indicate that pedophiles report *less* exposure to normal erotic materials, particularly those depicting heterosexual intercourse, than controls. The graphs presented by Goldstein (1977) suggest that pedophiles have less exposure than rapists. Pedophiles appear to be repressive and inhibited in their sexuality, and this repression is manifested in their low exposure. Kutchinsky (1973a, 1973b, 1976) has presented data which he interprets as indicating a decrease in sexual crimes against children in Denmark following pornography being made easily available. Such studies are extremely difficult to interpret (see Goldstein and Kant, 1973) but might be taken as indicating that some forms of erotica may provide an alternative, and more useful, stimulus to masturbation than reliance on deviant fantasies based on real-life deviant experiences.

Sexual Behaviour

The development of pedophilic behaviour (as opposed to arousal) is also likely to involve operant and observational learning (modelling). Sexual approaches to children may be powerfully reinforced by sexual arousal and orgasm. Punishing consequences such as being reported and arrested, on the other hand, are rare (Finkelhor, 1979). Early sexual approaches to children during adolescence may not evoke punishing consequences because the immature partner may not be significantly younger than the offender. It is only at a later stage, when the offender is adult and his partners markedly younger that the strong social condemnation of pedophilic behaviour is functional. By this point the deviant behaviour may have been strongly and repeatedly reinforced.

There are suggestions in the literature that there is a relationship between childhood victimization and subsequent pedophilic offending, though the evidence for this is weak and amenable to alternative interpretations. Frisbie (1969) reports that 24% of her sample of offenders claimed that during their own childhood they had experienced sexual encounters with adults. This is considerably higher than in groups of normal males (Finkelhor, 1979). The data presented by Frisbie (1969, p.191) seem to indicate that offenders who were themselves molested as children were more likely to be homosexual or ambisexual offenders as adults. As such offenders were themselves molested by males, it could be suggested that the experience of victimization as a child provides a modelling experience for homosexual pedophilia; that the child molested by a male may subsequently identify himself with the adult in such interactions. Much further research would be needed to tease out the nature of the causal links, if any, in such correlations.

Non-sexual Learning Relevant to the Development of Pedophilic Behaviour

Early experimental work into sexual deviance, and particularly work carried out in treatment contexts, failed to take sufficient account of the role of non-sexual learning in the development of, and modification of, deviant sexual behaviour. Gagnon and Simon (1973) have highlighted this problem:

"As a result of our commitment to nature and to the sexual organs as the primary sources of meaning, we fail to observe that the doing of sex . . . requires elaborated and sequential learning that is largely taken from other domains of life and a resultant etiquette that allows for the coordination of bodies and meanings in a wide variety of circumstances" (Gagnon and Simon, 1973, pp.8–9).

In general, within our culture, the achievement of satisfactory sexual activity with another person is dependent on the development of some sort of relationship (however minimal) with the potential partner. Different relationships will require different etiquettes, ranging from the relatively simple demands of responding appropriately to a solicitation by a prostitute to the complex requirement of formal courtship. Successful sexual encounters depend on knowledge of, and a capacity to follow, such codes of etiquette or systems of rules (Trower, 1979). Serious deficits in the area of "heterosocial skills" (Galassi and Galassi, 1979) would prevent access to an adult sexual partner, even though the pattern of sexual preference was normal and the capacity for sexual functioning intact. Such deficits might be specific to interactions with adult females of a more generalized nature.

An inspection of the literature reveals considerable agreement that pedophiles show social skills difficulties. Most workers have simply commented on such difficulties without reporting any objective data, though a small number of studies have involved the administration of psychometric tests. Mohr *et al.* (1964) noted that pedophiles had restricted social contacts and spent most of their social lives in activities with children. Storr (1964 — see above) commented on a "timid inability to make contact with contemporaries". Fisher (1969) and Fisher and Howell (1970) found that samples of pedophiles provided psychometric profiles indicative of tendencies to be "passive, weak, dependent and . . . sexually and emotionally inadequate in relating to adult females". Pacht and Cowden (1974), in a study of a large sample of sexual offenders found that such offenders were less capable than normals of establishing satisfactory relationships with mature persons of the opposite sex, and suggest that social failure with adults leads the potential offender to attempt to form relationships with inappropriate partners such as children. The findings of Freund *et al.* (1974) of a high feminity in heterosexual pedophiles might be interpreted as suggesting that this group will experience social difficulty due to an

inability to meet the expectations of the male role. Peters (1976) reports comparisons of probationed pedophilic offenders with other sex offenders on a number of psychometric measures. Peters reports significant differences on the Cornell Medical Index, which he interprets as indicating that pedophiles "feel unable to compete with other men in efforts to attract adult women because of . . . felt inferiority" (Peters, 1976, p.409). The same author reports more submissiveness for pedophiles on the Cattell 16 PF inventory and a higher level of suspiciousness. Unfortunately no data are presented in this study, and it is unclear whether the different offender groups are matched on relevant demographic and other variables. Barlow (1974, 1977) has also observed that sexual deviants such as pedophiles are impaired in their social functioning. Bancroft (1978) stresses that most sexual deviants have difficulties in incorporating sexual responsiveness into dyadic relationships because of an inability to express intimacy and social isolation from peers. West summarizes findings from research on homosexual pedophiles as indicating such persons to be "lonely, socially isolated and sexually inhibited individuals . . . they are generally timorous, shy characters whose relationships with other adults, even on a non-sexual level tend to be distant and unsatisfying" (West, 1977, p.214). Finally Panton (1978) compared non-violent pedophilic offenders with rapists on the MMPI and found the former to score significantly higher on some scales. Panton concludes that child molesters "appear to be generally anxious, inadequate individuals who feel insecure in their association with others . . . (they expect) rejection and failure in adult heterosexual advances" (Panton, 1978, p.391).

Most studies, then, show some consistency in indicating social difficulty. It must be borne in mind, however, that these findings and observations are generally based on convicted, institutionalized samples who may be significantly more inadequate than those who continue undetected. It is also the case that, where objective measures are used, they are not often well suited to the assessment of social functioning. Galassi and Galassi (1979) describe self-report inventories, self and other rating procedures, and performance tests more appropriate for the assessment of social deficits. There is a clear need to compare pedophiles and matched controls on such measures in order to demonstrate that such difficulties are of aetiological significance. Barlow *et al.* (1977) did compare "socially attractive" males (as judged

by female peers) with heterosexually inadequate sexual deviants on a video-taped behavioural test, and found that specific social behaviours discriminated the two groups. The sexual deviants were significantly more inappropriate in their social behaviour in the area of form of conversation, voice (loudness, inflection etc.) and affect (eye contact, facial expression). This study serves to clarify some of the specific behaviours that might be involved in heterosexual inadequacy in sexual deviants, but does not demonstrate that sex deviants in general are less adequate than normals — such a study remains to be done.

Phases of Relationship

There is a danger of over-simplifying the nature of the social difficulties to be found in pedophiles and other sexual deviants. Treatment programmes (Crawford, 1978; Abel *et al.*, 1978) tend to focus attention on behaviours that occur very early in the sequence involved in forming a relationship with a person of the opposite sex, such as initiating conversations with a stranger, or meeting people at a party. Such behaviours form a necessary but not sufficient condition for heterosexual (or homosexual) experience. Barlow (1977) has drawn attention to two other components of social behaviour — first, the chain of social behaviour which precedes sexual behaviour, and secondly, the important psychosocial factors, involved in *maintaining* a relationship with an adult. This latter component has received insufficient consideration in the assessment and treatment of social difficulty. A pedophile may experience difficulty, but cope, with the phase of initiating a relationship, and fail utterly at the phase of friendship requiring a capacity for expressing and receiving intimacy and for making self-disclosures. The stages occurring between initial contact and intimate friendship have been described elsewhere (Duck, 1977; Trower, 1979). Any future work in this area will need to specify the stage at which difficulty occurs in a more sophisticated manner.

Cognitive Aspects of Social Behaviour

Many of the important differences between people who experience social difficulty and those who do not have been found to be perceptual and cognitive rather than behavioural (Galassi and Gallassi, 1979). Such cognitive features of social interaction may also

be important in pedophiles. The author (Howells, 1979) has investigated the personal construing of adult females, adult males and child victims in a group of heterosexual pedophiles. Repertory grid technique (Bannister and Mair, 1968) was used to map person perceptions. The person perceptions of pedophiles were found to be idiosyncratic (as predicted by personal construct theory) but systematic differences were observed between the pedophiles and matched controls. The pedophiles used more constructs relating to *dominance* in their judgements, ("domineering", "tell me what to do" etc.). Child victims were perceived as located at the non-dominant poles of such constructs ("not domineering", "easy to get on with" etc.). These results suggest that pedophiles tend to view adults in terms of dominance and submissiveness, and find adults overbearing, whereas children are viewed as non-threatening and easy to relate to because of their submissive status. These findings confirm suggestions made by Storr (1964) as to the importance of dominance for pedophiles. It seems likely that a number of other non-sexual constructs or cognitive dimensions will be important in understanding pedophiles' attraction to children and difficulty with adults. "Normal" adults evidently choose adult partners on the basis of subtle non-sexual constructs. A particular partner might be thought attractive because he or she is thought "amusing", "affectionate" or even "inspiring". There is no reason why pedophilic attractions should not be equally subtle. We know little, as yet, about what social dimensions pedophiles use to evaluate children. Clinically, many pedophiles appear to have elaborate cognitions about children which suggest that children are more than simple substitutes for inaccessible adults. Children are attributed with positive, even idealized qualities which are not specifically sexual and which differentiate them from adults (e.g. "innocence", a "trusting nature", "spontaneity"). The exact nature of such attributed characteristics needs to be determined empirically.

Summary of the Social Learning Approach

As with psycho-analysis, specific accounts of the development of pedophilic interest are rare in the writings of social learning theorists, but several learning processes are clearly relevant to this form of deviance. Social learning is likely to be involved in the development of deviant sexual arousal, deviant behaviour and inadequate non-sexual social

behaviour. It is suggested that early sexual behaviour with immature peers may play a role in the conditioning of deviant arousal, and that the potential pedophile fails to graduate to adult partners. Cognitive factors, such as attribution processes, are also likely to be important in understanding how and whether such arousal affects behaviour. The learning of such deviant arousal patterns may be accentuated by the use of deviant fantasy. Reinforcement and, possibly, modelling may be important in establishing deviant behaviour. It is argued that interpersonal difficulties are crucial to the understanding of why adults are not chosen as partners. Pedophiles may have difficulties in the formation and maintenance of relationships. Social cognitions concerning adults and children may be important, and the possible non-sexual social meanings of children and childhood need to be explored.

Typologies of Pedophilic Offenders and Offences

The author has already alluded in this chapter to the likely heterogeneity of pedophilic acts and actors. The variety of experiences and persons labelled as pedophilic precludes any one monolithic aetiological theory. There have been many attempts to provide typological systems in order to produce more homogeneous sub-groups, though few systems have been subjected to empirical validation in terms of their explanatory, predictive and therapeutic utility. Offenders could be, and have been, divided up on the basis of age, psychometric diagnosis, motivation for the act, the degree of aggression involved, the presence or absence of a previous criminal history, the degree of relationship between the adult and the child victim and many other dimensions. Mohr *et al.* (1964), for example, have subdivided pedophilic offenders on the basis of the trimodal age distribution observed in their sample. They distinguished an adolescent group (characterized by delayed development in socio-sexual functioning), a middle-aged group in the mid to late thirties age range (characterized by "regression" to immature partners following social and sexual failure) and a senescent group in the mid to late fifties (whose offences were seen as a response to social isolation and loneliness).

West (1977) also describes an adolescent sub-group, and in similar terms to the group studied by Mohr and his colleagues. West describes

this group as retarded in social and sexual development, passive, and unable to compete successfully with more extraverted peers. West distinguishes this group (the vast majority of whom he sees as unlikely to be reconvicted) from the older pedophile whose attachment to children has persisted over time and who is liable to repeated convictions. Both groups differ, in turn, from a "psychopathic" group whose sexual involvement with children occurs in the context of generally indiscriminate sexual behaviour and deviance in many non-sexual areas of life. Broadly similar classifications can be found throughout the literature, though the number of types specified and the detailed observations made may vary. It is proposed here that many such systems can be subsumed under three broad dimensions of a psychological nature: the dimensions of situational versus sexual preference mediation of the incident; aggressive versus non-aggressive motivation; and heterosexual versus homosexual victim preference. Similar dimensions have been described by Quinsey (1977) and Groth (1978).

SITUATIONAL VERSUS SEXUAL PREFERENCE MEDIATED PEDOPHILIC INCIDENTS

There is one classificatory scheme that is pervasive, either explicitly or implicitly, throughout research and theory in this area. A distinction is made between offenders whose deviant behaviour is a product of a deviant sexual preference for children, and those whose deviant behaviour is situationally induced and occurs in the context of a normal sexual preference structure. Freudian theory is explicitly concerned with "perversions" and excludes from consideration deviant sexual behaviour which is situational (see above). Similarly, most of the early medical texts restrict discussion to those "drawn to children . . . by a morbid disposition, a psychosexual perversion" (Krafft-Ebing, 1965). As Swanson (1968) has suggested, we find in these early works, and in much writing since,

> "the implied existence of a predictable personality structure in the offender, and the relegation to a secondary role of the circumstances under which the act took place. Intentionally or not, this has produced the conclusion that the typical child molester is a pedophile, a specific type of repetitive offender, driven by certain unconscious conflicts and deserving of legal consideration under

laws pertaining to socially dangerous persons" (Swanson, 1968, p.677).

That adults sexually involved with children vary from technically "pedophilic" persons to those of a normal orientation now seems clear. Mohr *et al.* (1964) concluded that pedophilia was the preferred mode of sexual expression in some, but not the majority, of their sample. Swanson (1968) has come to a similar conclusion, though his observations were based on a somewhat biased sample of twenty-five cases referred by the courts for psychiatric evaluation. The data used included interviews with the offender, statements from witnesses and victims, and court records. Swanson classified approximately 75% of his sample as being of a normal sexual orientation. He posited the existence of a continuum of propensity to sexual involvement with children, ranging from individuals to whom children are the preferred sex object, to those whose choice of an immature partner is coincidental or situationally "convenient". Amongst the important situational predisposing factors, Swanson lists marital disruption, loss of sexual partner through the wife's illness or work requirements, the use of alcohol, and multiple life stresses. The child is selected as a sex object as a substitute for an adult woman. Swanson also suggests an interaction between situational factors and various types of personality disorganization which manifest themselves in alcoholism, general crime and psychiatric diagnoses such as personality disorder, sociopathy and schizoid conditions. The implication would seem to be that the combination of the presence of situational stresses and an impulsive, disturbed personality makes the choice of an atypical sexual partner more likely.

Groth (1978) makes a distinction between "fixated" and "regressed" pedophiles which parallels Swanson's in most important respects. The fixated offender shows a primary or exclusive attraction to children from adolescence and throughout the life-span. The fixated offender avoids adult sexual contacts where possible, and sexual thoughts and fantasies centre on children. Groth suggests that some pedophiles will be disturbed by their deviant preference but others will not. Sexual activity with adults is less satisfying and adult social contacts may be associated with anxiety and feelings of inferiority. The regressed offender is akin to Swanson's situational offender, though the latter term seems preferable in that it remains to be demonstrated that this form of behaviour constitutes a regression to a developmentally more

primitive form of sexual expression. This offender type prefers adult partners and becomes involved with a child when there is "some challenge to his sexual adequacy or threat to his sense of competency as a man". Groth identifies the precipitating events as physical, social, sexual, marital, financial and vocational crises to which the offender fails to adapt. As this type of offender has acted atypically, and his behaviour is inconsistent with internalized norms concerning appropriate behaviour, he is prone to guilt, remorse and depression following the offence.

Groth's distinction receives some support in a recent study by the same group of workers (Groth and Birnbaum, 1978). These authors reported an analysis of 175 males convicted of sexual assault against children in terms of sexual preference structure, and found 83 to be fixated and 92 to be regressed, though the precise criterion for group assignment and methods of assessment were not stated. These authors report significant differences between the two groups on offence variables. The fixated group were more likely to be involved with victims who were strangers or casual acquaintances whilst the regressed group's victims were more likely to be relatives and close friends. This finding would be consistent with the notion that the situational offender assaults his victim because of her immediate availability. Whereas 88% of the fixated group never married, this applied to only 25% of the regressed group. The regressed group were found to be predominantly heterosexual in their adult preferences and generally regressed to female child partners under stress. The fixated group was more likely to prefer male children than female children but rarely reported any attraction to adult males. These latter findings suggest that the regressed–fixated dimension may not be entirely orthogonal to the heterosexual–homosexual dimension discussed below.

Situational Factors

Several other workers have described specific environmental events that might be important precipitants of offences. Peters (1976) reports observations based on treating a large number of pedophilic offenders, and identifies marital difficulty and alcohol as important.

> "In terms of a pattern, it is the same: the emotionally dependent man, the domineering or managing wife; withdrawal of the wife from an increasingly frustrating relationship usually including the

refusal to continue sexual relations. The husband then begins drinking and sexually molests an accessible little girl, usually someone over whom he exercises authority and who is not likely to reject him" (Peters, 1976, p.411).

Peters reports more than half of the cases seen to have been drinking at the time of the offence. The role of alcohol has been investigated in more detail by Rada (1976). This study was based on the drinking habits of 203 child molesters at Atascadero State Hospital. Rada classified 49% as drinking at the time of the offence, 34% as drinking heavily at the time and 52% as alcoholic. Rada interprets these data as indicating two ways in which alcohol has a causal role in pedophilic behaviour: first, alcohol disinhibits the offender in the offence situation and, secondly, the alcoholic social role involves a social and physical deterioration which decreases the accessibility of adult sexual partners and makes children more attractive. Rada's data, and any data based on self-reports by offenders, must, however, be viewed with some caution. The offender is, implicitly, being asked to provide a motivational account of his offence. It may be that situational variables such as alcohol, life stress and marital difficulty, provide a more acceptable "vocabulary of motives" for offences than do intra-person variables, and are consequently over-emphasized in such studies (McCaghy, 1968; Taylor, 1972).

Objective Measures of Sexual Preferences

The utility of a typology based on the presence or absence of a deviant sexual preference would obviously be considerably augmented if such preferences could be reliably and objectively assessed by means other than self-report. A series of studies by Freund and his colleagues would seem to provide such an assessment and to confirm the validity of the typology (see Freund — Chapter 6 of this volume and, in particular, Freund *et al.*, 1972). These studies demonstrate (a) that "normal" subjects show a larger penile response to adult female stimuli than to children, but that (b) normals do show some reaction to female children, (c) that convicted pedophiles as a group show larger reactions to children than do normals, and (d) that two sub-groups exist among pedophilic offenders. Offenders with a history of sexual offences against children (recidivists) show a preference for child stimuli, but offenders with only one offence show a normal preference structure.

These findings would seem to imply, as Freund suggests, that normal males show sufficient penile response to children to allow the possibility that children might become "surrogate" partners when an adult partner is not available (as in the situational offender). Freund's studies show that the female child elicits stronger reactions than the male child in normals and might be regarded as a more likely surrogate. This confirms Groth and Birnbaum's finding (1978) that regressed offenders generally regress to female children. There remain some difficulties of interpretation with these psychophysiological studies. Some have questioned whether penile response measures invariably reflect sexual preference, pointing to the capacity of many males to exert control over penile responses (Laws and Rubin, 1969; Quinsey and Bergerson, 1976; Quinsey, 1977). It might also be asked whether the direction of causation between sexual preference and recidivism is as is usually suggested. The usual interpretation would be that a deviant sexual preference causes repetitive offending, rather than that the deviant preference is a consequence of repeating the sexual behaviour. This latter interpretation cannot be entirely ruled out.

Management and Treatment Implications of the Typology

A typology based on sexual preference would clearly have important implications for management and treatment. It would be predicted that the fixated offender (who carries the precipitating factors with him in the form of his deviant preference) would be more likely to re-offend than the situational offender (where the precipitating factors may occur only infrequently). Californian studies of sexual recidivism (Frisbie and Dondis, 1965; Frisbie, 1969) would seem to confirm this prediction. Frisbie (1969) concludes that, although environmental factors have some influence on whether or not a pedophile released from an institution re-offends,

> "Far more important were the basic distortions in personality expressed through the desire for and selection of physically immature children as sexual objects, the subjects' unorthodox ethical values, and their grave difficulties in establishing meaningful relationships with adult females on a mature basis" (Frisbie, 1969, p.245).

This would seem to be a description of the fixated pedophile. It is

not inconceivable however that the situational offender might also re-offend if the precipitating environmental circumstances recur. A recent study by Gibbens *et al.* (1980) suggests that pedophilic re-offending is episodic and that reconvictions may occur many years after an initial offence, with no (officially recorded) intervening offending. It is possible that such a pattern reflects occasional situational offending.

The second important implication of this typology would be for the assessment and planning of treatment programmes. Discovering that an offender has a normal sexual preference structure following a treatment programme could not be taken as an indication, in itself, that the person has "improved", as the initial preference may have been for adults (Freund *et al.*, 1972). Similarly the changing of sexual orientation will not be an appropriate treatment goal for many offenders. The situational offender would be more appropriately treated by focusing on psychological problems which interfere with sexual approach to adults (social skills deficits etc.) and on behaviours and experiences which help create offence-provoking life situations, such as excessive drinking and marital difficulties.

AGGRESSIVE VERSUS NON-AGGRESSIVE OFFENCES

The general public, and even professionals working in the area of sexual deviance, are likely to over-estimate the degree of aggression involved in sexual offences involving children. Public images of such offences are largely dependent on the mass media, which tend to give most coverage to violent sexual assaults and to sexually motivated child murders. Penal and psychiatric researchers, similarly, will over-estimate the real proportion of such assaults as a result of the biased populations that such researchers encounter (such biases are discussed in more detail below). In populations such as those found in the English Special Hospitals, for example, the proportion of violent and sadistic offenders will be significantly higher than would be found amongst those who have not been convicted and processed by the judicial and psychiatric systems. What evidence is available suggests that, in reality, aggressive behaviour is rare in pedophilic incidents (Mohr *et al.*, 1964; Gebhard *et al.*, 1965). In the former study, for example, it was found that the typical behaviour involved in most

adult–child contacts is more akin to sex play than to sexual assault, involving "looking, showing, fondling and being fondled" rather than aggressive attempts at intercourse. A recent and important study by Finkelhor (1979), on the other hand, concurs that intercourse is rare, but suggests that more than one half of pedophilic incidents involve the use of force, as perceived by the victim. Finkelhor's study is one of the few not based on biased criminological samples, and, as such, needs to be taken seriously. The main difficulty with the findings for force are that they depend on retrospective ratings by victims who are now adult, and that "force" was not defined explicitly. Whether the force involved is psychological pressure or actual physically aggressive behaviour is unclear from Finkelhor's account. One of the most interesting findings in this study was that, in a multiple regression analysis, the use of force in the incident was the best predictor of victim trauma, and correlated 0·53 with victims' ratings of how traumatic the incident was.

Groth (1978) has suggested a classification of offences based on the "motivational intent" for the sexual act, distinguishing "sex-pressure" contacts and "sex-force" contacts. Although Groth's classification is presented as a description of *acts*, there is the clear implication that "sex-pressure" and "sex-force" are stable features of the offender, and so this system might be regarded as an *actors* classification. In sex-pressure contacts the offender's behaviour is non-aggressive. He wants to create a "consenting" sexual relationship with a child for whom he may have affectionate feelings. This type of offender is seen as relying on "enticement" and "entrapment" to produce acquiescence and will be deterred if the child resists. This form of sexual contact would seem to have many similarities to some adult heterosexual contacts, and is deviant in terms of the object of the behaviour rather than its form. In sex-force offences, on the other hand, intimidation and physical force are used to produce the desired outcome. Groth subdivides sex-force contacts into those that are "exploitative" and those that are "sadistic". This distinction corresponds to one often made in the study of non-sexual aggression between instrumental aggression (where the infliction of pain on a victim is instrumental or purposive) and "angry" aggression (where the infliction of pain is actually the reinforcement or desired outcome). In instrumentally aggressive sexual contacts, force is used to overpower the child or to obtain sexual gratification. There is no interest in any affectionate interaction. In pain-reinforced (sadistic)

contacts violence is an essential part of the reward obtained. Beating, choking and degrading a child may enhance sexual excitement. "Lust murders" would be extreme and rare forms of such aggressively motivated sexuality. The question whether aggression occurring in adult-child contact is instrumental or sadistic is one that is important and which warrants research attention. It should be noted that the importance of aggressive motivation in sexual offences has been much discussed in the literature on rape, where it is widely acknowledged that for many rapes the aggression involved in the act is not instrumental. The rapist may be physically violent because he enjoys inflicting pain on his victim rather than because such violence is necessary to produce consent to intercourse (Howells, 1980). Some adult-child sexual contacts are probably similar to rape of adults in this respect.

In summary, pedophilic offences may be accompanied by affection and consent, psychological pressure, or overt violent behaviour, though the vast majority of offences do not involve violence. It may be useful to classify offenders in terms of the presence or absence of aggressive behaviour, and to further subdivide aggressive offenders in terms of the precise role of the aggressive behaviour in the incident. Such a typological division remains to be validated empirically but has considerable face validity. At an explanatory level, "love affairs" between apparently consenting children and adults have little in common with sadistically motivated child murders, and are likely to require different sorts of aetiological theories. The typology has been shown to have some relationship with victim trauma (Finkelhor, 1979) and has treatment/management implications. Although we do not know whether aggressive pedophiles have different prognoses from the non-aggressive in terms of the likelihood of re-offending, aggressive offences are clearly likely to be perceived as more harmful, and offenders will receive differential treatment at the hands of the judicial system (Kapardis, 1980).

HETEROSEXUAL VERSUS HOMOSEXUAL OFFENDERS

Although pedophilic offenders are almost exclusively male, the victims of such offences may be of either sex. In general, more female than male children are involved in sexual offences, though the ratio of females to males varies markedly from study to study (Landis, 1956;

Revitch and Weiss, 1962; Kozol *et al.*, 1966; De Francis, 1969; Jaffe *et al.*, 1975; Finkelhor, 1979). In Finkelhor's retrospective study it was found that 19% of females and 9% of males in an American student sample reported sexual victimization in childhood. It may be, however, that there are significant biases in reporting, arrest and conviction rates, and court disposal which will change the proportion of female and male victims in specific samples. Offences against girls elicit more protective reactions (Howells, 1980), possibly resulting in offences against girls being pursued more vigorously within the judicial system. Such biases may produce artifactual differences between heterosexual and homosexual offenders in research samples. It may be, for example, that only "unusual" offences against boys lead to the conviction and imprisonment of the offender, and that homosexual pedophiles in prison samples are less representative of the total population than their heterosexual counterparts. This should be borne in mind when evaluating the heterosexual/homosexual differences reported below.

Consistency of Sex of Victim

Most substantial studies of pedophilic offenders indicate that the majority of offenders show some consistency in the sex of the child chosen and can, therefore, be classified as either heterosexual or homosexual pedophiles. Mohr *et al.* (1964), for example, found only a very small "undifferentiated" group in their sample — a group more pathological in mental state and social behaviour than the heterosexual and homosexual groups. Fitch (1962) found that 82% of a sample with more than one offence had no previous convictions for offences with victims of a different sex. Frisbie and Dondis (1965) classified only 3% of their hospital sample as bisexual, and a later study by the same group (Frisbie, 1969) classified 75% of a sample of 887 offenders as heterosexual, 20% as homosexual and 5% as "ambisexual". Similarly, Nedoma *et al.* (1971) report 9% of a Czechoslovak sample to be of "mixed preferences", though Groth and Birnbaum (1978) found 18% of their sample to be bisexual.

Differences between Heterosexuals and Homosexuals

Studies reporting a separate analysis of heterosexuals and homosexuals

mention reliable differences between the two groups in terms of psychological and socio-demographic features of the offenders, and also for victim and offence-situation characteristics. Fitch (1962) found that homosexuals were more likely to have previous convictions for non-sexual and sexual offences and had significantly higher reconviction rates. Some associations were also found between homosexual object choice and traits of "immaturity" and "sociopathy". Frisbie and Dondis (1965) found homosexuals to be younger, less likely to have been married, better educated and more likely to be classified as "sociopathic". Again, homosexuals were significantly more likely to become recidivists. Mohr *et al.* (1964) found differences in a variety of spheres. The heterosexuals were more likely to be married and to have lasting heterosexual relationships, and their marriages lasted longer. These authors also quote higher recidivism rates for homosexuals. Nedoma *et al.* (1971) reported differences in sexual development and experience between the two groups. Homosexuals began masturbating earlier in life and were likely to masturbate more frequently in adolescence and adulthood. The homosexuals had experienced sexual contact with more children than had the heterosexuals, 50% of the homosexual group having had more than three contacts, compared with between 5% and 13% in the heterosexual groups studied. Rada (1976), in his study of alcohol use, also found a marked difference between the groups. Molesters of male children were found to be significantly less likely to be drinking at the time of the offence (38%) when compared with molesters of female children (57%) and ambisexual molesters (54%). There was also a non-significant trend for molesters of males to be less likely to be classified as alcoholic. Rada expresses some difficulty in explaining these findings, but they would appear to be consistent with the findings reported by Nedoma *et al.* (1971) and by Groth and Birnbaum (1978). The data of Nedoma and his co-workers suggest that homosexuals have a more enduring preference for children than do heterosexuals, who are more likely to have had only one contact. Similarly, Groth and Birnbaum found that hetero-homosexuality and the situational-fixated dimension are not entirely independent. These authors found that homosexuals (those choosing boys) were more likely to be "fixated" (to prefer boys to adult males or adult females), whereas heterosexuals (those choosing girls) were more likely to be situational offenders with a preference for adult females. It would be expected from such findings that heterosexuals

would be more likely to require situational factors, such as alcohol use, to precipitate an offence. Finally, Finkelhor (1979) also found heterosexual/homosexual differences for certain offence characteristics. Boy victims were significantly older than girls. The offender was younger in offences against boys, and more likely to be someone outside the family (83%), when compared with offences against girls (56%). Boy victims felt themselves to be less traumatized by the event than did girls. In this study heterosexual and homosexual offences were shown to differ in a variety of other social class, family and socio-demographic variables.

In summary, heterosexual and homosexual offences and offenders have been shown to be sufficiently different to warrant separate discussion in any theorizing concerning the aetiology of pedophilic behaviour. These groups differ, particularly, in the extent of their sexual involvement with children and in their proneness to recidivism.

In conclusion, it is no longer reasonable for researchers and theorists to propose a theory of pedophilia. Pedophilic persons and pedophilic incidents are heterogeneous. As many theories will be required as there are types of person and types of incident. Although we do not yet know with any certainty how many types need to be defined, nor which classificatory dimension will prove most useful, work to date indicates that distinctions on the basis of sexual preference mediation, aggressive motivation and sex of the child may facilitate attempts at explanation and may also have some predictive and therapeutic value.

Biases in Research Samples

Aetiological theories and hypotheses are built on the foundations of observation of the nature and circumstances of pedophilic incidents, and of the behaviour of adults who have become sexually involved with children. Such foundations would be seriously weakened if it could be shown that the incidents and persons observed were atypical and unrepresentative of the total population of pedophilic events. Unfortunately, such a demonstration is easily made. The vast majority of studies in this area are based on samples of convicted offenders (in prisons or on probation), on samples of offenders referred for psychiatric or psychological evaluation by a court, and on samples obtained from security hospitals. It is very likely that the characteristics

of such groups are seriously skewed by reporting and judicial biases. The sequence of decision and selection junctures that intervene between the occurrence of an illegal sexual act and the commitment of an offender to an institution (where he might become a subject in a research study) has been described in detail by Gagnon (1974) and by McClintock (1980).

Reporting Biases

A substantial proportion of pedophilic incidents are never reported to the police or other authorities. Landis (1956) found that approximately 10% were reported. Gagnon (1965) estimated that 20% of the incidents recalled in his victim study were reported to the police, though in this research the victim did not know for certain, in a large number of cases, whether or not the incident had been reported. Finkelhor (1979) did not explicitly ask his victims whether the incident was reported to social agencies or the police, but found that two-thirds of his respondents did not talk about the experience to *anyone*, thus precluding parents or others reporting the offence. It is likely that of the one-third that were discussed with others, only a minority were actually reported. Such studies indicate that, as McClintock (1980) suggests, the dark figure of unreported sexual crime is enormous.

Incidents that are reported have been sifted out from the total number at three possible points. The first point of selection following a pedophilic act occurs when the child decides whether or not an event has taken place which is sufficiently unusual, serious or "wrong" to be defined as a significant transgression. That the definition of sexual assaults is problematic and often discrepant with legal definitions has been demonstrated in the area of rape (Klemmack and Klemmack, 1976). Like adults who have been raped, the child victims must attribute responsibility for the incident to the adult rather than to the self if they are to report it as a complaint to parents or others. Just as adult victims may often attribute responsibility to the self ("I should have been more careful"), the child may feel implicated and guilty. Having defined the act as an assault the child may fail to tell the parents because she/he does not have an appropriate vocabulary and cognitive capacity to describe what has happened (see Langfeldt — Chapter 4 of this volume) and may have already incorporated social taboos which dictate that sexual behaviour is not to be discussed. Fears

of punishment, parental upset and recrimination by the offender may also be inhibitory factors. There is a third selection made when parents or others decide whether or not to report the incident to the police. Parents may not give victim status to the child, regarding the incident as unimportant, or have realistic fears that police investigation and court proceedings will be psychologically harmful for the child (Gibbens and Prince, 1963).

The effect of these selections and filters is that reported offences may be different in important ways from those not reported. The exact way in which such processes shape the population of offences and offenders is not clearly understood, but some of the biases can be assessed by comparing the characteristics of reported and non-reported cases. Gagnon (1965) found that reported incidents were more serious and damaging to the child than those not reported. In this study "collaborative" offences were less likely to be reported to the police. Finkelhor (1979) compared his findings with those from reported samples and observed some systematic differences. Offences that were reported were less likely to involve boys (possibly because boys are perceived as less damaged by parents) and were more likely to involve younger children. Known offenders were more likely to be reported than strangers, though this might, to some degree, be a function of the large proportion of exhibitionists amongst strangers. Finkelhor's study also indicated that offences committed by older persons were more likely to be reported than those by younger persons — reflecting, perhaps, assumptions that the greater the age discrepancy between victim and adult the greater the harm to the child and the greater the culpability of the offender. Finkelhor's data did not confirm Gagnon's thesis that reported incidents are more violent and coercive than the non-reported, though the variable of coercion is less easily quantified than variables such as the age of the child and offender; and comparisons between Finkelhor's sample and reported samples are difficult to make. In summary, reported incidents are likely to be a non-random sample of the total population of pedophilic acts, and findings and observations based on such incidents may be seriously biased by the processes of selection.

Subsequent Legal/Judicial Biases

When the event has been reported to the police, a series of other

decisions and selections ensue. The police must decide whether or not a crime has occurred. For those incidents deemed to be crimes, an offender has to be identified and found. McClintock (1980) estimates that approximately 75% of sexual crimes registered with the police are "cleared up", but that those cleared up are reliably different from those that remain unsolved. Even when the offender has been identified and accused the police may decide not to take further action. Of those offenders taken to court some will be found to be "insane" or have their cases withdrawn. Of the remainder only a minority will be given custodial sentences (Walmsley, 1978, 1980), the majority receiving sentences involving release to the community, fines and probation orders. Kapardis (1980) has shown that sentencing for sexual offenders is affected by a number of victim, offender and offence-related factors, including the criminal record of the offender, the perceived likelihood of reconviction and the perceived presence of provocation. As a consequence, offenders receiving custodial sentences will be substantially different from those receiving other dispositions. Those receiving security hospital dispositions (e.g. the Special Hospitals in England and Wales) are likely to be an even more selected group than those in prison. It is difficult to resist the conclusion that statements about the aetiology of pedophilic behaviour cannot be made, without considerable qualification, when such groups form the basis of clinical and research material. Much thought needs to be given to how such biases may produce false and misleading conclusions and to methods of securing less skewed samples.

Summary

In this chapter, attempts to explain the development of pedophilic behaviour have been reviewed. Psycho-analytic accounts of the development of "perversion" in general, and of pedophilia in particular, have been surveyed, and some common themes and methodological and theoretical difficulties noted. Social learning and cognitive variables likely to be important in understanding the aetiology of pedophilia have been outlined. It has been stressed that there is a need for typological systems to reduce the heterogeneity of pedophilic persons and incidents, in order for plausible aetiological observations and theories to be made. Three potentially useful

typological distinctions have been discussed. Finally, attention has been drawn to the dangers of drawing conclusions concerning aetiology from highly biased research and clinical samples.

References

Abel, G. G., Blanchard, E. B. and Becker, R. L. (1978). An integrated treatment programme for rapists. In Rada, R. T. (ed.), *Clinical Aspects of the Rapist*. Grune and Stratton, New York.

Bancroft, J. (1978). The prevention of sexual offences. In Qualls, C. B., Wincze, J. P. and Barlow, D. H. (eds.), *The Prevention of Sexual Disorders*. Plenum Press, New York.

Bannister, D. and Mair, J. M. M. (1968). *The Evaluation of Personal Constructs*. Academic Press, London and New York.

Barlow, D. H. (1974). The treatment of sexual deviation: toward a comprehensive behavioral approach. In Calhoun, K. S., Adams, H. E. and Mitchell, K. M. (eds.), *Innovative Treatment Methods in Psychopathology*. Wiley, New York.

Barlow, D. H. (1977). Assessment of sexual behaviour. In Ciminero, A. R., Calhoun, K. S. and Adams, H. E. (eds.), *Handbook of Behavioral Assessment*. Wiley, New York.

Barlow, D. H., Abel, G. G., Blanchard, E. B., Bristow, A. R. and Young, L. D. (1977). A heterosocial skills behavior checklist for males. *Behav. Ther.* **2**, 229–239.

Bell, A. P. and Hall, C. S. (1976). The personality of a child molester. In Weinberg, M. S. (ed.), *Sex Research: Studies from the Kinsey Institute*. Oxford University Press, Oxford.

Cassity, J. H. (1927). Psychological considerations of pedophilia. *Psycho-anal. Rev.* **14**, 189–199.

Crawford, D. S. (1978). A social skills training programme. In Gunn, J. (ed.), *Sex Offenders: A Symposium*. Special Hospitals Research Report No. 14. Special Hospitals Research Unit, London.

DeFrancis, V. (1969). *Protecting the Child Victim of Sex Crimes Committed by Adults*. American Humane Association, Denver.

Duck, S. (1977). *The Study of Acquaintance*. Saxon House, Farnborough, Hants.

Eysenck, H. J. and Wilson, G. D. (1973). *The Experimental Study of Freudian Theories*. Methuen, London.

Fenichel, D. (1945). *The Psychoanalytic Theory of Neurosis*. Norton, New York.

Finkelhor, D. (1979). *Sexually Victimized Children*. Free Press, New York.

Fisher, G. (1969). Psychological needs of heterosexual pedophiliacs. *Dis. Nerv. Syst.* **30**, 419–421.

Fisher, G. and Howell, L. M. (1970). Psychological needs of homosexual pedophiles. *Dis. Nerv. Syst.* **31**, 623–625.

Fitch, J. H. (1962). Men convicted of sexual offences against children. *Brit. J. Criminol.* **3**, 18–37.

Ford, C. and Beach, F. (1951). *Patterns of Sexual Behavior.* Paul Hoeber, New York.
Fraser, M. (1976). *The Death of Narcissus.* Secker and Warburg, London.
Freud, S. (1948). *Three Contributions to the Theory of Sex* (4th edn.). Nervous and Mental Disease Monographs, New York.
Freund, K., Langevin, R., Laws, R. and Serber, M. (1974). Feminity and preferred partner age in homosexual and heterosexual males. *Brit. J. Psychiat.* **125**, 442-446.
Freund, K., McKnight, C. K., Langevin, R. and Cibiri, S. (1972). The female child as surrogate object. *Arch. Sex. Behav.* **2**, 119-133.
Frisbie, L. (1969). *Another Look at Sex Offenders in California.* California Department of Mental Hygiene, Research Monograph No. 12, Sacramento.
Frisbie, L. V. and Dondis, E. H. (1965). *Recidivism Among Treated Sex Offenders.* California Department of Mental Hygiene, Research Monograph No. 5, Sacramento.
Gagnon, J. H. (1965). Female child victims of sex offences. *Social Problems* **13**, 176-192.
Gagnon, J. H. (1974). Sexual conduct and crime. In Glaser, D. (ed.), *Handbook of Criminology.* Rand McNally, Chicago.
Gagnon, J. H. and Simon, W. (1973). *Sexual Conduct.* Aldine, Chicago.
Galassi, J. P. and Galassi, M. D. (1979). Modification of heterosocial skills deficits. In Bellack, A. S. and Hersen, M. (eds.), *Research and Practice in Social Skills Training.* Plenum Press, New York.
Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). *Sex Offenders: An Analysis of Types.* Harper and Row, New York.
Gibbens, T. C. N. and Prince, J. (1963). *Child Victims of Sex Offences.* Institute for the Study and Treatment of Delinquency, London.
Gibbens, T. C. N., Soothill, K. L. and Way, C. (1980). Child molestation. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System.* Institute of Criminology (Cropwood Publications), Cambridge.
Gillespie, W. H. (1964). The psycho-analytic theory of sexual deviation with special reference to fetishism. In Rosen, I. (ed.), *The Psychology and Treatment of Sexual Deviation.* Oxford University Press, Oxford.
Goldstein, M. J. (1973). Exposure to erotic stimuli and sexual deviance. *J. Soc. Issues*, **29**, 197-220.
Goldstein, M. J. (1977). A behavioral scientist looks at obscenity. In Sales, B. D. (ed.), *Perspectives in Law and Psychology, Vol. I: The Criminal Justice System.* Plenum Press, New York.
Goldstein, M. J. and Kant, H. S. (1973). *Pornography and Sexual Deviance.* University of California Press, Berkeley.
Gordon, R. (1976). Paedophilia: normal and abnormal. In Kraemer, W. (ed.), *The Forbidden Love: The Normal and Abnormal Love of Children.* Sheldon Press, London.
Groth, A. N. (1978). Patterns of sexual assault against children and adolescents. In Burgess, A. W., Groth, A. N., Holmstrom, L. L. and Sgroi, S. M. (eds.), *Sexual Assault of Children and Adolescents.* Heath, Lexington.

Groth, A. N. and Birnbaum, H. J. (1978). Adult sexual orientation and attraction to underage persons. *Arch. Sex. Behav.* **7**, 175–181.

Hadley, E. E. (1926). Comments on pedophilia. *Med. J. Rec.* **74**, 157–162.

Howells, K. (1979). Some meanings of children for pedophiles. In Cook, M. and Wilson, G. (eds.), *Love and Attraction: An International Conference*. Pergamon, Oxford.

Howells, K. (1980). Social reactions to sexual deviance. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology (Cropwood Publications), Cambridge.

Jaffe, A. C., Dynneson, L. and ten Bensel, R. W. (1975). Sexual abuse of children: an epidemiological study. *Amer. J. Dis. Child* **129**, 689–692.

Kapardis, A. (1980). Sentencing practice for sex offenders. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology (Cropwood Publications), Cambridge.

Kinsey, A. C., Pomeroy, W. B. and Martin, C. E. (1948). *Sexual Behavior in the Human Male*. Saunders, Philadelphia.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E. and Gebhard, P. H. (1953). *Sexual Behavior in the Human Female*. Saunders, Philadelphia.

Klemmack, S. H. and Klemmack, D. L. (1976). The social definition of rape. In Walker, M. J. and Brodsky, S. L. (eds.), *Sexual Assault: The Victim and the Rapist*. Lexington Books, London.

Kozol, H. L., Cohen, M. L. and Garogalo, R. F. (1966). The criminally dangerous sex offender. *New England J. Med.* **275**, 79–84.

Kraemer, W. (1976a). *The Forbidden Love: The Normal and Abnormal Love of Children*. Sheldon Press, London.

Kraemer, W. (1976b). A paradise lost. In Kraemer, W. (ed.), *The Forbidden Love: The Normal and Abnormal Love of Children*. Sheldon Press, London.

Krafft-Ebing, R. von (1965). *Psychopathia Sexualis* (F. S. Klaf, translation). Stein and Day, New York.

Kutchinsky, B. (1973a). The effect of easy availability of pornography on the incidence of sex crimes. *J. Soc. Issues* **29** (3), 163–182.

Kutchinsky, B. (1973b). Eroticism without censorship: sociological investigations on the production and consumption of pornographic literature in Denmark. *Int. J. Criminol. Penol.* **29**, 168–182.

Kutchinsky, B. (1976). Deviance and criminality: the case of a voyeur in a peepers paradise. *Dis. Nerv. Syst.* **37**, 145–151.

Lambert, K. (1976). The scope and dimensions of paedophilia. In Kraemer, W. (ed.), *The Forbidden Love: The Normal and Abnormal Love of Children*. Sheldon Press, London.

Landis, J. J. (1956). Experiences of 500 children with adult sexual deviation. *Psychiat. Quart. Suppl.* **30**, 91–109.

Laws, D. R. and Rubin, H. B. (1969). Instructional control of an autonomic sexual response. *J. Appl. Behav. Anal.* **2**, 93–99.

Martinson, F. M. (1980). Childhood sexuality. In Wolman, B. B. and Money, J. (eds.), *Handbook of Human Sexuality*. Prentice-Hall, Englewood Cliffs.

McCaghy, C. H. (1968). Drinking and deviance disavowal: the case of child molesters. *Social Problems* **16**, 43–49.

McClintock, F. H. (1980). Criminal careers of sexual offenders: sexual recidivism, criminal justice and politics. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System.* Institute of Criminology (Cropwood Publications), Cambridge.

McGuire, R. J., Carlisle, J. M. and Young, B. G. (1965). Sexual deviations and conditioned behavior: a hypothesis. *Behav. Res. Ther.* **2**, 185–190.

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

Nagerra, H. (1969). *Basic Psychoanalytic Concepts on the Libido Theory.* Allen and Unwin, London.

Nedoma, K., Mellan, J. and Pondelickova, J. (1971). Sexual behavior and its development in pedophilic men. *Arch. Sex. Behav.* **1**, 267–271.

Pacht, A. R. and Cowden, J. E. (1974). An exploratory study of five hundred sex offenders. *Crim. Justice Behav.* **1**, 13–20.

Panton, J. H. (1978). Personality differences appearing between rapists of adults, rapists of children and non-violent sexual molesters of female children. *Res. Comm. Psychol. Psychiat. Behav.* **4**, 385–393.

Peters, J. J. (1976). Children who are victims of sexual assault and the psychology of offenders. *Amer. J. Psychother.* **30**, 398–421.

Plummer, K. (1975). *Sexual Stigma.* Routledge and Kegan Paul, London.

Quinsey, V. L. (1977). The assessment and treatment of child molesters: a review. *Can. Psychol. Rev.* **18**, 204–220.

Quinsey, V. L. and Bergerson, S. G. (1976). Instructional control of penile circumference. *Behav. Ther.* **7**, 489–493.

Rachman, S. (1966). Sexual fetishism: an experimental analogue. *Psychol. Rec.* **16**, 293–296.

Rada, R. T. (1976). Alcoholism and the child molester. *Ann. N.Y. Acad. Sci.* **273**, 492–496.

Rada, R. T. (1978). Sexual psychopathology: historical survey and basic concepts. In Rada, R. T. (ed.), *Clinical Aspects of the Rapist.* Grune and Stratton, New York.

Revitch, E. and Weiss, R. G. (1962). The pedophilic offender. *Dis. Nerv. Syst.* **23**, 73–78.

Rook, K. S. and Hammen, C. L. (1977). A cognitive perspective on the experience of sexual arousal. *J. Soc. Issues* **33**, 7–29.

Rosen, I. (1979a). *Sexual Deviation* (2nd edn.). Oxford University Press, Oxford.

Rosen, I. (1979b). Perversion as a regulator of self esteem. In Rosen, I. (ed.), *Sexual Deviation.* Oxford University Press, Oxford.

Schachter, S. (1964). The interaction of cognitive and physiological determinants of emotional state. In Berkowitz, L. (ed.), *Advances in Experimental Social Psychology.* Academic Press, New York and London.

Stoller, R. J. (1975). *Perversion: The Erotic Form of Hatred.* Random House, New York.

Storr, A. (1964). *Sexual Deviation.* Penguin, Harmondsworth.

Swanson, D. W. (1968). Adult sexual abuse of children: the man and circumstances. *Dis. Nerv. Syst.* **29**, 677–683.

Taylor, L. (1972). The significance and interpretation of replies to motivational questions: the case of sex offenders. *Sociology* **6**, 23–39.

Trower, P. (1979). Fundamentals of interpersonal behavior: a social-psychological

perspective. In Bellack, A. S. and Hersen, M. (eds.), *Research and Practice in Social Skills Training*. Plenum Press, New York.

Walmsley, R. (1978). Sentences imposed on sexual offenders. In Gunn, J. (ed.), *Sex Offenders: A Symposium*. Special Hospitals Research Report No. 14. Special Hospitals Research Unit, London.

Walmsley, R. (1980). Prosecution rates, sentencing practice and maximum penalties for sexual offences. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology (Cropwood Publications), Cambridge.

West, D. J. (1977). *Homosexuality Re-examined*. Duckworth, London.

Part II

CHILDREN

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4

Sexual Development in Children

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Introduction

Although a positive attitude to childhood sexuality has been expressed in literature and art since ancient Greek times, little or no effort has been made to understand the value of childhood sexuality to the child itself. The worship of children's sex in 1410, as described by Beccadelli (1908) and in European folk tales, confirms the knowledge of the existence of an open attitude towards childhood sexuality. The idea of children as innocents started to grow in the seventeenth century, and a negative view of sexuality as a means of controlling the child gradually developed. The battle against onanism really started when Tissot (1760) published his first article on onanism. He stated that onanism resulted in insanity and physical damage to the body; doctors and the church took up the idea and started a sexual tyranny that lasted almost two hundred years and which still affects our view of sexuality.

Several scientists before the time of Freud advocated childhood sexuality and masturbation as both normal and healthy (Forberg, 1824; Kind, 1908), but these authors were kept silent and had problems getting their books printed. In neither Christian writings nor other publications before 1700 had childhood sexuality been seriously raised as a cardinal problem. As far as we know, masturbation had

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been considered harmless in both sexes, and no one had paid any attention to children playing sex-games. The reaction against masturbation that developed in the eighteenth century grew so strong that between 1856 and 1919 patents were granted by the U.S. Patent Office for 49 antimasturbatory devices (Mountjoy, 1974). In a report from Oslo City Mental Hospital in 1870 the two main reasons, given for mental illness were abuse of alcohol and masturbation. Such reports were mainly read by people with academic backgrounds and a fear of insanity spread among those groups. Around 1880 several countries in Europe passed laws against inducing children to masturbate. Most Western countries still impose sentences of imprisonment if adults masturbate with children under a certain age level — the age of consent. Even today many adults are arrested and considered as child molesters if they masturbate with someone below the age of consent. Even to teach children how to masturbate might define the adult as a child molester, or might lead him to be accused of incest.

Some European surgeons went so far as to remove the clitoris in the 1860s, and they stopped not only masturbation but also nocturnal emissions. This was prevented by placing a ring with points on the boy's penis, so that if he got an erection during REM-sleep, the penis would touch the points and the child would wake up. Such devices were recommended by doctors in public health books in many European countries.

When Freud (1905) put forward his theory on sexuality, the denunciation of masturbation was widespread among contemporary doctors, clergymen and teachers, but to go so far as the legalization of sexuality, as Kind (1908) and other contemporary sexologists did, was too much for Freud. His theory is based on cautions and ambiguous attitudes toward sexuality, stating that we cannot say to what extent sexual activity in childhood can be considered normal and harmless to further development, while in the next sentence he is extremely cautious about seduction of the child. It seems that Freud tried to incorporate these two divergent viewpoints about sex into one theory.

Freud's reluctance to admit that children may have sexual interactions with other individuals was confirmed by his postulation of the latency period. During this period Freud thought that sexuality more or less stopped, but this is not the case. The children, mostly boys, only expressed their sexuality in their sub-cultures, an area to which Freud

had no access. The girls' sexuality, which could not be visually detected, was more or less forgotten. In relation to adults, children in this period behave as if they have no sexual inclinations at all.

Freud considered childhood sexuality as something leading up to adult sexuality. To consider sex among children as useful to the child in its own right was to go too far for Freud. Some thinkers today concerned with children's sexual rights look upon childhood sexuality as something valuable to the child itself, and encourage the child to express its sexuality.

Without knowing some historical facts about attitudes to sex, it would be impossible to understand the present state of childhood sexuality. Further, it is important to state a theory that is unaffected by prejudices. Although strong prohibitions are directed against expression of childhood sexuality, it is more and more common to recognize sex as a source of pleasure for people of all ages including children, but in spite of this modern liberal view the child is left out with respect to gratification of its sexuality.

In this chapter I will discuss some aspects of childhood sexuality in as unprejudiced a way as possible. Some of the data are from tape-recorded interviews about sexual development, conducted with more than 100 children and adults, mainly from Oslo city and drawn from all social classes. The subjects were asked about onset of masturbation, pattern, frequency and sensations before and after puberty, sexual interactions and fantasies. Other aspects were elucidated through therapy. Even though we have limited access to empirical data about sexual development, some information is available that sheds some light on a possible theory of the development and nature of childhood sexuality.

Before going into detail, something needs to be said about the behaviour observed, its frequency, and its relation to social class. To some extent social class determines the number of children in a group and how they organize their social life outside the family, but what each group of children do sexually seems more dependent upon what sexual freedom the dominant children in the group allow. A permissive leader among the boys in a school class may "seduce" a whole group of boys to group sex. But the present chapter is not so much based upon frequency as it is upon describing processes in those engaged in sexual activity. Sexual capacity is at present one of the most interesting aspects in sexual research.

Physiology of Sex

The physiological mechanisms in the sex organs are fully developed at the neonatal level. Sexual arousal is characterized by an increase in the pelvic bloodflow, caused by a parasympathetic activity. The most striking effects on the sex organs are erection in the boy, and lubrication in the vagina and the hardening of the clitoris in girls. During this condition the receptor organs on the head of the penis and in the clitoris are more sensitive to mechanical stimulation than in the relaxed state. In the aroused state an orgasm is easily produced. These convulsions in the pelvic muscles are mediated through the sympathetic nervous system. This increased sympathetic activity is observable in the whole body.

During the first year of life spontaneous sexual arousal occurs in both sexes several times a day, lasting from a few seconds to several minutes. The arousal is often accompanied by restless behaviour, stretching and rigid leg flexion (Halverson, 1940; Langfeldt, 1979). The increased motor behaviour in the body increases the chances of getting additional stimulation of the genitals, which on certain occasions might lead to orgasm. The effects of the reinforcing properties of the sexual arousal and orgasm in changing sexual behaviour has not yet been investigated. Reports from pedophiles seem to indicate that erection in small boys is easily conditioned to visual and auditory cues. Although erection is easily conditioned, that process does not seem to influence the sexual orientation with respect to hetero- or homosexual preference in adulthood.

The amount of stimulation sufficient to produce orgasm when the genitals are activated varies from child to child. The differences between the two sexes are mainly due to anatomical and physiological differenes. While girls can produce orgasm by pressing the thighs together, boys are dependent upon their hand or some external manipulation. Both small boys and girls can obtain orgasm by rocking, but girls seem to be able to support the stimulation by pressing the legs together. The psychological and social implications of these differences will be discussed later in this chapter.

Both boys and girls are multi-orgasmic, which means that the boy does not lose his erection after having orgasm and can continue immediately after. Why this phenomenon does not persist in the male, we do not know.

The hormonal changes that occur at puberty do not seem to influence the behaviour of the sex organs to any considerable degree. The important changes are semen ejaculation and menstruation, which do not change sexual performance. Both erectibility, time to produce orgasm, and the intensity of the orgasm seem unchanged after puberty. Interviews have shown that boys masturbating years before puberty and through puberty do not register any change in erectibility or orgasmic pleasure. These findings question the assumed role of testosterone on sexuality, at least in normal people. If the boy is not masturbating to the point of orgasm at the time of the onset of sperm production, the first involuntary emission can be withheld for at least six months.

Ethological Aspects of Human Sexuality

In animals sexual behaviour, like mounting, presenting and courtship, is a part of the animal's species-specific behavioural repertoire. Studies of apes and monkeys have shown that early experience of elements of sexual behaviour is necessary in young animals to produce adequate adult sexual behaviour. This seems more necessary in males than in females (Harlow, 1962). Early social isolation seems to produce psychopathology in animals, but the effects at a later age are not found to be irreversible (Suomi *et al.*, 1974). If these findings can be transferred to children, childhood sexuality can be looked upon as something which is valuable to the child itself, without too many risks for adult life.

Hinde and Spencer-Booth (1967) demonstrated that rhesus monkey infants exhibited both male and female sexual behaviour. These studies showed further that presenting and mounting behaviour are seen in both males and females. The authors demonstrated that males who exhibited presenting behaviour usually exhibited mounting behaviour in the same sequence as well. If the animal only showed one behaviour, it normally exhibited mounting behaviour. For females the reverse was true. If a female showed mounting behaviour, the male pattern, she would usually exhibit the female pattern, presenting behaviour, within the same sequence. These findings suggest that both sexes have both male and female behaviour in their repertoire, but that there is a preference for the gender specific pattern.

Mounting behaviour as well as presenting behaviour in human

infants have been observed in both boys and girls from about two years of age, without any indication of learning (Langfeldt, 1979). These types of behaviour are mostly observed in interactions with other children or adults. In some cases, however, children will even present themselves to pet animals or mount inanimate objects. It has been observed that children of both sexes present themselves to males they are sexually interested in.

One of the most characteristic patterns during mounting behaviour is the pelvic thrust movement. Lewis (1965) found pelvic thrust movements in human infants, starting at 8 to 10 months of age. This pattern might be of importance in producing orgasm in children, especially when they do not use their hands. Unpublished observations in kindergartens and from interviews with parents seem to show that pelvic thrust movements in pre-pubertal boys, engaging in sex play with other children, are mostly accompanied by penile erection. Analysis of films of boys engaged in sex play in groups shows that penile erection mostly occurs when the boys exhibit mounting behaviour. When the boy presents himself to another boy he normally loses his erection. These observations are confirmed by reports from sexual interactions between young boys and adults. The boy also seems to lose his erection when being inserted into another boy's anus.

As for animals, both girls and boys had a tendency to prefer their own gender pattern, but if they exhibit the cross-gender pattern, they show a tendency to exhibit their own gender pattern within the same play session. In most cases when the children start sex play with children around the same age, they usually require a mutual role exchange as an agreement, before they are willing to accept the cross-gender role at all. This need for mutuality in the homosexual interaction has been observed in four-year-old boys. Although fewer observations exist in girls, the same mutual role exchange seems to exist in girls having a homosexual interaction.

One factor that seems to influence the requirement of mutual roles is the age difference between the two partners. Probably in all cultures the older boys mount the younger ones, and the youngster seems to accept this passive role pattern. The mechanisms behind this might be the dominance/submission patterns found in both animals and humans (Vanggaard, 1972). These rules for sexual interactions do not seem to play such an important role when the interaction consists of masturbation or oral-genital sex. Interviews with men and boys having

sexual relations show that boys between 10 and 16 very often prefer the presenting (passive) role, and this preference does not seem to be related to the requirement of such a role by the adult man or by the expectation of a passive role.

Onset of Childhood Masturbation

The proportion of children at different age levels that have started masturbation is not yet known. Some kindergartens report that most of their children masturbate or show masturbatory activity at the preschool level. From interviews with adults and children about masturbation, one might assume that most children are engaged in masturbatory activity in one or another way, but I would estimate that less than 30% of children today, between two and seven years old masturbate systematically and even less reach orgasm. Almost all boys have touched their erect penis, but not every one performs masturbatory movements or movements that would result in an orgasm if they did not stop. Girls, on the other hand, very often report that they have never touched their clitoris, and some girls do not even know of its existence. Both girls and boys commonly report masturbatory activity that does not achieve orgasm; this seems more common among girls than boys.

During the first two years of life there do not seem to be any considerable sex differences in the way masturbation is started, as there are in later childhood. The child might, during spontaneous sexual activation, press the genital organ against objects and by a coincidence get an orgasm. In other cases sexual activation may occur as a result of active manipulation by the child itself or by its caretaker. Both boys and girls use objects like bedposts or chair arms for sexual stimulation, but more girls than boys reach orgasm this way.

After the child has reached a certain level of muscular control and coordination, manipulation of the genitals until orgasm may occur. At this point parents very often report that they try to prevent further stimulation by distracting the child. Girls are often told to stop because of the risk of infection. Caretakers in kindergartens and parents say that they stop the children masturbating by saying it is time for tea or by suggesting they read to the child. Methods like these, of controlling the expression of childhood sexual impulses, are still recommended in most health education books.

Some children overdo masturbation when they are bored or when they are depressed or anxious. These problems are never *caused* by masturbation, contrary to the suggestion made in many books.

Between the ages of three and seven boys will usually start talking about the penis, and some boys will start to masturbate because someone has told them what to do. This verbal instruction very rarely happens among girls. During "doctor" play several boys are taught how to masturbate by older boys or by someone more experienced. This process too is rare among girls.

From the age of seven to around puberty, active teaching and practice among boys, sometimes involving adults, are the most obvious ways of starting masturbation among boys. In girls, however, the picture is quite different. Many girls discover their first orgasm by chance. One nine-year-old girl achieved her first orgasm riding a horse; other girls achieved theirs riding bicycles. Sliding down a rope during gymnastics at school is quite a common way to realize the first orgasm. Some girls were frightened by the experience while others were pleased by their new discovery.

Most of the children that did not masturbate seemed to have negative attitudes to sex and to their own genitals. Only a few children were ignorant about sexuality. The negative attitude was in many cases very strong, often amounting to an aversion to their own genitals. In almost no case was the child told how to masturbate by parents. An uncle or some adult friend of the family might in some cases tell the child how to masturbate, but this was mainly among boys.

While more and more girls gradually start to masturbate, the onset of puberty in boys seems to play some role. Those boys that did not masturbate before this age or did not get any orgasm would normally do so by the time of the first ejaculation. From the literature of the 1950s, one gets the impression that nocturnal emission normally occurred one or two times before the boy started to masturbate, and that nocturnal emission was a common phenomenon. My interviews, however, seem to indicate that nocturnal emission today in Norway among boys between 14 and 20 is rare. Most of the boys interviewed had never experienced spontaneous ejaculation in any form. This change could be due to several factors including the fact that more and more pre-pubertal boys are masturbating which means that the first ejaculation will occur during masturbation. Secondly, the incidence of masturbation is higher during puberty today, mainly because a more

liberal view is taken of it and people are more willing to talk about it. During the years of puberty the idea that masturbation, for boys, is normal gains ground probably because they think their sexual lives start at puberty.

Only in rare cases do children who have started masturbating stop. Many children try to stop for moral reasons, but very few succeed. The frequency and pattern of masturbation varies a lot from child to child. Some do it two or three times a day, others only every other day.

The pathways leading to masturbation in children can be summarized as follows:

(a) In infancy it is usually an accidental discovery resulting from spontaneous sexual arousal and movements of the body.

(b) In later years exploration of the genital area becomes an important factor, especially for girls. Boys, however, acquire the habit from each experience with each other, as well as from hearing it talked about.

Masturbation Techniques

All children seem to be preoccupied with erotic fantasies and pictures of nude people, especially if they portray some sexual theme or other. This interest has been described through history and seems universal throughout mankind. This interest seems to be most pronounced in cultures with a negative attitude to sexuality. Interest in getting sexually aroused by looking at sexual events will, however, always be found.

From an early age the child develops its preferred pattern of masturbation and such patterns may persist throughout its whole life-span. Some children use devices in the anus to increase the pleasure, while others use a finger. Starting masturbation by stripping in front of a mirror is not an uncommon behaviour pattern. When the child is alone in the house it might run around in the nude and masturbate in front of a mirror or in another room belonging to the parents or to someone else in the family. An increase in territory will of course also increase the child's fear of being discovered. Revealing one's own sexuality, particularly expressed by masturbation, seems to be regarded as a catastrophe by most children.

Most children seem to prefer to masturbate in bed or in the

bathroom. Some children, finding masturbation a little disgusting, only do it on the toilet. Children often masturbate in the open air when they are alone. Some children develop such sophisticated techniques that they are able to do it under their clothes without being detected. Once masturbation has started, few changes occur through the person's lifetime.

Sexual Functions and Language

In most European countries a new set of words was developed during the Victorian period to describe the sexual organs and their functions. This new set of words replaced the vulgar language of the lower classes. However, because communication between the intellectuals and the rest of the population was poor, everyday language remained "vulgar", and since the child's culture is a part of everyday culture, children use the "dirty" words among themselves. Some decades ago boys dominated the culture and so sex jokes and sex songs were mostly current among boys. Today girls participate more, but still not to the same extent as boys.

One of the results of the verbal clearance was the total disappearance of the female sexual vocabulary, especially among girls themselves. Only in recent years have we started to reconstruct a female sexual language that can be used among children to conceptualize their own sexual processes and to communicate to other children their sexual experiences.

Looking at the way the sexes label their genital parts and their functions, one finds striking sex differences. While boys have names for penis, head, erection, masturbation, orgasm and being sexually excited, girls in general have one name for all parts of the genitals. In most Western countries girls have no names for clitoris, lubrication, hardening of the clitoris, urinary opening, vagina, masturbation and orgasm. The fact that these vital parts of the female genitals are more or less invisible, while the corresponding processes are highly visible in boys, facilitates the development of potential sex differences. Not only are the sexual functions concealed from the girl herself, but other girls cannot detect when their playmate is sexually aroused. When the boy is sexually aroused his erection is visible and other boys will perceive his sexual arousal. We can thus consider the erection as a form of non-

verbal communication. Even the orgasm in boys, both pre- and post-pubertal, is visible. In girls, however, neither lubrication nor the erection of the clitoris can be observed. If the girl is going to communicate her sexual arousal, she has to use verbal means or behave in a particular way others present will understand. In a culture with a repressive attitude to sexual language, girls will have more difficulty communicating sexual events to others than will boys.

When the boy starts to acquire names for his genitals such as "penis" and even "erection", parents will usually encourage him to increase his vocabulary. If the parents do not encourage the child, older boys will. Girls, however, are never given such encouragement and if a girl runs into the living room screaming "clitoris", her parents will probably be shocked and angry. This seems to indicate that negative parental sanctions are stronger for girls than for boys, with respect to development of corresponding sexual words. At the age of six to eight years, boys usually have a wider sexual vocabulary.

Because of anatomical differences and the other above-mentioned factors, the girl is in need of more verbal support, even in an age of increasing sexual freedom, in order to keep in balance with boys; an inadequate vocabulary among girls is one of the main reasons for their failure to understand their bodily functions. Correct perception of sexual processes seems more common in boys than in girls. In terms of existing prejudices, boys know more about their own sexuality than our culture permits them to exhibit, while on the other hand they usually know less about female sexuality than our culture admits. Girls, because of anatomical differences and inadequacy of language, make more errors in perceiving sexual processes, and their errors go beyond the verbal level. Even though girls know the correct words, they do not necessarily link the correct word to the corresponding function.

The boy's advantage in having an adequate sexual langauge is also refelcted in his sexual jokes, songs and verbal duels. These are phenomena that belong to the boys' culture and a successful performance requires both linguistic skills and correct perception of both male and female sexuality. It can be a disaster for a boy not to have proper knowledge about sexuality. Boys with insufficient knowledge are in some cases excluded from joining groups whose concern is sex.

The sexual language of the child seems to be a cultural inheritance that is handed down from older children to youngsters. An important area for information exchange is the boys' sub-culture which is not

controlled by adults. Both with respect to upbringing and anatomy, boys are at an advantage with respect to the acquisition of a sexual vocabulary. Non-verbal communication processes in boyhood will magnify existing sex differences.

Social Organization of Sexual Interactions

The two basic mechanisms behind the social organization of sexuality in children seem to be first, the fact that the child is sexually active and secondly, the sex differences in non-verbal sexual communication among boys. At the age of four to six years children seem to start preferring special playmates for sexual play. The basic target of sexual interest for both sexes seems to be the erected penis.

The social structure of sexual behaviour in pre-school kindergartens varies from place to place. In some kindergartens sexual epidemics occur periodically. A sexual epidemic is characterized by the over-use of sexual words and by the children exhibiting themselves in a chaotic way. Boys seem to participate in epidemics more than girls.. In classrooms, however, when the children are between 10 and 14 years of age, girls participate more actively, but still less than the boys do. Another characteristic feature of these sexual epidemics is the presence of an easily provoked teacher.

In other kindergartens the children act out their sexuality in a socially organized way with little or no excess of displaced sexual activity. These kindergartens are characterized by a liberal sexual attitude which permits the child to undress and to play with other children's genitals. These observations indicate that openness and a permissive attitude to sexual expression lead to organized behaviour while a restrictive attitude creates chaotic behaviour, over-use of sexual words, and displaced sexual "blow outs".

Usually boys are sexually aroused by looking at another boy's erection. This might be an important factor in creating sexual groups among boys which is common in almost every culture. This excitement increases arousal in other boys and sexual interactions tend to result. Often boys start their activity by measuring the size of their erected penis. Because of our cultural sex taboos, such groups show many of the qualities of a secret society. Recruitment is restricted to members that the group can trust, and the members usually do not permit anyone to talk about the sexual activity that goes on.

The kind of sexual activity found in such groups varies from looking at each other masturbating, to mutual masturbation, fellatio, interfemoral and anal intercourse. If the children play at intercourse, there is in most cases a requirement of mutuality with respect to active and passive roles. Only younger boys seem to accept the female role with older boys, without requiring the active role as payment. Some of the mechanisms behind this phenomenon seem to relate to the male role as an expression of masculinity and to the fact that older boys do not want to lose their masculinity in front of other boys. In most cultures the boys consider an anal active role with an older man as the highest expression of masculinity (Vanggaard, 1972).

The exchange of sexual information is one important process in such a group. Boys will learn to masturbate and others will teach them better techniques. The information mediated in such groups is usually the only sex education children receive about their own sexuality. Sex education in schools is mostly concerned with adult sexuality. Boys who have joined such groups seem to have less guilt feelings about sexuality than boys who have no experience with other boys. The group seems to legalize the pleasure of sex more than any other group or individual would do (Langfeldt, in press).

In spite of all the homosexual activity engaged in by the members, the boys rarely consider themselves as homosexuals. However, some boys are afraid of becoming homosexual if they enjoy the homosexual activity too much. In most cases the boys excuse their interest in sex with other boys by saying that they had no access to girls, even though they were very young and not expected to have girlfriends. Among some older boys aged about 15 years, there were some fears of having seduced the younger boys and made them homosexuals. Most of the boys experienced sexual arousal looking at other boys masturbating or being sexually excited, but they usually told their friends that they were aroused by thinking of girls. They said they were afraid of being seen as having homosexual interests.

Little change in attitude to homosexuality was observed in members of such groups. A positive attitude to homosexuality was only seen in heterosexual boys who were having a sexual relationship with an adult homosexual, who defined himself as homosexual. Boys engaged in homosexual activity might even use words referring to homosexuals as a form of invective.

Besides those boys who do not join in sexual activity for moral reasons, children with handicaps are often excluded. Some children

are unable to find such groups, but other children find the group does not want them. Rejected boys, like mentally retarded boys, and often the children of foreign workers, have difficulty gaining acceptance. If they show an interest in "boy sex", they are often called "queers". It seems the group members do not trust these children not to "tell tales" to their parents about what is going on. In some cases where the group was discovered by adults, the rejected children were blamed for seducing the normal children. This was often the case if the mentally retarded child was much older than the rest of the group. One of the reasons why parents think that only mentally retarded children have a sex life, seems to be that such children are often too awkward to hide their interest in "boy sex".

In the last ten years there has been considerable emigration from Pakistan to Norway. The Pakistani children do not mix very well with Norwegian children, and are not accepted in sexual encounters with Norwegian boys. Their situation can be described as childhood without child culture. Adults and older brothers normally tell their younger siblings that masturbation can cause physical damage to the body. In Pakistan, some boys told me, they would run into the streets to their friends who would tell them that the adults were talking nonsense. In Norway many children from other cultures have no access to the Norwegian boy culture and seem to get very confused with respect to their own urge to masturbate. This phenomenon seems to show something about the role of social groupings among boys based on sexuality.

Children referred to me because of deviant sexual behaviour, such as exhibitionism, telephone-sex,* and sexual aggression or sexual "acting out", had never experienced sexual interactions with other boys. Sexual problems like these are only reported in boys and the mechanism behind them is unknown.

Beside being a source of sex information, homosexual interactions among boys also increase their sexual skill. Some boys practised start-stop procedures during mutual masturbation and reported later that they easily could control their orgasm during coitus with girls.

Girls rarely form masturbation groups like the ones described in

*Telephoning girls, saying sexual words and masturbating. Such boys are normally very shy about normal sex.

boys. Pair bonding between two girls is the most common situation where sexual interactions might occur. Girls seem to be more occupied with caressing each other. In such situations sexual arousal and orgasm might occur without being noticed by the partner. Many kinds of body contact between girls may be experienced as sexual, but not necessarily by both girls, and many such situations are defined as non-sexual by adults, simply because sexual arousal in girls is not visually detectable. Girls can experience sexual intimacy with a girlfriend for years without telling her about it. This undetectable sexual arousal in girls inhibits the development of interactions based on possible non-verbal communication, as found in boys.

If girls play at intercourse the requirement of mutual role exchange is common. In such situations, which are clearly defined as erotic, verbal sexual communication occurs. Once the girl discovers that a certain role during play with other children will give her sexual gratification, she will seek the same situation later, but she will rarely, if ever, tell her playmates about her sexual experience. In many cases the girls do not have words for their sexual functions and therefore do not interpret their sensations as a sexual feeling at all. Not knowing the words for sexual sensations is considered by many parents as evidence of being "innocent". The condition of being innocent is in other words not a question of not having the sensation, but of not having a name for it. Girls' talk in relation to sex is mainly about menstruation and the growth of the breasts. Girls are normally very proud of their first menstruation.

A striking difference between girls from eight to 16 years old today, and less than a decade ago, at least in Scandinavian countries, is that girls are now much more sexually active towards boys. Their flirting behaviour is also more sexually directed, like sitting on the boy's lap touching his penis. Such behaviour might even occur in a classroom. It is reasonable to suggest that women's liberation, and increased sexual freedom have resulted in girls' sexual behaviour changing faster than the corresponding vocabulary and information exchange. Even in respect to intercourse changes have appeared. A recent investigation in Sweden (Klackenberg-Larson and Bjorkman, 1978) has shown that the median age for first intercourse for girls is now 15·8 years and for boys 17·5 years. These median ages reflect the differences in the ages of physiological maturity in boys and girls.

Attitudes and Sexual Conflicts

In most European countries today parents of young children no longer consider masturbation as dangerous to body and mind. Nevertheless most children look upon masturbation as not only a private affair but also as being to some degree an insalubrious activity. Children, mostly boys, seem to be afraid of overdoing masturbation, of getting addicted to it and of having problems stopping it when they get older. To indulge oneself in the pleasure of sex seems difficult even for children. Our culture's anti-hedonistic attitude leaves a mark on the child from early infancy, but how and when it starts is unknown. Fear of pleasure is described by several authors as a common cause for adult sexual dysfunctioning (Kaplan, 1974). Even though our anti-hedonistic attitude is questioned, the privacy of adult masturbation contributes to preventing the child from getting emotional support for its own feelings and sensations. Statements like "Masturbation is normal and you shouldn't be ashamed of it", are often heard today, but such statements do not seem to change the child's ingrained negative attitude to any great extent. But if one were to say to the child "I masturbate and I enjoy it", which is scarcely ever said by any adult to a child, it might be a very effective piece of information for confirming the correctness of the masturbatory activity and the feeling of pleasure, as a normal bodily function one should appreciate.

Asking children between 12 and 16 years old whether they think their parents masturbate or not, reveals that most children do not think their parents do it. Telling children that their parents in all probability masturbate seems to embarrass them more than surprise them. It is widespread among boys to consider masturbation as a childish activity whereas girls tend not to think this. This sex difference can be explained by the fact that the absence of a language to describe sexual activity in girls prevents wrong information being imparted as well as correct information.

The amount of information exchange among children is often determined by the extent of knowledge and prejudices among the older children. Information will therefore only be opposed if it is a part of the accepted content. Sexual feelings and erotic fantasies are the topic least often discussed among children. The concealment and privacy surrounding erotic fantasies is a direct reflection of present sexual morals. Erotic fantasies involving intercourse are considered as

normal, but erotic fantasies involving incest and homosexuality, such as occur frequently in most children, are never discussed. Most children are afraid of their own fantasies. Almost every boy who took part in my interviews showed some fear of becoming homosexual, which was very rare among the girls. At the present level of scientific knowledge the significance of erotic fantasies is not well understood, except for its arousing value during masturbation and sexual interactions. Many adult people, especially males, fantasize during masturbation. Kinsey *et al.* (1948, 1953) found that 72% of men and 50% of women reported erotic fantasies during masturbation. At that time many scientists assumed that women reacted less to visual erotic stimulation and that this could explain the sex difference, but recent studies have shown that this difference is less than assumed (Schmidt, 1975). Decades ago it was improper for women to admit being aroused sexually by looking at pictures, but today a convergence between male and female behaviour is seen. It is therefore not unreasonable to assume that this convergence will be reflected in the use of erotic fantasy in girls.

A common problem among girls is difficulty in obtaining orgasm. This is also seen in some pre-pubertal boys. One of the reasons behind this is that the children do not know about the existence of an orgasm, so they stop before they reach climax. In post-pubertal boys, however, the certainty of the sperm ejaculation might serve as a goal for the boy making him masturbate until orgasm is reached. In most cases correction of technique and the information that one has to masturbate for some time to get an orgasm, are sufficient to help. Both hyper- and hypotonic muscles in the pelvic region can be found in children from eight to nine years of age, which seem to be caused by emotional problems related to sexuality, and even pain during orgasm was reported by some of the boys and girls during the interview. Rather fewer children reported pain when touching the clitoris and the head of the penis, but some hypersensitivity was reported. Changing masturbation techniques or going through a desensitization programme might solve the problem. Children seem to be in need of therapy and advice about their own sexual problems just as much as adults.

Although changes are occurring in some groups of the population, some words should be said about general attitudes to sexuality. Some age specificity can be seen. Young parents today will look upon sex among children up to the age of six and seven as innocent play, that

will disappear if no one pays too much attention to it. Between seven and puberty parents normally look at childhood sexuality as obscene and smutty. Parents often say: "My child does not think about sex yet", as if they are afraid of sex. This negative attitude is perceived by the child, and the children move their sexuality to the child culture away from adult control. Freud thought that childhood sexuality stopped, but the truth is that the child moves sex to a safer place.

The years from puberty to around 20 are difficult times sexually. Most people think that the hormones have started the sex "drive", so it is therefore unavoidable. Even today children are recommended physical exercise in order to forget about sex. From 20 to 60 years of age sex is considered as the fulfilment of the perfection between man and woman. After 60, sex becomes obscene and old people are often called "dirty old men" or "whores" if they still show too much interest in sex.

Such attitudes to sexuality must be confusing to the young child. Although changes in attitudes may be observed, only certain areas are being questioned. For example if a fifteen-year-old girl today is afraid of having intercourse with her boyfriend, the moral standards will support her insecurity by telling her to wait. Trying to persuade her it is right to have intercourse would be considered as wrong by most people. This example illuminates our ambiguity and fear of taking the full responsibility for a positive view on sexuality as a whole.

Sexuality and Body Interactions

Although most scientists in the study of human relations will stress the importance of physical intimacy between human beings, very little is known about the conditions under which such behaviour develops. The nature of the physical contact necessary for an optimal emotional development is a subject for speculation. The satisfaction of body contact is to most people unquestioned; most children that are afraid of body contact or dislike it, seem to be children with emotional problems.

During muscular oriented therapy, like the one described by Lowen (1972), careful belly or lumbar region massage will in young children induce a total body sensation which the child will describe as a flow of warmth throughout the body (my own observations). In most cases this

causes an increase in the pelvic bloodflow which gives rise to erection and lubrication. Muscular tensions in the body develop in most people and such tensions disrupt the flow of feeling. There seems to be a parallel between this body flow and the sensation going through the whole body during orgasm, and even with the muscular tensions disrupting such flow. Empirical observations concerning muscular tensions are described by most muscular therapists, but their psychological significance is questioned. In childhood such muscular tensions can easily be released but it is more difficult in adulthood.

We can also like or dislike caressing someone. The development of like and dislike for physical contact is not fully understood and will not be discussed in this chapter, but some aspects will be mentioned. An important process in modern sexual therapy is sensate focus training (Masters and Johnson, 1970; Kaplan, 1974). One of the psychological processes in this training is to appreciate or learn to appreciate the pleasure of being touched and touching the partner. A positive attitude to body contact is important to an adequate sexual functioning and can be developed through training. From this one can assume that a positive attitude to body contact would be kept up from early childhood. Children seem to enjoy body caressing, and stroking the body is often accompanied with parasympathetic activity increasing the pelvic blood flow. This seems to be the sexual component in body caressing.

Although we know little about the mechanisms behind the sexuality and the processes of body caressing, everyone will agree with the fact that the pleasure experience is positive. Studies of other cultures seem to show a connection between the enjoyment of body contact and permissive attitudes to sexuality, as seen in Cubeo Indians (Goldman, 1972), and to show also that such contact is independent of the sex of the participant.

The Taboo of Childhood Sexuality

In the introduction to this section changes in both attitudes and theories about childhood sexuality were mentioned. The first aspect is the child's right to sexuality. This means that sexual health, as stated by WHO, might also be applied to children. WHO's definition is: "Sexual health is the integration of the somatic, emotional,

intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love." This definition seen in relation to the Year of the Child necessitates a dramatic change in attitude to children's sexuality as well as to their problems.

As mentioned earlier in this chapter, the child is never told for example how to masturbate properly and parents never concern themselves with the child's sexual problems. This very silent attitude to children's sexuality has not always existed. It seems as though the taboo of childhood sexuality came into being when the society started looking upon the child as innocent. This viewpoint developed in the sixteenth century (Aries, 1962). In mediaeval times and certainly in Ancient Greece the child was allowed to exhibit its sexuality openly. Antonio Beccadelli wrote around 1410 a famous work called Hermaphroditus, where he writes openly about the child as an active sexual being (Beccadelli, 1908); he refers to both Juvenal and Martial. His work not only considers children's own sexuality but also advocates sexual interactions between children and adults.

Later Heroard (Aries, 1962), the private doctor of Louis XIII, made notes about Louis's sexual behaviour as a child. He left behind interesting notes about sexual interactions between the child, his sister and adults in the court. According to the author such interactions were common among people at that time. This permissive attitude was not restricted to the rich people living in the cities; in the countryside, folk tales with sexual content, describing in detail all aspects of sexuality, were known by children of all ages. The child at that time was not kept away from adult life and adult sexuality, but sometimes participated in it. Adults did not see any harm in jokingly touching the child's genitals, and might even masturbate the child to orgasm.

In addition to having a permissive attitude about childhood sexuality, these authors describe the child as an awakened and sexually active creature seeking sexual contact with both children and adults. Scientists contemporary to Freud (Stekel, 1921) were fully aware of this, but the strong pressure against the legalization of childhood sexuality forced Freud to a compromise between those who advocated free childhood sexuality, and those who said that the child would become mentally defective if he masturbated (Tissot, 1760; Fournier 1876; Acton, 1851; and many others). This ambiguous compromise is illustrated by the fact that Freud thought that the child ran the risk of

neurasthenia if he masturbated and anxiety neurosis if he did not masturbate; in Stekel's own words:

> "Da nach Freud die Onanie die Ursache der Neurasthenie ist, das Aufgeben der Onanie zur Angstneurose führt, so bleibe den armen "Neurasthenikern" nur die bange Wahl zwischen Neurasthenie oder Angstneurose, es sei denn, sie hätten sich zu einem "normalen Gesclechtsverkehre" entschlossen, welcher Weg, wie wir bald sehen werden, ihnen meistens versperrt ist"* (Stekel, 1921).

To say that Freud discovered or "invented" childhood sexuality, or that he was the strongest advocate of the positive meaning of childhood sexuality is wrong. And Aries (1962) goes even further with his criticism:

> "This lack of reserve with regard to children (Heroard's journal) surprises us: we raise our eyebrows at the outspoken talk but even more at the bold gestures, the physical contacts, about which it is easy to imagine what a modern psycho-analyst would say. The psycho-analyst would be wrong. The attitude to sex, and doubtless sex itself, varies according to environment, and consequently according to period and mentality. Nowadays the physical contact described by Heroard would strike us as bordering on sexual perversions and nobody would dare to indulge in them publicly."

Sixteen years have passed since Aries wrote these lines, and some opinion has moved in the direction of liberation of the childhood sexuality, but such a liberation has legal consequences with respect to the age of consent and to the phenomenon of incest.

References

Other unreferenced statements are based on the clinical experience of the author and his associates.

Acton, W. (1851). *A Practical Treatise on Diseases of the Urinary and Generative Organs.* Churchill, London.

Aries, P. (1962). *Centuries of Childhood.* Vintage Books, New York.

Beccadelli, A. (1908). *Hermaphroditus.* Privatdruck, Leipzig.

Forberg, C. F. (1908). Apophoreta. In Beccadelli, A. (ed.), *Hermaphroditus.* Privatdruck, Leipzig.

*According to Freud onanism is the cause of neurasthenia, and giving up onanism leads to anxiety neurosis, so the poor "neurasthenics" are left only with the anxious choice between neurasthenia or anxiety neurosis. Had they decided on a "normal sex life", then, as we shall see, such is for the most part barred to them.

Fournier, H. (1876). *De l'Onanisme*. Bailliere, Paris.
Freud, S. (1905/1953). *Three Essays on the Theory of Sexuality. Standard Edition Vol. 8*. Hogarth Press and Institute of Psycho-Analysis, London.
Goldman, I. (1963). *The Cubeo Indians of the Northwest Amazon*. University of Illinois Press, Urbana.
Halverson, H. M. (1940). Genital and sphincter behavior of the male infant. *J. Genet. Psychol.* **56**, 96–136.
Harlow, H. F. (1962). The heterosexual affectional system in monkeys. *Amer. Psychol.* **17**, 1–9.
Hinde, R. A. and Spencer-Booth, Y. (1967). The behaviour of socially living rhesus monkeys in the first two and a half years. *Anim. Behav.* **15**, 169–196.
Kaplan, H. S. (1974). *The New Sex Therapy*. Brunner and Mazel, New York.
Kind, A. (1908). Sexualwissenschaftlichen Kommentar. In Beccadelli, A. (ed.), *Hermaphroditus*. Privatdruck, Leipzig.
Kinsey, A., Pomeroy, W. and Martin, C. (1948). *Sexual Behavior in the Human Male*. Saunders, Philadelphia.
Kinsey, A., Pomeroy, W., Martin, C. and Gebhard, P. (1953). *Sexual Behavior in the Human Female*. Saunders, Philadelphia.
Klackenberg-Larsen, I. and Bjørkman, K. (1978). Tonåringars sexdebut. *Social-medicinsk Tidskrift* **5–6**, 333–340.
Langfeldt, T. (1979). Processes in sexual development. In Cook, M. and Wilson, G. (eds.), *Love and Attraction: an International Conference*. Pergamon, Oxford.
Langfeldt, T. (in press). Childhood masturbation: individual and social organisation. In Martinson, F. M. and Constantine, L. (eds.), *Child Sexuality*. Little Brown, Boston.
Lewis, W. C. (1965). Coital movements in the first year of life. *Int. J. Psycho-anal.* **46**, 372–374.
Lowen, A. (1972). *Depression and the Body*. Coward, McCann and Geoghegan, New York.
Masters, W. H. and Johnson, V. E. (1970). *Human Sexual Inadequacy*. Churchill, London.
Mountjoy, P. T. (1974). Some early attempts to modify penile erection in horse and human: an historical analysis. *Psychol. Rec.* **24**, 291–308.
Schmidt, G. (1975). Male-female differences in sexual arousal and behavior during and after exposure to sexually explicit stimuli. In Rubinstein, E. A., Green, R. and Brecher, E. (eds.), *New Directions in Sex Research*. Plenum, New York.
Stekel, W. (1921). *Storungen des Trieb- und Affektlebens: Band II, Onanie und Homosexualitat*. Urban and Schwarzenberg, Berlin.
Suomi, S. J., Harlow, H. F. and Novak, M. A. (1974). Reversal of social deficits produced by isolation rearing in monkeys. *J. Hum. Evol.* **3**, 527–534.
Tissot, S. A. A. D. (1760). *De l'Onanisme: ou Dissertation sur les Maladies Produites par la Masturbation*. Antoine Chapuis, Lausanne.
Vanggaard, T. (1972). *Phallos*. Cape, London.

5

The Child as Participating Victim

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In criminal cases during the 1970s, increasing efforts have been made to study every aspect of the whole criminal situation instead of concentrating solely on the criminal or the crime, which used to be the standard criminological practice. The relationship between the offender and the victim has been investigated and special attention given to the part played by the victim in initiating and cooperating in the crime (Drapkin and Viano, 1974). The whole concept of victimology has been developed and numerous investigations have been made. Several international congresses have been held since 1973 and an international publication, *The International Journal of Victimology*, was started in 1975. Although criminologists had from time to time commented on the interaction between the offender and the victim, the first important investigations in the field appeared during the Second World War or soon after this. Von Hentig's *Remarks on the Interaction of Perpetrator and Victim* (1940) and his book *The Criminal and His Victim* (1948) were the first noteworthy publications on this subject.

Towards the beginning of the 1970s, the relationship between the victim and the offender in sexual crimes began to receive special attention (Gebhard *et al.*, 1965; Amir, 1971; MacDonald, 1971). Scientists have begun to speak about the participation of the victims in

these crimes. There have also been findings published, which show that the same persons are apt to become victims of sexual crimes again and again (Miller *et al.*, 1978). These findings, of course, also suit the above facts.

At the same time feminists, especially those in the United States, have expressed their anxiety at over-emphasis of these aspects (Wood, 1975). It has been observed that men perceive the participation of the victims, especially in sexual crimes, more often than do women (Calhoun *et al.*, 1976). This can sometimes be seen from the difference in the sentences passed in the courts, depending on the sex of the judge. However, it is, in general, admitted that clarification of the victimological aspects and a thorough investigation of all the circumstances in sexual crimes, could provide a more objective and complete picture of these crimes, and possibly help to prevent them in the future.

Victim Categories in Pedophiliac Crimes

Many leading investigators of victimology have formulated victim typologies of various kinds (Hentig, 1948; Sellin and Wolfgang, 1964; Fattah, 1967; Schafer, 1968), which have been evaluated and summarized by Silverman (1974).

Of these typologies, that of Fattah (1967) is, perhaps, the most suitable for describing pedophiliac crimes. There are five main categories:

(1) Non-participating victims — this type has two distinguishing features: (a) an attitude of denial or repulsion toward the offence and the offender and (b) no contribution to the origin of the offence.

(2) Latent or predisposed victims — the term latent victim is used to designate people who, because of peculiar predispositions or traits of character, are more liable than others to be victims of certain types of offences. They are also more likely to be victims of the same type of offence more than once.

(3) Provocative victims — the provocative victim plays a definite role in the aetiology of crime, either by inciting the criminal to commit it or by creating or fostering a situation likely to lead to crime. This type of victim can be said to "provoke" the crime by his own actions.

(4) Participating victims — provocative victims play an important part in the origin of the crime and in setting off the criminal process. Participating victims, on the other hand, play their part while a crime is being committed, either by adopting a passive attitude or by making the crime possible or even easier, or else by assisting the criminal.
(5) False victims — the false victim is someone who is not really the victim of a crime committed by another person. He may not be a victim at all or he may be a victim of his own actions.

Provocative and Participating Victims

In the classical pedophiliac crime the offender is a timid person, usually without adult contacts, childish and immature. In these cases many of the child victims belong to the groups "provocative" or "participating" (groups 3 and 4) (Rogers and Weiss, 1953; Karpman, 1954; Revitch and Weiss, 1962; Rasch, 1963; McGeorge, 1964; Mohr *et al.*, 1964; Gebhard *et al.*, 1965; Swanson, 1968; Witter, 1972; Watman, 1974; Schultz, 1975; Virkkunen, 1975, 1976). The same categories can be found in incest cases with child victims. More aspects of these are given in a later chapter.

Rogers and Weiss (1953) in their study found that the degree of participation ranged from simple compliance with the offenders to actual solicitation of his sexual advances.

Revitch and Weiss (1962) say:

> "The child victim is often aggressive and seductive and often induces the adult offender to commit the offence".

Mohr *et al.* (1964) say:

> "The child may very well be a willing participant if not instigator of a sexual act with an adult".

Schultz (1975) says:

> "Many child victims consent intentionally or unwittingly to the sex offence, or offer only passive resistance".

In their study, which is the most definitive work on sex offenders, Gebhard *et al.* (1965) found that among "heterosexual offenders vs. children", in contrast to "heterosexual aggressors vs. children", 16·4% of the children, according to official records, had encouraged the sexual advances, 8·2% had been passive and 75·4% had resisted. According to the offenders, however, 48·4% had encouraged the sexual advances, 36·9% had been passive, and only 14·6% had

resisted. So there was a very clear difference between the official records and the information of the offenders. It is important to notice that these cases did not include any heterosexual pedophiliac crimes where there had been violence or clear threats.

Among "homosexual offenders vs. children" Gebhard *et al.* (1965) found that 70% of the offenders said the boy had encouraged the sexual advances, or had been passive, which corresponded with the official records. In another 19% of the crimes there was agreement on the fact that the boys had resisted. In a further 8%, however, officially recorded resistance was denied by the offenders. In 3% of the cases some resistance had followed the initial acceptance. The investigators themselves considered that the boys resisted the sexual overtures in only one-quarter or one-third of the cases. This seems to indicate the cooperation of many of the victims, and the fact that the use of physical force was rare lends further support to the above supposition.

According to Witter (1972), active resistance on the part of a child victim appeared in only about one-quarter of the pedophiliac cases investigated criminologically. Prahm (1974) found that offenders met resistance on the part of only 33% of the children. In these two reports from Europe there were all kinds of pedophiliac cases. So these percentages were lower than those above if we look at the part of the resistance.

Witter (1972) found that resistance appears only in cases where the child is afraid of the threats of the offender. In many cases children passively allow events to take their course or they may even take the initiative by coming to the offender, often bringing their playmates as well. Male and female children do not differ much in these aspects.

Virkkunen (1975) studied the typical features in those pedophiliac cases, not incestuous, where the initiation of the acts was associated with the victim's *precipitating* behaviour. The study consisted of 64 cases of pedophilia, in 31 of which (48·4%) these characteristics were found. They manifested themselves in visits made to the offender on the victim's own initiative and in her/his taking some kind of initiative in the offence itself. The investigator personally assessed and selected these cases.

In the cases where the features of victim precipitation were involved, the offenders had clearly a weaker intelligence than the other pedophiliac offenders. They had less criminality of other kinds, especially in relation to offences against property. In the victim-

precipitated offences, in contrast to the controls, there was never any aggressive behaviour involved.

Non-participating and Latent or Predisposed Victims

Naturally, the child victims in the first two groups of Fattah's classification can also be found in pedophiliac crimes. It is important to notice that, especially *as regards the offenders*, there seems to be certain diagnostic categories in which no participation of the victim is found, or only in a very few exceptional cases. Such is the case at least when the offender is a person who has an antisocial personality (sociopathy) (Virkkunen, 1976). This personality disorder always starts before the age of 15. Its essential features are a history of continuous and chronic antisocial behaviour in which the rights of others are violated, and which carries on into adult life with a failure to sustain good job performances over a period of several years (DSM-III (American Psychiatric Association, 1980)). This personality disorder can be described also as a psychopathy, although this term is generally used in a wider and more indeterminate sense.

The person with an antisocial personality (sociopathy) may sometimes temporarily and very impulsively commit pedophiliac crimes (Swanson, 1968; Virkkunen, 1976). In the study of Gebhard *et al.* (1965) the investigators' description of their "heterosexual aggressors vs. children" group indicates that this personality disorder was present among these offenders. Gebhard *et al.* emphasize that, compared with other groups of pedophiliac offenders, these criminals are more recidivistic in criminality of all kinds, and they are usually alcoholics, or at least have sporadic alcohol problems, as well. The typical aggressor in their study was an unskilled or semi-skilled worker who did not graduate from grammar school, and whose employment and marital record was irregular. These facts suit very well the picture of an antisocial personality. The authors themselves, however, do not give a name to this personality disorder.

According to Gebhard *et al.* (1965) the official records stated that the victim had resisted in 95% of these cases. The offenders themselves said that this had happened in 65% of the cases. Thus, even according to the confessions, the percentage was remarkably high. The crimes were usually very impulsive and committed under the influence of alcohol, which of course also implies a total lack of cooperation on the victim's part.

In a study of offenders in pedophiliac cases, Virkkunen (1976) compared those who had an antisocial personality (subjects) with "ordinary" pedophiliac offenders, who had not. The average age of the subjects was 29·9 years; the controls were a little older, their ages averaging 37·8 years. The clearest differences between subjects and controls were found in the total number of recorded crimes of all kinds and, especially, in previous offences against property and sexual offences. A further difference was revealed by ascertaining whether the offender had already been hyperactive in childhood and unable to concentrate (attention deficit disorder). The majority of the subjects were such.

Earlier sexual activity and marriages were more common among subjects than controls. Thus, the controls (i.e. the "ordinary" pedophiliac offenders, whose crimes were often victim-precipitated) had obviously experienced even greater, and more frequent difficulties in creating contacts, particularly with the opposite sex. This was also apparent from the fact that controls were happier in the company of minors and more childish for their age, as well as more shy and more timid, than the subjects were. The intelligence level was in both groups rather low, but more clearly so in the controls. (The average IQ was 90 among subjects and 81 among controls.)

The relative number of pedophiliac crimes committed by those with an antisocial personality is not very great, although sufficient to affect the general opinion concerning the nature of these crimes. (It is possible according to studies by Virkkunen (Virkkunen 1974, 1975, 1976) that also some explosive personalities (intermittent explosive disorder in DSM-III commit the same kinds of occasional, impulsive pedophiliac crimes as antisocial personalities.) Usually persons with an antisocial personality commit other kinds of sexual and violent crimes (for instance rape) more often than pedophiliac crimes. These are often precipitated by alcohol (Virkkunen, 1979). In the study of Gebhard *et al.* (1965) there were 199 "heterosexual offenders vs. children" but only 25 "heterosexual aggressors vs. children", which agrees with the fact that these criminals are not very usual among pedophiliac offenders.

Indirect Evidence of the Children's Possible Cooperation in Pedophiliac Crimes

There are many ways in which indirect evidence of the child's

cooperation in the precipitation and process of sexual crime can be obtained, in addition to the direct evidence consisting of the offender's own information and the official records. One means of obtaining this indirect evidence is to examine certain aspects of the crime, especially the following:

(1) Had the offender and the victim been acquainted with each other already before the crime?
(2) Has the offence been repeated many times, the child victim visiting the offender again and again in spite of the continued sexually criminal acts?

The Earlier Acquaintance of the Offender with the Victim

It has been proved that in pedophiliac crimes the victim and the offender have in the majority of cases been acquainted with each other even before the crime (Brant and Tisza, 1977). In most of the latest investigations about two-thirds or three-fifths had been previously acquainted (Davis, 1962; Turner, 1964; Gebhard *et al.*, 1965; Swanson, 1968; Voigt, 1972; Virkkunen, 1975). In some earlier investigations the figures have been even higher (Karpman, 1954; Weiss *et al.*, 1955; Revitch and Weiss, 1962). However, in some of these investigations the percentages have been increased due to incest cases being included as well.

In their group of "heterosexual offenders vs. children", Gebhard *et al.* (1965) found that three-fifths of the young girls were known to the offenders. They say:

> "Contrary to general opinion and to parental fears, it seems that the immature female is more vulnerable to adult friends and acquaintances than to mythical strangers lurking in concealment".

However, in the group of "heterosexual aggressors vs. children", slightly more than two-thirds of the children were strangers to the offenders. This supports the claim that among "heterosexual offenders vs. children" the cooperation is greater than among "heterosexual aggressors vs. children".

In the "precipitated pedophiliac cases" of Virkkunen's (1975) study, the victim had known the offender prior to the offence in as many as 74·2% of the cases, but in the control group in only 42·6% of the cases. Overall the percentage was 57·8. Only the study of McGeorge (1964), which emphasizes that the majority of offenders were strangers, is inconsistent with the above findings.

It has been pointed out that in cases where the offender is a stranger

the crime is often homosexual or exhibitionist (Mohr *et al.*, 1964; Swanson, 1968; MacDonald, 1973). MacDonald (1973) has found that only 9% of exposers are known to the victims. Among adult victims it is also rare that they know the exposer. Gittleson *et al.* (1978) who interviewed female nurses who had been victims of indecent exposure found prior acquaintance only in 15% of such cases.

Rasch (1963) has described the pedophiliac situation to be often such that both the offender and the victim meet on a plane of mutual understanding. On the child's part it is unbounded sexual curiosity which seeks support and satisfaction from adults. The offender, again, does not have to adapt himself to the level of a child, since his own mentality is already infantile.

Repeated Visits to the Offender in spite of the Criminal Behaviour

Repeated visits to the offender in spite of continuous criminal behaviour is of course proof of the cooperation of the victim. These children may receive gratification and pleasure as a consequence of the misuse, which they are unable to get otherwise (Brant and Tisza, 1977). Often, however, corruption of the victim by bribery is also connected with this (Virkkunen, 1975).

Swanson (1968) reported that in 60% of his cases the sexual crime was committed many times with the same victim. In Virkkunen's (1975) study the "precipitating" victim was the object of unchastity many times in 64·2% of the cases. In the control group the total was 23%. The difference was statistically highly significant. When Virkkunen (1976) studied pedophiliac offenders who had an antisocial personality, he found that in only 28·9% of the cases had the offences been repeated several times over a longer period of time. The situation was, however, similar in 60·5% of the cases where the offenders did not have an antisocial personality.

The Child Victim's Part in Incest Crimes

In incest crimes the situation is usually a sexual act between father and daughter and the victim of the crime is usually a child or a minor.

The literature on incest offences has repeatedly pointed out that all the members of a family play a part in the precipitation of these

crimes. Even "incest families" have been mentioned in this connection. It has been said that the unconscious part played by the other members of the family, each in their own role, is of special importance (Kaufman *et al.*, 1954; Lustig *et al.*, 1966; Machotka *et al.*, 1967; Tuovinen, 1972; Brant and Tisza, 1977; Summit and Kryso, 1978). Brant and Tisza (1977) have emphasized that it is often difficult to separate family members' actions from their underlying fantasies in this kind of family.

The part of the girl victims has been especially emphasized (Kaufman *et al.*, 1954; Weinberg, 1955; Schachter, 1960; Lutier, 1961; Lustig *et al.*, 1966; Machotka *et al.*, 1967; Tuovinen, 1972; Lukianowicz, 1972; Virkkunen, 1974; Williams, 1974; Browning and Boatman, 1977; Brant and Tisza, 1977; Summit and Kryso, 1978). These girls frequently participate in an incestuous relationship over an extended period of time without taking steps to report the father's behaviour. For instance, Lustig *et al.* (1966) noticed that no report of the incestuous relationship was made to others until somebody had threatened the family with disintegration, and even then the report was usually made by someone other than the child. Williams (1974) also found that in a proportion of the cases the relationship had continued for more than a year.

Virkkunen (1974) separated the cases where the fathers had problems of alcoholism from those where there was no such problem. The fathers with alcohol problems had a tendency to react explosively within the family, usually under the influence of alcohol. Also, these alcoholics had been under the influence of alcohol, usually at least, at the beginning of the relationship. Such was not the case in the control group. In non-drinking cases the complaint concerning the incest had been made more often by someone outside the family. In the drinking cases the complaint tended to be made by the wife or the child. So it was obvious that in the first-mentioned cases the long-standing incestuous relationship had been more satisfactory to all parties, including the victim of the incest, and that the victim had played a part contributing towards the continuation of the process. Lukianowicz (1972) also says that at least some girls may have played an active part even in initiating the incestuous relations, and not all of them are simply "innocent victims".

Lustig *et al.* (1966) have tried to clarify the situation, and its dynamics, within the family as a whole. They show that a dominating

feature is as they say: "An assumption by the daughter of the mother's role so general that the daughter becomes the central female figure of the household." This happens at a time when sexual relations between the parents are disturbed and the father is experiencing increasing sexual frustration. At the same time, the threat of the disintegration of the family increases and,

> "there is a conscious or unconscious sanction of the nonparticipant mother who must contribute to the assignment of the daughter in her place to care for the sexual, affectional, and nurturant deprivation of the father" (Lustig *et al.*, 1966).

According to the literature, a daughter who, for some reason or other, has assumed the role of mother in the family, may respond to the situation by starting to contribute towards the precipitation of incest. To a certain extent, although obviously not entirely, she realizes what is happening. The confusion of roles has happened in these families (Summit and Kryso, 1978).

Maisch (1973) has found that the wife's temporary absence or illness has often led to a curtailment of sexual relations between parents before the incest. Browning and Boatman (1977) made some especially interesting observations. They found an excessively high rate of depression among the mothers of victims of incest. These depressive features among wives are also mentioned, for example, by Summit and Kryso (1978). In the opinion of Browning and Boatman (1977), this could account for the frequently cited finding of sexual withdrawal, passivity and emotional remoteness in these mothers, which in their turn may explain why the daughters are "forced" into assuming the role of the mother.

The above suits the findings of Virkkunen (1974). He noticed that alcoholism in the father, and all that this entailed (sometimes explosive tendencies under the influence of alcohol in the family etc.), was the most important cause of the spouse's rejecting attitude. He found that a large family and/or the family's poor economy contributed to this rejecting attitude. It is easy to understand that situations such as these might sometimes cause depression in the mother, and thus lead to the child taking, or being forced to take, the mother's role.

Conclusions

Without doubt, the child victim's own behaviour often plays a

considerable part in initiating and maintaining a pedophiliac crime. However, when we speak about victimological aspects in pedophiliac acts of children who are "precipitating" or "participating", it is important to bear in mind that they do not necessarily always view the pedophiliac acts in the same sexual way as the adults (see Plummer — Chapter 8 of this volume). These acts can often seem to them something exciting, an expression of their stimulus-seeking behaviour, or a way to establish relationships with adults.

Further investigations will be required to clarify several important points, especially in the following respects:

(1) To gain a clear picture of the personality of the children who initiate the pedophiliac crimes. Are there many hyperactive (MBD) children, or to be more precise, children with attention deficit disorders (with or without hyperactivity)? (DSM-III (American Psychiatric Association, 1980)). This is important because hyperactive children, especially, are often thought to be "stimulus-seekers". In incest crimes, especially, it is important to obtain a picture of the girl's personality. Is the interest that these girls manifest in their fathers already especially strong in the oedipal phase? How many of the girls are the kind of children who will later develop into persons with a hysterical personality? (Rosenfeld, 1979).

(2) To obtain more exact information concerning the kind of personality disorders found among the pedophiliac offenders in those crimes that are precipitated by the child's own behaviour. It is important to discover exactly how rare it is for a person with an antisocial personality (with violent crimes) to be guilty of a crime of this kind. What is the role of the explosive or passive-aggressive personality? Especially in incest cases it is important to clarify the part of these last two personalities. (Men with antisocial personalities who are violent are usually not married but those who have explosive or passive-aggressive personalities are.)

In incest crimes, the roots of the situation in which a girl assumes the mother-role in a family frequently seems to lie in the behaviour of the mother herself. A primary aim of the investigation should therefore be to discover whether, and to what extent, the mother's behaviour is due to depression of some kind, and to the circumstances giving rise to it.

Investigations along the above lines would be an important contribution

towards preventing these crimes. For instance, if there are children who have an attention deficit disorder there are already good opportunities to do much with this, thereby controlling pedophiliac crimes more effectively.

References

American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn.). American Psychiatric Association, Washington, D.C.

Amir, M. (1971). *Patterns of Forcible Rape*. University of Chicago Press, Chicago.

Brant, R. S. and Tisza, V. B. (1977). The sexually misused child. *Amer. J. Orthopsychiat*. **47**, 80–90.

Browning, D. H. and Boatman, B. (1977). Incest: Children at risk. *Amer. J. Psychiat*. **134**, 69–72.

Calhoun, L. G., Selby, J. W. and Warring, L. J. (1976). Social perception of the victim's causal role in rape: An exploratory examination of four factors. *Hum. Relat*. **29**, 517–526.

Davis, J. C. (1962). *The Child Molestor — Fact or Fiction*. Unpublished Manuscript. Psychology Department, Florida State Hospital, Chattahoochee.

Drapkin, I. and Viano, E. (1974). Preface. In Drapkin, I. and Viano, E (eds.), *Victimology*. Heath, Lexington.

Fattah, E. A. (1967). Towards a criminological classification of victims. *Intern. Rev. Crim. Pol.* **209**, 162–169.

Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). *Sex Offenders*. Harper and Row, New York.

Gittleson, N. L., Eacott, S. E. and Mehta, B. M. (1978). Victims of indecent exposure. *Brit. J. Psychiat*. **132**, 61–66.

Hentig, H. von (1940). Remarks on the interaction of perpetrator and victim. *J. Crim. Law, Criminol. and Pol. Sci*. **31**, 303–309.

Hentig, H. von (1948). *The Criminal and His Victim*. Yale University Press, New Haven.

Karpman, B. (1954). *The Sexual Offender and His Offences*. Julian Press, New York.

Kaufman, I., Peck, A. and Tagiori, L. (1954). The family constellation and overt incestuous relations between father and daughter. *Amer. J. Orthopsychiat*. **24**, 266–279.

Lukianowicz, N. (1972). Incest. *Brit. J. Psychiat*. **120**, 301–313.

Lustig, N., Dreisser, J. W., Spellman, S. W. and Murray, T. B. (1966). Incest: A family group survival pattern. *Arch. Gen. Psychiat*. **14**, 31–40.

Lutier, J. (1961). Function of cultural and psychological elements in crimes of incest in a rural environment. *Ann. Med. Leg*. **41**, 80–83.

MacDonald, J. M. (1971). *Rape Offenders and Their Victims*. C. C. Thomas, Springfield, Illinois.

MacDonald, J. M. (1973). *Indecent Exposure*. C. C. Thomas, Springfield, Illinois.

Machotka, P., Pittman, F. and Flomenhaft, K. (1967). Incest as a family affair. *Family Process* **6**, 98–116.
Maisch, H. (1973). *Incest*. Deutsch, London.
McGeorge, J. (1964). Sexual assaults on children. *Med. Sci. Law* 4, 245–253.
Miller, J., Moeller, D., Kaufman, A., Divasto, P., Pathak, D. and Christy, J. (1978). Recidivism among sex assault victims. *Amer. J. Psychiat.* **135**, 1103–1104.
Mohr, J. W., Turner, R. E. and Jerry, M. B. (1964). *Pedophilia and Exhibitionism*. University of Toronto Press, Toronto.
Prahm, H. (1974). Psychosoziale Aspekte von Sexualdelikten an Kindern. *Mschr. Kriminol. Strafrechtsref.* **57**, 193–198.
Rasch, W. (1963). Opfer und Täter-Die Beteiligung von Kindern und Jugendlichen bei Sittlichkeitsdelikten. *Med. Welt (Stuttg.)* **37**, 1897–1900, and **38**, 1946–1949.
Revitch, E. and Weiss, R. (1962). The pedophilic offender. *Dis. Nerv. Syst.* **23**, 73–78.
Rogers, E. and Weiss, J. (1953). *Study of Sex Crimes Against Children*. California Sexual Deviation Research. Department of Mental Hygiene, State of California.
Rosenfeld, A. (1979). Incidence of a history of incest among eighteen female psychiatric patients. *Amer. J. Psychiat.* **136**, 791–795.
Schachter, M. (1960). Medico-psychological and social study of incest as seen in the perspective of child psychiatry. *Acta paedopsychiat.* **27**, 136–146.
Schafer, S. (1968). *The Victim and His Criminal*. Random House, New York.
Schultz, L. G. (1975). The child as a sex victim: socio-legal perspectives. In Schultz, L. G. (ed.), *Rape Victimology*. C. C. Thomas, Springfield, Illinois.
Sellin, T. and Wolfgang, M. E. (1964). *The Measurement of Delinquency*. Wiley, New York.
Silverman, R. A. (1974). Victim typologies: Overview, critique, and reformulation. In Drapkin, I. and Viano, E. (eds.), *Victimology*. Heath, Lexington.
Summit, R. and Kryso, J. (1978). Sexual abuse of children; a clinical spectrum. *Amer. J. Orthopsychiat.* **48**, 237–251.
Swanson, D. W. (1968). Adult sexual abuse of children (The man and circumstances). *Dis. Nerv. Syst.* **10**, 677–683.
Tuovinen, M. (1972). On real incest. *Dyn. Psychiat.* **16**, 170–178.
Turner, R. E. (1964). The sexual offender. *Can. psychiat. Assns. J.* **9**, 533–540.
Virkkunen, M. (1974). Incest offenses and alcoholism. *Med. Sci. Law* **14**, 124–128.
Virkkunen, M. (1975). Victim-precipitated pedophilia offences. *Brit. J. Criminol.* **15**, 175–180.
Virkkunen, M. (1976). The pedophilic offender with antisocial character. *Acta psychiat. scand.* **53**, 401–405.
Virkkunen, M. (1979). Alcoholism and antisocial personality. *Acta Psychiat. Scand.* **59**, 493–501.
Voigt, J. (1972). Sexual offenses in Copenhagen: A medicolegal study. *Forens. Sci.* **1**, 67–76.
Watman, F. (1974). Sex offences against children and minors: Some proposals for legal reform. In Drapkin, I. and Viano, E. (eds.), *Victimology*. Heath, Lexington.
Weinberg, S. K. (1955). *Incest Behavior*. Citadel Press, New York.
Weiss, J., Rogers, E., Darwin, M. and Dutton, C. (1955). A study of girl sex victims. *Psychiat. Quart.* **29**, 1–27.

Williams, J. E. H. (1974). The neglect of incest. A criminologist's view. *Med. Sci. Law* 14, 64–67.

Witter, H. (1972). Zur Typologie der pädophilen Delikte. In Bresser, P., Göppinger, H., Haddenbrock, S., Huber, G., Leferenz, F., Luthe, H., Matiar-Vahar, K., Vetter, H., Witter, H. and Wolf, G. (eds.), *Handbuch der Forensichen Psychiatrie; Band II*. Springer Verlag, Berlin.

Wood, P. L. (1975). The victim in a forcible rape case: a feminist view. In Schultz, L. G. (ed.), *Rape Victimology*. C. C. Thomas, Springfield, Illinois.

Part III

ASSESSMENT AND TREATMENT

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6

Assessment of Pedophilia*

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This chapter is dedicated by its writer to the 80th birthday of Professor Josef Hynie, founder and long time head of the Department of Sexology, Charles University, Prague, Czechoslovakia.

Defining Sexual (or Erotic)

This introductory section tries to formulate a useful definition of those external stimuli and patterns of a person's own behaviour which are "erotic" or "sexual" for her/him. (To make a strict differentiation between these two terms is not intended in this chapter.)

Obviously, sexual *core* activities, *gross* sexual imagery, and *strong* sexual object affinities or "responses" to sexual stimuli can be easily identified, but there are more subtle patterns where the extent of participating sexual motivation is unclear, and this pertains particularly

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to anomalous forms of sexual motivation. The knowledge that all sexual (or erotic) behaviour is linked to reproduction, and that the same is true of sexual stimuli, does not, by itself, provide us with a practicable tool for differentiating sufficiently between the sexual and non-sexual activities of a *particular* erotically normal person, let alone of those who show anomalous sexual patterns.

In animals the sexual significance of a pattern of behaviour is assessed by comparing the relative frequencies of its occurrence in the presence vs. absence of a sexual partner, or *before* vs. *after* treatment with particular hormones etc. The sexual significance of a *stimulus* can be assessed by observing the changes in frequency or intensity of *sexual interaction* brought about by presentation of the stimulus.

In humans however, observation of unambiguously sexual behaviour is feasible only to a very limited degree, and our skill in assessing more subtle erotic components in publicly accessible behaviour patterns is still very inadequate. Self-reports on erotic or sexual significance of external stimuli, or of a subject's own behaviour, are not an adequate source of information either. They are fraught with serious shortcomings, for instance, limitations with respect to self-observation, to expression of erotic feelings in general, to language habits, cultural taboos, etc. This and the above-mentioned limitations of behavioural observation in this sphere prompted us to search for a further observational counterpart of the concept *"erotic" or "sexual"* when applied to humans.

Erotic Arousal Level

Sexual activity brought about by a particular stimulus, or its enhancement by a stimulus, can occur concurrently with stimulation, after additional sexual stimulation, or upon removal of sexually inhibiting stimuli which accompanied the original excitatory stimulus. During the interval between such stimulus impact and actualized sexual behaviour, there is a change in the organism's sexual preparedness. Let us call the *degree* of this preparedness *erotic* or *sexual arousal level*.

A subject's erotically motivated *own activities*, and the external *stimuli* which are erotic or sexual to a person, are *both* linked to *erotic arousal level*, but in different ways. External erotic stimuli perceived

by a subject tend to increase her/his erotic arousal level; however, a subject's *own* erotically motivated activities, though potentially erotically stimulating to *other* persons, are basically *not* erotically stimulating to her/himself. If a subject's erotically motivated activities heighten his *own* erotic arousal level at all, the augmentation tends to be of a very much lower order than that brought about by external *stimuli*. On the other hand, the higher a subject's erotic arousal level, the greater is the likelihood of (the subject's) emitting erotic behaviour patterns.

The relationship between erotic stimuli and erotic arousal level is that of antecedent to consequent; whereas the relationship between a person's own erotic behaviour and erotic arousal level is that of consequent to antecedent. Nevertheless, erotic arousal level can serve as a criterion of erotic loading for *both* stimuli and a person's own behaviour. In principle, the erotic loading of a stimulus configuration (i.e. the extent to which it is erotically *excitatory*) can be measured by determining its contribution to a subject's erotic arousal level. The erotic loading of a subject's own behaviour (i.e. the extent to which it is erotically *motivated*) can be measured by finding the proportion of the variance (of frequency or intensity of some of its constituents or components) that is determined by the variation of the subject's erotic arousal level.

Let us add at this point that, according to results of animal experiments, the relationships between erotic arousal level, the organism's own erotic activities and erotic stimuli, are more complicated and subtle than indicated by our simplified description. For instance, an organism's own erotic activities tend to create situations that are erotically stimulating for this organism; erotic stimuli may have a greater impact when erotic arousal level is higher, no matter whether due to *previous* external stimulation or to hormonal motivators etc. (Fig. 1).

According to Baldwin (1901) the presence or absence of "appetites" is most sensitively reflected by those physiological structures that are most involved in satiation of these appetites; and the results achieved in studies in which such a criterion was employed in the sexual or erotic realm (see later) would appear to confirm that assessment of physiological changes in the reproductive system may indeed be particularly well suited as indicators of erotic arousal. Acceptance of a criterion of assessment of erotic arousal is tantamount to accepting an operational

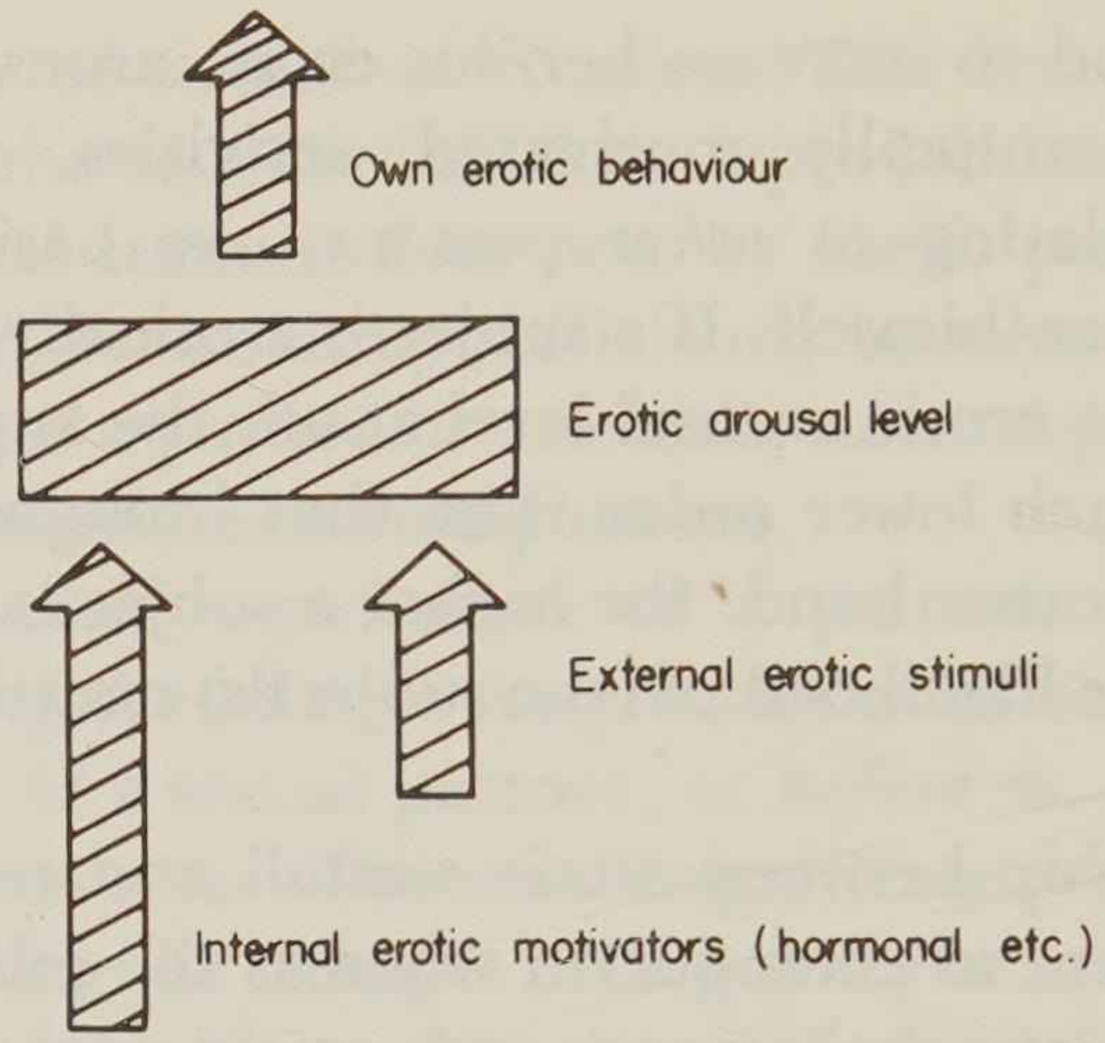


Fig. 1. The place of erotic arousal level in the sexual functional system.

definition. Let us therefore denote as *erotic* or *sexual* those behaviour patterns and stimulus configurations that usually occur together with "physiologic responses", specifically in the reproductive system, and let us define erotic or sexual imagery or attitudes correspondingly.

Such a physiological criterion of erotic or sexual aspects of stimuli or behaviour may hopefully serve a useful purpose for some time to come. However, it cannot be expected to generate totally unambiguous and unchanging boundaries between what is and what is not erotic or sexual. The boundaries of the physiologic reproductive system cannot be clear-cut either, and an increase of our knowledge of this system will necessarily influence the respective categorizations of behavioural patterns. It is to be hoped that, in the future, methods will be developed for relatively direct assessment of activity changes in central and peripheral parts of the reproductive system's *neural circuitry*. To date only a very crude method of assessment of change in the reproductive system is available. The next section is to introduce this method, and it will be discussed in later sections.

The Phallometric Method

In accordance with (though unaware of) Baldwin's earlier-mentioned observation, we turned to penile volume change, hoping that its assessment could be rendered sensitive enough to sufficiently reflect differences in the realm of *mild* erotic arousal.

Penile plethysmography had been carried out as early as 1908 by Bayliss, but only in the dog, and in order to study vasomotor reflexes and the effects of drugs on these reflexes, Hynie (1934a,b) introduced measurement of penile changes into sexological practice. His main interest was objective assessment of erectile difficulties and the pharmocological effect of various chemical compounds. Hynie focused on penile and scrotal *motility* and employed a technique he had derived from Weitz and Vollers (1926), who had investigated the motility of the smooth musculature of various organs, including the penis. Strings which led to pens of a writing device were attached to various sites on the penis and scrotum.

Ohlmeyer *et al.* (1944) who were the first to report on regular periods of penile erection during sleep, employed an open ring which closed or interrupted an electrical circuit in accordance with (considerable) increase or decrease of penile circumference. Since this device employed a simple on and off switch, it did *not* monitor the *degree* of circumference change.

The phallometric method for comparing *erotic arousal value* of various objects or situations was introduced only about ten years later (Freund, 1957, 1963). Penile volume changes are recorded at the presentation of erotic stimuli and sexually neutral stimuli. Prior to introducing this method, we had for a long time experimented unsuccessfully with indicators of much more *general* (i.e. not specifically erotic) arousal. In particular these were breathing pattern, the galvanic skin response, and heart rate. Subsequently, several authors reported successful monitoring of erotic arousal by means of these and other indicators of general arousal, though one would expect that general arousal reflects *erotic* arousal only very weakly.

Chemical Indicators of Erotic Arousal

Barclay (1970) and Barclay and Little (1972) measured erotic arousal in males by assessing prostate secretion in urine, in particular, acid phosphatase which is present in relatively large amounts in prostatic fluid. Barclay assigned his subjects to one of five experimental conditions, sexual, anxiety-inducing, anger-producing, laughter-arousing, and neutral. Urine was analysed before and after stimulus presentation. However, showing one or two female nudes did not

suffice to trigger a response, and numerous rather "pornographic" slides or a videotape of some kind of sexual interaction had to be shown. Urine content of acid phosphatase was significantly larger in the sexual than in the remaining conditions (among whom there was no difference in this respect).

Investigation of the functional relationship between hormonal systems and erotic arousal is still in its beginnings. *Inter*-individual comparison on testosterone level, among males of about the same age, did not account for differences in sexual activity or interest (Brown *et al.*, 1978) but the *intra*-individual variation of testosterone level would appear to be strongly influenced by erotic (or sexual) stimulation.

Ismail and Harkness (1967) in an experiment on two males, found an increase in urinary testosterone following sexual activity. Fox *et al.* (1972) reports on a prolonged study relating plasmatestosterone levels to coitus, in one male subject. At every occasion of intercourse and immediately after coital activity, the testosterone level was higher than under resting conditions, but there was no such difference between blood samples taken immediately before and immediately after *orgasm*. This latter finding was confirmed (on six subjects) by Davidson and Trupin (1975), who reported negative results as well when testing LH and FSH (luteinizing and follicle stimulating) hormone levels before and after orgasm in females and males; and Stearns *et al.* (1973) did not find any such hormonal changes at all.

Pirke *et al.* (1974) measured plasma testosterone in eight male subjects before, during and after the showing of a sex movie. There was an average increase of 35%, and the peak occurred 60 to 90 min "after the end of the film". Eight control subjects were shown a sexually neutral film and, for them, there was no change of testosterone level.

Indicators of General Arousal

(a) Heart rate and respiration. Among the gross "physiological" activities regulated by the "autonomic" or "vegetative" part of the nervous system, heart beat and breathing were the first systematically investigated as to their potential as indicators of particular "emotions" or "mental states", the "orienting response", "preparatory set", "attention", "activation", or "general arousal". However, in this context breathing has

never been as systematically explored as heart beat. Moreover, when breathing is recorded as a psychological indicator, usually only its rate is assessed, and very rarely other aspects of its pattern. At least with respect to change of rate, heart beat is a much more sensitive psychological indicator.

Deceleration of heart beat was found by Lacey *et al.* (1953) to coincide with attention to *external* environmental stimuli, and *acceleration* with attention to *internal* stimuli. Spence and Lugo (1973) confirmed these findings. Subjects were read a text from which they were later to make certain decisions, and it was found that all subjects showed lower (and less variable) heart rate when listening ("attention out") than when making decisions ("attention in"). Lacey *et al.* found later that not only cognitive activity but also adverse or noxious external stimuli are responded to with acceleration of heart beat (for a short review see Hahn, 1973).

Schwartz and Higgins (1971) found a typical pattern of heart rate change consisting of early acceleration followed in turn by deceleration, preparatory to every *activity*, be it overt or covert (e.g. solving a "mental task").

(b) Plethysmography. Other functional changes of the vascular system monitored in psychophysiological studies are blood pressure and distribution of blood volume in the various parts of the body (plethysmography).

(c) Galvanic skin response. Among the most often employed indicators of "emotion", attention or general arousal is the galvanic skin response, a drop of skin resistance to a direct current, basically caused by an increase in sweat gland activity (a short comprehensive overview is given in Montagu and Coles (1966)). Flanagan (1967) found the concept of attention is a better interpretation of what the galvanic skin response represents than the concept of emotion. (He argued that galvanic skin response cannot indicate a continued strong emotion because, if adrenalin is involved, the sweating response is suppressed.)

(d) Movement. Further indicators of "emotion" or general arousal are mechanically (Luria, 1932) or piezoelectrically recorded smoothness (coordination) of movement, disturbances of tonic equilibrium (for instance finger tremor) or continuous fluctuations of muscle tone. These fluctuations are usually assessed by electromyography, i.e. by amplification of the (electric) nerve impulses on which muscle tone is based. In some older studies frequency of blinking and, somewhat more recently, eye movements, have been assessed as well.

(e) Pupil dilation. Fluctuations in pupillary width is a further indicator of general arousal, though the light response of the pupil is much stronger than the psychologically triggered response. Pupillary width has attracted attention as an indicator of "emotions" for centuries. One of the more recent investigators most active in this field was Loewenstein. Nunnally *et al.* (1967) quote Loewenstein's (1920) statement that dilation of the pupil occurs with every increase of attention by intellectual process of every kind, at the start of volitional impulses or during the course of emotions.

(f) E.E.G. Further indicators of general arousal, employed mainly in studies of "attention", "activation" and "mental process", are characteristic wave patterns and changes in frequency of the various wavelengths in the electroencephalographic record. Such characteristic changes generated by external stimuli are called evoked potentials. Evoked potentials are relatively weak and have to be extracted by averaging several periods of the particular stimulation, and comparing the periods of stimulation with control periods where there was *no* such stimulation. Schwent and Hillyard (1975) claim that, apart from a strong general arousal or activation component (Sandler and Schwartz, 1971) evoked potentials would appear to contain quite well characterized components of stimulus specificity as well. Outstanding among patterns of evoked potentials is Walter's *contingent negative variation* or *expectancy* wave (Walter, 1964, 1965), a negative potential which ensues after a signal which was perceived by a person as indicating that a particular stimulus is to follow (Weinberg, 1972; Tecce, 1972; Loveless, 1973).

General Arousal and Erotic Interest

One would expect that indicators of *general* arousal could be successfully employed in the assessment of erotic arousal only to the extent to which other than erotic components can be eliminated from the presented stimulus complex. However, this is rarely possible and besides, interfering non-erotic stimulation may appear only in particular situations and not in others. For instance, a man accused of molesting a child, and interrogated in this respect, may show a large response on indicators of general arousal when confronted with pictures of nude children, though he is not pedophilic. His arousal may be generated by fear, anger etc.

One would further expect *general* arousal responses to neutral, bland stimuli vs. non-neutral, non-erotic stimuli vs. erotic stimuli to differ only with *degree* of stimulus impact and not with stimulus modality.

The following is a short review of the main studies in which indicators of general arousal were employed in the assessment of erotic arousal. Many of these have been reviewed earlier (Freund, 1965a, 1969; and in particular, Zuckerman, 1971).

(a) Galvanic skin response. Loiselle and Mollenauer (1965) presented slides of male and female nudes, semi-nudes and clothed figures, to 20 female college students. The subjects' *galvanic skin responses* to nudes were larger than to clothed figures, and the responses to nude males were larger than to nude females. However, Loiselle and Mollenauer were well aware of the possibility that the differences in response may have been due to factors other than erotic. Solyom and Beck (1967), using male subjects, reported successful differentiation between erotically preferred vs. non-preferred objects vs. erotically neutral drawings, by means of the galvanic skin response. Jordan and Butler (1967) — according to Zuckerman — presented passages from fiction on cards, some of sexual content, others neutral, to female subjects. The sexual passages elicited higher galvanic skin responses than the neutral passages. Wenger *et al.* (1968) also reported successful differentiation by galvanic skin response between sexual and neutral passages. Hoon (1978) quotes a similarly successful study by Hamrick (1974).

Negative results were reported by Servais and Hubin (1965). These authors presented 20 colour slides of nudes of males, females, and children of both sexes, to 15 male medical students. The galvanic skin response did not differentiate the stimulus categories. Hain and Linton (1969) found a similar negative result in their evaluation of the galvanic skin responses of 15 male medical students to whom they presented slides of male and female nudes in front view, rear view, semi-clothed and clothed, and similar variations of photographs of female children. There was no significant difference between female and male nudes.

In respect to the question of what the galvanic skin response really indicates, the experiment of Craig and Wood (1971) is informative. Ninety male undergraduates viewed slides of female nudes, homicide victims, and neutral slides. The galvanic skin response to the neutral slides was significantly lower than to the nudes or homicide victims,

without however differentiating between the two latter categories. A negative result with the galvanic skin response, in this context, was also reported by Adamson *et al.* (1972 — see later).

(b) Cardiovascular response. Several authors report on general *cardiovascular* response as an indicator of erotic or sexual arousal. Here we are only interested in studies concerned with mild erotic arousal rather than in investigations of tactile sexual interaction or intercourse. Wenger *et al.* (1968) assessed blood pressure, heart rate and finger pulse volume (in addition to the galvanic skin response), and found that only blood pressure differentiated significantly between erotic and neutral stimuli. Wenger *et al.* quoted studies by Landis and Gulette (1925) and Scott (1930) which also resulted in successful differentiation of the two stimulus categories, by blood pressure. Adamson *et al.* (1972) presented a film of a coital situation, female nudes and semi-nudes, and neutral colour slides to their ten male subjects. When viewing the film the subjects showed a significant increase in heart rate, and a decrease in finger temperature. When comparing the erotic film with an unpleasant movie, Adamson *et al.* found a significant difference only in respect to blood pressure. Zuckerman quotes a further study (Corman, 1968) in which blood pressure, but no other cardiovascular variables, differentiated between erotic and non-erotic stimuli, and another study (Romano, 1969) where differentiation was not achieved at all.

Bancroft and Mathews (1971) who explored the galvanic skin response, heart rate, forearm blood flow (not blood pressure), as well as phallometry, to monitor erotic arousal, found that only phallometry differentiated between erotic and non-erotic stimuli. The erotic stimuli were slides of nude or semi-nude females, the subject's imagining intercourse with a female, and imagining a situation "as sexually excitable as possible". The neutral stimuli were a slide of a building, a slide of a semi-nude male, and the subject's imagining he is reading a newspaper.

(c) Respiration. Respiration would not appear to differentiate among mild, erotic, non-erotic, and neutral stimuli (see Davis and Buchwald, 1957; Wenger *et al.*, 1968; Hain and Linton, 1969; Adamson *et al.*, 1972). Zuckerman additionally quotes Corman (1968) and Romano (1969). Among the quoted authors, some also employed electromyography, without success.

(d) Pupil dilation. Hess introduced pupillary width as a measure of

erotic arousal (Hess and Polt, 1960; Hess *et al.*, 1965). The first experiment was on two female and four male subjects. The stimuli were a partly clothed female, a partly clothed male, a female holding a baby, and a baby alone. Each of these stimulus slides was preceded by a neutral control slide of equal brightness. The stimuli as well as the control pictures were presented for ten seconds each. The pupil was photographed twice a second, and diameter change from control to stimulus slide was assessed. The four males' pupils dilated more at the picture of the female than at any other stimulus, whereas the pupils of the two females dilated least to this stimulus. In an experiment carried out in cooperation with Seltzer and Schlien, five heterosexual and five homosexual males were shown slides of male and female nudes, and pupillary dilation differentiated the two subject groups without any overlap. Nunnally *et al.* (1967) confirmed that pupillary dilation increased with increasing erotic value of stimuli. According to Goldwater (1972) a further confirmation was an experiment by Hamel (1974) in which pupillary dilation of females was shown to be larger when male nudes or semi-nudes (compared to female nudes or semi-nudes) were viewed, and the opposite was true for males. However, Scott *et al.* (1967) and Lawless and Wake (1969) could not confirm Hess's findings on pupillary dilation.

Hess (1965) also claimed that on presentation of unpleasant stimuli there is a constriction of the pupil, except for excessively unpleasant, shocking stimuli which, similar to pleasant stimuli, elicit pupillary dilation. There is only one experiment which would appear to confirm this contention: Atwood and Howell (1971) compared ten males who had sexually approached female children, and ten normals, on pupillary responses to pictures of female children and adults. The report states that the child molesters' pupils expanded at the sight of the young girls, and constricted at the sight of the adult females, whereas the reverse occurred with normal controls.

Hess's contention of high sensitivity of the pupillary dilation response as a measure of attention and interest would appear to be valid though it is not yet fully borne out, because experimental evidence is still scanty. However, it is unlikely that Hess's constriction hypothesis in its present mode can survive. The insufficiency of experimental evidence becomes understandable if one considers the difficulties of exact experimentation in this area, which have been pointed out by Loewenfeld (1966). Goldwater, in his very informative review of the

psychological significance of the pupillary response, lists a long array of studies and findings relevant to this technical aspect.

In his earlier studies Loewenstein filmed the pupil and then measured its width frame by frame. Later he assessed changes in pupillary width by employing a beam of infrared light which continually scanned the border between the pupil and the iris (Loewenstein and Loewenfeld, 1958). The subjects of Hess and associates were seated in front of a viewing box. The stimuli were projected from outside on a screen opposite the opening for the subject's eyes. The subject's pupils, illuminated by infrared light, were continuously filmed.

(e) E.E.G. To my knowledge there are only two experiments which assess erotic arousal by *electroencephalography* (as before, we will not discuss studies on *strong* sexual arousal like that of Cohen *et al.* (1976)). The first is by Lifshitz (1966) who compared averaged cortical potentials evoked by various kinds of complex visual stimuli, presented to male subjects, on slides. The stimulus categories were indifferent scenic, repulsive medical, and female nudes. A partial result of this experiment was the finding that there were differences in evoked potentials between all these stimulus categories. The scope of Lifshitz's highly structured and thoroughgoing experiment was broader than measurement of interest value, and he did not follow up in the direction relevant to our topic.

The second study was by Costell *et al.* (1972). Twelve female and twelve male subjects were presented slides of nude females, males, and neutrals (i.e. back lighted silhouettes of unclear sex). Each stimulus was presented twice with constant intervals between the pairs of presentations, as well as between trials. The negative contingent variations ensuing in the interval between first and second presentation were measured. The experimenters expected this negative shift of potential to be the larger, the greater the subject's interest in the stimulus, and the experiment confirmed this expectation. The female subjects showed larger responses to the male nudes, the males responded more to the female nudes.

It is unfortunate that neither pupillometry nor analysis of evoked potentials has been further pursued in the measurement of erotic arousal.

(f) Looking time. A further indicator of general arousal or interest, employed in the aim of comparing stimuli or erotic arousal value, is *looking time.* Rosenzweig (1942) introduced this indicator in the

realm of erotic preferences. The experimental subjects were seated in front of a simple viewing device, and were able to change stimulus pictures by pressing a button. Unknown to the subject, the experimenter measured time spent in looking at the various pictures. In order to make the rationale of the test less apparent to the subject, Zamansky (1956) modified the procedure by presenting two pictures simultaneously in the viewing box (for fixed periods of time) and requesting the examinee to estimate, for each pair of pictures, which one occupied the larger area. The experimenter sat on the opposite side of the viewing box following, by a hidden device, the subject's gaze, and measuring the time the subject looked at each of the pictures. Zamansky reported successful differentiation by this instrument between 20 heterosexual and 20 homosexual students. The heterosexual students looked longer at the females, the homosexual students at the males.

Phallometric Assessment of Erotic Stimuli

PICKUP DEVICES

There are two types of pickup devices presently in use (1) volumetric, and (2) strain gauges, for measurement of changes in *circumference*. Two versions of such strain gauges are in use, mercury in an elastic tube and sheet metal strain gauges. Rosen and Keefe (1978), Flanagan (1978) and Laws (1977) have discussed these pickup devices comprehensively and in some detail.

The volumetric type has been in use since the introduction of the phallometric test of erotic stimulus value (Freund, 1957). This type of sensor transmits penile volume change through an air-filled tube to a measuring and/or recording device. The original volumetric pickup is a funnel-topped glass cylinder to cover the penis, and the tube leading to the measuring or recording device is fitted over the funnel. Prior to putting on the cylinder, a plastic ring is slipped over the penis up to its root. The ring bears an inflatable cuff (for each test session a new cuff is made from a prophylactic i.e. contraceptive sheath). This cuff is to render airtight the proximal end of the glass cylinder. After the cylinder has been put on, the ring is inflated through a plastic tube

(from the experimenter's compartment). The degree of inflation is monitored by a manometer. A detailed description is to be found in Freund *et al.* (1965). Unfortunately there is no such detailed description available for McConaghy's simplified volumetric pickup (1967). McConaghy's sensor consists of a cylindrical tin and a finger stall. The finger stall is to render airtight the proximal end of the tin. The plastic tube leading to the measuring device is fitted on a nipple on the distal end of the tin.

The first plethysmographic transducer we used, a mechanically very sensitive device (Figar, 1955), did not tolerate large deflections from initial value. Therefore a hydromechanical device was introduced (Freund, 1965b) which is also highly sensitive, but volume changes, indicated by stained fluid in a horizontal, calibrated fine-bore glass tube, have to be read off and protocolled. A cork strip runs parallel to the glass tube. At signals from a timer, the examiner pierces the strip with pins, according to the standing of the fluid column at the time of each signal. The actual protocolling is done from these pins (before presenting the next stimulus). There is a second, much wider, glass tube for large volume increases. The connection of the plastic tube leading to the pickup on the subject can be switched by taps from one to the other glass tube. This clumsy device is remarkably inexpensive and trouble free, and we are still using it in one of our two labs.

The device in the other lab is not as archaic but much more expensive. It was generously presented to me by the Max Planck Institut für Psychiatrie in Munich, and later modified by Professor J. C. Stryland, Department of Physics, University of Toronto. It contains two pressure gauges, one more the other less sensitive, which convert the penile volume changes into electrical signals, which in turn are recorded on magnetic tape and then computer processed. A similar device is now under construction, with one pressure gauge only which, while very sensitive can tolerate gross volume changes as well.

It is also possible to record penile volume changes on a polygraph, over one of the current pressure couplers. However, since sensitive couplers of this kind have low volume capacity, air cushions should be inserted between sensor and coupler, as described in Freund *et al.* (1974a).

As mentioned earlier the first device employed in monitoring penile *circumference* was a contact ring (Ohlmeyer *et al.*, 1944) capable only of switching on and off a circuit which drove a marker pen. The device

was to indicate periods of spontaneous erections in sleep and, later on, in the waking state as well (Ohlmeyer and Brilmayer, 1947). Fisher *et al.* (1965) in their investigation of erectile and REM periods, used among other devices a Whitney (1949) type of strain gauge which consists of a fine-bore elastic tube filled with mercury. An increase in penile circumference, i.e. elongation of the tube, narrows the mercury column and this increases the column's electrical resistance, thereby changing the amplitude of a signal. Bancroft *et al.* (1966) were the first to employ a Whitney type strain gauge in phallometric testing of *erotic preferences*. Further versions of this strain gauge were introduced by Karacan (1969), Rosen and Keefe (1978) and Davidson *et al.* (1978).

The first sheet metal strain gauge for measurement of penile circumference was designed by Johnson and Kitching (1968). It consisted of an open ring which, "when subjected to a change in diameter by a pressure on the inside surface, would flex and create circumferential bending strains". Further modifications of this device were by Barlow *et al.* (1970) and by Laws and Bow (1976).

We compared our volumetric device and an electromechanical sensor of circumference change, by applying both devices simultaneously (Freund *et al.*, 1974a). At the same time McConaghy (1974a) reported a similar study. His report documented cases where one of the two devices indicated an increase, the other a decrease in penis size. The fact that, in the realm of mild erotic arousal, circumference change and volume change need not necessarily correspond was one of our main reasons for sticking to the volumetric method. Clark (1972) had similar doubts. No such differences between the two measures need to be expected where only *large* increases in size are monitored.

In our comparison there were 14 subjects. Colour slides of nude persons and sexually neutral pictures (landscapes) were used as stimuli. There were four age categories of each sex, and each category was represented by six slides, as were the neutrals. For both the volume and circumference changes, the largest deviation from initial value at the start of each stimulus was used as the measure of the subject's response. The results of this comparison indicate that the original volumetric version of the phallometric test is more sensitive than circumference measurement (volumetry) differentiated better between stimulus categories).

Since the introduction of phallometry there have been various attempts to monitor mild genital arousal in women as well. According

to Hoon (1978) two American gynaecologists, Palti and Bercovici (1967) were the first researchers to employ photoplethysmography to measure vaginal capillary engorgement. Zuckerman (1971) listed personal communications from two further researchers on successful application of photoplethysmographic recordings of clitoral blood volume and vaginal engorgement. At the same time temperature changes were monitored by thermistors, and a strain gauge was used to monitor vaginal movements. However, the studies to which these personal communications referred were never published. Shapiro *et al.* (1968) and Cohen and Shapiro (1971) employed a thermal flowmeter consisting of two thermistors, held in place by the ring of a vaginal diaphragm, to measure capillary engorgement of the vaginal wall. Shapiro *et al.* (1968) reported that the device indicated an increase in vaginal blood flow whenever, during sexual fantasy or the reading of erotic literature, the subjects signalled erotic arousal.

Temperature measurement of the female genitalia was also employed by Henson and Rubin (1978) who fastened a thermistor to one of the two minor labia. Simultaneously vaginal blood volume was recorded. Henson and Rubin report high sensitivity to erotic arousal for both indicators, but only labial temperature correlated significantly with their subjects' *self-reports* on *degree* of erotic arousal. Geer *et al.* (1974) and Sintchak and Geer (1975) employed a modified version of the vaginal photoplethysmograph. This instrument recorded pressure pulse as well. Experimental subjects were female students. All of them "yielded a visible increase" on pressure pulse amplitude during the presentation of erotic films (vaginal pressure pulse was not compared with that in other parts of the body). Subjective ratings of their own erotic arousal did not correlate with physiologic measures. Wincze *et al.* (1977) presented a "variety of erotic video tapes to six sexually normal women, while vaginal, groin and breast vasocongestion measures were taken". In five of these six subjects there were highly significant positive correlations between vaginal vasocongestion and breast and groin congestion changes. These correlations raise the question of to what extent the measured genital response reflects general rather than specific erotic arousal.

There is an experiment by Hoon *et al.* (1976) which is partially relevant to this question. It compared strongly sexual vs. strongly unpleasant videotapes on the viewers' galvanic skin response, heart rate, variability of heart rate, systolic and diastolic blood pressure,

forehead temperature and vaginal blood volume. At the presentation of the *erotic* stimulus material, vaginal blood volume showed the highest response, galvanic skin response was next highest, third in order were systolic and diastolic blood pressure, fourth was forehead temperature. Heart rate, its variability and galvanic skin response failed to discriminate at all between sexual and unpleasant videotape material.

Heiman (1977) found, when comparing erotic and non-erotic audiotapes on female genital pulse amplitudes and pulse volume, heart rate and finger pulse, that genital pulse amplitude was the most reliable differentiator. No significant changes occurred in heart rate and finger pulse. These experiments would appear to indicate that the genital measures are to a large extent specifically erotic responses, though the contribution of general arousal is not yet known. There exists a thoroughgoing comprehensive review by Hoon (1978) on the assessment of erotic arousal in the female, with particular consideration of vaginal pickup devices.

STIMULI

As a rule, there exists a broad spectrum of erotic *behaviour* patterns for a person, from most to least preferred; and a correspondingly broad spectrum of erotic *external stimuli*, from most to least rewarding ones, including those external stimuli that we create by our own behaviour. The considerable breadth of these ranges is exemplified by some cases of heterosexual activity in homosexual persons (Freund, 1965a, 1974), by the frequency of homosexual interaction among heterosexual persons in penitentiaries (Kinsey *et al.*, 1948; Ward and Kassebaum, 1964) or under other conditions where partners of the preferred sex are not available, or by the not infrequent choice of female children as surrogate partners by adults who are not pedophilic (see later). Also, according to their statements, most voyeurs, exhibitionists etc. can enjoy normal sexual interaction as well, i.e. such interaction is often still *within* their range of substantially gratifying sexual activities.

It has been shown that the relative standing of a particular *stimulus* on a person's scale of erotic value basically corresponds to this person's hierarchy of *erotic preference* for such stimuli (see examples in Freund,

1957, 1963, 1967), and it would appear that the standing of a person's particular *own erotic activity*, on her/his scale of erotic preferences for such activities, corresponds to the stimulus value of the situation that this activity would typically create (see examples in Abel and Blanchard, 1976; Freund *et al.*, 1974a). The phallometric method assesses a person's hierarchy of erotic *preferences* by measuring erotic *value* (for this person) of relevant *stimulus configurations*.

Various stimulus modalities have been employed in phallometric testing. At first we used black-and-white slides (Freund, 1957) and then colour slides which appeared to be more appealing to our patients and experimental subjects, though we never investigated the validity of this impression systematically. Later colour films were employed and, finally, auditory stimuli were introduced in the phallometric test (Abel *et al.*, 1975; Freund *et al.*, 1974b).

In "identifying specific erotic cues . . . ." Abel and Blanchard (1974) tailor these stimuli as much as possible to the examined person's unique preference patterns, whereas we have been avoiding idiosyncratic constellations as much as possible. The method of Abel *et al.* (1975) involves presenting sexual cues by audiotapes, which are then played back to the patient.

> "Circumference measures are obtained while specific audio descriptive cues are added or withdrawn from presentation . . . . Measurement begins as subjects verbally recount in detail their anomalous experiences or fantasies, attemtping to clarify their most erotic cues as their erections are simultaneously recorded. The experimenter, however, disregards what the subject verbalizes as highly erotic, attending to the content of descriptions concomitant with accelerations of erections or blips as measured by the circumferential apparatus. The content associated with these erection blips is singled out for further discussion with the subject and elaborated on in great detail in subsequent verbal descriptions *by the therapist*. The content not associated with increasing erections is eliminated from subsequent descriptions. This second-generation description is found to produce even greater erections than the original, since functionally their content was selected on the basis of its proven erection-producing quality. As the second-generation description is played, new erection blips are identified, with further elaborations of their associated content during development of a third-generation

audio description. The net result is a brief, 2-min, highly erotic audio description idiosyncratic to each subject, packed with those descriptions that produce the greatest erections".

Abel's approach is ideally suited for single case experimentation (Barlow and Hersen, 1973) which in turn may lead to highly useful, more general hypotheses. Our own somewhat simplistic approach makes comparison easier *between* syndromes represented by groups of subjects.

Several studies have compared moving vs. still pictures, on the viewer's penile response. In a study of classical conditioning, McConaghy (1970) found he could not condition positive penile responses to geometric figures when using still pictures of nude females as unconditioned stimuli, but that this was possible when using movies. He concluded that the movie pictures had a greater impact on his subjects than the stills and supported this impression with another study in which he compared responses to movies and stills of nude females (McConaghy, 1974b). However, the persons on the movies were not identical with those on the stills and the depicted behavioural configurations varied widely. Sandford (1974) compared the impact of an erotic film with several frames out of that film presented separately as slides. The film instigated larger responses.

We did a similar experiment (Freund *et al.*, 1974c) but our movies showed only one subject at a time. This photographic subject was identical with the one on the slide. The film showed only a simple movement pattern, approaching the viewer and smiling. The stimulus figures were nude children, pubescents and physically mature persons of both sexes. The dynamically presented pictures were shown for the same length of time as the stills, and had a substantially larger impact than the stills. However, as could be expected, this modality effect was only due to pictures of the preferred sex and, among them in turn, it was entirely or mainly due to the two erotically most preferred age categories. It is therefore likely that the increment in erotic arousal value, brought about by the depicted movement pattern, appears only when the object in stationary form *already exceeds* some threshold value of erotic arousal.

Abel *et al.* (1975) compared the impact of *videotapes, slides and audiotapes* under three conditions: (1) arousal, (2) response suppression, (3) rearousal after response suppression. These conditions were induced by instructions like "imagine yourself involved and get

aroused" or "imagine yourself involved but suppress erection on responses". Videotapes generated the highest level of sexual arousal, audiotapes the lowest, and slides an intermediate level. Both videotape and slides showed substantial voluntary suppression effects, but videotape continued nonetheless to elicit relatively high levels of arousal.

The dependence of magnitude of penile response on stimulus novelty was investigated by Schaefer and Colgan (1977). The results of this study are very interesting and would warrant replication with a larger sample of subjects, and it is to be hoped that, in general, methods of comparison of stimulus impact will become progressively more stringent.

Deception

Experience with the phallometric test of erotic preference shows that, when employed with persons who do not try to misinform (let us call them "Admitters"), its results are quite accurate. Although phallometric testing makes it difficult for many persons to misinform an examiner deliberately, this is still possible to an extent which very much limits the value of the method. Therefore the question of response suppression during presentation of sexually arousing stimuli, or feigning responses to stimuli which are sexually neutral to a subject, has been investigated (Freund, 1961, 1963).

Selected intelligent androphilic males were divided into two groups which differed only in that one had been previously tested (without instructions). The subjects in both groups were asked to imagine, during presentation of slides of females, that they were having intercourse with the male partner whom they liked most, and to think of something very disagreeable during presentation of male nudes. Analogous instructions were given to intelligent heterosexual males. Some subjects were indeed successful to such a degree that, from the test results, a wrong diagnosis would have been made in regard to homo- or heterosexuality. These successful distortions occurred with two out of 22 heterosexual and with one out of nine homosexual males with whom the test was employed for the first time, and with three out of 20 heterosexual and five out of 15 homosexual males with whom the test had previously been employed but without the special instructions.

This experiment has been basically replicated by Abel and Blanchard (1974).

In a study on diagnosing homo- and heterosexual pedophilia, we employed as subjects patients who either had a history of recurrent offences against children or pubescents or who complained of a strong erotic attraction to these age groups. The subjects were divided into two groups which differed only with regard to the admission or non-admission of pedo- or hebephilia. The phallometric responses to children and pubescents of the "Nonadmitters" were shown to be substantially smaller than those of "Admitters" (Freund, 1967). There was no clear indication of feigning positive spurious responses in this experiment.

Laws and Rubin (1969) demonstrated both voluntary production and suppression of penile erections. Their study showed that *false positives* can occur *without the specific instructions* we had employed in our first experiment with faking. Four out of seven male subjects developed full penile erections when exposed to erotically stimulating motion pictures. When instructed to inhibit penile erection in the presence of such effective stimulus films, every subject was able to reduce his erection by at least 50%. This inhibition was apparent as long as the instructions were in effect; when the instructions were removed and the film re-shown, the erection returned almost to its maximum state. This was true whether the films were presented as few as three or as many as nine times in succession. When instructed to develop an erection in the absence of a film, every subject was able to do so, each reaching a peak of about 30% of his maximum. (Such erections had longer latencies to the peak produced and lower maximum levels than those elicited by a film.)

To find out whether the apparent high degree of response suppression possible in phallometric tests is based mainly on a subject's *not attending* to the stimulus material, Henson and Rubin (1971) made sure the stimulus material *was* attended to. After the response suppression experiment they requested their subjects to describe the content of the presented films. The subjects (three among them identical with those in the experiment of Laws and Rubin) were not less able to suppress penile responses than were the subjects in the previous experiment.

In a further study (Rubin and Henson, 1975) six males developed moderate to high sexual arousal, as measured by a penile transducer,

to an erotic film and, in the absence of overt erotic stimulation, to erotic fantasy. When instructed to enhance their arousal to the film without employing any physical stimulation, four of the six subjects were able to increase significantly their erections, above the levels that were produced by either the film or the fantasy alone. The remaining two subjects, however, responded in an opposite manner; that is, the instructions to enhance arousal resulted in a *decrease* of their erections to a level below that produced by either the film or the fantasy alone. These data indicate that, although attempts voluntarily to control sexual arousal may be distracting to some men, they are effective for others.

In a study by Quinsey and Bergerson (1976), each of five heterosexual males received four tests of sexual preference in which his penile responses to slides of persons varying in age and sex were measured. At the beginning of the first and fourth sessions, subjects were given neutral instructions. In one of the middle two sessions they were instructed to appear as if they preferred male children and, on the other, as if they preferred female children. Two subjects significantly modified their responses, in accord with instructions, by both increasing their responses to the child slides and decreasing their responses to adult females.

As mentioned earlier, phallometric assessment of the sexual arousal value of perceived stimuli has a *dual objective*; it can be used as an instrument of *breakdown of the complex stimulus pattern* by measuring the erotic value of the more elementary components of such patterns, and it can be used as a tool of clinical diagnosis. Because of the amply documented possibilities of response suppression and of feigning spurious responses, we have been exploring for some time (1) whether it is possible, before phallometric testing, to differentiate those persons who are likely to try to suppress or to feign responses from those who are not likely to attempt such deception (and who therefore are suitable subjects for studies whose aim is the above-mentioned breakdown of complex stimuli); (2) whether it is possible to design test situations in a way which would make response suppression or feigning of responses more difficult; (3) whether it is possible to monitor response suppression or feigning.

The following section will report on examples of procedures (1) and (2), i.e. on a screening method which, prior to application of the phallometric test, can identify people who are likely to feign or to

suppress responses, as well as on designing situations which make response suppression or feigning "at the right time" difficult.

Option (3) is one of the questions to which the study of Rosen *et al.* (1975) is addressed. In this study a "tension pattern" appeared at the feigning of spurious positive responses, which was characterized by marked heart rate acceleration, irregular respiration and variable penile response. We had also been trying to employ psychophysiological indicators of deception, but had to stop our project for lack of funds.

Application in Pedophilia*

In analogy to our definition of homosexuality (Freund, 1974) let us define pedophilia as a subject's sustained erotic preference for children (within the age range up to and including 11 or 12) as compared to this subject's erotic inclination toward physically mature persons, and under the condition that there is a free choice of partner as to sex and other attributes which may co-determine erotic attractiveness. In this definition the term "child" denotes primarily a person characterized by a particular typical set of gross somatic features. Let us define analogously the term hebephilia as an erotic preference for pubescents and let us define the age bracket of pubescents to be approximately 11 or 12 to 13 or 14 for girls, and to 15 or 16 for boys.

We have not yet been able to investigate whether there are *gradations* of such an erotic preference for children (or pubescents) which may determine the probability of pedophilic (or hebephilic) acting out under various conditions. However, such differences in the probability of acting out may result as well by non-erotic factors. Moreover it would seem very likely that many sexual offenders who approach female children are not pedophilic at all. Such persons might offend once, or with only one girl, and never again (Mohr *et al.*, 1964; Quinsey, 1977); or they might never have approached a child for almost their whole life and then have got themselves in trouble only in old age, for molesting (female) children.

The question arises how can we call a male (sexually) normal who has approached a female child? However, the following data show that

*The studies on pedophilia mentioned in the following were supported by grants from The Hospital for Sick Children Foundation, Toronto, and The Medical Research Council, Ottawa.

children have some arousal value even for normal males. For a group of normal controls we assessed penile volume changes at presentation of colour slides and movies of nude females and males of various ages (one photographic subject at a time). Figure 2 shows the results of our first study on this subject (Freund *et al.*, 1972). Responses of normal males to individual photographic subjects, of both sexes and of various ages, are indicated. Figure 3 is from a different study on this topic (Freund *et al.*, 1973), a study which involved heterosexual as well as homosexual males who erotically preferred physically *mature* persons.

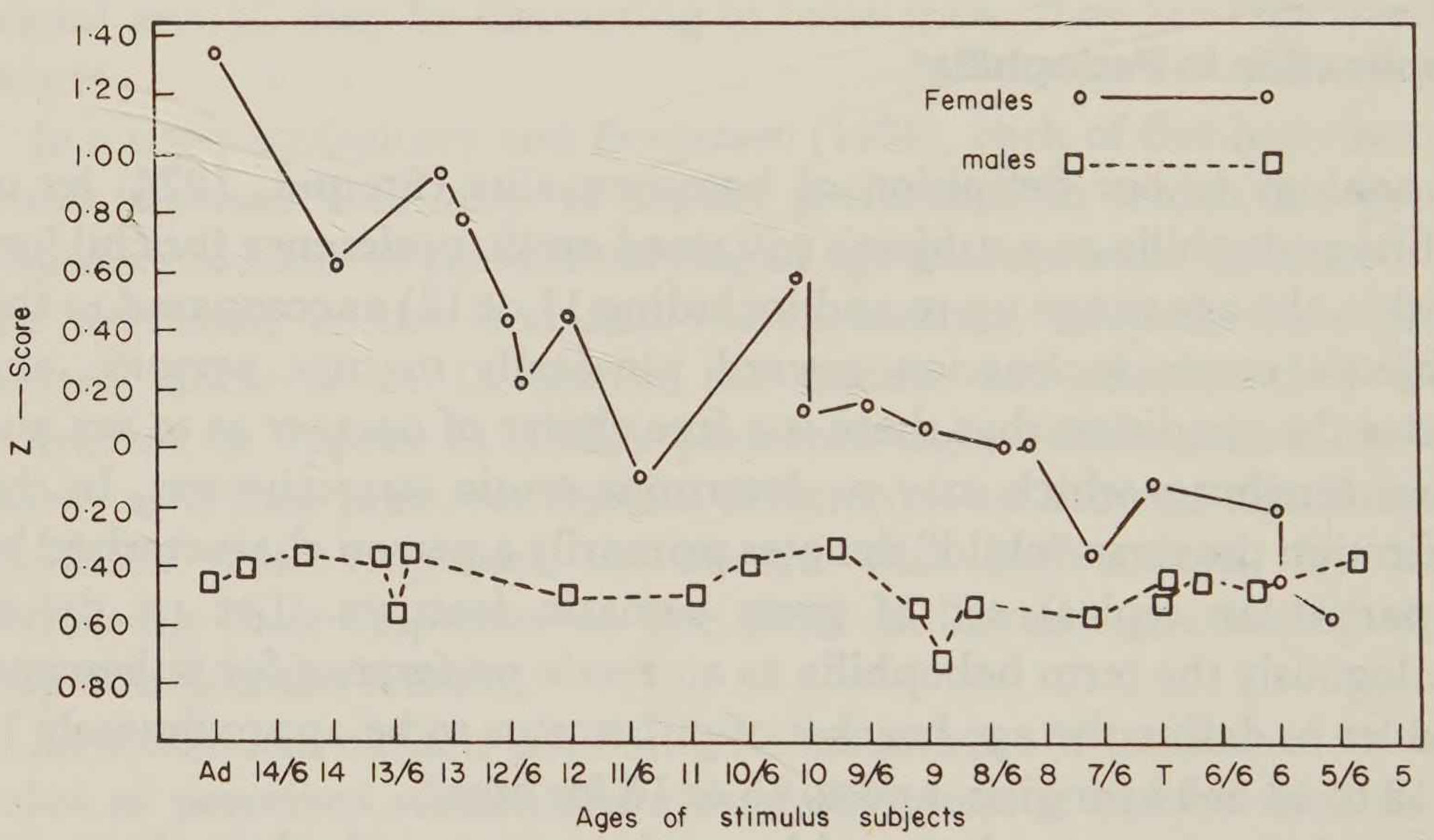


Fig. 2. Responses of normal males to nudes of adults, pubescents and children. The ordinate shows the mean penile volume increase (in Z-scores) to the individual pictures. The pictures are ordered according to ages of the photographic subjects. These ages are indicated on the abscissa in years/months. Reproduced from *Arch. Sex. Behav.* (1972) 2, 119–133, with permission from the Editor.

Figures 2 and 3 both show that normal heterosexual males respond even to very young girls substantially more than to males of any age group. Figure 3 shows that this pertains vice versa to androphilic males (i.e. homosexual males who prefer physically mature partners), with the only difference that the androphilic male's response to children would appear to be substantially lower than that of the normal heterosexual.

For the indicated reasons, diagnosing true pedo- or hebephilia from a person's known sexual history alone is often not possible, and phallometric testing would appear to be the ideal solution — were

there not the great problem of response suppression or feigning of spurious responses.

In our studies in the realm of pedo- or hebephilia, paper-and-pencil tests have been developed to identify subjects likely to attempt to fake the phallometric test results (procedure (1) mentioned earlier); and "faking-resistant" phallometric procedures were and are being developed (procedure (2) mentioned earlier), using the "faking-prone" subjects identified with these paper-and-pencil tests.

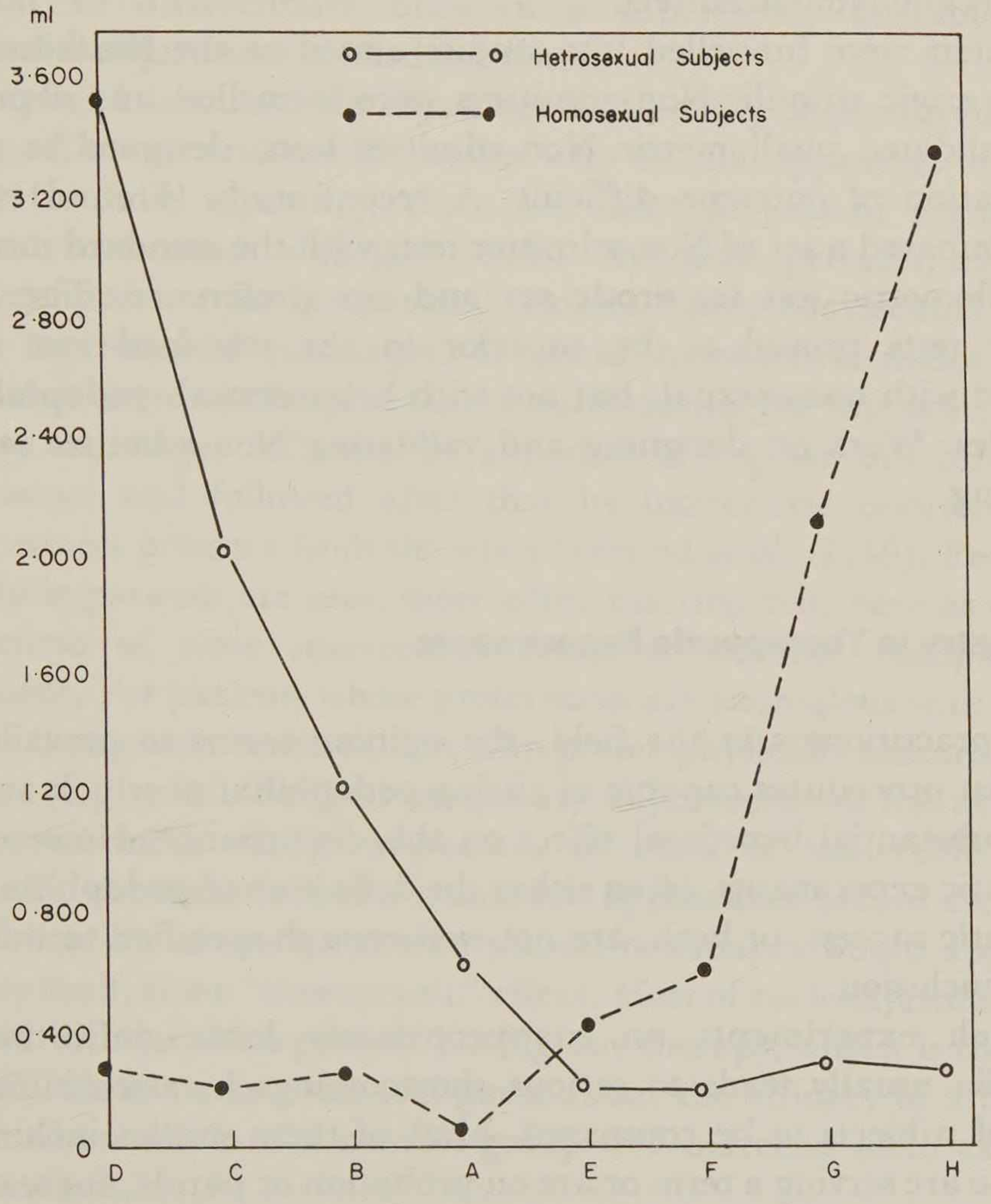


Fig. 3. Penile responses of androphilic males and controls to female and male nudes. D: adult females; C: pubescent girls; B: 8- to 11-year-old girls; A: 6- to 8-year-old girls; E: 6- to 8-year-old boys: F: 9- to 11-year-old boys; G: pubescent boys; H: adult males. The ordinate shows the mean penile response (in ml) of each group of experimental subjects to the various sex-age categories of photographic subjects. Reproduced from *Brit. J. Psychiat.* (1973) **122**, 163–169, with permission from the Editor.

We have been employing two scales to single out from among pedo- or hebephilic patients those who are likely to try to manipulate the test outcome (see Appendix and Freund *et al.*, 1979). One of these scales measures how far a patient goes in admitting a strong erotic inclination toward children, the other analogously measures the degree of a subject's admitting such an inclination to pubescents. The consistency of these scales has been validated on 152 pedo- or hebephilic males. According to their scores on the scale these patients were divided into Admitters and Non-admitters.

Admitters were funnelled into studies aimed at the breakdown of complex erotic stimuli. Non-admitters were funnelled into a project which validated phallometric Non-admitter tests, designed to make manipulation of outcome difficult. A recent study (Freund *et al.*, 1979) compared a set of Non-admitter tests with the standard mode of the phallometric test for erotic sex and age preference. The Non-admitter tests proved to be superior to the standard test when employed with homosexual, but not with heterosexual, pedophiles or hebephiles. Work on designing and validating Non-admitter tests is continuing.

Phallometry in Therapeutic Experiments

Among practitioners in the field, the opinion seems to prevail that there exist procedures capable of curing pedophilia, or which at least have a substantial beneficial effect on this disturbance. However, in therapeutic experiments, often either the definition of pedophilia or of therapeutic success, or both, are not well enough specified to warrant such a conclusion.

In such experiments an inappropriately loose definition of pedophilia usually leads to serious shortcomings in assembling the groups of subjects to be compared. Most of these studies include all those who are serving a term or are on probation or parole, for sexually approaching a child. This can easily lead to inclusion of persons with whom the anomalous behaviour occurred only in a particular situation which is unlikely to repeat itself and where, therefore, recidivism is unlikely as well, with or without therapy. Such inhomogeneities, in respect to likelihood of recidivism, need not cause substantial errors where a large experimental subject sample is compared with a sample

of controls who underwent a different therapeutic procedure. However, usually, it is not possible to fulfil this condition.

Studies that claim therapeutic successes often explicitly state a *substantial* change in the patient's erotic preferences, or imply tacitly that such a change has been achieved. Such a substantial change would differ from *unstable*, *superficial* adjustment that obviously can appear and disappear without any truly therapeutic intervention. However, without a long term, close follow-up it is often exceedingly difficult to differentiate between a superficial, unstable vs. a substantial adjustment toward the norm.

Superficial and unstable adjustments can easily be produced. In the history of many androphilic males who do not appear to have any reason for false reporting, there are short periods of regular and frequent intercourse with girlfriends. The same pertains, vice-versa and even more so, for homosexual females. Many homosexual persons are in heterosexual marriages. Wives of homosexual males usually report that there was frequent intercourse during the first year, or only prior to marriage, followed by a period of regular but infrequent intercourse, and followed after that by intercourse occurring only under utmost pressure from the wives (Freund *et al.*, 1959). Pedo- and hebephilic patients are even more often married but, here as well, in the course of time intercourse tends to become conspicuously infrequent. For patients whose preferences are anomalous with respect to their own erotic activites, but who prefer physically mature female partners (e.g. exhibitionists) temporary adjustments to the norm are made even more easily. Moreover, in cases of indictable sexual behaviour, the mere fact of a traumatic appearance before a court or the publication of one's name in a local newspaper would appear to have, by itself, some "therapeutic" effect. Most of such adjustments are achieved without these persons having any therapy, and it is therefore very difficult to make a clinical guess about the efficacy of a therapy without observation of a control group well-matched as to expected *placebo* effect.

Often the phallometric method is seen to be well suited to validate claims of *substantial, underlying* change. Phallometric validation of treatment success was introduced by behaviour therapists and is in keeping with their tending toward objectifying methods both in treatment and in assessment of outcome. Abel and Blanchard (1976), in their comprehensive review of applications of behaviour therapeutic

methods in cases of anomalous erotic preference, mention numerous studies of this kind.

Bancroft (1971) was among the first to employ the phallometric test in validating the effect of a particular kind of therapy. Later therapeutic experiments in which phallometry was employed were reported by McConaghy (1970), Barlow and Agras (1973), Callahan and Leitenberg (1973), Herman *et al.* (1974a,b), Tanner (1973, 1974), Quinsey (1977), Marshall (1973) and others.

Considering the demonstrated ability of subjects to manipulate phallometric test results, together with the motivation of many of those who undergo treatments for anomalous erotic preference, one should not be too optimistic about phallometric test methods as a means of validating positive therapeutic effects. Moreover there are factors, other than the deliberate intent of faking a cure, which could cause discrepancies between actual erotic preferences and the phallometric test outcome. From the start, some behaviour therapists who employed the phallometric test as a validation instrument reported phenomena suspect of resulting from such discrepancies.

Bancroft and Mathews (1971) compared phallometric test results of homosexual males who after aversion treatment showed improvement of sexual behaviour, with those males who did not show improvement. Improvement was assessed by "sexual behaviour ratings or reduction of homosexual attitudes". Bancroft found that there was no significant difference between these groups in respect to diminution of penile responses to pictures of males. Callahan and Leitenberg (1973) reported on diminution of penile responses to male children with simultaneously-continuing sexual arousal by homosexual pedophilic fantasies or activities. Part of the therapy had been punishment for penile responses to pictures of male children. Non-punishment procedures also have been found to be followed by diminution of penile responses to the anomalous object, *without* ensuing in a substantial change in sexual behaviour in real life. Barlow *et al.* (1972) reported a similar post-therapeutic discrepancy between actual behaviour and responses in the phallometric test.

Abel and Blanchard (1976) pointed out that, while phallometric test results correlate quite highly with behaviour reported outside the laboratory *before* treatment, the question still remains as to what are the correlations between the outcome of phallometric tests and actual behaviour *after* treatment. Quinsey (1977) also points out that

"particular attention must be paid to relating changes in penile responses to *post*-treatment adjustment".

There is, however, one situation in which the phallometric test may be useful in the assessment of therapeutic effects, even when particular precautions against deception have not been taken. This is when a patient claims there has been a favourable change in his erotic preferences and the phallometric test is at variance with this claim (Freund, 1977). In such a case, we can conclude that the phallometric test results are valid and that a substantial change in erotic preferences has *not* taken place, because a subject who is, or who claims to be, "cured" would have no motivation to fake results that would indicate the continuation of his anomalous preference. One such example can be found in a report by Conrad and Wincze (1976).

Any therapy creates for the patient a demand situation. This applies especially to procedures designed to change feelings and attitudes primarily. Even a patient who, at the start freely admitted to his anomaly, may easily succumb to this demand situation and try to influence the test result in the direction of a favourable outcome. Therefore, throughout a therapeutic experiment, Non-admitter modes of the phallometric test should be employed. However, repeated application of the test with the same person facilitates voluntary suppression responses or feigning of spurious responses. Therefore in most cases more than one Non-admitter mode of the phallometric test is needed. Devising and validating such diverse modes is a tedious and time consuming undertaking. Some effort can be saved by employing, prior to therapy with Admitters, the standard or Admitter mode of the test.

References

Abel, G. G. and Blanchard, E. B. (1974). The role of fantasy in the treatment of sexual deviation. *Arch. Gen. Psychiat.* **30**, 467–475.

Abel, G. G. and Blanchard, E. B. (1976). The measurement and generation of sexual arousal in sexual deviates. In Hersen, H., Eisler, R. M. and Miller, P. M. (eds.), *Progress in Behavior Modification*. Vol. 2. Academic Press, New York and London.

Abel, G. G., Barlow, D. H., Blanchard, E. B. and Mavissakalian, M. (1975a). Measurement of sexual arousal in male homosexuals: effects of instructions and stimulus modality. *Arch. Sex. Behav.* **4**, 623–629.

Abel, G. G., Blanchard, E. B., Barlow, D. H. and Mavissakalian, M. (1975b). Identifying specific erotic cues in sexual deviations by audiotaped descriptions. *J. Appl. Behav. Anal.* **8**, 247–260.

Adamson, J. D., Romano, K. R., Burdick, J. A., Corman, C. L. and Chebib, F. S. (1972). Physiological responses to sexual and unpleasant film stimuli. *J. Psychosom. Res.* **16**, 153–162.

Atwood, R. W. and Howell, R. J. (1971). Pupillometric and personality test score differences of female aggressing pedophiliacs and normals. *Psychonom. Sci.* **22**, 115–116.

Baldwin, J. M. (1901). Appetite. *Dictionary of Philosophy and Psychology*. (cited by Craig, W. (1918). Appetites and aversions as constituents of instincts. *Biol. Bull.* **34**, 91–107.)

Bancroft, J. H. J. (1971). The application of psychophysiological measures to the assessment and modification of sexual behaviour. *Behav. Res. Ther.* **9**, 119–130.

Bancroft, J. H. J. and Mathews, A. M. (1971). Autonomic correlates of penile erection. *J. Psychosom. Res.* **15**, 159–167.

Bancroft, J. H. J., Jones, H. G. and Pullan, B. R. (1966). A simple transducer for measuring penile erection, with comments on its use in the treatment of sexual disorders. *Behav. Res. Ther.* **4**, 239–241.

Barclay, A. M. (1970). Urinary phosphatase secretion in sexually aroused men: some response parameters. *SPR Abstracts*, **8**, 252.

Barclay, A. M. and Little, D. M. (1972). Urinary acid phosphatase secretion under different arousal conditions. *Psychophysiol.* **9**, 69–77.

Barlow, D. H. and Agras, W. S. (1973). Fading to increase heterosexual responsiveness in homosexuals. *J. Appl. Behav. Anal.* **6**, 355–366.

Barlow, D. H. and Hersen, M. (1973). Single case experimental designs: uses in applied clinical research. *Arch. Gen. Psychiat.* **29**, 319–325.

Barlow, D. H., Becker, R., Leitenberg, H. and Agras, W. S. (1970). Technical note: a mechanical strain gauge for recording penile circumference change. *J. Appl. Behav. Anal.* **3**, 73–76.

Barlow, D. H., Leitenberg, H., Agras, W. S., Callahan, E. J. and Moore, R. C. (1972). The contribution of therapeutic instruction to covert sensitisation. *Behav. Res. Ther.* **10**, 411–415.

Bayliss, W. M. (1908). On reciprocal innervation in vaso-motor reflexes and the action of strychnine and chloroform thereon. *Proc. Roy. Soc. B.* **80**, 339–375.

Brown, W. A., Monti, P. M. and Coriveau, D. P. (1978). Serum testosterone and sexual activity and interest in men. *Arch. Sex. Behav.* **7**, 97–104.

Callahan, E. J. and Leitenberg, H. (1973). Aversion therapy for sexual deviation: contingent shock and covert sensitisation. *J. Abnorm. Soc. Psychol.* **81**, 60–73.

Clark. T. O. (1972). Penile volume responses, sexual orientation and conditioning performance. *Brit. J. Psychiat.* **120**, 126.

Cohen, H. D. and Shapiro, A. (1970). A method of measuring sexual arousal in the female. *Psychophysiol.* **8**, 251–252.

Cohen, H. D., Raymond, C. and Goldstein, L. (1976). Electroencephalographic laterality changes during human sexual orgasm. *Arch. Sex. Behav.* **5**, 189–200.

Conrad, S. R. and Wincze, J. P. (1976). Orgasmic reconditioning: a controlled study of its effects upon the sexual arousal and behavior of adult male homosexuals. *Behav. Ther.* **7**, 155-166.

Corman, C. (1968). *Physiological response to a sexual stimulus.* Unpublished Bachelor's Thesis, University of Manitoba.

Costell, R., Lunde, D. T., Kopell, B. S. and Wittner, W. K. (1972). Contingent negative variation as an indicator of sexual object preference. *Science* **177**, 718-720.

Craig, K. D. and Wood, K. (1971). Autonomic components of observers' responses to pictures of homicide victims and nude females. *J. Exp. Res. Pers.* **5**, 304-309.

Davidson, J. M. and Trupin, S. (1975). Neural mediation of steroid-induced sexual behavior in rats. In Sandler, M. and Gessa, G. L. (eds.), *Sexual Behavior: Pharmacology and Biochemistry.* Raven Press, New York.

Davidson, P. R., Lanthier, R. D. and Barbaree, H. E. (1978). Operating characteristics of Parks plethysmograph. *TSA News* **2**(2), 3.

Davis, R. C. and Buchwald, A. M. (1957). An exploration of somatic response patterns: stimulus and sex differences. *J. Comp. Physiol. Psychol.* **50**, 44-52.

Figar, S. (1955). Linearni mechanicka registrace objemovych zmen v plethysmographii. *Čs. lék. čs.* **94**, 269-274.

Fisher, C., Gross, J. and Zuch, J. (1965). Cycle of penile erection synchronous with dreaming (REM) sleep. *Arch. Gen. Psychiat.* **12**, 29-45.

Flanagan, B. (1978). Metal gauge vs. mercury-filled gauge. *TSA News* **2**(2), 4.

Flanagan, J. (1967). Galvanic skin response: emotion or attention? *Proc. 75th Annu. Conv. Amer. Psychol. Assoc.* 7-8.

Fox, C. A., Ismail, A. A. A., Love, D. N., Kirkham, K. E. and Loraine, J. A. (1972). Studies on the relationship between plasma testosterone levels and human sexual activity. *J. Endocrinol.* **52**, 51-58.

Freund, K. (1957). Diagnostika homosexuality u mužů. *Čs. Psychiat.* **53**, 382-393.

Freund, K. (1961). A laboratory differential diagnosis of homo- and heterosexuality — an experiment with faking. *Rev. Cz. Med.* **7**, 20-31.

Freund, K. (1963). A laboratory method for diagnosing predominance of homo- or hetero-erotic interest in the male. *Behav. Res. Ther.* **1**, 85--93.

Freund, K. (1965a). *Die Homosexualität beim Mann* (2nd edn.). Hirzel, Leipzig.

Freund, K. (1965b). Jednoduchý přistoj k měření volumových změn mužského genitálu. *Čs. Psychiat.* **61**, 164-168.

Freund, K. (1967). Diagnosing homo- or heterosexuality and erotic age preference by means of a psychophysiological test. *Behav. Res. Ther.* **5**, 209-228.

Freund, K. (1969). *Homosexualität*. Rowohlt, Hamburg.

Freund, K. (1974). Male homosexuality: an analysis of the pattern. In Loraine, J. A. (ed.), *Understanding Homosexuality: its biological and psychological bases.* Medical and Technical Publishers, Lancaster.

Freund, K. (1977). Psychophysiological assessment of change in erotic preferences. *Behav. Res. Ther.* **15**, 297-301.

Freund, K., Pinkava, V. and Březinová, V. (1959). Zur Frage der Eheschliessung homosexualler Manner. *Beitrag. Sexualforsch.* **16**, 25–32.

Freund, K., Sedláček, F. and Knob, K. (1965). A simple transducer for mechanical plethysmography of the male genital. *J. Exp. Anal. Behav.* **8**, 169–170.

Freund, K., McKnight, C. K., Langevin, R. and Cibiri, S. (1972). The female child as a surrogate object. *Arch. Sex. Behav.* **2**, 119–133.

Freund, K., Langevin, R., Cibiri, S. and Zajac, Y. (1973). Heterosexual aversion in homosexual males. *Brit. J. Psychiat.* **122**, 163–169.

Freund, K., Langevin, R., and Barlow, D. (1974a). Comparison of two penile measures of erotic arousal. *Behav. Res. Ther.* **12**, 355–359.

Freund, K., Langevin, R., Chamberlayne, R., Deosaran, A. and Zajac, Y. (1974b). The phobic theory of male homosexuality. *Arch. Gen. Psychiat.* **31**, 495–499.

Freund, K., Langevin, R. and Zajac, Y. (1974c). A note on erotic arousal value of moving and stationary human forms. *Behav. Res. Ther.* **12**, 117–119.

Freund, K., Chan, S. and Coulthard, R. (1979). Phallometric diagnosis with "Non-Admitters". *Behav. Res. Ther.* **17**, 451–457.

Geer, J. H., Morokoff, P. and Greenwood, P. (1974). Sexual arousal in women: the development of a measurement device for vaginal blood volume. *Arch. Sex. Behav.* **3**, 559–564.

Goldwater, B. C. (1972). Psychological significance of pupillary movements. *Psychol. Bull.* **77**, 340–355.

Hahn, W. W. (1973). Attention and heart rate: a critical appraisal of the hypothesis of Lacey and Lacey. *Psychol. Bull.* **79**, 59–70.

Hain, J. D. and Linton, P. H. (1969). Physiological response to visual sexual stimuli. *J. Sex Res.* **5**, 292–302.

Hamel, R. F. (1974). Female subjective and pupillary reaction to nude male and female figures. *J. Psychol.* **87**, 171–175.

Hamrick, N. (1974). Physiological and verbal responses to erotic visual stimuli in a female population. *Behav. Engineering* **11**, 9–16.

Heiman, J. R. (1977). A psychophysiological exploration of sexual arousal patterns in females and males. *Psychophysiology* **14**, 266–273.

Henson, D. E. and Rubin, H. B. (1971). Voluntary control of eroticism. *J. Appl. Behav. Anal.* **4**, 37–44.

Henson, D. E. and Rubin, H. B. (1978). A comparison of two objective measures of sexual arousal of women. *Behav. Res. Ther.* **16**, 143–151.

Herman, S. H., Barlow, D. H. and Agras, W. S. (1974a). An experimental analysis of exposure to "explicit" heterosexual stimuli as an effective variable in changing arousal patterns of homosexuals. *Behav. Res. Ther.* **12**, 335–345.

Herman, S. H., Barlow, D. H. and Agras, W. S. (1974b). An experimental analysis of classical conditioning as a method of increasing heterosexual arousal in homosexuals. *Behav. Res. Ther.* **5**, 33–47.

Hess, E. H. (1965). Attitude and pupil size. *Sci. Amer.* **212**, 46–54.

Hess, E. H. and Polt, J. M. (1960). Pupil size as related to interest value of stimuli. *Science* **132**, 349–350.

Hess, E. H., Seltzer, A. L. and Shlien, J. M. (1965). Pupil responses of hetero- and homosexual males to pictures of men and women: a pilot study. *J. Abnorm. Psychol.* **70**, 165–168.

Hoon, P. W. (1978). The assessment of sexual arousal in women. In Hersen, M., Eisler, R. M. and Miller, P. M. (eds.), *Progress in Behavior Modification.* Vol. 7. Academic Press, New York and London.

Hoon, P. W., Wincze, J. P. and Hoon, E. F. (1976). Physiological assessment of sexual arousal in women. *Psychophysiol.* **13**, 164-204.

Hynie, J. (1934a). *K. farmakoterapii mužských sexuálnich poruch.* Cs. Zdrav. Nakl., Prague.

Hynie, J. (1934b). Nová objektivní metoda vyšetřovaní muszke sexuální potence. *Čs. Lék. Čs.* **73**, 34-39, 70-73, 96-98, 127-131, 153-155, 185-188.

Ismail, A. A. A. and Harkness, R. A. (1967). Urinary testosterone excretion in men, in normal and pathological conditions. *Acta. Endocrinol. (Kbh.)* **56**, 469-480.

Johnson, J. and Kitching, R. (1967). A mechanical transducer for phallography. *Biomed. Engineering* **3**, 416-418.

Jordan, B. T. and Butler, J. R. (1967). GSR as a measure of the sexual component in hysteria. *J. Psychol.* **67**, 211-219.

Karacan, I. (1969). A simple and inexpensive transducer for quantitative measurements of penile erection during sleep. *Behav. Res. Methods and Instrumentation* **1**, 251-252.

Kinsey, A. C., Pomeroy, W. B. and Martin, C. E. (1948). *Sexual Behavior in the Human Male.* Saunders, Philadelphia.

Lacey, J. I., Bateman, D. E. and Van Lehn, R. (1953). Autonomic response specificity: an experimental study. *Psychosom. Med.* **15**, 8-21.

Landis, C. and Gulette, R. (1925). Studies of emotional reactions. III. Systolic blood pressure and inspiration-ratios. *J. Comp. Psychol.* **5**, 221-253.

Lawless, J. C. and Wake, F. R. (1969). Sex differences in pupillary responses to visual stimuli. *Psychophysiology* **5**, 568-569.

Laws, D. R. (1977). A comparison of the measurement characteristics of two circumferential penile transducers. *Arch. Sex. Behav.* **6**, 45-51.

Laws, D. R. and Bow, R. A. (1976). An improved mechanical strain gauge for recording penile circumference change. *Psychophysiol.* **13**, 596-599.

Laws, D. R. and Rubin, H. B. (1969). Instructional control of an autonomic sexual response. *J. Appl. Behav. Anal.* **2**, 93-99.

Lifshitz, K. (1966). The averaged evoked cortical response to complex stimuli. *Psychophysiol.* **3**, 55-68.

Loewenfeld, I. E. (1966). Comment on Hess's paper. *Surv. Opthalmol.* **11**, 291-294.

Loewenstein, O. (1920). Experimentelle Beitrage zur Lehre von den katatonischen Pupillenveranderungen. *Monatsschr. Psychiat. Neurol.* **47**, 194-215.

Loewenstein, O. and Lowenfeld, I. E. (1958). Electronic pupillography. *Arch. Opthalmol.* **59**, 352-363.

Loiselle, R. H. and Mollenauer, S. (1965). Galvanic skin response to sexual stimuli in a female population. *J. Genet. Psychol.* **73**, 273-278.

Loveless, N. E. (1973). The contingent negative variation related to preparatory set in a reaction situation with variable foreperiod. *Electroencephalogr. Clin. Neurophysiol.* **35**, 369-374.

Luria, A. R. (1932). *The Nature of Human Conflicts.* Liveright, New York.

Marshall, W. L. (1973). The modification of sexual fantasies: a combined treatment approach to the reduction of deviant sexual behaviour. *Behav. Res. Ther.* **11**, 557-564.

McConaghy, N. (1967). Penile volume change to moving pictures of male and female nudes in heterosexual and homosexual males. *Behav. Res. Ther.* **5**, 43–48.

McConaghy, N. (1970). Penile response conditioning and its relation to aversion therapy in homosexuals. *Behav. Ther*, **1**, 213–221.

McConaghy, N. (1974a) Measurements of change in penile dimensions. *Arch. Sex. Behav.* **3**, 381–388.

McConaghy, N. (1974b). Penile volume responses to moving and still pictures of male and female nudes. *Arch. Sex. Behav.* **3**, 565–570.

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

Montague, J. D. and Coles, E. M. (1966). Mechanism and measurement of the galvanic skin response. *Psychol. Bull.* **65**, 261–279.

Nunnally, J. C., Knott, P. D., Duchnowski, A. and Parker, R. (1967). Pupillary responses as a general measure of activation. *Perception and Psychophysics* **2**, 149–155.

Ohlmeyer, P. and Brilmayer, H. (1947). Periodische Vorgänge im Schlaf. II. mitteilung. *Pfluegers Arch.* **249**, 50–55.

Ohlmeyer, P., Brilmayer, H. and Hüllstrung, H. (1944). Periodische Vorgänge im Schlaf. *Pfluegers Arch.* **248**, 559–560.

Palti, Y. and Bercovici, B. (1967). Photoplethysmography of the vaginal blood pulse. *Amer. J. Obstet. Gynaecol.* **97**, 143–153.

Pirke, K. M., Kockott, G. and Dittmar, F. (1974). Psycho-sexual stimulation and plasma testosterone. *Arch. Sex. Behav.* **3**, 577–584.

Quinsey, V. L. (1977). The assessment and treatment of child molestors: a review. *Can. Psychol. Rev.* **18**. 204–220.

Quinsey, V. L. and Bergerson, S. G. (1976). Instructional control of penile circumference in assessments of sexual preference. *Behav. Ther.* **7**, 489–493.

Romano, K. *Psychophysiological responses to a sexual and an unpleasant motion picture*. Unpublished Bachelor's thesis, University of Manitoba.

Rosen, R. C. and Keefe, F. J. (1978). The measurement of human penile tumescence. *Psychophysiol.* **15**, 366–376.

Rosen, R. C., Shapiro, D. and Schwartz, G. E. (1975). Voluntary control of penile tumescence. *Psychosom. Med.* **37**, 479–483.

Rosenzweig, S. (1942). The photoscope as an objective device for evaluating sexual interest. *Psychosom. Med.* **4**, 150–158.

Rubin, H. B. and Henson, D. E. (1975). Voluntary enhancement of penile erection. *Bull. Psychon. Soc.* **6**, 158–160.

Sandford, D. A. (1974). Patterns of sexual arousal in heterosexual males. *J. Sex Res.* **10**, 150–155.

Sandler, L. S. and Schwartz, M. (1971). Evoked responses and perception: stimulus content versus stimulus structure. *Psychophysiol.* **8**, 727–739.

Schaefer, H. H. and Colgan, A. H. (1977). The effect of pornography on penile tumescence as a function of reinforcement and novelty. *Behav. Ther.* **8**, 938–946.

Schwartz, G. E. and Higgins, J. D. (1971). Cardiac activity preparatory to overt and covert behaviour. *Science* **173**, 1144–1146.

Schwent, G. E. and Hillyard, S. A. (1975). Evoked potential correlates of selective attention with multi-channel auditory inputs. *Electroencephalogr. Clin. Neurophysiol.* **38**, 131–138.

Scott, J. C. (1930). Systolic blood pressure fluctuations with sex, anger, and fear. *J. Comp. Psychol.* **10**, 97–114.

Scott, T. R., Wells, W. H., Wood, D. Z. and Morgan, D. I. (1967). Pupillary response and sexual interest reexamined. *J. Clin Psychol.* **23**, 433–438.

Servais, J. and Hubin, P. (1965). Etude psychopharmacologique de la méthyl-oestrénolone inhibiteur de la libido chez l'homme normal. *Acta Neurol. Belg.* **65**, 983–995.

Shapiro, A., Cohen, H. D., DiBianco, P. and Rosen, G. (1968). Vaginal blood flow changes during sleep and sexual arousal. *Psychophysiol.* **4**, 394.

Sintchak, G. and Geer, J. H. (1975). A vaginal plethysmograph system. *Psychophysiol.* **12**, 113–115.

Solyom, L. and Beck, P. R. (1967). GSR assessment of aberrant sexual behaviour. *Int. J. Neuropsychiat.* **3**, 52–59.

Spence, D. P. and Lugo, M. (1973). Cardiac change as an index of attention. *J. Abnorm. Soc. Psychol.* **81**, 289–293.

Stearns, E. L., Winter, J. S. D. and Faiman, C. (1973). Effect of coitus on gonadotropin, prolactin, and sex steroid levels in man. *J. Clin. Endocrinol. Metab.* **37**, 687–691.

Tanner, B. A. (1973). Shock intensity and fear of shock in the modification of homosexual behavior in males by avoidance learning. *Behav. Res. Ther.* **11**, 213–218.

Tanner, B. A. (1974). A comparison of automated aversive conditioning and a waiting list control in the modification of homosexual behavior in males. *Behav. Ther.* **5**, 29–32.

Tecce, J. J. (1972). Contingent negative variation (CNV) and psychological processes in man. *Psychol. Bull.* **77**, 73–108.

Walter, W. G. (1964). Slow potential waves in the human brain associated with expectancy, attention and decision. *Arch. Psychiat. Nervenkr.* **206**, 309–322.

Walter, W. G. (1965). Brain responses to semantic stimuli. *J. Psychosom. Res.* **9**, 51–61.

Ward, D. A. and Kassebaum, G. G. (1964). Homosexuality: a mode of adaptation to prison for females. *Soc. Prob.* **12**, 159–177.

Weinberg, H. (1972). The contingent negative variation: its relation to feedback and expectant attention. *Neuropsychologia* **10**, 299–306.

Weitz, W. and Vollers, W. (1926). Uber rhythmische Kontraktionen der slatten Muskulatur an verschiedenen Organen. *Z. Ges. Exp. Med.* **52**, 723–746.

Wenger, M. A., Averill, J. R. and Smith, D. D. B. (1968). Autonomic activity during sexual arousal. *Psychophysiol.* **4**, 468–478.

Whitney, R. J. (1949). The measurement of changes in human limb-volume by means of a mercury-in-rubber strain gauge. *J. Physiol.* **109**, 5–6 (Proc. Physiol. Soc.)

Wincze, R. J., Hoon, P. and Hoon, E. (1977). Sexual arousal in women: a comparison

of cognitive and physiological processes by continuous measurement. *Arch. Sex. Behav.* **6**, 121–133.

Zamansky, H. S. (1956). A technique for assessing homosexual tendencies. *J. Pers.* **24**, 436–448.

Zuckerman, M. (1971). Physiological measures of sexual arousal in the human. *Psychol. Bull.* **75**, 297–329.

Appendix

In the scales, the items are scored 0 or 1. + = 1. Each item (denoted by item number) can attain no higher score than 1. Some items have homo- *and* heterosexual alternatives (denoted by a, b, or c). In such cases the score of only *one*, not both alternatives, is counted.

PEDO ADMITTER SCALE

1. Since you were 16, have you ever been as attracted, or more attracted, sexually by anybody or anything other than by females age 13–40?

   — yes +
   — no 0

2. (a) Have you ever been equally, or more, attracted sexually by a boy age 6–11 than by females or males age 17–40?

   — yes +
   — no 0

   (b) Have you ever been equally, or more, attracted sexually by a girl or boy under age 6 than by females or males age 17–40?

   — yes +
   — no 0

   (c) Since age 16, have you ever been equally, or more, attracted sexually by a girl age 6–12 than by females age 17–40?

   — yes +
   — no 0

3. (a) When did you first feel equally or more sexually attracted to a boy 11 or younger than towards females or males 13 or over?

   — before age 16 and this sexual attraction continued after age 16 +
   — when you were between 16 and 20 +
   — when you were between 21 and 30 +
   — when you were between 31 and 40 +
   — when you were between 41 and 50 +
   — when you were older than 50 +
   — no such strong feelings towards boys 11 or younger (after you were age 16) 0

   (b) When did you first feel equally or more sexually attracted to a girl 11 or younger than towards females or males 13 or over?

   — before age 16 and this sexual attraction continued after age 16 +
   — when you were between 16 and 20 +

— when you were between 21 and 30 +
— when you were between 31 and 40 +
— when you were between 41 and 50 +
— when you were older than 50 +
— no such strong feelings towards girls 11 or younger after you were age 16 0

4. Since you were 16, have you ever felt sexually attracted towards
— girls younger than 12 but not boys of this age +
— boys younger than 12 but not girls of this age +
— mainly girls younger than 12 but also boys of this age +
— mainly boys younger than 12 but also girls of this age +
— both girls and boys younger than 12 about equally +
— neither girls nor boys younger than 12 0

5. (a) How old was the youngest boy who attracted you sexually since you were 16?
— younger than 6 years +
— between the ages of 6 and 8 +
— between the ages of 9 and 11 +
— boys younger than 12 have never attracted you sexually since age 16 0
(b) How old was the youngest girl who attracted you sexually since you were 16?
— younger than 6 years +
— between the ages of 6 and 11 +
— girls younger than 12 have not attracted you sexually since you were 16 0

6. (a) How old were the boys (or men) toward whom you felt the strongest sexual attraction since you were 16? Indicate the age bracket of highest attractiveness to you by one number only; this number should represent the approximate midpoint of the age bracket of highest attractiveness. (Example: if you felt for instance most attracted to boys age 7 to 10, indicate either age 8 or 9 whichever you feel to be more appropriate). If you were *not* sexually attracted to males put "0":

.....

(b) How old were the girls (or women) toward whom you felt the strongest sexual attraction since you were 16? Indicate the age bracket of highest attractiveness to you by one number only. This number should represent the approximate midpoint of the age bracket of highest attractiveness. (Example: if you felt for instance most attracted to girls age 7 to 10, indicate either age 8 or 9, whichever you feel to be more appropriate:

.....

A number from 1 to and including 11 for (a) or (b) = +.
Every other number = 0.

7. Since you were 13 how old were you when you first touched the privates of or kissed or caressed a child under 7 years of age, to whom you felt sexually attracted?
— between 13 and 16 +
— between 17 and 20 +
— between 21 and 30 +

— between 31 and 40 +
— between 41 and 50 +
— older than 50 +
— before reaching the age of 13, and this happened at least once again after age 13 +
— since age 13, have never touched the privates of or kissed or caressed a child younger than 7, to whom you felt sexually attracted 0
— have never felt sexually attracted to a child of this age 0

8. Since you were 16, how old were you when you first touched the privates of or kissed or caressed a child between 7 and 11 years of age to whom you felt sexually attracted?

— between 16 and 20 +
— between 21 and 30 +
— between 31 and 40 +
— between 41 and 50 +
— older than 50 +
— before reaching the age of 16, and this happened at least once again after age 16 +
— since age 16, have never touched the privates of or kissed or caressed a child, between 7 and 11 years of age, to whom you felt sexually attracted 0
— have never felt sexually attracted to a child of this age 0

9. (a) Since you were 16, have you ever been in love with a girl 11 or younger?

— yes +
— no 0
— unsure +

(b) Since you were 16, have you ever been in love with a boy 11 or younger?

— yes +
— no 0
— unsure +

10. Since you were 16, how did you like girl or boy 11 or under to respond to your sexual advances?

— to resist your advances or be afraid or pretend to be afraid +
— to give in easily to your advances +
— their reaction was unimportant to you +
— have never felt sexually attracted to a boy or girl 11 or under since you were 16 0

11. If you felt sexually attracted to a girl or boy age 11 or under, which of the following would you have liked to do most?

— touch their chest with your hands +
— touch their privates with your hands +
— touch their rear end with your hands +
— touch their chest with your mouth +
— touch their privates with your mouth +

— touch their rear end with your mouth +
— touch their chest with your privates +
— touch their thighs (upper legs) with your privates +
— touch their privates with your privates +
— show your privates only +
— have never felt sexually attracted to a girl or boy age 11 or under 0

12. Since you were 16, have you ever masturbated while touching girls or boys 11 or younger?

— yes +
— no 0

HEBE ADMITTER SCALE

1. Since you were 16, have you ever been as attracted, or more attracted, sexually by anybody or anything other than by females age 13–40?

— yes +
— no 0

2. (a) Have you ever been equally, or more, attracted sexually by a boy age 12–16 than by females or males age 17–40?

— yes +
— no 0

(b) Since age 20, have you ever been equally, or more attracted sexually by a girl age 13–14 than by females age 17–40?

— yes +
— no 0
— you are under age 20 0

3. (a) When did you first feel equally or more sexually attracted to a girl 12 to 13 than to females or males 14 or over?

— before age 20 (and this sexual attraction continued after age 20) +
— when you were between 21 to 30 +
— when you were between 31 to 40 +
— when you were between 41 to 50 +
— when you were older than 50 +
— no such strong feelings towards girls 12 to 13 after you were age 20 0
— you are not yet older than 20 0

(b) Since age 18, about how old was the youngest male to whom you could have felt some sexual attraction?

— younger than 6 0
— between 6 and 11 +
— between 12 and 16 +
— between 17 and 19 0
— older than 19 0
— did not feel sexually attracted to males 0

4. (a) How old were the boys (or men) toward whom you felt the strongest sexual attraction since you were 16? Indicate the age bracket of highest attractiveness to you by one number only; this number should represent the approximate midpoint of the age bracket of highest attractiveness (Example: if you felt for instance most attracted to boys age 7 to 10, indicate either age 8 or 9 whichever you feel to be more appropriate). If you were *not* sexually attracted to males put "0".

.....

(b) How old were the girls (or women) toward whom you felt the strongest sexual attraction since you were 16? Indicate the age bracket of the highest attractiveness to you by one number only. This number should represent the approximate midpoint of the age bracket of highest attractiveness (Example: if you felt for instance most attracted to girls age 7 to 10, indicate either age 8 or 9 whichever you feel to be more appropriate.

.....

A number between and including 12 and 16 for (a) or 12 and 15 for (b) = +.
Any other number = 0.

5. (a) Since the age of 20 have you ever been in love with a girl of 12 or 13?

— yes +
— no 0
— unsure +

(b) Since you were 18, have you ever been in love with a boy of 12 to 14?

— yes +
— no 0
— unsure +

Analysis of the two Admitter scales was over 152 subjects (54 heterosexual and 64 homosexual pedophiles; and 28 homosexual and 6 heterosexual hebephiles). The alpha reliability index for the Pedo Admitter Scale was $\alpha = 0{\cdot}92$, for the Hebe Admitter Scale, $\alpha = 0{\cdot}74$. Principal components analysis of the Pedo Admitter Scale revealed 2 factors which accounted for 53·4% and 4·7% of the total variance. After varimax rotation, the corresponding percentages were 31·9% and 26·1%. Principal components analysis of the Hebe Admitter Scale revealed only one factor. This factor was responsible for 38·9% of the total variance.

7

Treatment Approaches with Pedophiles

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The question of treating sexual deviance raises a number of ethical, moral and legal questions, often clouded in emotional arguments, which are outside the scope of this chapter. Rapidly changing public attitudes towards sexual behaviour, and pressure from sexual liberation and civil liberties groups make it difficult to establish norms for sexual behaviour. Yet offering treatment for a particular behaviour pattern identifies it as a problem and the individual as deviant. The therapist's behaviour serves to maintain the status quo and is seen by some as forcing the patient to conform to society's standards when they would argue his time should be spent in helping his client to adjust to, and cope with, his sexual orientation or even better attempting to alter society's prejudices. The very language one uses to discuss these problems, "patient", "deviance", "treatment", is value laden and carries prejudicial connotations. These problems have been most clearly illustrated in the case of homosexuality but the same questions must be asked with attempts to change sexual behaviour, or indeed any behaviour. Is the therapist acting on behalf of the patient or society? How does one separate treatment from punishments? How can one obtain free and informed consent from individuals who have lost their liberty?

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However, in the case of sexual interference with children, whether or not violence is also involved, there is condemnation from almost all sections of society and this is expressed through the courts by very heavy sentences and by other prisoners in terms of physical assaults and social ostracism. The prospects for the convicted sex offender against children are bleak and for the foreseeable future it seems unlikely that this will change. Against this background the therapist must consider the ethics of withholding treatment from individuals who are genuinely seeking help and are as disturbed by their own behaviour as is the rest of society. For them, this chapter aims to review the various procedures that have been used in England and abroad to modify patterns of deviant sexual behaviour.

Castration

Castration, as a treatment for hypersexuality, was reported as early as 1892 by Farel with favourable results (Stürup, 1968) and it has probably been in use since antiquity.

The pioneer of modern legislation in this field has been Denmark where a law was passed in 1929 allowing for people over 21 to submit to castration if the strength or direction of their sexual drive represented a danger to themselves or society. Other countries including Germany, Holland, Sweden, Switzerland and Norway also use castration with certain selected sex offenders, although not all have positive legislation sanctioning the treatment. In England castration is not permitted by law.

The operation involves the removal of the testes (which are usually replaced by protheses) and consequently stops production of testicular sex hormones. The aim is to reduce to a minimal level sexual drive, decrease the ability to respond sexually and diminish sexual fantasies and interests. However, there are also certain side-effects.

Hot flushes and sweating are common although usually of short duration; changes in the body's metabolic processes seem to result in a loss of protein and augmentation of pituitary functions; breasts and hips become fatter, the skin becomes softer and beard and body hair diminish, although head hair may increase; finally it has been suggested that there is a loss of vitality and energy after the operation, although this is disputed (Stürup, 1968).

Psychological consequences of castration are more difficult to assess.

Serious psychological consequences have not generally been reported and Stürup (1968) believes that sex offenders "are nearly always very happy after they have been castrated". Langelüddeke (1963) in a study of over 1600 men castrated in Germany is less optimistic, with only half the men being satisfied with their post-operative condition, the remainder being split equally between undecided and not satisfied; 19% of the men complained of serious and lasting discomforts of a physical or psychological nature.

There is some disagreement as to how effective the operation is in reducing sexual drive. Sand *et al.* (1964) report, on a follow-up of 900 patients over a 30 year period, that asexualization was achieved in 97% of cases. However, Bremer (1959) found persistence of sexual potency in 8% of castrated men from one to sixteen years after the operation. Stürup (1968) recommends waiting for six months after the operation to see if libido has decreased and reports that some castrated men subsequently marry and have satisfactory sexual relations. For younger men about one-third carry on sexual activity after castration (Stürup 1972). Earlier studies by Rowe and Lawrence (1928) and Thorek (1924) also suggest that libido may persist in some men for variable periods after castration.

Whatever ethical, physical or psychological problems castration might pose, from a criminological point of view it is effective. Stürup (1968) has summarized the results from six countries on a total of 3186 castrated sexual offenders. Only 69 recidivated giving an overall failure rate of 2·2%. Although sexual offenders as a whole, and first offenders in particular, do not have a particularly poor prognosis (Christiansen *et al.*, 1965; Radzinowicz, 1957) and hence would not be expected to have a high rate of recidivism, the type of offender offered castration is normally the persistent and dangerous offender whose prognosis is very much poorer. Hoffet (1968) quotes two studies suggesting recidivism rates of 40% and 52% can be expected from sexual offenders considered suitable for castration but who refuse such treatment. Stürup (1968) estimates a 40% failure rate for suitable but non-castrated patients. Even allowing for the fact that a group of offenders who refuse treatment differ from a group willing to accept treatment, the results show that castration is highly successful in preventing sexual re-offending.

However, one might have reservations about agreeing wholeheartedly with the conclusion of Sand *et al.* (1964) that castration

> "must be looked upon as the best social measure for and treatment

of sexual criminals and abnormal sexuals in general. It is the most humane in relation to the single subject and most effective from a criminal-therapeutical and social point of view".

It is a mutilating and irreversible operation that many people would feel unjustified and unacceptable under any circumstances. Stürup (1968) reports that one-third of the serious sexual offenders at Herstedvester refuse the operation and this is despite the patient being informed that "there is a great possibility that the expected changes in sexual interest occur to such a degree that discharge or parole will be possible within a reasonable time after the operation" (Stürup, 1968, p.61).

It is difficult to see how the patients can be genuinely considered to have given free and voluntary consent to the operation when such a clear possibility of parole is offered and the alternative is probably a lengthy period of incarceration.

There is currently increasing concern for the rights of patients and in particular their right to refuse treatment. Equally, it can be argued that they have a right to receive a treatment which has demonstrated its effectiveness. However, for the foreseeable future it seems unlikely, because of its drastic and irreversible nature, that castration will become any more widely acceptable as a treatment for deviant sexual behaviour. The current climate of public opinion appears to be swinging towards a greater awareness of the difficulties of obtaining free consent from an individual who has lost his liberty and thus against any form of irreversible treatment, such as castration, under these conditions.

Castration, if it is to be used at all, would seem most appropriate for those offenders whose sexual drive is so strong that they experience overpowering sexual feelings which they are unable to control. The habitual aggressive rapist, for example, would intuitively seem to fit into this category. For the majority of pedophiles, however, the notion of excessively high levels of sexual drive and overpowering sexual urges motivating their offences seems inappropriate. The feelings they report towards children are more often ones of love and tenderness, emotions which are not reportedly eliminated by castration.

Howells (1979) found that pedophiles tend to view people in terms of dominance or submission, with adult women being seen as dominant. In contrast, the attraction of children is their submissiveness. The inferiority complex which develops in some men following castration

(Stürup, 1968) seems likely to make adult women seem all the more dominant and thus enhance rather than diminish the attractiveness of children.

Although there may be a small minority of pedophiles whose interest in children is motivated by unbridled and uncontrollable sexual urges and for whom castration, as an alternative to an indefinite prison sentence, would seem the treatment of choice in those countries where it is legal, for the remainder more humane, acceptable and appropriate treatments must be found.

Hormones and Drugs

Oestrogen

The female hormone oestrogen has been used for many years to decrease libido in patients unable to control their sexual drive. Early studies by Dunn (1940), Foote (1944), Golla and Hodge (1949) and Bierer and Van Someren (1950) all reported the successful reduction of libido in sexual offenders following the administration of oral stilboestrol, and later studies (Whittaker 1959; Scott, 1964) have confirmed its effectiveness.

Although there is general agreement on the ability of oestrogen to reduce sexual interests, fantasies and pleasure and eliminate erections, all studies report serious side-effects. These include feminization, particularly growth in breast tissue which often requires removal surgically, and occasionally carcinoma of the breast (Symmers, 1968).

Another difficulty with oral administration of stilboestrol is nausea and vomiting to a degree that can make the treatment unacceptable to patients and often leads to a cessation of taking the tablets (Field and Williams, 1970). Once hormone treatment is discontinued sexual drive returns to its previous level (Field and Williams, 1970). Oestrogens cannot be considered to "cure" deviant sexual behaviour, only to control it, and indefinite administration seems necessary. Little is known of the possible side-effects of such long-term administration, but as well as the risk of carcinoma already mentioned (Symmers, 1968), it has been suggested that there may be irreversible damage to the gonads (Hoffet, 1968).

The introduction of oestrogen implants eliminated the need to rely

on the patient to take his medication daily and at the same time avoided the side-effects of nausea and vomiting. Other side-effects are still present, however, and the cooperation of the patient is still needed to report when the implant is at a therapeutic level, although physiological measures can also be used (Field and Williams, 1971). Even with implants the treatment is of little value with those offenders who cannot be relied upon to report the effect accurately (Field and Williams, 1970).

A study by Field and Williams (1970) reports the results of treating 25 sexual offenders, all of whom had uncontrollable sexual impulses towards children, with oestrogen implants. On a two year follow-up only one prisoner (4%) was reconvicted of a sexual offence. No proper control group was employed but two comparison groups both had sexual reconviction rates of about 25%. Despite these encouraging results the serious side-effects of oestrogen have prompted research into alternative anti-libidinal drugs.

Benperidol

This is a synthetic neuroleptic drug with anti-libidinal properties but without steroidal side-effects of feminization. The manufacturers claim that at optimum dose levels it removes the desire to indulge in anti-social forms of sexual behaviour but the ability to function appropriately in the normal sexual environment may be retained. It is not free from side-effects, however, mainly extra-pyramidal, which may need to be controlled with anti-Parkinson drugs, and feelings of drowsiness.

Sterkmans and Geerts (1966) reported that out of 30 patients treated with Benperidol 15 showed a complete loss of sexual activity, whilst another five lost signs of deviant sexuality without complete sexual inhibition.

Field (1973) in a brief report gives results for 28 men, all convicted of sexual offences against children, treated with Benperidol. Half were in prison and the other half attending a psychiatric outpatient department. All men reported an abolition of sexual desire and inability to obtain an erection following treatment. No detailed results are given but none of the 14 patients at risk in the community had been charged with a further sexual offence after two years.

Not all studies have produced such encouraging results. In a

carefully controlled study of Benperidol, Chlorpromazine and a placebo with 12 sexual offenders in Broadmoor (all with recent offences against children or young teenagers) Tennent *et al.* (1974) found evidence of only a weak libido reducing effect for Benperidol, mainly in terms of a reduced frequency of sexual thoughts. They concluded that the drug is unlikely to control severe forms of anti-social sexual behaviour.

Cyproterone Acetate

Another widely used anti-libidinal drug is cyproterone acetate which acts by stopping the production of androgens and blocking their sites of action. It is claimed to be virtually free from side-effects and, like Benperidol, to reduce deviant sexual behaviour whilst still allowing normal sexual activity.

Bancroft *et al.* (1974) compared the libidinal reducing properties of cyproterone acetate and oestrogen on 12 sexual offenders in Broadmoor (seven with offences against children or young teenagers). Both drugs were equally effective in reducing frequency of sexual thoughts and sexual activity but only cyproterone acetate had an effect, albeit weak, on reducing erectile and subjective responses to erotic stimuli. They concluded that cyproterone acetate is the most useful drug for controlling sexual behaviour, particularly because of its lack of side-effects.

Considerable other research has been undertaken on the effects of cyproterone acetate (Laschet and Laschet, 1969, 1975; Davies, 1975) and there is general agreement that the drug is effective in suppressing libido and reducing erectile and ejaculatory capacity. Those effects are generally reversible, with libido returning once the drug is stopped. Side-effects such as tiredness, temporary or permanent growth of the breasts and weight gain have been reported, but in most cases these do not appear to be severe.

The problem still remains of ensuring that the patient continues to take the drug, and this is not satisfactorily resolved even with long-acting depot preparations, as the patient must still attend for his injection. One promising new approach has been reported by Shaw (1978) where cyproterone acetate therapy in the community is combined with group therapy meetings twice a week which are organized by the probation service. Attendance at the meetings is

mandatory and the importance of regular taking of the drug is emphasized. The combined treatment is only for persistent sexual offenders who would otherwise go to prison. Unfortunately no details are given as to the effectiveness of this scheme.

Conclusions

Many of the criticisms of castration are also relevant to drug treatments. Although not mutilating, the drugs do have side-effects and the results of long-term administration are not known and may be irreversible.

For prisoners on indeterminate sentences or hoping for parole it is difficult to obtain consent free from some degree of implicit coercion and recently there has been considerable concern expressed in the British press over the use of anti-libidinal drugs in English prisons. In Australia the use of cyproterone acetate has been banned because of these ethical problems. They control rather than "cure" the problem, and they do so in a very blunt fashion. Quite different offences such as incest and bestiality, fetishism and pedophilia are lumped together and treated on the assumption that high sexual drive is the main problem. As was stated in the section on castration, for many pedophiles the attraction to children is not primarily or exclusively sexual and a more understanding and relevant treatment approach should be used to deal with other problems.

Psychoanalysis and Psychotherapy

Psychoanalysis

Freud's most comprehensive approach to what he termed sexual perversions was in his *Three Essays on the Theory of Sexuality* (Freud, 1905/1953), and as might be expected he sees an intimate connection between infantile sexuality and the subsequent development of adult sexuality. Sexual perversions are seen as having a defensive function in warding off anxiety concerned with the Oedipus complex and castration. The defences adopted involve regression of the libido to pregenital levels, with the outcome dependent on the tolerance of the super-ego towards the sexual perversion adopted by the ego (Gillespie, 1964).

Kraemer (1976) deals specifically with pedophilia from an analytical viewpoint, which he believes can be traced to the mother-child relationship. If the relationship is too close then the child will grow up with an idealized image of his mother and also of himself as a child, which in later life can result in pedophilic tendencies.

Treatment is along the usual lines of deep analysis and a number of clinical case studies have been reported (Salzman, 1972; Gordon 1976; Williams 1976; Lambert 1976) purporting to demonstrate the relevance of an analytical approach and its effectiveness in treatment. Unfortunately, no scientific or controlled attempt is made to assess the efficacy of treatment and no data provided on its outcome.

The basic concepts and theories of psychoanalysis have been extensively criticized (Skinner, 1972; Wolpe and Rachman, 1960; Eysenck, 1965; Eysenck and Wilson, 1973) and generally found wanting. There is no evidence that its use in the treatment of pedophilia is an exception to these criticisms. Even if it were demonstrated that in some cases of pedophilia analysis is an effective treatment, it remains time-consuming and expensive and is thus likely to be impractical for all but a small minority.

Individual Psychotherapy

Sex offenders are generally regarded as a population unlikely to be responsive to psychotherapy for reasons such as their denial of guilt, lack of motivation to change and failure to cooperate with voluntary treatment. Social, cultural and educational differences between the therapist and offender do not encourage rapport, and offenders are often rightly suspicious of authority figures. Consequently reports of psychotherapy being used with pedophiles are rare, although it has been quite widely used with homosexuals (Curran and Parr, 1957; Woodward, 1958; Bieber *et al.*, 1963).

Field and Williams (1970) report disappointment with the result of psychotherapy with sexual offenders based on their experience over six years. Even though the most intelligent and least psychopathic prisoners were selected they often lacked the requisite level of intelligence or verbal facility to make the psychotherapy meaningful, found the discussion embarrassing and failed to see its relevance. Similar pessimistic views on the value of psychotherapy as the sole form of treatment in cases of deviant sexual behaviour have been expressed by other workers (Golla and Hodge, 1949; Hoffet, 1968; Stürup, 1972).

Group Psychotherapy

The most widely used treatment for pedophiles is probably group psychotherapy. Apart from being more cost-effective than individual therapy, groups are seen as bridging the socio-cultural gap between therapist and patient and facilitating the discussion of problems by bringing together individuals who have experienced similar difficulties. Peters and Roether (1972) claim that the advantages of a small group make it possible to work with a population of sex offenders who would otherwise be unresponsive to psychotherapy. Although there are a number of reports of group therapy with sex offenders (Hartman, 1961; Turner, 1961; Costell and Yalom, 1972) few data have been reported to enable its effectiveness to be assessed.

Hartman (1965a, b) reported on a four-year group therapy project with seven pedophiles of whom six were considered to be "recovered" and the seventh improved at the end of treatment. Peters and Roether (1972) report on their considerable experience with group therapy programmes with sex offenders and give results of a retrospective study comparing 92 sexual offenders who participated in group therapy with 75 matched subjects who received probation supervision. The treatment group showed a lower reconviction rate for both sex and non-sex offences despite their records making it more likely that they would recidivate.

The lack of controlled studies, the difficulties of comparisons between studies using different and sometimes contradictory techniques (Quinsey, 1977), and the problems of replication when descriptions of the treatment methods are at such a general level, make it difficult to adequately assess the value of group therapy with pedophiles. Whilst some studies have produced encouraging results it is not clear to what extent group therapy has been instrumental in achieving this success.

Conclusions

It must be concluded that psychoanalysis and individual psychotherapy used alone appear to be of little value in the treatment of pedophiles, and group therapy has still to demonstrate clearly its effectiveness.

However, almost all types of treatment include some form of supportive or insight oriented psychotherapy, even though this may not

be formally acknowledged, and its value as an effective part of the treatment package may not be assessed.

There have been single case study reports (Rhodes and Levinson, 1977; Miller and Haney, 1976) in which psychotherapy and behaviour therapy have been used on an equal footing in a combined treatment approach with pedophiles. Promising results are reported but the uncontrolled nature of the studies does not warrant the drawing of any definite conclusions. Mention has already been made of the use of group therapy as an adjunct to cyproterone acetate treatment (Shaw, 1978) and similarly Stürup (1972) combines castration with what he terms individualized integrating growth therapy, and Silver (1976) has reported an out-patient programme which combines group interaction with behavioural engineering.

Behaviour Therapy

The field of behaviour therapy has been one of considerable growth over the past twenty years. Sexual behaviour has received considerable attention from behaviour therapists but this has most commonly been directed towards homosexuality or sexual dysfunction, with little work published on pedophilia. In many instances, therefore, it is necessary to infer the likely results on pedophiles of treatment approaches used with other groups of patients.

EARLY BEHAVIOURAL APPROACHES

Aversion Therapy

This is the oldest and probably best known behavioural technique for changing deviant sexual behaviour. Although basically a simple technique aimed at rendering unpleasant a previously attractive sexual object or behaviour by the use of a noxious stimulus, it has produced a variety of complex techniques, aroused considerable argument over the theoretical basis of its treatment effects and given rise to ethical concerns.

Originally drug induced nausea was used as the noxious stimulus, but on both clinical and theoretical grounds electrical aversion is

preferable and is now used almost exclusively. There is disagreement as to whether a painful or merely unpleasant level of shock is necessary, and in any case, Bancroft (1974) has pointed out the considerable practical difficulties of delivering a uniform level of shock. Olfactory aversion employing pungent smelling chemicals has occasionally been used (Laws *et al.*, 1978; Colson, 1972).

Aversion therapy has been conceptualized as falling within both classical and operant conditioning paradigms. Within a classical framework the deviant stimulus (the conditioned stimulus) is paired with the shock (the unconditioned stimulus) to produce anxiety (the conditioned response). Within an operant framework the shock is used to punish either the deviant act, the deviant fantasy or an erectile response to a deviant stimulus. Escape and avoidance trials have also been included and the shock is often given on only an intermittent basis. The more complicated versions of aversion therapy are usually intended to make the treatment effects more resistant to extinction but it has not been demonstrated that they are more effective than the simpler techniques (Feldman and MacCulloch, 1971). Aversion therapy is considered in detail by Rachman and Teasdale (1969) and by Hallam and Rachman (1976), and more briefly, but specifically in relation to institutionalized child molesters, by Quinsey (1973).

The earliest report of aversion therapy to alter sexual behaviour was by Max (1935) who used painful electric shocks with a homosexual in a treatment described as "the conditioned reaction technique". The report was very brief but the treatment was apparently successful. Little further interest was shown in the application of aversion therapy to sexual behaviour until the 1960s.

Blakemore *et al.* (1963) reported the successful treatment of a transvestite and McGuire and Vallance (1964) reported 10 out of 14 patients with sexual disorders improved following aversion therapy. Laws *et al.* (1978) have reported a single-case study of a sexual sadist successfully treated with olfactory aversion on an 8 month follow-up. One of the best known aversion studies is by Feldman and MacCulloch (1971) who reported that 57% of their sample of homosexuals improved at follow-up. These results are better than most other studies have reported, where success rates of around 30% on follow-up are more common (Bancroft, 1974).

Aversion therapy studies with pedophiles are far less common. Bancroft and Marks (1968) report on four cases, only one of whom

showed lasting improvement. However, Mellor (1972) reports more encouraging results with a group of 12 pedophiles, eight of whom were considered successfully treated. Hallam and Rachman (1972) used aversion therapy with seven patients with deviant sexual interests, two of whom were attracted to children. On follow-up, four of the patients, including both the pedophiles, were considered improved.

Quinsey *et al.* (1976) gave aversion therapy to ten institutionalized child molesters with pre- and post-treatment assessment on physiological and attitudinal measures. They found increases in sexual preference for adults relative to children on penile measures, semantic differential ratings and a slide ranking task. However, the magnitude of the effects was small and although group results were significant individual changes were mostly not.

Conclusions

It is not possible to draw definite conclusions from the small number of studies which have reported on the use of aversion therapy with pedophiles. It appears that aversion therapy can modify sexual preferences but the magnitude of the effects is not large and a lack of follow-up studies means its long-term effectiveness is unknown. As with castration and hormone treatment it deals only with the sexual response without looking at other factors which might be motivating the pedophile.

Many treatment studies with sex offenders have drawn attention to the importance of not only eliminating deviant arousal but also establishing satisfactory non-deviant social and sexual relationships. With pedophiles augmentation of adult sexual relationships is probably as important as eliminating arousal to children and whilst aversion therapy may have a part to play in any treatment programme, it seems unlikely that it will be successful if used alone, except with those individuals who already possess the necessary social and sexual skills to establish satisfactory adult relationships.

It has advantages over both castration and drug treatments in that it does no irreversible damage, has minimal side-effects and does not interfere with normal sexual functioning. However, its ability to eliminate deviant sexual behaviour is far less certain. The aversive nature of the procedure raises ethical problems and for some patients and clinicians it remains an unacceptable technique.

Assertiveness Training

This approach was developed by Wolpe (1958) to help people who experience difficulty in expressing their feelings openly. He applied it not only to aggressive feelings but also to expressions of friendship and affection. Its application to pedophiles is based on the assumption that children are chosen by the pedophile as an alternative to adults, because adults are seen as dominant, and threatening. Training the pedophile to become more assertive enables him to cope with adult relationships and thus eliminates the need to seek out children. The study already mentioned by Howells (1979) which found that pedophiles perceive adult women as dominant but children as submissive would support this theory.

Stevenson and Wolpe (1960) report three single-case studies, one of whom was a pedophile, given assertiveness training. Treatment lasted for 45 sessions and on a 6½ year follow-up there had been no recurrence of deviant sexual behaviour.

A more recent single-case study on a pedophile (Edwards, 1972) reports similar success with only 13 treatment sessions of assertiveness training.

LATER BEHAVIOURAL APPROACHES

In recent years it has been increasingly recognized that a behavioural approach which considers sex offenders as presenting only problems of deviant arousal is too narrow. The emphasis has shifted away from specific behavioural techniques to more comprehensive behavioural treatment programmes designed to deal with all of the sex offenders' problems. In particular there has been a trend towards the substitution of satisfactory and rewarding non-deviant sexual activity with less emphasis on just eliminating deviant interests. Two other trends have been towards the development of non-aversive techniques and the greater use of fantasies and cognitions in treatment.

Crawford (1979) has considered the main lines of evidence which indicate that a broad-based, comprehensive treatment approach to sexual offenders is necessary. It is apparent from clinical experience of working with sex offenders that they have problems in many areas of their lives. Studies of sex offenders (Gebhard *et al.*, 1965; Pacht and

Cowden, 1974) have found that most sexual offenders, including offenders against children, come from broken homes and disturbed backgrounds, and have experienced social and sexual difficulties all their lives. Treatment studies such as Feldman and MacCulloch's (1971) and Bancroft's (1974) have shown the importance to a successful outcome of previous heterosexual experience, changes on heterosexual measures and having a stable personality. Finally, the proliferation of sexual research (Masters and Johnson, 1966, 1970; Zuckerman, 1971) has resulted in an increasing appreciation of the complexity of sexual responsiveness and behaviour.

For these reasons it has been recognized that to concentrate on deviant arousal alone whilst ignoring other problems is too narrow. The hope that if patients could abstain from their deviant sexual behaviour for a sufficient period of time then other types of non-deviant sexual behaviour would fill the vacuum (Bond and Evans, 1967) has proved over-optimistic. Unless other problems are tackled as well, the evidence suggests that deviant behaviour is likely to return.

Most of the more recently developed behavioural techniques have only been applied to single-case studies, often of a poorly controlled nature, and virtually none has been subjected to long-term follow-up. However, they represent a new and potentially valuable approach to the treatment of sexual offenders.

Increasing Non-deviant Arousal

The importance of increasing non-deviant (in the case of pedophiles this would be adult) arousal has been stressed by both psychotherapists and behaviourists concerned with the treatment of deviant sexual behaviour. The clinical and experimental evidence relating to most of the techniques has been reviewed by Barlow (1973).

(a) Fantasy modification. The importance of sexual fantasies in the origin and treatment of sexual disorders has always been central to Freud's theories of sexuality, but not until a paper by McGuire *et al.* (1965), did behaviourists seriously begin to consider their importance in the development and maintenance of sexual deviations. The authors hypothesized that early sexual experiences were crucial, not because of a special type of learning but because they provided fantasy material subsequently used in masturbation. They supported their hypothesis with evidence that 75% of a sample of 52 sexual deviates identified

their most commonly used fantasy as being deviant and as being their first real sexual experience. Their suggested treatment of switching to non-deviant fantasies just prior to orgasm had already been reported as successful in a single case study by Thorpe *et al.* (1964).

A number of other case studies have been reported (Davison, 1968; Lazarus, 1968; Jackson, 1969; Annon, 1973) using a variety of techniques for swtiching from the deviant to non-deviant fantasy but all with the aim of increasing the arousal value of non-deviant material by associating it with the pleasurable experience of orgasm. The general term orgasmic reconditioning (Marquis, 1970) has been adopted to describe these techniques and Barlow concludes that "altering masturbatory fantasy may be the most direct and efficient method of changing sexual preferences" (Barlow, 1973, p. 664).

In my experience pedophiles often report considerable difficulty switching from deviant to non-deviant fantasy material just prior to orgasm and so a fantasy shaping procedure has been adopted instead. The same fantasy is employed throughout masturbation, with no last-second switching, but over a period of months the age limit is gradually increased by sequentially eliminating the youngest fantasy currently used by the patient. This technique has proved quite successful.

A novel variation of orgasmic reconditioning has been reported by Vandeventer and Laws (1978) in which the subject is instructed to alternate weeks of using deviant masturbatory fantasies with weeks of non-deviant fantasies. This technique was applied to two pedophiles, with successful results in one of the cases. It has been used with success with a variety of other deviations (Laws and O'Neil, 1979).

(b) Exposure to explicit stimuli. A simple but apparently effective method of increasing non-deviant arousal has been reported by Herman *et al.* (1974a). In a well-controlled study following an earlier serendipitous finding they demonstrated that simply exposing subjects (three homosexuals and one homosexual pedophile) to explicit heterosexual films increased heterosexual arousal and, in most cases, this was generalized to incorporate fantasies and behaviour outside of the treatment situation. The findings await replication but potentially exposure appears to be a simple yet effective way of increasing non-deviant arousal. I have found it useful, in conjunction with orgasmic reconditioning, for providing non-deviant fantasy material.

(c) Classical conditioning. The idea of pairing arousing and non-arousing stimuli so as to increase the arousal value of the latter is not

new and Rachman (1966), and subsequently Rachman and Hodgson (1968), have demonstrated the effect experimentally.

This type of classical conditioning procedure was used clinically by Beech *et al.* (1971) with a heterosexual pedophile. Sexual arousal elicited by pictures of young girls was paired with pictures of progressively older girls. The procedure was reported as effective in increasing adult heterosexual arousal, and interest in young girls spontaneously declined. Marshall (1974), however, reported failure with a very similar classical conditioning procedure with four patients and suggested that changes in the masturbatory fantasies of Beech *et al.*'s patient may have been responsible for the changes in his sexual arousal patterns rather than the classical conditioning procedure.

In a carefully controlled study using a single subject experimental design Herman *et al.* (1974b) examined classical conditioning as a means of increasing heterosexual arousal with three patients. In one the conditioning was effective, in a second it only worked when the temporal relationship between the conditioned and unconditioned stimuli was altered and in the third it was ineffective.

The value of classical conditioning as a means of increasing sexual arousal has yet to be clearly demonstrated and in any case there are considerable procedural difficulties in using the approach. Simple exposure to the sexual stimuli may be sufficient to account for the therapeutic changes which have been found.

(d) Operant conditioning: shaping. There has been one report in the literature of an attempt to increase heterosexual arousal by positively reinforcing changes in penile diameter. Quinn *et al.* (1970) used iced lime juice as a reward for increases in penile diameter to heterosexual stimuli with a homosexual patient who was in a state of water deprivation. Results showed an increase in heterosexual responsiveness and this was accompanied by an increased vividness of heterosexual fantasy.

It is by no means certain that the changes in heterosexual responsiveness were due to the operant conditioning procedure, they could again be due to simple exposure, and the deprivation state involved raises practical and ethical problems.

(e) Operant conditioning: fading. An ingenious stimulus fading procedure was used by Barlow and Agras (1973) to increase heterosexual responsiveness in three homosexuals. A male and female slide were superimposed and as the subject responded sexually the

brightness of the female slide was increased and that of the male slide decreased. The procedure was effective in increasing arousal to heterosexual stimuli in all subjects. For two of them, however, there was also an unexplained increase during separate generalization test sessions, which suggests the changes may not have been entirely due to fading and again the possibility of simple exposure effects must be considered.

Laws and Pawlowski (1974) had little success using a similar fading technique in the treatment of two pedophiles. After treatment, responses to adults were lower or insubstantially higher than those shown in the baseline condition. A reverse procedure of fading from adult to children was somewhat more successful in increasing adult arousal but only when a fairly low criterion level (70% of full erection) was used and the fading was coupled with covert self-instructions.

Given the problems of selecting appropriate slides which can be satisfactorily superimposed and the apparatus required the results obtained do not justify the use of fading when other simpler techniques appear equally effective.

(f) Biofeedback. The ability of non-institutionalized male volunteers to control their degree of penile tumescence has been demonstrated (Laws and Rubin, 1969; Henson and Rubin, 1971). With the development of sophisticated penile feedback systems (Laws and Pawlowski, 1973) it has become possible to apply biofeedback techniques to sexual responsiveness in the male.

Rosen *et al.* (1975) investigated the facilitation of penile tumescence with 25 volunteer subjects. Half received feedback and reward for increases in penile diameter and the remainder acted as a yoked control group. Subjects in both groups showed evidence of voluntary control of erections but the group receiving feedback obtained greater and more consistent changes.

Herman and Prewett (1974) used penile biofeedback clinically in a case of impotence with successful results which generalized outside of the laboratory. Similarly Csillag (1976) reports on the results of biofeedback applied to six impotent patients. Results were variable but five of the patients showed increases in erections and for four of these there was some generalization to real-life situations.

Barlow *et al.* (1975) have reported on the use of biofeedback and reinforcement, as a means of increasing heterosexual arousal in three homosexuals. Using a single subject experimental design they found no

evidence that biofeedback increased heterosexual arousal and only weak support for the efficacy of monetary or social reinforcement.

Unfortunately there are no studies where biofeedback has been used with pedophiles to increase arousal to adult stimuli. It is not clear why a technique which has shown promise in cases of impotence should not have worked for Barlow *et al.* (1975) to increase heterosexual arousal in homosexuals.

Further research is needed before it can be dismissed as being of no value in the treatment of pedophiles who show no sexual arousal to adult stimuli.

(g) Aversion relief. The aim of aversion relief is to associate the pleasurable effects of cessation of shock with a non-deviant stimulus. Thorpe *et al.* (1964) were the first to use aversion relief as an adjunct to aversion therapy to change sexual behaviour, but by 1973 they had been followed by reports of about a further 150 cases (Barlow, 1973). Yet despite its widespread use Barlow (1973) concludes that there is no evidence that aversion relief increases heterosexual responsiveness or reduces heterosexual anxiety and he questions the continued clinical use of a technique without any evidence that it is effective.

(h) Aversion therapy. Although its use just for increasing non-deviant arousal can hardly be advocated it has been consistently found that one fortuitous side-effect of aversion therapy is to increase arousal to non-shocked stimuli even though this is not programmed as part of the treatment (Barlow *et al.*, 1969; Gelder and Marks, 1969; Callahan and Leitenberg, 1973; Bancroft, 1974; Quinsey *et al.*, 1976). The explanation for this effect is not clear but punishment contrast (Rescorla, 1969) and behavioural contrast (Reynolds, 1961) effects have been suggested.

(i) Systematic desensitization. The notion that anxiety in relation to adult heterosexual behaviour may result in avoidance of it is not new (Rado, 1940). An excessive level of anxiety is the chief cause of sexual dysfunctions and reduction of anxiety is likely to result in improved sexual performance.

Systematic desensitization is commonly used to reduce anxiety and has been widely used in the treatment of sexual dysfunctions and deviations. Its effectiveness as a method of specifically increasing non-deviant arousal has not been experimentally demonstrated but would justify further investigation (Barlow, 1973).

Decreasing Deviant Arousal

Although techniques for increasing non-deviant arousal are available, in many cases even when they are successful deviant arousal does not diminish and active steps must be taken to eliminate it. Although faradic aversion therapy is still used, other approaches have been developed.

(a) Covert sensitization. This is an imaginary aversive technique developed by Cautela (1967) in which the unpleasant stimulus is a description of an extremely noxious, often nauseous scene. The treatment pairs the unpleasant scenes with descriptions of the deviant behaviour with the aim of rendering the deviant behaviour aversive. For a pedophile, the scene might typically start with the patient imagining himself approaching a child, then starting to feel sick, vomiting all over the child and finally running away from the child. The specific application of covert sensitization to sexual deviations has been described in a paper by Cautela and Wisocki (1971). Advantages of covert sensitization over conventional aversion therapy are that it avoids the ethical and practical problems involved in delivering an electric shock; the aversive stimulus can be made more relevant to the problem behaviour; and the patient can use it as a self-control technique outside of the treatment situation.

Barlow *et al.* (1969) tested covert sensitization with two subjects, a homosexual and a pedophile, in a controlled study. Deviant arousal was reduced during covert sensitization, increased during an extinction phase and finally decreased again when the treatment was re-introduced. In a later study Barlow *et al.* (1972) demonstrated that the effects could be attributed to the covert sensitization procedure rather than demand characteristics of the situation.

Callahan and Leitenberg (1973) compared covert sensitization and faradic aversion therapy in the treatment of six cases of sexual deviation, two of whom were pedophiles. They found no difference between the two treatments in their ability to suppress erections to deviant stimuli but covert sensitization produced greater suppression of subjective reports of sexual arousal, especially urges.

In a single case study of a pedophile, Levin *et al.* (1977) compared conventional covert sensitization with two variations. In one they supplemented the nauseous description with valeric acid, a pungent chemical. In the second, they used psychologically, rather than

physically, aversive imagery. There was a significant decrease in sexual response to girls, which occurred during the two variants of covert sensitization. They suggest that the use of psychologically aversive imagery is an effective technique worthy of further investigation.

Although not strictly a form of covert sensitization, psychologically aversive stimulation is also made use of in "shame" therapy (Serber, 1970). The patient is required to act out in some way his deviant sexual behaviour whilst being observed by professional staff and the shame and guilt experienced act as an aversive stimulus. Serber and Wolpe (1972) report that out of a mixed group of ten sexual offenders, seven were free of undesirable behaviour for at least six months following "shame" therapy.

(b) Biofeedback. As well as using biofeedback to increase non-deviant arousal, it has also been used to decrease sexual arousal to deviant stimuli. Rosen (1973) conducted an experiment in which subjects receiving binary feedback if their penile response exceeded a certain criterion were instructed to suppress any sexual response to an erotic audio-tape. These subjects were far more successful at suppressing their responses than any of the three control groups, thus demonstrating the value of biofeedback in controlling the erectile response.

This technique was applied clinically (Rosen and Kopel, 1977) in the treatment of a transvestite-exhibitionist and was successful in reducing the patient's sexual responsiveness to a videotape of the deviant behaviour. After an apparently successful two-year follow-up period the patient's wife revealed that the patient had been deceiving the therapists for the greater part of the follow-up period and had returned to his deviant behaviour.

In a single-case study of a bisexual pedophile (Laws, 1980), biofeedback was effective in sequentially eliminating sexual arousal to boys and girls whilst adult arousal was maintained at a high level. However, the author concludes that the technique worked by helping the patient to develop strategies of self-control, and cautions against too strict a reliance on the technology of biofeedback.

I have used biofeedback with one patient, a heterosexual pedophile, to eliminate sexual arousal to a deviant fantasy. The technique was successful in treatment, but subsequent assessment showed that the effect had not generalized.

(c) Masturbatory satiation. A recently developed technique is

designed to reduce deviant sexual arousal by satiation. The patient is over-exposed to his deviant masturbatory fantasies so that through boredom they lose their arousing properties. The patient is isolated in a private room and instructed to masturbate whilst verbalizing his deviant fantasies for a period of an hour, continuing even after orgasm has been achieved. Marshall and Barbaree (1978) have reported a carefully controlled single-case study of a subject who showed sexual arousal to young girls, teenage girls and to underwear. These three problems were treated sequentially with masturbatory satiation in a mutliple-baseline design, and in each case sexual arousal was reduced to a near-zero level when treatment was introduced.

A subsequent study (Marshall, 1979) demonstrated its effectiveness in two further cases, both of pedophiles attracted to female children. In one of the cases it was successfully applied following earlier attempts with self-esteem training and aversion therapy which had not been effective in reducing deviant arousal.

Skills Training

Although it is obvious that there is more to sexual behaviour than just a penile response, it is only recently that this fact had been recognized in treatment programmes for sexual offenders and provision has been made for teaching them the basic social and sexual skills necessary for initiating and maintaining adult relationships.

(a) Social skills. The term social skills is used here to include not only the teaching of the finer points of social interaction, but also the ability to express emotions, sometimes called assertiveness training, and the ability to cope with job interviews, aggressive confrontations and general problems of living, sometimes called personal problem solving (Priestley *et al.*, 1978).

When treatment effects fail to generalize with sex offenders, lack of requisite social skills is mentioned more frequently than any other problem, regardless of the main treatment intervention. Barlow and Agras (1973) have written "that an additional important step in the treatment of sexual deviation is to teach the client the necessary social behaviour needed to implement newly acquired arousal" (p.365). Similarly, Herman and Prewett (1974) state that "teaching the patient sufficient social skills to implement his new arousal is crucial for therapeutic success" (p. 274). Many other workers in the field of sexual

deviance have written in a similar vein, which makes it surprising that little research has been published in this area.

Crawford and Allen (1979) have reported on the results of social skills training with two groups of sexual offenders. The groups were run along behavioural lines using instruction, modelling, role-playing and feedback with male and female co-therapists. A wide range of role-played situations were used, but in particular social interactions with a female. The training programme was effective in improving the social skills of the patients as assessed by a variety of questionnaire and standardized role-played tests, and unpublished results show that this improvement has been maintained on a two-year follow-up. However, no data are yet available to show whether this improvement in social skills will result in a decrease in sexual re-offending.

Serber and Keith (1974) have described a sexual retraining programme for pedophiles at Atascadero Hospital which relies heavily on a social skills approach. Communication skills, assertive behaviour, family interaction skills and coping with aggressive feelings are dealt with in small groups using instruction and role-play. Unfortunately, no results are given either for the various training procedures or for the programme as a whole. A treatment programme at the University of Tennessee also lays great stress on the teaching of appropriate social skills, particularly coping with heterosocial encounters, using role-playing and video feedback. Other programmes for sex offenders have included social skills training in one form or another (e.g. Becker *et al.*, 1978), but it is often subsidiary to other treatment techniques and its effects are not evaluated independently. Considerable research is needed to both identify the specific social deficits presented by different groups of sex offenders (Gordon *et al.*, 1977), and to discover the most effective ways of remedying these deficits.

(b) Gender role behaviour. A specific application of skills training has been described by Barlow *et al.* (1973) in the treatment of a trans-sexual. The patient's way of sitting, walking and standing was typical of female motor behaviour and gave rise to much scorn and ridicule. A programme of instruction, modelling and role-playing was effective in modifying the appropriate gender-role behaviours. This is an unusual case, and the social problems of pedophiles are likely to be much broader than just ones of inappropriate gender-role behaviour.

(c) Sex education. Incorrect or inadequate sexual knowledge is another problem for many sex offenders, especially pedophiles who

may have had no adult sexual experience. Ignorance serves to increase their anxiety towards adult sexuality and enhances the attractiveness of children who are unlikely to ridicule their lack of experience.

The Behavioural, Emotional and Attitudinal Development (BEAD) Program in Minnesota laid particular emphasis on sex education. Groups of 15 sex offenders, plus ten men and women from the community, watched films and participated in discussions culminating in a two day marathon sex attitude reassessment. Unfortunately it is not possible to assess the effects of sex education separately from the rest of the BEAD program. The Atascadero Hospital programme also included sex education as a major facet of treatment, using films, discussion and counselling by women staff, but no results are given for its effectiveness.

The effect of sex education on a group of violent sex offenders was assessed in an unpublished study by Kevin Howells and myself. Thirteen patients participated in an eight week sex education programme of films and group discussion. Assessment showed that the programme was successful in improving their sexual knowledge and additionally, the patients were expressing lower levels of sexual anxiety, reporting less sexual conflicts and had improved their self-image.

Following the pioneering work of Masters and Johnson (1966, 1970) the use of trained sexual surrogate partners is now accepted in the treatment of sexual dysfunction. Kohlenberg (1974) has reported the successful treatment of a homosexual child molester using a surrogate partner and the ethical implications of this approach have been discussed by Davison and Wilson (1974), Strupp (1974) and Garfield (1974). There is no doubt that many pedophiles could benefit from direct sexual instruction from a sexually receptive therapist but the ethical and political repercussions have so far precluded this approach within hospital or penal institutions.

Self-control

The concept of self-control has generated considerable interest amongst behavioural psychologists (Kanfer and Karoly, 1972). Despite the importance of establishing self-control if treatment effects are to generalize, little attention has been given to the application of self-control techniques with sexual offenders. As Lee-Evans (1976) has pointed out in a review paper some of the techniques currently used to

modify sexual behaviour can be conceptualized as teaching the patient self-control. Thus orgasmic reconditioning, biofeedback, covert sensitization and some aspects of social skills can be seen as providing the patient with the ability to control his own environment and behaviour and thus exercise self-control.

Procedures used in self-control training include self-monitoring, self-evaluation, self-reinforcement, intention statements and interpersonal contracting, all of which could be usefully applied to sexual offenders. Self-monitoring, for example, is already commonly used as a behavioural assessment method yet its value in treatment has not been explored despite the evidence that it alone may be sufficient to produce behaviour change (Thoresen and Mahoney, 1974).

One treatment programme for sex offenders which lays particular stress on developing self-control is at the South Florida State Hospital. Patients are encouraged to recognize "early warning signals" in their own behaviour which they know in the past have subsequently resulted in a sexual offence. By taking early evasive action the patients can interrupt the chain of events before they re-offend.

The potential of self-control procedures with sex offenders has not been fully explored and seems worthy of greater recognition.

Current Trends and Future Directions

It is always difficult to distinguish short-term fads from genuine innovative ideas, but certain trends are apparent, some of which have been mentioned earlier in this chapter. Increasing concern for the rights of patients and prisoners is shifting public opinion against the use of irreversible, harmful or aversive techniques. Clinical experience and current research have shown that, in any case, it is often not sufficient to deal only with problems of deviant sexual arousal. Increasing use is being made of fantasies in assessment and treatment. Educational approaches, which see the problems of pedophiles as ones of faulty learning and unfortunate experiences, are gaining popularity over more medical approaches. The most encouraging trend is towards comprehensive treatment programmes aimed at all aspects of deviant sexual behaviour.

The need for a comprehensive approach is not just to increase the power of therapy, but also because many studies have shown that the

various components of social and sexual behaviour can vary independently (e.g. Brownell *et al.*, 1977) and changes in any one measure will not automatically lead to changes in other areas. In a recent review of behavioural reorientation techniques with homosexuals Adams and Sturgis (1977) reported that studies which had used a comprehensive approach generally produced better results and the authors concluded that, "Multicomponent assessment and multitargeted treatment procedures appear to be the most promising approach to enhancing the effectiveness of sexual reorientation procedures" (p. 1186).

Barlow (1974) and Wilson and Davison (1974) have been advocating the use of a comprehensive approach for some years, yet of the studies reviewed by Adams and Sturgis (1977) only 5% attempted to modify more than two components of the clients' problems. The use of multiple treatment techniques has been reported in single case studies of homosexuals (Blitch and Haynes, 1972; Rehm and Rozensky, 1974) and an aggressive heterosexual pedophile (Crawford, 1977), but there is a need for larger scale controlled studies with follow-up.

A useful review of all treatment programmes for sex offenders in operation in America during 1976 has recently been published (Brecher, 1978) surveying 20 programmes, both in institutions and those that are community based. It is encouraging that many of the programmes are pursuing innovative ideas and all seem aware of the need for a comprehensive approach to the problems of sex offenders. The lack of follow-up data on the effectiveness of the programmes, however, is disappointing and only one of the programmes deals specifically with offenders against children, most of whom are cases of incest.

In England, Perkins (1977) has reported preliminary results of an assessment and treatment programme for sex offenders which has been running in Birmingham since 1974. So far 36 offenders, half with sex offences against children, have been treated using a comprehensive but individualized approach. Seven different therapeutic interventions are used but each person receives only those treatments which assessment has shown to appear to be necessary. The reconviction rate of the treatment group is being compared with that of a control group who did not receive treatment although considered suitable. At the beginning of 1977 only ten treatment cases had been released long enough to be followed-up and there were no significant differences

between them and a control sample, but the latest results, not fully analysed at the time of writing, appear to show a difference in favour of the treatment group (D. Perkins, personal communication). If confirmed, this finding will provide considerable support for the advantages of a comprehensive approach to the problems of sexual offenders.

For the future there is a need to develop improved methods of assessment. The majority of sex offenders currently receive no treatment at all and this situation seems unlikely to change for some considerable time. It is important, therefore, that the limited resources available are used most effectively by treating those individuals most likely to benefit from treatments that are most suited to their needs. At present almost all treatment programmes lump sex offenders together as if they were a homogeneous group. Yet even within pedophiles there are homosexual, heterosexual and bisexual, aggressive and non-aggressive, those with adult sexual interests and those exclusively interested in children, and many other differences. It is to be hoped that in future, treatment programmes will not only differentiate between types of offender but will tailor treatments to meet the specific needs of the individual. The development of more sophisticated assessment procedures is clearly a necessary precursor if this hope is to be achieved.

Recent research in America shows considerable promise that penile assessment measures can be used to assess not only broad categories of sexual orientation but more specific arousal to aggressive components of sexual behaviour with both children and adults (Abel *et al.*, 1977, 1978, 1979; Crawford, 1980). Child molestors' patterns of sexual arousal to audio taped descriptions of sexual behaviour with a child involving progressively greater amounts of aggression have successfully discriminated between incest cases and pedophiles and between aggressive and non-aggressive pedophiles.

Greater use of social and sexual skills training seems likely in the future. Although the need is well recognized it is infrequently put into practice. Of the studies reviewed by Adams and Sturgis (1977) only 14% endeavoured to modify social skills. There is now sufficient evidence that social skills should be a central part of any sexual reorientation programme. In the Birmingham programme social skills training has been found to be the most useful of all the treatment techniques employed and the most frequently used. Future programmes should follow this example.

Sex education needs to be greatly increased and improved and should be backed up with conjugal visits for married men coupled with conjoint marital therapy and family therapy where appropriate. Patients with sexual dysfunctions should be offered treatment for their problems, and in the long-term consideration given to the use of surrogate partners. Increased use could be made of sexually explicit material, not only in education but for reducing anxiety, changing attitudes and augmenting fantasies.

Confrontation with victims has been used in some American treatment programmes for rapists, to impress on the offenders the consequences of their actions. This would be more difficult with pedophiles as one could not contemplate using child victims, but use might be made of adults who had been assaulted when young and considered themselves harmed by the experience.

Greater consideration should be given to the development of community rather than institution based programmes. The majority of sex offenders are not of the sadistic, violent type portrayed by Krafft-Ebing (1904) in his *Psychopathia Sexualis*, and the majority of pedophiles do not attack or injure their victims. If improved assessment methods could identify the dangerous minority the remainder could more cheaply and more effectively be treated in the community. The opportunities to learn social and sexual skills and establish adult relationships are so much greater in the community that treatment is far more likely to be successful. Where public safety is not at risk treatment in the community seems preferable on clinical, economic and humanitarian grounds. An innovative approach has been adopted in the Birmingham programme whereby treatment is started in prison but continued in the community after release.

Self-help groups have become popular over recent years for individuals with a wide variety of problems. Following the lead of Alcoholics Anonymous, groups of people who have experienced similar difficulties meet to provide support, encouragement and practical help. In Los Angeles a group calling itself Sex Offenders Anonymous (SOANON) has been established by an ex-offender and his wife. It is run on firm lines stressing self-discipline and self-control. Increased provision of community services should enable similar self-help groups to become established elsewhere.

Considerably more research is needed into the problems of sexual offenders in general and those who show sexual interest in children, in

particular. Much more still needs to be known about causal factors, methods of assessment and treatment approaches with pedophiles. There is a dearth of adequately controlled studies on the effectiveness of various treatments in modifying sexual preferences for children and none with adequate long-term follow-up of reconviction rates.

One reason for this may be the considerable problems facing anyone conducting research in this area. The randomized group design is in many respects the ideal for evaluating therapeutic outcome but in many instances, such a design is not possible. Other control procedures or the use of statistical estimates of reconviction rates have certain drawbacks. Single-case study experimental methodology (Hersen and Barlow, 1976) whilst ideal for assessing individualized treatment techniques, is of little use in evaluating the overall effectiveness of treatment programmes. Changes on specific measures such as penile arousal or social skills performance do not provide information on the likelihood of re-offending. Only long-term follow-up of reconviction data can provide this, yet there are considerable practical problems in pursuing research of this nature. Moreover, in the area of sexual offending, where only a small proportion of offences are reported, changes in public attitudes and law enforcement policies can distort crime figures and invalidate reconviction data as a measure of behaviour change. These, and other problems, have recently been reviewed by Glaser (1978).

Finally, greater efforts could be made towards prevention rather than "cure". The notion of prevention is a novel idea in relation to sexual offences and ignorance here is even greater than for treatment. However, the proceedings of a symposium on the prevention of sexual disorders has recently been published (Qualls *et al.*, 1978) in which Bancroft (1978) considers ways of preventing sexual offences. He suggests that adolescent problems of heterosexual adjustment may facilitate the development of pedophiliac interests and that more resources could be provided to help adolescents overcome these difficulties. Alterations in the law, changes in society's attitudes towards sexuality and improved sex education might also contribute to prevention.

Conclusions

Sex offenders have traditionally been considered, with considerable

justification, unattractive treatment prospects. Repetitive offenders against children have a poor prognosis and only castration, the most drastic of treatments, appears to have demonstrated any degree of success with considerable numbers and long-term follow-up. However, the outlook is not entirely bleak. There is considerable growth and interest in the whole area of sexuality and treatment programmes for sex offenders are being established and evaluated. Convincing demonstration of their efficacy is still awaited, but the considerable growth of new ideas and innovative treatments is encouraging and holds promise that in the future effective help will increasingly be available for adults who are sexually attracted to children which will be of benefit both to them and society.

References

Abel, G. G., Barlow, D. H., Blanchard, E. B. and Guild, D. (1977). The components of rapists' sexual arousal. *Arch. Gen. Psychiat.* **34**, 895–903.

Abel, G. G., Becker, J. V., Blanchard, E. B. and Djenderedjian, A. (1978). Differentiating sexual aggressives with penile measures. *Crim. Justice Behav.* **5**, 315–332.

Abel, G. G., Becker, J. V., Murphy, W. D. and Flanagan, B. (1979). Identifying dangerous child molestors. Paper presented at the 11th International Conference on Behavior Modification, Banff.

Adams, H. E. and Sturgis, E. T. (1977). Status of behavioral reorientation techniques in the modification of homosexuality: a review. *Psychol. Bull.* **84**, 1171–1188.

Annon, J. S. (1973). The therapeutic use of masturbation in the treatment of sexual disorders. In Rubin, R. D., Brady, J. P. and Henderson, J. D. (eds.), *Advances in Behavior Therapy*. Vol. 4. Academic Press, New York and London.

Bancroft, J. (1974). *Deviant Sexual Behaviour*. Clarendon Press, Oxford.

Bancroft, J. (1978). The prevention of sexual offenses. In Qualls, C. B., Wincze, J. P. and Barlow, D. H. (eds.), *The Prevention of Sexual Disorders*. Plenum, New York.

Bancroft, J. and Marks, I. (1968). Electric aversion therapy of sexual deviation. *Proc. Roy. Soc. Med.* **61**, 796–799.

Bancroft, J., Tennent, T. G., Loucas, K. and Cass, J. (1974). The control of deviant sexual behaviour by drugs. 1. Behavioural changes following oestrogens and anti-androgens. *Brit. J. Psychiat.* **125**, 310–315.

Barlow, D. H. (1973). Increasing heterosexual responsiveness in the treatment of sexual deviation: a review of the clinical and experimental evidence. *Behav. Ther.* **4**, 655–671.

Barlow, D. H. (1974). The treatment of sexual deviation: toward a comprehensive behavioral approach. In Calhoun, K. S., Adams, H. E. and Mitchell, K. M. (eds.), *Innovative Treatment Methods in Psychopathology*. Wiley, New York.

Barlow, D. H. and Agras, W. S. (1973). Fading to increase heterosexual responsiveness in homosexuals. *J. Appl. Behav. Anal.* **6**, 355-366.

Barlow, D. H., Leitenberg, H. and Agras, W. S. (1969). The experimental control of sexual deviation through manipulation of the noxious scene in covert sensitisation. *J. Abnorm. Psychol.* **74**, 596-601.

Barlow, D. H., Agras, W. S., Leitenberg, H., Callahan, E. J. and Moore, R. C. (1972). The contribution of therapeutic instruction to covert sensitisation. *Behav. Res. Ther.* **10**, 411-415.

Barlow, D. H., Reynolds, E. J. and Agras, W. S. (1973). Gender identity change in a trans-sexual. *Arch. Gen. Psychiat.* **28**, 569-576.

Barlow, D. H., Agras, W. S., Abel, G. G., Blanchard, E. B. and Young, L. D. (1975). Biofeedback and reinforcement to increase heterosexual arousal in homosexuals. *Behav. Res. Ther.* **13**, 45-50.

Becker, J. V., Abel, G. G., Blanchard, E. B., Murphy, W. D. and Coleman, E. (1978). Evaluating social skills of sexual aggressives. *Crim. Justice Behav.* **5**, 357-368.

Beech, H. R., Watts, F. and Poole, A. D. (1971). Classical conditioning of sexual deviation: a preliminary note. *Behav. Ther.* **2**, 400-402.

Bieber, I., Dain, H. J., Dince, P. R., Drellich, M. G., Grand, H. G., Gundlach, R. H., Kremer, M. W., Rifkin, A. H., Wilber, C. B. and Bieber, T. B. (1962). *Homosexuality: a Psycho-Analytic Study.* Basic Books, New York.

Bierer, J. and Van Someren, G. A. (1950). Stilboestrol in out-patient treatment of sexual offenders. *Brit. Med. J.* **1**, 935-936.

Blakemore, C. B., Thorpe, J. G., Barker, J. C., Conway, C. G. and Lavin, N. I. (1963). The application of faradic aversion conditioning in a case of transvestism. *Behav. Res. Ther.* **1**, 29-34.

Blitch, J. W. and Haynes, S. N. (1972). Multiple behavioral techniques in a case of female homosexuality. *J Behav. Ther. Exp. Psychiat.* **3**, 319-322.

Bond, I. K. and Evans, D. R. (1967). Avoidance therapy: its use in two cases of underwear fetishism. *Can. Med. Assn. J.* **96**, 1160-1162.

Brecher, E. M. (1978). *Treatment Programs for Sex Offenders.* U.S. Department of Justice, Washington D.C.

Bremer, J. (1959). *Asexualisation: a Follow-Up Study of 244 Cases.* Macmillan, London.

Brownell, K. D., Hayes, S. C. and Barlow, D. H. (1977). Patterns of appropriate and deviant sexual arousal: the behavioural treatment of multiple sexual deviations. *J. Cons. Clin. Psychol.* **45**, 1144-1155.

Callahan, E. J. and Leitenberg, H. (1973). Aversion therapy for sexual deviation: contingent shock and covert sensitization. *J. Abnorm. Psychol.* **81**, 60-73.

Cautela, J. R. (1967). Covert sensitization. *Psychol. Ref.* **20**, 459-468.

Cautela, J. R. and Wisocki, P. A. (1971). Covert sensitization for the treatment of sexual deviations. *Psychol. Rec.* **21**, 37-48.

Christiansen, K. O., Nielsen, L. M. E. and Stürup, G. K. (1965). *Scandinavian Studies in Criminology.* Universitetsforlaget, Oslo.

Colson, C. E. (1972). Olfactory aversion therapy for homosexual behavior. *J. Behav. Ther. Exp. Psychiat.* **3**, 185-187.

Costell, R. and Yalom, I. (1972). Institutional group therapy. In Resnick, H. L. P. and Wolfgang, M. E. (eds.), *Sexual Behaviors: Social, Clinical and Legal Aspects*. Little Brown, Boston.

Crawford, D. A. (1977). Modification of deviant sexual behaviour: an individual case-study. Paper presented at the International Conference on Love and Attraction, Swansea.

Crawford, D. A. (1979). Modification of deviant sexual behaviour: the need for a comprehensive approach. *Brit. J. Med. Psychol.* **52**, 151-156.

Crawford, D. A. (1980). Applications of penile response monitoring to the assessment of sexual offenders. In West, D.J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology, Cambridge.

Crawford, D. A. and Allen, J. V. (1979). A social skills training programme with sex offenders. In Cook, M. and Wilson, G. W. (eds.), *Love and Attraction: an International Conference*. Pergamon, Oxford.

Csillag, E. R. (1976). Modification of penile erectile response. *J. Behav. Ther. Exp. Psychiat.* **7**, 27-29.

Curran, D. and Parr, D. (1957). Homosexuality: an analysis of 100 male cases seen in private practice. *Brit. Med. J.* **1**, 797-801.

Davies, T. S. (1975). Collaborative clinical experience with cyproterone acetate. *J. Int. Med. Res.* **3** (4), 16--19.

Davison, G. C. (1968). Elimination of sadistic fantasy by a client-controlled counter conditioning technique: a case study. *J. Abnorm. Psychol.* **73**, 84-90.

Davison, G. C. and Wilson, G. T. (1974). Goals and strategies in behavioral treatment of homosexual pedophilia: comments on a case study. *J. Abnorm. Psychol.* **83**, 196-198.

Dunn, C. W. (1940). Stilboestrol-induced gynecomastia in the male. *J. Amer. Med. Assn.* **115**, 2263-2264.

Edwards, N. B. (1972). Case conference: assertive training in a case of homosexual pedophilia. *J. Behav. Ther. Exp. Psychiat.* **3**, 55-63.

Eysenck, H. J. (1965). *Fact and Fiction in Psychology*. Penguin, Harmondsworth.

Eysenck, H. J. and Wilson, G. D. (1973). *The Experimental Study of Freudian Theories*. Methuen, London.

Field, L. H. (1973). Benperidol in the treatment of sexual offenders. *Med. Sci. Law* **13**, 195-196.

Field, L. H. and Williams, M. (1970). The hormonal treatment of sexual offenders. *Med. Sci. Law* **10**, 27-34.

Field, L. H. and Williams, M. (1971). A note on the scientific assessment and treatment of the sexual offender. *Med. Sci. Law* **11**, 180-181.

Feldman, M. P. and McCulloch, M. J. (1971). *Homosexual Behaviour: Therapy and Assessment*. Pergamon, Oxford.

Foote, R. M. (1944). Diethylstilboestrol in management of psychopathological states in males: preliminary report. *J. Nerv. Ment. Dis.* **99**, 928-935.

Freud, S. (1905/1953). *Three Essays on the Theory of Sexuality*. Standard Edition Vol. 7. Hogarth Press and Institute of Psycho-Analysis, London.

Garfield, S. L. (1974). An issue in psychotherapy: comments on a case study. *J. Abnorm. Psychol.* **83**, 202-203.

Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). Sex Offenders: An Analysis of Types. Harper, New York.

Gelder, M. G. and Marks, I. M. (1969). Aversion treatment in transvestism and transsexualism. In Green, R. and Money, J. (eds.), *Transsexualism and Sex Reassignment*. Johns Hopkins Press, Baltimore.

Gillespie, W. H. (1964). The psychoanalytic theory of sexual deviation with special reference to fetishism. In Rosen, I. (ed.), *The Pathology and Treatment of Sexual Deviation*. Oxford University Press, Oxford.

Glaser, D. (1978). Evaluation of sex offender treatment programs. In Brecher, E. (ed.), *Treatment Programs for Sex Offenders*. U.S. Department of Justice, Washington D.C.

Golla, F. L. and Hodge, S. R. (1949). Hormone treatment of sex offenders. *Lancet* 1, 1006.

Gordon, R. (1976). Paedophilia: normal and abnormal. In Kraemer, W. (ed.), *The Forbidden Love*. Sheldon Press, London.

Gordon, A., Marshall, W. L., Loeber, R. and Barbaree, H. E. (1977). Toward a definition of competence in sexual aggressives. Paper presented at the 1st Annual Conference on the Evaluation and Treatment of Sexual Aggressives, Memphis.

Hallam, R. S. and Rachman, S. (1972). Theoretical problems of aversion therapy. *Behav. Res. Ther.* **10**, 171-180.

Hallam, R. S. and Rachman, S. (1976). Current status of aversion therapy. In Hersen, M., Eisler, R. M. and Miller, P. M. (eds.), *Progress in Behavior Modification*, Vol. 2. Academic Press, New York and London.

Hartman, V. (1961). Some observations of group psychotherapy with pedophiles. *Can. J. Correct.* **3**, 492-499.

Hartman, V. (1965a). Notes on group psychotherapy with pedophiles. *Can. Psychiat. Assn. J.* **10**, 283-288.

Hartman, V. (1965b). Group psychotherapy with sexually deviant offenders (pedophiles): the peer group as an instrument of mutual control. *Crim. Law Quart.* **7**, 464-479.

Henson, D. E. and Rubin, H. B. (1971). Voluntary control of eroticism. *J. Appl. Behav. Anal.* **4**, 37-44.

Herman, S. H. and Prewett, M. (1974). An experimental analysis of feedback to increase sexual arousal in a case of homo- and heterosexual impotence: a preliminary report. *J. Behav. Ther. Exp. Psychiat.* **5**, 271-274.

Herman, S. H., Barlow, D. H. and Agras, W. S. (1974a). An experimental analysis of exposure to "explicit" heterosexual stimuli as an effective variable in changing arousal patterns of homosexuals. *Behav. Res Ther.* **12**, 335-345.

Herman, S. H., Barlow, D. H. and Agras, W. S. (1974b). An experimental analysis of classical conditioning as a method of increasing heterosexual arousal in homosexuals. *Behav. Ther.* **5**, 33-47.

Hersen, M. and Barlow, D. H. (1976). *Single Case Experimental Designs: Strategies for Studying Behavior Change*. Pergamon, New York.

Hoffet, H. (1968). The treatment of sexual delinquents and psychiatric hospital patients with the testosterone blocker cyproterone acetate. *Praxis* **57**, 221-230.

Howells, K. (1979). Some meanings of children for pedophiles. In Cook, M. and Wilson, G. D. (eds.), *Love and Attraction: an International Conference.* Pergamon, Oxford.

Jackson, B. (1969). A case of voyeurism treated by counter-conditioning. *Behav. Res. Ther.* 7, 133–134.

Kanfer, F. H. and Karoly, P. (1972). Self-control: a behavioristic excursion into the lion's den. *Behav. Ther.* 3, 398–416.

Kohlenberg, R. J. (1974). Treatment of a homosexual pedophiliac using *in vivo* desensitization. *J. Abnorm. Psychol.* 83, 192–195.

Kraemer, W. (1976). *The Forbidden Love.* Sheldon Press, London.

Krafft-Ebing, R. von (1904). *Psychopathia Sexualis.* Davis, Philadelphia.

Lambert, K. (1976). The scope and dimensions of paedophilia. In Kraemer, W. (ed.), *The Forbidden Love.* Sheldon Press, London.

Langeluddeke, A. (1963). *Castration of Sexual Criminals.* Walter de Gruyter, Berlin.

Laschet, U. and Laschet, L. (1969). Three years clinical experience of cyproterone acetate for the inhibitory control of male sexuality. *Acta Endocrinol.* 138, Supplement no. 232.

Laschet, U. and Laschet, L. (1975). Antiandrogens in the treatment of sexual deviations of men. *J. Steroid Biochem.* 6, 821–826.

Laws, D. R. (1980). Treatment of bisexual pedophilia by a biofeedback assisted self-control procedure. *Behav. Res. Ther.* 18, 207–211.

Laws, D. R. and O'Neil, J. A. (1979). Variations on masturbatory conditioning. Paper presented at the 2nd National Conference on the Evaluation and Treatment of Sexual Aggressives, New York City.

Laws, D. R. and Pawlowski, A. V. (1973). A multi-purpose biofeedback device for penile plethysmography. *J. Behav. Ther. Exp. Psychiat.* 4, 339–341.

Laws, D. R. and Pawlowski, A. V. (1974). An automated fading procedure to alter sexual responsiveness in pedophiles. *J. Homosexuality* 1, 149–163.

Laws, D. R. and Rubin, H. B. (1969). Instructional control of an autonomic sexual response. *J. Appl. Behav. Anal.* 2, 93–99.

Laws, D. R., Meyer, J. and Holmen, M. L. (1978). Reduction of sadistic arousal by olfactory aversion: a case study. *Behav. Res. Ther.* 16, 281–285.

Lazarus, A. (1968). A case of pseudonecrophilia treated by behavior therapy. *J. Clin. Psychol.* 24, 113–115.

Lee-Evans, M. (1976). The potential of self-control training procedures in the treatment of sex offenders. In Gunn, J. (ed.), *Sex Offenders: a Symposium.* Special Hospitals Research Report No. 14.

Levin, S. M., Barry, S. M., Gambaro, S., Wolfinsohn, L. and Smith, A. (1977). Variations of covert sensitisation in the treatment of pedophilic behavior: a case study. *J. Cons. Clin. Psychol.* 45, 896–907.

Marquis, J. N. (1970). Orgasmic reconditioning: changing sexual object choice through controlling masturbation fantasies. *J. Behav. Ther. Exp. Psychiat.* 1, 263–271.

Marshall, W. L. (1974). The classical conditioning of sexual attractiveness: a report of four therapeutic failures. *J. Behav. Ther.* 5, 298–299.

Marshall, W. L. (1979). Satiation therapy: a procedure for reducing deviant sexual arousal. *J. Appl. Behav. Anal.* 12, 377–389.

Marshall, W. L. and Barbaree, H. E. (1978). The reduction of deviant arousal: Satiation treatment for sexual aggressors: *Crim. Justice Behav.* 5, 294–303.

Masters, W. H. and Johnson, V. E. (1966). *Human Sexual Response*. Churchill, London.

Masters, W. H. and Johnson, V. E. (1970). *Human Sexual Inadequacy*. Churchill, London.

Max, L. (1935). Breaking a homosexual fixation by the conditioned reflex technique. *Psychol. Bull.* 32, 734.

McGuire, R. J. and Vallance, M. (1964). Aversion therapy by electric shock: a simple technique. *Brit. Med. J.* 2, 594–597.

McGuire, R. J., Carlisle, J. M. and Young, B. G. (1964). Sexual deviations as conditioned behaviour: a hypothesis. *Behav. Res. Ther.* 2, 185–190.

Mellor, V. P. (1972). The treatment of sexual offenders using an automated conditioning apparatus. Paper presented at the Northwest Behavior Modification Study Group.

Miller, R. L. and Haney, J. R. (1976). Behavior and traditional therapy applied to pedophiliac exhibitionism: a case study. *Psychol. Rep.* 39, 1119–1124.

Pacht, A. R. and Cowden, J. E. (1974). An exploratory study of 500 sex offenders. *Crim. Justice Behav.* 1, 13–20.

Perkins, D. (1977). Development of a psychological treatment programme for sex offenders in a prison setting. Paper presented at the British Psychological Society Annual Conference, Exeter.

Peters, J. J. and Roether, H. A. (1972). Group psychotherapy for probationed sex offenders. In Resnick, H. L. P. and Wolfgang, M. E. (eds.), *Sexual Behaviors: Social, Clinical and Legal Aspects*. Little Brown, Boston.

Priestley, P., McGuire, J., Hemsley, V., Flegg, D. and Welham, D. (1978). *Social Skills and Personal Problem Solving*. Tavistock, London.

Qualls, C. B., Wincze, J. P. and Barlow, D. H. (1978). *The Prevention of Sexual Disorders*. Plenum, New York.

Quinn, J. T., Harbison, J. J. M. and McAllister, H. (1970). An attempt to shape human penile responses. *Behav. Res. Ther.* 8, 213–216.

Quinsey, V. L. (1973). Methodological issues in evaluating the effectiveness of aversion therapies for institutionalised child molestors. *Can. Psychol.* 14, 350–351.

Quinsey, V. L. (1977). The assessment and treatment of child molestors: a review. *Can. Psychol. Rev.* 18, 204–220.

Quinsey, V. L., Bergersen, S. G. and Steinman, C. M. (1976). Changes in physiological and verbal responses of child molestors during aversion therapy. *Can. J. Behav. Sci.* 8, 202–212.

Rachman, S. (1966). Sexual fetishism: an experimental analogue. *Psychol. Rec.* 16, 293–296.

Rachman, S. and Hodgson, R. (1968). Experimentally induced "sexual fetishism": replication and development. *Psychol. Rec.* 18, 25–27.

Rachman, S. and Teasdale, J. (1969). *Aversion Therapy and Behaviour Disorders: an Analysis*. Routledge and Kegan Paul, London.

Rado, S. (1940). A critical examination of the concept of bisexuality. *Psychosom. Med.* 2, 459-467.

Radzinowicz, L. (1957). *Sexual Offences*. Macmillan, London.

Rehm, L. P. and Rozensky, R. H. (1974). Multiple behavior therapy techniques with a homosexual client: a case study. *J. Behav. Ther. Exp. Psychiat.* 5, 53-57.

Rescorla, R. A. (1969). Establishment of a positive reinforcer through contrast with shock. *J. Comp. Physiol. Psychol.* 67, 260-263.

Reynolds, G. S. (1961). Behavioral contrast. *J. Exp. Anal. Behav.* 4, 57-71.

Rhodes, R. J. and Levinson, M. (1977). Sexual deviancy treatment: a case study of a child molestor. *J. Kans. Med. Soc.* 78, 122--124.

Rosen, R. C. (1973). Suppression of penile tumescence by instrumental conditioning. *Psychosom. Med.* 35, 509-514.

Rosen, R. C. and Kopel, S. A. (1977). Penile plethysmography and biofeedback in the treatment of a transvestite-exhibitionist. *J. Cons. Clin. Psychol.* 45, 908-916.

Rosen, R. C., Shapiro, D. and Schwartz, G. E. (1975). Voluntary control of penile tumescence. *Psychosom. Med.* 37, 479-483.

Rowe, A. W. and Lawrence, C. H. (1928). Studies of the endocrine glands in the male and female gonads. *Endocrinology* 12, 591.

Salzman, L. (1972). The psychodynamic approach to sex deviations. In Resnick, H. L. P. and Wolfgang, M. E. (eds.), *Sexual Behaviors: Social, Clinical and Legal Aspects*. Little Brown, Boston.

Sand, K., Dickmeiss, P. and Schwalbe-Hansen, P. (1964). Betoenkning om sterilisation og kastration. Herstedvester Hospital Publication No. 353, Copenhagen.

Scott, P. D. (1964). Definition, classification, prognosis and treatment. In Rosen, I. (ed.), *The Pathology and Treatment of Sexual Deviation*. Oxford University Press, Oxford.

Serber, M. (1970). Shame aversion therapy. *J. Behav Ther. Exp. Psychiat.* 1, 213-215.

Serber, M. and Keith, C. G. (1974). The Atascadero project: model of a sexual retraining program for incarcerated homosexual pedophiles. *J. Homosexuality* 1, 87-97.

Serber, M. and Wolpe, J. (1972). Behavior therapy techniques. In Resnick, H. L. P. and Wolfgang, M. E. (eds.), *Sexual Behaviors: Social, Clinical and Legal Aspects*. Little Brown, Boston.

Shaw, R. (1978). The persistent sexual offender: control and rehabilitation. *Probation J.* 25, 9-13.

Silver, S. N. (1976). Outpatient treatment for sexual offenders. *Social Work* 21, 134-140.

Skinner, B. F. (1972). *Cumulative Record: a Selection of Papers*. Appleton Century Crofts, New York.

Sterkmans, P. and Geerts, F. (1966). Is Benperidol (R4504) the specific drug for the treatment of excessive and disinhibited sexual behaviour? *Acta Neuro. Psychiat. Belg.* 66, 1030-1040.

Stevenson, I. and Wolpe, J. (1960). Recovery from sexual deviation through overcoming non-sexual neurotic responses. *Amer. J. Psychiat.* 116, 737-742.

Strupp, H. H. (1974). Some observations on the fallacy of value-free psychotherapy and the empty organism: comments on a case study. *J. Abnorm. Psychol.* **83**, 199–201.

Stürup, G. K. (1968). Treatment of sexual offenders in Herstedvester, Denmark. *Acta Psychiat. Scand.* **44**, Supplement no. 44.

Stürup, G. K. (1972). Castration: the total treatment. In Resnick, H. L. P. and Wolfgang, M. E. (eds.), *Sexual Behaviors: Social, Clinical and Legal Aspects.* Little Brown, Boston.

Symmers, W. St. C. (1968). Carcinoma of breast in trans-sexual individuals after surgical and hormonal interference with the primary and secondary sex characteristics. *Brit. Med. J.* **2**, 83–85.

Tennent, G., Bancroft, J. and Cass, J. (1974). The control of deviant sexual behaviour by drugs: a double-blind controlled study of benperidol, chlorpromazine and placebo. *Arch. Sex. Behav.* **3**, 261–271.

Thorek, M. (1924). Experimental investigation of the role of the Leidig, Semniferous and Sertoli cells and the effects of testicular transplantation. *Endocrinology* **8**, 61–90.

Thoreson, C. E. and Mahoney, M. J. (1974). *Behavioral Self-Control.* Holt, Rinehart and Winston, New York.

Thorpe, J. G., Schmidt, E., Brown, P. and Castell, D. (1964). Aversion-relief therapy: a new method for general application. *Behav. Res. Ther.* **2**, 71–82.

Turner, R. E. (1961). The group treatment of sexual deviations. *Can. J. Correct.* **3**, 485–491.

Vandeventer, A. D. and Laws, D. R. (1978). Orgasmic reconditioning to redirect sexual arousal in pedophiles. *Behav. Ther.* **9**, 748–765.

Whittaker, L. H. (1959). Oestrogens and psychosexual disorders. *Med. J. Australia* **2**, 547.

Williams, M. (1976). A struggle for normality. In Kraemer, W. (ed.), *The Forbidden Love.* Sheldon Press, London.

Wilson, G. T. and Davison, G. C. (1974). Behavior therapy for homosexuality: a critical perspective. *Behav. Ther.* **5**, 16–28.

Wolpe, J. (1958). *Psychotherapy by Reciprocal Inhibition.* Stanford University Press, Stanford.

Wolpe, J. and Rachman, S. (1960). Psycho-analytic "evidence": a critique based on Freud's case of Little Hans. *J. Nerv. Ment. Dis.* **131**, 135–148.

Woodward, M. (1958). The diagnosis and treatment of homosexual offenders. *Brit. J. Delinq.* **9**, 44–59.

Zuckerman, M. (1971). Physiological measures of sexual arousal in the human. *Psychol. Bull.* **75**, 297–329.

Part IV

THE WIDER CONTEXT

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8

Pedophilia: Constructing a Sociological Baseline

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Introduction

Pedophilia has rarely been of interest or concern to sociologists. Like most of the sexual variations, the prime students have been clinicians and psychologists — and indeed this book, in part, is a testimony to their achievements. But the neglect by sociologists is something to bemoan, for the sociological imagination does usually bring with it new insights and new problems: a critical debunking voice that is often subversive to established patterns of thought. With pedophilia, this critical voice has yet to be heard.[1]

In this chapter, my prime aim is to raise a few arguments that have been developed within "the sociology of deviance" generally, to assess their applicability to pedophilia, and thereby hopefully to suggest fruitful avenues of inquiry for sociologists in the future.

My starting point in pondering these issues was to turn the clock back and consider the kinds of arguments sociologists, including myself (Plummer, 1975), were making about homosexuality a few years ago. For the theorizing and data collection of sociologists (and some social psychologists) over the past two decades has increasingly portrayed the homosexual experience in more positive and favourable terms than earlier discussions — as a way of life rather than as a pathology

(Hooker, 1957; Dank, 1971; Bell and Weinberg, 1978). In part, such arguments have been used by politicians and homosexuals themselves in the currently continuing process of decriminalization, demedicalization and demystification; but it would be quite wrong to believe that such debates have resulted in a major restructuring of public opinion towards homosexuality. Indeed, recent opinion studies continue to indicate such hostility towards this sexual minority (Levitt and Klassen, 1974; Nyberg and Alston, 1976). Homosexuality may be liberally viewed by some; it is still condemned by most.

If condemnation remains the fate of the homosexual, it is probable that even more hostility must be directed towards other sexual minorities such as transvestites, fetishists, sado-masochists and pedophiles. Indeed, Lars Ullerstam (1966), writing in his book *The Erotic Minorities*, could stress that homosexuals were perhaps the most privileged of all erotic minorities, the other groups remaining beyond the pale, not only to the wider society but to other sexual minorities as well.

What is my concern here, therefore, is to unpack four of the arguments that sociologists have used with homosexual data and to see whether these may be applied in turn to pedophilia. The basic arguments (and there are obviously many more) are:

(1) That whereas deviants used to be seen in *stereotypical* terms as bizarre folk, slightly beyond the human pale — as inhuman "sex monsters" and "sex fiends" — the sociologists have attempted to *humanize* the variant: stereotypes are debunked and demythologized and the sexual experience is located in the total experience of the individual, rather than being torn away from its social context.

(2) That whereas the deviant used to be seen as a *sick*, pathological deeply-disturbed individual, the sociologist has stressed the normality and the legitimacy of the diverse sexual experience: it is now seen as *a way of life*, or a valid relationship.

(3) That whereas deviancy used to be seen as an *absolute*, as something within individuals, sociologists have stressed that deviancy is a *relative* category; rather than being intrinsic and inherent in any act it is a property bestowed upon acts by others.

(4) That whereas the deviant *per se* used to be the focus of analysis, the sociologist has switched attention increasingly

to a critical view of the *wider* social institutions in which the deviant is located.

These four arguments have been clearly developed in sociological works on homosexuality (most notably by those sociologists variously parading under the banner of labelling theory).[2] The task of this chapter is to see whether such arguments can be equally applied to pedophilia.

The Humanization of Deviants: Pedophilia as Stereotype

The first set of arguments generated by sociologists around both deviance in general and homosexuality in particular have concerned the analysis of existing stereotypes which can be shown to be contradicted by existing data. Thus, for example, the arguments that homosexuals are necessarily "dangerous seducers of youth", "rampantly promiscuous" or "effeminate, limp-wristed individuals" have been shown to be false. This is not to say that there is no element of truth in these stereotypes — of course there is. There are some homosexuals who are seductive; there are some who are sick; there are many who are effeminate; and there are even some who are murderers. Nor is it to deny their social control function — stereotypes can contain such horrendous portraits of the deviant that they work to deter the tempted. It is, however, to argue that the experience is much more diversified and variable than simple "control" stereotypes will permit, and the sociologist, by studying homosexual experiences *in context*, has been able to show that there is no such thing as *a* homosexual: there are only multiple paths to, and experiences of, homosexualities. As Bell comments, ironically paraphrasing Gertrude Stein, "the homosexual is *not* a homosexual is *not* a homosexual" (Bell and Weinberg, 1978).

There are two ways of demythologizing pedophilia. The first, and the simplest, is merely to cast doubt on most of the existing stereotypes that surround pedophilia by pointing to contradictory data. I have done this elsewhere (Plummer, 1979a) and indeed this book largely accomplishes this task. The second, and the more complex, is to cast doubt around the very category of "*The* Pedophile" — by pointing to the diversity of experiences behind that label. I will discuss each in turn.

THE STEREOTYPES OF PEDOPHILIA

Before one can seriously talk about the stereotypes held by members of society of pedophilia, they have to be meticulously researched! At present, it is possible to concoct a conjectural image based on readings of the media, informal interviews and causal observation, and come up with a composite image that *the pedophile tends to be a dirty, dangerous "old man" who attacks innocent young children in isolated spots, rapes them and then leaves the child in a permanent state of shock and damage.* Certainly, this is the most persistent image my casual discussions have revealed but it must be stressed again that since the area has not yet been researched, I do not know if it is at all *generally* valid.

All that can be said currently is that this image — if held — can be systematically thrown in doubt by the available evidence (Gagnon and Simon, 1968b; Mohr *et al.*, 1964). Consider the following.

First, the stereotype that *pedophiles are dirty old men.* They are usually not. Pedophiles stretch right across the age range, although Mohr finds three major age clusters — "one culminating in adolescence, another one in the mid- to late-thirties, and the classical old age one which usually dominates the descriptions of pedophilia, although it appears less frequently than the other two" (Mohr, 1962, p. 257). Thus, in the unrepresentatively small sample of the Pedophile Information Exchange study, 25 of their members were in the 20 to 29 age range, 28 were in the 30 to 39 age range, 20 in the 40 to 49 age range, 11 in the 50 to 59 age range, seven in the 60 to 69 age range, and one was over 69 (P.I.E., 1976). Bernard's study of 50 pedophiles in Holland found only 4% over the age of 61 (Bernard, 1975). More generally, McCary in his book on sexual myths comments:

> "The Kinsey data flatly disproved the popular image of the sex offender as a dirty old man. The average age of child molesters is only thirty-five! Only one-sixth of all men arrested on charges of child molestation, as a matter of fact, are past the age of fifty" (McCary, 1973, p. 157).

Secondly, there is the stereotype *that the pedophile is a stranger.* He is not. As Mohr comments:

> "It is not often that an actual stranger becomes involved with the child. One study shows that only about sixteen per cent of the girls

engaged in pedophiliac acts were involved with strangers, and another study showed about twelve per cent. Most girls become involved with family members, lodgers, neighbours and others in a close environment of a child. The relationship of boys to men tends to be less close but even here actual strangers are not very common" (Mohr, 1968).[3]

A third stereotype suggests that *the sex act is forced on the child and is uncontrolled.* It is not. Again Mohr (1968) comments that: "Most children could have avoided the experience if they had wanted to." In the main, he observes that pedophilia occurs in part with the cooperation of the child either out of sexual curiosity or out of emotional need. It is comparatively rare that the sex act is forced upon the child.

There is, however, a definitional problem here. Although the U.K. criminal statistics define most recorded adult–child sex relationships as "indecent assault", this is a technical assault only — since the child can never legally consent to such a relationship. There is undoubtedly a significant difference between rape and consent; and pedophilia by definition ("love of a child") embraces only the latter. Child rape and pedophilia need to be viewed as very different phenomena.[4]

Fourthly, there is the stereotype that the *sex act itself is damaging and dangerous and may even lead to such things as child murder.* It is generally not. The Kinsey study of sex offenders points to the myth of the brutal sadistic sex murder of children: child murder is exceptionally rare (although the attention it attracts may be great) and not one of their 18 000 interviewees reported being victimized as a child by a sadist (Gebhard *et al.*, 1965). Again, according to Mohr, touching and fondling accounts for about 60% of the behaviour between a pedophile and girls, followed by kissing and oral genital contact (about 15%), and apposition of the penis about 14%. Insertion is rare and mainly digital. In looking at the issue of rape, this same study conducted by Mohr did not find one instance under the age of 12. Gagnon, reviewing his findings, comments:

"It appears that eight-five to ninety per cent of all such experiences of pre-adolescent girls take either the form of observing the act of exhibitionism (a little over half) or single episodes of having their bodies touched, predominantly hand genital contact (about a third of occurrences). For males there is probably substantially the same distribution of offences. The bulk of these were limited to unsuccessful solicitations. This is followed, as in the case of girls,

> by a similar proportion involving general contact of extremely short duration and of an episodic character" (Gagnon, 1965b).

Fifthly, there is the stereotype that *the child is "innocent", "uninvolved" and "non-participating"*: this can be so (notably in rape cases) but this is usually not the case with pedophilia. Schultz (1973) in summarizing the literature concludes what many others have suggested (Mohr, 1968, p. 48; Ingram, 1977; Burton, 1967, p. 156):

> "Most of the sexually assaulted children, where no violence was employed, were engaged in affection-seeking behaviour and do not perceive the effect as traumatic" (Schultz, 1973, p. 155).

It is important here however not to go to the other extreme and suggest the child clearly precipitates the act — a view sometimes hinted at in victimology studies (Bender and Blau, 1937; Gibbens and Prince, 1963; Burton, 1967; Virkkunen, 1975) and found in the stereotype of the seductive child. Although there is some substance to this view, what must be highlighted is the fact that sexuality does not mean the same thing to adult and child. Hence, children are not automatically sexual though they do behave in ways which are capable of being interpreted as sexual by adults. Thus many children may behave in ways that could be regarded as provocative or "sexy". But this is the adult interpretation of the child's behaviour. In fact the child may simply be acting in ways in which it can establish relationships with adults — either as affectionate bondings or merely as play. The idea that the child is necessarily viewing the occurrence in the same sexual way as the adult does not follow.

A sixth stereotype suggests that *the consequences to the child of pedophilia are devastating*. They can be, but frequently they are not. This is a complex issue and three crucial distinctions must be made here; the first requires distinguishing between experiences that are consensual (pedophilia) and those that are not (child rape); the second requires distinguishing between the impact of the experience *per se* from the impact of the surrounding family reactions and courtroom drama; the third requires distinguishing the long-term impact from the short-term impact. Clearly such separations can be difficult in practice to make.

Nevertheless, on the first issue — consensus — it is relatively clear that non-consensual activities do bring short-term shock to the victims. Gagnon's (1965a) classic study of 333 adult women who were assaulted in childhood concludes that most of them found the experience unpleasant.

As he comments:

> "The overwhelming majority of the subjects reported that they reacted negatively to the victim experience. The most common response was one of simple fright, but there were also more extreme reactions of vomiting and severe hysteria. Others of the group responded in a mixed manner: fright mixed with curiosity, simple indifference, or a vague feeling of unease without any clear cut disturbance. Others reacted positively without fear, and in some cases arousal of a specifically sexual sort, up to and including orgasm, was reported on the part of the victim" (Gagnon, 1965a, p. 184).

This does however refer to non-consensual activity: where "consent" is given, studies point to the experience being without trauma and frequently mutually pleasurable (Bernard, 1979) unless, and this is an important proviso, it is "discovered" by the family or the community. When this happens, it appears that the child can become shocked by the engulfing anger and outrage of the adult (Gibbens and Prince, 1963; Burton, 1967). As Schultz remarks:

> "By far the greatest potential damage to the child's personality is caused by society and the victim's parents, as the result of (1) the need to use the victim to prosecute the offender, and (2) the need of parents to prove to themselves, family, neighbourhood and society that the victim was free of voluntary participation and that they were not failures as parents" (Schultz, 1973, p. 150).

Although there is some evidence of the child experiencing short-term shock the evidence for any long-term impact seems thin. Of Gagnon's 333 women mentioned above, only 5% said they experienced disturbances in later life, and of course, even these could have been due to other factors (Gagnon, 1965a). Likewise, those who suggest that an early homosexual relationship between child and adult will dispose that child to an adult homosexual orientation, have little evidence to support the claim (West, 1977, pp.217-218).

A final stereotype suggests that *pedophiles are men*: conventionally this is so, but it raises an analytical problem. Thus there is no doubt that the majority of pedophile offenders are men;[5] that the majority of discussions in the literature focus exclusively upon men;[6] and that the membership of pedophile organizations — at least in England — are overwhelmingly male.[7] All would seem clear.

Yet a major problem arises here because of the culturally specific

expectations of men and women by which men are more routinely viewed as "sexual" while women are viewed as being less so, and simultaneously more "emotional" and "maternal". These expectations positively encourage women — through their nurturant, maternal role — to have close bodily contact with children; a woman who caresses a child is not viewed with suspicion, for she is simply being "maternal". The same conduct from a man would usually invite suspicion; what may be socially prescribed for the woman may lead the man to a term of imprisonment.

It is not just that women are seen as more maternal, nurturant and affectionate than men; they are also (until very recently) seen as much less sexual. Given this, people are generally much less likely to contemplate the idea that children would be having sexual relationships with women since women are, by definition, not likely to be interested in or involved with sexuality.

What I am suggesting here is simple. While it is certainly the case that on public records alone most adult-child sexual relationships are male, I suspect that there is a considerable degree of adult female-child sexuality. Most of this, however, is hidden because of the expectations of the female role which simultaneously expect a degree of bodily contact between woman and child and deny the existence of sexuality in women.

In summary, then, any conception of pedophilia that suggests it routinely involves old male strangers forcing themselves on to innocent children with the most devastating short- and long-term consequences for the child must be seen as challenged by the existing findings.

THE PEDOPHILE AS SOCIAL TYPE

The few brief comments above should have highlighted not only the erroneous popular conceptions of pedophilia but also the diversity of experiences behind the over-simple category of "pedophile". Studies have pointed to the necessity to distinguish the range of children involved (boy or girl, from 0 to 16), the activities involved (from a "kiss and a cuddle" to exhibitionism or coital penetration) and the nature of the adult involved (young, middle-aged or old; very near the child's age or many decades away from it). Rossman's (1979) study, for instance, can list a spectrum of types on a continuum ("Romantic

man-boy games", "Passionate games", "Gay Homosexual games", "Chicken Queens", Platonic man-boy relationships, innocent horse-play, accidental horseplay, curious man-boy sex explorations, substitute pederasts, "Greek Lovers", sports comrades, adventurers, sensuous pederasts, viciously exploitative fetishist, sadist, etc.) as well as a series of parameters which the pederast's experience can vary on (monogamous vs. promiscuous, rough vs. affectionate, self affirmative vs. self negative, responsible vs. immoral, paternal vs. brotherly, platonic vs. self seeking, etc.). Yet, it should be immediately appreciated that Rossman's variations lie only within one broad range of pedophiliac experience[8] — that which Gebhard calls ephebophilia or hebephilia ("the man who is sexually interested in boys ranging from puberty to middle teens (Gebhard *et al.*, 1965, p. 321)). He is not talking about relationships with younger boys, and nor is he talking about the most pervasive form of pedophilia, i.e. relations with girls, which one journalistic author has labelled "The Lolita Complex" (Traynor, 1966).[9] Over colourfully Traynor also tries to capture something of the diversity behind this label. Of the men, he says

> "Those men who take their sexual satisfactions with pre-pubescent or early teenage girls come from nearly every walk of life. Rich and poor, intelligent and stupid, from rural and urban centres, they lust for the youthful, seek the immature as their sex partners. Some Humberts are pedophiles, others are neurotics some fit no specific classification.
>
> Many Humberts have normal sexual relations with adult women even as they engage children. Many too are impotent with women and can only achieve erection through the stimulation of young girls. Some Humberts never enter the subject of their choice but prefer instead to masturbate against the Lolita's buttocks or thighs or some other part of her anatomy. A few such men eschew even this physical contact and perform only cunnilingus on their subjects. Others force fellatio attentions to themselves. Some Humberts are young, others are very old. A great number of Humberts love their subjects with the heart of a Romeo, others kill. A few are very discriminating and wait for a particular type of girl to whom they can make love while others require only that the girl be young and womanhood still a winter away. Very often it is a thinly veiled line which separates the Humbert from the normal adult male. Perhaps the difference between them is as

> minute as the provocation and proximity of an attractive Lolita" (Traynor, 1966, p. 76).

Of the girls, he says:

> "Lolitas pout and primp, they giggle, they cry, they are shy and introspective or bold and noisy. They are addicted to movie heros, senior high school boys, folk singers and cars. Some Lolitas have straight boyish bodies, others are fully mature. Some are only beginning to show a youthful development, some of the Lolitas have started their menstrual cycles, others have not. They are ages nine or ten, maybe fourteen or fifteen. They all know periods of despondency and all of them experience high points of gaiety made known by the lilting laughter which can soar to the sky. Lolitas are bright or dull, beautiful and plain, mature and immature, lazy and lively, always in the way or too much away. They think of sex as they play with dolls and beg for an ice cream treat. Lolitas, all of them, are very much like every mother's daughter. The Lolitas, like their mature lovers, come from every type of family life, every intelligence level and every neighbourhood in the world. Often they may have a variety of subconscious wishes including father fixation, castration wishes, penis envy and rape desires, all of which lends itself to premature sexual urges which can and do stimualte the drives within a mature lover" (Traynor, 1966, p. 204).

While the language may be terrible, the point — of massive diversity — is, once again, well conveyed.

Now this kind of unpacking of the experiences is important and fine, as far as it goes. There is a world of difference between "a tough man of 40 seducing a girl of five to have intercourse": "an adolescent of 17 mutually masturbating a pre-pubescent 13-year-old boy"; "a 70-year-old woman caressing a ten-year-old boy"; a "thirty-year-old man having a relationship with a 14-year-old girl"; a "50-year-old man masturbating a six-month-old baby" and a "20-year-old man exposing himself to a nine-year-old girl". These "snapshots" are not meant to be value-laden, just to convey hugely contrasting experiences that could be caught behind the label "pedophilia".

However, such unpacking does not go far enough because it retains an exclusive interest in the sexual encounter, divorcing it from the complex social and emotional contexts in which it must be embedded. Pedophilia is often so hived off from its social context that it becomes

the property of people rather than a form of experience. *Activities* become *beings* and the talk is no longer of pedophilia — but *the* pedophile. It is against such a reification that much sociology has recently been directed.

In the study of homosexuality, for instance, many sociologists now argue that the idea of *a* homosexual is a historically specific invention. Of course homosexual experiences may be found cross-culturally and throughout history, but the idea that such experiences are to be found in a specific type of person is very recent (McIntosh, 1968; Weeks, 1977). Research in this area is thus being directed towards the evolution of "the homosexual" category and to an unmasking of the diffuse life experiences behind that label.

However, the invention of *the* homosexual is only one instance of a gallery of sexually perverted types — including *the* pedophile — that have been "discovered" in the past century (Foucault, 1979). There are two broad views of such discoveries that strain in different directions. One, the clinical view, believes these categorizations are increasingly useful in diagnosis and therapy; the other, the social-political, believes that they are often clinically useless — being unable to discriminate effectively between causes, symptoms and cures — and hence may be more fruitfully viewed in terms of their social influence, which is largely one of control (Stoller, 1975, Chapter 10). A major research problem ahead thus requires the investigation of the evolution of this category and its social control function.

The Normalization Deviants: Pedophilia as Pathology

One of the major debates over the past two decades, by students of deviance in general and homosexuality in particular, has been concerned with whether such experiences should be viewed as a sickness (argued by some clinicians) or not (argued by most sociologists): With homosexuality the debate reached its zenith in the American Psychiatric Association's momentous decision in 1973 to demedicalize homosexuality (Spitzer and Wilson, 1976, p. 842; Spector and Kitsuse, 1977, pp. 3-20). Apart from logical and moral arguments, the major thrust of the sociological argument in this area (the denial of the sickness theory of homosexuality) has been twofold. First, the demonstration (through personality tests or community studies) that

many homosexuals are psychologically well-adjusted and that some may even be "healthier than straights" (Freedman, 1971, 1975). And secondly, the argument that where disturbances or pathologies are found amongst homosexuals they usually flow from the hostile societal reactions rather than from an intrinsic disorder of the sexual impulse — the sickness is socially rather than psychically generated (Plummer, 1975; Bell and Weinberg, 1978). It has been suggested that pathology amongst homosexuals may be greater amongst those isolated from group support than amongst those who have group support.

Pedophilia — like homosexuality — is often, if not most frequently, seen as a pathology, and there is not yet sufficient empirical data to substantiate or refute such a claim. Most of the data that currently exists on pedophilia come either from a clinical or a criminal population which, as the researchers into homosexuality have clearly suggested, may not be typical of the population under study — representing as they do the so-called failures of the deviant world. I know of no comparative personality studies on pedophiles comparable to Hooker's (1957) on homosexuals; and since pedophiles do not usually form sub-cultures[10] it is not possible to conduct community studies of the type researchers into homosexuality have examined. However, given the argument that people who experience pedophilia generally lack any kind of supportive structure comparable to homosexuals, it is plausible that they would show higher degrees of disturbance than "homosexuals", facing as they do problems of stigmatization in isolation.

Since there is little data in this field, it is premature to speculate on their pathology — except to say perhaps in passing that impressionistically I see no more sign of pathology in those I know than I see in the general population. What I would like to do here, therefore, is to comment on the kinds of disturbances that they are likely to face, and to suggest what their sources are.

Basically, people with pedophile experiences face three kinds of problems; those which they have in common with all people; those which arise because of the intrinsic nature of pedophilia; and those which arise because of the stigmatization which surrounds the experience. In understanding these arguments sociologists tend to place the greatest attention upon the latter set of problems. Here I would briefly like to provide an illustration of each.

The general problems are not distinctive to pedophiles but common

to all people. For example, the problem of a lost love or an unrequited love may occur more frequently amongst pedophiles, but all people can in principle have such experiences. As one heterosexual pedophile wrote:

"How can it ever be possible to convey to people that we can suffer the same pangs of jealousy, emotional distress, at being parted from a loved one, and suicidal tendencies (when it appears the child who is the object of affection seems to have vanished for ever) as "normal lovers" do. How can they understand the terrible loneliness of a crowded room because she is not there. Helpless, lonely, living in a world of hopeless frustration because the one you love is constantly absent and yet ever constant in dreams, awake or sleeping. How could we tell them of the tears that can be shed because a little seven year old girl is no longer there."

Apart from the reference to a seven-year-old girl, that observation may be common to many people's lives, as may the following:

"I get so desperately in love with these people. Any of them, you know. If I had any sort of relationship with anybody, in the first place I wouldn't have it if I didn't like the person, there comes a kind of possessiveness that nobody likes. I wish I weren't possessive. Nobody likes anybody who is possessive. But if you are by nature possessive you can't help being like that, and I always get very much in love with them. It sounds silly to express what you mean by being in love. I want that person all the time you know, and I don't find many people like that."

Such problems could be illustrated many times. It is important to distinguish them because some sexually different people can see their lives being full of such problems, unique to themselves, whereas in fact such problems are widespread through many groups of society. It is important, therefore, to distinguish between such common problems and those problems which flow more specifically from being a pedophile.

A second set of problems can be seen to arise quite specifically from the pedophilic relationship *per se*. As Davidson (1968) puts it: it is "The unhappiness inherent in my nature". If one wanted to say that pedophilia was intrinsically disordered, it would be to these sets of problems that one would have to turn. At present I can only find one problem that is endemic to the pedophilic relationship, and that is the problem of growing up.[11] The loved object of the pedophile invariably

moves beyond the age at which he or she remains a loved object. With the girl, it could be the onset of menstruation and the appearance of breasts which signals the adult's loss of interest; with the boy, it could be the growth of bristles on the chin. As Murray remarks of his boy friend:

> "The razor marks upon his face
> Do rather spoil his youthful grace".
> (Quoted in Taylor, 1976)

This is not to say that the adult loses interest in the child, it is to say that the erotic component now dwindles. Many pedophile relationships established in early years can continue till the twilight of life, but the eroticism ceases at puberty. This can, of course, bring acute problems to the child who may be startled or confused about this sudden change of erotic interest by the adult. On the other hand, this needs to be balanced with the probability that very few adults have an *exclusive* attraction to children — with most it accompanies wider interests (Brongersma, 1977).

The third and, I believe, the most significant set of problems that people with pedophile experiences confront are those which flow from two sources: a hostile, stigmatizing society, and an age-stratified one.

The hostile society leads to many familiar problems: on the subjective level, problems of guilt and secrecy and an increasing importance in one's consciousness of the pedophiliac experience; and on an objective level, the problems of the possible risk of imprisonment, the loss of one's job, and the ostracism and banishment from a particular community. These are all problems, of course, that homosexuals themselves face (Weinberg and Williams, 1974; Plummer, 1975, Part 3). But for the pedophile they are likely to be much stronger — partly because the stigma is greater, and partly because they are less likely to receive sub-cultural support than homosexuals. Some of the pedophile's problems arising from stigma are caught in the following quote:

> "My two main worries are the frustration and the fear. With frustration, a man who's never committed any offence at all could go right through his life being a pederast and just withstanding the temptation. He is mostly burdened by the frustration, and doesn't need to worry about the fear. But if he's weak enough to give way sometimes to his will and so falls, then he's got the continuing frustration that always goes on, plus the fear of the

times when he broke the law. You hardly dare look at a policeman in the street, one gets frightened of them".

In addition to these problems arising from a hostile society, there are another set of problems that the pedophile faces which derive from an age-stratified society (Foner, 1975). It is very clear that our society is fairly rigidly stratified into age groupings: people are routinely herded together into different age bands and as a result it is difficult for young people to have contact with older people outside the family context. Thus, it is quite taboo for an older man or woman to select a young girl or young boy as a close friend. They are precluded from going to parties together, from visiting each other's homes, or from just generally enjoying each other's company. Both children and "older people" are excluded from a great many situations in our society, and this reinforces the pedophile's difficulties in gaining contact and establishing relationships. No wonder many pedophilic relationships develop either in the context of the family, where age boundaries can be broken down, or in the context of youth organizations, schools, and suchlike, where, albeit tenuously, adults are able to meet and mingle with children and young people. Generally, however, in our society such relationships are rendered very difficult for all and compound the problems of the "pedophile".

One important aspect of age-stratification which is neglected in discussions of pedophilia (and which is only applicable to older participants) is the general downgrading of sexuality amongst the elderly. It is not just children who are supposed to be asexual: it is the old too. Indeed, it is at these two ends of the continuum where procreation is impossible that illegitimate assumptions of asexuality are made. Yet just as it is now well documented that children enact sexual scripts from fairly early ages, it is now equally well documented that sex exists in the later years. It may even be the time of life when sex could become the most joyful, carefree and loving of experiences. Yet a society like ours, which looks askance at "sex over sixty", is setting up tension in the lives of many older people (Masters and Johnson, 1966, Chapters 15 and 16; DeLora and Warren, 1977, Chapter 9; Peterson and Payne, 1975; Rubin, 1976).

The Relativization of Deviance: Pedophilia as Perversion

When sociologists have examined deviance in general and homosexuality

in particular they have generally rejected the clinical, absolutist definition of sexual deviance. With sexuality, this absolute view, which is found in Freud and in more contemporary writers such as Storr (1964) and Socarides (1977), stresses that a deviation (perversion) is any sexual act which is exclusively engaged in and which cannot lead ultimately to heterosexual genital sexuality and concomitantly to procreation. As Freud puts it:

> "We shall recognise more clearly that the essence of the perversion lies not in the extension of the sexual aim, not in the replacement of the genitals, not even always in the variant choice of the object, but solely in the exclusiveness with which these deviations are carried out and as a result of which the sexual act serving the purpose of reproduction is put on one side. Insofar as the perverse actions are inserted in the performance of the normal sexual act as preparatory or intensifying contributions they are in reality not perversions at all. The gulf between normal and perverse sexuality is, of course, very narrowed by facts of this kind" (Freud, 1916/1963).

While such clinical definitions work within the assumptions of an absolute conception of normal sexuality where the benchmark is procreative heterosexuality, there are many clinicians who would be critical of it (Chesser, 1971, Chapter 1), and most sociologists have moved against this assumption on theoretical and empirical grounds.[12] Theoretically they have argued that deviancy is not a property of an act but a characteristic (of stigma) bestowed upon acts by others and self (Becker, 1963). Empirically they have pointed to the immense variability of sexual patterns throughout history and throughout cultures, and even within one culture (Ford and Beach, 1952). As Gagnon and Simon — major spokespeople for this theory — comment:

> "There is no form of sexual activity that is not deviant at some time, in some social location, in some specified relationships, or with some partners. Truly one can say that sexual deviance covers a multitude of sins" (Gagnon and Simon, 1968a, p. 107).

Given this view, nothing is deviant but naming makes it so. Hence, this argument presumably can be applied not only to homosexuality, but to fetishism, sado-masochism, exhibitionism, transvestism and even pedophilia. Pedophilia cannot, in sociological terms, be seen as inherently deviant; it must be seen as a stigmatizing categorization historically produced in certain kinds of societies. Certainly one can

point anthropologically and historically to societies where pedophilia has been condoned. Suggs (1966), for instance, describes Melanesian society as openly accepting man-boy sex play (Drew and Drake, 1969).

Given such sociological arguments then, it would seem that pedophilia cannot be seen as invariably deviant. It may be seen as such in different historical periods and in different cultural contexts, though it need not necessarily be so viewed. The problem with this view, however, is that it espouses an extreme sociological relativism. Whilst sociologists, *qua* sociologists, argue that nothing is inherently deviant, and that the definition of deviance will change from time to time and context to context, it is quite clear that most sociologists do work from hidden value premises by which they are willing to concede that some forms of activity are not wrong while tacitly supporting the view that others are. Thus for example, while sociologists are willing to condone homosexuality they do not seem willing to condone rape. Yet the logic of their sociological argument should lead them to see that rape is not inherently deviant — it is perfectly acceptable to many (men!) throughout history and across cultures (Brownmiller, 1975). So why, one could ask, don't sociologists *tacitly* encourage rape in much the same way as they *tacitly* encourage homosexuality to be viewed as legitimate? Clearly they do not, and the answer has nothing to do with their sociology: it depends upon their sentiments. The sham is revealed; sociologists (like clinicians) mask their moralities under the guise of "objectivity".

This raises a core problem in much of the contemporary sociology of deviance: whilst it claims objectivity, it is, in fact, deeply informed by classical liberalism. Like the clinicians, sociologists also work from a deeply assumed moral baseline — albeit the content now switches from a belief in the inevitability of the rightness of heterosexual coitus to the view that people should be allowed to do as they will providing they do not infringe the rights of others. Such a view is found in Schur's *Crimes Without Victims* (1963), where the case for the decriminalization of homosexuality is most explicitly made. Now whilst one might not agree with this position, I think it is fair to assert that much of the sociology of deviance is informed by this tacit moral stance of liberalism.[13] The question then has to be raised, how does pedophilia fare with such a moral criterion?

The answer of course is apparent; it fares badly. Generally, pedophilia is seen as violating the principles of liberalism, because the

child whose sexuality is affronted is not seen as a free moral agent capable of exercising rational choice. Hence, along with other groups such as the mentally handicapped, the child's rights have to be protected and pedophilia becomes an infringement of such rights. As Schur and Bedau put it:

> "No sensible defender of decriminalizing victimless crime would advocate abandoning the traditional protections which the criminal law has provided for children and juveniles against the exploitation, manipulation and injury at the hands of adults" (Schur and Bedau, 1974, p. 86).

Thus, pedophilia does not seem to lie within the same category-type as homosexuality. It is not comparable, and we should not therefore make the same arguments for it as we do for homosexuality. The cornerstone of the problem here seems to be the issues of consent (the child cannot) and inequality (the child is exploited). Homosexuals can (generally) consent and homosexuals (generally) are equal. The problem of pedophilia therefore is of a different order.

Yet here we are confronted with the classic problems of liberal theory (and *pari passu* much sociology): it is largely an asocial theory which does not allow for any drastic restructuring of society. While children *may* generally be incapable of consent in *this* society, and likewise may generally be in subordinate roles, we should not see this as inevitable. And if one could envisage a society where children were both equal and able to consent, pedophilia may not be so condemnable. It is to this kind of argument — speculative and quasi-philosophical — that I will now turn.

The Politicalization of Pedophilia: The Pedophile as Threat

A fourth concern of the newer writings in the sociology of deviance has been to examine the links between "the deviance" and the wider social order. Homosexuality, for instance, is now seen to be intrinsically connected to the family and the gender role systems (Weeks, 1977). Such wider discussions have also led to a growing awareness of the potentially political nature of some deviations, in the sense that they explicitly criticize the existing social order and seek innovation and change (Horowitz and Lielbowitz, 1968), and to an interest in the social movements developing around them (Humphreys, 1972).

In the past, pedophilia has been so firmly conceptualized as an individual pathology that it is hard to see how it can be connected to wider structural and political issues. Yet during the 1970s a number of small but vocal pedophile groups have been established in the Western world which seek to do just that. As I have discussed in detail elsewhere (Plummer, 1981), they have three kinds of goals: to provide *support* for outcast pedophiles, to seek *reforms* through education and the law, and to provide a *radical* critique of the way "the child" is treated in the contemporary West. Not surprisingly these movements have been met with severe approprium and public hostility: "the vilest men in England", according to one Sunday newspaper, and during 1977 and 1978 they became the centre piece of a "moral panic" that was distinctly reminiscent of the Montagu-Wildeblood homosexual scandals of the mid-fifties (Hyde, 1970). In a small way, then, the politicalization of pedophilia has come about through the activities of the pedophile movement (Hannon, 1977; Gay Left Collective, 1978; O'Carroll, 1979; Gough, 1979).

Both the political attacks upon, and defences of, pedophilia hinge centrally around the issues raised at the end of the previous section: the problems of consent and exploitation. I will raise some points about each:

The Consent Issue

Excluding rape (and I have repeatedly stressed that forced sex must be separated from pedophilia *per se*), the main issue of consent centres around the idea that the child is not capable of exercising judgement; that children are irresponsible and incapable of arriving at their own decisions. Hence it could be argued that the child could never willingly participate in sexual acts with adults. In discussing this particular doubt there seems to be two lines of reasoning which go right to the heart of the pedophiliac problem and which raise much wider issues. The first is the problem of "children's rights", and the second is the importance attributed to sexuality in our society.

Since the early 1970s there has been increasing discussion about children's rights (Farson, 1974; Feshbach and Feshbach, 1978; Gross and Gross, 1977; Holt, 1974). These discussions generally reject the assumption that children in our society are incapable of developing before certain ages and are generally socially inept and incompetent.

As Holt (1974) suggests, in *Escape from Childhood*, our society may be peculiarly repressive in its attitudes towards children. Indeed, the very notion of childhood may be an invention of recent society (Aries, 1962). Holt's argument stresses that children are more capable than we think of exercising responsibility and judgement in a wide range of areas, from setting up home to working; to looking after their appearances, to selecting their guardians and to travelling. He suggests that if one allows children to do these things, even from fairly early ages,[14] they will come to exercise responsibility and judgement within these areas in a way that at present we find difficult to comprehend. Sexuality would then just become one of these areas. At present children are not seen as capable of exercising judgement in their emotional and sexual lives. But Holt's argument, and the argument generally of those who favour children's rights, will encourage the view that children are quite capable given sufficient stimulation to exercise judgements in these areas.

But of course the problem is compounded precisely because we regard sexuality as a very special area. The idea of children's sexual innocence — although in part exploded by Freud — remains a myth, or at any rate a belief that many adults persist in subscribing to. Yet there is now ample evidence that children are quite capable from very early ages of becoming involved in acts which adults subsequently might interpret as being sexual. They do have orgasms at very early ages, they do masturbate at very early ages, and they do copulate on occasions at very early ages. Childhood sex play is now a well-documented fact (Broderick, 1966; Constantine, 1977; Elias and Gebhard, 1974; Gagnon, 1965b; Money and Tucker, 1977; Martinson, 1974, 1976; Yates, 1979). However, surrounding all this childhood sexuality is an aura of mystery and negativism. Parents will not talk to their children about sex; they will not provide them with a vocabulary for understanding it; and indeed if they discover that their children are involved in sexual relationships, they are likely to behave harshly and create a situation of guilt and hostility surrounding it (Gagnon, 1965b). It is part of my argument, however, that sex is not such a special thing as we often hold it to be.[15] It gains its importance from a society which stresses its importance. Hence, in our society it may come to take on a special, almost critical, role; but this is not inherent in sexuality so much as in the definitional processes of society's members. It is precisely because people define sex as so important that the

sexuality of children is regarded as a focal worry: it is turned into an issue for the child.

However, if it is the case that sex is really not inherently an all-powerful, all-embracing, all-important drive, then why should children not be allowed to develop their sexuality in much the same way as they are encouraged to develop their intelligence, their perception and their various other skills? Learning to construct sexuality at an early age might indeed be said to encourage them to understand their emotions, their personal relationships, and generally enable them to function better as social beings. The issue then becomes whether or not we should approach the sexuality of children in much the same way as we approach the learning patterns of children in other areas. Learning sexuality could be just like learning to walk and learning to read. It is because we view sex as special that we are unwilling to acknowledge that children might be able to learn sex in this way at an early age.

The two arguments examined here complement each other. First of all, adults do not see the possibility that children could exercise judgement, and therefore argue that the child could only be seduced into sexual relationships; and, secondly, in the area of sexuality they are unwilling to acknowledge the presence of sexual potentialities within the child, and therefore see any sexual involvement between child and adult as essentially a corrupting and seductive one.

If, however, we view children as potential adults capable of developing many of their faculties at an earlier age than we currently permit them to, and if we view sexuality as only one aspect of potential future development, which is no more important nor less important than most others, then the notion that children cannot consent to sexuality at an early age begins to subside.

Nevertheless, weakening the seduction argument does not challenge the exploitation argument. Whilst it may be perfectly possible for adults not to seduce children into sexual relationships in many instances, it may still be argued that there is an inherently unequal balance of power by which the adult invariably exploits the child (physically, emotionally or both).

The Exploitation Argument

This popular argument simply states that because adults are older and stronger and have developed a notion of their own sexuality, they are

in a powerful position to use children sexually in ways which have no due regard to the sexual feelings of the child and are only for the gratification of the adult.

There are a number of difficulties with the notion of exploitation, not least being that we live in a society in which all kinds of relationships have built into them a potential for exploitation. However, to see the pervasiveness of exploitation is in no way to condone it, and certainly few could endorse those kinds of pedophilic relationships which are clearly and solely exploitative. Some forms of child prostitution, and some forms of professional relationships (those in various social services and approved schools, etc.) which can be used to abuse children, would fall into this category and are areas where the law should often intervene.[16] On the other hand there is a considerable difficulty in understanding the precise nature of the term exploitation. Rather simply, it means a situation in which one of the individuals gains decisively more from the relationship than the other individual. Most relationships have power roles built into them in various ways and they may on balance be more or less exploitative. The question that needs asking is: who is to gain from this particular kind of relationship and how much does he or she gain?

Now there are some instances of exploitation in our society which are quite frequently condoned even on this level. One is the structure of male-female relationships by which men, more or less systematically, seem able to exploit women.[17] Another argument is the exploitation of children in the family: that parents very frequently have children for selfish reasons and raise children for selfish reasons. The child becomes an object within the family: he or she can be petted, called "cute", dressed up to please the whims of the parents, bossed around the house, battered on occasions, treated as a scapegoat for family problems; he or she can be used to cement the relationship of a wilting couple, or be used as a means for adults to reinvigorate their lives with new and exciting meaning. However, whilst the child may be treated as a love object, "an emotional object", within a family setting and may, therefore, be exploited by his or her parents, this may not necessarily be seen as a "bad thing". On the positive side the child is given, in many circumstances, food, clothing, a basic security and a home from which he or she can develop in many directions. So to be able to demonstrate that parents use their children too is not to necessarily say that they exploit them, because the balance sheet of who benefits

usually shows that the child gains a great deal out of that family relationship.

The same argument can be applied to pedophilia. There may be many instances where adults wilfully and maliciously use children for their own gratification with no regard for the child. But in order to answer the attack made by critics of pedophilia on exploitation, one needs also to ask the question, what could the child benefit out of that relationship? Normally the benefits are not seen as being very great. For Eglington, however, and other proponents of "Greek Love", the benefits are clear:

> "Greek Love, when handled responsibly, helps tide an adolescent boy over an essentially difficult period in his life, when his relationship with the adult world hangs in the balance" (Eglington, 1971, p. 78).

At the very least it could be suggested that on occasions, pedophilia may help the child (a) relate closely with adults outside the limited family context and thereby help to reduce age divisions in society, (b) in his or her emotional and sexual development when parents abrogate their responsibilities in this,[18] and (c) find parental substitutes and guidance in situations of parental neglect. And even when the benefits are not this clear, many adults can talk of their own childhood experiences with adults in glowing terms. Dr Bernard's volume contains many such accounts. As one woman in middle age said:

> "Perhaps you cannot imagine this, but when I was 12, I was very much in love with a man of 50 and he with me. I don't know who made the first move but we stroked each other and experienced sexuality together. It relaxed me wonderfully . . . I am now married and have four children. I would not object to their having sexual contacts with adults. I regard it as positive" (Bernard, 1979).

It is difficult, then, within a pedophile relationship to be very clear about the balance of power. Certainly if one just studies existing relationships, the power balance can be very ambiguous — for maybe as Tom O'Carroll suggests "Power in a consensual relationship resides with the party that needs the relationship less", and very often that is the child. Sometimes, then, it is possible for the child to "exploit" the adult — financially and emotionally.[19] This is not to deny that taken collectively children — as a category — are always in a subordinate position to adults,[20] only to show that in actual experience the situation is more complex.

Conclusion

This has been a highly speculative study in a much understudied area. Pedophilia — perhaps unlike homosexuality — is still a social horror,[21] and under the banners of "child molestation" and "sex fiends" it is probably the sexual variation to evince the most extreme moral outrage from both the public and "scientists". In this chapter I have certainly not, as some critics suggest, been "advocating child abuse". Rather, I have speculated on the applicability of some general sociological arguments to pedophilia. My conclusions are very tentative, but they do suggest that some of the arguments might be applicable. By applying sociology to the field of pedophilia we may partially relativize it, humanize it, normalize it, and politicize it.

Academic arguments, however, of this variety will not resolve the pedophiles or the child's plight, any more than sociological studies of homosexuality have resolved the homosexual's plight. The humanization of homosexuality, I believe, is predominantly an outcome of the Gay Liberation and Homophile Movement's work. However, the "liberation of homosexuality" has not been due to the arguments put forward by its protagonists so much as to the existence of a gay movement that renders public and organized what previously was hidden and secret. When homosexuals were closeted and atomized, they could not be seen, and this allowed the myths and the hatred to flourish. Once homosexuals started to become organized and to "come out", people could slowly see that to some extent the myths were wrong and that to some extent homosexuals were just like you and me (indeed often are you and me!).

Likewise, both the pedophile's and child's plight in the end can only be resolved by action on the part of the pedophiles and children. No amount of academic theorizing can of itself help the pedophiles or the child's cause. Yet unlike homosexuals, pedophiles especially cannot easily get organized and "come out". The latter is indeed predicated on the former, but to create pedophile groups is to risk severe abuse, police harassment and imprisonment. Already in England the minute pedophile organizations (PIE and PAL) have been the subject of great hostility. Likewise, children — because of their devalued role — have no voice: they can be seen but not heard. So, ironically, until pedophiles and children become publicly explicit about their

sexualities the myths that I have examined in this chapter will continue to flourish and serve as the rhetoric for moral indignation and scapegoating hatred. These are sensitive and delicate issues; and it is as hard for social scientists to purge themselves of their moralistic biases as it is for the population at large. But, at the very least, it is necessary for them to listen, coolly and dispassionately, to the voice of both "pedophile" and child; and to then connect these "accounts" to wider matters of history and social structure.

Notes

1. The main *sociological* studies of pedophilia to date are those of Schofield (1965), Gagnon (1965a), McCaghy (1967, 1968, 1971), Rossman (1973, 1979) and Taylor (1976, 1980). Lest this list looks surprisingly long in the light of my comments, Schofield's study is primarily of homosexuality, Rossman is a theologian and has written rather polemical studies and Taylor's work mainly awaits publication. This really only leaves Gagnon and McCaghy.

2. Amongst the clearest statements of this perspective are Schur (1971) and Gove (1975). I have outlined this perspective and analysed its weaknesses in Plummer (1979).

3. MacFarlane indicates that nearly 50% of *reported* cases in America involve parents, relatives and parent figures (MacFarlane, 1978, p. 86). In this chapter however, I am not concerned with those experiences technically describable as "incest" — important as this is for sociological investigation it would make this chapter over-complex.

4. For a sustained treatment of those acts which do involve "the forced, pressured or stressful sexual behaviour committed on a person under the age of 17" — which should *not* therefore be viewed as pedophilia, see Burgess *et al.*, 1978, p. xi.

5. In 1976, only 40 women were found guilty of any sexual offences (other than prostitution), and ten of these were "indecent assaults on females". Note, it is not technically even an offence for a woman to have sexual intercourse with a boy over 14 — an indication of a bias within the criminal categories by which most crime is male-defined. For a general, though inadequate, discussion of such problems, see Smart (1976).

6. For instance, two key writers in this field comment: "We will furthermore eliminate from our discussion sexual contacts between children and adult women, because the huge majority of offences against either sex are committed by men" (Gagnon and Simon, 1969, p. 54).

7. Only two members of the Pedophile Information Exchange in 1976 were women — and they were both more oriented towards girls than boys. Most of the world-wide pedophile organizations that I have contacted seem to be run by men for men — the exceptions being "child sexuality organizations" such as the Childhood Sensuality Circle. In passing, it can be mentioned that nearly all pedophile organizations are not only run by men — their prime interest is in boys. Thus there is a heavy, and unfortunate bias, towards "man-boy" love within these movements; unfortunate

because it may be out of all proportion to the frequency of man-girl relationships (cf. MacFarlane, 1978, p. 87).

8. Although Rossman does suggest that "one in eight men have occasional pederastic inclinations" (Rossman, 1979).

9. After, of course, Nabokov's famous novel *Lolita* (Nabokov, 1955).

10. There are some exceptions to this, and they are discussed in Rossman's (1979) study. Brian Taylor has also suggested (in personal correspondence) that the so called homosexual subculture of the late nineteenth century in England (cf. Wilde) was one that largely centred around pederasty. If this is so, it may be one foundation for the now incorrect stereotype that homosexuals are boy-lovers.

11. Clearly many more could be suggested such as the inability to conceive (which is obviously true of all male-male relationships, and of relationships with pre-pubertal girls). But since so many sexual experiences nowadays result in non-conception, and so many fertile relationships choose not to conceive, it is not really a strong or unique claim.

12. One of the most humanistic clinical accounts of sexual deviance — which is not absolutist — is Chesser (1971), where he views "loveless sex" as the only true perversion. Interestingly, he does seem to include pedophilia under the heading, primarily because he views it as non-consensual sex.

Recently, a new "absolutist" conception of perversion has entered the clinical literature through Robert Stoller's (1975, 1976) highly provocative and intriguing work. For him, perversions are all sexual experiences motivated (often unconsciously) by hatred.

13. Although it is questionable whether Schur would endorse liberalism himself. See his debate with Bedau over this in Schur and Bedau (1974).

14. Although it probably remains a critical issue for developmental psychologists to decide at what age children can assume these responsibilities.

15. This idea is to be found especially in the writings of Gagnon and Simon (1973).

16. Although brief, see the discussions of "special relationships" in the Home Office document on the age of consent (Home Office, 1979, paragraph 33 and pp. 63-64).

17. Although even here the "costs" are not all one sided. For discussions of the problems of men "losing out", see Gilder (1973), David and Brannon (1976), and Tolson (1977).

18. See the discussion by Money (1978) on the need for the children to experience sexuality.

19. Some of the ways in which boys may exploit men are detailed in Lloyd (1977).

20. There are, of course, direct analogies here with both race and sex. Racial and gender stratification exists structurally even though there may be many instances in which specific women dominate men, or specific "blacks" rule over whites. Likewise children can exert power over adults even when structurally they are in subordinate relationships.

21. Although there is no space to discuss it here, a major sociological problem is to investigate the social reasons for the hostility towards pedophilia. Speculatively, it may have a great deal to do with the threat it poses to the family (parents have a monopoly over their children and pedophilia poses a threat to this monopoly).

References

Aries, P. (1962). *Centuries of Childhood.* Cape, London.

Becker, H. S. (1963). *Outsiders: Studies in the Sociology of Deviance.* Free Press, New York.

Bell, A. P. and Weinberg, M. S. (1979). *Homosexualities: a Study of Diversity among Men and Women.* Mitchell Beazley, London.

Bender, L. and Blau, A. (1937). The reaction of children to sexual relationships with an adult. *Amer. J. Orthopsychiat.* **27**, 500-519.

Bernard, F. (1975). An enquiry among a group of pedophiles. *J. Sex Res.* **11**, 242-255.

Bernard, F. (1979). *Pädophilie: von der Liebe mit Kindern.* Verlag Andreas Aschenbach, Lollar.

Broderick, C. (1966). Sexual relationships among pre-adolescents. *J. Soc. Iss.* **22**(2), 6-21.

Brongersma, E. (1977). On loving relationships: human and humane. *Childhood Rights* **1**(2), 1-4.

Brownmiller, S. (1975). *Against Our Will: Men, Women and Rape.* Simon and Schuster, New York.

Burgess, A. W., Groth, A. N., Holmstrom, L. L. and Sgroi, S. M. (1978). *Sexual Assault of Children and Adolescents.* Heath, Lexington.

Burton, L. (1967). *Vulnerable Children.* Routledge and Kegan Paul, London.

Chesser, E. (1971). *The Human Aspects of Sexual Deviation.* Jarrolds, London.

Constantine, L. L. (1977). Open family: a lifestyle for kids and other people. *Fam. Co-ord.* **26**, 113-121.

Dank, B. (1971). Coming out in the gay world. *Psychiatry* **34**, 180-189.

David, D. S. and Brannon, R. (1976). *The Forty Nine Per Cent Majority: the Male Sex Role.* Addison Wesley, Reading.

Davidson, M. (1968). *The World, the Flesh and Myself.* Mayflower-Dell, New York.

DeLora, J. and Warren, C. A. (1976). *Understanding Sexual Interaction.* Houghton Mifflin, Boston.

Drew, D. and Drake, J. (1969). *Boys for Sale.* Brown Book Co., Farmingdale, New Jersey.

Eglinton, J. Z. (1971). *Greek Love.* Spearman, London.

Elias, J. and Gebhard, P. (1974). Sexuality and sexual learning in childhood. In Rogers, R. S. (ed.), *Sex Education: Rationale and Reaction.* Cambridge University Press, Cambridge.

Farson, R. (1974). *Birthrights.* Macmillan, New York.

Feshbach, N. D. and Feshbach, S. (1978). The changing status of children: rights, roles and responsibilities. *J. Soc. Issues* **34**(2).

Foner, A. (1975). Age in society: structure and change. *Amer. Behav. Scientist* **19**, 144-165.

Ford, F. and Beach, C. S. (1952). *Patterns of Sexual Behaviour.* Methuen, London.

Foucault, M. (1979). *The History of Sexuality. Vol. 1: an Introduction.* Allen Lane, London.

Freedman, M. (1971). *Homosexuality and Psychological Function.* Brooks Cole, Monterey, California.

Freedman, M. (1975). Some homosexuals may be healthier than straights. *Psych. Today* 8(10), 28–32.

Freud, S. (1916/1963). *Introductory Lectures on Psycho-analysis*, Standard Edition Vol. 15. Hogarth Press and Institute of Psycho-analysis, London.

Gagnon, J. H. (1965a). Female child victims of sex offences. *Social Problems.* 13, 176–192.

Gagnon, J. H. (1965b). Sexuality and sexual learning in the child. *Psychiatry* 28, 212–228.

Gagnon, J. H. and Simon, W. (1968a). Sexual deviance in contemporary America. *Ann. Amer. Acad. Pol. Soc. Sci.* 376, 107–122.

Gagnon, J. H. and Simon, W. (1968b). Sexual encounters between adults and children. In Sex Information and Education Council of the United States (ed.), *Sexuality and Man.* Scribners, New York.

Gagnon, J. H. and Simon, W. (1969). The child molester: surprising advice for worried parents. *Redbook Magazine*, February 1969, 54--60.

Gagnon, J. H. and Simon, W. (1973). *Sexual Conduct.* Aldine, Chicago.

Gay Left Collective (1978). Happy families: pedophilia examined. *Gay Left* 7, 2–6.

Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). *Sex Offenders: an Analysis of Types.* Harper and Row, New York.

Gibbens, T. C. N. and Prince, J. (1963). *Child Victims of Sex Offences.* Institute for the Study and Treatment of Delinquency, London.

Gilder, G. F. (1973). *Sexual Suicide.* Bantam Books, New York.

Gough, J. (1979). Childhood sexuality and paedophilia. *Gay Left* 8, 18–19.

Gove, W. (1979). *The Labelling of Deviance.* Wiley, London.

Gross, B. and Gross, R. (1977). *The Children's Rights Movement: Overcoming the Oppression of Young People.* Anchor Press, New York.

Hannon, G. (1977). Men loving boys loving men. *Body Politic* Dec/Jan.

Holt, J. (1974). *Escape from Childhood: the Needs and Rights of Children.* Dutton, New York.

Home Office Policy Advisory Committee on Sexual Offences (1979). *Working Paper on the Age of Consent in Relation to Sexual Offences.* H.M.S.O., London.

Hooker, E. (1957). The adjustment of the male overt homosexual. *J. Proj. Tech.* 21, 18–31.

Horowitz, I. and Lielbowitz, M. (1968). Social deviance and political marginality: toward a redefinition of the relation between sociology and politics. *Social Problems* 15, 280–296.

Humphreys, R. A. L. (1972). *Tearoom Trade.* Aldine, Chicago.

Hyde, H. M. (1970). *The Other Love.* Heinemann, London.

Ingram, M. (1979). The participating victim: a study of sexual offences against pre-pubertal boys. In Cook, M. and Wilson, G. (Eds.), *Love and Attraction: an International Conference.* Pergamon, Oxford.

Levitt, E. E. and Klassen, A. D. (1974). Public attitudes towards homosexuality. *J. Homosex.* 1, 29–44.

Lloyd, R. (1977). *Playland: a Study of Boy Prostitution.* Blond and Briggs, London.

McCaghy, C. (1967). Child molesters: a study of their careers as deviants. In Clinard, M. and Quinney, R. (eds.), *Criminal Behavior Systems*. Holt, New York.
McCaghy, C. (1971). Child molesting. *Sexual Behav.* 5, 16--24.
McCary, J. C. (1973). *Sexual Myths and Fallacies*. Schocken Books, New York.
McIntosh, M. (1968). The homosexual role. *Social Problems* **16**, 182–192.
MacFarlane, K. (1978). Sexual abuse of children. In Chapman, J. R. and Gates, M. (eds.), *The Victimisation of Women*. Sage, London.
Martinson, F. (1974). *Infant and Child Sexuality*. The Book Market, St. Peter, Minn.
Martinson, F. (1976). Eroticism in infancy and childhood. *J. Sex Res.* **12**, 251–262.
Masters, W. H. and Johnson, V. (1966). *Human Sexual Response*. Churchill, London.
Mohr, J. W. (1962). The pedophilias: their clinical, social and legal implications. *Can. Psychiat. Assn. J.* **7**, 255–260.
Mohr, J. W. (1968). A child has been molested. *Med. Aspects Hum. Sexuality* **2**(11), 43–50.
Mohr, J. W., Turner, R. and Jerry, M. (1964). *Pedophilia and Exhibitionism*. University of Toronto Press, Toronto.
Money, J. and Tucker, P. (1977). *Sexual Signatures: on being a Man or a Woman*. Abacus, London.
Money, K. E. (1978). Physical damage caused by sexual deprivation in girls. *Med. Hypoth.* 4, 141–148.
Nabokov, V. (1955). *Lolita*. Putnam, New York.
Nyberg, K. and Alston, J. P. (1976). Analysis of public attitudes toward homosexual behavior. *J. Homosex.* **2**, 99–107.
O'Carroll, T. (1979). Pedophilia: a respone. *Gay Left* **8**, 13–17.
Paedophile Information Exchange (1976). *Survey of Members*. Paedophile Information Exchange, London.
Peterson, J. A. and Payne, B. (1975). *Love in the Later Years*. Association Press, New York.
Plummer, K. (1975). *Sexual Stigma: an Interactionist Account*. Routledge and Kegan Paul, London.
Plummer, K. (1979a). Misunderstanding labelling perspectives. In Downes, D. and Rock, P. (eds.), *Deviant Interpretations*. Martin Robertson, Oxford.
Plummer, K. (1979b). Images of paedophilia. In Cook, M. and Wilson, G. (eds.), *Love and Attraction: an International Conference*. Pergamon, Oxford.
Plummer, K. (ed.) (in press). *The Making of the Modern Homosexual*. Hutchinson, London.
Rossman, G. P. (1973). The pederasts. *Society* **10**, 29–35.
Rossman, G. P. (1976). *Sexual Experience between Men and Boys*. Temple Smith, London.
Rubin, I. (1976). *Sexual Life after Sixty*. Basic Books, New York.
Schofield, M. (1965). Child molestors. *New Society* **6**(159), 11–13.
Schultz, L. G. (1973). The child sex victim: social, psychological and legal perspectives. *Child Welfare* **52**, 147–157.
Schur, E. (1965). *Crimes without Victims*. Prentice Hall, Englewood Cliffs.
Schur, E. (1971). *Labelling Deviant Behavior*. Harper and Row, New York.
Schur, E. and Bedau, H. A. (1974). *Victimless Crimes: Two Sides of a Controversy*. Prentice Hall, Englewood Cliffs.

Smart, C. (1976). *Women, Crime and Criminology: a Feminist Critique.* Routledge and Kegan Paul, London.

Socarides, C. W. (1977). *Beyond Sexual Freedom.* Quadrant Press, New York.

Spector, M. and Kitsuse, J. I. (1977). *Constructing Social Problems.* Cummings, Menlo Park, California.

Spitzer, R. L. and Wilson, P. T. (1976). Nosology and the official psychiatric nomenclature. In Freedman, A. M., Kaplan, H. I. and Sadock, B. J. (eds.), *Comprehensive Textbook of Psychiatry.* Williams and Wilkins, Baltimore.

Stoller, R. (1975). *Perversion: the Erotic Form of Hatred.* Pantheon Books, New York.

Stoller, R. (1976). Sexual excitement. *Arch. Gen. Psychiat.* **33**, 899–909.

Storr, A. (1964). *Sexual Deviation.* Penguin, Harmondsworth.

Suggs, R. C. (1966). *Marquesan Sexual Behavior.* Harcourt, Brace and World, New York.

Taylor, B. (1976). Motives for guilt-free pederasty: some literary considerations. *Sociol. Rev.* **24**, 97–114.

Taylor, B. (1980). *Perspectives on Paedophilia.* Batsford, London.

Tolson, A. (1977). *The Limits of Masculinity.* Tavistock, London.

Traynor, R. (1966). *The Lolita Complex.* Citadel Pres, New York.

Ullerstam, L. (1967). *The Erotic Minorities.* Calder, London.

Virkkunen, M. (1975). Victim precipitated paedophilia offences. *Brit. J. Criminol.* **15**, 175–180.

Weeks, J. (1977). *Coming Out: Homosexual Politics in England from the Nineteenth Century to the Present.* Quartet Books, London.

Weinberg, M. S. and Williams, C. J. (1974). *Male Homosexuals: Their Problems and Adaptations.* Oxford University Press, New York.

West, D. J. (1977). *Homosexuality Re-examined.* Duckworth, London.

Yates, A. (1979). *Sex without Shame.* Temple Smith, London.

9

Adult Sexual Interest in Children: Implications for Social Control

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Pedophilia is a social problem. Laymen may reasonably expect that expert researches of the kind reviewed in earlier chapters should lead to an understanding of the causes of the problem and point to ways and means of dealing with it. To some extent the researches do just this, but — as often happens when academics probe into social problems — questions are raised and complexities discovered that had never been thought of before. Furthermore, as researches progress, it becomes even more apparent that we have only begun to scratch the surface of this difficult topic. On even the most elementary points information is still scanty and uncertain. Different workers, depending upon the source of their samples and the aspects which they examine, arrive at different conceptions of what is typical of pedophiliac offenders, victims and behaviour.

Incidence of Adult Sexual Interest in Children

The incidence and character of sexual contacts between children and adults in our society, and the likely long-term effects of such contacts on the children involved, are probably best determined by victim

surveys. Pending more detailed and up to date surveys, which are badly needed, Kinsey's work remains one of the best sources. He found that 24% of a normal female population reported having been approached sexually when they were less than 14 years old by a male at least five years older than themselves (and not less than 15 years old). Almost half the males involved were relatives or acquaintances. Of those who reported having had any such experience, only 3% had had coitus with the man or men concerned. About 31% of the sexual contacts with adults had involved fondling and petting without touching of the genitals. In some cases the man exhibited himself or masturbated in front of the child without touching her. Out of the total of 4441 females who provided information only one had sustained serious injury as a child through sexual contact with an adult male (Kinsey *et al.*, 1953).

Startling as they may seem, Kinsey's findings on the ubiquity of pedophiliac contacts probably underestimate the true position. Natural forgetfulness, and natural reluctance to disclose embarrassing incidents, must have caused some omissions. Since incidents resulting in appreciable physical harm would be more readily remembered and reported, the fact that so few of these were found suggests strongly that this kind of risk tends to be exaggerated in the public mind. Although they had seemingly sustained no permanent ill effects, the majority of Kinsey's female informants who had had such experiences when they were children reported being upset by them at the time. Kinsey was inclined to attribute this reaction to a culturally conditioned fear of sex, promoted by parental attempts to suppress their children's sexual interests and to warn them of the dangers of talking to strange men.

Except in the context of the sort of incident that comes before the criminal courts, pedophiliac behaviour in our society is hidden and little discussed, but the high proportion of children who have these experiences indicates that the phenomenon is too widespread to be limited to a small minority of deviant offenders. It follows that a man detected in this form of misbehaviour does not necessarily belong to the small minority whose sexual life is mainly or exclusively bound up with children. The courts need to keep this point in mind, particularly when dealing with young first offenders whose prospects of recidivism are actually quite low (Mohr *et al.*, 1964). The situation is somewhat analagous to that of men arrested for sexual acts with other adult males in public conveniences. Many of these are married men with

families who would not be classified, either by themselves or by the persons who know them best, as primarily homosexual (Humphreys, 1970).

Anthropologists have described many permissive cultures in which the sex play and mutual masturbation practised by infants and pre-pubertal children are openly recognized, if not actively encouraged, and in which children are allowed to witness and to discuss adult sexual behaviour. From an extremely early age infants react with sexual reflexes and obvious pleasurable responses to tickling of the genitals. In a few permissive cultures adults take advantage of this and participate freely and openly in the sexual stimulation of young children (Ford and Beach, 1952; Marshall and Suggs, 1971). Even during the epoch of Victorian puritanism, among overcrowded slum dwellers in our own society children could not be shielded from sex and kept ideally innocent in the way that was considered feasible and desirable in middle class circles. In many Eastern cultures today, notably in parts of India, society makes little attempt to deny the sexuality and attractiveness of the pre-adolescent child, and marriages contracted at ages below our own legal age of consent are common. A homosexual pedophile interviewed by me shortly before his trial and imprisonment assured me that as soon as he was released he would make his way back to India where, as he knew from experience, contacts with young boys did not excite the shocked reactions typical of English society.

Child Sexuality

Thus, the problem of pedophilia leads to the wider topic of the sexuality of children and to important issues concerning the guidance and education of children in regard to sex. Many people consider that the trend towards permissiveness in sex had gone too far, but in practice permissiveness for adults has changed only minimally the common assumptions that young children do not need and should not have sexual contacts. In a vividly written work, that is none the worse for raising controversial questions about which firm evidence is lacking, the psychiatrist Alayne Yates (1979) pleads for the replacement of "studied indifference or anxious distraction", the traditional adult stance when confronted with childhood sexuality, by more encouraging responses. She believes that appreciative remarks

about the infant's genital appearance, and positive rather than negative comments on genital exploration and manipulation, promote a healthy acceptance of developing eroticism. This approach leads to easier and more rational control of sexual behaviour than if the child has learned through unspoken disapproval that sexiness is bad and must be concealed. The so-called period of "latency" between infancy and puberty, when children may appear to adults to be little interested in sex (although sometimes quite otherwise when alone or with others of the same age) is in large part of a product of the parents' cultural expectations.

As Yates (1979) points out, standard texts on child care are wary of giving advice on sexual matters. They are unlikely to specify the proper response to an infant's attempts to explore a parent's body, whether or when to curtail child–parent nudity, if or when to bathe together or what limits to put on cuddling in bed. These omissions reveal the unease about childhood sexuality that still pervades our thinking, even in the so-called permissive age. Whereas these ordinary concerns receive too little attention, the peculiar circumstances which lead to prosecutions for indecent assault or for incest involving children attract almost obsessive attention in some sections of the press. Problems associated with childhood sexuality obtrude unavoidably when the criminal courts are obliged to make decisions on the welfare, control and punishment of the participants in reported incidents. Unfortunately, in the absence of research into what might be called the "normal" range of experience of sexual curiosity, attraction or contact between adults and children at different ages, psychiatric and criminological studies of pedophiliac phenomena have to be based on observations of the highly selected samples brought to the notice of the police and the courts.

The continuity of erotic interest and activity over the pre-pubertal years reveals itself clearly, if inappropriately, in children who form secret sexual liaisons with adults. This happens particularly with young girls who develop incestuous relationships with their fathers which may continue perfectly contentedly into adolescence or beyond, until such time as outside interests and boyfriends intrude. One ex-prisoner with a long history of convictions for molesting young girls and boys, told me that he had been visited regularly over a period of eight years by a neighbourhood boy for purposes of mutual masturbation and the enjoyment of his collection of pornography. The boy accepted small

amounts of cash in return for these favours. He stopped coming when he reached 14 years of age. Some three years later he turned up again wanting a repeat performance and offering to bring his fifteen year old girlfriend to join in the fun; but by this time he was too mature to be any longer attractive to my pedophile patient, who in any case had been rendered impotent by anti-androgen medication.

The new (or rather renewed) recognition of the reality of child sexual activity, so ably expressed by Thore Langfeldt (see Chapter 4 of this volume), brings with it a new outlook on pedophiliac relationships. The wisdom of ignoring or discouraging children's sexual pleasures is rightly called into question, since to deprive them of a natural learning experience may impede sexual fulfilment in later life. Desirable as a positive attitude to child sexuality may be, however, it does not follow that a similarly positive attitude to sexual contacts with adults is equally desirable. Uninhibited caresses by parents, judicious instruction in masturbation, compliments on sexual growth and responsiveness and freedom from taboos about bodily exposure or sex talk within the family are relatively easy to accept, tolerance of a continuing sexual love relationship between an adult and his own or another person's child is another matter.

Given the child's immaturity and dependence upon adults it is difficult to see how a balanced sexual relationship could exist between them. Much childish sex is playful, exploratory and predominantly animal. The emotions and possessiveness of the sexually involved adult can be overwhelming, especially if the adult happens to be a parent, guardian or influential family friend. Admittedly, pedophiliac relationships do sometimes seem beneficial. A child may learn much from a consistent and caring adult lover and come to cherish him as a friend long after the period of erotic attachment has passed. Unfortunately, less happy outcomes are all too frequent. Children can be pressed into continued erotic practices that they do not really want because they fear to displease, or to be rejected, or because they cannot bring themselves to give up the rewards of compliance. They may come to feel guilty, perhaps because of the sordid or secretive circumstances of the affair, or from fear of the consequences of detection. This may in turn interfere with the development of relationships with peers. In the absence of reliable research information as to the extent and frequency of these complications, it is difficult to know what to advise when an actual or suspected pedophiliac relationship comes to the

attention of a parent, teacher or other concerned individual. The usual tendency is to over-react. The effects of anxious probing by parents, followed by police interrogations, court proceedings and the possible imprisonment of someone to whom the child has been much attached, are certainly worse than the effects, if any, of the sexual activity itself.

Boys are less likely than girls to have sexual contact with adult males. Whereas girls can behave seductively, or at least coquettishly, without creating a furore, similar behaviour by a boy is more likely to meet with stern repulsion. Since most men are heterosexual, if they seek any sexual intimacy with children it is usually with a girl. For these reasons, incidents with boys more often take place outside the home, with older adolescents, with teachers, youth workers or with men encountered in cinemas, fairgrounds or amusement arcades. Homosexually inclined men have an undeserved reputation for being particularly prone to molestation of small boys. In all probability, male homosexuals, with their well known prediliction for men with well-developed masculine features, are less likely than heterosexuals to be attracted to the physically immature. In fact, as mentioned elsewhere in this volume, some of Freund's plethysmographic findings show that whereas both homosexual and heterosexual males are often aroused by pubescent youngsters, more heterosexuals than homosexuals are aroused by the pre-pubescent age group.

When boys are discovered in sexual situations with older males, concern arises that they may become permanently homosexual. The risk is greatly over-estimated. Case studies and surveys suggest that, in general, "victims" of pederasts do not become homosexuals (West, 1977). Although repeated homosexual acts must exert some conditioning effect upon erotic responsiveness, the fact remains that heterosexual interests can and do develop concurrently with homosexual activities, whether with peers or older males. In most cases, factors present long before the pedophiliac incidents seem to be the main determinants of receptiveness or resistance to heterosexual inducements. Contact with a pedophile may, perhaps, tip the scales towards a homosexual orientation in a boy who is, for some reason, predisposed in that direction. Some of the boys who solicit men are already well set in a homosexual preference and are deliberately seeking out such contacts as a means both of obtaining sexual satisfaction and of establishing a homosexual identity. More

commonly, homosexual contacts with adults are a matter of rather casual sexual indulgence as far as the boys are concerned (and it is almost invariably boys who are reportedly involved in cases of homosexual pedophilia), an extension of the homosexual curiosity and eroticism that is, as Langfeldt points out, so commonplace among boys. Such was the case at a boarding school where a patient of mine was implicated in a public scandal. When inquiries were made it emerged that a high proportion of the boys at the school knew all about the sexual interests of their headmaster and one of his assistants and many of them had light-heartedly taken advantage of the opportunities presented. The one boy in the group who was really deeply involved in a pedophile relationship, to the extent of being taken on holiday by his lover and introduced as an adopted son, was the one who, perhaps wisely, steadfastly refused to admit to any physical sex acts and so avoided having to give evidence in connection with the ensuing prosecution.

Offenders and their Offences

Most of the data on pedophiliac incidents came from cases reported to the police, and so tend to reflect the extreme of the range of behaviours that occur in society. The frequency and character of the incidents that are officially reported must depend to some extent upon prevalent community attitudes to sex in general and to childhood sexuality in particular. Sebba and Cahan (1973) analysed a sample of reports of felonious sexual assault in Israel. Among a total of 153 files they found only three that concerned male complainants, and only 3·3% that concerned complainants under 17 years of age. In contrast, in an analysis of police reports on the main indictable sexual offences for which persons were convicted in the year 1973 in England and Wales, 40% of the victims (or partners) were male and over half of all victims (or partners) were under 16 years old (Walmsley and White, 1979, Table B 2).

Notwithstanding the limitations arising out of the nature of the samples, analysis of pedophiliac incidents reported to the police can provide useful clues to the range of behaviours involved. For example, the age distributions of child victims of different types of offence warrant careful scrutiny. The commonest indictable offence of a

heterosexual kind is indecent assault on a female. In the Walmsley and White (1979) sample, 69·6% of victims of the 2551 persons convicted on this charge were under 16, 43·4% were under 13. In the 709 cases of unlawful sexual intercourse with a girl under the age of consent 100% of victims were necessarily under 16 and 16·5% were under 13 years old. In contrast, 31·6% of victims of the 321 males convicted of rape or attempted rape were under 16 and only 7·5% were under 13. These figures probably underestimate the true proprotion of pedophiles among rapists. In a study of all men charged with rape in England and Wales in the year 1961, Gibbens *et al.* (1977) found that 23·7% (63 out of 266) had at some time attacked girls aged 14 or less.

The high proportion of young female victims of indecent assault is largely a consequence of the fact that girls under 16 cannot give legal consent to sexual activity, so that all sexual incidents in which they are involved are classed as "assaults". The more serious crimes of rape or attempted rape involve at least an attempt at sexual penetration of an unwilling victim. The proportion of young victims in these cases reflects the ages selected by the offenders, and although the proportion is much smaller it is still surprisingly high. It may be that children make ready victims because they are so easily intimidated and subdued, but it seems likely that a significant proportion of rape offenders choose young girls as a result of a deliberate sexual preference.

Here are two typical examples taken from a recent survey of rapes and attempted rapes recorded by the police in six English counties (Wright, 1980);

> *Case 1.* A six year old girl was using the toilets at her school when a man entered the cubicle and told her not to be frightened. He ordered her to get off the toilet and then knelt down and put his penis between her legs, penetrated her vagina and caused some damage, so that she began to cry. He ejaculated almost immediately, dressed and ran off. She was embarrassed to tell the teacher when she returned to the classroom, but told her mother as soon as she arrived home.
>
> The police were notified and, on the strength of the girl's description, arrested a well known habitual sex offender who was in his late thirties. He made a full admission saying: "I feel terrible about this . . . I have obviously got a problem that I need help with."

Case 2. The offender, a man of 31, was well known to neighbourhood children, including the victim. They considered him a friend and often went to his house to play. He invited the seven year old victim to come up to his bedroom to help make the beds. He intimidated her into letting him remove her pants and partially inserted his penis into her vagina. He then rubbed his penis on her legs, ejaculated on her abdomen, after which he permitted her to dress while warning her to tell no one, especially not her parents.

The girl did keep silent, and indeed often went back to the offender's house with other children to play. The offence came to light because the man was arrested for indecency with another neighbourhood child, which aroused the suspicions of the parents of the first victim and caused them to question her and discover what had happened.

These two examples concerned men of mature age who may well have had a long-standing sexual fixation upon pre-pubertal children. However, Wright's (1980) survey also revealed that a high proportion of child victims of rape or attempted rape are attacked by boys not many years older than themselves. In fact, 37·5% (9 out of 24) of the offenders who attacked girls under 13 were themselves under 18, compared with only 9·8% (16 out of 164) of those who attacked older victims.

Although sexual offences with children are predominantly non-violent and often in effect consensual, it would appear that the crimes recorded in Home Office statistics as rape or attempted rape include a significant proportion of aggressive attacks upon children. The worst crimes of all, which are fortunately very few, appear as murders. A Home Office survey of murders in 1957 to 1968 reported that children under 16 years of age comprised about one-fifth of the victims of "normal" murder suspects (that is suspects who were not found insane or of diminished responsibility and who did not commit suicide). Among all such child murders in which a motive was apparent, one in eight (11 out of 89) were thought to have occurred after sexual assaults (Gibson and Klein, 1969, Table 17).

The vast majority of convictions for the homosexual offence of indecency with males concern activities with partners over 21, rarely with boys under 16. (In the Walmsley and White sample only 1·7% of the victim/partners of 1580 convicted persons were under 16.) In

contrast persons (almost invariably males) convicted for indecent assault upon males have usually had contact with boys under 16 years old and very often with boys under 12 years of age. (In the Walmsley and White sample 88·1% of the victims of 689 convicted persons were under 16, 54·2% were under 12.) This might suggest that homosexual pedophilia is more likely than heterosexual pedophilia to involve very young children, but the difference could be due to selective reporting. Associations between adult men and older boys, in connection with sports, excursions, hobbies and the like, probably arouse less suspicion than friendships between adult males and pubertal girls, so that if sexual contacts with the boys takes place they may be less likely to come to notice.

The most important feature of the Walmsley and White survey was their attempt to determine how many of the victims of convicted sex offenders had been willing participants. They defined consensual acts conservatively, leaving out of consideration victims under ten years of age on the grounds that their willingness or otherwise could not be determined with sufficient certainty. They counted incidents as consensual only where "the documentary sources gave clear evidence to that effect; where a young person submitted through fear or merely out of obedience the behaviour was assessed as non-consensual". On this basis, four-fifths of homosexual offences and one-third of heterosexual offences were consensual. Since the main homosexual offence (indecency between males) usually involved adults over 21 years old the high proportion of consenting participants was scarcely surprising. This report did not give separately the figures for child victims, but it is clear that many of the boys and girls involved must have been assessed as consenting in fact, though not, of course, in law.

This finding accords with the results of clinical surveys of child victims of sex offences (Gibbens and Prince, 1963) and also with a large scale survey of convicted sex offenders carried out by the Indiana Institute of Sex Research (Gebhard *et al.*, 1965). In the latter study most of the heterosexual offences against girls under 12 (373 out of 425) were classed as non-aggressive, on the grounds that the offenders denied the use of force or threat and the official reports of the crimes did not contradict their claims. Of course, as Gibbens and Prince (1963, p. 54) point out: "This does not mean that the children involved were necessarily eager and cooperative". Force was still less in evidence in homosexual offences against boys. For the 37 offences against boys

under 12 years old, where adequate information existed, both the official record and the offender's report agreed that the boy had been either passive or cooperative in 70% of cases. Only a minority, between one-quarter and one-third, had resisted at some stage. Absence of resistance was not linked to their tender years. In 83% of 83 cases involving older boys, of 12–15 years, both the official record and the offender's version of events agreed that the boy was either passive or encouraging. Since unwanted or aggressive approaches are particularly liable to cause complaint and lead to official action, these analyses based on penal records must underestimate rather than exaggerate the proportion of willing victims.

Gebhard *et al.* (1965) found, as have other investigators, that sexual offenders against young children were conspicuously less youthful and less often violent than offenders against grown women. In contrast to the evidence mentioned earlier concerning the extreme youth of some of the English offenders convicted of raping or attempting to rape children, Gebhard *et al.* (1965) found that heterosexual offenders who were aggressive against young girls were on average only slightly younger than the non-aggressive child molesters.

Although most sexual contacts between adults and children are seemingly characterized by affectionate playfulness and willing participation, rather than by fear or coercion, the opposite extreme, however rare, cannot be forgotten. The case of Ian Brady, involving the murder of children of both sexes, following abduction and forcible sexual assault, continues to haunt the memory. Fortunately sexual homicide, whether committed to satisfy sadistic lust or to prevent a child victim reporting the crime, is very rare, but lesser degrees of brutality are not so exceptional. The study by Gebhard *et al.* (1965) isolated a substantial minority of aggressive offences against girls of 12–15 years of age and described the men concerned as "irresponsible, aggressive and amoral young men . . . [with] . . . an unenviable record of serious offences, violence and recidivism" (p. 175). The sexual aggressors against girls under 12 years old were abnormal. They "combined dullness, alcoholism and an asocial attitude into a life style that brought them the distinction of being the most criminal and recidivistic of all the groups under consideration". This survey was based on imprisoned offenders, and may therefore have exaggerated the link between a generalized tendency towards aggressive crime and the commission of specifically sexual offences against young people.

Many very serious sexual offenders are conspicuously antisocial only in a sexual context (West *et al.*, 1978). Some of these are manifestly psychiatrically abnormal and more in evidence among the inmates of special hospitals than among prison populations.

The kind of pedophiliac incidents that are prosecuted as incest range from completely mutual relationships through varying degrees of reluctant acquiescence under pressure (such as a father and a covertly collaborating mother are only too well placed to exercise) to incidents of submission in the face of terrifying brutality. As Virkkunen (1974) has shown, alcoholic fathers who commit incest differ from other incest offenders in being more aggressive, more often convicted of other crimes, especially aggressive crimes, and in being more often informed upon by their wives (although only after delay occasioned by fear of the offender's violence). These aggressive, antisocial offenders are also more prone to molest children outside the family. Some incest offenders are true pedophiles, strongly aroused by the sexually immature; a point of relevance when planning treatment for such cases.

Social Control of Adult Sexual Interest in Children

For many people the social control of pedophilia means the application of the criminal law, the imprisonment of offenders and closer supervision of children at risk. But the criminal justice system is a crude, sometimes inhumane and often ineffectual instrument. It can only deal with the probably untypical minority brought to its attention, its methods are essentially repressive rather than remedial and its decisions are governed by a tariff of punishments that have little relevance to the psychological situations underlying pedophiliac behaviour.

Some indication of the size of criminal justice operations in this field is given by the figure of nearly 7000 persons convicted annually in England and Wales of an indictable sexual offence. As previously mentioned, some two-fifths of these convictions are for involvement with victims or partners under the age of 16. About one-fifth of all these convicted persons receive custodial sentences, a higher proportion, in fact, than in the case of convictions for crimes of violence against the person. Of the 33 000 or more male prisoners under sentence in

England and Wales, some 5% are serving terms for a sexual offence. Many of these men (as well as some others currently serving sentences for non-sexual crimes) have been involved with children or young persons. A select few receive specialist treatments, such as chemical suppressants, erotic reconditioning or traditional psychotherapy, but the great majority do not. They spend a miserable time in prison on account of the ever present threat of reprisals from fellow prisoners with an ingrained hatred of child molesters. Many have to seek refuge, for self protection, in separate confinement under "Rule 43". They emerge from prison with their social and sexual problems unchanged, if not worsened.

Men with pedophiliac and related sexual problems who want to change their habits need treatment centres where all the relevant techniques can be applied, from social skills training to psycho-analysis, from orgasmic reconditioning to hormonal medication. Ideally, the time to start treatment is in youth or early adulthood, when failure to develop sexual relationships with persons of a suitable age first becomes a noticeable problem. Treatment undertaken on the individual's own voluntary initiative is easier and better than treatment forced later on as a result of some social crisis. For this to be made possible the health service needs to develop specialist facilities and to provide easy access to them, perhaps by advertising confidential "walk-in" counselling services.

Inevitably there are many pedophiles who will come forward only when their behaviour brings them into a confrontation with the authorities. The existence of appropriate treatment centres would enable most of these offenders to receive treatment while still living in the community, or at least while still preserving some contact with the normal community. Some cases might need the additional safeguard of an official requirement to undergo treatment written into a probation order. This might encourage some of the less resolute to persist in their attempts to change their ways. Detention in secure prison conditions should be reserved for the most serious and most repetitive of offenders. At that stage, unfortunately, treatment becomes more problematic. It is hard to be sure that a prisoner's collaboration in therapy is not just a temporary expedient on his part designed to secure earlier release, and it is extremely difficult to demonstrate, within the restrictive environment of a penal institution, what a man's pattern of sexual conduct will be when he regains his freedom.

Treatment programmes for sex offenders are better developed in the United States (Brecher, 1978). A good example is the hospital facility in Washington State, where an active therapeutic community, based on principles of guided self-help, accepts offenders compulsorily committed by the courts under a sexual psychopathy statute (Saylor, 1980). The coercive element is prominent, but mediated by a peer group deeply committed to treatment goals. The system depends upon a careful sifting out of cases assessed as unsuitable, who must then take their chances in the ordinary prison system. Results, in terms of low reconviction rates, appear impressive, but they are difficult to validate in view of the selection of cases and the usual ethical objections to random allocation between specialist treatments and alternative penal measures.

The need for expensive treatments for individuals would be less if the incidence of sexual molestation of children could be reduced. A more relaxed attitude to sex, both public and private, might go some way towards avoiding many of the tensions and anxieties that hinder the development of age appropriate relationships. In no sphere of social learning, save the sexual, do parents abrogate their responsibilities for giving positive advice and encouragement to their children. Education in schools is all too often unpractical and unhelpful because of lack of general public support and the intense hostility of some minorities to the exposure of children to explicit sexual scenes. In scarcely any other context are children forced into a secret subculture of their own through the failure of communication with their elders.

The vast majority of instances of child molestation, even those leading to an official complaint, involve no force. It is probable that most child "victims" could have removed themselves from the situation rather easily had they chosen to do so, although submissiveness, embarrassment and shocked surprise may sometimes prevent them. The possession of practical knowledge of sex matters would help children to avoid unwanted solicitations.

A proportion of pedophiliac acts represent substitute gratifications sought by men frustrated in their desire for an adult partner. This is evident, for example, among mentally subnormal or socially inadequate and isolated offenders, although in their case an affinity with child mentality and interests may complicate the picture. It has been suggested that easier access to adult sex, for example by increased availability of prostitutes, would be a preventive measure. On similar

lines, Kutchinski (1973) has argued that the reduction in recorded crimes of child molestation in Denmark, which followed the release onto the market of large quantities of recently legalized pornography, was probably the result of children ceasing to be the only outlet for frustrated men. However, the recent report of a government committee on obscenity, chaired by Professor Bernard Williams (Home Office, 1979b) which examined at some length the evidence for a causal relationship between the level of recorded sex offences and the availability of pornography, concluded that it was virtually impossible to obtain conclusive proof.

Criminal law and criminal justice policy play an important part in defining the limits of permissible behaviour, in choosing sanctions appropriate to the seriousness of particular infractions and in allocating offenders to punishments or treatments. Legal policy on sexual offences is ripe for review and is currently under consideration by the Criminal Law Revision Committee. At present, any kind of sexual act, even the mildest fondling, of a girl under 16 years old, regardless of whether the offender is an older man or a boy of similar age or younger, constitutes a criminal offence of sexual assault, since the girl is legally prohibited from giving valid consent. Boys under 16 are similarly protected (if that is the right term) from females, and from other boys or men they are protected until their twenty-first birthday.

All this is too sweeping. If the law were to be applied fully most youngsters would be labelled sex criminals on the basis of behaviour widely regarded as ordinary, natural and age appropriate. Admittedly, the rigours of the law are mitigated in practice. Consensual heterosexual activities between young men and older girls are likely to be reported only if discovered by disapproving parents or if they result in pregnancy. Even when reported to the police, and even when the activity includes sexual intercourse (against which there is a specific statute), the male partner is more likely to be cautioned than prosecuted if he is himself not much older than the girl. Sentences awarded on conviction do, in practice, take into account the age differential between offender and victim and whether the girl was a willing partner, although neither of these distinctions feature in the definition of the crime (Walmsley and White, 1979). All the same, dependence on police and sentencers to avoid the unwanted consequences of an over-inclusive criminal law is unsatisfactory. Too

much discretion leads to inconsistency and to the likelihood of occasional injustice. One cannot but wonder what are the exceptional circumstances that lead to some boys being prosecuted for sexual relations with their girlfriends when the vast majority of such cases never reach the courts. Prosecutions for consenting sexual acts between males aged over 16 and under 21 are relatively infrequent, but this could be because such incidents rarely come to notice except in connection with solicitation for prostitution or robbery inquiries, rather than through any reluctance on the part of the police to prosecute.

Possible Changes in the Law

It is universally agreed that the criminal law should protect persons of all ages from unwanted sexual intrusion. Controversy arises over the criminalization of consensual acts as "sexual assaults". This creates a category of victimless crimes, justified on the grounds that children must be protected from giving way to their own sexual inclinations or from responding to the seductive approaches of others. The distinguished criminal lawyer Professor Brian Hogan (1978) identified the crucial issue when he questioned whether the basic assumption behind the existing law, namely that the young are harmed by sexual experience, can be proved. Libertarian principles suggest the abolition of the legal fiction of an age of consent and the introduction of a requirement to have a complaining victim before a criminal charge can be brought. Objections to this simple solution are substantial, if not completely convincing. Assaulted children are sometimes very young infants, even babies, and so not in a position to appreciate fully what is happening or to formulate a complaint. To meet this, the law could fix some age below which it would be assumed, unless the contrary could be proved, that the child did not consent. Other compromises have been suggested. Hogan (1978), while "inclined to support" the proposal to abolish the age of consent, would "press for a modification of the present law so as to make consensual sexual conduct between adolescents of comparable age no longer criminal". The Sexual Law Reform Society (1974), after seriously considering abolition of the age of consent, proposed lowering it to fourteen. Another suggestion is that there should be a proper statutory distinction

between consensual sexual behaviour with a child under 14 years of age that does not amount to sexual intercourse and true sexual assault. (There is already in existence an Indecency with Children Act (1960), which prohibits indecent behaviour in the presence of a child under 14 years old even if the child is not actually touched.)

Precocious sexual intercourse has more serious potential effects than other sex acts, including risk of pregnancy or venereal disease and a possibly increased liability to cancer of the uterine cervix. In the view of the Policy Advisory Committee on Sexual Offences (Home Office, 1979a) such considerations justify retention of the age of consent at sixteen. This has been challenged by, for example, the National Council for One Parent Families Working Party on pregnant schoolgirls (1979), who find the law a clumsy and ineffective deterrent, sometimes applied insensitively and arbitrarily, and a hindrance to the development of confidential relationships between pregnant girls and the social workers trying to help them. Pedophile offences, other than in the special case of incest, do not often involve sexual intercourse, but where they do it is reasonable to take the matter more seriously. Since the most tangible social evil likely to result is pregnancy in a girl not old enough to care for a child, it might be more logical to criminalize neglect of contraception than to criminalize sex itself.

A considerable objection to the proposal that consent by the child should become a defence against a charge of sexual assault is that the issue would have to be sometimes fought out in court, as at present in cases of rape. This would constitute an added strain for child witnesses unless a change in procedure were to be introduced, on the lines of the Israeli system, whereby the child's testimony could be elicited, tested and recorded by an expert, neutral interrogator working in private. This would be a most desirable innovation even without a change in the law on consent.

Abolition of the age of consent might relieve some child seducers of the threat of criminal sanctions, but it would not relieve them of the control of public opinion or of the likelihood of dismissal from any employment involving contact with children. It would not leave a wayward child free to abscond with an adult lover since she (or he) could be dealt with by civil process in a juvenile court and made the subject of a care order on grounds of "exposure to moral danger". In recommending reduction of the age of consent to 14 years old, the Sexual Law Reform Society cited this alternative means of protecting

children and suggested strengthening the system by raising the age of eligibility for care orders up to age 18. The Policy Advisory Committee, while noting this suggestion, rejected it because civil proceedings would require that a girl had already been apparently harmed, whereas prosecution of the seducer could bring the situation to an end at an earlier stage. The radical pedophile organization PIE, recognizing the legitimate concern of parents and others responsible for a child's welfare, proposed that while consensual sexual acts with children should not be criminal, it should be possible for complainants to bring the matter to the notice of a civil court and seek a restraining injunction should that prove necessary.

If sex by genuine consent were to be decriminalized, it would seem inconsistent to maintain incest as a crime, in the absence of force, coercion or abuse of parental authority (Bailey and McCabe, 1979), but some means would need to be adopted to prevent unscrupulous fathers pressing daughters into sexual servitude by unfairly exploiting their position of power over them. Until recently children received rather indifferent legal protection against serious physical abuse at the hands of their parents, but the strong protection considered necessary against sexual intimacy is another example of the overvaluation of sexual incidents in law as in public opinion.

The most that relaxation of the statutory sex law might offer is some partial decriminalization of consensual sexual acts between or with the young. Since legislators, however sound their reasons, cannot move ahead of what the public will tolerate, it is unlikely any such relaxation will occur in the foreseeable future in England. It is more likely that, with increased dissemination of information on child sexuality and better appreciation of the harmful effects of traditional criminal justice measures on both victims and offenders, more cases may be settled outside of the justice system. Many could best be dealt with informally by the families concerned, with or without the help of social workers or doctors. Abolition of the offence of "compounding a felony" enables more cases to be handled unofficially without breaking the law. Cases which reach the notice of the police need not necessarily end up in court, provided that appropriate arrangements are seen to be made for the welfare of the child and, if need be, for the treatment of the offender. Finally, the courts may be prevailed upon to use more treatment orders and less sentences of imprisonment, reserving the latter for the small minority of threatening, violent, uncaring and truly dangerous assaulters.

In the last resort it is up to the good sense of the public and of parents to see that it is better to protect children from harm from seductive or sexually predatory adults by means of education and training than by reliance on the operations of the criminal justice system.

References

Bailey, V. and McCabe, S. (1979). Reforming the law of incest. *Crim. Law Rev.* Dec. 1979, 749-764.

Brecher, E. M. (1978). *Treatment Programs for Sex Offenders.* U. S. Department of Justice, Washington D.C.

Ford, C. S. and Beach, F. A. (1952). *Patterns of Sexual Behaviour.* Methuen, London.

Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B. and Christenson, C. V. (1965). *Sex Offenders: an Analysis of Types.* Harper, New York.

Gibbens, T. C. N. and Prince, J. (1963). *Child Victims of Sex Offences.* Institute for the Study and Treatment of Delinquency, London.

Gibbens, T. C. N., Way, C. and Soothill, K. L. (1977). Behavioural types of rape. *Brit. J. Psychiat.* **130**, 32-42.

Gibson, E. and Klein, S. (1969). *Murder 1957-1968.* Home Office Research Studies No. 3. H.M.S.O., London.

Home Office Policy Advisory Committee on Sexual Offences (1979a). *Working Paper on the Age of Consent.* H.M.S.O., London.

Home Office (1979b). *Report of the Committee on Obscenity and Film Censorship.* (Chairman: D. Williams, Cmnd 7772). H.M.S.O., London.

Hogan, B. (1968). On modernising the law on sexual offences. In Glazebrook, P. R. (ed.), *Reshaping the Criminal Law.* Stevens, London.

Humphreys, R. A. L. (1970). *Tearoom Trade: Impersonal Sex in Public Places.* Duckworth, London.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E. and Gebhard, P. H. (1953). *Sexual Behavior in the Human Female.* Saunders, Philadelphia.

Kutchinski, B. (1973). The effect of easy availability of pornography on the incidence of sex crimes: the Danish experience. *J. Soc. Issues* **29**(3), 163-181.

Marshall, D. S. and Suggs, R. C. (1971). *Human Sexual Behavior.* Basic Books, New York.

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

National Council for One Parent Families (1979). *Pregnant at School.* National Council for One Parent Families. London.

Saylor, M. (1980). A guided self-help approach to the treatment of the habitual sex offender. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System.* Institute of Criminology, Cambridge.

Sebba, L. and Cahan, S. (1973). Sex offences: the genuine and the doubted victim. In Drapkin, I. and Viano, E. (eds.), *Victimology: a New Focus,* Vol. 5. Heath, Lexington, Mass.

Sexual Law Reform Society (1974). *Working Party on the Law in Relation to Sexual Behaviour*. Sexual Law Reform Society, London.

Virkkunen, M. (1974). Incest offenders and alcoholism. *Med. Sci. Law* 14, 124–128.

Walmsley, R. and White, K. (1979). *Sexual Offences, Consent and Sentencing*. Home Office Research Studies No. 54. H.M.S.O., London.

West, D. J. (1977). *Homosexuality Re-examined*. Duckworth, London.

West, D. J., Roy, C. and Nichols, F. (1978). *Understanding Sexual Attacks*. Heinemann, London.

Wright, R. (1980). Rape and physical violence. In West, D. J. (ed.), *Sex Offenders in the Criminal Justice System*. Institute of Criminology, Cambridge.

Yates, A. (1979). *Sex without Shame*. Temple Smith, London.

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