

Psychological Profile of Pedophiles and Child Molesters

JOHN B. MURRAY
Department of Psychology
St. John's University

ABSTRACT. Pedophiles and child molesters share some characteristics. Most are male, and they can be heterosexual, homosexual, or bisexual. Some prefer adult sex partners but choose children because they are available and vulnerable. The sexual abuse perpetrated may be a 1-time incident and may consist only of fondling. Penetration is unlikely with young children. Perpetrators' ages range from teens to midlife. Most victims are girls, and the perpetrator usually is a relative, friend, or neighbor. The home of the victim is often the setting for the incident. When boys are victims, sexual abuse may take place outside the home, and perpetrators may be strangers. Perpetrators of sexual abuse of children often claim that they themselves were victims of childhood sexual abuse. Psychological profiles are helpful but are compromised partly because many perpetrators are prisoners and control groups are lacking for this research.

THIS REPORT contains a profile of the characteristics of pedophiles and child molesters. Ambiguities in the validity and reliability of measurement, however, make it difficult to obtain a delineation clear enough for clinicians to use. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R;* American Psychiatric Association, 1987) lists the essential features of pedophilia as "recurrent, intense, sexual urges and sexually arousing fantasies, of at least six months duration, involving sexual activity with a prepubescent child" (p. 284). The prepubescent child generally is 13 years old or younger. The perpetrator is 16 years old or older, at least 5 years older than the victim, and has an enduring and exclusive sexual interest in children. The majority of pedophiles and child molesters are men, according to the *DSM-IV* (American Psychiatric Association, 1994). Most often pedophiles are relatives, friends, or neighbors of the child victims.

Pedophiles' actions vary, according to the *DSM-IV*. Some pedophiles only look at and do not touch the child. Others want to touch or undress the child. Some expose themselves, but usually exhibitionists do not approach the child

Address correspondence to John B. Murray, Department of Psychology, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439.

sexually. Some want to fondle the child. When sexual activity occurs, it often involves oral sex or touching the genitals of the child or of the perpetrator. In most cases (except incest), pedophiles do not require penetration. When the pedophile demands penetration, he may use threats or force. The victims in these cases are usually older children. Most pedophiles do not force their attentions on the child; they depend on persuasion, guile, and friendship.

Pedophilic behavior usually begins in the late teenage years, but some pedophiles do not start until midlife. The latter would come closer to the "dirty old man" stereotype of pedophile and child molester. Pedophilia and child molestation may be more common among those who have been sexually abused in their childhood (Freund, Watson, & Dickey, 1990). Pedophilia tends to run a chronic course. Those who prefer young children of their own sex may be more likely to repeat their sexual abuse of children. Some pedophiles and child molesters have specific preferences for children of one sex or the other—usually girls, and children in specific age ranges. Those attracted to girls usually prefer 8- to 10-year-olds; those attracted to boys usually prefer children a little older. Many pedophiles report that they are sexually aroused by children of both sexes (Ames & Hovston, 1990).

In this article, research on pedophiles is reviewed first, followed by the research on child molesters, concluding with theories of pedophilia and child molestation.

Pedophiles

Araji and Finkelhor (1985) reviewed the empirical research on pedophilia. They noted serious methodological flaws limiting generalizations. They found evidence that some pedophiles are strongly attracted sexually to children, but it was not clear whether all pedophiles have sexual preferences for children exclusive of adults. Differences in definitions of pedophilia, which were pointed out by Araji and Finkelhor and by Ames and Hovston (1990), have been settled with the *DSM-III-R* and *DSM-IV*.

In a recent study of pedophilia, Bogaert, Bezeau, Kuban, and Blanchard (1997) reviewed the charts of 388 pedophiles, covering the period 1980 to 1994 (thus, the later cases may have met the *DSM-III-R* requirements). This study was part of research conducted at the Department of Behavioral Sexology at the Clarke Institute of Psychiatry in Toronto, Canada. The majority of those studied had been accused of or charged with sexual offenses against children; a few came voluntarily for psychiatric assessment. Some of the pedophiles were heterosexual, some were homosexual, and some were bisexual. Pedophilic sexual offenses against girls were twice as frequent as offenses against boys; some of the researchers who participated in this Canadian study (Bogaert et al.) think the ratio is actually higher than 2:1. Their findings suggested discontinuity between pedophilia and adult-age sexual orientation. The factors that determined whether

a man was oriented toward children (preferring boys or girls) differed from the factors that determined whether a man oriented toward adults preferred men or women. Homosexual pedophiles tended to not report cross-gender sex role behavior in their childhood and adolescence (Bogaert et al.).

In the study by Bogaert et al. (1997) and in many others, those studied were prisoners—a fact that must limit the generalizability of the data from the sample of pedophiles studied (Kalichman, 1991; Quinsey, Arnold, & Pruesse, 1980). The willingness or unwillingness of those individuals to admit pedophilia, as well as their ability to feign responses, could inhibit or enhance phallometric responses in determining sexual orientation (Freund & Kuban, 1993; Freund et al., 1990; Freund, Watson, & Rienzo, 1988; Hall, 1989; Hall, Proctor, & Nelson, 1988; Laws & Holmen, 1978).

The phallometric testing used by Bogaert et al. (1997) involved measurement of penile tumescence—a continuous recording of penile volume changes in response to erotic stimuli (Freund, Watson, Dickey, & Rienzo, 1991; Quinsey, Sternman, Bergersen, & Holmes, 1975). Phallometric testing has been the most frequent means of determining male preferences for sex partners of different ages and sexes (Freund & Watson, 1991). Marshall, Barbaree, and Butt (1988) used the sex of the victim to identify the perpetrator's sexual orientation. With the phallometric test, it is assumed that changes in penile blood volume occurring at presentation of erotic stimuli are reliable. Controversy about the validity of phallometric measurement and its importance has continued (Conte, 1985; Earls, Quinsey, & Castonguay, 1987; Freund & Blanchard, 1989; Hall et al., 1988; Laws, 1984; McAnulty & Adams, 1990; Quinsey & Laws, 1990). Physiological changes are easier to measure than to interpret (Harris, Rice, Quinsey, Chaplin, & Earls, 1992). Sexual arousal also may be a function of general arousability variables more than of specific stimuli (Hall, 1989; Hall et al., 1988).

Several studies of pedophilia were conducted by Greenberg, Bradford, and Curry (1993) in the Department of Psychiatry at the University of Ottawa, Canada. They studied 135 pedophiles and 43 hebephiles who admitted to their offenses. Hebephiles preferred children who were between 13 and 16 years of age, whereas pedophiles chose children 12 years old or younger as their victims. Among the perpetrators, 33% chose only boys, 44% chose only girls, and 23% had sexually abused both boys and girls. In response to questioning, 42% of the pedophiles and 44% of the hebephiles claimed to have been sexually abused in their own childhood. Members of both groups appeared to choose victims in accordance with their own ages at the time of their experience as sexual victims.

Greenberg, Bradford, and Curry (1995) later studied pedophiles who chose infants (less than 5 years old in their definition) as victims. Pedophiles, who met the *DSM-III-R* definition of pedophilia, had been referred for psychiatric assessment by the courts, lawyers, medical doctors, and/or themselves. Those who preferred infants were significantly younger than the pedophiles whose victims were under 12 years of age. In their final study, Greenberg, Bradford, and Curry

(1996) reported that, in the sexual actions of 263 pedophiles, no significant relation appeared between aggressive tendencies in comprehensive test results and the degree of violence in their sex acts, as described in police reports.

How do pedophiles see themselves? Ames and Hovston (1990) reported that, in a study conducted in England, 77 members of a pedophilia self-help club presented themselves on the Eysenck Personality Questionnaire as introverted, shy, sensitive, and depressed. Personality test results tended to confirm these traits and added emotional immaturity, fear of being able to function in adult heterosexual relations, and social introversion (Levin & Stava, 1987).

Pedophilia involves inappropriate sexual behavior in response to certain stimuli or situations. However, questions remain (Wulfert, Greenway, & Dougher, 1996). Do pedophiles abuse children in the family, outside the family, or both (Russell, 1983)? Are pedophiles guilty of incest (Phelan, 1986)? Are they affected by the suffering of their victims (Chaplin, Rice, & Harris, 1995)? Do they have age-appropriate sexual relationships? Do they use force? Unfortunately, studies of pedophilia have involved few subjects and a small number of tests. Thus, they do not provide a broad base for generalizations.

Child Molesters

Sexual abuse of children has occurred in the past, in other cultures, and still occurs today (Ames & Hovton, 1990). However, there has been no generally accepted definition of sexual abuse of children (Abright, 1986; Bard et al., 1987; Burton & Myers, 1992). Some reports on child molesters actually may include pedophiles, but the definitions in the *DSM-III-R* and *DSM-IV* require more information about the victims' ages, perpetrator's age, and his or her psychiatric history than the studies usually provide.

The American Medical Association (AMA) recommended the following as a definition of sexual abuse of children: "exploitation of a child for gratification or profit of an adult" (AMA, 1985, p. 798). Sexual abuse can range from exhibition and fondling to intercourse or use of a child in production of pornographic material. Burton and Myers (1992) included the following among acts of sexual abuse: demanding or requesting nudity, disrobing, exposing genitals, observing a child dressing or bathing, kissing, and digitally or penilely penetrating the rectum or vagina. Perpetrators are usually male, ranging in age from the teens to midlife. Often they are family members, friends, or neighbors. Except in the sexual dimension, they are often attentive to the child's needs. They use friendship, persuasion, and deceit; force and threats are used more often with older children. Alcohol is associated with sexual encounters in almost 50% of the cases of child molestation (Rada, 1976).

A national investigation of sexual abuse in day-care facilities was conducted in 1983–1985 by Finkelhor, Williams, and Burns (1989). Designation of sexual abuse by local investigators was accepted by the authors. Sexual activity usu-

ally consisted of touching a child's genitals for the purpose of sexual gratification. The perpetrator was, on average, 5 years older than the victim. Of 229,000 day-care facilities in the United States, 500 reported a total of 2,500 child victims. A director or administrator was the guilty party in 25% of the cases, and 20% were the work of nonprofessional, non-child-care staff. But in 30% of the cases, teachers or other child-care professionals were perpetrators.

Finkelhor et al. (1989) reported that men often were the perpetrators, although they usually make up a small part of day-care staffs. Women make up most of the day-care staff and generally are much less likely than men to sexually abuse children. However, in a sample of 270 child abuse cases, teachers and professional child-care personnel were perpetrators in 30%; 50% of the girls and 59% of the boys who had been abused were abused by women. Most of the women were married, and 68% had children of their own. The women's ages ranged from 16 to 77 years, with a median of 35 years. They were more educated and less socially isolated than the men, church-going, and less likely than the men (16% to 53%) to have a history of deviant behavior.

According to Finkelhor et al. (1989), women's sexual abuse of the children was more serious than men's abuse of children. Because they were likely to have sexually abused more children and for a longer time, they were more likely to fit the *DSM-III-R* requirement that pedophilia be a recurrent pattern over 6 months. Their sexually abusive actions consisted of a single case 8% of the time, compared with 33% of the cases involving male perpetrators. Both men and women were more likely to sexually abuse girls than boys. Women were more likely to sexually abuse younger children. They were more likely to commit multiple acts of sexual abuse and to use force and threats. Some of the sexual abuse by both women and men seemed to be opportunistic and more general and diffuse in motivation—a key factor being the availability and vulnerability of children rather than a particular sexual attraction or recurrent persistent urge, as pedophilia is defined in *DSM-III-R*.

In a telephone survey of 2,626 randomly selected respondents, Finkelhor, Hotaling, Lewis, and Smith (1990) found that 26% of the women and 16% of the men reported that they had been victims of sexual child abuse. Men were perpetrators in 83% of the sexual abuse cases involving boys and in 90% of the sexual abuse cases involving girls. Most were one-time cases, so they would not fit pedophilia criteria. Forty-two percent of the boys and 33% of the girls had never reported the incident.

Dube and Hebert (1988) reviewed 511 cases of sexual abuse of children ranging from 2 months to 12 years of age in Montreal; mean age was 7.4 years for boys and 6.8 for girls. Most of the sexually abused children in their study were girls (85.5%). In 78% of the cases, the perpetrator was known to the child and the sexual abuse occurred only once. School-age children were more likely to be abused by a stranger, someone outside the family. Older victims were more likely to be involved in several forms of sexual abuse. Male victims were more

likely to have been assaulted by a stranger and to have suffered more severe forms of sexual abuse than girls were. When the sexual abuse was committed by someone outside the family, it was more likely to have been a single episode and to have involved force.

Oberholser and Beck (1986) compared five male groups consisting of 12 rapists, 12 child molesters, 12 perpetrators of nonsexual crimes, 12 men of low socioeconomic level, and 12 college men. The child molesters were over 18 years of age and had sexually abused girls under 17 years of age. The subjects in the first three groups were prisoners. Hostility, impulsivity, and attitudinal variables were measured with paper-and-pencil tests—several tests in each area, where possible. Hostility and impulsivity measures were not useful in distinguishing rapists or child molesters from the control groups. Behavioral tests of heterosexual skills and social anxiety were videotaped. The subjects were observed interacting with a female confederate who knew the purpose of the study but not the status of the subject. The child molesters and rapists appeared to be deficient in heterosexual skills compared with those in the three control groups. Compared with members of the others groups, the child molesters were more fearful of negative evaluations, and they were unassertive, socially inept, and overly sensitive.

Three studies have addressed college students' perceptions of child sexual abusers. Maynard and Wiederman (1997) administered a questionnaire to 404 undergraduates, approximately equal numbers of men and women, at several midwestern U.S. state universities. The students responded to eight vignettes depicting sexual interaction between a child (male or female, either 7 or 15 years old) and an adult (35 years old, either male or female). The variables studied were the age and sex of child and the sex of the adult as well as the students' perceptions of the abusiveness of the incident and the attribution of responsibility and blame to the adult. Touching genitals, kissing, and undressing the child by the adult (but not having intercourse) were the sexual activities described in the vignettes. Adult (male or female) interactions with a child (7 or 15 years old, male or female) were also studied. College students judged the actions of adults with the 15-year-old child as less blameworthy than the same actions when they occurred with the 7-year-old, whether the adult was male or female. Actions of the adult with the 15-year-old child were rated as significantly less abusive than actions in the vignettes with the 7-year-old.

When an adolescent was involved in an unwanted sexual interaction with an adult, the adult was seen as less responsible than when a child was interacting with the adult. Opposite-sex interaction regardless of the age of the child was rated as less abusive than interaction with an adult of the same sex. Lack of resistance by children 7 or 15 years old did not influence students' responses to the vignettes. When an adolescent was depicted in sexual interaction with an adult of the opposite sex, the adult was judged less blameworthy than when an adolescent was interacting with an adult of the same sex.

In Finkelhor's (1980) survey of 796 undergraduates, women and men in

about equal numbers, in six northeastern colleges, responded in class to a questionnaire containing many questions about family dynamics and sources of their sexual education. Fondling and touching the genitals were more likely to be the sexual activity with younger victims and intercourse the activity with older victims. Women were more likely to have been victims and to feel badly about their experience. One third of the episodes occurred only once. Few students had told anyone about the incidents. Level of sexual self-esteem was affected differently; those who had experienced sexual abuse before they were 9 years old had more sexual self-esteem; sexual abuse after 9 years of age was associated with generally lower levels of sexual self-esteem.

In a study in England, Hartnett (1997) used a questionnaire to examine the reactions of 60 randomly selected case workers to narratives that described an adult with a 9-year-old boy in experiences with varying amounts of force, physical and sexual. Compared with the men, the women perceived sexual assault as more serious than physical assault, and they perceived perpetrators of either physical or sexual assault as more dangerous than the men did.

The relationship between a use of force and child sexual abuse was investigated by Henn, Herjanic, and Vanderpearl (1976), who compared the records of 67 individuals who had been charged by courts as rapists with records of 111 who had been charged as child molesters. The rapists had used more force than the child molesters had. Age was the significant difference; 75% of the rapists were under 30 years of age, whereas the child molesters were of no specific age group and usually had no history of other criminal behavior.

Harry, Pierson, and Kuznetsov (1993) found, from the records of 800 incarcerated sex offenders, that the age of the victim was important in understanding the crime. Rapists (24%) appeared to be more antisocial and to have committed acts of impersonal violence against adults, whereas child molesters (33%) were less antisocial, appeared to be chronic sex offenders, and had been convicted of more previous sexual offenses. Child molesters more often fondled than sought penetration. These actions with children can be interpreted in different ways—for example, as showing affection. Fondling less often leaves physical marks or injuries. Kuznetsov, Pierson, and Harry (1992) noted from interviews and questionnaire responses of 800 prisoners that the lower the age of the victim of the child molester, the more likely it was that the sexual offense involved fondling, manipulation of breasts and/or touching the vagina, and the more likely it was that the sexual actions took place in victim's home.

Finkelhor (1990) reviewed research on the permanency of the impact of childhood sexual offenses. Children in most instances seemed to have no symptoms on current diagnostic measures. No consistent gender differences in impact were reported. Researchers have not investigated the effects of child abuse in boys as much as in girls, but the patterns seem to be about the same. Some longitudinal studies have shown a decline in symptomatology in the months following disclosure (Finkelhor, 1990).

Marshall et al. (1988) tested a control group of men and 21 male prisoners who had sexually abused children. The erotic stimuli were nudes—male and female—ranging in age from 3 to 24 years, along with a verbal description of sexual interaction of an adult male with a boy, varying in the amount of force used. Sex offenders were divided into heterosexuals or homosexuals according to their penile responses to the adult male or female nudes. Comparison of the subjects' erectile responses with those of non-sex offenders indicated that child molesters preferred children of the opposite sex and different ages. Responses to the female nude did not differentiate between the two groups of men, and the non-sex offender group did not respond to the male nude picture. The taped verbal description produced little response from the non-sex offender group; the sex offenders responded most to the taped descriptions of noncoercive sexual interaction and were inhibited by the more coercive situations.

Child molesters may be pedophiles, but sufficient psychiatric history is usually lacking for a diagnosis of pedophilia. Child molesters are more likely to be male and are often relatives, friends, or neighbors of child victims (Finkelhor et al., 1989). In many instances, the child molestation occurs only once. Availability and immaturity of victims are explanations offered by perpetrators (McAnulty & Adams, 1990; Kuznetov et al., 1992). Young children are more often victimized by child molesters in their home, whereas older children may be molested outside the home, in schools, and by strangers (Dube & Hebert, 1998).

Theories of Pedophilia and Child Molesting

Several explanations have been offered for why adults become sexually oriented to and involved with children, but no one theory explains all pedophilia or child molestation (Ames & Hovston, 1990; Bowman, 1951; Conte, 1985; Finkelhor, 1979). Araji and Finkelhor (1985) and Finkelhor et al. (1989) grouped theories into four basic categories, and some evidence can be found in the literature for each. However, associations of personality variables with pedophilia cannot explain the causes of pedophilia (Garber & Hollon, 1991; Kalichman, 1991).

One explanation of pedophilia is inappropriate sexual arousal. Researchers of physiological responses to erotic stimuli have pursued this approach. In many instances, pedophiles have shown enduring and exclusive sexual interest in children (Araji & Finkelhor, 1985). But in as many as one third of the cases, the sexual abuse of a child is a one-time incident and opportunistic rather than the result of continuing motivation (Finkelhor, 1980; Finkelhor et al., 1990; Finkelhor et al., 1989). Because standards of stimuli and methods of measurement are lacking and methods of measurement differ, definitive answers to why pedophiles are sexually aroused by children are still not available (Avery-Clark & Laws, 1984).

Another theory attributes pedophilia to a lack of sexual and emotional gratification, leading the pedophile to choose children as an outlet (Freund, Langevin, & Cibiri, 1972). The data of Ames and Hovston (1990) support the

picture of pedophiles as shy, passive, and socially isolated. Some pedophiles, however, marry and have children (Finkelhor et al., 1989). Oberholser and Beck (1986) showed that pedophiles lack social skills, supporting the theory that they choose children as sexual partners because children are less socially demanding, more vulnerable and available, and because they also fear adult heterosexual relations. Birth order differences reported by Bogaert et al. (1997) might fit into this category of pedophilia theories; a gap of several years between brothers might deprive the pedophile of companionship in formative years of sexual gender behavior development.

Disinhibition theory of pedophilia finds support in the association of alcohol use and pedophilia (Araji & Finkelhor, 1985; Finkelhor et al., 1989). In a study by Rada (1976), almost 50% of 203 child molesters who were inmates of a state hospital had been drinking when they committed acts of sexual abuse with children, and 30% had been drinking heavily. But why pedophiles are not deterred by the usual prohibitions of adult-child sexual relationships was not explained.

Many pedophiles and child molesters claim that they were sexually abused as children (Ames & Hovston, 1990; Finkelhor, 1980; Greenberg et al., 1993). In a national telephone survey of 2,626 randomly selected respondents (Finkelhor et al., 1990), 27% of the women and 16% of the men reported that they were victims of sexual abuse as children. Freund et al. (1990) explored the attribution of pedophilia to childhood sexual abuse by reviewing the self-reports of 344 men. Self-reports were compared with phallometric measurements of erotic preferences for gender and age. The subjects included 77 heterosexual pedophiles, 54 homosexual pedophiles, 57 nonpedophilic sex offenders, 36 offenders against physically mature women, 51 homosexuals who preferred adult males, and 75 heterosexuals who preferred physically mature women. Analysis of self-reports confirmed that some pedophiles had experienced sexual abuse by adults in childhood. A control group of those not accused or charged with sexual activity with children also had been abused sexually as children, but the differences in self-reports were relatively small.

The initial impact of the sexual abuse of children led to feelings of fear, anxiety, depression, anger, and hostility in some victims (Browne & Finkelhor, 1986). Long-term effects were depression, anxiety, feelings of shame, and poor self-esteem. The most damaging experiences involved father figures, genital contact, and force. Studies suggested that one fourth or one third as many boys as girls were sexually abused in childhood, but within the family, boys may be more likely than girls to be abused (Finkelhor, 1990). The impact of sexual abuse during childhood on boys has not been studied as much as the impact on girls.

How do child molesters see themselves; what makes them molest children? In a clinical interview, child molesters frequently offered some kind of explanation. Pollock and Hashmall (1991) drew 250 justificatory statements from the interview records of 86 child molesters at the Clarke Institute of Psychiatry in Toronto. Pollock and Hashmall grouped the sample into six thematic categories.

The justification given most often (by 29% of the sample) was that the victim had consented. Having been deprived of conventional sex was the rationalization of 24%. Intoxication was stated by 23%, and 22% claimed the victim had initiated the sexual activity.

Discussion

A psychological profile of pedophilia and child molesting must be drawn cautiously, partly because the quality of the data is compromised by definitional and methodological problems. Limitations begin with the small number of subjects and the fact that very often the subjects are prisoners charged with or convicted of sexual crimes. Control groups sometimes also are prisoners. Sometimes no control groups are included in the studies.

The broad term *sex offender* may include exhibitionism, sodomy, and rape, as well as pedophilia and child molestation. Definitions of pedophilia in research differed until the 1987 *DSM-III-R*, which required that sexual urges and fantasies last 6 months, thus requiring psychiatric history for a diagnosis. Many researchers accepted the decision of police or courts that the subject was a pedophile.

Phallometric testing was used in many studies to determine sexual orientation. This method is probably more reliable than verbal report, but it can be influenced by subjects' willingness or unwillingness to admit direction of erotic preferences and their inhibiting or enhancing responses. General arousability rather than specific objects or situations can be a factor in measuring response. Stimuli for determining subjects' erotic preferences have varied in the studies of pedophilia and child molesting. Sometimes stimuli were visual (slides or movies of nudes), sometimes they were audiotapes of sexual activity, and sometimes they consisted of videotapes of behavioral interactions between men and children, male or female. Standardization of stimuli and measurement is necessary if a profile of pedophile and child molester is to be more accurate for diagnosis and treatment.

The most common characteristic in the psychological profile of pedophilia and child molestation is that the perpetrator is a man. He might be heterosexual, homosexual, or bisexual. He might prefer an adult or child, male or female, as a sexual partner. Women rarely have been identified in studies of pedophiles, but they were accused of child molesting in a study of child-care facilities in the United States. Some pedophiles and child molesters are married, and some have children. Incest is not included in the *DSM-III-R* definition, nor is it in the statement on child molestation made by the American Medical Association (AMA, 1985). The age of the pedophile or child molester can range from the teens to middle age. Pedophilia and child molesting are thought to begin in late teens. The "dirty old man" stereotype of pedophile or child molester is a possibility but may mislead those searching for the perpetrator.

Pedophiles and child molesters choose girls as their victims twice as often

as they choose boys. If the victim is a girl, the perpetrator will most likely be someone in the family, and the sexual offense is more likely to take place in the home of the victim. If a boy is the victim of a pedophile or child molester, he is likely to be older, to be assaulted by a stranger, and the sexual offense is more likely to take place away from the victim's home. Levels of sexual self-esteem are higher in those children who have experienced sexual offenses before they were 9 years old than in those who have experienced sexual abuse when they were older than 9 years of age.

Many acts of child molestation are single acts and are not repeated. According to the *DSM-III-R* definition of pedophilia, sexual urges and fantasies must continue for 6 months. Pedophilia tends to be chronic, and recidivism may be more likely if the perpetrator is homosexual. Drugs have helped to reduce the urgency experienced by pedophiles and child molesters, offering them an opportunity to reconsider their choices and respond to psychotherapy.

Many pedophiles and child molesters claim to have been sexually abused in childhood. Research indicates that sometimes the choice of age and sex of child victims reflects the pattern of sexual abuse the perpetrator had experienced. The short-term impact of sexual abuse in childhood has led to depression, anxiety, anger, and fear. Long-term effects have not received much study, but symptoms tend to decrease after disclosure. In many studies, adults who were sexually abused as children reported that they had never told anyone about the abuse. The impact of child sexual abuse on boys has not received the same attention in research as the impact on girls, who are more frequently victimized.

Actions of pedophiles and child molesters vary, including voyeurism (looking at the child, observing bathing or undressing of the child), exhibitionism, contact with genitalia of the child and perpetrator, oral sex, penetration of rectum or vagina, and intercourse. Perpetrators frequently use persuasion and deceit with young children and do not require intercourse. With older children, force may be used and may involve intercourse.

Theories of pedophilia and child molestation have been grouped in four categories. There is no single theory that explains all pedophilia or child molestation. Inappropriate sexual arousal is a factor, as is the unavailability of outlets for sexual urges. Adult women apparently are preferred by some men charged with pedophilia, but children were more vulnerable and available. Perhaps a learning model is involved inasmuch as many pedophiles and child molesters have been sexually abused during their own childhood and some repeat the pattern of their own experience with child victims.

Personality traits of pedophiles and child molesters have been studied, but the subjects were few, as were the personality tests used, rendering it difficult to produce precise personality profiles. Some evidence indicates that perpetrators are shy, weak, passive, and nonassertive, with low self-esteem. Studies have shown differences between pedophiles and rapists in terms of the latter's greater aggressiveness. Pedophiles are more likely than rapists to respond to their vic-

tim's pain and suffering. Pedophiles may be the youngest in families with several sons (Bogaert et al., 1997).

Limitations of the literature regarding the causes, consequences, and psychotherapeutic treatment of pedophiles hinder clinicians' ability to treat those who come for help. Establishing predictive validity and reliability in measurement of sexual response to children and differentiating pedophiles from other sexual deviants are important if the profile of pedophilia is to become clearer and treatment more effective.

REFERENCES

- Abright, A. R. (1986). Psychiatric aspects of sexual abuse. *Bulletin of the American Academy of Psychiatry and Law*, 14, 331-343.
- American Medical Association. (1985). Diagnostic and treatment guidelines concerning child abuse and neglect. *Journal of the American Medical Association*, 254, 796-800.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Ames, M. A., & Hovston, D. A. (1990). Legal, social, and biological definitions of pedophilia. *Archives of Sexual Behavior*, 19, 333-342.
- Araji, S., & Finkelhor, D. (1985). Explanations of pedophilia: Review of empirical research. *Bulletin of the American Academy of Psychiatry and Law*, 13, 71-83.
- Avery-Clark, C. A., & Laws, D. R. (1984). Differential erection response patterns of child abusers to stimuli describing activity with children. *Behavior Therapy*, 15, 71-83.
- Bard, L. A., Carter, D. L., Cerce, D. D., Knight, R. A., Rosenberg, R., & Schneider, B. (1987). A descriptive study of rapists and child molesters: Developmental, clinical, and criminal characteristics. *Behavioral Sciences and the Law*, 5, 203-220.
- Bogaert, A. F., Bezeau, S., Kuban, M., & Blanchard, R. (1997). Pedophilia, sexual orientation, and birth order. *Journal of Abnormal Psychology*, 106, 331-335.
- Bowman, K. M. (1951). The problem of the sex offender. *American Journal of Psychiatry*, 108, 250-257.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of research. *Psychological Bulletin*, 99, 66-77.
- Burton, K., & Myers, W. C. (1992). Child sexual abuse and forensic psychiatry: Evolving and controversial issues. *Bulletin of the American Academy of Psychiatry and Law*, 20, 439-453.
- Chaplin, T. C., Rice, M. E., & Harris, G. T. (1995). Salient victim suffering and the sexual responses of child molesters. *Journal of Consulting and Clinical Psychology*, 63, 249-255.
- Conte, J. R. (1985). Clinical dimensions of adult sexual abuse of children. *Behavioral Science and the Law*, 3, 341-354.
- Dube, R., & Hebert, M. (1988). Sexual abuse of children under 12 years of age: A review of 511 cases. *Child Abuse and Neglect*, 12, 321-330.
- Earls, C. M., Quinsey, V. L., & Castonguay, G. (1987). A comparison of three methods of scoring penile circumference changes. *Archives of Sexual Behavior*, 16, 493-500.
- Finkelhor, D. (1979). What's wrong with sex between adults and children? Ethics and the problem of sexual abuse. *American Journal of Orthopsychiatry*, 49, 692-697.
- Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety, and effects. *Archives of Sexual Behavior*, 9, 171-194.

- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice, 21*, 325–330.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect, 14*, 19–25.
- Finkelhor, D., Williams, L. M., & Burns, N. (1989). *Sexual abuse in day care*. Newbury Park, CA: Sage.
- Freund, K., & Blanchard, R. (1989). Phallometric diagnosis of pedophilia. *Journal of Consulting and Clinical Psychology, 57*, 100–105.
- Freund, K., & Kuban, M. (1993). Deficient erotic gender differentiation in pedophiles: A follow-up. *Archives of Sexual Behavior, 22*, 619–628.
- Freund, K., Langevin, R., & Cibiri, S. (1972). The female child as a surrogate object. *Archives of Sexual Behavior, 2*, 119–133.
- Freund, K., & Watson, R. J. (1991). Assessment of the sensitivity and specificity of a phallometric test: An update of phallometric diagnosis of pedophilia. *Psychological Assessment, 3*, 254–260.
- Freund, K., Watson, R., & Dickey, R. (1990). Does sexual abuse in childhood cause pedophilia? An exploratory study. *Archives of Sexual Behavior, 19*, 557–569.
- Freund, K., Watson, R., Dickey, R., & Rienzo, D. (1991). Erotic gender differentiation in pedophiles. *Archives of Sexual Behavior, 20*, 555–566.
- Freund, K., Watson, R., & Rienzo, D. (1988). Signs of feigning in the phallometric test. *Behaviour Research and Therapy, 26*, 105–112.
- Garber, J., & Hollon, S. D. (1991). What can specificity designs say about causality in psychopathological research? *Psychological Bulletin, 110*, 129–136.
- Greenberg, D. M., Bradford, J., & Curry, S. (1993). A comparison of sexual victimizations in the childhoods of pedophiles and hebephiles. *Journal of Forensic Sciences, 38*, 432–436.
- Greenberg, D. M., Bradford, J., & Curry, S. (1995). Infantophilia—A new subcategory of pedophiles? A preliminary study. *Bulletin of the American Academy of Psychiatry and Law, 23*, 63–71.
- Greenberg, D. M., Bradford, J., & Curry, S. (1996). Are pedophiles with aggressive tendencies more sexually violent? *Bulletin of the American Academy of Psychiatry and Law, 24*, 225–235.
- Hall, G. C. N. (1989). Sexual arousal and arousability in a sexual offender population. *Journal of Abnormal Psychology, 98*, 145–149.
- Hall, G. C. N., Proctor, W. C., & Nelson, G. M. (1988). Validity of physiological measures of pedophilic sexual arousal in a sexual offender population. *Journal of Consulting and Clinical Psychology, 56*, 118–122.
- Harris, G. T., Rice, M. E., Quinsey, V. L., Chaplin, T. C., & Earls, D. (1992). Maximizing the discriminant validity of phallometric assessment data. *Psychological Assessment, 4*, 502–511.
- Harry, B., Pierson, T. R., & Kuznetsov, A. (1993). Correlates of sex offenders and offensive traits by victim age. *Journal of Forensic Sciences, 38*, 1068–1074.
- Hartnett, P. H. (1997). The attitudes of female and male residential care-workers to perpetrators of sexual and physical abuse. *Child Abuse and Neglect, 21*, 861–868.
- Henn, F. A., Herjanic, M., & Vanderpearl, R. J. (1976). Forensic psychiatry: Profile of two types of sex offenders. *American Journal of Psychiatry, 133*, 694–696.
- Kalichman, S. E. (1991). Psychopathology and personality characteristics of criminal sexual offenders as a function of victim age. *Archives of Sexual Behavior, 20*, 187–194.
- Kuznetov, A., Pierson, T. A., & Harry, B. (1992). Victim age as a basis for profiling sex offenders. *Federal Probation, 56*(2), 34–38.

- Laws, D. R. (1984). The assessment of dangerous sexual behavior. *Medicine and Law, 3*, 127–140.
- Laws, D. R., & Holmen, M. L. (1978). Sexual response faking by pedophiles. *Criminal Justice and Behavior, 5*, 343–356.
- Levin, S. M., & Stava, L. (1987). Personality characteristics of sex offenders: A review. *Archives of Sexual Behavior, 16*, 57–79.
- Marshall, W. L., Barbaree, H. E., & Butt, J. (1988). Several offenders against male children: Sexual preferences. *Behaviour Research and Therapy, 26*, 383–391.
- Maynard, C., & Wiederman, M. (1997). Undergraduate students' perception of child sexual abuse: Effects of age, sex, and gender-role attitudes. *Child Abuse and Neglect, 21*, 831–844.
- McAnulty, R. D., & Adams, H. F. (1990). Patterns of sexual arousal of accused child molesters involved in custody disputes. *Archives of Sexual Behavior, 19*, 541–556.
- Oberholser, J. C., & Beck, J. (1986). Multimethod assessment of rapists, child molesters, and three control groups on behavioral and psychological measures. *Journal of Consulting and Clinical Psychology, 54*, 682–687.
- Phelan, P. (1986). The process of incest: Biological father and stepfather family. *Child Abuse and Neglect, 10*, 531–539.
- Pollock, N. L., & Hashmall, J. M. (1991). The excuses of child molesters. *Behavioral Sciences and the Law, 9*, 53–59.
- Quinsey, V. L., Arnold, L. S., & Pruesse, M. G. (1980). MMPI profile of men referred for a pretrial assessment as a function of offense type. *Journal of Clinical Psychology, 36*, 410–417.
- Quinsey, V. L., & Laws, D. R. (1990). Validity of physiological measures of pedophilic sexual arousal in a sexual offender population: A critique of Hall, Proctor, and Nelson. *Journal of Consulting and Clinical Psychology, 58*, 886–888.
- Quinsey, V. L., Sternman, C. M., Bergersen, S. F., & Holmes, T. F. (1975). Penile circumference, skin conductance, and ranking responses of child molesters and "normals" to sexual and nonsexual visual stimuli. *Behavior Therapy, 6*, 213–219.
- Rada, R. T. (1976). Alcoholism and the child molester. *Annals of the New York Academy of Sciences, 273*, 492–496.
- Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect, 7*, 133–146.
- Wulfert, E., Greenway, D. E., & Dougher, M. J. (1996). A logical functional analysis of reinforcement-based disorders: Alcoholism and pedophilia. *Journal of Consulting and Clinical Psychology, 64*, 1140–1151.

Received December 7, 1998