PEDOPHILIA: PROFESSED MOTIVATIONS AND TREATMENT PROCESSES

By

MARGUERITE HOPE ALLEN

Bachelor of Science

Oklahoma State University

Stillwater, Oklahoma

1989

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
May, 1992

PEDOPHILIA: PROFESSED MOTIVATIONS AND TREATMENT PROCESSES

Thesis Approved:

Harjit S. Sandhu
Thesis Adviser

Thomas C. Collins
Dean of the Graduate College

ACKNOWLEDGMENTS

I would like to thank my graduate committee, Dr. Lynn Atkinson, Dr. Charles Edgley and especially my senior committee advisor and mentor Dr. Harjit Sandhu. Without their patience, guidance and encouragement I would never have seen the "light at the end of the tunnel." I would also like to thank the inmates that participated in this study as well as the staff at the Sexual Treatment Unit of the prison. Their honesty in discussing a subject matter that most people shy away from was refreshing. I am forever grateful to them.

To my parents, Bill and Opal Allen, and family who offered constant emotional support, I love you very much even though I rarely speak the words.

And lastly, I thank my friends and colleagues for putting up with me these final months. You have offered support and friendship when it was truly needed.

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Pedophilia is defined as "the act or fantasy of engaging in sexual activities with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement." (Lanning, reprinted handout, p. VII-30) Webster's New Collegiate Dictionary is not quite as scientific in its definition; "the sexual perversion in which children are the preferred sexual object." (Ibid., p. VII-30) Quite literally and bluntly, pedophilia is a sexual love of children. It is important to make a distinction at this point. A person can be a pedophile and never molest a child. Pedophilia can be an action or thought. For the purpose of this thesis pedophiles will be referred to as those that molest children since many pedophiles are child molesters. The two terms (pedophile and child molester) will be used interchangeably throughout the following chapters but are synonymous.

Sexual abuse is much more difficult to define than pedophilia. For the purpose of simplicity it will be defined here as "any forced or tricked sexual contact by

an adult or older child with a child." (Narimanian & Rosenzweig, handout, p. 1) Most pedophiles begin with touching and fondling a child. They then progress to masturbation and conclude with oral, anal or vaginal intercourse. Most everyone has pedophilic feelings, but most people do not act on these feelings (Langevin 1985; Bolton, Morris & MacEachron, 1989).

There are approximately four million child molesters in the United States of which about 95% are male (McCall, December 1984, p. 47; Life, December 1984, p. 47). The focus of this study will be on the male monopoly of pedophilia. But being mostly male does not simplify the matter any. Pedophiles are very heterogeneous and are not remarkably different in any way from other troubled people. For instance, consider the many different terms that exist just to categorize child molesters:

1. Pederast - an adult male that gives and receives sex from a male child.
2. Hebephilic - those that prefer adolescent girls.
3. Ephebophilic - those that prefer adolescent boys.
4. Pedohebephilia - one who is equally attracted to children under the age of eleven and pubescent children.

(Langevin, 1985; Bolton, Morris & MacEachron, 1989)

Pedophiles can and often do find adult women attractive. The true pedophile that prefers only children is rare. These categories above are more

reflective of their true preferences.

How great of a problem is child molestation in the United States today? In reality the growing number of reported child molestations is not due to an increase but is due to society's growing willingness to acknowledge the situation and the media's sensationalization of child molestation. We are still horrified when we read statistics regarding child molestations. Consider the following: some where between 100,000 and 600,000 United States children are molested each year. According to the F.B.I. one in four females and one in seven males have, or will be sexually abused before age thirteen (Narmanian & Rosenzweig; "Child Sexual Abuse", handout; Nadelson & Marcotte, 1983; Underwood, November 27, 1989; Kilgore, April 1988; McCall, December 1984; Wooden, June, 1988; Watson, May 14, 1984).

Some experts say there is no difference between pedophiles and incestuous offenders. This researcher believes there is and makes the distinction. With pedophiles we are dealing primarily with the individual, with incest there is a family dysfunction (Bolton, Morris & MacEachron, 1989; Burgess et al., 1978).

Is sexual abuse sexually motivated? The answer to this question could be yes or no. There certainly is a sexual element involved but the main purpose is usually non-sexual. For example, many pedophiles have a need to dominate or control.

As individuals, women are not socialized to dominate over others when it comes to sex, they do not usually initiate sex. "Having sexual opportunities seems to be more important to the maintenance of self-esteem in men than in women." (Finkelhor et al., 1986, p. 129) Are these the major motivators for men to sexually molest children? If these are, what can be done by professionals to help these men?

The focus of this study will be to examine what a male pedophile believes to be his primary motivation(s) to molest children and what treatment(s) he feels he can benefit most from. The method of study is qualitative with special emphasis being made on what the pedophile thinks as well as what the experts think.

CHAPTER II

CHARACTERISTICS & MOTIVATIONS OF OFFENDERS

"We all think child molesters ought to be shot until we find out that we know one." ("The Offenders", December 1984, p. 47) This is the initial reaction of American society and how to deal with a "disgusting" problem. Why do most Americans have this initial reaction? Because on a whole most of American society considers all sex to be deviant unless it is between consenting, married adults and for the purpose of procreation. Who does America have to blame for this problem? We teach our male children to be dominant, competitive, aggressive and tough. Children are often viewed as property, we tell them what to do and where to go. It is no wonder that these men (child molesters) prefer weak, submissive and docile children and women. We (as a society) socialize them to be so. We have instilled our fears of sex in general into a character disorder we call pedophilia. Are there no warning signs of pedophilia? Certainly, but we choose to ignore them! Minor sex-related offenses are not taken seriously. In fact, about two-thirds of all

sex-related cases never come to light (Salholz, August 9, 1982, p. 45; Carlson, January 29, 1990, p. 27).

Misconceptions of Pedophiles

Dispelling misconceptions about pedophiles is an initial step in the process of recognizing and treating a pedophile. It was at one time believed that they were senile, mentally retarded, insane, old, mentally ill, drug addicts or gay (Narimanian and Rosenzweig; "Child Sexual Abuse"; Sgroi, 1984; Blanche, November 1985). Today we know a great deal more about the true characteristics and motivations of a pedophile (discussed later in this chapter).

Child Pornography

Child pornography can be an important aspect of a pedophiles life. Whether or not it contributes to the pedophiles pathology or even creates it is still being debated by experts (Rooney, July, 1983; Harris, September 15, 1987; Thornton, September 15, 1987; Bernardin & Linder, November 12, 1989).

Each year an estimated one million children, ages one to sixteen, are sexually molested and then filmed or photographed. These children tend to be runaways or kidnap victims. The use of blackmail is the most common

method used to get these children to comply to their wishes ("I'll show your parents"). Child pornographers make huge profits each year. Magazines are produced for fifty cents and sold for $12.50. Their overall annual intake ranges from one-half of a billion to one billion dollars (Cohn, March 14, 1988; Rooney, July 1983; Harris, September 15, 1987; Thornton, September 15, 1987; Bernardin and Linder, November 12, 1989). While about 95% of all child pornography is imported, a 1984 federal law and 1982 Child Protection Act make it illegal to possess child pornography (Ibid.). The U.S. Customs Service and U.S. Postal Service does occasional stings to stop these imports. In a recent one year long nationwide sting operation (Ibid.), 100 indictments were made of suspected buyers. The way these buyers are caught is through a set up fictitious mail-order firm for kiddie porn ("Lolita Collectors") that the molesters subscribe to. Ranging from "average" pornography to "snuff" films (children are killed at the end of these films), penalties can be up to $100,000 and ten years in prison. As time progresses so do the number of indictments of these men. In 1984 there were 61 indictments nationwide. By 1986 the number of indictments had increased to 147 (Ibid.).

Society's For Pedophiles

One of the most shocking aspects of a pedophiles lifestyle are the societies that exist for these men to congregate. The North American Man-Boy Love Association (NAMBLA) was founded twelve years ago in Boston by a group of pedophiles. The estimated membership is 500, with some members being reported as a neurologist, a politician and a physicist.

The British Pedophile Information Exchange (P.I.E.) requests that the age of sexual consent be dropped to four years old and the Rene Guyon Society of Los Angeles, California boasts 5,000 supporters and a slogan of "sex by year eight, or else it's too late." (Rooney, July 1983; Leo, January 17, 1983)

Characteristics & Typologies

No single characteristic can describe a pedophile. They possess complex personalities with varied components. Not every pedophile possesses the same characteristics but a general pattern of characteristics is available. Consider the extensive collaboration of characteristics listed as compiled by the researcher from many sources:

1. Average intelligence (Raven's IQ test scores showed an average IQ of 111).

2. Median age of 31, range is 12 to 94 years old. Only 10% are over 50 years old and 80% are first offenders by age 30.

3. Race: 22% white, 42% black, and 31% Puerto Rican.

4. Immature, shy, childlike, isolated, "loner", introverted, weak and insecure.

5. They fear adult women. Pedophiles tend not to see the difference between adult women and children, they generalize the emotional and physical differences. About one-half were raised by their mothers, who tended to be more strict and less affectionate.

6. They are secretive of their behavior. They go to great pains to hide their deviant activity from family and friends.

7. Pedophiles are almost always (75% of the time) known to their victim.

8. Pedophiles seek out jobs, hobbies and activities that put them in contact with children. This is their primary mode of access to children.

9. Most (about 80-100%) pedophiles were victims of sexual abuse themselves as youngsters. While growing up they received neither adequate nor accurate sexual information.

10. Pedophiles have low-impulse control with regards to sex but usually have a well-thought-out and methodically rehearsed strategy for molesting.

11. Some pedophiles use violence with their victim, but most do not. According to Groth and Birnbaum (1978) only one-fifth use force.

12. Denial of the offense is characteristic. Some will blame the victims and even claim that their victims said yes and gladly.

13. Each pedophile abuses about 68 victims in his lifetime.

14. Pedophiles tend to be outwardly religious and

workaholics.

15. 65% of pedophiles are problem drinkers or alcoholics, 53% are intoxicated at the time of the offense, 9% use drugs.

16. Pedophiles tend to have poor psychological comfort: feel empty, fearful, depressed, low self-esteem, poor self-confidence, and wallow in self-pity.

17. Pedophiles are frequently married and have marital and sexual difficulties.

18. Pedophiles need to feel loved and in control of a relationship.

19. Pedophiles tend to have other deviant arousal patterns, they are usually not just pedophiles but maybe voyeur's too.

(Abel et al., 1984; Narimanian and Rosenzweig; "Child Sexual Abuse"; Sgroi, 1984; Blanche, November 1985; Blanchard, Fall 1986; Sgroi, April, 1979; Langevin, 1985; Knopp, 1984; Bolton et al., 1989; Nadelson and Marcotte, 1983; Kolodny et al, 1979; Finkelhor et al, 1986; Burgess et al., 1978; Gil, 1983; Underwood, November 27, 1989; Fein and Bishop, February 1987; McCall, December 1984; Leo, January 17, 1983; "Life" December 1984; Watson, March 14, 1984; Salholz, August 9, 1982; Wooden, June 1988; Johnston, February 1987; Brody, January 13, 1987)

Characteristics regarding the actual sexual molestation itself involve:

1. Place:
   - 34% occur in the victim's own home.
   - 28% occur at the offender's home.
   - 10% occur in a public portion of a building.
   - 2% occur on school grounds.
   - 2% occur in cars.
   - 5% occur in abandoned buildings.

2. Time:
   - 31% occur between noon and six pm.
   - 29% occur over a period of time with no regularity.

20% occur after nine pm.
12% occur between six pm and nine pm.
5% occur in the forenoon.

("Child Sexual Abuse", handout, p. 26)

Putting pedophiles into typologies is not an easy task, many clinicians have attempted. One of the most noted typology's of pedophiles is Dr. A. Nicholas Groth's distinction between the fixated and regressed pedophile. Fixated pedophiles are described as men that prefer children (usually females) for sexual excitement all of their lives. A regressed pedophile is interested in children during his teenage years but forms "normal" sexual attachments during early adulthood. Later in life, usually due to an outside stress, he returns to children for sexual excitement. One other major distinction between the fixated and regressed pedophile is that to the fixated pedophile the child is the preferred subject of sexual interest. These men are very childlike in their mannerisms. The regressed pedophile tends to replace his adult relationships with children. The child is a substitute for adult companionship (Narimanian and Rosenzweig; Lanning, handout; Langevin, 1985; Sgroi, 1984).

This researcher finds Dr. Groth's typology to be extremely accurate but, as the researcher discovered, most modern clinicians find this typology outdated and over-rated. No particular reasons were given other than outdated and over-rated.

As one might suspect there are heterosexual, homosexual and bisexual pedophiles. The heterosexual pedophile is considered the most common. He tends to lack sexual experience and most (72%) have numerous previous convictions. Of these previous convictions, 22% had violent charges. The homosexual pedophile tends to be single, with many (54%) having previous convictions (8% of these previous convictions being violent). The bisexual pedophile tends to have more sexual experience with girls under the age of twelve, 57% have previous convictions with 0% being violent charges (Langevin, 1985, pp. 143-147).

Of the many other typologies of pedophiles available this researcher finds the following three to be most descriptive and interesting.

It is difficult for most people to imagaine how a pedophile goes about obtaining sexual favors from a child. In a book by Burgess et al. entitled Sexual Assault of Children and Adolescents (1978) two basic categories of offenses are described. The first is the Sex-Pressured Offense. This offense is characterized by a lack of physical force and a use of enticement or entrapment. The goal is for the pedophile to gain sex through control. He has a bond with the child and sees the child as an object. The second offense is termed Sex-Force Offenses. The threat of harm is used. Threats can include intimidation or actual physical aggression.

Three general categories of pedophiles are described in Fay Honey Knopp's book, Retraining Adult Sex Offenders: Methods and Models (1984). Medical/Psychiatric Disorders or Diseases account for 5-8% of all pedophiles. They are usually schizophrenic, manic-depressive, or have organic brain syndromes. Treatment is characteristically medication.

Men with Antisocial Personalities have a history of poor impulse control and in general do not care about people. They represent about 29% of pedophiles. Group therapy is the treatment of choice.

Paraphiliacs have only one slice of their behavior termed disruptive. They usually have impulsive thoughts and urges about sex. Their environment encouraged them to see children as sexual. Thus, this phenomenon is believed to be learned.

The final typology described is found in Kenneth Lanning's handout, Child Molesters: A Behavioral Analysis. Two distinctions in pedophiles are made. The first is described as the Situational Child Molester. These men do not have a true sexual preference for children. Their four major patterns are as follows:

1. Regressed - they use the child as a sexual substitute.

2. Morally Indiscriminate - sexual abuse of children is a part of his general pattern of abuse. He is characterized as a user and abuser. If you ask this man why he abuses, his answer is, "Why not?" These pedophiles often use force, lures or manipulation.

3. Sexually Indiscriminate - this man will try anything sexually. He possesses no real preference for children.

4. Inadequate - this pedophile is often termed a social misfit, withdrawn and unusual. They chose children out of insecurity or curiosity. They also see children as nonthreatening. These pedophiles can be child killers.

The second distinction made by Lanning is Preferential Child Molesters. These pedophiles have a definite sexual preference for children and molest the largest numbers of children. Their three major patterns are:

1. Seduction - they seduce children with attention, affection and gifts. They usually have multiple victims that they are involved with simultaneously. This pedophile talks well and identifies with children.

2. Introverted - this pedophile lacks interpersonal skills. He is characterized as the stereotypical child molester that hangs around playgrounds. He molests strangers or very young and has a definite sexual preference for children.

3. Sadistic - this pedophile inflicts pain or suffering on his victim. He will use lures, force, abduction or even murder.

Motivations

"One need only talk to a pedophile and hear how the sound of children laughing or the sight of a prepubertal child on television can immediately trigger an erection and the desire for orgasm to understand at least one

factor that contributes to the high frequency of recidivism." (Qualls, Wincze and Barlow, 1978, p. 122) What motivates a pedophile to sexually molest children is multi-factored. First this researcher will describe various theories regarding motivations given by various experts in the field of pedophilia and then the researcher's theory based on the previous literature will be described.

Motivations of a pedophile can be simplistic and straight forward:

1. To gratify a sexual and/or emotional need.
2. To defend against anxiety.
3. To express unresolved conflict.
4. The sexual misuse of power.
5. Rejection by a wife or other women.
6. A sense of power and control.
7. A need for attention and recognition.
8. A need for affiliation.
9. A strengthened sense of identity.
10. Abnormal hormonal and chromosomal composition.
11. Socialization - society tells men to desire the weaker, subservient.

(Narimanian and Rosenzweig; Langevin, 1985; Burgess et al., 1978; Gilgun and Conner, May 1989; Blanche, November 1985; "The Offenders", December 1984)

And then other motivations can be more complex. Pedophiles tend to emphasize sex as a way of showing

acceptance and approval. They are totally focused on their needs and are unable to see the victim as anything but a source of pleasure.

Money (Brody, January 23, 1990) proposes the idea of lovemaps. Lovemaps are how a person idealizes the ideal lover. They are formed usually between ages five and eight. It connects sexual desires with what is desired. Sort of like wanting to go to the ocean and looking at a "map" to see how to get to the ocean. The same is true with the lovemap. You may sexually desire a certain type of person and must then go out and seek that type of person. Experiencing abnormal sexuality (lovemaps) as a child can lead to abnormal sexuality (lovemaps) as an adult.

Consider Groth's theory entitled the "vampire syndrome." This theory stipulates that if one is molested as a child, that child will grow up to molest. It's seen as a way to undo the trauma. But, of course, not all victims of sexual abuse become perpetrators (McCall, December 1984; "The Offenders", December 1984).

A four-factor model of motivation is described in David Finkelhor's et al. book, A Sourcebook On Child Sexual Abuse (1986). Factor One is titled Emotional Congruence theories. Within this factor the child fits the pedophiles emotional need and helps him overcome his own childhood trauma of sexual abuse.

Factor Two is Sexual Arousal and is very similar to

factor one. Early sexual abuse of the pedophile as a child is seen as a motivation as well as fantasy, masturbation and possibly pornography.

Blockage of the capacity to find adult women sexually attractive is Factor Three. These men characteristically experience intense conflicts about their mothers and have had early traumas relating to sex.

The final factor of motivation, Factor Four, is titled Disinhibition. Poor impulse control and a extensive history of alcohol abuse are the primary factors here.

This four-factor model was of primary interest to the researcher when trying to determine the motivations of a pedophile to molest children. Three factors were repeatedly reinforced throughout literature reviews and personal interviews with incarcerated pedophiles. The first factor was prior sexual abuse of the pedophile as a child. Sexual offenders have higher incidences of having been sexually victimized themselves as children, as high as one in three (Sgroi, 1984, p. 226). Gender identity can begin as early as age three. If deviance with regards to sex begins in early life, it has a "ripple effect." (Bolton, Morris and MacEachron, 1989, p. 14) Boys that have been sexually abused often turn aggressive and abusive toward others, while girls turn on themselves (i.e. drugs, prostitution).

The second factor this researcher endorsed is an

extensive history of alcohol abuse. It is important to understand that while alcohol use does not cause the sex offense, it contributes to it (Langevin, 1985; Knopp, 1984; Finkelhor et al, 1986).

The third and final factor of motivation endorsed by the researcher is a fear of adult women. Adults are seen as overbearing, children as nonthreatening, submissive surrogates. The pedophile dominates the child through sex. Interestingly these men find adult sexual relations with children more acceptable than sexual relations with a prostitute. They also seems to prefer sexual relations with children more acceptable than committing adultery or preforming masturbation. (Langevin, 1985; Bolton, Morris and MacEachron, 1989; Finkelhor et al., 1986)

Studies:Historical Perspective

Studies about child molestation only date back to 1929 (Finkelhor et al., 1986, p. 15). Sexual abuse studies date back to the 1800's but are only referred to as carnal knowledge, carnal abuse or sexual intercourse with females under ten years of age. By the 1950's and 1960's the age of sexual consent was raised to seventeen in most states (Haugaard & Reppucci, 1988, pp. 19-20).

Two of the more recent and more interesting studies done with pedophiles focus on arousal patterns and views of adult women. Roy Eskapa (Johnston, February 1987)

studied different attitudes regarding sexual arousal in different situations. He discovered that male college students saw their arousal as being caused by the presence of the person they were sexually interested in. Pedophiles saw their arousal as being internally caused and uncontrollable. To the college students this pattern of arousal created no problems in their overall lifestyle. To the pedophiles it affected all domains of their life.

The second study focuses on pedophiles perceptions of adult women. Johnston (Johnson, February 1987) had twenty three pedophiles and twenty eight male university students take the "Draw-A-Person" test. In this test participants drew a picture of a person and then drew one of the opposite sex. Most of the university students (90%) drew men larger than women, while 60% of the pedophiles drew women larger. These results reinforce the pedophiles fear of adult women. Women are seen as "bigger than life" and controlling.

Listing the characteristics and motivations of a pedophile is somewhat like making a grocery list. It is something you write up after thinking about what you know and it is really only a guide. Once you get there, there are always other things to consider and unexpected surprises. Clinicians and parents can use these lists as a guide but should always be watchful and observant of things around them.

CHAPTER III

TREATMENT & TREATMENT PROGRAMS

Introduction

How does one "correct" a pedophile? How does the correctional community convince a pedophile never to reoffend? These questions are difficult to answer but the following pages will attempt to describe various treatments used with pedophiles and how successful they appear to be.

The first American sex-offender treatment program was not established until 1948 (Knopp, 1984, p. 26). Does this mean there were no sex-offenders before this time? Hardly! A lack of awareness is probably more appropriate. Two broad recent changes helped bring this awareness of sexual abuse about. The first being a move away from the medical model of treatment and the second being the women's movement. The women's movement has helped to dispell the sexual myths surrounding many men's lives (i.e. women want to be raped).

Society, on a whole, hates child molesters. They want to punish the offender, usually physically. Society is gravely offended by the child molester because in

American society most men have internal and external inhibitors against sexual relations with a child. The ability to weigh ones consequences could be considered an internal inhibitor and family or neighbors an external inhibitor. Pedophiles tend to lack the ability to have forethought regarding their consequences and since the stable communities where everyone knows everyone are disappearing, this is used to the advantage of the pedophile.

"Offenders who sexually abuse children typically do not participate in treatment programs." (Fein & Bishop, February 1987, p. 122) A rare few will request treatment without ever having been apprehended for sex offenses out of anxiety or guilt. But the very large majority are resistant to treatment. Pedophiles tend to be characteristically: unmotivated, preferring to remain a secret, lacking a sense of responsibility, fearful of legal consequences and in general do not cope well with life.

Treatment Goals

Treatment must begin with forcing the pedophile to admit to the gravity of his offense. Denial is such a large part of these men's lives that this is a major hurdle to cross. Once crossed, goals of treatment can be laid. This researcher has compiled two lists of goals

based on various literature reviews. One list is broad general goals and the other, specific goals:

Broad General Goals	Specific Goals
1. Increase positive sexuality.	1. Change stereotypic notions.
2. Overcome personal sexual abuse.	2. Learn to express anger.
3. Build caring feelings and relationships.	3. Have a personal treatment plan.
4. Break the pattern of sexual abuse.	4. Accept responsibility.
5. Re-educate and resocialize.	5. Learn empathy.
6. Lessen the negative behavior.	6. Avoid stress.
7. Discover unmet needs of behavior and better ways to meet these needs.	7. Increase self-esteem.
8. Become more sensitive to life conditions.	

(Narimanian & Rosenzweig; Knopp, 1984, p. 28)

All treatments should encompass re-education, resocialization and counseling with these goals as the ground work. Control should be the key word, not cure. "Teach the sex offender how to intervene in and control his sexually abusive or assaultive behaviors." (Knopp, 1984, p. xiii) The earlier the intervention, the greater the potential for help.

Who Gets Treatment?

Who to help can be a touchy situation sometimes. Audiotaped assessments are often used to separate out those with violent tendencies. These tapes describe situations, some more violent than others, all with children. Some methods used to determine proper treatment for those that are nonviolent are:

1. MMPI - Minnesota Multiphasic Personality Inventory
2. MCMI - Milion Clinical Multiaxial Inventory
3. CPI - California Psychological Inventory
4. ACL - Adjective Check List
5. Pacht Hostility/Guilt Inventory
6. Spence-Helmreich Attitudes toward Women Scale
7. Bender-Gestalt Test
8. Shipley Institute of Living Scale
9. Clarke Sexual History Questionnaire
10. Penile Plethysmograph
11. Personal Interviews
12. Autobiographies
13. Review Reports

(Knopp, 1984)

Combining the results of these can help a clinician determine who will benefit most from treatment and who will not.

Prison Versus Treatment

Most Americans tend to think that control of a sex offender means imprisonment. But in reality prison is not the answer for pedophiles. "Prison is not a cure for this problem, and if we are going to use it as a cure, we had better make laws that say, 'You are locked up the rest of your life until you die,' because, outside of a specialized treatment program for sex offenders, that is the only way to prevent these men from reoffending." (Knopp, 1984, p. 16) But we do not lock them up until they die, in 1985 prison sentences for child molesters nationwide averaged less than one year (Stark, April 1985, p. 8). In prison a pedophile can expect little chance for treatment, the threat of harm from fellow inmates and removal of all responsibility from their lives. If a pedophile chronically denies responsibility for his offense and is placed in prison where is he suppose to learn responsibility?

Prison is appropriate placement for those pedophiles that pose the threat of immediate harm to others, when pedophilia is just one aspect of their antisocial behavior, or when their attraction to children is chronic and persistent. These offenders do belong in prison, away from society, but they should still receive treatment in prison.

The criminal justice community tends to see child

molesters as incorrigible, they like society, want long prison sentences for them. The higher the social status of the offender, the more tolerant the criminal justice system. The lower the social status, the more severe the punishment.

Prison does not get rid of ones sex drive, in fact it increases pathology. The best protection is treatment, "the crime is a symptom; the offense may be punished, but the condition must be treated." (Knopp, 1984, p. 16) Treatment can work with these offenders if they receive competent evaluation, appropriate placement, if the treatment mode meets the needs of the client, and if the offender wants to change (Knopp, 1984). Some offenders do not want to change, their sexual behavior is pleasurable to them. There is no "cure" but rather a mastery of behavior problems through treatment. Prison alone can offer nothing more than a "75% certainty that it (prison) will create new victims after release." (McCall, December 1984, p. 50)

Methods of Treatment

The methods of treatment used with pedophiles are enough to fill an entire book alone. A few of the most used and interesting methods of treatment will be described here and others through out the remainder of this chapter.

In 1980 the drug of choice used on sex offenders was medroxyprogesterone acetate. Today Depo-Provera is the drug of choice. It is a hormonal drug, usually given in 500mg dosages once a week. It suppresses testosterone and curbs the sex drive. Used on selected compulsive sex offenders it allows the individual to concentrate on treatment and "cool" down (Knopp, 1984; Ban & Freyhan, 1980). Per Berlin (1982) it is very successful with male pedophiles attracted to the same sex, he claims a 85% success rate with the drug. Harmful effects of the drug range from minor hair lose to cancer. But are drugs the answer in this "Just Say No" society we have created? Behaviors are learned and a drug cannot change that. Used in conjuction with treatment, drugs can be beneficial but alone can be mistaken as a panacea.

Fantasy is an important aspect of a pedophiles molestation pattern. Masturbatory conditioning (also known as orgasmic conditioning) approaches the deviant fantasies in an attempt to decrease their potentency. The procedure is to bring the pedophile to a lab, have him put on a headset and masturbate to a deviant fantasy for twenty minutes. He speaks the fantasy aloud for two reasons: so he can then hear (on tape) the ridiculousness of the fantasy and to be sure the fantasy is deviant. The pedophile returns in one week and is asked to masturbate to a nondeviant fantasy. The third week he masturbates again to a deviant fantasy. The forth to a

nondeviant fantasy and so on back and forth. The goal is to lessen the arousal associated with the deviant fantasy and increase arousal with the nondeviant fantasy (Knopp, 1984).

Verbal satiation is very similar to masturbatory conditioning. The pedophile will go to a lab three times a week and sit with a headset on and talk for thirty minutes nonstop about sexual fantasies. After the thirty minutes there is a pause for five seconds and then a loud tone. The goal is for this to become boring and the fantasies loose their effectiveness (Knopp, 1984).

Olfactory aversion associates deviant sexual arousal with unpleasant stimuli. Pedophiles are shown slides of a nude eight year old girl for one minute while smelling a nasty smell (i.e. ammonia fumes). This is done over and over in an attempt to make their deviant attraction decrease. Laws (1981) reports success with this method of treatment. But success can only be achieved on the "outside world" if the pedophile carries his ammonia capsules with him at all times (Knopp, 1984).

The penile plethysmograph is a computer generated device that measures the penile erection of a pedophile while viewing forty slides of nude individuals of various ages. Richard Laws (1981) discovered with pedophiles using the penile plethysmograph no sexual interest in adults, only children. He claims 80% effectiveness with this method. In some cases this method is used as an

aversion therapy (the penis is shocked if aroused during slides of children) but in the majority of cases this method is used as a measuring device to assess treatment needed (Knopp, 1984).

Community Treatment

Treatment methods are most beneficial when used in community treatment centers as opposed to prisons. In community placement a pedophile can learn how to be in control of his life, his family can remain together, it is more economical than prison and it helps build the idea that they can lead "normal" lives. There are problems that face community placement though. There is a poor availability factor for good community treatment centers and there is the risk of putting someone in that will reoffend (Knopp, 1984). Proper screening is necessary of each applicant. Those that use power/violence in their sex acts are not good candidates for community treatment.

The goals of community treatment centers are:

1. To prevent future sexual misconduct.
2. To prevent institutionalization.
3. To protect the community.
4. Set realistic expectations.
5. Develop coping skills.
6. Develop community support.

7. Use medication (if needed).

(Griffths, Quinsey & Hingsburger, 1989)

Treatment in the community of sex offenders is not a very accepted idea in America today. Considering the alternative (prison) one wonders what the answer is? No one seems to have a 100% fool-proof solution but treatment within the community with gradual release is certainly more therapeutic than prison.

Community based treatment centers are run out of converted houses, offices, universities, churches, hospitals and virtually every other structure imaginable. They are run by psychologists, psychiatrists, therapists, counselors, social workers and community mental health workers. Most of the above being private practitioners.

Treatment Programs

Of the many community treatment centers this researcher examined, four will be described in the following pages. Located in Somers, Connecticut The Sex Offender Program (SOP) was begun in 1978. Consisting of only two staff, they seek out sex offenders in prisons. No one is eliminated and no "official" screening is done. The basic philosophy of SOP is that sex offenders have behavior problems and that problem is a reflection of stress not pleasure. Most of their offenders admitted to

being victims of sexual abuse during their formative years. The problems/issues these men must face are:

1. The "damaged goods" syndrome. They typically have low self-esteems and a bad self-image.
2. Their feelings of helplessness and insecurity.
3. Their poor interpersonal relationships.
4. Conflicts in regards to sex.
5. Problems with aggression.
6. Depression, anxiety and fear.

There are four program goals at SOP:

1. To see that you have a problem. Insight is considered the beginning.
2. Accept responsibility.
3. Reevaluate attitudes/values about sex and aggression.
4. Learn that sexual assault can repeat. There is no cure but treatment and control are options.

The treatment program itself runs with the school semester so volunteers/interns can participate. Treatment is focused on re-education, resocialization, group therapy and sex education. Specific treatment programs used are autobiographies, peer counseling and individual treatment. Treatment goals within these programs tend to be short term because offenders often have difficulty with long term goals (Knopp, 1984).

The success rate at SOP is impressive. From 1979 to 1982 only 19% were rearrested compared to the 50% that

are typically rearrested that receive no treatment (Knopp, 1984, p. 265).

The Sex Offender Unit & The Social Skills Unit

Correctional Treatment (SOU) of Salem, Oregon is a voluntary program begun in 1979 for those on their last two and a half to three years of sentence. Each offender spends a minimum of twenty-six hours per week in group therapy. The staff monitors fantasies and has the pedophile write an autobiography. Medication (Depo-Provera) is used as a last resort. Other treatments offered are olfactory aversion, aversive galvanic stimulation (electric shock), masturbatory conditioning, cognitive restructuring (recognizing errors in thought patterns and changing them) and covert sensitization. Covert sensitization is described as tapes that the pedophile listens to that have covert positive reinforcement for alternate positive sexual acts. Upon "graduating" from this unit a resident gets community passes until he gets a job. During his three to six months of work he returns to SOU at night. The Social Skills Unit of SOU is for those that are low-functioning with education levels below the fourth grade. These men tend to be frustrated because of their lack of knowledge and can be just as dangerous as the high functioning sex offenders. The overall goals are self-help and to learn how to interact with the environment appropriately. About 60% of SOU residents admitted they were victims of

sexual abuse themselves (Knopp, 1984, p. 208).

The Forensic Mental Health Services of New London, Connecticut is a private institution begun in 1982. There are two staff and only the court ordered come. This program is considered "hard-line." Their rules are as follows: 1) Offenders are prosecuted and treated, 2) Treatment is mandatory, 3) Confidentiality is waived, and 4) Law enforcement and others should be involved. Buzz words at this place include accountability, responsibility, community safety and working with others. No formal testing is done for admission. Each individual is examined separately. Group and individual therapies are the primary modes of treatment (Knopp, 1984).

The final community treatment center examined is the Northwest Treatment Associates (NWTA) of Seattle, Washington. Established in 1977 NWTA receives 85% of their residents from the court. Eighteen months is the average length of stay and most residents tend to be white and middle class. The five staff members base fees on a sliding scale and claim a high success rate because of their thorough screening practices. Treatment methods consist of confrontation, group therapy, covert sensitization, masturbatory conditioning and impulse control. Impulse control is the process of teaching the pedophile to yell STOP in his head to stop the deviant sexual thought. Scheduled overmasturbation is used with the idea that as the frequency is increased the sex drive

decreases. One of the more interesting treatment methods used at NWTA is Modified Aversive Behavioral Rehearsal Technique (MABRT). MABRT is the process of having a pedophile re-enact his offense on a child sized mannequin and videotaping the scene. The pedophile then watches the tape and is confronted with the harmfulness of his actions. Other various treatment methods used are Empathy Training (helping the pedophile come to grips with the reality of what he did to the victim), Cognitive restructuring (helping the pedophile learn to say to himself that the victim does not like what is happening) and the use of roleplaying (pedophile becomes the victim) and bibliotherapy (reading books by sexual assault victims). NWTA has an impressive reoffense rate of only 10% (Knopp, 1984, p. 100).

Psychological Approach

The psychiatric consensus is that child molestation is a treatable illness seen most as a character disorder. A character disorder is like a car and a sex drive is the engine. Treating the character disorder is usually approached through the development of empathy in group therapy. "We don't think there's a cure, but you can learn to control it." (Watson, May 14, 1984, p. 35) The pedophiles sexual interest is seen as an addiction. Just as in Alcoholics Anonymous (AA) you do not go from an

alcoholic to a never-had-a-drink but to a sober alcoholic. Self-control is the key (Knopp, 1984).

Successful Treatment

Successful treatment of pedophiles lies in four methods that the experts believe work: olfactory conditioning, covert conditioning, masturbatory conditioning and medication. Washington and Minnesota lead the country in effectiveness and number of sex offender treatment programs. An eclectic approach to these methods is deemed best. Group therapy seems to be the most successful when responsibility, confrontation and behavior change are the focus (no one knows a sex offender better than another sex offender).

Problems With Treatment

Problems facing treatment programs involve punitive minded legislators, poor funding and a high recidivism rate for pedophiles. Research reveals that molesters of boys are most likely to recidivate (Findelhor et al., 1986, p. 134) and that those treated on an outpatient method have a lower recidivism rate (Ibid., p. 133).

Regardless of how hard we try or desire, no one has a "cure" or perfect treatment plan for pedophiles. "The sex offender can choose to offend again regardless of the

treatment he receives. There is no treatment that removes the power of choice." (Mann, August 25, 1989, p. B3) The best we can do as a society is to promote treatment and discourage incarceration.

CHAPTER IV

METHODOLOGY & PRESENTATION OF SELECTED DATA

Observations are not always easily reduced to numbers. We cannot always classify an answer into a neat category. Qualitative research addresses this problem. In order to understand the motivations of a pedophile to sexually molest a child and what treatment(s) that pedophile sees as beneficial, a qualitative study was conducted. Data was collected from one source only, incarcerated male pedophiles at a medium security prison. Studying incarcerated pedophiles presents a biased view since they are a small percent of the total. Non-incarcerated pedophiles would, no doubt, reflect a different picture. But research on pedophiles "is an area in which little is known and additional findings may provide large payoffs for prevention and treatment efforts." (Finkelhor et al., 1986, p. 142) Thus, any information about any pedophiles is sorely needed.

Pedophiles are difficult people to interview due to their nature (shy, low self-esteem) and because you are a

stranger talking about their sex lives. Not many people would appreciate a total stranger coming to them and asking them questions about things like masturbation or sexual intercourse. But if one presents an attitude of encouragement and understanding chances are one will get better responses. Insuring confidentiality is another method used to encourage truthfulness. A consent form (See Appendix A) was signed by each participant, the researcher and the researcher's senior committee member. Originals were then placed in participants field jackets and each participant was assigned an identification number to again insure confidentiality.

Field jackets were also used to test for the reliability and validity of the respondents answers. For example, if a pedophile responded that he was convicted of lewd molestation of three girls this researcher examined the field jacket of each pedophile against what was said.

Permission was also given to the researcher by the participants to make an audiotape of the interviews. After each tape was transcribed, the tapes were destroyed. Each participant was a volunteer and was free to withdraw consent of participation at any time without penalty.

The data collected in this study was done with one

general purpose/goal in mind; to discover what the pedophile thinks. Nearly all of the literature reviewed reflected what clinicians thought the pedophiles thought. This researcher wanted to hear directly from the pedophile what he thought. Two general areas of thought were explored: 1) What the pedophile thinks his motivations are to sexually molest a child and, 2) What treatment(s) the pedophile thinks are best for him.

One-To-One Interviews

Twenty incarcerated male pedophiles were interviewed, using a questionnaire given in the appendix. (Actually twenty-one were interviewed but one interview was disqualified due to his denial of offense). The questionnaire (See Appendix B) was designed from several previous questionnaires used by various social agencies that interviewed pedophiles prior to incarceration.

Demographic information on the twenty is as follows:

1. All male (N=20).
2. Age: Mean: 39 Median: 43.5 Mode: 41-50
   Range: 20 to 55
3. Race: White: 14 Black: 5 Hispanic: 1
4. Religion: Protestant: 14 Catholic: 2
   None: 2 Other: 2

5. Marital Status: Never Married: 6
Currently Married: 7
Divorced, Married Once: 3
Divorced, Married Twice: 4

6. Family: Only Child: 2 Siblings: 18

Raised in: Urban: 15 Rural: 3
"Traveled around a lot": 2

7. Earliest Memory: Non-Sexual: 17
Sexual (rape): 3

8. Disciplined Most by: Mother: 11
Father: 1
Both: 7
None: 1

Described as: Average: 7
Severe (beatings): 13

9. Education Level: High School Graduate: 8
G.E.D.: 5
Some College: 5
Undergraduate Degree: 0
Graduate Degree: 2

10. Employment History: Blue-collar jobs: 16
White-collar jobs: 4

11. Alcohol/drug abuse History:

Alcoholic: 12
Non-alcoholic: 8

Drug abuser: 7
Non-drug abuser: 13

12. History of Arrests/Criminal Activity:

Zero: 8
One to Ten: 11
Eleven and above: 1

Range was zero to 80 prior arrests.

13. Sexual History:

Age at first sexual intercourse?
Mean age: 13 Range: 3-24

Age first attracted to children?
Mean age: 15 Range: 5-38

Total number of children molested in your lifetime?
Mean: 28 Range: 3 to 300

Were you molested as a child yourself?
Yes: 15 No: 5

14. What brought you to prison?

Charges:

Oral Sodomy	Indecent Proposal to a minor
Rape	
Murder	Indecent Exposure
Kidnapping	Armed Robbery
Lewd acts	Lewd & Indecent liberties
Obscene Material	Lewd Molestation

Sentence
Mean sentence: 54 years
Range: 10 years to life plus fifty years.

15. What would you say your primary motivation(s) to molest children are?

Most common answers:
(Most respondents gave more than one answer)

Availability: 11
Sexual Fulfillment: 5
Control issue: 4
Saw children on adult level: 3
Threat/rejection from women: 3
Growing up I saw love as molesting: 2
Need someone to care about me. (Needed someone to show emotional concern): 2
Childlike: 2
"I do it because I want to": 2
No pressure to preform with children: 1
Undoing trama done to me: 1

16. Was physical force an important factor in your molestation(s) of children?

Yes: 5 No: 15

If no, what was?

Most common answer: Manipulation of trust.

17. Treatment:

Prior to prison (now) have you ever received treatment for you pedophilia?

Yes: 4 No: 16

What has helped you the most so far?

Most common answers:
(Most respondents gave more than one answer)

Becoming more aware: 5
Being able to talk about it: 4
Understanding my deviant cycle: 4
Confrontations: 3
Caring staff: 3
Looking at self: 3
Learning to be honest: 2
Rules and challenges: 1
Learning responsibility: 1
Realizing lives have been destroyed: 1
Writing an autobiography: 1
Identifying distorted values and habits: 1
Facing problems: 1

What is the most important thing overall you could get from treatment?

Most common answers:
(Most respondents only gave one answer)

Learn control of anger and control arousal: 5
To never reoffend: 4
Control or change his behavior: 3

To control fantasies: 2
To gain victim empathy: 2
To never hurt anyone ever again. "I'd rather stay in prison all my life.": 2
To have the knowledge to help the victims become aware that he's a sex offender: 1
To learn to walk away from children: 1
"To acknowledge and accept the fact that I'm a sex offender.": 1
"To learn the normal way to cope with any problem.": 1

18. Views of Adult Women today:

Most common answers: Sex Objects: 9
Fearful: 7
More respectful: 3
Too difficult to control: 2

Each interview lasted between thirty minutes and one hour. They were conducted in the Residential Sex Offender Treatment Unit of the prison. The sample was chosen by Dr. G. Richard Kishur, the Program Director of the Residential Sex Offender Treatment Unit. Participants were chosen that had molested primarily outside of the home. Incest offenders were excluded from the sample. Complete discretion was given to Dr. Kishur regarding the selection of the sample with regards to who would reflect a most accurate representation. This researcher was surprised at first by the eagerness of the participants but was later informed by staff that they were probably "grooming" or just interested because it

was an opportunity to sit and talk with a woman. Regardless of this, the researcher feels that most of the participants used the interview as a chance to practice talking about their offense in a open manner.

Each participant took time to reflect on each question and gave carefully worded answers. This researcher noticed that certain terms were used excessively by the inmates. These terms clearly appear to be a product of coaching during treatment sessions of what to say and how to say it. For example, all participants referred often to their "deviant cycle" of fantasies and how they were working to stop the cycle. Or when this researcher ask the participants to tell her exactly what it was they did physically to their victims it sounded as if they were reading a script, very rehearsed.

Personal Testimonies

The only personal testimonies on record that this researcher could locate were clinicians views or authors views on what the pedophile said. This researcher has collected and printed for the reader's interest <u>exactly</u> what the pedophile told her. No editing has been done and no interpretations were made. This researcher feels

it is imperative for the social scientists to read exactly what the pedophile says with regards to what motivates them and what they feel is best for them (treatment wise).

Personal Observations

The researcher made six visits to a medium security prison that treats sexual offenders. The atmosphere at this prison went beyond any expectations the researcher held. The prison was clean, staffed well and the overall atmosphere was one of respect for inmates, visitors and employees. This was the first of many other prison visitations that the researcher was not yelled, whistled or made obscene gestures at. It was a pleasant relief!

The Sexual Treatment Unit is a new, clean and pleasantly decorated building on the prison grounds. All efforts at total safety were made with this researcher in mind. Location of emergency alarms were shown, introduction of guards were made and frequent questioning regarding how the inmates were responding were done often.

CHAPTER V

ANALYZING THE DATA

"Nobody had told me any different." (Interview with participant #20) If a person grows up without anyone explaining right from wrong with regards to sexual behavior, will that person have a distorted perception of sex? Perhaps it maybe possible. And if certain motivations are constantly reinforced throughout literature reviews and personal interview's is it safe to say that these are the primary motivations of a pedophile to sexually molest a child? No one knows for sure, but it is a definite lead in piecing together the puzzle of sexual abuse.

Themes Reinforced

Themes related to motivations of pedophiles were reinforced in literature (Chapter II) and personal interviews. With regards to a prior history of alcohol abuse, interview #5 summed his ideas up well when he said, "Beer, I guess, gave me the courage to molest or maybe kept me from looking at myself. I hid my shame

with beer. But beer didn't cause me to do it." Alcohol seemed to play a part in most all of the participants lives whether it was used before, after or during a molestation. Most (N=7) of the participants expressed some kind of fear of adult women. Could this fear be related to the fact that over one-half of the participants were disciplined as children by their mothers? And that over one-half of the time this discipline was described as severe? One can only speculate on what factors influence a man's fear of adult women. When the issue of children was approached most (over 50%) responded as interview #10 did, "I love children, they make me feel young." A very large percent admitted to receiving prior sexual abuse as children themselves. It appeared that most (over 50%) had a difficult time relating their prior sexual abuse to their current offenses. Remorse, not association between the two, seemed to be the norm. "If there was anyway I could undo what I have done I would. It hurts inside." (Interview #15) Or consider Interview #11's response; "Do they (the victims) hate me, are they glad I'm locked up?"

Themes related to the treatment received at the prison were characteristic of literature reviews. All participants interviewed were at various levels of treatment in the program at the prison. The program is voluntary and takes two to two and one half years to

complete. The programs' philosophy is "to help sex offenders change their sexually deviant behaviors." (Residential Sex Offender Treatment Program, handout, p. 1) Through support, respect and direct, honest confrontation it is possible to learn how to handle non-sexual problems without sexual behaviors. The goals of this program are:

1. To end all sexually deviant behavior.
2. To gain a full understanding of how sexual deviance affects others.
3. To end all denial.
4. To stop blaming others.
5. To see the value of human beings.
6. To reduce/eliminate isolation from others.
7. To support each other.
8. To give their time and effort to the community and the program.

(Ibid., p. 2)

Prison Treatment

The treatment structure is in five steps. While a complete chapter could be devoted to the structure/content of this treatment program, only one or two items will be mentioned with regards to each step.

Step One is Intake, lasting one to three months it is characterized by being very task oriented. Learning

responsibility is a key. Step Two is Orientation and lasts two to four months. Written and oral autobiographies are done as well as masturbation and deviant fantasy journals. These journals are like diaries in that the inmates write down feelings, thoughts and ideas. This step is also task oriented. The Third Step is Treatment and lasts ten to fourteen months. Again written and oral autobiographies are utilized as well as other treatments discussed in chapter three. The Fourth Step is Relapse Prevention and lasts four to six months. Being aware of their choices and having confrontation by victim groups are focused. The final (Fifth) Step is Pre-release -Maintenance. An on-going step the goals are to develop a non-reoffending plan and confrontation.

This researcher sat in on one session each of steps one and three. While one visit to each step is not adequate to assess the validity of the treatment program, this researcher was impressed by the openness of the sessions. Complete honesty and direct confrontation from staff and inmates are clearly evident. At the end of each session numerous inmates approached this researcher with curiosity. They were curious regarding who and what the researcher was doing in an all men's prison.

Admission criteria to this treatment program are as follows:

1. The offender must admit to his history of

sexually deviant acts.

2. A minimum of sixty months must be remaining on his sentence.

3. There must not be a history of life-long anti-social acts.

4. No major psychiatric impairments.

5. An average intelligence with no signs of severe mental retardation or severe learning disabilities.

(Ibid., p. 3)

Assessment of inmates is made through personal interviews, a psycho-social background questionnaire, psycho-sexual and psychological testings and a physiological evaluation. But during this researchers visits an impression was given that these tools were only used as a guide. Personal discrimination and assessment was implied as more important.

In addition to the Five Steps of treatment inmates are required to complete psycho-educational aspects of treatment. Psycho-educational is not therapy but important self-guided educational tools like human sexuality, anger management and social skills. All areas of life that pedophiles tend to be deficient in.

Society and the Future

Society as a whole has always held pedophiles in fear and disgust and probably always will. It is

difficult to change things that seem to be a part of our culture and fear and disgust of deviant sex seems to be. But if we cannot change these feelings, what can be done? Education and awareness could be a start. By being aware of who a pedophile usually is and what motivates him we can begin to address the issue of control in his life. Talking one-on-one with pedophiles is a rich store house that more should explore.

Future ideas on how to properly treat pedophiles is best addressed through future research and more interviews with pedophiles. Hopefully through the public's awareness less prisonization of pedophiles will occur and more treatment will occur.

A Pedophile's View

In one of the very few literature reviews that this researcher could find where a convicted pedophile wrote what he thought his reasons for pedophilia are, the following is a synopsis of his ideas:

1. The pedophile believes he is "in love" with the child, the relationship is romantic. (Interview #2 bought engagement rings for his victims)

2. Pedophiles are generally successful men. Mose are not "dirty old men", but respected and well known to many. Society hasn't rejected him, he rejects it. He's usually a loner and can't function in society.

3. Single parent families should beware. When the father is gone the pedophile will fill the bill

and give needed attention.

(Newsweek, May 14, 1984, p. 36)

Even with all of this information people still doubt what motivates a pedophile to sexually molest and what is considered the best treatment for him. In Wisconsin a judge acquitted a man accused of raping a five year old girl because, as the judge said, the girl was "unusually promiscuous." (Tavris, November 1983, p. 252) Or consider this quote from Sex and the Life Cycle (1976); "Most adult-child sexual interaction is not violent and results in no physical harm to the child." (22) With these attitudes made by "experts" there is little doubt why they ignore the pedophile when he says, "I'm a repeat offender and I know in my heart that I'll have to be in treatment the rest of my life." (Interview with #19)

CHAPTER VI

THE VICTIM

Who Is Abused?

A review of child molesters would not be complete without a look at the child molester's victim: the child. About one in ten children is sexually abused each year (Salholz, 1982). Both sexes, all ages and all social and economic backgrounds are affected. There appears to be no boundaries. Victims are characteristically young, poor, minority females from single-parent families and have been sexually abused in their own family. Research reflects victims as young as under 5 years old, in fact 38% of all victims are under age 5 (Laurance, 1988). We tend to focus on the sexual abuse of female children exclusively. This gives the false impression that male children are rarely sexually abused, when in reality male children compose 25-30% of all sexually abused children (Morris, 1989). Male victims do not usually tell about the sexual abuse they receive, due to fear or not recognizing abusive situations, thus their unrepresentativeness.

Children represent perfect targets to child

molesters, they are vulnerable and easy to persuade. Access is gained to youngsters by obtaining jobs or organization memberships that have direct exposure to children. Examples of these jobs or organizations include the Big Brothers Organization, public school teachers and priests to name but a few.

Lures Used by Pedophiles

A variety of lures can be used by a child molester to persuade a child into sexual relations:

1. The child molester is usually known to the child, he is not a stranger.
2. Asking the child for help. Perhaps acting lost and asking the child for directions.
3. Dressing as an authority figure. Examples could range from the normative police officer to Santa Claus.
4. The use of bribes. Most common are candy or toys.
5. The promise of fame. Pretending to be a modeling agent looking for models.
6. Staging an emergency. "Your Mother is sick, come with me."
7. Turning play/games into intimate body contact.
8. Magic/rituals. Most common is the use of

Satanism to confuse and disorient children into compliance (Steacy & Bethune, 1989).

9. Using pornography to arouse a youth and then abusing them.
10. The hero lure. Usually dressing as a cartoon character.
11. The job lure. Used on teenagers usually, the child molester offers a high paying job and uses this access to molest (Wooden, 1988).

Each of the previous eleven lures are characteristic, but not exclusive of child molesters ways of persuading children into sexual relations. Parents should be aware of these lures and teach their child to be aware of them also.

Warning Signs of Sexual Abuse

Parents can also look for warning signs in their children since sometimes it is not so easy to spot the potential child molester. Generalizations of warning signs of child sexual abuse can be helpful but also misleading. Consider the following examples of warning signs and the different ways they can be interpreted:

1. Depression, nightmares and excessive masturbation. This warning sign could be an indicator of a problem other than sexual abuse.

2. Touching of genitals. Sometimes children can become confused about the distinction between sexual abuse. Examples being touching during a bath or tickling.
3. If a child has sexual knowledge it must be because of abuse. In reality many children have walked in on their parents during sex unbeknownst to the parents.
4. Children do not lie about sex. Children can and do lie. Sometimes they have difficulty understanding questions.
5. Children of any age can be tested reliably for sexual abuse. Many children under the age of 5 years cannot due to various factors.
6. Anatomically correct dolls are a valid use. In practice, unabused children react much like abused children when exposed to these dolls.
7. Repeated testing is more reliable. With the Hawthorne effect in mind, the child may just crave the attention he receives by giving the desired answers.
8. Knowing the relationship of the parents is not necessary. As with the notable Dr. Elizabeth Morgan case (The New York Times, February 27, 1990), if the parents have separated, one parent can file a case against the other parent for reasons of revenge or slander.

9. Anyone with appropriate training in sexual abuse can test accurately. Those that preform sexual abuse testing should be familiar with child development, biology, psychology, sociology and law.
10. It is better to falsely accuse than to not accuse the guilty. What about the negative consequences of the wrongly accused? Jobs have been lost, careers and lives shattered (Dillon, 1987).

When confronting a child about possible sexual abuse, who that child has initial contact with after the abuse is very important. That person should be a trusted individual to the child, one the child can talk freely to without fear of retribution. The type of sex act preformed on the child and the relationship of the victim and molester are important things to consider also when approaching a child in a sex abuse case.

Awareness & the Specifics

The general awareness of child sexual abuse has grown tremendously in the last ten years. People know what specifically to look for. Examples of specifics are:

1. Learn to read you childs' body language. To do

this look at how your child is in relaxed public places (i.e. a mall) and see how the child reacts with others (especially, those you may suspect).

2. Help the child learn to distinguish safe from unsafe. Teach children the rituals of meeting new people. Let them know that slowness is okay.
3. Focus on the positive and not negative when talking to children about sex. A nurturing atmosphere is best to learn about sex in. An evasive atmosphere is considered worst. Be open about sex with children but do not overwhelm them.
4. Help children realize that even though they are just children they have rights too. To do this, play a "what if" game. Read books and watch television with children and discuss different situations with them. For example, "What if a man Mommy knows from work came up to you and put his hand on your bottom? What would you do?" Help the child feel in control of the situation. Teach the child to say or scream no and leave or run away.
5. Help the child to realize that "playing doctor" is different from adult molestation. This may be a difficult one to accomplish. Perhaps

describing the different ways one feels inside during the two separate events, i.e. good feeling versus bad feeling.

6. Teach children that your body is your own, nobody should touch it if it makes you uncomfortable.
7. And finally, trust your gut. If something feels wrong to you as a parent or to the child, trust that feeling, it is usually correct (Costello, Ph.D., 1985; Epstein, 1985).

Being Sure

Being correct in ones assessment of a childs' claim to sexual abuse can be very difficult at times. Some say that if a child talks easily about sex he/she is probably lieing, but sometimes a child will distance himself/herself from a disturbing event (Gelman, 1989). Some victims of child sexual abuse will even go so far as to escape into multiple personality disorders. Whatever the consequences, it is an event to be handled with care and concern on the part of the parent, law enforcement officer and corrections agency.

CHAPTER VII

CONCLUSION

In Portland, Oregon Richard Bateman, age 47, was ordered by Judge Dorothy M. Baker after his release to post signs at his house and on both sides of his car reading DANGEROUS SEX OFFENDER, NO CHILDREN ALLOWED. This was not forty years ago but rather 1987! ("Scarlet Lettering," September 7, 1987, p. 60) Every time we pick up a newspaper or turn on the television it seems like there is a new rape trial or child molester caught. If we examine those items related to pedophiles we can find a reinforcement of literature reviews and personal interviews regarding motivations in particular.

The most famous case that comes to most peoples' minds involves Peggy McMartin Buckey and her son Ray Buckey (Reinhold, January 19, 1990; U.S. News & World Report, May 1, 1989). Together they ran a preschool in Manhattan Beach, California. Although the final verdict was not guilty this mother and son were charged with molesting eleven children over a six year period. This case became the longest molestation case in history lasting two years and two days and costing $15 million.

Other noted cases involve three other teachers. Roy Johnson and his wife Charlotte (a second grade teacher), of Cape Breton, Canada, lured girls and boys into their home for sex (Maclean's, April 20, 1987, p. 16). John W. Boone of Polacca, Arizona ended his nine year career as a teacher when he was tried and sentenced to life imprisonment for sodomizing a eleven year old boy. He also took nude photos of 142 other boys (Salholz, December 26, 1988, p. 31). The final case examined is that of David Scrase of East Sussex. Sent to prison for ten years for fourteen sexual offenses against his pupils, he was hired in 1977 as a music teacher and was suspended various times for indecent touching. Yet he remained a teacher and retired in 1986 (Times Educational Supplement, November 4, 1988, p. 21).

Only ten states require fingerprint and criminal background checks for people that want to work at schools and day-care centers (The Washington Post, March 11, 1987, p. A18). These cases alone should be enough to convince all other states to implement this checking procedure. In 1982 King County Superior Court Judge Gary Little of Seattle, Washington was reprimanded for improper out-of-court contacts with juvenile offenders yet he remained on the bench. The day an article was to come out about him he committed suicide rather than face his peers (Brown, January/February 1989, pp. 31-33).

These cases and many others reinforce what

literature reviews have to say repeatedly. Pedophiles will often seek out jobs that have contact with children (Interview #19 was a camp counselor at one time). Their recidivism rate tends to be high; "If they do it once, they'll do it again." (Maclean's, April 20, 1987, p. 16) They are secretive of their behavior and almost always know their victim(s).

Is this the answer society sees with regards to the treatment of sex offenders? Looking for child molesters has become a sort of witch hunt in the U.S. today. The treatment we impose on these men is reflective of 17th century treatment of suspected witches. The time has come in America for the "experts" to listen to the child molesters.

It is difficult to be objective during a qualitative interview of child molesters. At times this researcher felt nausea and at others pity. It would be easy for America to say they (pedophiles) are all crazy and should be locked up. But it is always easier to accept the myths than to dig for the truth. The myths that men hold in general must be dispelled. To dispel a myth the truth must be spoken and for that to occur the people that know the truth must talk. For the experts to learn why a pedophile molests children, he must go to the pedophile. An for the experts to learn what treatment works best with pedophiles, he must go to the pedophile.

"Sexual abuse is addictive and habit forming."

(Cohn, Finkelhor & Holmes, 1985, p. VII-25) No one is born a child molester. Sexual assaults are determined by biological, psychological, social and environmental factors. Will people always fear child molesters? Probably yes, at least until people learn to talk about sex in a open, honest manner.

Hopefully this study has added new insight into the field of pedophilia. What a pedophile feels are his primary motivations and what treatments he feels have worked best for him are essential ingredients in the overall scope of knowledge regarding pedophilia. Who knows, maybe someday in the future, someone will discover a panacea like drug or treatment that will in a sense "cure" pedophilia. Until that day comes we must continue to interview and research pedophiles for their insights.

BIBLIOGRAPHY

Abel, Gene G.; Becker, Judith V. & Cunningham-Rathner, Jerry.(1984). Complications, Consent, and Cognitions in Sex Between Children and Adults. International Journal of Law and Psychiatry. 1 pp. 89-103.

Anger over sex crimes. (April 20, 1987). Maclean's. 100 (16) p. 16.

Annon, Jack S. (1975). The Behavioral Treatment of Sexual Problems. Department of Psychology, University of Hawaii, Enabling Systems, Inc.

Ban, Th. A. Nashville, Tennessee & Freyhan, F.A. Washington, D.C., Editors. (1980). Drug Treatment of Sexual Dysfunction. New York: Karger.

Bernardin, Joseph & Lindner, Eileen W. (November 12, 1989). The Consequences of Pornography Are Too Extensive to Ignore. The Los Angeles Times. p. M7.

Blanchard, Geral. (Fall 1986). Male Victims of Child Sexual Abuse: A Portent of Things to Come. Journal of Independent Social Work. New York: The Haworth Press, pp. 19-27.

Blanche, Ruth C. (November 1985). The Nightmare of the Sexually Abused Child. USA Today. 114 (2,486) pp. 54-57.

Bolton Jr., Frank G.; Morris, Larry A. & MacEachron, Ann E. (1989). Males At Risk. Sage Publications.

Briere, Ph.D., John; Evans, B.A., Diane; Runtz, M.A., Marsha & Wall, B.A., Timothy. (July 1988). Symptomatology In Men Who Were Molested As Children: A Comparison Study. American Journal of Orthopsychiatry. 58 (3) pp. 457-461.

Brody, Jane E. (January 23, 1990). Scientists Trace Aberrant Sexuality. The New York Times. CXXXIX (48,124) pp. C1 and C12.

Brody, Jane E. (January 13, 1987). Therapists Seek Causes of Child Molesting. The New York Times. 137 (47,018) pp. C1 and C12.

Bromley, D.B. (1986). The Case-Study Method in Psychology and Related Disciplines. John Wiley and Sons, Ltd.

Brown, Leslie. (January/February 1989). Seattle's press and the case of the judge who killed himself. Columbia Journalism Review. 37 (5) pp. 31-33.

Burgess, Ann W.; Groth, A. Nicholas; Homstrom, Lynda L. & Sgroi, Suzanne M. (1978). Sexual Assault of Children and Adolescents. Lexington, Massachusetts, Lexington Books.

Carlson, Margaret. (January 29, 1990). Six Years of Trial by Torture. Time. 135 (5) pp. 26-27.

Child Sexual Abuse. Handout. pp. 22-28.

Cohn, Anne; Finkelhor, David & Holmes, Christine. (1985). Preventing Adults From Becoming Child Sexual Molesters. Working Paper #25, NCPCA, Chicago.

Cohn, Bob. (March 14, 1988). A Fresh Assault on an Ugly Crime. Newsweek. 111 (11) pp. 64-65.

Costello Ph.D., Joan. (October 1985). Get streetwise! Parents' Magazine. 60 (10) p. 168.

Dillon, Kathleen M. (November-December 1987). False Sexual Abuse Allegations: Causes and Concerns. Social Work. 32 (6) pp. 540-541.

Efforts Grow to Shield Girl in Custody Battle. (February 27, 1990). The New York Times. CXXXIX (48,159) p. A19(L).

Emans, Robert L. (June 1987). Abuse in the Name of Protecting Children. Phi Delta Kappan. 68 (10) pp. 740-743.

Epstein, Connie C. (September 1985). Teaching Kids To Be Safe. Parents' Magazine. 60 (9) pp. 180-186.

Faller, Kathleen C. (1988). Child Sexual Abuse. New York: Columbia University Press.

Fein, Edith & Bishop, Gerrie V. (February 1987). Child Sexual Abuse: Treatment for the Offender. Social Casework: The Journal of Contemporary Social Work. 68 (2) pp. 122-124.

Finkelhor, David et al. (1986). A Sourcebook On Child Sexual Abuse. Sage Publications.

Finkelhor, David. (1984). Child Sexual Abuse. The Free Press, New York.

Freund, Kurt & Blanchard, Ray. (February 1989). Phallometric Diagnosis of Pedophilia. Journal of Consulting and Clinical Psychology. 57 (1) pp. 100-105.

Gelman, David. (November 13, 1989). The Sex-Abuse Puzzle. Newsweek. 114 (20) pp. 99-100.

Gil Ph.D., Eliana M. (1983). Outgrowing the Pain: A Book for and about Adults Abused as Children. Launch Press.

Gilgun, Jane F. & Connor, Teresa M. (May 1989). How Perpetrators View Child Sexual Abuse. Social Work. 34 (3) pp. 249-251.

Givens, Ron & Huch, Janet. (September 16, 1985). California: Devilish Deeds? Newsweek. CVI (12) p. 43.

Greene, Wayne. (February 24, 1991). Prison Program Treats Sex Crime. The Tulsa World. 161 pp. B1 and B4.

Griffths, Dorothy M.; Quinsey, Vernon L. & Hingsburger, David. (1989). Changing Inappropriate Sexual Behavior. Paul H. Brookes Publishing Co.

Groth, A. Nicholas. The Incest Offender. Handout.

Hager, Mary; King, Patricia, Namuth, Tessa; Sherman, Diane & Walters, Sharon. (February 18, 1985). The Youngest Witness. Newsweek. CV (7) pp. 72-75.

Harris, Ron. (September 15, 1987). 100 indicted in child pornography. The Los Angeles Times. 106 p. 20.

Haugaard, Jeffrey J. & Reppucci, N. Dickon. (1988). The Sexual Abuse of Children. Jassey-Bass Publishers.

Johnston, Shawn Adair. (February 1987). The Mind of a Molester. Psychology Today. 21 (2) pp. 60-64.

Kelley, Susan J. (January-February 1990). Responsibility and Management Strategies in Child Sexual Abuse: A Comparison of Child Protective Workers, Nurses, and Police Officers. Child Welfare League of America. 69 (1) pp. 43-51.

Kentsmith, David K. & Eaton, Merrill T. (1979). Treating Sexual Problems In Medical Practice. Arco Publishing, Inc., New York.

Kilgore, Laurie C. (April 1988). Effect of Early Childhood Sexual Abuse on Self and Ego Development. Social Casework: The Journal of Contemporary Social Work. 69 (4) pp. 224-230.

Knopp, Fay Honey. (1984). Retraining Adult Sex Offenders: Methods & Models. Safer Society Press, Syracuse, New York.

Kolondy, Robert C.; Masters, William H. & Johnson, Virginia E. (1979). Textbook of Sexual Medicine. The Masters and Johnson Institute. St. Louis, Missouri.

Langevin, Ron. (1985). Erotic Preference, Gender Identity and Aggression in Men: New Research Studies. Clarke Insitute of Psychiatry, Toronto Lawrence Erlbaum Associates, Publishers, Hillsdale, New Jersey.

Lanning, Kenneth. Child Molesters: A Behavioral Analysis, Reprinted Handout.

Laurance, Jeremy. (July 1, 1988). Statistics of a taboo. Newstatesman Society. 1 (4) pp. 33-34.

Leo, John. (January 17, 1983). A New Furor Over Pedophilia. Time. 121 (3) p. 47.

Letter From a Pedophile. (May 14, 1984). Newsweek. CIII (20) p. 36.

Making history-of a dubious sort. (May 1, 1989). U.S. News & World Report. 106 (17) p. 20.

Mann, Judy. (August 23, 1989). Sex Offender's Warnings Should Be Listened To. The Washington Post. 261 p. D3.

Mann, Judy. (August 25, 1989). Treating Child Molesters. The Washington Post. 112, p. B3.

Mantell Ph.D., David M. (October 1988). Clarifying Erroneous Child Sexual Abuse Allegations. American Journal of Orthopsychiatry. 58 (4) pp. 618-621.

McCall, Cheryl. (December 1984). The Cruelest Crime. Life. 7 (13) pp. 35-62.

Nadelson M.D., Carol C. & Marcotte M.D., David B.; Editors. (1983). Treatment Intervention in Human Sexuality. Plenum Press, New York.

Narimanian, Rosemary & Rosenzweig, Julie. National Adoption Information Clearinghouse. Handout.

Oaks M.D., Wilbur W.; Melchiode M.D., Gerald A. & Ficher M.A., Ilda, Sex and the Life Cycle. Grune and Stratton, Inc.

Qualls, C. Brandon; Wincze, John P. & Barlow, David H. Editors. (1978). The Prevention of Sexual Disorders. Plenum Press, New York.

Reinhold, Robert. (January 19, 1990). 2 Acquitted of Child Molestation in Nation's Longest Criminal Trial. The New York Times. 89 (48,120) p. A1.

Rooney, Rita. (July 1983). Children For Sale: Pornography's Dark New World. Reader's Digest. 123 (735) pp. 52-56.

Rosenfeld, Anne H. (April 1985). Discovering and dealing with deviant sex. Psychology Today. 19 (4) pp. 9-10.

Salholz, Eloise. (December 26, 1988). Assault on the Peaceful. Newsweek. CXII (26) p. 31.

Salholz, Eloise. (August 9, 1982). Beware of Child Molesters. Newsweek. C (6) p. 45-47.

Scarlet Lettering. (September 7, 1987). Time. 130 (10) p. 60.

Sgroi M.D., Suzanne M. (1984). Handbook of Clinical Intervention In Child Sexual Abuse. Lexington Books.

Sgroi M.D., Suzanne M. (April 1979). The Sexual Assault of Children: Dynamics of the Problem and Issues in Program Development. Presentation at Community Council of Greater New York, Reprinted Handout.

Stark, Elizabeth. (April 1985). Views of child molesters. Psychology Today. 19 (4) p. 8.

Steacy, Anne & Bethune, Brian. (November 27, 1989). Questions of Satanism. Maclean's. 102 (48) p. 62.

Summit, Roland. (February 20, 1987). Society vs. the child molesters; let's face it: no single approach to offenders is the answer. The Los Angeles Times. p. 5.

Tavris, Carol. (November 1983). The truth about child abuse. Vogue. 173 (11) p. 252.

The Offenders. (December 1984). Life. 7 (13) pp. 47-52.

Thornton, Mary. (September 15, 1987). Child-Pornography Charges Filed. The Washington Post. 284 p. A6.

Tracking the child molesters. (March 11, 1987). The Washington Post. 96 p. A18.

Underwood, Nora. (November 27, 1989). The Abuse of Children. Maclean's. 102 (48) pp. 56-59.

Watson, Russell. (May 14, 1984). A Hidden Epidemic. Newsweek. CIII (20) pp. 30-36.

Wike, Hilary. (November 4, 1988). Unnatural Justice. Times Educational Supplement. 3775 p. 21.

Wooden, Kenneth. (June 1988). How Sex Offenders Lure Our Children. Reader's Digest. 132 (794) pp. 149-154.

APPENDIX A

CONSENT FORM

OSU

Oklahoma State University

DEPARTMENT OF SOCIOLOGY
COLLEGE OF ARTS AND SCIENCES

STILLWATER, OKLAHOMA 74078-0395
CLASSROOM BUILDING 006
405-744-6105, 6104

CONSENT FORM

I,_____, hereby authorize Marguerite H. Allen, to audiotape an interview with me.

Confidentially will be assured to myself and any program records if examined.

I understand that participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without personal reflection toward myself. I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date:_____ Time:_____(am/pm)

Signed:_____
(Signature of Subject)

Signed:_____
(Interviewer)

Signed:_____
(Senior Committee Member)

APPENDIX B

QUESTIONNAIRE

QUESTIONNAIRE
(Case Study Method)

1) Demographic Data
Age:
Race:
Religion:
Marital Status (times):

2) Family & Parental Functioning

Tell me about your family and where you grew up.

Your earliest memory?

What was it like being a child in your home?

Who disciplined you? How?

How did your family show feelings (i.e. anger, joy) toward each other?

3) Education & Employment History

4) Relationship with spouse (if married)

What's your partner like?

What about her pleases/displeases you?

What kinds of things do you do together?

How do you show her you are pleased/displeased with her?

5) Describe a typical day

How do you think other inmates feel about you?

6) Drug/alcohol abuse history

Does it ever make you or allow you to do things you would not do otherwise?

Blackouts?

7) History of Arrests/Criminal Activity

8) Sexual History

When you were young, what did your parents teach you about sex?

As a teenager, what did you think was the expected sexual behavior of men?

Your first sexual experience?

Where you sexually molested yourself as a child?

What is the earliest age you can remember being sexually attracted to children?

The total number of children you have molested in your lifetime_____.

9) Behavior that brought you into trouble with the law

Most recent sex offense? Describe and give sentence.

Was force a factor in your molestations? If no, what was a factor?

Was there a specific incident that seemed to trigger your sexual assault?

What would you say is your primary motivation(s) to molest children?

Did you ever have a "little voice" in your head saying don't do that or this?

What did you feel about the victim and yourself after the crime?

How do you feel about adult women today?

10) Treatment

What treatment(s) have you been involved in?

What has helped you the most?

What is the most important thing you need now in treatment?

Sources: Retraining Adult Sex Offenders: Methods & Models
Fay Honey Knopp, 1984, pp. 315-317.

Child Sexual Abuse
Kathleen C. Faller, 1988, pp. 191-225.

VITA

Marguerite H. Allen

Candidate for the Degree of

Master of Science

Thesis: PEDOPHILIA: PROFESSED MOTIVATIONS AND TREATMENT PROCESSES

Major Field: Corrections

Biographical:

Personal Data: Born in Tulsa, Oklahoma, November 5, 1961, the daughter of Bill and Opal Allen.

Education: Graduated from Monte Cassino High School, Tulsa, Oklahoma, in May 1979; received Associates Degree in Foreign Languages from Tulsa Junior College at Tulsa in August, 1987; received Bachelor of Science Degree in Sociology from Oklahoma State University at Stillwater in May, 1989; completed requirements for the Master of Science degree at Oklahoma State University in May, 1992.

Professional Experience: Research Assistant, Department of Sociology, Oklahoma State University, January 1990 to August, 1991.