

## THE ASSESSMENT AND TREATMENT OF CHILD MOLESTERS: A REVIEW

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### ABSTRACT

Men who perform sexual acts with children do not form a homogeneous group. Compared to heterosexual child molesters, homosexual offenders choose older (pubescent) victims, are more likely to recidivate, and are less numerous. Incestuous child molesters are almost always heterosexual and least likely to recidivate. Most child molesters are not physically dangerous but there is little consensus about how to identify persons who will use force in their offence. Psychophysiological measures, in particular penile responses to visual stimuli, have been useful in assessment. Several therapeutic interventions appear useful but there is a dearth of studies which compare different treatments.

### RESUME

Les personnes qui s'adonnent à des actes sexuels avec les enfants ne constituent pas un groupe homogène. Les cas où le coupable et la victime sont de même sexe sont moins nombreux et le coupable, dans ces cas, choisit des victimes plus âgées (pubères), et est plus susceptible de récidiver. L'inceste commis avec un enfant est presque toujours hétérosexuel et est le moins objet de récidive. La plupart des coupables de crimes sexuels contre les enfants ne sont pas physiquement dangereux, mais on ne s'entend guère sur la façon d'identifier les personnes qui recourent à la force pour commettre leur délit. Des mesures psychophysiologiques — notamment les réponses du pénis à des stimulations visuelles — ont déjà été utiles dans cette évaluation. Plusieurs types d'intervention thérapeutique semblent utiles, mais rares sont les études qui comparent ces différentes méthodes.

Men who have molested children have greatly concerned legislators, law enforcement officers and the general public but have not received systematic study until recently. Within the last 15 to 20 years, however, there has been a large increase in our knowledge of child molesters<sup>1</sup> as a result of several types of investigation. There have been a number of relatively

large scale follow-up and/or demographic studies of child molesters who have been referred to or released from various institutions as well as studies of the sexual preferences of child molesters using psychophysiological techniques. A number of studies have also been conducted that compare the responses of child molesters and others to psychological test material. The purpose of the present paper is to review the literature on child molesters that has appeared since approximately 1960 and to suggest directions for future research and treatment. Because of the special difficulties in treating and assessing institutionalized child molesters (Quinsey, 1973), and because most research studies concern child molesters in institutions, this review concentrates heavily on institutionalized populations.

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<sup>1</sup>The term "child molester" is used instead of "pedophile" for several reasons. Firstly, "pedophile" is Greek rather than English. Secondly, "pedophile" translates as "lovers of children" and it is unclear that child molesters love children any more than anyone else. Thirdly, it is tempting to say that a person suffers from "pedophilia" when he is labeled a pedophile even though no evidence of such a disease entity is available. The term "child molester" has the advantage of being somewhat descriptive of the behavior that is of concern in relation to the person being so designated.

The implicit conception of a child molester throughout most of the literature is that of a post-pubertal man who has a sexual contact with a pre-pubertal child. Unfortunately, data on the maturational status of the participants in such offences are usually difficult to obtain. Further difficulties arise because the operational definition of a child molester varies over studies. For the purposes of this review, a child molester is defined as a man who has had physical sexual contact with a child of 13 years of age or under when the man was 16 years of age or older and at least 5 years older than the child. However, because of the variations in definition in the literature, studies that have included men with "victims" up to age 15 have been included. As will be shown below, these difficulties of definition would be considerably lessened if more specific categories of offender were employed as the term "child molester" applies to a very heterogeneous group.

### Typologies of Child Molesters

There is general agreement that child molesters do not form a homogeneous group and there are a number of partially over-lapping but different schemes that have been proposed to classify them. There are two primary uses of such classification schemes. The first use is in predicting the kind of future offences that the members of the various classes would be most likely to commit and the probability of these offences being committed. The second purpose of a classification scheme is in choosing a method of altering the inappropriate sexual behaviors of these offenders. There are, therefore, two criteria for evaluating the usefulness of a classification system: the relation of the system to recidivism and its relation to the efficacy of different therapeutic interventions.

Although it may be useful to classify child molesters into various types, it is not the purpose of this section to imply that the selection of a child as a sexual object is necessarily a reflection of some enduring character trait or disposition on the part of the offender. Swanson (1968) has stated the issue as follows:

"In many instances, pedophilia and sexual offences against children are used inter-

changeably with the implied existence of a predictable personality structure in the offender, and relegation to a secondary role of the circumstances under which the act took place. Intentionally or not this has produced the conclusion that the typical child molester is a pedophile, a specific type of repetitive offender, driven by certain unconscious conflicts and deserving of legal consideration under laws pertaining to sexually dangerous persons. The act and offender have achieved a distinction not accorded to the vagrant, burglar, traffic violator, adulterer or murderer, irrespective of the potential repetitive or unconscious features in any of these other offenders."

There have been a number of investigators who have studied the characteristics of child molesters and attempted to categorize them into groups on the basis of age (Mohr, 1962; Mohr & Turner, 1967; Mohr, Turner & Ball, 1962; Mohr, Turner & Jerry, 1964), adequacy of social skills (Cohen, Seghorn, & Calmas, 1969) or a combination of victim type and presumed etiology (Gebhard et al, 1965; McCaghy, 1967; 1968). Unfortunately, these studies have not shown their categorizations to be related to treatment variables or subsequent recidivism.

There are data, however, which indicate that typologies are useful in predicting recidivism. In a study of 139 men convicted of sexual offences against children and sent to a British prison, Fitch (1962) compared heterosexual to homosexual child molesters and some years later, recidivists to non-recidivists. Subjects were classified into the homosexual and heterosexual groups on the basis of the charge that led to their imprisonment but it was determined that 82% of the sample with more than one offence had no previous convictions for offences with different sexed victims. The 62 homosexual offenders were found to differ from the heterosexual offenders in an important respect: the homosexuals were more likely to have committed previous nonsexual offences and to have committed more previous sexual offences. Furthermore, they were twice as likely to be convicted of a sexual offence upon release. Sexual re-offenders had more previous sexual offences and had committed their first sexual offence

at an earlier age than men who did not reoffend.

Based upon his knowledge of these child molesters and the psychological assessments of them performed in the prison, Fitch tentatively proposed a typology and related this typology to the recidivism data he collected. A distinction was made between five classes of child molester: immature, frustrated, sociopathic, pathological, and miscellaneous. Immature offenders were in fact younger than other offenders. Sociopathic offenders were generally unstable, impulsive and aggressive and psychotic offenders were those whose inability to control their sexual impulses derived from their illness. Immature and sociopathic offenders were more frequently homosexual. Fitch's ten types (the five described above crossed by sex of the victim) were found to be related to the recidivism results in a predictable fashion. The sociopathic offenders were more likely to be reconvicted of a nonsexual offence. The frustrated offenders were less likely to reoffend than the immature offenders. The homosexual offenders were more likely to reoffend than the heterosexual child molesters.

It is of interest that homosexual offenders differ from heterosexual child molesters referred to an out-patient clinic not only in being more likely to recidivate but also in the age of their victims (Mohr, Turner & Jerry, 1964). The peak age range of male victims was 14-15 years of age, whereas that of the females was 8-10 years. Homosexual child molesters were less likely to have close relationships with their victims.

Frisbie and Dondis (1965) studied "sexual psychopaths" who had been treated in a maximum security hospital in California and discharged to the court as improved. Child molesters were classified according to the sex and relatedness of the victim(s) of the offence(s) leading to their admission. There were 1035 heterosexual, 428 homosexual and 49 bisexual child molesters in their sample. Of the 1035 heterosexual subjects, 318 were cases of father-daughter or step-daughter incest. There were no cases of homosexual incest reported and such cases are rarely reported in the literature (Langsley, Schwartz,

& Fairbairn, 1968). The victims in the incest cases tended to be older (8 to 17 years) than the nonincest victims who were usually under 11 years of age. As found earlier by Revitch and Weiss (1962), there was an inverse relationship between the age of the unrelated female victims and the age of the heterosexual child molester. The homosexual offenders tended to be younger, better educated, more seldom married, and more likely to be diagnosed as sociopathic than the heterosexual offenders. There were striking differences in the recidivism rates for sexual offences of the homosexual and heterosexual child molesters. Offenders with daughter or step-daughter victims had a cumulative six year recidivism rate of 10.2%, the recidivism rate for other heterosexual offenders with victims under 13 years was 21.5% and the recidivism rate for homosexual child molesters was 34.5%. Most reoffenders maintained the sex of the victim in the original offence. Recidivists tended to be younger and more frequently diagnosed as sociopathic. The recidivism rate of bisexual child molesters was similar to that of heterosexual child molesters.

Frisbie (1969) conducted a follow-up study of 887 men 18 years or older who had been convicted of a sex offence involving bodily contact with a minor under 18 years of age. An effort was made to interview subjects whose victims were less than 14 and subjects who were already sexual recidivists. Of the 617 subjects released into society, 91 were convicted of a new sexual offence within 3.5 years. Frisbie summarized the relation of the data gathered from field interviews with the sample's child molesters to sexual recidivism as follows:

"Clusterings of problems associated with economic stress, overcrowding, lack of privacy in the home, unsatisfactory relationships within the family group, rebuffs or prejudices encountered in occupational or social situations, and health or aging problems failed to emerge as major contributors to marginal social adjustment and to sexual reoffending. Excessive use of alcohol, the desire for, and selection of, physically immature children as sexual objects, unorthodox ethical values, and grave difficulties in establishing meaningful relationships with

adult females on a mature basis are factors which emerge and appear to be major factors related to marginal social adjustment and sexual reoffending."

The three studies reviewed above all indicate the usefulness of a typology of child molesters based upon their sexual preferences comprised of: heterosexual with daughter victims, heterosexual with non-daughter victims and homosexual. The finding that "situational" offenders have very low recidivism rates implies that men who in fact do not prefer children as sexual partners are unlikely to recidivate. It might be hypothesized that incestuous child molesters are a special case of situational offenders whose offences are related to family dynamics and opportunism rather than inappropriate sexual preferences; this hypothesis would explain their relatively low recidivism rates. Among men who do prefer children as sexual partners, recidivism rates vary according to whether they prefer boys or girls. A typology based upon sexual preference structure is, therefore, not only related to recidivism but also to the choice of a treatment method. For persons preferring children, treatment methods would be chosen on the basis of their ability to modify sexual preference structure and the type of stimuli used in treatment and its evaluation would be dictated by this structure.

Unfortunately, it is difficult to know what a given child molester's sexual preferences are. The studies reviewed in this section have inferred sexual preferences from the child molesters' histories of victim choice supplemented by their verbal reports. Although the usefulness of this approach has been established, no one would argue that choosing a particular type of child as a sexual partner necessarily implies sexually preferring that type of child. Furthermore, it is well known that institutionalized child molesters often report appropriate sexual preferences in order to obtain release from custody. In addition, it is quite often the case that a complete history of victim choice is unavailable (i.e. the person has offended before but not been caught) or it is the person's first offence. In the absence of a measure of sexual preference independent of the child molester's verbal report or history of previous offences, it is tempting to

"find" a frustrating event that "caused" the offence in any man whose sexual and social adjustment appeared adequate until the offence. A typology based upon sexual preferences would, therefore, be greatly strengthened by an objective measure of these preferences which would be used in assessment and the evaluation of treatment programs. Such a measure's importance is greatly increased because if a typology is based solely upon history of victim choice (a static variable), a child molester cannot be assigned to a different type as a result of a successful alteration of his preferences during treatment. We will return to the issue of sexual preference assessment in a later section.

### **Dangerousness**

The term "dangerousness" is commonly used in the literature to designate both the probability with which a child molester will commit a sexual offence which physically damages a child and the probability that a person will commit any sexual offence with children. It would be less confusing if the term "dangerousness" were to be restricted to the probability of a sexual offence which involves actual physical damage to the child but this is not the case. However, an effort will be made in the review below to point out which kind of "dangerousness" is being discussed in the various articles. Before proceeding with the discussion of dangerousness, it should be pointed out that physical damage to children in sexual encounters with adults is quite rare. Gebhard et al (1965) stated that none of 18,000 persons interviewed by the Kinsey group claimed to have been sadistically victimized as a child.

The most extensive work on the dangerousness of child molesters has been reported by Frisbie (1969). In her study, child molesters were classified along two dimensions: degree of pedophilia and degree of social dangerousness. A pedophile rating of "one" was given to a person who had had sexual contact with a physically mature person, or committed an offence against an immature person as an incidental part of a pattern of antisocial conduct. A pedophile rating of "two" was given to situational offenders who were primarily attracted to adults. A rating of "three" was used for persons who preferred imma-

ture individuals, denied being guilty despite convincing evidence, and had established patterns of sexual conduct with children.

With respect to social dangerousness, situational or incestuous offenders were given a rating of "one". A social dangerousness rating of "two" was assigned subjects who had established patterns of molestation, were unable to control desires for children when drinking, preferred boys to adults, denied all sexual desire, had a history of mental illness or were retarded, and persistently arranged proximity to children. A rating of "three" was given to persons who had victimized many children, regarded their sexual behavior as acceptable, were attracted to children under ten and had a standardized method of contacting children for sexual purposes. Subjects who retained their maximum dangerousness ratings throughout the follow-up were usually boy molesters with long histories of such conduct and who had been molested themselves. Frisbie (1969) reported a preliminary analysis which suggested that the above ratings were related to sexual recidivism and could be used in prediction. The MMPI, Gough-Heilbrun Adjective Check List, a base expectancy scale used by the California Correctional System and a semantic differential scale were, however, found not to be strongly enough related to sexual recidivism for use in prediction (although certain analyses had not been completed in time for inclusion in the report).

Other persons experienced in working with child molesters have described clinical signs of dangerousness that they use in assessment. Gohen and Boucher (1972) have found that sexual behaviors among boys aged 6 to 11 years which involve force or lack of concern for mutuality, compulsive deviant behavior in children or adolescents, and intense preoccupation with aggression in sexual fantasies are associated with subsequent aggressive sexual behaviors. They also noted that men who have persistently molested children from early adolescence are the poorest treatment risks.

There is often confusion in the public's mind between exhibitionists and other sex offenders. However, exhibitionists have been found, in general, not to pose a danger to children; although no extensive study of

men who expose themselves exclusively to children has been reported. Rooth (1973) examined 30 men who had a well developed history of exposing themselves to females. Eight of these men also had a history of physical sexual contact with children and adolescents. Three of the six individuals who exposed regularly to prepubertal children had a history of child molesting. These 30 exhibitionists were not prone to aggressive assaults, however; in fact, the infrequency of aggressive sexual behavior suggested that an extensive pattern of exposure reduced the likelihood of serious sexual assaults.

Pacht, Halleck, and Ehrmann (1962) have assessed child molesters and other sex offenders for detainment under the Wisconsin Sex Crimes Law. They recommend detention under this law for persons who are likely to recidivate unless treated or who are likely to recidivate and are unlikely to benefit from treatment. Their criteria for detention under this law include a broadly defined sexual immaturity and a deviation of the individual's sexual aim or object that cannot be controlled by him rationally. Roberts and Pacht (1965) have discussed the operation of a review tribunal, comprised of a psychiatrist, lawyer, and social worker, that decides whether to release persons confined to maximum security under the Wisconsin Sex Crimes Law. The tribunal considers information pertaining to the original offence, previous offences, progress in group therapy, psychiatric status, institutional adjustment, and community factors but no specific criteria were described in the article.

Kozol, Cohen and Garofalo (1966) have described their work with the Massachusetts Centre for Diagnosis and Treatment of Sexually Dangerous Persons. Men who are referred to the Centre receive a comprehensive assessment which sometimes includes field interviews of the victims. A number of factors are considered particularly as they relate to the mental state of the offender at the time of the offence. Psychotic child molesters with hallucinations, persecutory delusions, or guilt feelings are considered to be the most physically dangerous offenders. Parole is given to treated offenders who show a strong "conditioning" against repetition, demonstrate

insightful dissipation of neurotic symptoms, are not psychotic, have matured in social responsibility, have rid themselves of hostilities and resentments, and recognize that sexual behavior entails responsibilities as well as gratification. Needless to say, the investigators feel that making parole decisions is an extremely difficult matter.

On the basis of a group therapy project with, and knowledge of, the social histories of 50 imprisoned dangerous sex offenders, Marcus (1970) has published a 14 factor scale that he has found to be related to the dangerousness of the offender. This scale is presented here because nearly half of this group were child molesters. The factors are: (a) brutality sustained in childhood, (b) bedwetting, firesetting, and cruelty to animals, (c) delinquent acts between the ages of 8 and 13 years, (d) escalation in the seriousness of sexual offences, (e) interrelated criminality with sexual offences, (f) sustained excitement prior to the offence, (g) lack of concern for the victim, (h) bizarre fantasies with minor offences, (i) explosive outbursts, (j) absence of psychosis, (k) absence of alcohol consumption, (l) high I.Q., (m) lack of warmth and (n) lack of social know how. Although no data have been presented to indicate interrater reliabilities in the evaluation of the items for which interrater disagreement is a possibility or the relation of the scale to subsequent recidivism, it is, nonetheless, of interest that certain of them conflict with factors proposed by other investigators. Alcohol involvement has been implicated in aggressive offences involving force against little girls (Gebhard et al, 1965) and presence of a psychosis has been associated with bizarre and physically dangerous sexual offence (e.g. Kozol et al. 1966).

It should also be noted that there is confusion in the literature regarding the dangerousness of homosexual child molesters. Cohen, Seghorn, and Calmas (1969) isolate a "pedophile-aggressive" group whose members usually select boys as victims and perform sadistically oriented acts involving penetration and mutilation. In the California studies, Frisbie noted that homosexual molesters were more likely to retain their maximum dangerousness ratings. On the other hand, Gebhard et al (1965) did not include a "homosexual aggressors

against children" category in their research because of the rarity of physical force, particularly of severe force, in homosexual offences against children. With regard to pubescent male victims, Gebhard et al point out that "by and large, it is quite clear that force and threat are infrequent and quite atypical of homosexual offences against minor males". Although it remains clear that (a) the large majority of homosexual offences against children involve neither sadism nor force, and (b) homosexual offenders are more likely to reoffend, the relative physical dangerousness of homosexual and heterosexual offenders remains to be established. Perhaps the difficulty here is twofold. Firstly, different authors have often studied quite diverse populations and secondly, discussions of "dangerousness" have inevitably confounded frequency of offences with their seriousness.

An impressionistic study of staff assessments of the dangerousness of mentally abnormal sexual offenders has been reported by Dix (1975). Dix attended ward conferences in a maximum security psychiatric institution in which recommendations were made about the continuing dangerousness and treatability of sex offenders (mostly child molesters). It was concluded after several months of observation that eight variables were positively associated with a judgment of lessened dangerousness in a particular case: (a) verbalized acceptance of guilt and personalized responsibility for the offence by the patient, (b) his development of an ability to articulate resolution of stress-producing situations, (c) no report of deviant sexual fantasies, (d) responsible behaviour during his hospitalization, (e) his having served "long enough" for his particular crime, (f) achievement of maximum benefit from hospitalization, (g) favorable changes in community circumstance that would reduce the likelihood of an offence and (h) the seriousness of the offence that he might commit upon release. Despite the fact that these variables were identified in a subjective manner they are of interest because they are based upon direct observation of the clinical decision making process. Dix concludes that:

"Perhaps the most immediately apparent aspect of the staff's analysis of continued dangerousness was their frequent failure to

address the situation specifically or — when it was directly addressed — with precision. No effort was spent discussing in specific or precise terms how likely it was that a patient would reoffend if released to the community."

The predictive criteria discussed by Dix are both vague and not always clearly related to the physical dangerousness of child molesters upon release. With the possible exception of Frisbie's work, this vagueness is typical of the criteria employed to assess child molesters for possible release. It is rather doubtful that independent observers would agree as to whether a child molester met them. Indirect evidence for this proposition comes from a study of psychiatric case conferences of men remanded to a maximum security hospital by the courts for pre-trial psychiatric examination (Quinsey, 1975). It was found in that study that there were considerable differences among occupational groups in their ratings of patients on broad dimensions such as "degree of mental illness" and "degree of dangerousness". A further difficulty with most of these dangerousness criteria is that their lack of specificity hinders research efforts designed to evaluate and improve them. A procedure that may become useful, although expensive, is the use of field interviews of victims, wives, and offenders in determinations of dangerousness of child molesters. Both Frisbie (1969) and Kozol et al (1966) have attested to the worth of this procedure. Additionally, field visits would appear to be an integral part of any after-care program, particularly for the support and assessment of persons who have been institutionalized for long periods of time. The results of these in situ assessments would, in certain instances, indicate reinstitutionalization or some less drastic intervention.

A distinction should be drawn between static indicators of dangerousness and those that can change with treatment. Most of the more specific kind are static (e.g. Frisbie's rating scales) and hence not very valuable in assessing whether a child molester has improved with treatment. Most of the variables that could vary with treatment are vague and easily faked by the institutionalized child molester so as to obtain his release. It was noted by McCaghy (1967)

that child molesters in therapy adopt the language of the therapists to account for their offences. Subjects who attended many therapy sessions, but not those who only attended a few, switched from their initial explanations of their offences to explanations which included "references to early childhood experiences, psychiatric terminology, and personal inadequacies". Despite the difficulties in measurement, it is rather distressing to find so few studies in the literature that have attempted to predict the dangerousness of released child molesters from measures of therapeutic change.

The final difficulty with the prediction of dangerousness is that, not only are the predictive variables vague and unreliable, but also the specification of the behavior to be predicted. As noted in the introduction to this section and exemplified throughout in the papers reviewed, investigators do not typically distinguish between the likelihood of a child molester committing any sexual offence with a child and the likelihood of him physically hurting the child. These are, of course, two separate concerns and their respective likelihoods vastly different. Whether or not child molesters are considered as a group to be dangerous depends largely upon which definition is adopted.

Future studies of the dangerousness of child molesters released from institutions should attempt to predict which child molesters actually physically harm children from objective pre-offence data. Because of the possible situational determinants of such offences, data gathered from the subject in his post-release environment should be included as well as information from treatment programs in which he may have participated. There is, however, another class of variables which may be strongly related to dangerousness and which has not been examined in any follow-up studies. This class of variables involves the type of sexual fantasies entertained by the child molester. In the descriptions of typologies of child molesters reported above, the typology was based on relative sexual preference for various types of persons but it is clear that sexual preferences may also vary for different sexual acts. Preference for sadistic acts may be strongly related to the physical dangerousness of child molesters. If an objective measure of sexual prefer-

ences for various acts were developed, it could be validated in a follow-up study of the dangerousness of child molesters.

### **Sexual Preference Structure**

As was discussed above, inappropriate sexual preferences are believed to be strongly associated with recidivism and have been incorporated into a number of classification schemes. Because there are obvious difficulties with assessing sexual preferences using the child molester's verbal report or history, an objective and sensitive measure of sexual preference would be a valuable aid (Quinsey, 1973). Most of the work on the psychophysiological assessment of sexual preference has used some measure of penile expansion. In an extensive series of studies, Freund (1965); 1967a; 1967b) has demonstrated that penile responses to slides that vary in age and sex can differentiate in a systematic manner among persons whose histories of sexual object choice vary. It has also been found that verbal measures of sexual preference are less closely related to history of victim choice than measures of penile circumference in a sample of institutionalized child molesters and that child molesters are better differentiated from non-child molesters with penile measures of preference than verbal measures (Quinsey et al, 1975). Penile responses of child molesters have also been shown to be sensitive to the effects of aversion therapy (Callahan & Leitenberg, 1973; Marshall, 1973; Quinsey et al, 1976).

Freund et al (1972) have found that non-deviant volunteers show the largest penile responses to adult females but also respond positively to slides of 8 to 11 year old girls and to the slides of the buttocks of pubescent boys. These investigators noted that these data suggest why apparently nondeviant men sometimes accept children as surrogates when there are no adult females available. These results fit in with the typologies of child molesters that include offenders who do not prefer children as sexual partners.

It should not be concluded, however, that penile response measures are invariably indicative of actual sexual preference. It has been shown that normal subjects can inhibit their penile responses to 10 min. erotic films without averting their gaze (Henson

& Rubin, 1971; Laws & Rubin, 1968). Similarly, Abel et al (Note 1) have found that homosexuals can voluntarily suppress their penile responses to 2 min. videotape sequences of homosexual activity and 2 min. homosexual slides. Freund (1971) has suggested that subjects have greater difficulty in influencing their responses to more briefly presented stimuli. Of 84 sex offenders and non-sex offenders, Freund found that approximately 14% could successfully appear to have sexual gender and/or age preferences that they did not have. Similarly, Quinsey & Bergersen (1976) have shown that some normal subjects can enhance or suppress their penile responses to 30 sec. slides of persons varying in age and sex in accord with instructions whereas others cannot.

It appears that the amount of voluntary control a person can exert over his penile response to visual stimuli varies with the conditions of testing but it is as yet unclear what the controlling variables are. Although penile response measures are not always indicative of a person's sexual preference structure, the studies cited above indicate that they are far more accurate than verbal descriptions of the subject's preferences, particularly when the persons being assessed are motivated to bias their test data (Freund, 1971; Quinsey et al, 1975).

There have been a few studies of other physiological responses as well. For example, Atwood and Howell (1971) found that pupil size responses to slides of adult females and child females significantly differentiated 10 child molesters from 10 controls. A control slide preceded each non-control slide presentation; the control slide was a blurred version of the slide that followed. This procedure controlled for light variations in the slides as responses were measured as change from slide onset. The pupils of the child molesters dilated to the child slides and constricted to the adult female slides whereas the controls showed the opposite pattern; differences were significant for both types of slides.

### **Psychological Test Responses**

In a study of San Quentin Prison inmates (Toobert, Bartelme & Jones, 1958), 120 child molesters were compared with



160 non-sex offender inmates on the MMPI. The mean profiles of these two groups were similar and peaked on the Pd scale. An item analysis yielded significant differences on 24 items. A cross validation study compared 38 child molesters, 50 non-sex offending inmates, 65 neurotics from an army hospital and 55 college students. The child molesters were differentiated from all but the neurotic group. The content of the relevant items indicated that the child molesters were strongly religious, dissatisfied sexually, felt inadequate in their interpersonal relations and were very sensitive to others' evaluations.

Atwood and Howell (1971) tested 10 imprisoned heterosexual child molesters and 10 non-sex offender inmates on the MMPI. A scoring system suggested by Marsh, Hilliard, and Liechti (1955) differentiated the child molesters from the others with only one error. In the early study by Marsh et al, college students were compared with sex offenders (primarily child molesters) from a state hospital. Items that differentiated the groups at the .01 level were incorporated into a scale that very successfully discriminated an additional college student group and child molester group. Unfortunately, however, there were no significant differences between the child molesters and a group of psychotic and neurotic inpatients.

One hundred heterosexual child molesters seen at a correctional receiving centre were administered the Edwards Personal Preference Schedule (Fisher, 1969). These subjects had been rejected for psychological treatment in a security hospital. In comparison to non-sex offending inmates, the child molesters scored higher on deference, succorance, and abasement, and lower on achievement, autonomy, heterosexuality, change and aggression. The need structure of the child molesters supports the clinical impression of them as passive, unassertive, insecure and guilt ridden. In a subsequent study (Fisher & Howell, 1970), 50 homosexual child molesters scored higher than heterosexual child molesters on **heterosexuality** and lower on order and endurance.

A group of California researchers (Frisbie, Vanasek & Dingman, 1967; Vanasek, Frisbie, & Dingman, 1968) ad-

ministered a semantic differential test to 143 probation-parolees who had molested children less than 14 years of age. The test was given soon after their release. The probation-parolees were compared to 215 child molesters housed at the Atascadero Security Hospital. From correlations between self-ratings of the subject's "real and ideal selves" and factor analyses, the investigators concluded that the subjects were attempting to present an acceptable facade to the world. Patients in the hospital gave patterns of responses that were consistent with concepts learned in group therapy: for example, factors labeled "id", "ego" and "superego" emerged from their data. Seventy-nine child molesters who remained in the community were re-interviewed one year later (Dingman, Frisbie & Vanasek, 1968). The sample lowered their ratings of both their real and ideal selves and the authors interpreted this decline as an erosion of morale. However, it is somewhat unclear as to whether this is the correct interpretation of these data. It might seem more reasonable to suppose that an erosion of morale would be indicated by an increasing discrepancy between the ratings of the real and ideal selves with the real self becoming more negative. Regardless of whether the subjects' morale was deteriorating, however, the decline in the subjects' ratings of their ideal selves, which presumably reflects their standards of conduct, does not appear to be a hopeful sign.

Stricker (1967) tested 64 hospitalized child molesters on the Blacky Pictures Test. Subjects rated each card on 21 scales of the semantic differential. Forty percent of the child molesters' responses were in the neutral 4 category of the semantic differential. In fact, the percentage of neutral or perhaps guarded responses was higher than that of any other group that had been tested with the Blacky. Positive evaluative ratings also occurred more frequently than was found in other groups with the exception of female children. Contradictions in ratings within the activity, potency, and evaluative dimensions occurred only on cards attuned to "oral difficulties" such as oral sadism and eroticism.

In summary, the psychological test data portray child molesters as unassertive, guarded, moralistic, and guilt-ridden. It is

unclear as to what extent the expression of these traits are due to the child molesters' personalities and to that extent they are a result of the child molesters' attempts to convince institutional staff and supervisory personnel of their nondeviance.

### Treatment

The two major treatment approaches that have been tried with child molesters are group therapy and behavior modification. The latter approach has usually involved some form of aversion therapy but more recently has involved training in social skills. Most of the treatment studies are not methodologically sophisticated and present a number of problems in interpretation. In order to prevent a tedious repetition of methodological criticisms throughout this section, these comments are reserved for the end of the review of each treatment approach and some more general criticisms conclude this section on treatment.

### Group Therapy

Hartman (1965a; 1965b) has reported on a four year group therapy project with seven chronic pedophiles (some of whom only exhibited themselves to children). All but one of these men were married and had children. They were initially forced into treatment under legal duress but were treated on an outpatient basis. Treatment was initially supportive and directed at improving their reality testing and helping them control their deviant urges. The group shifted from symptoms to problems after the first 6 months and the interaction became "analytical, interpretive, and synthetic". At the end of treatment, six patients were regarded as "having recovered from pedophilia" and the seventh as having improved.

Resnik and Peters (1967), based on their experience of treating 24 child molesters, have argued that group therapy benefits pedophiles who are character disordered. All their patients but one had committed heterosexual offences: these therapists do not recommend mixing homosexual and heterosexual child molesters in one group because of difficulties they have in accepting each others' problems. An average of 12 patients were in the group at a time. Patients were referred by the courts and

treated as outpatients. The therapy progressed in four stages: first, the patients mistrusted the therapist; second, they developed a peer relationship with each other; third, they explored their relationship with women; and fourth, the participants modified their attitudes toward authority and increased their (self-rated) self-esteem. The patients showed a decline in re-arrests after therapy.

A group therapy program for sex offenders confined to a security hospital has been described by Costell and Yalom (1972). The goal of group therapy was for impulse modification or impulse control because Costell and Yalom felt that there was sufficient evidence to indicate that the goal of adaption to women as sexual objects was completely unrealistic for confirmed pedophiles. Heterosexual and homosexual child molesters were treated similarly and in the same group. The conduct of therapy was discussed by these authors in terms of curative factors — such as interpersonal learning and group cohesiveness — that the authors claimed to be common to all group therapy approaches. Certain problems arose during therapy because of the institutional environment, such as conflicts between the role of the therapist during group sessions and his role as a staff member on the ward, and morale problems caused by the lengthy stay of the patients. Although the group members attempted to place themselves in a good light so as to obtain early release, Costell and Yalom observed that all the patients' interpersonal traits made themselves manifest during the course of the groups. During groups, the child molesters shared their strategies for dealing with deviant impulses of both a sexual and non-sexual nature; furthermore, they explored their irrational fears of masculine competition and were encouraged to try out new behaviors. These patients were encouraged to modify their masturbatory fantasies and reduce the frequency of masturbation or of homosexual contacts.

Marcus (1970) and Marcus and Conway (1971) have conducted group sessions with dangerous sexual offenders (about half of whom were child molesters) in the Canadian prison system. Ten men participated in an 18-month group project. The group was not structured as a therapy group be-

cause the therapists felt that the inmates would participate in a therapy group for ulterior motives and the group would present a dynamic defence to ensure that the group leader would be unaware of members who deteriorated or remained unimproved. This assumption is in marked contrast to that of Hartman (1965a; 1965b) and Costell and Yalom (1972) who stated that the group members would inevitably reveal themselves during therapy through peer influence. It is unknown how successful the "nontherapeutic" structuring of the Marcus group was; it was reported, however, that one dangerous sexual offender attempted to use his participation in the group to impress his parole officer. It was concluded that the group process provided a more accurate assessment of the sexual offender than that usually available in parole evaluations.

Group therapy remains the most widely used treatment for child molesters. However, despite Hartman's claim that "group psychotherapy may be regarded as the treatment of choice for certain types of personality disorders, pedophilia being one of them", the group therapy approaches described in the literature appear to be based on contradictory premises. Furthermore, few data have been reported to indicate that changes occur within these groups, and no studies have been conducted that compare group therapy to other types of treatment. An additional difficulty is that the description of the treatment method itself in these studies is at such a general level that replication of them would appear to be impossible.

### **Aversion Therapy**

Most published reports on aversion therapy include child molesters as part of a larger heterogeneous group of sexual offenders. This is most unfortunate because, as we have seen, even different sorts of child molesters can be expected to respond differentially to different treatment interventions. Usually, however, certain data are reported separately by offender type. In the discussion to follow only the child molester portion of the sample in various studies will be discussed. Reports in which the data from child molesters are not re-

ported separately from other offenders will not be reviewed.

Barlow, Leitenberg, and Agras (1969) reported a within-subject case study in which they treated a heterosexual child molester with covert sensitization. During acquisition, the client received descriptions of scenes in which he became nauseous when approaching a small girl but felt relieved when he turned away. An extinction phase followed in which the subject was told to stop imagining the sexually arousing scene instead of being told to imagine being nauseous. A reacquisition phase completed the study. Rating of sexual attractiveness of deviant scenes, frequency of deviant sexual urges outside of the treatment situation and skin conductance responses to descriptions of selected deviant sexual scenes markedly declined during acquisition. Thus covert sensitization appears to be a technique that deserves more extensive evaluation in client populations that possess the verbal skills required for imagining the aversive stimuli.

Callahan and Leitenberg (1973) reported the at least partially unsuccessful treatment of a homosexual child molester. These investigators alternated a signaled punishment phase in which inappropriate increases in penile circumference to deviant slides was the criterion response with a covert sensitization phase. Penile circumference responses showed improvement whereas follow-up interviews revealed a deterioration of progress. Verbal descriptions of progress have been at variance with penile circumference measures in other studies as well: Barlow et al (1972) found a dissociation between homosexuals' verbal descriptions of their progress in covert sensitization therapy and changes in their penile responses to deviant slides.

Marshall (1973) has used (a) a classical aversive conditioning technique in which electric shock was the US and components of taped descriptions of deviant fantasies were the CS+ and (b) an orgasmic reconditioning procedure in which subjects were instructed to think of appropriate sexual fantasies immediately before orgasm when masturbating and then to extend the appropriate fantasy further back in the masturbatory sequence. Five child molesters who were treated with these procedures showed

a reduction in their ratings of sexual attractiveness of deviant fantasies. The latency of the penile responses to this material lengthened and their magnitude decreased. Although the results of this therapy appear promising it is unclear whether they should be attributed to aversion therapy, orgasmic reconditioning or both. From a theoretical point of view, however, a symmetrical arrangement of positive and negative contingencies is to be desired.

The skin conductance and penile circumference responses of ten child molesters were monitored throughout 20 classical discriminative conditioning type treatment sessions and three generalization assessment probes given before, during and after therapy (Quinsey, Bergersen, & Steinman, 1976). Slides of adults were the CS—, slides of children were the CS+, and shock to the arm was the US. Semantic differential ratings and slide ranking assessments of sexual preferences were given before and after therapy. Significant (pre- and post-treatment differences) improvement was found in the penile circumference, semantic differential, and slide ranking measures, although changes in these measures were not correlated with each other. Changes in penile circumference in the pre- and post-test probe were usually not significant within individual subjects. Although the changes which did occur were a result of a classical conditioning procedure, it is rather doubtful that they were the result of a classical conditioning process. In an analog study, Quinsey and Varney (1976) failed to find shifts in preference in a concurrent schedule as a result of a classical conditioning procedure similar to that used by Quinsey, Bergersen and Steinman (1976). If changes in sexual behavior are to be thought of as being produced by classical conditioning mechanisms these mechanisms should apply to any operant choice behavior.

There has been only one behavioral treatment study of child molesters in which successes and failures at follow-up have been compared. Steffy and Gauthier (Note 2) compared 11 persons who had committed or were suspected of committing further sexual offences with 12 (out of 32) treated child molesters who had not. Pre-

and post-treatment ratings of sexual attractiveness of, and GSRs to slides of persons varying in age and sex were obtained from each inmate. An avoidance procedure similar to that of MacCulloch, Birtles and Feldman (1971) was used in treatment. Failures showed little difference in their GSR to either their preferred sex of child or adult according to whether the persons were nude, partially dressed, or dressed; whereas successes showed differences in their GSRs according to the state of dress of the preferred child or adult category. These differences between the successes and failures occurred both before and after treatment.

Taken as a group, these studies appear to indicate that aversion therapy can modify inappropriate sexual preferences, although the magnitude of these effects is not extremely large and follow-up data are conspicuous by their infrequency. In view of the finding that penile responses can indicate improvement whereas other measures do not (Barlow et al, 1972; Callahan & Leitenberg, 1973), particular attention must be paid to relating changes in penile responses to post-treatment adjustment. Procedural variables which might magnify the treatment effects which have been found remain largely unexplored. More seriously, interactions between child molester type and treatment method have not been investigated, perhaps because such investigations are precluded by the very limited sample sizes in the various studies. On the positive side, it appears as though there are psychophysiological indices that are related to reoffending after aversion therapy.

### **Other Methods of Modifying Sexual Preference**

A variety of other methods have been used to modify the sexual preferences of sex offenders. These have been recently reviewed by Barlow (1973) and include desensitization to adult females, pairing deviant with appropriate sexual visual stimuli, fading in appropriate masturbatory fantasies, and fading in appropriate sexual visual stimuli while fading out the inappropriate stimuli. Although several of these methods appear very promising, most have been tried on homosexuals or heterogeneous groups of sexual offenders and none

have been compared to other methods within groups of child molesters.

### **Social Skill Training**

The obvious deficits in the social behavior of many child molesters have prompted a number of therapists to try and teach the child molesters appropriate ways of interacting with potential adult sexual partners. A number of programs that have been reported in the literature (e.g. Marshall & McKnight, 1975) include a social skill training component but none present information concerning its effectiveness in isolation from other treatment components.

Laws and Serber (1975) have discussed the targeting of various aspects of heterosexual social behavior using observations on an individual child molester. From their observations they concluded that independent observers could reliably code such variables as the trainee's dysfluencies and "closed" body posture from videotaped recordings of his interactions with a female therapist but that measures of inappropriate content of speech would also need to be devised for use in evaluating a social skill program. Serber and Keith (1974) described an innovative social skill training program for homosexual child molesters in which members of the gay community were used as models of appropriate homosexual behavior. Videotape feedback was employed in conjunction with behavioral rehearsal of common social situations. Although this approach appears very promising, no evaluative data have as yet been published.

### **Some Comments on the Treatment Literature**

In general, the child molester treatment literature is in a very undeveloped state. Few studies that compare different treatment techniques have appeared and comparative studies which involve follow-up data are almost non-existent.

A more serious difficulty with the treatment programs described above is that they do not appear to be based upon a detailed analysis of the individual client's problems. There have been few attempts at designing different treatment interventions for different types of child molesters, particularly as the problems extend to ac-

tual sexual behaviors with adult partners in the community. The typical strategy employed in the literature is to obtain a group of more or less similar sex offenders, make a treatment intervention designed to suppress child molesting, evaluate what happens (with measures that vary widely in reliability and relevance over studies) and compare the results obtained with a subjective estimate of what would have occurred without therapy. This strategy poses some rather difficult problems in evaluation. In addition, it does not appear to be the most effective strategy on theoretical grounds.

From a behavioral point of view, a treatment program would be much more likely to succeed if the training was directed toward encouraging the occurrence of appropriate sexual behaviors as well as the nonoccurrence of child molesting. In other therapeutic situations with different sorts of clients it is sometimes reported that misbehaviors decrease when more appropriate behaviors are rewarded (e.g. Ayllon & Azrin, 1968) and, in any event, it is known that misbehaviors are more easily suppressed when alternate responses leading to the same reward are concurrently available (Azrin & Holz, 1966). Social skill training programs are, of course, a start towards the teaching of appropriate sexual skills but such programs are probably often insufficient. Hersen, Eisler and Miller (1974) for example, have found that social skills taught in a laboratory situation do not readily transfer to similar "real life" situations. Furthermore, many child molesters will probably require direct teaching of sexual skills in addition to help with their social skills. Direct sexual instruction could perhaps best be provided by sexually receptive therapists. These therapists would need to know techniques that could help the child molester acquire appropriate sexual behaviors. Masters and Johnson (1970) have pioneered the direct instruction method in the area of sexual dysfunction. It is noteworthy that a sexual retraining approach has recently been successfully completed with a homosexual child molester (Kohlenberg, 1974). The ethical implications of this approach have been discussed by Davison and Wilson (1974), Strupp (1974), and Garfield (1974).

## Implications

### For Treatment Programs

From the data on sexual recidivism it is apparent that certain classes of child molester would have low priority for specialized treatment because they are dealt with adequately with present methods. Specialized therapy would not seem to be required for either heterosexual first offenders that did not commit aggressive sexual acts or most heterosexual incestuous offenders. These men appear to be best handled with probation, counseling, and in certain instances, rearrangements in their living conditions.

Child molesters who are reoffenders, homosexual offenders, or have used coercion in their offences should receive more detailed assessment and, in selected cases, specialized treatment. The cost of these assessment and treatment services appears to be well justified on the grounds of the gravity of possible repeated offences for the aggressive offenders and the high rate of recidivism and the associated high cost of dealing with the reoffenders through correctional and social service agencies (Frisbie, 1969).

Both the typological studies and the psychophysiological sexual preference studies reviewed above strongly indicate that a substantial proportion of, but by no means all, child molesters have inappropriate sexual preferences for children. It seems reasonable, therefore, that treatment programs should include components designed to modify these sexual preferences and a means of assessing whether the intervention was successful. Penile response measures appear to be the best developed measure of sexual preference currently available.

Because child molesters are a heterogeneous group, treatment programs should be individualized. A treatment goal for many child molesters should include adequate sexual functioning with adult partners in addition to the cessation of sexual behavior with children. On theoretical grounds direct teaching of appropriate sexual behaviors would seem to be the best way of accomplishing this and, therefore, the best way of avoiding further child molesting in the long term.

### For Research

The rather crude typological scheme based on victim choice which assigns child molesters to the heterosexual incestuous, heterosexual non-incestuous, bi-sexual and homosexual classes may become more useful and more sophisticated when combined with objective measures of sexual preference. For example, child molesters who have chosen little boys as victims but who prefer adult females as sexual partners would appear to be very different from persons who both choose and prefer little boys as sexual partners or those that choose little boys but prefer men as partners. These sorts of differences have at least a *prima facie* relationship to the relation of treatment methods. Research is needed which will assess the power of this approach.

Studies that compare the results obtained with different treatment techniques are also required. Such comparative studies would be particularly informative if they were performed on different types of child molesters defined by victim type and sexual preference structure and involved follow-up data obtained after a period of at least one year. The interaction of child molester type with intervention type would both confirm the typology and provide a means of individualizing treatment programs: as discussed above, some child molesters may prefer adult partners and would benefit from social skill training but not aversion therapy, others may prefer children and benefit from aversion therapy or a combination of aversion therapy and social skill training. Such studies will be difficult to carry out because of the large numbers of subjects that are needed.

Research is perhaps most needed on the assessment of social skill deficits among child molesters. While research is proceeding apace on the development of techniques to assess changes in sexual preference, little work is being done with child molesters to assess changes in their social competence or sexual skills.

More research is also needed in the prediction of dangerous post-release behavior on the part of institutionalized child molesters. Because most of the research on this topic to date has involved informa-

tion that is known about the person at the time of his institutionalization or is easily biased by him, measures of change need to be developed and related to post-discharge behavior. A measure of sexual preference for sadistic activities clearly needs to be developed and validated. Such research should concentrate on identifying persons who are likely to actually harm children. Because few child molesters are physically dangerous, large numbers of subjects will be required to obtain meaningful data. Such studies will, of necessity, involve the cooperation of a number of institutions.

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