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The Challenge of Studying Pedophilia

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Abstract

Increased media exposure of convicted sexual offenders with child victims has increased the public concern of pedophilia. A pedophile is no longer seen as “a dirty old man” in a church or a local theater; instead, people started recognizing someone more familiar such as friends and neighbors as potential pedophiles. However, despite this increased public concern, research on pedophilia has been facing an impediment due to limited available samples for researchers. The problem of research samples has been preventing the further understanding of pedophilia, and consequently, the solution for child sexual exploitation. After addressing why people should keep in mind that not every sex offender with child victims is a pedophile, this article discusses the available research on sex differences of pedophiles, the theories on what makes an individual to develop a pedophilia, and an overview of available treatments as well as the effectiveness of those treatments. This article also examines why researchers have been struggling with studying pedophilia and the proposed resolution that is challenging for society.

The Challenge of Studying Pedophilia

According to Hall and Hall (2007), the number of television shows that broadcast child sexual abuses with detailed descriptions of sex offenders has been increasing. This trend of media might have led to the increased public concern toward pedophilia (Hall & Hall, 2007). However, people should not assume that every sex offender with child victims that the media portrays is a pedophile. American Psychiatric Association (2000) defines pedophilia as a persistent sexual interest in prepubescent children, which is reflected by persistent thoughts, fantasies, urges, sexual arousal, and behavior toward children. A child victim is usually under the age of 13, and for an adolescent to be diagnosed as a pedophile, the child victim needs to be at least 5 years younger than the adolescent (American Psychiatric Association, 2000). Seto (2004) states that approximately 30% of adolescent sex offenders with child victims and 40% to 50% of adult sex offenders with child victims are diagnosed as pedophiles based on the criteria. The rest of the sex offenders with child victims might have sexually offended children due to their available opportunities, rather than their persistent sexual interest in prepubescent children (Terry & Freilich, 2012). Unfortunately, the majority of research for pedophilia use sex offenders with child victims as their samples, without diagnosing whether they are in fact pedophiles or not (Seto, 2004). Thus, people should keep in mind that not every sex offender with child victims is a pedophile.

The increasing number of media that broadcast child sexual abuses not only influenced the public concern for pedophiles but also changed the public perception of pedophiles (Hall & Hall, 2007). A pedophile is no longer seen as “a dirty old man” in a church or a local theater; instead, people started recognizing someone more familiar such as friends and neighbors as potential pedophiles (Hall & Hall, 2007). Many studies support this new public perception.

Normally, pedophiles do not use force to have sex with a child (Murray, 2000). Instead, they tend to place themselves in a position where they can interact with a child in an unsupervised environment such as by being a babysitter, sports coach, or step-parent (Cohen & Galynker, 2002; Murray, 2000; Vandiver & Kercher, 2004). It is rare, but when force is applied in a sexual assault, approximately 70% of child victims do not know the offender (Cohen & Galynker, 2002). Most of the child sexual abuses are committed by pedophiles (Seto, 2004). However, it is hard to determine exactly how common child sexual abuse is caused by pedophiles, because the diagnostic process of sex offenders with child victims is often missing, as this was stated before (Seto, 2004). In addition, there is an issue in child sexual abuse reports. Cohen et al. (2002) found that only 1 in 20 cases of child sexual abuse is reported or identified. The research that was conducted by McConaghy (1998), approximately 17% to 31% of females and 7% to 16% of males experience unwanted sexual contact before the age of 18 (as cited in Hall & Hall, 2007). Based on these studies, child sexual abuse might often be underreported, and it is hard to determine the exact frequency of child sexual abuse. Thus, determining the exact frequency of child sexual abuse caused by pedophiles would be much harder.

Pedophilia is somehow more common in men than women (Seto, 2004). However, this does not mean that women cannot be pedophiles. Previous research that compared male and female sex offenders who were pedophiles found few characteristic differences between them (Chow & Choy, 2002). In addition, though this cannot be diagnosed as pedophilia due to the participants' age when the events occurred, Fromuth and Conn (1997) conducted a survey with 546 college women. They found that four percent of the participants had sexual experiences with children who were at least 5 years younger. The average age of the respondents when the experiences took place was 12, and the average age of the child was 5 (Fromuth & Conn, 1997).

Interestingly, many of them stated that they did not initiate the sexual contacts with the children (Fromuth & Conn, 1997). Furthermore, the majority of research samples in studies of pedophilia are males who already committed a crime (Seto, 2004). Some researchers believe that female sexual offenders, who are pedophiles, are often underreported (Hall & Hall, 2007). Sexual assaults caused by female pedophiles are hard to get recognized since they occur during the “nurturing or caregiving activities,” for example, during bathing and dressing (Chow & Choy, 2002; Vandiver & Kercher, 2004). It is also important to recognize that when a child victim is a boy, a sexual assault by a woman is socially perceived positively from other boys (e.g., “He is a man now.”) (Vandiver & Kercher, 2004). With this in mind – the majority of research on pedophiles has been done with male participants – the current literature suggests that pedophilia is not a preference or sexual interest that is chosen or socially learned.

Etiological research of pedophilia

Unfortunately, etiological research on pedophilia is still in the process of development (Seto, 2004). However, among the available research, neurodevelopmental explanation has been the main focus. A previous study showed that pedophilic sex offenders have significantly lower IQs than non-pedophilic sex offenders (Cantor et al., 2004). In this study, the total IQ score had a significant negative correlation with a number of child victims under the age of 12 (Cantor et al., 2004). The total IQ score also had a significant positive correlation with the number of adult sexual partners (Cantor et al., 2004). Similar correlations were found for verbal learning and memory tests (Cantor et al., 2004). Other research found that pedophiles tend to have head injuries before the age of 13, which might indicate a neurodevelopmental issue (Blanchard et al., 2002). These studies indicate the difference in overall neurodevelopmental function between

pedophilic sex offenders and non-pedophilic sex offenders. However, an important question to consider is which brain areas are causing these differences in functioning (Seto, 2004).

From a more anatomical perspective, a study conducted with computed tomography showed an abnormality in temporal lobes in pedophiles, compared to non-pedophiles (Cohen et al., 2002). The function of the temporal lobe is especially important because it has been known that an abnormality in this area can lead to hypersexual or hypo-sexual behavior (Cohen et al., 2002). Research examined serotonin functions in the brains of pedophiles found impulse control disorders, such as OCD, to be common in pedophiles, and it is known that serotonin functions in the brain play an important role in these disorders (Maes et al., 2001a; Maes et al., 2001b). The study conducted that a serotonergic disturbance in pedophiles suggests pedophiles have impulse control problems more than the control group (Maes et al., 2001b).

These studies support a neurodevelopmental explanation for pedophilia. However, Blanchard et al. (2002) argue that associated environmental factors related to a predisposition for pedophilia should not be ruled out. The abused-abuser hypothesis proposes that sex offenders with child victims are disproportionately sexually abused when they were children, and those sexually abused experiences increase the risk of committing sexual offenses (Seto, 2004). However, the mechanism of this phenomenon is still unknown (Seto, 2004). Some research showed a higher rate of sexual abuses as children among pedophiles, though the range differs from study to study (Hall & Hall, 2007). It means that internal validity of research that examines pedophiles' experiences of sexual abuses in their childhood is low. Thus, it is hard to conclude if pedophiles really have a higher rate of sexual abuses when they were children.

Treatment

Aversion conditioning and masturbatory reconditioning that were designed to “fix” the sexual interest in children are applied as treatments (Hall & Hall, 2007). These techniques are also used in reorientation therapies for gay men (Hall & Hall, 2007). However, Drescher and Zucker showed the ineffectiveness of the techniques to change underlying sexual preference (as cited in Seto, 2012). The treatments were controversial, and currently, they are no longer used for pedophiles in legitimate treatment centers (Cohen & Galynker, 2002).

There is no treatment that can cure pedophilia, and available treatments have not shown any effectiveness without a pedophile’s willingness to engage in the treatments (Hall & Hall, 2007). The most effective treatment is believed to be the combination of pharmacotherapy and psychotherapy (Rösler & Witztum, 1998). A popular pharmacotherapy that is practiced is testosterone suppression, commonly referred to as chemical castration (Hall & Hall, 2007). Chemical castration is believed to be more beneficial than physical castration because follow-up visits, continuous monitoring, and psychiatric reevaluation are required (Rösler & Witztum, 1998). More importantly, unlike physical castration, it is reversible for health reasons (Rösler & Witztum, 1998). The treatment is known to work in 3 to 10 months by decreasing sexual desires, depending on how and what kind of chemical is applied (Rösler & Witztum, 1998).

However, even pedophiles who were given the combination treatment for a year still showed sexual interests in children, though they reported declined urges and declined frequency of masturbations (Schober et al., 2005). It is most likely that pedophile’s urges are manageable, but their sexual interest in children itself cannot be changed (Schober et al., 2005). Thus, current treatment focuses on preventing further offenses of pedophiles, rather than trying to alter pedophiles’ sexual interests in children (Hall & Hall, 2007).

Discussion

The public attention toward pedophilia has increased as the media started broadcasting the detailed profile of sex offenders with child victims (Hall & Hall, 2007). Although women could be pedophiles, the majority of research on pedophilia is conducted with male samples (Seto, 2004). Recent studies have shown the neurodevelopmental differences between pedophiles and control groups (e.g., Blanchard et al., 2002; Cantor et al., 2004), and the treatments to alter the sexual interest in children itself have failed and are no longer used (Hall & Hall 2007; Schober et al., 2005). The studies that were reviewed in this article might indicate that pedophilia is not a preference or sexual interest that is somehow learned.

There is a possibility that the abused-abuser hypothesis is correct. However, the range of pedophiles who were sexually abused as children varies among studies (Hall & Hall, 2007). Thus, it is hard to conclude that sexually abused experiences as children cause an individual to have a sexual interest in children. Moreover, because many collected samples of pedophiles are within a legal system, there has been a legitimate concern that they might be lying about their sexually abused experiences to gain sympathy in order to ease their legal punishments (Hall & Hall, 2007).

Limitation of the studies

A sampling bias has been impeding efforts to examine pedophilia in much research (Hall & Hall, 2007; Seto, 2004). The majority of research on pedophilia use sex offenders with child victims as samples (Hall & Hall, 2007; Seto, 2004). This creates several problems in research. First, as this was noted several times in this paper, the diagnostic process in the samples is often missing (Seto, 2004). Therefore, in research of pedophilia, sex offenders who are not pedophiles might be included (Seto, 2004). Second, because samples are people who already committed sexual offenses, researchers agree that the sample's willingness to be honest in self-report

surveys is questionable (Cohen & Galynker, 2002; Cohen et al., 2002; Murray, 2000). Third, the samples of sex offenders exclude pedophiles who have not committed crimes, have not been caught, and had enough finance to hire a private lawyer to avoid legal punishments (Cohen & Galynker, 2002; Vandiver & Kercher, 2004). Furthermore, the samples of sex offenders might introduce the low intelligence, personality disorder, and overall lower functioning that may not represent the group of pedophiles as a whole (Blanchard, 2002; Cohen et al., 2002; Seto, 2004). In addition, the sample sizes are normally small (Cohen & Galynker, 2002; Vandiver & Kercher, 2004; Seto, 2004). Finally, it is not easy to generalize findings in one study to other studies because significant differences exist among subgroups of pedophiles (e.g, heterosexual, homosexual) and the children they abuse (e.g., specific age, boy, girl) (Hall & Hall, 2007).

Conclusion and Future Research

To advance the research on pedophilia, it is critical for future research to collect samples from populations other than those who already committed sexual offenses. However, this is very difficult in the current society where harsh punishments and discriminations are applied to any pedophiles, including those who never committed a crime. In many states, physicians must report any suspects who might be pedophiles, and local law enforcement requires the mandatory sexual offender registrations of the pedophiles (Hall & Hall, 2007). Seto (2012) argues that the discussion to consider pedophilia as a sexual orientation, rather than a preference that is chosen or socially learned, must take place. The researcher emphasizes three important points – age of onset, sexual and romantic behavior, and stability over time – to determine why pedophilia should be considered as a sexual orientation (Seto, 2012). If society does not change the stigma against pedophiles, they would remain hidden because of the fear and hatred they receive (Seto,

2012). Thus, Seto (2012) states that it prevents the further understanding of pedophilia, and consequently, child sexual exploitation will remain.

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