More to Child Molestation than Pedophilia

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Myth of Fact?

- Most sexual assaults are committed by strangers.

- Most sexual assaults are committed by someone known to the victim or the victim's family, regardless of whether the victim is a child or an adult.

Myth of Fact?

- The majority of sexual offenders are caught, convicted, and in prison.

- Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. Most convicted sex offenders eventually are released to the community under probation or parole supervision.

Myth of Fact?

- Most sex offenders reoffend.

- Reconviction data suggest that this is not the case. Further, reoffense rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offense.

Myth of Fact?

- Sex offenders commit sexual crimes because they are under the influence of alcohol.

- It is unlikely that an individual who otherwise would not commit a sexual assault would do so as a direct result of excessive drinking.

Myth of Fact?

- Children who are sexually assaulted will sexually assault others when they grow up.

- Most sex offenders were not sexually assaulted as children and most children who are sexually assaulted do not sexually assault others.
WHO ARE THE OFFENDERS?

Sex offenders come from all walks of life:
- Age
- Socioeconomic status
- Intellectual ability
- Mental health
- Gender

WHO IS THE TYPICAL SEX OFFENDER?

- There is no typical sex offender.
- Sex offenders are a heterogeneous group.
- They are probably more similar to the general population than different.

WHO ARE THE OFFENDERS?

- FAMILY MEMBERS
  - Parent, grandparent, sibling, uncle/aunt, cousin
- ACQUAINTANCES
  - Peer, teacher, clergy, babysitter, neighbor
- STRANGERS

Etiology

- Biological mechanisms in the onset of sexually deviant behavior; postulating that genetic determinants, hormone imbalances, or both are responsible for sexual aggression.
- Brain abnormalities, as well as attachment disturbances with insecurely attached boys with emotionally unsupportive parents being more likely to become sexual predators later in life.
Etiology

- Social learning theory: children learn from their social environments; if the environments include violence, abuse, and the degradation of women, the propensity to mimic those behaviors is strengthened.
- Etiological pathways to sexual offending are multiple and complex, and thus, more recent models have attempted to incorporate several, or all of these individual factors.

TYPOLOGIES OF CHILD SEX ABUSERS

- GROTH
- FBI
- SELF-REGULATION
- CRIMINAL V DEViant

GROTH TYPOLOGY

- **FIXATED**
  - Extrafamilial
  - Female (prepubescent) or male (all ages)
  - Extensive grooming
  - High recidivism risk
- **REGRESSED**
  - Familial
  - Accessible gender
  - Prefer easy access to grooming
  - Lower risk for reoffending

FBI TYPOLOGY

Expanded on Groth:

- Situational
- Regressed
- Morally indiscriminate
- Sexually indiscriminate
- Inadequate
- Preferential
- Seductive
- Fixed
- Sadistic

FBI

SITUATIONAL

- **REGRESSED**: poor coping skills, prefer easy targets, child fills in for adult relationship
- **MORALLY INDISCRIMINATE**: do not prefer children, easy access
- **SEXUALLY INDISCRIMINATE**: sexual experimentation, abuse out of boredom
- **IN Adequate**: social misfits, see children as only sexual outlet

PREFERENTIAL

- **SEDUCTIVE**: groom to carry on a ‘relationship’
- **FIXATED**: poor psychosexual development, attracted to children
- **SADISTIC**: aggressive, sexually excited by violence/suffering, very dangerous
SELF-REGULATION

- AVOIDANT-ACTIVE: tries to avoid offending, but ineffective
- AVOIDANT-PASSIVE: wants to avoid offending but lacks skills and more impulsive
- APPROACH-AUTOMATIC: desire to offend but don’t have high-level planning, more impulsive
- APPROACH-EXPLICIT: desire to offend, plan, target, groom, and really work at not getting caught

CRIMINAL PATHWAY

- Sexual offending is part of a general criminal lifestyle:
  - Pattern of disregard for and violation of the rights of others
  - Failure to conform to social norms
  - Deceitfulness
  - Impulsivity
  - Aggressiveness
  - Lack of remorse

SEXUALLY DEVIAN PATHWAY

- PARAPHILIC BEHAVIOR
- A PARAPHILIA is characterized by a 6-month period of recurrent, intense, sexually arousing fantasies or sexual urges involving a specific act, depending on the paraphilia.

 Sexually Deviant Pathway

- The DSM IV-TR lists eight paraphilias:
  - exhibitionism (exposure of one’s genitals)
  - fetishism (use of nonliving objects)
  - frotteurism (touching and rubbing against a nonconsenting person)
  - pedophilia (focus on prepubertal children)
  - sexual masochism (receiving humiliation or suffering)
  - sexual sadism (inflicting humiliation or suffering)
  - transvestic fetishism (cross-dressing)
  - voyeurism (peeping)

PARAPHILIAS R/T CHILD SEXUAL ABUSE

- Pedophilia (302.2)
  - Over period of at least 6 months, recurrent intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger)
  - The fantasies, sexual urges, or behaviors cause clinically significant distress or interpersonal difficulties OR THE PERSON HAS ACTED ON THESE URGES OR FANTASIES.
  - The person is at least aged 16 years and at least 5 years older than the child or children in the first criterion. (Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.)

- DSM-IV-TR
PARAPHILIAS R/T CHILD SEXUAL ABUSE

PARAPHILIA NOS (302.9) (HEBEPHILIA)
- Does not meet the specific criteria
- Sexually arousing fantasies, urges or behaviors involving young adolescents
- Occurs for a period of at least 6 months
- Causes significant distress or impairment in social, occupational or other functioning.

Sexually Deviant: Pedophilia
- Sexual activities range from undressing the child and looking to fondling to penetration, and these activities are rationalized as “having educational value” for the child, “giving the child sexual pleasure” and “performed because the child was sexually provocative.”
- Prior to sexual behavior, pedophiles may “groom” their victims.
- Pedophilia is egosyntonic in nature. Therefore it is important to realize that experiencing distress over fantasies, urges or behaviors is not necessary for a diagnosis of pedophilia. Persons who have a pedophilic arousal pattern and act on their urges or fantasies qualify for a diagnosis of pedophilia.

Sexually Deviant: Pedophilia & Grooming
- The process of desensitizing and manipulating victims for the purpose of gaining an opportunity to commit a sexually deviant act.
- Child molesters may spend a considerable amount of time on the grooming process to gain the child’s trust and confidence and to assume a position of power.
- Methods vary, but most are based on trickery and threats:
  - Threats of harm to the child, siblings, parents and even the offender (“You don’t want me to go to jail, do you?”)
  - Threats to break up the family
  - Withholding affection
  - Taking advantage of the child’s innocence (“Everybody does it.”)

Grooming Example
- He demonstrated persuasive, grooming, tactics by getting the victim of the index offense to walk with him to the Cemetery, by coaxing the 8-year-old victim into the woods under the guise of seeing and petting a captured bear, and by attempting to lure the 19-year-old girl into the woods to “see his fort” after lying about the location of their destination.

WHAT SEX OFFENDERS HAVE IN COMMON
- Cognitive Distortions or Pro–Offending Attitudes
- Social, interpersonal, and intimacy deficits
- Victim empathy deficits
- Poor coping or self-management skills
Internet Sex Offenders

- Online sexual activity (OSA), like real world sexual activity, ranges from the normal to the highly deviant.
- Deviant online sexual behavior serves as: a mechanism for sexual arousal; a way to facilitate online social relationships in addition to existing offline social relationships; a means of developing online relationships, including sexual relationships, as an alternative to offline, ‘real world’ relationships; an obsessive-compulsive process; an addiction; and a means of financial gain.

Internet Sex Offenders

- When deviant online behavior involves minors, it becomes illegal.
- Most online sex offenders target teens and groom their victims into sexual relationships, usually under the guise of romance.
- Online offenders target vulnerable youths, those with histories of abuse, family problems and high-risk behaviors.

Child Pornography

- Child pornography involves the sexual abuse of children, and it has been linked to child prostitution, child sex tourism, and the trafficking of children for sexual purposes.
- In a study by Wolak, Mitchell, and Finkelhor (2003) of 1,713 people arrested for the possession of child pornography over a one-year period, the possessors ran the gamut in terms of income, education level, and age.

Child Pornography

Krone (2004) developed a typology to classify different types and levels of child pornography use:

- **Browser**: A browser may stumble upon child pornography unintentionally (e.g., via spam) but decides to keep it.
- **Private fantasy**: These offenders fantasize having sex with a child and the images represent that fantasy.
- **Trawler**: Trawlers use minimal security and networking. They tend to be sexually omnivorous and have child pornography as part of a varied collection, sexually curious and experiment with child pornography but do not continue to use it; or libertarian and claim to be free to access whatever material they wish.
- **Non-secure collector**: The non-secure collector networks and purchases, downloads or exchanges child pornography from Internet sources that do not impose security barriers.

Child Pornography

- **Secure collector**: The secure collector uses security barriers, including encryption, to collect child pornography and may be driven by the desire to amass a large collection.
- **Online predator**: The predator engages in online contact with a child with the intention of establishing a sexual relationship involving either sex or physical sex. This offender uses pornography to groom the child.
- **Physical abuser**: Physical abusers sexually assault children and use child pornography to supplement their sexual craving. The physical abuse may be recorded for the personal use of the abuser but is not intended to be further distributed.
- **Producer**: The producer provides images of sexual abuse to other users of child pornography.
- **Distributor**: The distributor transmits child pornography and may or may not have a sexual interest in children.

Female Sex Offenders

- Females sex offenders account for less than 10% of sex crimes.
- However, it is likely that sex crimes committed by females are underreported, probably even more so than male perpetrator sex crimes.
- Female sex offenders are likely to have: a history of childhood maltreatment, including sexual victimization; mental health symptoms, personality disorders, and substance abuse problems; difficulties in intimate relationships, or an absence of intimate relationships; a propensity to primarily victimize children and adolescents (rarely adults); a tendency to commit intra-sexual against persons who are related or otherwise well known to them; and an increased likelihood of perpetrating sex offenses in concert with a male intimate partner.
Female Sex Offenders
Matthews, et al, identified three types of female sex offenders:
- Male-coerced offenders tend to be passive and dependent women with histories of sexual abuse and relationship difficulties. Fearing abandonment, they are pressured by their male partners to commit sex offenses, often against their own children.
- Predisposed offenders have histories of incestuous sexual victimization, psychological difficulties, and deviant sexual fantasies. They tend to act alone in their offending and most victimize their own children or other young children within their families.
- Teacher/lover offenders often struggle with peer relationships, seemed to regress and perceive themselves as having romantic or sexually mentoring relationships with under-aged adolescent victims of their sexual preference.

Older Adult Perpetrators of Sexual Violence
- Once called “dirty old men” older men who commit nonconsensual sex acts are finding themselves labeled sex offenders.
- Elderly sex offenders is a new category of sex offenders recognized by law enforcement, psychology, psychiatry and social work.
- People who commit sexual offenses and are over the age of 60 or 65 are placed into this category.

Older Adult Perpetrators of Sexual Violence
Fazel & O’Donnell’s (2001) findings of incarcerated older (59+) sex offenders were as follows:
- 6% had a diagnosis of psychosis
- 7% had a diagnosis of severe depression
- 33% had a personality disorder
- 5% had dementia
This data was very similar to others of the same age who were incarcerated, except for PDs. SOs were more likely to be more obsessive-compulsive, and more avoidant than the non-sex offender group.
Another interesting finding was that the sex offender group had fewer anti-social personality traits than the non-sex offender group.

Assessment: General Principles
- Working with sex offenders means working with those already convicted of a sex crime, and thus assessment focuses on treatment needs and recidivism risk.
- Risk assessment aids in many key decisions with sex offenders, such as disposition or sentencing, the type of placement or required level of care, release from facilities, and the application of registration and community notification policies.
- Assessing risk is also helpful for guiding decisions about which individuals will benefit most from interventions and strategies that are both time and resource intensive, such as prison-based or residential sex offender treatment, intensive supervision, and ancillary accountability measures such as electronic monitoring.

Assessment: Risk Factors
- Risk assessment includes the identification of static and dynamic risk factors.
- Static Factors: Historical characteristics that cannot be altered, such as age of the offender, gender of the victims, relationship between the offender and the victims, and prior offense history.
- Dynamic Factors: Dynamic factors can be further categorized as stable or acute. Stable dynamic factors include deviant sexual preferences and practices and victim blaming, while acute dynamic factors include intoxication preceding the offenses.

Assessment Tools Examples
- Static 99
- Static 2002
- Mn-SOST-R
- Acute 2007
- Stable 2007
### Static 99

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<td>Aged 25 or older</td>
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<td>Any Convictions</td>
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<td>Prior sentencing dates (excluding index)</td>
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<tr>
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### Other Testing Measures Used In Evaluation And Treatment

- **The Abel Assessment for Sexual Interest (AASI-2)** measures visual reaction time, requires a test subject to view slides of clothed persons of varying ages and sexes, so that the person's level of sexual attraction can be rated.
- **Penile plethysmography (PPG)** measures increments of erection of the penis via a small device on the penis. The device is attached to a computer operated by an evaluator in another room. The plethysmograph detects blood flow to the penis, a measure of his erotic arousal to these various stimuli.
- **The polygraph** assesses whether sex offenders are being deceptive, and this tool is regarded as a valuable tool in sex offender treatment. Determining whether an offender is being deceptive can be critically important in the treatment process.

### Juvenile Sex Offenders

- Juvenile perpetrators comprise as many as one-third of the child sex abuse offenders (Finkelhor, 1994).
- Juveniles who have committed sex offenses are a heterogeneous group.
- Contrary to common belief, most adolescent sex offenders have not been victims of childhood sexual abuse. Juvenile sexual offenders under age 12 are more likely to have been victims of sexual and/or physical abuse.

### Female Juvenile Sex Offenders

- The average female juvenile sex offender is 14 years old.
- The most common sexual offenses committed by female adolescents are non-aggressive acts, such as mutual fondling, that occur during a caregiving activity such as babysitting. They rarely commit sex offenses against adults.
- Their victims are typically young acquaintances or relatives, with male and female children equally at risk for sexual victimization by female adolescents.

### Juvenile Sex Offenders

- May display high levels of aggression and violence; generally, these are youths who display more severe levels of personality and/or psychosocial disturbances (e.g., psychopathy, sexual sadism, etc.)
- Have often been characterized as suffering from deficits in self-esteem and social competency
- May show evidence of depression
- May have impaired ability to form and maintain healthy peer relationships and successfully resolve interpersonal conflict
- Have similar deviances as adults

### Juvenile Sex Offenders

- Have both a higher number of male victims and victims
- Have as many as 40% of their victims are either siblings or other relatives
- Commit sexual crimes that tend to reflect a greater reliance on opportunity and guilt than injurious force, particularly when their victim is related to them
- May "trick" the child into complying with the molestation, use bribes, or threaten the child with loss of the relationship – all forms of grooming
Female Juvenile Sex Offenders

- While some female juvenile sex offenders experience high levels of individual and family psychopathology, others have limited psychological problems and minimal family dysfunction.
- Female juvenile sex offenders have experienced more extensive and severe physical and sexual maltreatment during their childhood than male juvenile sex offenders.
- Female juvenile sex offenders are also sexually victimized at younger ages and are more likely to have had multiple perpetrators.

Juvenile Sex Offenders Under Age 13

- Research in the area of prepubertal sex offenders area is still in its infancy, but one literature review revealed that some children, are sexually aggressive as early as age 3 or 4, although the most common age of onset appears to be between 6 and 9.
- Contrary to findings regarding adolescent sex offenders, girls were represented in much greater numbers among preadolescent offenders.
- Furthermore, these girls often engaged in behaviors that were just as aggressive as the boys’ actions.
- Victims of child sex offenders range in ages from 1 to 9, and many offenders have multiple victims.

Sex Offender Treatment

- In general, most sex offender treatment has the following goals:
  - Accept responsibility
  - Learn to understand their patterns (cycles) of criminal behavior
  - Modify cognitive distortions
  - Learn attitudes, cognitive skills and behaviors needed to safely live in the community
  - Develop victim empathy
  - Control deviant sexual arousal, interests, preferences and behaviors
  - Improve social competence

- Treatment is also individualized and aimed at the underlying disorder (e.g., paraphilia or antisocial personality disorder) and associated problems (substance abuse, mood disorders, developmental disability, etc.).

PA’s Megan’s Law

- **Sex Offender Designations**
  - **Criminal Attempt:** (18 Pa. C.S. § 901)
  - **Criminal Solicitation:** (18 Pa. C.S. § 902)
  - **Criminal Conspiracy:** (18 Pa. C.S. § 903)

- **Kidnapping**
  - **Kidnapping:** (18 Pa. C.S. § 2901)
    - Victim must be a minor
  - **Luring a Child into a Motor Vehicle or Structure:** (18 Pa. C.S. § 2910)

- **Sexual Offenses**
  - **Rape:** (18 Pa. C.S. § 3121)
  - **Rape of a Child:**
    - Involuntary Deviate Sexual Intercourse (18 Pa. C.S. § 3123)
    - Involuntary Deviate Sexual Intercourse with a Child
  - **Institutional Sexual Assault:** (18 Pa. C.S. § 3124.2)
  - **Aggravated Indecent Assault:** (18 Pa. C.S. § 3125)
  - **Indecent Assault:** (18 Pa. C.S. § 3126)
    - if the offense is a misdemeanor of the first degree or greater
  - **Incest:** (18 Pa. C.S. § 4302)
    - Victim must be under 18 years of age
  - **Public Indecency**
    - **Prostitution and Related Offenses:** (18 Pa. C.S. § 5902 [b])
    - **Obscene and Other Sexual Materials and Performances:** (18 Pa. C.S. § 5903 [a] [3], [4], [5], or [6])
  - **Public Indecency**
    - **Victim must be a minor**

- **Minors**
  - **Sexual Abuse of Children:** (18 Pa. C.S. § 6312)
  - **Unlawful Contact with a Minor:** (18 Pa. C.S. § 6318)
  - **Sexual Exploitation of Children:** (18 Pa. C.S. § 6320)

- **Offenses Related to Sex Offender Registration Requirements**
  - **Registered Sex Offender:** (18 Pa. C.S. § 6301)
  - **Register Information:** (18 Pa. C.S. § 6302)
  - **Offense Information:** (18 Pa. C.S. § 6303)
  - **Offense Summary:** (18 Pa. C.S. § 6304)
  - **Offender Address for Information:** (18 Pa. C.S. § 6305)
  - **Violations:** (18 Pa. C.S. § 6306)
  - **False Registration:** (18 Pa. C.S. § 6307)
  - **Offender Related to Sex Offender Registration Requirements**
    - **Offender Related to Sex Offender Registration Requirements**
      - **False Registration:** (18 Pa. C.S. § 6307)
      - **Violations:** (18 Pa. C.S. § 6306)

PA Megan’s Law

- **Megan’s Law Designations**
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Juvenile Sex Offender Involuntary Civil Commitment

On August 14, 2003, Governor Edward Rendell signed into law Act 21 of 2003, which added a new mandate for the Sexual Offenders Assessment Board. Act 21, which became effective on February 10, 2004, requires the SOAB to assess certain juvenile sex offenders aging out of the juvenile justice system for involuntary commitment, where certain adolescent sex offenders aging out of the juvenile justice system were to be considered for involuntary civil commitment. Act 21 became effective on February 10, 2004.

WHAT CAN NURSES DO TO MINIMIZE CHILD SEXUAL ABUSE?

**Routine Activities Theory**

- Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this affection
- Is overly interested in the sexuality of a particular child or teen
- Manages to get time alone or insists on uninterrupted time alone with a child

**THE WARNING SIGNS**

- Regularly offers to babysit many different children for free or takes children on overnight outings alone
- Buys children expensive gifts or gives them money for no apparent reason
- Offers alcohol or drugs to teenagers or children when other adults are not around
- Makes others uncomfortable by ignoring social, emotional or physical boundaries or limits
- Exposes a child to adult sexual interactions without apparent concern
- Has secret interactions with teens or children or spends excessive time emailing, text messaging or calling children or youth
WHAT TO TEACH FAMILIES

Most sex offenders are good at hiding who they are.

WHAT TO TEACH FAMILIES

Educate the family to understand healthy sexual behavior in children, as well as behaviors that may be of concern.

There is no such thing as “the talk” about sex – conversations should be ongoing.

Teach children proper names for body parts.

WHAT TO TEACH FAMILIES

Keep lines of communication open.

Research shows that one of the key factors in a child’s resilience is that he/she had someone to talk with and confide in. Be a safe, responsible and consistent resource person for a child or adolescent.

Teach the power of no – if a child does not want auntie or grandma to kiss him, he should be allowed to shake hands instead.

WHAT TO TEACH FAMILIES

Be sure that no one in your family is isolated. Identify one or more support people for every member of the family.

If a child is not comfortable with a particular adult or older child then you or some other adult must let that person know (e.g., tell him or her that you don’t want your child to sit on his/her lap).

WHAT TO TEACH FAMILIES

If someone is “too good to be true” then ask more. Unfortunately, unconditional trust cannot protect children from harm.

Know local resources and how to use them.

CHANGING SOCIETY

STOP THE HYPERSEXUALIZATION OF CHILDREN
RESOURCES
Stop It Now!
351 Pleasant Street, Suite B319,
Northampton, MA 01060
Office: (413) 587-3500 Fax: (413) 587-3505
Helpline: 1-888-PREVENT (1-888-773-8368)
Email: info@stopitnow.org
Website: www.stopitnow.org

RESOURCES
National Center for Victims of Crime (NCVC)
2000 M Street N.W., Suite 480, Washington, DC 20036
Office: (202) 467-8700 Fax: (202) 467-8701
Toll free: 1-800-FYI-CALL (1-800-394-2255)
TDD: 1-800-211-7996
Email: webmaster@ncvc.org or sethelp@ncvc.org

RESOURCES
National Center for Missing & Exploited Children (NCMEC)
Charles B. Wang International Children Bldg.
699 Prince Street, Alexandria, VA 22314-3175
Office: (703) 274-3900 Fax: (703) 274-2220
Website: www.ncmec.org

QUESTIONS?