

## **PEDOPHILIA- EMPIRICAL REVIEW FOCUSED ON TREATMENT AND COPING STRATEGIES**

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### **ABSTRACT**

Pedophilia is a type of sexual paraphilia which involves sexual attraction towards prepubertal children. Pedophiles are different from child abusers. It is difficult to categorise or even define the deviant behaviors because they are committed by a small percentage of the population and also because they are concealed by the participants. This article is based on an empirical research revolves around the treatment therapies and coping strategies (such as covert sensitization, satiation therapy etc.) that can be used to channelize respective urges along with certain causes that come from varied schools of psychology.

**Keywords:** Causes of Pedophilia Coping Strategies for Sexual Disorders, Pedophilia, Sexual Disorder, Treatment for Pedophilic Disorder.

### **INTRODUCTION**

**Sexual behavior** is a major focus of both one's private thoughts and public discussions. Sexual feelings are a crucial part of development and daily functioning, sexual activity is tied to the satisfaction of one's basic needs, and sexual performance is linked to one's self esteem.

Sexual disorder is difficulty experienced by an individual or a couple during any stage of a normal sexual activity, including physical pleasure, desire, preference, arousal or orgasm. It refers to the persistent impairment of sexual interest or response that causes interpersonal difficulty or personal distress.

The sexual disorders can be classified into four main types:

- 1) Gender identity disorders.
- 2) Psychological and behavioural disorders associated with sexual development and maturation.

- 3) Paraphilias (disorders of sexual preference).
- 4) Sexual dysfunctions.

In ICD-10, gender identity disorders, disorders of sexual preference, and sexual development and orientation disorders are listed under the disorders of adult personality and behavior, while sexual dysfunctions (not caused by organic disorder or disease) are listed under the behavioral syndromes associated with physiological disturbances and physical factors.

**Paraphilia** is from Greek *para* (“faulty, abnormal”) and *philos* (“dear, friendly”).

People with paraphilia (sexual deviations; perversions) have recurrent, intense sexually arousing fantasies, sexual urges, or behaviors in response to stimulus that are not a part of normal sexual arousal, that generally involve:

- Non- human objects.
- The suffering or humiliation of oneself or one’s partner. Or,
- Children or other non- consenting persons.

The DSM-5 recognizes eight specific paraphilias: (1) fetishism, (2) transvestic fetishism, (3) voyeurism, (4) exhibitionism, (5) sexual sadism, (6) sexual masochism, (7) pedophilia, and, (8) frotteurism.

**PEDOPHILIA** is from Greek *paido* (“child, boy”) and *philos* (“dear, friendly”).

Pedophile- a person who is sexually attracted to children.

Pedophilic disorder is a paraphilic disorder which is diagnosed when an adult has recurrent, intense sexual urges or fantasies about sexual activity with a prepubertal child; acting on these urges is not necessary for the diagnosis if they cause the pedophile distress. Pedophilia is also a psychosexual disorder in which the fantasy or actual act of engaging in sexual activity with prepubertal children is the preferred or exclusive means of achieving sexual excitement and gratification.

Nearly all individuals with pedophilia are male, and about two-thirds of pedophilic offenders’ victims are girls, typically between the ages of 8 and 11 (Cohen & Galynker, 2002). Most pedophiles prefer girls, but about one in four prefer boys. The sexual behaviours involved in pedophilia cover a range of activities that may or may not involve the use of force. [Seto M.C. (2009).]

This may be associated with sexual sadism. The pedophilic behavior may either be limited to incest or may spread to children outside the family. The most common type of pedophile is someone who is shy and nonassertive and may choose children as his sex objects because they are not threatening or because they can be idealized as capable of unconditional love. Some, but not all, child sex abusers can be classified as pedophiles. The distinction is that pedophiles show sexual arousal to children but less or no arousal to adults.

Several terms have been used to distinguish "true pedophiles" from non-pedophilic and non-exclusive offenders, or to distinguish among types of offenders on a continuum according to strength and exclusivity of pedophilic interest, and motivation for the offense. Exclusive pedophiles are sometimes referred to as *true pedophiles*. They are sexually attracted to prepubescent children, and only prepubescent children. Showing no erotic interest in adults, they can only become sexually aroused while fantasizing about or being in the presence of prepubescent children, or both. Non-exclusive offenders—or "non-exclusive pedophiles"—may at times be referred to as *non-pedophilic* offenders, but the two terms are not always synonymous. Non-exclusive offenders are sexually attracted to both children and adults, and can be sexually aroused by both, though a sexual preference for one over the other in this case may also exist. If the attraction is a sexual preference for prepubescent children, such offenders are considered pedophiles in the same vein as exclusive offenders.

**Typical symptoms and associated features include:**

- Themes of aggression, violence, hostility and revenge- common in paraphilic fantasies.
- Impulses involving strangers or unwilling partners.
- Lack of human intimacy.
- Compulsion and lack of flexibility.
- Extensive use of pornography depicting prepubescent children.

**DIAGNOSTIC CRITERIA ACCORDING TO DSM-5**

- A. Over a period of atleast 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviour involving with a prepubescent child or children (generally age 13 years or younger).
- B. The individual has acted on these sexual urges, or the fantasies cause marked distress or interpersonal difficulty.
- C. The individual atleast the age of 16 years and at least 5 years older than the child or children in criterion A.

Note:- Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12 or 13 year old.

Specify whether:

**Exclusive type** (attracted only to children)

**Nonexclusive type**

Specify if:

**Sexually attracted to males**

**Sexually attracted to females**

**Sexually attracted to both**

Specify if:

**Limited to incest**

[**Comorbidity** of pedophilic disorder includes substance use disorders; depressive, bipolar and anxiety disorders; antisocial personality disorder; and other paraphilic disorders.]

**CAUSAL FACTORS**

Human sexual behavior is varied. It has its underpinnings in a biological substrate for physiological expression, and is strongly influenced by the socialization process. When sexual behavior greatly diverges from the norm, and especially when it is harmful to others, researchers attempt to understand it better by defining its characteristics. Defining and classifying these deviant sexual behaviors has been difficult, because they are:

1. Committed by a small percentage of the population.
2. Usually concealed by their participants.

One hallmark of the pedophiles that researchers have been able to identify is that these unusual or bizarre acts are insistently and involuntarily repetitive.

No single theory has so far been able to explain the development of pedophilic behavior. Each of the theoretical perspectives has implications for research in terms of definition of the variant behavior, preferred type of treatment, appropriate treatment goals, and ways of assessing treatment outcome.

**THE PSYCHODYNAMIC PERSPECTIVE**

This perspective views pedophilic behavior as a reflection of **unresolved conflicts** during psychosexual development. It calls for long-term treatment that aims to change personality structure and dynamics and also alter overt behavior and sexual fantasies.

Particular emphasis is placed on:

1. Strengthening what is often a quite unstable body image.
2. Identifying unconscious components of fantasy life that contribute to a perverse outcome.

**THE BEHAVIOURAL PERSPECTIVE**

It views sexual variance as something **learned** by the same rules as more ordinary sexual behavior- through conditioning, modeling, reinforcement, generalization, and punishment. From this perspective, the definition of this variant sexual behavior would be based on the individual's personal discomfort with the behavior, and any conflicts between this behavior and the rules of society.

## **THE COGNITIVE PERSPECTIVE**

The cognitive perspective, incorporating **social learning principle**, explains the variant behavior as a substitute for more appropriate social and sexual functioning, or as resulting from an inability to form a satisfactory marital relationship.

## **THE BIOLOGICAL PERSPECTIVE**

It focuses on **heredity**, parental hormonal environment and the biological causes of **gender identity**, because pedophilia seems to be largely male conditions, emphasis is often placed on the possible role of events in fetal development that might contribute to them. Other foci of attention have been organic disturbances such as malfunctioning of parts of the brain; abnormal hormone levels and neurological functions; and chromosomal abnormalities. Unfortunately, it is often not clear whether these types of abnormalities are causal or incidental to pedophilic interest.

## **THE INTERACTIONAL PERSPECTIVE**

The interactional view has appeal because no one treatment seems to be clearly superior for the pedophiles. It is possible that treatment approaches indicating a number of theoretical perspectives will be more effective than any one approach.

### **Other factors may portray certain risks and prognosis:**

- **Temperamental**: There appears to be an interaction between pedophilia and anti-sociality, such that males with both traits are more likely to act out sexually with children. Thus, anti-social personality disorder may be considered a risk factor for pedophilic disorder in males with pedophilia.
- **Environmental**: Adult males with pedophilia often report that they were sexually abused as children. It is unclear, however, whether this correlation reflects a causal influence of childhood sexual abuse on adult pedophilia.

## **REVIEW OF LITERATURE**

Few studies which show the explorations of various aspects of pedophilic disorder are summarized below :

- Drapeau, Beretta, Roten, Koerner and Despland (2008) conducted a pilot study to investigate the defense styles of pedophilic sexual offenders. Interviews with 20 pedophiles and 20 controls, which were scored using Defense Mechanisms Rating Scales showed that pedophiles had significantly fewer obsessional-level defenses but more major image-distorting and action-level defenses. Their study further elucidates that

pedophiles used more dissociation, displacement, denial, autistic fantasy, projective identification, acting out and passive-aggressive behavior but less intellectualization and rationalization.

- Araji and Finkelhor (1985) discovered what support exists for theories that explain why adults become sexually interested and involved with immature children. According to their findings,
  - Pedophiles do show an unusual pattern of sexual arousal toward children.
  - A number of studies have concurred that pedophiles are blocked in their social and heterosexual relationships.
  - The use of alcohol is well established as a disinhibiting factor that plays a role in great many pedophilic offences.
  - Emotional congruence- idea that children, because of their lack of dominance, have some special meaning for pedophiles.
  - There is evidence that many pedophiles were victims of pedophile behavior when they were children.
- Stevens (2002) characterized men who engaged in habitual sexual conduct with children. Using sample of three convicted predators, Stevens found that the behavior of most pedophiles is a way of life prior to, during and after incarceration. One implication arising from this finding is that rehabilitation might be pointless for these offenders.
- Hanson and Bussiere (1998) identified factors most strongly related to recidivism among sexual offenders by examining evidence from 61 follow-up studies. They reported that on an average, the recidivism rate was low except in certain subgroups. Sexual offence recidivism was best predicted by measures of sexual deviancy (like prior sexual offences) and, to lesser extent by general criminological factors (like total prior offences). Those offenders who failed to complete treatment were at higher risk for reoffending than those who completed treatment.
- Mendez, Chow, Ringman, Twitchell and Hinkin (2002) reported two patients with late-life homosexual pedophilia. The first met criteria for frontotemporal dementia; the second had bilateral hippocampal sclerosis. In both, 18-fluorodeoxyglucose PET Scan revealed prominent right temporal lobe hypometabolism. They suggested that bilateral anterior temporal disease affecting right more than left temporal lobe can increase sexual interest. A predisposition to pedophilia may be unmasked by hypersexuality from brain disease.
- Regestein and Reich (1978) reported the cases of 4 married male patients who first manifested pedophilia and other signs of disinhibition after sustaining illnesses that led to cognitive impairments. They argued that although pedophilia may often be related to a long-standing inadequacy of sexual functioning, the onset of pedophilia in an individual

without a previous history of sexual perversion may indicate the presence of recently sustained cognitive impairments.

- Cohen and Galynker (2002) focused upon the characteristics of victims (e.g., sex, age, relationship to the pedophile) and on pedophilic subtypes—exclusive versus nonexclusive; incestuous versus nonincestuous; heterosexual, homosexual, or bisexual—are reviewed. They suggested that pedophiles may share many psychiatric features beyond deviant sexual desire, including high rates of comorbid axis I disorders (affective disorders, substance use disorders, impulse control disorders, other paraphilias) as well as severe axis II psychopathology (especially antisocial and Cluster C personality disorders). The authors present several possible etiological models for pedophilia.
- Angelides (2008), reported that social constructionism requires psychoanalytic categories in order to understand the notion of panic that arises because of pedophilia, and a psychoanalytic reading of history reveals important unconscious forces at work in the current pedophilia “crisis”. Here, he suggested a repressed discourse of child sexuality as writ large. He argues that the hegemonic discourse of pedophilia is contained largely within a neurotic structure and that many prevailing responses to pedophilia function as a way to avoid tackling crucial issues about the reality and trauma of childhood sexuality.
- Sawle and Colwell (2001) applied attachment theory to three samples: male university students (controls), male nonoffending victims of sexual assault, and convicted male pedophiles. Adult attachment styles were investigated along with developmental histories of neglect, punishment, and sexual and physical abuse. They proposed that adult attachment styles differ among the pedophiles and the other two groups, and the duration of participants’ adult sexual relationships vary with the amount of sexual and other trauma that they reported experiencing as young people. Therefore, this confirms that the victims and controls experienced more security of attachment than the pedophiles, who were found to have an insecure attachment style. Victims and pedophiles were found to have experienced similar levels of early abuse and trauma.

## **TREATMENT AND COPING MECHANISMS**

Therapies have typically at least one of the following four goals:

- 1) To modify the patterns of sexual arousal and attraction.
- 2) To modify cognition and social skills in order to allow more appropriate sexual interactions with adult partners.
- 3) To change habits or behavior that increases the chance of reoffending.
- 4) To reduce sexual drive.

Combining more than one or focusing upon one of the above goals helps to shed light upon the treatment plan for pedophiles which can also be in the form of one or more of the following:

- *Behavior Therapy*- Those aiming to reduce deviant sexual arousal with the use of aversion therapy, covert sensitization treatment, or masturbatory reconditioning techniques.
- *Cognitive- Behavioral Therapy*- Those with a clear focus on establishing links between internal and external criminogenic processes and modifying such processes through the promotion of adaptive functioning.
- *Relapse Prevention*- Those with a focus on encouraging offenders to identify factors that threaten relapse and to develop risk management skills capable of inhibiting them.

Outlined below are some of the treatment methods for persons with pedophilia:

- **AVERSION THERAPY**

Attempts to modify sexual arousal patterns usually involve aversion therapy, in which a paraphilic stimulus, such as a slide of a nude prepubescent girl is paired with an aversive event such as forced inhalation of noxious odors or a shock to the arm. An alternative to electric aversion therapy is **covert sensitization**, in which the patient imagines a highly aversive event while viewing or imagining a paraphilic stimulus, or **assisted covert sensitization**, in which a foul odor is introduced to induce nausea at the point of peak arousal (Beech & Harkins, 2012). Deviant arousal patterns also need to be replaced by arousal to acceptable stimuli (Malezky, 2002; Quinsey & Earls, 1990). The major advantage that covert sensitization has over other methods of aversion therapy is that it works without the presence of the unwanted behavior and the unpleasant consequence.

Although aversion therapy has been shown to be somewhat effective in the laboratory, how well this therapeutic change generalizes to the patient's outside world is uncertain if his motivation wanes. Further, although aversion therapy is still widely used in this context, it is no longer used as a sole form of treatment (Marshall, 1998). A successful case study of behavior therapy with a pedophile is described, in which pedophilia is viewed as a multifaceted pattern of aberrant sexual arousal with accompanying excesses and deficits in other significant social and sexual areas. Aversion deconditioning procedures and graded social skills training were employed. [Josiassen, R. C., (2015).]

- **SATIATION THERAPY**

The goal is to fill in or supply beyond capacity or desire, often arousing weariness to supply of satisfaction. Two single- case experiments demonstrated the efficacy of satiation therapy with adult males who had long standing deviant sexual interests. The procedure involved the pairing of prolonged masturbation (1 hour) with the verbalization of the patient of his deviant sexual



fantasies and in both cases the designs permitted the attribution of control over aberrant responding to the satiation therapy. [Marshall W. L., (1979).]

In yet another report of the treatment of a 27-year-old male heterosexual who exhibited strong sexual arousal to pedophilic and hebephilic, as well as adult female sexual stimuli. Treatment involved repeated presentation of examples of deviant sexual stimuli (via pictorial slides and audiotapes) in the absence of high-level sexual excitation and orgasm. Significant sexual excitation and orgasm in the presence of the deviant stimuli were avoided by having the patient masturbate to orgasm to normative stimuli, then immediately again to little or no non-tactile sexual stimuli, immediately prior to 1 hour of exposures to the deviant classes of stimuli during which he engaged in physical self-stimulation of his genitalia. Across the following forty such treatment sessions, sexual arousal, assessed by strain-gauge monitoring of penile tumescence, diminished markedly in response to both pedophilic and hebephilic sexual stimuli, while arousal to adult female stimuli remained generally high. The interdependency of pedophilic and hebephilic arousal patterns was found higher than anticipated and rendered the planned multiple-baseline design into an AB design. This methodological error compromised unequivocal attribution of results. The proposed procedure is discussed within the context of classical conditioning and extinction. [Alford Geary, (1987).]

- **ORGASMIC REORIENTATION**

A behavior therapy technique for altering classes of stimuli to which people are sexually attracted; individuals are confronted by a conventionally arousing stimulus while experiencing orgasm for another, undesirable reason.

Four self-referred adult male homosexuals were provided with therapy to increase their level of heterosexual responsiveness. Three underwent 40 sessions of orgasmic reconditioning using both visual and fantasied stimuli, in counterbalanced treatment sequences; one underwent 19 sessions of orgasmic reconditioning with visual stimuli and 17 sessions of shock aversion therapy. Assessment included measurement of physiological and behavioral sexual arousal patterns throughout the study. Subjects reported that their sexual adjustment had improved, but objective physiological and behavioral measures of arousal were not changed. This fails to support many previous case reports of success with the technique. The aversion therapy procedure produced no change in arousal to deviant stimuli and only slight increases in arousal to heterosexual stimuli. The lack of objective data to corroborate the subject's allegations of improved condition following treatment with orgasmic reconditioning is discussed, and the implications for the use of subjective measures of improvement in therapy outcome research examined.

- **COGNITIVE BEHAVIORAL THERAPY**

Cognitive restructuring attempts to eliminate sex offenders' cognitive distortions because these may play a role in sexual abuse (Maletzky, 2002). For example, an incest offender who maintained that, "If my ten-year-old daughter had said no, I would have stopped" might be challenged about a number of implied distortions: that a child has the capacity to consent to have sex with an adult, that if a child does not say no, she has consented, and that it is the child's responsibility to stop sexual contact. To date, there is preliminary evidence that suggests that treatment using cognitive behavioral techniques decreases subsequent sex offender recidivism.

The cognitive behavior therapist is mainly concerned with redirecting the pedophile's thinking and, as a result, his behavior by using various methods to help eliminate his erotic thoughts toward children (Berlin & Krout, 1994). There are a variety of cognitive behavioral therapy methods, including **conditioning approaches, behavior skills training, social skills, empathy training**, and trying to address the **underlying sexual arousal pattern** (University of Wisconsin, Board of Regents, 2002).

Social-skills training aims to help sex offenders learn to process social information more effectively and to interact with appropriate people in an acceptable manner (Beech & Harkins, 2012; Maletzky, 2002; McFall, 1990). For example, some men read positive sexual connotations into neutral or negative messages or believe that refusals of sexual advances reflect playing "hard to get." Training typically involves interaction of perpetrators with appropriate partners, who can give the offenders feedback on their response to the interactions.

- **PSYCHOANALYTIC PSYCHOTHERAPY**

Psychoanalysis is of particular help if the patient is psychologically minded and has good ego strength for therapy. The goal is not symptom removal but is resolution of the underlying unconscious conflicts. (For example-the pedophile was himself sexually abused as a child when he was vulnerable, and now he does the same to other children to 'make it fair' unknowingly.)

Although psychodynamic psychotherapy can take many forms, commonalities include:

- An emphasis on the centrality of intrapsychic and unconscious conflicts, and their relation to development
- Identifying defenses as developing in internal psychic structures in order to avoid unpleasant consequences of conflict
- A belief that psychopathology develops especially from early childhood experiences
- A view that internal representations of experiences are organized around interpersonal relations
- A conviction that life issues and dynamics will re-emerge in the context of the client-therapist relationship as transference and counter-transference

- Use of free association as a major method for exploration of internal conflicts and problems
- Focusing on interpretations of transference, defense mechanisms, and current symptoms and the working through of these present problems
- Trust in insight as critically important for success in therapy

Thus, it is a therapeutic process which helps patients understand and resolve their problems by increasing awareness of their inner world and its influence over relationships both past and present. It is an **insight- oriented** therapy.

- **GROUP THERAPY**

Many sex-offenders are treated while in prison using group therapy where the therapist and other peers try to help other offenders confront their denial and rationalization behaviors. The groups are set up to provide a non-threatening environment where those being treated can feel relatively safe to share. Group treatment programs for pedophiles are often designed for populations of convicted men in closed institutions with limited application to other populations. Treatment is usually focused on reducing the ‘deviant’ sexual arousal and/or acquiring heterosocial skills and eventually establishing the ability to engage in adult heterosexual relationships. Counseling is based on the notion that the emotional, erotic and sexual attraction to boys not need to be legitimized or modified. The attraction, however, can be a source of psychological and social problems that can be handled by using a social support system. Social support for pedophile problems can be obtained from and in interaction with other pedophiles. [Lessen Gertjan, (1990).]

The therapist and peers try to break down the denial that offenders typically show. The group therapy component is intended to confront the denial and rationalization. This type of treatment is called “**therapeutic confrontation**,” and its purpose to help offenders develop empathy for others using techniques like **victim identification**. Having peers and therapists confront them on the irrational thinking they use to abuse children, hopefully, will help them break out of denial and change (University of Wisconsin, Board of Regents, 2002).

- **RELAPSE- PREVENTION THERAPY**

Viewing pedophilia as a strong craving, therapists have borrowed the technique of relapse prevention from the treatment of addiction to alcohol and other drugs. One goal is to identify emotions that precede a relapse, such as depressed mood, anger, intoxication, marital discord or other stress. The offender may list symptoms that others can watch for, such as spending time with children, or long periods in isolation.

In an outpatient relapse prevention group therapy program for child molesters, based on the assumption that the individual can learn to recognize risk situations and exert control over potentially harmful urges, the program stresses support, self-help, and education. Considerable time is spent helping the men identify risky mood states, since it is assumed that intervention is best carried out at the feeling stage, before the pedophile forms and then enacts a plan. Ultimately, it is hoped that these men can stop their impulsive and harmful acts through the development of an empathic understanding of the perspective of the other. [Gillies, L. A., Hashmall, J. M., Hilton, N. Z., & Webster, C. D. (1992).]

### **BIOLOGICAL AND SURGICAL TREATMENTS**

In recent years, antidepressants from the SSRI (Selective Serotonin Reuptake Inhibitor) category have been found to be useful in treating a variety of paraphilias by reducing paraphilic desire and behavior. The most controversial treatment involves **castration**- either surgical removal of the testes or the hormonal treatment sometimes called “chemical castration”. Both these treatments lower the testosterone level, which in turn lowers the sex drive, allowing the offender to resist any inappropriate impulses. Chemical castration has most often involved the administration of antiandrogen steroid hormones such as Depo-Provera and Lupron, which can both have serious side effects.

Many treatment programmes now use a combination of hormone therapy and cognitive-behavioral treatments, the hope being that the hormone treatment can be tapered off after the pedophile has learned techniques for impulse control (Maleztky, 2002).

Attempts can be made to reduce the intensity of pedophilic fantasies and develop coping strategies for the patient, but the individual must be willing to recognize that a problem exists and be willing to participate in treatment for it to succeed. Lifelong maintenance may be a pragmatic and realistic approach.

### **CONCLUSION**

This was a compilation of varied assessment and treatment strategies of pedophilia. This sexual disorder has devastating effects on the person suffering from it as well as the victim. There has been a controversy over this disorder being treatable in reality as treatments show mixed levels of success rates. Some people think of it as an ‘orientation’ rather than a disorder. Clearly, there exists a need for this domain to be explored further and spreading awareness regarding pedophilia will be a step forward towards its effective management.

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