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Differential typology and prognosis for dissexual behavior – a follow-up study of previously expert-appraised child molesters

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Abstract In terms of identifying socially-dysfunctional forms of sexuality – regardless of the legal valuation – dissexuality is defined as “an expression of social failure in sexual behavior.” This failure was the subject of a longitudinal analysis of 186 expert-appraised pedophile sexual delinquents at the University of Kiel from 1945 through 1981. Of the child molesters 121 were followed up between September 1990 and September 1992 and 100 were personally contacted. The goal was to empirically develop prognosis criteria, given knowledge of the former delinquents’ social development as well as sexual/dissexual practices, which could be of both forensic and interdisciplinary use. Among the bi- and homosexually-orientated pedophiles, the number of offenders for which the act is one of “compensation” was half of the initial collective. In contrast, this number was three-quarters for the heterosexually-orientated perpetrators. Correspondingly, the other half of the bi- and homosexually-orientated pedophiles were either exclusive-type or non-exclusive-type pedophiles (the so-called “true” pedophiles). Among the heterosexually-orientated offenders, the number was only one-quarter. According to the empirical data, we may expect a biographically continuing potential of dissexual behavior for only the exclusive and the non-exclusive type of pedophilia. Most of the relapsed dissexual activities showed up a long time after the expert’s report. This is true for both the heterosexually- and the bi- and homosexually orientated groups. The present evaluation of the results allows assignment of behavior for certain delinquent typologies restricted to life phases or lifelong dissexual behavior.

Key words Dissexuality · Pedophilia · Prognosis · Follow-up study

Introduction

Apart from the specific psychopathology of the delinquent, German law is particularly interested in the likelihood of relapse in cases of sexual delinquency. As such, a judge must always consider prognostic factors in arriving at a verdict. This requirement is often gladly passed on to an expert witness, who will assess the delinquent’s entire personality and his continued development based on both therapeutic and legal aspects.

This provides for a unique form of unity between the patient and the expert, since in his self-prognosis, the patient will include not only the probability of future violations, but also the structure of his future social framework. He will also, of course, calculate the benefit of the therapeutic aid offered. The automatic result is that the principal theoretical differences between legal and sexological concepts must be considered.

In reconstructing the biography of a sexual delinquent in forensic sexology, it is not at all unusual to find that the past history of the individual reveals no prosecutions or sexual offenses subject to prosecution. Some offenses are not subject to criminal prosecution if the offender is a minor. Also voyeuristic activities or zoophilia are not subject to criminal prosecution in Germany.

In day-to-day clinical sexology, we see exhibitionists, pedophiles and incest offenders who have violated the law in the past without having been prosecuted. They voluntarily decide to come to the clinic for treatment because they are afraid of committing further crimes. Quite apart from the legal valuation, the mental health professional who is called on to treat the patient views his activities primarily as the expression of a disturbed social function of sexuality.

The new concept of “dissexuality”

Sexuality is a sphere of life in which one person becomes most intensively involved with another person. This rela-

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tionship – regardless of the prevailing preferences – is characterized by a basic partner orientation, and is conceived to be a social bond. This social function of sexuality even includes the risk of a dysfunctional expression, which may turn out to be an activity subject to prosecution. But to date, no practical term has been coined to characterize this sociodynamic aspect of sexual offenses. The new concept of dissexuality is defined as follows: “A sexual expression of a failure to conform to social norms” – independently of whether that failure is prosecuted or subject to prosecution. This is understood as disregarding the normally-allowable interests of a partner (see Beier 1995).

The correlation to the term “dissociality,” commonly used in Germany, is obvious. Dissexuality and dissociality can overlap (when dissexual behavior becomes part of dissociality), but they can each stand alone as well. The term “sexually delinquent” focuses on legal aspects, and the terms “deviant” and “perverse,” which are commonly used in mental health terminology, describe far more than what is meant here: both cover sexual behavior, and a failure to conform to social norms does not necessarily follow (for example in the case of a consenting partner, or autoerotic activities).

The term “paraphilia,” newly added to the DSM (Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association) in the 1980’s, is not specific enough, since it would include nearly everything in terms of phenomenology i.e. this is a term which generalizes instead of differentiating. It does not determine the extent of the social, partner-dependent dysfunctionality, and it does not include a separate determination of extremely important dissexual activities, such as incest or rape offenses (APA 1994). However, “dissexuality” means exactly those activities where the sexual offense directly injures a person’s integrity and individuality. The kind of activities involved are those in which the person affected would very probably not consent. As such, they express a violation of collective partner expectations – thereby providing the social dimension.

A framework of orientation regarding the future course of patients with a potential for dissexual behavior is urgently needed, not only in terms of prognostic considerations, but also in terms of differentiating between therapeutic options.

Methods

The survey covers a retrospective longitudinal life analysis for the prognosis of previously expert-appraised sexual delinquents.

A total of 510 sexual delinquents with birth dates from 1915 to 1945 were included (encompassing all types of dissexual behavior: incest, exhibitionism, rape/sexual assault, pedophilia, and “rare sexual offenses” like fetishism, zoophilia, homicide and necrophilia) who had been expert-appraised at the University of Kiel (FRG) between 1945 and 1981 (Beier 1995). The largest group was that of the pedophiles ($n = 186$) differentiated according to heterosexual orientation ($n = 108$) or bisexual and/or homosexual orientation ($n = 78$).

The archived files generally included a comprehensive written evaluation (usually between 10 and 30 pages), as well as handwritten data on the assessment results and the conclusions drawn

by the expert. A standardized key was utilized to assess the evaluations, which is drawn principally from the short form of Nedopil and Graßl’s (1988) forensic-psychiatric documentation system (FPDS). This was developed in several phases from the documentation system of the “Working Group for Methods and Documentation in Psychiatry” (AMDP 1981).

This system of documentation contains spaces for the following areas: family history, childhood behavioral and developmental problems, relationship with parents, partnerships, alcohol and drug history, previous illnesses, delinquent personality, act phenomenology, interim history (if applicable), and perspectives.

The calculation of the reliability coefficient (“Kappa”) was undertaken based on the calculation suggestions made by Krippendorff (1980). Pursuant to Woggon et al. (1978), the Kappa should be > 0.6 in order to be considered a positive correlation. In terms of both the inter- and the intra-rater reliability, Kappa was > 0.6 in all implemented tests (6 “rater”) as such both a high correlation among the experts and for a given expert at two different points of time may be assumed.

The follow-up (free or “narrative”) interviews were conducted from September 1990 and September 1992. For the pedophiles, they cover 121 personal follow-up questions as well as the evaluation of educational reports and criminal records.

The questionnaire utilized for coding the follow-up research contained spaces for the employment, family, and social situation, as well as psycho-social burdens at the time of follow up. Additionally, information was keyed on the issues of alcohol history and above all partnership/sexuality history; some of them with a time line. Further key areas included: psychological conclusions, including intelligence level, therapies in connection with sexual problems, subjective assessment of the emotional state at the time of follow up, somatic results, guardianship measures taken, and psychiatric treatment (in-patient and/or out-patient). This procedure ensured that the follow-up period spanned at least 10 years, and that the patients were not too old or even deceased by then – on the other hand, their sexual life was not likely to undergo any more changes. The follow-up periods averaged a time of 25 years.

In order to assess ongoing social development in the period following initial appraisal, the familial, employment, social and psychosocial variables taken into account were identical to those which had been listed for assessment in the appraisal forms based on initial appraisal records and follow-up information. As such, a direct comparison could be undertaken for each individual variable and in addition, a general score encompassing all variables could be calculated. For this, a set of data was extracted which was determined by assigning points to comparable variables at the different points of time. An assessment of positive development was made if, at the time of follow-up, the score was higher than at the time of initial appraisal (if information was missing as to a given variable, this was “neutralized,” and the total points of the score adjusted accordingly).

Statistical interpretation focused on creating a descriptive statistic. At times, quantity relationships were controlled with the χ^2 -testing procedure (in terms of the frequency differences between the typological description of the delinquent as a one-dimensional χ^2 -test).

Results

Of the 186 child molesters studied, 108 had molested a girl (heterosexual orientation) – even if they were recurrently dissexual – in earlier similar sexual offenses. Of the delinquents 78 had performed the dissexual act on a boy (homosexual orientation: $n = 63$), or on both girls and boys (bisexual orientation: $n = 15$).

The age group of 30 to 39-year-olds was represented most strongly among the bi- and homosexually-orientated child molesters, while among those heterosexually orien-

Table 1 Child molesters ($n = 186$), subdivided according to sexual orientation: age at time of offense

	Bi- and homo- sexually orientated ($n = 78$)	Heterosexually orientated ($n = 108$)
Under age 19	7	27
Age 20–29	23	35
Age 30–39	28	24
Age 40–49	14	15
Age 50 and older	6	7
Total	78	108

Table 2 Child molesters ($n = 186$), subdivided according to sexual orientation: age of victim at time of act

	Bi- and homo- sexually orientated ($n = 78$)	Heterosexually orientated ($n = 108$)
Between 3 and 5	11	18
Between 6 and 9	18	49
Between 10 and 11	24	24
Between 12 and 13	17	15
Between 14 and 17	6	–
No exact information	2	2
Total	78	108

tated, more than half were younger than age 30 at the time of the act (Table 1).

On the other hand, the age of the victims was over 10 for more than half of the bi- and homosexually-orientated delinquents, but it was under 10 for more than half of the heterosexually-orientated child molesters (Table 2).

The reason for the fact that 6 victims between the ages of 14 and 17 are listed for the bi- and homosexually-orientated child molesters is that the offenses leading to the assessment were critical: all of these cases deal with recurrent dissexual perpetrators who had also undertaken sexual acts on children under the age of 14.

Typological differentiation

The typological differentiation selected was derived from the German empirical studies of Wille (1968) and Schorsch (1971). In this, the definition of pedophilia in the stricter sense (exclusive and non-exclusive types) is consistent with the diagnostic criteria of the DSM-IV (APA 1994) as follows:

1. **sexually inexperienced adolescents**

- the family background is usually intact,
- there are no obvious particularities prior to adolescent development, but obvious difficulties exist in coping with new *body* experiences; not at all uncommon here is the appearance of the shy loner.

2. **dissocial offender** with:

- an early marginal social status

- a low level of education, an unstable employment record
- and numerous, but not long-standing intimate relationships in the sexual history
- Dissexuality here is part of dissociability, which is often expressed in offenses against property and/or other (non-sexual) aggressive offenses (not infrequently under the influence of alcohol).

3. **mentally retarded** offenders

- show clearly reduced intelligence (with IQ levels below 70) and correspondingly low social competence.

All of these have no real pedophilic interest and would prefer an adult partner for sexual activities. The dissexual behavior is a type of compensation.

But there are two more types, and these are the true pedophiles:

4. The **non-exclusive type of pedophile offender:**

- from an unremarkable social background, with sufficient education and training
- well-integrated in all aspects of life; in some cases, married
- primary (not compensatory) interest in the child; in addition to his pedophilic (personal and sexual) desires, he is also interested in sexual contacts with adult partners

5. The **exclusive type of pedophile offender:**

- according to the basic data (immediate family, childhood development, social history, intelligence, etc.), a very heterogenous group
- no or only fragmented history of relationships to adult sexual partners
- personally and sexually attracted only to children.

As shown by Table 3, among the bi- and homosexually-orientated delinquents, the exclusive and non-exclusive type of pedophile offenders dominate, while the compensatory acts dominate for the heterosexually-orientated delinquents – specifically, the exclusive type of pedophilia is found only rarely.

Table 3 Child molesters ($n = 186$), subdivided according to sexual orientation; differential typology

	Bi- and homo- sexually orientated ($n = 78$)	Hetero- sexually orientated ($n = 108$)
10	Sexually inexperienced adolescents	24
12	Dissocial offenders	16
13	Mentally retarded offenders	29
18	Non-exclusive type of pedophilia	27
23	Exclusive type of pedophilia	4
2	Not subject to typology	8
78	Total	108

Table 4 Follow-up series of bi- and homosexually-orientated child molesters ($n = 59$); offender typology and partnership relationships during the follow-up period; noted are continued partnerships ("old rel."), if existing at the time of the offense ("already-existing"), newly entered-into relationships ("new rel."), as well as the lack of partnership relationships ("no rel.")

		old rel.	already-existing	new rel.	no rel.
		N	N	N	N
Sexually inexperienced adolescents	($n = 7$)	0	0	5	2
Dissocial offenders	($n = 7$)	0	2	2	5
Non-exclusive type of pedophilia	($n = 13$)	6	8	4	3
Exclusive type of pedophilia	($n = 19$)	0	1	4	15
Mentally retarded offenders	($n = 12$)	0	0	1	11
Not subject to typology	($n = 1$)	0	0	0	1
Total	($n = 59$)				

Bi- and homosexually-orientated child molesters: follow-up findings ($n = 59$)

Almost half ($n = 26$) were convicted to prison without suspension of sentence due to the assessed severity index of the crime and 4 additional delinquents had been committed to a psychiatric hospital on order of the court. More than a third ($n = 21$) were living in unfavorable conditions at the time of follow up; about the same number had not attained a satisfactory employment situation ($n = 25$). Remarkable psychopathological characteristics were noted in approximately one-third of the group which for the most part were manifested on a slight or moderate level. According to the criteria of the DSM-III-R (APA 1987), 21 patients of the follow-up series were typologically characterizable, whereby the most common determination was that of an insecure personality disorder ($n = 6$). The second most common finding, in 3 cases each, was that of paranoid, schizotypic, and antisocial personality disorders. In a total of 8 of the patients assessed, in-patient psychiatric care became necessary during the follow-up period. In 4 of the cases, this was due to a schizophrenic-type illness, in 3 cases because of an endogenous depression, and because of chronic alcoholism in one case. Three patients attempted suicide during the follow-up period.

Applying the typological differentiation criteria, 19 exclusive-type pedophile perpetrators and 13 non-exclusive pedophiles, 12 mentally retarded delinquents, 7 dissocial delinquents, 7 sexually inexperienced adolescents, and one offender not subject to typing were followed up. It is significant to note that most of the non-exclusive pedophile offenders – in contrast to the exclusive-type pedophiles – lived either with their former partner or had found a new one ($P < 0.01$). Beyond that, only the sexually inexperienced adolescents were, for the most part, involved in a partnership relationship; all other typological groups of offenders, in contrast, were not (Table 4). A disturbance in sexual function (problems with orgasm and/or erection) was reported by 16 of those in the follow-up study, most of them in the group of non-exclusive type pedophiles ($n = 6$).

According to the information provided by the Federal Central Registry Office, 15 of the 59 followed-up bi- and homosexually-orientated offenders were, following their initial evaluation, again subject to criminal prosecution

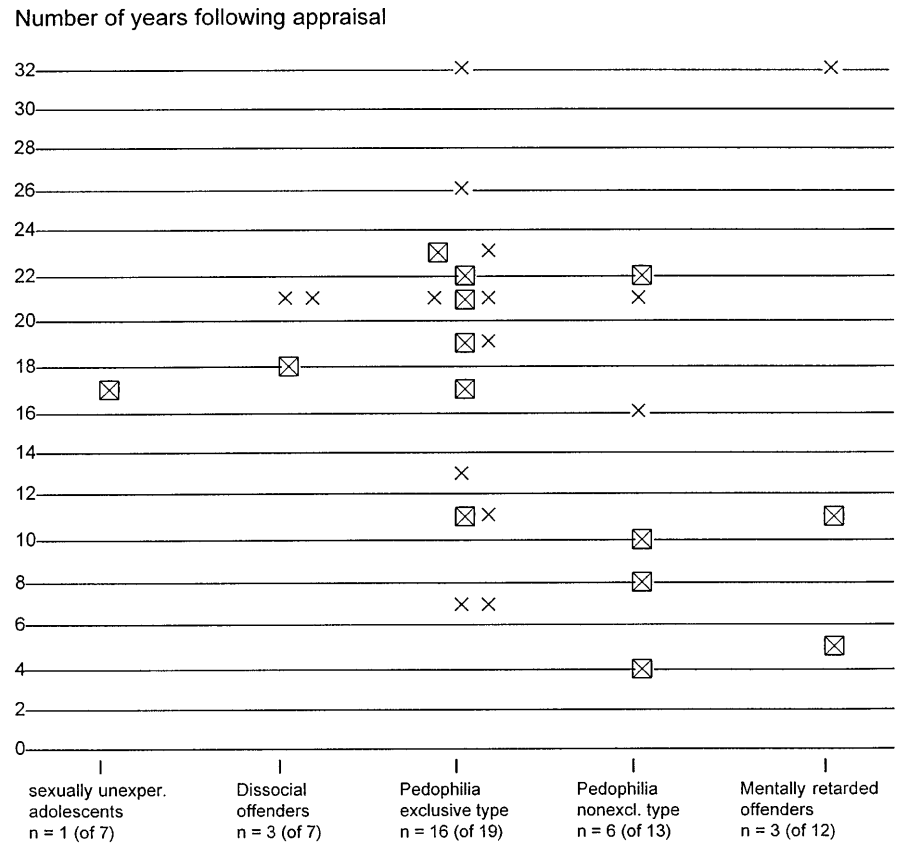
because of a sexual offense. All of them because of renewed sexual abuse of children and 8 were additionally sentenced for homosexual activity. An additional 15 formerly evaluated patients were followed up who had engaged in dissexual activity during the follow-up time period which had not been criminally prosecuted. All of them had again sexually abused children, 5 of them included homosexual activity (with boys under the age of 18). In one case, this was combined with exhibitionistic activity, and with incestual activity in another. For the most part, the cases involving recurring dissexuality during the follow-up period which occurred a long time (more than 10 years) after the evaluation – due to the large case numbers, this was particularly pronounced among exclusive-type pedophile offenders (cf. Fig. 1). Incidentally, only one-half of these were prosecuted – these cases are shown in Fig. 1 by the squared crosses – which may emphasize the functionality of the dissexuality concept.

Of the follow-up series, the recurrent dissexuals ($n = 30$; including the offenders not subject to typology) may be differentiated from those no longer dissexual ($n = 29$) based upon the following characteristics: the former were more often characterized by average to above-average intelligence, and had begun to have coital experiences at an earlier age. At the time of perpetration (of the indexed crime), they were predominantly middle-aged (30–39 years old), and chose (early) adolescent victims (12–14 years old). A significant majority of the renewed dissexual offenders were exclusive-type pedophiles ($P < 0.01$) who experienced social isolation to a larger degree during the follow-up period, and were more often identified as manifesting a personality disorder when followed up. In contrast, the sexually inexperienced adolescents were represented in greater numbers within the group of no longer dissexual patients in the follow-up series.

Heterosexually-orientated child molesters: follow-up findings ($n = 62$)

Of the 62 followed-up heterosexually-orientated pedophiles 17 had been sentenced to a prison term without suspension of sentence due to the severity index of the crime committed – significantly less than in the case of the bi- and homosexually-orientated pedophiles (26 out of 59). Three additional offenders were placed in a psychi-

Fig. 1 Follow-up series of bisexual and homosexual orientated child molesters; recurrently dissexual follow-up patients according to offender-typological description and the time period of renewed dissexuality (one cross per patient for the last-occurring case of recurrent dissexual behavior following appraisal, in years; squares denote information taken from the criminal register)



atric hospital. Relatively few ($n = 15$) complained of substandard living conditions during the follow-up period, and significantly more ($n = 29$) reported unsatisfactory development of their employment status.

Remarkable psychopathological indications were present in approximately one-quarter of the collective which for the most part, were of a mild nature. Pursuant to the DSM-III-R criteria, 12 of the followed-up patients were typologically characterizable, whereby the most frequent were an antisocial ($n = 4$), a schizoid ($n = 3$), and an avoidant ($n = 3$) personality disorder. The in-patient care which became necessary for six of the formerly evaluated patients during the follow-up period all had to do with alcohol-dependence problems and two patients reported suicide attempts during the follow-up period. All of the traits listed above (psychopathological remarkability, in-patient psychiatric treatment, suicide attempts, personality disorders) occurred more frequently among the bi- and homosexually-orientated offenders.

The followed-up offenders may be differentiated in terms of typology as follows: 18 sexually inexperienced adolescents, 12 mentally retarded and 6 dissocial offenders, 17 non-exclusive type pedophiles, 3 exclusive pedophiles, as well as 6 perpetrators not subject to typing.

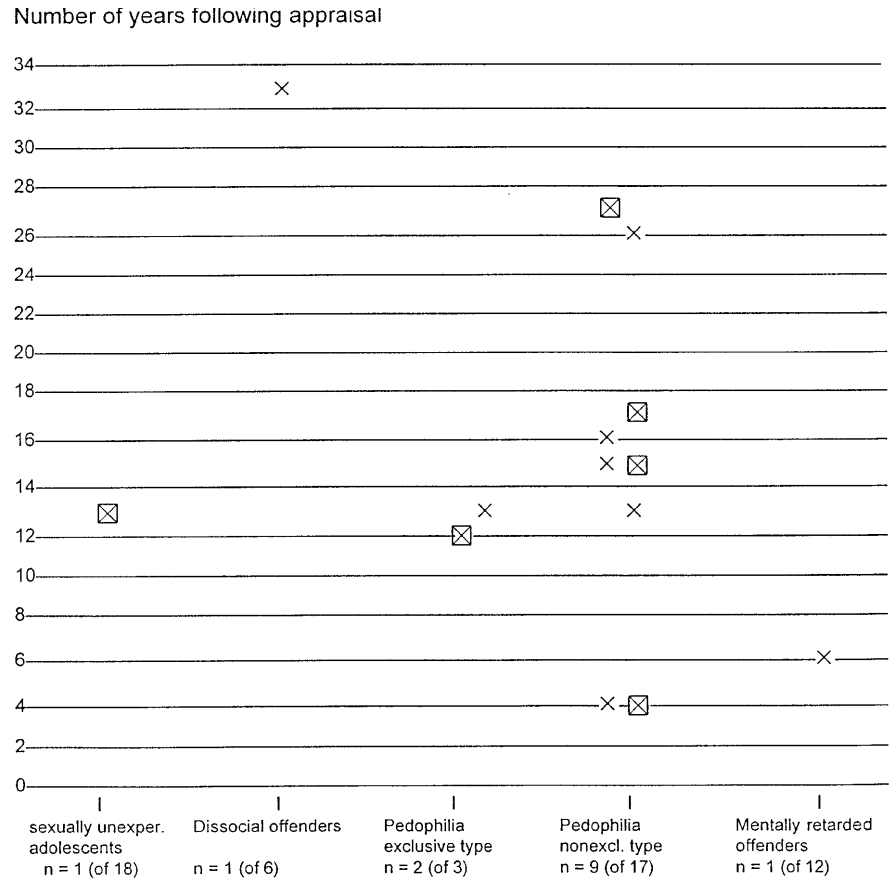
Among the heterosexually-orientated pedophiles as well, the non-exclusive type pedophiles were either living with their former partner or had built up a new relationship. Furthermore, the percentage of formerly assessed patients with partnership experience during the follow-up period

was significantly higher among both the sexually inexperienced adolescents, the dissocial offenders, and those mentally retarded as well. Although none of the exclusive-type pedophiles had found a female partner, two out of a total of three did not live alone; rather, they shared a living situation with a significantly older (over 20 years), clearly "mothering" woman with whom there had never been any sexual contact (Table 4).

Also, the number of patients who were satisfied with their partnership rose from approximately 50% at the time of evaluation to 75% at the time of follow up. On the whole, only very few ($n = 18$) were without partnership experience when followed up and at the time of evaluation, they were a majority ($n = 36$). In contrast, the partnership relationships of the bi- and homosexually-orientated pedophiles had not changed in most of the cases. Sexual dysfunction occurred about equally among the bi- and homosexually-orientated offenders. However, it was dominated by disturbances in sexual desire at the time of evaluation (problems with erection $n = 3$; problems with sexual desire $n = 20$).

The information from the crime register of the Federal Central Registry showed that for 8 of the 62 heterosexually-orientated pedophiles who were followed up, there was an entry regarding convictions during the follow-up period. In 7 cases, for recurring sexual abuse of children (in one of the cases, with exhibitionistic activity), and in one case for sexual abuse of a defenseless person. Additionally, there were 7 cases where there were dissexual

Fig. 2 Follow-up series of heterosexual orientated child molesters; recurrently dissexual follow-up patients according to offender-typological description and the time period of renewed dissexuality (one cross per patient for the last-occurring case of recurrent dissexual behavior following appraisal, in years; squares denote information taken from the criminal register)



acts which were not criminally prosecuted: in 6 cases, recurring sexual abuse of children was involved, and one case dealt with exhibitionistic behavior (towards women). In the majority of cases, recurrent dissexuality occurred a long time (more than 10 years) after the evaluation (cf. Fig. 2).

The patients with renewed dissexual behavior ($n = 15$; including the offenders not subject to typology) may be differentiated from those no longer dissexual ($n = 47$) among the formerly evaluated participants of the follow-up series based upon the following characteristics. At least nominal intact familial relationships were more seldom, and a coital experience before the age of 19 was more frequent. At the time of perpetration (of the indexed crime), the recurrent dissexuals were more often middle-

aged (30–39 years) or older (40–49 years), and more often chose younger (3–5 years) victims who were unknown to them. Applying the typological offender description, non-exclusive pedophile offenders ($P < 0.10$) and exclusive pedophile offenders ($P < 0.01$) dominated among the group of renewed dissexuals, while the sexually inexperienced adolescents and mentally retarded offenders were represented to a greater degree among those former study patients who were no longer dissexual.

Discussion

In terms of differential typology, the offenders evaluated for sexual abuse of children may initially be divided into

Table 5 Follow-up series of heterosexually-orientated child molesters ($n = 62$); offender typology and partnership relationships during the follow-up period; noted are continued partnerships (“old rel.”), if existing at the time of the offense (“already-existing”), newly entered-into relationships (“new rel.”), as well as the lack of partnership relationships (“no rel.”)

		old rel.	already-existing	new rel.	no rel.
	(n)	N	N	N	N
Sexually inexperienced adolescents	(n = 18)	0	0	9	9
Dissocial offenders	(n = 6)	1	2	3	2
Non-exclusive type of pedophilia	(n = 17)	7	12	6	4
Exclusive type of pedophilia	(n = 3)	0	0	0	3
Mentally retarded offenders	(n = 12)	0	0	5	7
Not subject to typology	(n = 6)	5	5	0	1
Total	(n = 62)				

two large groups: on the one hand, offenders for whom the sexual attack on the child was a "compensatory act" to make up for an actually-desired relationship with an age-appropriate person; on the other hand, offenders for whom a primary (and not compensatory) interest in the child (as a specific sexual-erotic stimulus) exists, whereby the sexual contact to the child is only one aspect of the desire to be connected with children on a partnership level (on an equal level).

This rough differentiation is, for the most part, consistent with the categorization established by Groth, Hobsen and Gary (1982) labeled "regressed and fixated." However, this must be stated with reservations, since especially the "regressed type" described by Groth et al. (1982) includes a relatively wide spectrum of possible partnership constellations, behind which secondary pedophile tendencies might be concealed.

Examples for the regressed type might include a stepfather who moves into a house with a 14-year-old girl who is the daughter of the woman he marries. The intimacy created by his parental relationship with her might become sexualized. Another example is any situation that creates a degree of intimacy between an adult male and a juvenile when the usual opportunities for sexual expression are not available to the adult male. Furthermore, various extenuating circumstances, such as the effect of alcohol or dementia, can broaden the range of stimuli capable of eliciting sexual arousal in an adult male. In such circumstances, a demented adult male may become sexual with a child or an adolescent.

The classification by Knight and Prentky (1990) is very sophisticated with a "flow diagram of the decision process for classifying child molesters on two axes (first: "Degree of Fixation"; second: "Amount of Contact"). However the diagram is quite confusing in that "low fixation" seems to coincide with "regression" in the sense of Groth et al. (1982) (see Knight and Prentky 1990).

From the criminological point of view, however, it is exactly that differentiation between "compensatory act" and "fixated" pedophiles which is of great significance. Of the heterosexually-orientated child molesters, one-third showed recurring dissexuality at the time of evaluation compared to one-half among the bi- and homosexually-orientated pedophiles. Also, the recurring dissexuality established in the follow-up study showed a similar distribution: a quarter of the heterosexually-orientated, but one-half of the bi- and homosexually-orientated child molesters continued to be dissexual during the follow-up period (an average of 28 years for the heterosexually- and 26 years for the bi- and homosexually-orientated pedophiles). These differing distributions become more easily comprehensible if they are viewed in correlation with the likewise unevenly distributed definitions of offender typology. Among the bi- and homosexually-orientated pedophiles, the number of offenders for which the act is one of "compensation" was half of the initial collective; in contrast, this number was three-quarters for the heterosexually-orientated perpetrators. Correspondingly, the other half of the bi- and homosexually-orientated pedophiles were

either exclusive-type or non-exclusive-type pedophiles (the so-called "true" pedophiles); among the heterosexually-orientated offenders, their number was only one-quarter.

Interestingly, Freund et al. (1984), based upon the results of their psychophysiological research, also recommended distinguishing between heterosexually- and homosexually-orientated pedophiles.

Consistent with the above-mentioned empirical data, we may expect a biographically continuing potential of dissexual behavior for only the exclusive and the non-exclusive types of pedophilia. Most of the relapsed dissexual activities showed up a long time after the expert's report. This is true for both the heterosexually- and the bi- and homosexually orientated groups. Apparently, this type of behavior is not as long-lasting in sexually inexperienced adolescents (see Fehrenbach et al. 1986; Kahn and Chambers 1991; Ryan et al. 1987; Saunders et al. 1986), and the same can be said for dissocial offenders. For mentally retarded offenders as well, we can say that their dissexuality is a phase of life which rarely lasts longer than into their forties.

The biographical relevance of the earlier disorder became clear only by expanding the research approach to include the concept of dissexuality i.e. a socially dysfunctional development of sexuality occurring independently of the legal assessment during the follow-up period – and by utilizing the personal follow-up study as a significant instrument of investigation. Indeed, limiting the evaluation to the assessment of excerpts from the criminal register would have been completely ineffective for that purpose: more than half ($n = 22$) of all child molesting dissexual offenders registered during the follow-up period had not been criminally prosecuted.

With the exception of Wille (1968), who was most concerned with the question of the forensic/pathological evaluation of sex offenders, and placed less emphasis on a control of the "diagnosis" and prognosis, and Pelz (1972), who agreed with those theories, the literature does not contain any studies on the prognosis of sex offenders which are based on personal follow-up studies. In the last 10 years, the follow-up research reports have been limited to data taken from the criminal register (i.e. Romero and Williams 1985; Grünfeld and Noreik 1986; Hall and Proctor 1987; Berlin et al. 1991; Hanson and Bussiere 1996) and refer only to criminally-prosecuted cases of repeated dissexuality during the follow-up period. Furthermore, as in the studies by Wille (1968) and Pelz (1972), the only conclusions drawn are for the major crime groups. Above all, therefore, conclusions are missing regarding the prognosis for the individual differentiations in terms of offender typology within the various major crime groups (see Furby et al. 1989), a gap which the present study is attempting to reduce.

Additionally, the empirical data seems to support Feierman's (1990, 1994) "two-dimensional neurohormonal model of pedophilia," first proposed by Pillard and Weinrich (1987). In this model of age and gender orientation, individual males are first put onto a two-dimensional ma-

trix based upon the degree to which they are sexually attracted to individuals more or less youthful than themselves (x-axis) and more or less feminine than they are (y-axis). Androgens and their metabolites, infusing through to the developing fetus during the last trimester of pregnancy and the immediate neonatal period, are believed to underlie the masculinization and defeminization processes of the brain. The two axes are then renamed "degree of brain masculinization" (x-axis) and "degree of brain defeminization" (y-axis). Despite the fact that this is merely a working hypothesis (Feierman 1994), it would be consistent with this model that the non-exclusive type of pedophilia dominates in the case of heterosexually-orientated pedophiles, while the exclusive type dominates in the case of bi- or homosexually-orientated pedophiles: namely, for those heterosexually orientated, mere "minor" deviations from the scope of the masculinization and defeminization of the brain necessary for "heterosexual adultophilia" (Feierman) would lead to an erotic preference for girls; as such, this close relationship to adultophilia explains the more common existence of the non-exclusive type (cf. Feierman 1994).

However, as recognized by John Money: "The great challenge to forensic sexology is not whether, in the final analysis, sexopathology exists in the brain and nervous system or someplace else (the soul? the spirit? the psyche? the astral body?). No, the challenge is to discover where in the brain sexopathology exists, when and how it gets in there, and how immutably it gets stuck there." (Money 1994).

Since every act of pedophilia has its corresponding victim, in addition to taking constitutional factors into account (see Gaffney and Berlin 1984; Gladue 1990) with a view toward therapy, above all it would be important to better understand those biographical and constellative factors which lead to a non-exclusive type of pedophilia emerging from latency, and/or to develop behavior modifications which would enable (exclusive) homosexually-orientated pedophiles to limit their preferences to an age which would no longer lead to criminal prosecution (in Germany, as of age 14).

In this, those offenders among the group of bi- and homosexually-orientated non-exclusive pedophiles enjoy a special status to the extent that they were better able to control their still-existing pedophilic desires (explorable in the follow-up study), and/or that they were less relevant on the behavioral level. Possibly, they find it particularly difficult to continue to openly live a sexual orientation (bi- or homosexuality) which is governed by stricter taboos due to the societal reactions they have experienced. However, their social development proceeded more positively than that of the heterosexually-orientated non-exclusive pedophile offenders.

Conclusion

The data presented in this study make it clear that in studying child molesting behavior, research approaches which

concentrate merely on the assessment of criminal register excerpts, or which include a follow-up period for individual follow-up studies of insufficient length (i.e. less than 5 years) are of inadequate breadth. Against this background, the concept of dissexuality has been amply proven, because it enables a reference to non-criminally prosecuted sexual acts and, in the individual follow-up studies, it also strongly increases the readiness to provide information by providing a sociodynamically-orientated access to the sexual problems of the offender: the reconstruction (and exploration) of their life history, from the primary point of view of their partnership relationships, met with a great deal of acceptance on the part of the offenders evaluated in the follow-up study. This was unexpected under the circumstances of long-past sexual offenses, and often of widespread failure in life ambitions. In terms of the therapeutic access to the respective background problems, this should also be interpreted in an encouraging manner.

In the future, it will be an important task to orient therapy research on dissexual behavior in therapy programs with differential indication (see Borzecki and Wormith 1987; Abel et al. 1988, 1992), which should be *interconceptional*: on the basis of a comprehensive concept of the entire personality and partnership history, there should be different types of psychotherapy and possibilities for combination with somatic treatment options.

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