David M. Greenberg, M.Med. (Psych); John M. W. Bradford, M.B.; and Susan Curry, B.A.

A Comparison of Sexual Victimization in the Childhoods of Pedophiles and Hebephiles

REFERENCE: Greenberg, D. M., Bradford, J. M. W., and Curry, S., "A Comparison of Sexual Victimization in the Childhoods of Pedophiles and Hebephiles," *Journal of Forensic Sciences*, JFSCA, Vol. 38, No. 2, March 1993, pp. 432–436.

ABSTRACT: The association between perpetration of sexual abuse and the offender's own victimization as a child has been well documented in the literature. Various researchers have examined this relationship by assessing the exclusiveness of the sexual abuser's behavior, the gender of his victims and the gender of his own childhood abuser. This study was designed to assess the differences between pedophiles and hebephiles in features of their own childhood victimization. Subjects were 135 pedophiles and 43 hebephiles who admitted to their offences. A total of 42% of pedophiles and 44% of hebephiles reported being sexually victimized in their own childhoods. Pedophiles reported being molested at a younger age than hebephiles. Both groups appear to chose their age specific victims in accordance with the age of their own experience of sexual victimization. Although the cause of child molestation remains undetermined these results support social learning and modeling theories.

KEYWORDS: psychiatry, pedophilia, hebephilia, victimization, sexual abuse

Although the cause of child molestation remains undetermined, current theories tend to be based on multifactorial models from a biopsychosocial perspective [1-3]. Research has shown that between 10 and 60% of child sex offenders report being sexually abused in their own childhoods [4-14]. The overall prevalence of the childhood sexual victimization reported among child molesters varies according to the definitions of abuse, samples studied and circumstances of the disclosure. Hanson and Slater [15] using a definition of forced or pressured sexual contact by an adult to a child, or any sexual activity prior to age 16 with a person at least five years older, reported that in a review of the literature almost one-third of child molesters reported such abuse. This was significantly higher than the base rate of 10% for a sample of nonoffending males. Similar rates have been reported in other sexual and nonsexual offender populations.

The relevance of this victim-perpetrator association remains unclear. Seghorn et al. [14] note that due to the coexistence of other significant childhood stressors, the relationship or causal link between the childhood sexual victimization and later sexual molestation of children as an adult remains nonspecific. Gelinas [16] reports that the consequences of childhood sexual abuse in males is nonspecific in its expression but manifests in a more externalizing and disruptive pattern of behavior than in females. Burgess et

¹Staff Psychiatrist, Forensic Service and Sexual Behaviors Clinic, Royal Ottawa Hospital; Assistant Professor of Psychiatry, University of Ottawa, Ottawa, Canada.

²Director of Forensic Services and Sexual Behaviors Clinic, Royal Ottawa Hospital, Professor of Psychiatry, University of Ottawa, Ottawa, Canada.

³Research Assistant, Forensic Service, Royal Ottawa Hospital, Ottawa, Canada.

al. [17] report that the effects of pretrauma stabilizing defense structures and support systems affect the subsequent outcome and strength of socially deviant behaviors.

Researchers have examined various subgroups of child molesters in relation to reports of their own childhood sexual victimization. Groth [18] noted that 46% of fixated (exclusive) child-sex offenders reported sexual abuse in their own childhood as compared with 23% of regressed (nonexclusive) child sexual abusers. The dichotomous classification of child molesters as either fixated or regressed has no empirical basis. The classification criterion for this taxonomy is the sex offender's level of developmental sociosexual maturation such that the fixated offender's primary sexual orientation is toward children whereas the regressed offender's primary orientation is toward age mates and under stress he becomes sexually involved with a child. However, this distinction is arbitrary and many investigators report that the two categories are not mutually exclusive [19].

Freund et al. [7] reported that there were no significant differences between the choice of gender of the pedophile's victim and a history of childhood sexual victimization in the pedophile's own childhood. In contrast, Gebhard et al. [9] showed that the reported rate of sexual victimization among homosexual child-sex offenders was nearly twice that of similar heterosexual offenders. Hanson and Slater's review [15] concurs that 35% of homosexual and 18% of heterosexual child sexual abusers reported such victimization. Bisexual offenders were more likely than homosexual or heterosexual child molesters to report being sexually abused in their childhood.

Gebhard et al. [9] reported that in their study of over 1300 sex offenders, the gender of the child sex offender's own abuser was twice more often male than female. Hanson and Slater [15] report in their review that there were no significant differences between extrafamilial and incest offenders who report sexual victimization in their childhoods.

Comparisons between the sexual victimization of pedophiles who are sexually attracted to prepubertal children, and hebephiles attracted to pubertal children has been ignored in the literature. The association between sexual victimization in the family background of mothers of incest victims and incest offenders has been hypothesized as supporting intergenerational transmission by means of social modeling [6,20]. Gaffney suggests that genetic factors may be involved in the familial transmission of pedophilia [10]. Support for the social learning theory has been proposed with the finding that extrafamilial homosexual child molesters also report being sexually victimized by adult males as children [15]. The current study emerges from a pilot study that examined the differences between pedophilic child molesters (PCM) and hebephilic child molesters (HCM) [21]. It aims to assess the differences between these two groups with respect to their own sexual victimization. Based on social learning theory it is hypothesized that the age of victimization of pedophiles and hebephiles will be positively correlated with age of their victim.

Method

Subjects

The subjects for the study were 184 males who were assessed at the sexual behaviors clinic of a psychiatric teaching hospital. Patients were referred to the clinic primarily by lawyers or by the courts. Others were self-referrals or were referred by other physicians. Almost all of the subjects were pretrial at the time of the study. Only patients who were at least 16 years old, at least five years older than their victims, and who admitted to forced or coerced sexual activity with extrafamilial children under 16 years of age were included in the study. Subjects were grouped according to the age of the victims. Those who offended against children 12 years of age or younger were classified as PCM and those who offended against children between the ages of 13 and 16 were classified as

HCM. A total of 41 subjects reported molesting children from both age groups. These subjects were categorized according to the age of the majority of their victims or, when the youngest victims were 11 or 12 years old and the remainder were 13 and older, the subjects were included in the HCM group. Six subjects were excluded from the sample because of missing data. The final sample consisted of 135 pedophilic child molesters and 43 hebephilic child molesters.

Procedure

Written informed consent was obtained from the subjects. The Bradford Sexual History Inventory (BSHI) was administered to the subjects as part of a larger assessment package and information on age and marital status was collected as was age, gender and number of the victims. BSHI is a self-report questionnaire that elicits information regarding the perpetrators' previous sexual history and their current sexual behavior. For this study, the subsections dealing with the subjects' history of sexual abuse as children and their history of sexually abusing children in their own adulthood were analyzed.

Results

The mean age for the PCM group was 32 years (SD = 13.1) and for the HCM group it was 41 years (SD = 14.3). The mean difference in age between the two groups was significant (t = -3.97; df = 176; P < .001). The marital status for the two groups did not differ. Overall, 58% were single, 21% were married or common-law and the remainder of 21% were either widowed, separated, or divorced. The median number of reported victims for the two groups was two.

Both the PCM and the HCM groups' history of sexual contact with an adult when they were 13 years old or younger did not differ. Overall, 42% of the pedophilic and 44% of the hebephilic sample reported a history of sexual contact with an adult.

The PCM and HCM groups did not differ on the gender of the victims. A total of 33% molested only males, 44% molested only females and 23% molested both males and females. When the pedophilic and hebephilic groups were combined, 48% of homosexual, 30% of heterosexual and 56% of bisexual child abusers report sexual victimization in their own childhoods (chi-square = 8.65; P < .05). There were no significant differences in reporting of sexual victimization in the childhoods of the various gender orientations for the PCM group. A total of 35% of heterosexual pedophiles, 38.5% of homosexual pedophiles and 55.9% of bisexual pedophiles reported being molested as children. Significant differences were reported for the HCM group. A total of 12% of the heterosexual hebephiles reported being molested as children, while 68.4% of homosexual and 57.1% of bisexual hebephiles claimed to have been molested as children (Chi-square = 12.25; df = 2; P < .005). The mean age that the PCM group reported being sexually abused by an adult for the first time was 8.4 years of age (SD = 2.5) while the HCM group reported a mean age of 10.9 years of age (SD = 2.1). The mean difference in the ages was statistically significant (t = -3.87; df = -74; P < .001).

Discussion

This study compared the sexual victimization in the childhoods of pedophiles and hebephiles. Over 40% of both groups reported such abuse. These rates are slightly higher than the almost one-third reported by Hanson and Slater [15] in their review. A possible explanation for the higher rates in this study is that only specific "admitters" to pedophilic and hebephilic sexual fantasies and acts were included whereas in other studies "non-admitting" child molesters with pedophile arousal on penile tumescence testing were also

included. Some researchers have questioned the reliability of retrospective and reconstructive self-report studies claiming that figures might be overestimated due to the subjects seeking sympathy or attributing blame for their behavior. Hindman [22] investigated the reliability of retrospective reports in a sample of paroled male sex offenders of children. Initially, 67% reported they had been molested in their childhood. Subsequently when they were threatened with return to jail if a polygraph test failed to confirm their reports, 29% still claimed to have been victims of childhood sexual abuse. Researchers have suggested that the prevalence of reports of child molesters' own sexual victimization are underestimated because subjects fear appearing guilty if they admit to such abuse in their childhoods. They may also compensate for earlier sexual trauma by blocking these from their memories. Although the interpretations of these findings vary, researchers generally agree in their reports of the prevalence of sexual victimization in the childhoods of sexual abusers.

This study replicates previous research that found homosexual abusers more often report sexual abuse in their own childhoods than do heterosexual abusers. However, when the PCM and HCM groups were separated, this finding was only significant in the HCM group. The significance of this relationship remains unclear. As most child sexual abuse is perpetrated by males, some authors have speculated that this pattern supports the role of the social learning theory in the later development of this disorder. Others have suggested that the high rate of childhood sexual contact in homosexual abusers may be an early expression of homosexual interests in their childhoods [15]. This study used victim age as a means of separating the PCM and HCM groups, although more accurately, if the information had been available, they would have been classified according to the victims' stage of psychosexual (prepubertal and pubertal) development. Furthermore, the mean age for onset of puberty is 1 to 2 years younger in females. Therefore, when examining the relationship between gender orientation of the two groups, and their own reports of sexual victimization, the results may be skewed due to the inclusion of some heterosexual HCM in the heterosexual PCM group.

A significant difference between pedophiles and hebephiles was the age at when they were reportedly sexually victimized. By definition, hebephiles are sexually attracted to pubertal rather than prepubertal children. These results indicated that hebephiles report being sexually abused in their early puberty whereas pedophiles report such abuse during their prepubertal period. Although the cause of child molestation cannot be reduced to a single factor or a reductionistic cause-effect theory, these results support the role of social learning theory in the development of child molesting behavior. By the process of participant modeling the subject learns and then copies the behavior of a model [23,24]. Later in their adult lives by acting out and replicating their own trauma through repetition, child molesters repeat the cycle [6,20]. The coexistence of other childhood stresses and stabilizing factors may also serve to moderate or change future sexual behaviors [14]. A variable may be nonspecific but still causal. Nonspecificity rules out a simple univariate causal model, but does not preclude factors such as sexual abuse in the child molester's own childhood as a cause of this disorder [25]. In a complex multivariate causal model nonspecific relationships cannot be ruled out as potential causes. The significance of the modeling theory with the victim-perpetrator pattern has both practical treatment and prevention implications. Future research needs to address reports of sexual victimization in the midadolescent period and its relationship to specific groups of child molesters in order to further clarify the salience of this association.

References

[1] Barnard, G. W., Fuller, A. K., Robins, L., and Shaw, T., *The Child Molester: An Integrated Approach to the Evaluation and Treatment*, Brunner and Mazels, New York, 1989.

- [2] Finkelhor, D. and Araji, S., "Explanations of Pedophilia: A Full Factor Model," Journal of Sexual Research, Vol. 22, 1986, pp. 145-161.
- [3] Marshall, W. L. and Barbaree, H. E., "An Integrated Theory of the Etiology of Sex Offending," Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender, W. L. Marshall, D. R. Laws, and H. E. Barbaree, Eds., Plenum Press, New York, 1990, pp. 257–275.
- [4] Bard, L. A., Carter, D. L., Cerec, D. D., Knight, R. A., Rosenberg, R., and Schneider, B., "A Descriptive Study of Rapist and Child Molesters: Developmental, Clinical and Criminal Characteristics," Behavioral Sciences and the Law, Vol. 5, No. 2, 1987, pp. 203-220.
- [5] Condy, S. R., Templer, D. I., Brown, R., and Veaco, L., "Parameters of Sexual Contact of Boys with Women," Archives of Sexual Behavior, Vol. 16, No. 5, 1987, pp. 379-894.
- [6] Faller, K. C., "Why Sexual Abuse? An Exploration of the Intergenerational Hypothesis,"
- Child Abuse and Neglect, Vol. 13, 1989, pp. 543-548.

 [7] Freund, K., Watson, R., and Dickey, R., "Does Sexual Abuse in Childhood Cause Pedophilia: An Exploratory Study," Archives of Sexual Behavior, Vol. 19, No. 6, 1990, pp. 557-568.
- [8] Groth, A. N., "Sexual Trauma in the Life History of Rapists and Child Molesters," Victimology, Vol. 4, No. 1, 1979, pp. 10-16.
- [9] Gebhard, P. H., Gagnon, J. H., Pomeroy, W. B., and Christenson, C. V., Sex Offenders, Harper & Row, New York, 1965, pp. 443-468.
- [10] Gaffney, G. R., Lurie, S. F., and Berlin, F. S., "Is There Familial Transmission of Pedophilia," Journal of Nervous and Mental Diseases, Vol. 72, No. 9, 1984, pp. 546-548.
- [11] Langevin, R., Day, D., Handy, L., and Russon, A. E., "Are Incestuous Fathers Pedophilic, Aggressive, and Alcoholic," Erotic Preference, Gender Identity and Aggression: New Research Studies, R. Langevin, Ed., Earlbaum Associates, Hillsdale, New Jersey, 1985, pp. 161–179.
- [12] Langevin, R. and Lange, R. A., "Psychological Treatment of Pedophiles," Behavioral Sciences and the Law, Vol. 3, No. 4, 1985, pp. 403-419.
- [13] Langevin, R., Wright, P., and Handy, L., "Characteristics of Sexual Offenders Who Were Sexually Victimized As Children," Annals of Sex Research, Vol. 2, 1989, pp. 227-253.
- [14] Seghorn, T. K., Prentky, R. A., and Boucher, R. J., "Childhood Sexual Abuse in the Lives of Sexually Aggressive Offenders," Journal of the American Academy of Child and Adolescent Psychiatry, Vol. 26, No. 2, 1987, pp. 262–267.
- [15] Hanson, R. K. and Slater, S., "Sexual Victimization in the History of Sex Abusers: A Review," Annals of Sex Research, Vol. 1, 1988, pp. 485-499.
- [16] Gelinas, D. J., "The Persisting Negative Effects of Incest," Psychiatry, Vol. 46, Nov. 1983, pp. 312-332.
- [17] Burgess, A. W., Hartman, C. R., and McCormack, A., "Abused to Abuser? Antecedents of Socially Deviant Behaviors," American Journal of Psychiatry, Vol. 144, No. 11, Nov. 1987,
- [18] Groth, A. N., "The Incest Offender," Handbook of Clinical Intervention in Childhood Sexual Abuse, S. M. Sgroi, Ed., Lexington, MA, D.C., Heath & Co., 1982, pp. 215-239.
- [19] Cante, J. R., "Clinical Dimensions of Adult Sexual Abuse of Children," Behavioural Sciences and the Law, Vol. 3, No. 4, 1985, pp. 343-353.
- [20] Cooper, I. and Cormier, B. M., "Intergenerational Transmission of Incest," Canadian Journal of Psychiatry, Vol. 27, April 1982, pp. 231-235.
- [21] Greenberg, D. M., "A Descriptive Study of a Prosecuted Group of Child Molesters," Masters of Medicine in Psychiatry, Unpublished Thesis, University of Cape Town, Cape Town, 1990.
- [22] Hindman, J., "Research Disputes Assumptions About Child Molesters," National District Attorney Association Bulletin, Vol. 7, 1988, pp. 1-3.
- [23] Bandura, A., Social Learning Theory, Prentice Hall, Englewood Cliffs, New Jersey, 1977.
- [24] Laws, D. R. and Marshall, W. L., "A Conditioning Theory of the Etiology and Maintenance of Deviant Sexual Preference in Behaviour," Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender, W. L. Marshall, D. R. Laws, and H. E. Barbaree, Eds., Plenum Press, New York, 1990, pp. 209-229.
- [25] Garber, J., Hallon, S. D., "What Can Specificity Designs Say About Causality in Psychopathological Research?," Psychological Bulletin, Vol. 110, No. 1, 1991, pp. 129-136.

Address requests for reprints or additional information to David M. Greenberg Sexual Behaviors Clinic Royal Ottawa Hospital 1145 Carling Avenue Ottawa, Ontario, Canada K1Z 7K4