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## The Underlying Psychophysiology of Pedophilic Disorder and the Implications for Treatment Approaches

Tonise Florexil

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The Underlying Psychophysiology of Pedophilic Disorder  
and the Implications for Treatment Approaches

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional Psychology at National Louis University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

Tampa, Florida  
August 2019

The Doctorate Program in Clinical Psychology  
Florida School of Professional Psychology  
at National Louis University

CERTIFICATE OF APPROVAL

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Clinical Research Project

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This is to certify that the Clinical Research Project of

Tonise Florexil

has been approved by the  
CRP Committee on August 9, 2019  
as satisfactory for the CRP requirement  
for the Doctorate of Psychology degree  
with a major in Clinical Psychology

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## Abstract

Sexual crimes are a persistent and significant social dilemma that continues to plague our society (Lee, Jackson, Pattison, & Ward, 2002). Past research has made considerable advancements in terms of the types of interventions that clinicians can utilize when they work with individuals who have a history of child sexual offenses. However, current literature lacks an understanding of the risk factors that influence the development of Pedophilic Disorder. A history of sexual trauma also affects families. The children of traumatized individuals have more adjustment difficulties than their counterparts who did not have a parent(s) with a sexual trauma history. This clinical research project examines the variables which contribute to the manifestation of Pedophilic Disorder. Specifically, this study looks at how the current literature distinguishes between Pedophilic Disorder, child molestation, and incest.

Additionally, this project explores the types of treatments utilized. The goal of this study is to facilitate more insight into the causes of this mental disorder. Due to the increased prevalence rate of sexual offenses against children, it is essential to help elucidate the origins of Pedophilic Disorder with the goal of improved interventions and with the hope of movement towards a prevention model of treatment for the disorder.

*Keywords:* Pedophilic Disorder, disrupted attachment, developmental risk factors for Paraphilic Disorders, neurobehavioral elements of pedophilia

## **DEDICATION**

I dedicate this clinical research project to all the beautiful people in my life who had a positive impact on me. Additionally, I dedicate this project to my life partner and family, who have been my sources of love, inspiration, laughter, and support. Also, this project is devoted to all the young girls with big dreams who have the desire to make this world a better place and wish to make a difference in the lives of others. Lastly, this project belongs to all the strong women who came before me and paved the way so I could accomplish my dreams.

“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.” ~ Maya Angelou

## ACKNOWLEDGMENTS

A favorite quote of mine is from Oprah Winfrey: “Do the one thing you think you cannot do. Fail at it. Try again. Do better the second time. The only people who never tumble are those who never mount the high wire. This is your moment. Own it.”

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## CHAPTER I: INTRODUCTION

A small number of individuals who work in the field of education use their positions to sexually take advantage of children (West, Hatters-Friedman, & Knoll, 2010; Freeh Sporkin & Sullivan, 2012). West et al. describe educator misconduct as behaviors that individuals who work in the educational system engage in to sexually attract students. An educator could be teachers, coaches, administrators, and other school personnel. According to the U.S. Department of Education (2004), almost 10% of high school students have experienced some form of sexual misconduct. The victims are typically African American, Hispanic, and Native American students. Additionally, children with disabilities have a higher probability of experiencing sexual abuse.

Some characteristics of students victimized by educators are that they are typically isolated from friends and families, shy, or have behavioral difficulties. Of the offenders arrested, women make up less than 10%. Generally, female offenders are Caucasian, in their 20s to 30s who have a history of substance abuse and sexual abuse (Guerra, 2017; West, Hatters-Friedman, & Knoll, 2010). As an illustration, Ms. Laura Elizabeth Whitehurst was a 28-year-old English teacher at Citrus Valley High School in Redlands, California. Allegedly, Ms. Whitehurst had sexual relationships with three male students (Cappis & Hernandez, 2017). The first relationship began during the fall semester in 2007 with a 14-year-old male student and concluded sometime in 2008. The next sexual contact occurred in 2008 with a 16-year-old student. The last relationship transpired during the summer of 2012 with a 17-year-old student and in which the student impregnated Ms. Whitehurst.

Ariel Castro kidnapped three young females and held them captive in his home for over ten years in Cleveland, Ohio (Stacklin, 2013). During that time, Mr. Castro recurrently raped his

victims. He restrained his victims with chains, physically abused them, did not allow any of the girls to use the bathroom, and did not provide them with any food (Welsh-Huggins, 2013).

Additionally, he impregnated one of his victims, and she later gave birth to a daughter while in captivity. The state of Ohio sentenced Mr. Castro to life in prison in addition to 1,000 years. He pled guilty to over nine hundred counts, which involved the rape of his victims and kidnapping.

The Child Victim Identification Program was created in 2002 (Johnson, 2014). The purpose of the program store information about minor victims in a central location. The program has received over a hundred million videos and pictures of alleged child abuse. The referrals facilitate criminal inquiries and help to find children who have gone missing. One of the challenges that investigators face is the ability of the individuals who possess and trade these images to hide from law enforcement. They conceal their internet activities with extra security, which protects the information accessed via passwords and encryption software. It is hard for child advocacy groups and the law enforcement community to estimate how significant the demand for the content which contains pornographic images of minors is and how it provides users an avenue to meet children. One such example is of a married couple who were the parents to five children. The wife discovered from federal prosecutors, a police detective, and other law enforcement personnel that her ex-husband had raped their seven-year-old daughter while she was passed out from drugs he had given to her (Bello, 2014). The husband took pictures while nude with his daughter as well as those of another man while the other person had sex with his youngest daughter. He posted the images on the internet for other men with Pedophilic Disorder to see. The father offered any interested party the opportunity to have sex with one of his three daughters.

Another equally important concern for children and the internet is that of sextortion (Bello, 2014). The criminal offense only occurs online. Adult internet users pass themselves off as adolescents as a way to befriend minors via the internet. Once the relationship has formed, they later lure the children into sending sexually inappropriate pictures of themselves. Afterward, the images are employed as a tactic to coerce the children to provide more photos.

The prevalence rate for Pedophilic Disorder is undetermined (American Psychiatric Association, 2013). As can be seen, the disorder continues to plague society. Children are impacted at school as well as at home. The purpose of this critical literature review is to examine the latest research centered on Pedophilic Disorder and the relevant theories that pertain to the disorder. Specifically, questions this study explores include: How does the current literature differentiate between Pedophilic Disorder, child molestation, and incest? What does contemporary research say regarding which variables contribute to the manifestation of Pedophilic Disorder, and what are the acceptable methods for treating the disorder? The objectives of this literature review are to facilitate more insight into the genesis of the Paraphilic Disorder, evolution, and purpose of the mental illness.

## **CHAPTER II: HOW DOES THE CURRENT LITERATURE DIFFERENTIATE BETWEEN PEDOPHILIC DISORDER, CHILD SEXUAL ABUSE, AND INCEST?**

An anecdotal example of Pedophilic Disorder is that of Dr. Carleton Gadjusek. He was an exceptionally bright American pediatrician who visited Papua New Guinea during the 1950s. The purpose of his visit was to study a native tribe that was dying from a neuromuscular disease (Seeman, 2012). Over 20 years after his trip, Dr. Gadjusek was awarded the Nobel Prize in Physiology or Medicine for discovering a new group of disorders. Dr. Gadjusek donated scientific journals to the National Institutes of Health (NIH). In the periodicals, he wrote about a rite of passage in Micronesia where young boys would swallow semen. His journals suggested that he participated in those practices. He later defended himself by indicating that sex between men and boys frequently occurred within the boys' culture. Dr. Gadjusek pointed out he was asked to participate and that he did not approach the boys, nor was anyone hurt by the sexual encounter. In 1997 he pled guilty to child sexual abuse and spent one year in prison.

### **Pedophilic Disorder**

According to the Fifth Edition of the Diagnostic and Statistical Manual (DSM-5), Pedophilic Disorder is the sexual attraction to children younger than the age of 13 (American Psychiatric Association, 2013). To meet the diagnostic criteria for the disorder, the individual must exhibit the following for no less than six months: experience sexual fantasies about prepubescent children, yearn sexually, or engage in sexual activity with the preadolescent population. Next, the ego-dystonic attraction creates interpersonal conflicts that prevent the person from having meaningful relationships. Finally, the individual is at least 16 years old, with a five-year age difference between the person and the child.

## **Child Sexual Abuse**

Child sexual abuse is any sexual activity that takes place between an adult and a child or between two children when one dominates the other by forcing the child to participate in any sexual activity (Mitchell, 2010). These sexual acts can consist of communication in a sexual manner, exhibitionism, voyeurism, and so on. Reportedly 25% of girls and 16% of boys are sexually abused before the age of 18. Individuals who engage in child sexual abuse seek work in places where they can have access to children. Thus, schools are the ideal environment for individuals with such desires. According to the research, 70% of sex offenders have victimized around 1 to 9 children, 20%-25% have abused 10-40 victims, and a serial child molester may take advantage of up to 400 children during their lifetime. These individuals go out of their way to appear trustworthy so they can be around children.

Child sexual abuse is a common form of abuse (Salter et al., 2003). The individuals who sexually abuse children tend to be adolescent males, family members, or adults that the child knows. The most common risk factors for becoming an abuser during adulthood are being a male and having a history of childhood sexual abuse. Men who have been abused by female perpetrators as a child have a higher chance of becoming abusers themselves later in life.

John Jay College was commissioned by the U.S. Council of Catholic Bishops in 2004 to investigate child sexual abuse by the Catholic Clergy (Cartor, Cimboic, & Tallon, 2008). One of the main findings from the survey was that most of the victimized children were older boys between the ages of 11-17. Another result revealed by the study is that there are different categories of child sexual attraction. Hebephilia is the sexual attraction to adolescent or post-adolescent children. Ephebophilia is the sexual attraction to teenagers in their mid to late teens. Individuals with ephebophilia have a better treatment prognosis when compared with individuals

with pedophilia. Hebephiles have the same treatment prognosis as ephebophiles; they tend to accept responsibility for their actions and are more sensitive to stress. When people who suffer from ephebophilia are in distress, they have a higher chance of victimizing a child and seek out reciprocal relationships with children in comparison to individuals with pedophilia and those who engage in abusive behaviors. The Catholic Clergymen with ephebophilia offend over a more extended period and start acting out at the beginning of their careers. Ephebophilia is likely to be co-morbid with substance abuse. Individuals with the disorder may be under the influence of substances at the time of the offense and could utilize drugs or alcohol as a means of dealing with their inner conflict due to their attraction or as self-medication. Ephebophile individuals pressure children into participating in the sexual acts (i.e., mutual masturbation, engaging in oral sex), whereas pedophilic individuals appear to treat children in a controlling way and frequently engage in sexual acts of penetration. As a result of the sexual contact, the adolescent victims may feel guilty because they did not resist their attacker, and the psychological effects can worsen as a trusted member of the Church perpetuated the violation.

### **Incest**

Conceptually speaking, biological fathers who engage in incestuous relationships with their biological daughters could be viewed as a form of Pedophilic Disorder (Rice & Harris, 2002). The Westermarck hypothesis states that individuals who grow up in the same home have an aversion to having sexual relations with each other. One explanation as to why this phenomenon would occur is mate deprivation. Men deprived of their primary sexual partner may target available individuals. Hence the daughters function as a surrogate for the primary mate. Fathers are more likely to victimize their daughters if they have pedophilia, if the daughter is accessible, and if they are psychopaths. Psychopaths are self-centered, reckless, and sexually

promiscuous. If the fathers do not possess antisocial personality traits, they are less likely to victimize nonfamily members.

Non-incestuous child molesters tend to victimize younger children and have a higher chance of reoffending (Seto, Lalumière, & Kuban, 1999). Inclusive fitness theory intimates that people tend to treat relatives better and steer clear of activities that may harm the family unit. The Westermarck hypothesis states that people who grew up together as children would not be sexually attracted to each other once they entered adulthood. Even though most stepfathers do not sexually abuse their stepdaughters, however, they do pose a risk. A man who is sexually attracted to children is more likely to harm his daughter despite the inclusive fitness theory.

One of the challenging aspects of determining what causes Pedophilic Disorder is first learning what are the associated symptoms. According to contemporary findings, when rendering a diagnosis, contextual information must be considered. Moreover, different fields classify the disorder and view it in another way. In the next chapter, the variables which influence the development of Pedophilic Disorder will be examined.

### **CHAPTER III: WHAT DOES THE CURRENT LITERATURE SAY REGARDING WHICH VARIABLES CONTRIBUTE TO THE MANIFESTATION OF PEDOPHILIC DISORDER?**

Many factors may contribute to the manifestation of Pedophilic Disorder; however, much of the current literature is lacking in terms of explaining these factors. This chapter seeks to explore the existing explanations. By having a greater understanding of the etiology, it could prove useful as it pertains to both the prevention and treatment of the disorder. The current literature looks at the socio-cultural, environmental, and neurodevelopmental components which influence the clinical expression of the mental illness.

#### **Sociocultural Factors**

In terms of information processing, people can, at times, be intentional about which stimuli they attend to, and under certain circumstances, the brain can unconsciously absorb information without the individual's conscious awareness (Toates, 2009). As a result of unconscious information processing, a significant amount of detachment can occur between a person's sexual excitement and the response of his or her sexual organs. Previous research has proposed the idea that genes play an essential role in sexual attraction and an individual's sexual identity development by creating a propensity for a specific stimulus. Contact with the stimulus or an object representation of it proceeded by fantasies will increase sexual arousal. Any sexual encounter with the desired object will intensify the attraction. For some people, the association may never form and subsequently eliminates the arousal. In certain situations, the relationship may develop in combination with the stimulus and give birth to a sexual disorder. Once the person has made the connection, different impulses such as painful emotions can elicit a sexual response within the individual. Negative feelings usually produce unwanted images via



memories, which encourage the person to take steps to cope with distressing emotions.

Unpleasant emotions cause sex offenders to have abnormal sexual fantasies, thereby making them more inclined to act out on their sexual impulses.

As a result of how prevalent sexual offenses against children have become, it is critical to get to the causes of Pedophilic Disorder. Understanding the disorder may lead to an establishment of effective deterrence and have treatment implications for individuals with sexual disorders (Pullman, Sawatsky, Babchisin, McPhail, & Seto, 2017). If the biological construct is used to examine Pedophilic Disorder, sexual activity with a child that is socio-legally related (i.e., stepchildren) to the perpetrator is not viewed as incest because it does not produce the risk of inbreeding depression and any associated consequences. Children who result from an incestual relationship tend to have higher mortality rates or health complications that shorten their lifespan. Additionally, children born out of incest have trouble with procreation when they reach sexual maturity due to a lack of genetic diversity. In the current study, the researchers examined possible variables that may exist between individuals who offend against children biologically related versus offenders who have victims that are genetically unrelated to them. The results of the study indicated overall socio-legal offenders had more coping deficits and the inability to self-regulate. In other words, these individuals have a higher probability of victimizing children if the situation presents itself. According to the present study, there are minor differences between offenders who sexually act out against biologically related children and those who have a socio-legal relationship with the child. In like manner, sexual abuse perpetrated by someone close to the child causes more harm primarily because it impedes the development of appropriate interpersonal skills and emotional regulation (Burk & Burkhart,

2003). Next, it teaches the child maladaptive responses that can be employed in the future to maintain the learned problematic behaviors.

People who are limited intellectually tend to generally engage in unusual behaviors towards other individuals and have difficulty with adaptive functioning (Boucher, 2014). These atypical behaviors do not only adversely impact the individual but their loved ones as well. One of these behaviors which creates problems is the sexual maturational process that transpires. The number of sex offenses occurs more often in this subgroup. Additionally, individuals with intellectual disabilities have a higher rate of recidivism. In like manner, this subpopulation experiences the same psychosexual stages of development as the populace.

For this reason, treatment should encompass a multidisciplinary approach with experienced healthcare professionals (Boucher, 2014). There are sociocultural elements that put people with intellectual disabilities at a disadvantage, for instance, archaic social viewpoints, prolonged punishment for expected sexual behaviors, or lack of understanding of the sociosexual practices. Not only do these negative factors affect this group, but they frequently have insufficient education in human sexuality. Under those circumstances, they are left vulnerable to venereal disease, poor sexual health, and counterfeit deviance. Counterfeit Deviance ensues when people with an intellectual disability have ineffective sociosexual abilities due to limited opportunities to develop a healthy sex life. These individuals must receive enough services to stop the development of sexually deviant behaviors.

Male sexual offenders tend to be socially isolated, have problems with establishing relationships, and a history of negative interpersonal relationships (Reich, Amit, & Siegel 2009). In the current study, the researchers set out to examine male sexual offenders' self-perception and their belief systems about other individuals in their lives. The results of the study suggested

that offenders who engage in vaginal penetration with their victims had a higher instance of perceiving past sexual partners as sexually stimulating. Those who participated in oral sex saw their victims as being caring and preferred young males. Individuals who had a negative perception of their parents had a higher chance of seeking out females and prepubescent children.

The engagement of sexual intercourse at an early age is associated with higher risks of sexually transmitted infections, unplanned pregnancies, and abortions (Hegna, Mossige, & Wichstrom, 2004). Early-onset of sexual activity is related to a history of sexual abuse, substance abuse, and exhibition of other antisocial behaviors. During the teenage years engaging in sexual intercourse is connected to the consumption of alcohol. Adolescent girls who have sexual relationships with teen males that are older than themselves have been shown to have harmful effects on females. Young men with poor social skills engage in deviant sexual behaviors, experience depressive symptoms, and develop low self-esteem. These groups of adolescent males may also be more prone to having sexual relationships with younger females. The authors suggest that sex education should also target teenage boys and not just their female counterparts. Additionally, prevention education needs to address social interactions and sexual topics.

There exists a small group of well-adjusted individuals who are distressed by their pedophilic attraction and who do not act out on their sexual impulses (Seto, 2010). But this less-known group has gone unnoticed because research has focused on the forensic or clinical samples. Some men who do not have Pedophilic Disorder do engage in sexual offenses against children. These men can have antisocial tendencies and willingly go after minor females who are starting to mature sexually for sexual gratification.

### **Developmental/Environmental Contributing Variables & Intergenerational Patterns**

Sexual crimes are a persistent and significant social dilemma that continues to plague our society (Lee, Jackson, Pattison, & Ward, 2002). Significant advancements have been made regarding the types of interventions that clinicians can utilize when they work with individuals who have a history of child sexual offenses; however, current literature lacks an understanding of the risk factors that influence the development of Pedophilic Disorder. A few theories have been proposed to examine psychological and social factors that contribute to Paraphilic Disorders. One theory suggests that poor social skills found in parents, along with a hostile parenting style, promote hatred and hostility, which are key features of sexual abuse (Marshall & Barbaree, 1990). Another theoretical model merges parenting style and patterns of attachment to explain the intimacy deficits that individuals with Pedophilic Disorder possess (Ward, Hudson, Marshall, & Seigert, 1995). The paradigm puts forward the idea that dysfunctional parent-child relationships facilitate attachment difficulties. A third proposed suggestion for the psychological and social factors that contribute to Paraphilic Disorders indicates if children bear witness to violence between parental figures and are abused themselves, later develop a misogynic attitude in adulthood as well as engage in criminal behaviors (Malamuth, Sockloskie, Koss, & Tanaka, 1991). Developmental psychopathology has attempted to examine the roots of abnormal and the progression of dysfunctional behavioral responses (Sroufe & Rutter, 1984). From this perspective, there is a belief that some individuals are predisposed to Paraphilic Disorders as they mature due to specific risk factors that children are exposed to by parental figures during their childhood.

Previous research has illustrated the ill effects of sexual abuse during childhood such as severe psychological problems, higher frequencies of unsafe sexual practices, increased risk of

retraumatization, and unfortunate socioeconomic circumstances (Seto, Babchishin, Pullman, & McPhail, 2015; Roberts, O'Connor, Dunn, & Golding, 2004; Widom, Czaja & Dutton, 2008). Beyond just that, the sexual trauma adversely impacts the person as well as their families. The offspring of traumatized individuals have more adjustment difficulties than their counterparts who did not have a mother with a sexual trauma history. The main contributors that produce and sustain sexually deviant behaviors mostly have two distinctive features: atypical sexual interests and antisocial tendencies (Seto, 2008; Seto, 2013). Atypical sexual interests consist of Paraphilic Disorders. The antisocial tendencies comprise the following qualities: recklessness, lack of empathy, sense of entitlement, and unpredictable behaviors. Those attributes may promote the victimization of children since persons with antisocial inclinations are more likely to act out sexually and are indifferent to the effects their actions have on others. People who possess more antisocial traits have an overall higher rate of recidivism, which includes sexually reoffending in the future, whereas individuals with higher atypical sexual interests have an increased risk of recommitting a sexual crime. The offenders who pose the most danger are antisocial with deviant sexual interests (Hawes, Boccaccini, & Murrie, 2013; Seto, 2008). Although sexual abuse transpires within families in various cultures and periods, notwithstanding the cost to society in addition to the people impacted by this form of maltreatment, there are minimal explanations for these phenomena. General childhood sexual abuse theories are used as a substitute for intrafamilial sexual abuse. The assumptions concerning this specific subgroup indicate that these individuals typically have an authoritarian parenting style, play the patriarch in the family, have a marital relationship where their emotional and sexual needs go unfulfilled.

Consequently, the daughters or stepdaughters function as a surrogate mate where they manage the households, engage in childrearing activities, also a sexual mate for the father or

father figure within the home. The underlying theme in these hypotheses is that the intrafamilial group of offenders does not have as many opportunities to develop sexual relationships beyond their relatives as a result of poor social skills or mental illness.

Moreover, these individuals do not get a chance to victimize nonfamily members because of their limitations. Concerning their emotional intelligence, some offenders feel more at ease and better connected to children versus their peers (McPhail, Hermann, & Nunes, 2013). Another critical point raised by the researchers is the generational patterns inherited in an abusive environment. To clarify, some intrafamilial offenders have a history of sexual abuse carried out by parents or other family members, poor emotional attachment, and who later grow up to engage in the same behaviors against underaged relatives (Faller, 1989; Williams & Finkelhor, 1990).

As people age, it allows their prefrontal cortex to continue to develop, thus allowing the improvement of their impulse control abilities (Toates, 2009). Usually, individuals who possess traits of Antisocial Personality Disorder engage in sexual activity at an early age and have multiple partners. Regarding sexual motivation, some people desire sex who, however, do not truly enjoy it; for instance, some individuals who struggle with sex addiction and vice versa. Stress may interfere with sexual desire in quite a few ways to manipulate people's reactions and causes the need to alleviate it as quickly as possible. Another way stress affects behavioral responses is through the activation of the nucleus accumbens, which causes sexual rewards to appear more appealing. Distressful feelings, stress in conjunction with the utilization of sex as a coping mechanism are potent triggers for sexually acting out. Many elements exist which play a role in the materialization of abnormal sexual development (Burk & Burkhart, 2003). These factors entail the following: inheritable factors, variations in physiological processes, substance

abuse disorders, interpersonal relationships that are of poor quality, and sociocultural influences. Individuals with a history of child molestation generally have a hard time establishing age-appropriate romantic relationships, have poor social skills, and generally poor affective regulation abilities.

On the other hand, when they can have intimate relationships with other adults, the connection is usually shallow and does not meet their emotional needs (Ward, Keenen, & Hudson, 2000). Men who engage in sexual violence retain a robust internal representation of masculinity and femininity, exhibit indifference towards the suffering of others, wanton, as well as capricious when it comes to their sexual practices.

Furthermore, individuals with Pedophilic Disorder are likely to have either anxious-avoidant or anxious-resistant attachment style, complicated relationships with their maternal figures, and victimized as children (Jamieson & Marshall, 2000). Emotional distress caused by caretakers during childhood adversely affects the child's capacity to control affectional situations. From an intergenerational prism, an individual who has a history of childhood sexual abuse, bore witness to sexually aggressive behaviors, possess certain genetic factors (e.g., high libido), use pornography, and the reinforcement of the behavioral response through the achievement of orgasm influences the use of sex as a coping mechanism. For several individuals who sexually acted out towards children, they engage in the reenactment of their childhood trauma. The utilization of sex as a stress reliever is not an abnormal reaction; however, if the individual employs it in a manipulative manner in relationships and disregards the rights of others, then it may suggest relationship imbalance as well as justify the use of sexual violence. The permutation of these influences likely plays a role in the effective treatment of Paraphilic

Disorders and may be the cause of the persistent sexually deviant behavioral responses after the application of therapeutic interventions (Burk & Burkhart, 2003).

It is an innate human desire to form emotional connections with others (Bowlby, 1988). During the stage of childhood, children look to their parents or caretakers to fulfill their emotional needs. In the adolescent and adult years, these desires shift to other individuals. The ability to connect emotionally with others is a necessary component of healthy personality development. How parents and caretakers met the emotional needs of their children during childhood will profoundly influence the attachment style of their children as they mature into adulthood due to the introjection of parental figures. Bowlby suggests that there are four different attachment patterns: secure, anxious-resistant, anxious-avoidant, and disorganized. During the formative years of the child's life, parents or caretakers that are accessible and sensitive to the needs of the child create a secure attachment. A securely attached child knows that caretakers will meet his or her needs, whereas the anxious-resistant child is unsure if the parent will be available to meet his or her emotional needs. When the child's needs are continuously not met by the primary caretakers, it creates doubt and distress for the child.

Moreover, as a form of discipline, the parent may threaten to leave the child without a caretaker (Bowlby, 1988). The next pattern of attachment is anxious-avoidant in which the child anticipates that his or her needs will go unfulfilled and subsequently does not seek affection from other individuals as adults. Lastly, there is a disorganized attachment pattern, which is a chaotic variation of the different styles. Parents respond inconsistently to the child's emotional needs, which creates confusion; hence, the child learns not to depend on others to satisfy his or her emotional needs. Children with a disorganized attachment style typically have a history of abuse, neglect, or trauma. Secure attachment is the only pattern of emotional attachment that promotes



healthy personality development. Having insight into how patterns of attachment impact the development of aggressive behaviors is vital, so clinicians can make improvements in the types of treatment utilized when working with individuals with a history of violence (Ogilvie, Newman, Todd, & Peck, 2014). If this population is encouraged to learn how to cultivate healthy emotional attachments, it could function as a protective factor.

A correlation appears to exist between a person's style of attachment and the sorts of sexual activities that he or she engages in their relationships (Berner & Briken, 2012).

Individuals who have an avoidant attachment style tend to prefer casual sexual relationships with numerous partners in contrast to individuals who are securely attached that are more likely to have long-term relationships where they engage in various sexual behaviors. People with Paraphilic Disorders have decreased romantic emotions. Most people who experience a depressive mood have reduced sexual interests. Individuals who participate in compulsive sexual acts may perhaps use sexual stimulation as a way of dealing with painful feelings.

Up to the present time, the research that examines the differences between persons who have acted out sexually against children and offenders who were found to have sexually explicit pictures of children accessed via the internet is incomplete (Aslan, Edelmann, Bray, & Worrell, 2014). Several hypotheses attempt to explain factors that contribute to the occurrence of sexual offenses against children. The first theory suggests that typically, individuals who engage in sexual crimes are involved in other criminal activities and exhibit different behaviors that violate societal norms (Baumeister & Boden, 1998; Gottfredson & Hirschi, 1990). The second concept asserts there are a few stages that transpire before the engagement of sexual abuse and clarifies certain traits that sex offenders possess (Finkelhor, 1984). The next hypothesis hints at childhood abuse as the cause of sexually deviant behaviors during adulthood (Wolf, 1989; Eldridge, 1998).

The past abuse promotes the development of abnormal sexual responses through disinhibition. The fourth theory builds on the previous ones by way of proposing that sex offenders utilize mixed methods to direct their activities, such as refrainment from the sexual impulse or proceeding with it (Ward & Hudson, 1998).

The last hypothesis enhances the earlier theories through the inclusion of various conditions which foster the abnormal sexual behaviors, and each situation consists of underlying maladaptive psychological processes that trigger peculiar responses (Ward & Seigert, 2002). The objective of the current study was to examine how persons who had been found guilty of internet sex crimes and those convicted of sexual contact with a child understood their behaviors (Aslan et al.,2014).

Furthermore, the researchers wanted to study the connection between sexual contact crimes and looking at sexually explicit pictures of children as well as explore how well the offenders' reasons fit into one of the previous theories. The researchers developed two main themes linked to the offenders' attachment problems as children and a history of childhood abuse. The following category created consisted of determinants that described or sustained the maladaptive behaviors: difficulties with behavioral regulation, irritational thoughts, the influence of the internet, unique sexual attraction, and the chance to engage in the problematic behaviors. The results of the study suggest that generally, people who struggle with controlling their behaviors are reckless, engage in dangerous activities, and are indifferent to how their actions affect others. Although problems with self-control could cause offensive conduct, it does not suggest that one sexual crime will be engaged in over another. Due to difficulties with self-restraint, offenders have a higher probability of sexually acting out if they get the opportunity; for child sex offenders, it means sex crimes that require minimal effort to commit, offer instant

sexual gratification, and reduced chances of being caught. For internet offenders, researchers found that a lot of time was devoted to planning so they could have the ability to access sexual images online. In the beginning, the offender attempts to reduce the possibilities and the effects of being discovered; however, when the visual representation no longer provides satisfaction as well as when presented the opportunity, they could engage in sexual contact. Sexual attraction to children is believed to be vital in the stimulation and continuation of deviant behavior.

Fantasizing encourages offenders to use the internet, which later triggers sexual offense (Aslan et al., 2014; Lussier, Proulx, & Leblanc, 2005).

Many males probably have sexual fantasies that depict having sexual intercourse with females by force or through the abasement of women (Maniglio, 2011). These fantasies are employed to heighten sexual arousal during masturbation and other sexual activities. The mental imageries are intended to remain in the fantasy realm for most men and not reenacted in real life due to legal consequences in addition to practical purposes. Most people are aware of the small percentages of individuals who attempt to merge their sexual fantasies with reality that later resulted in the commitment of criminal offenses. Because the mental images are a vital component in healthy sexual development, just having abnormal sexual fantasies does not equate to playing them out in the real world. Hence it is imperative to gain insight into which variables contribute to the actual performance of the fantasies. When sex offenders experience distress, it could trigger sexual fantasies and onanism as methods to cope with stressors.

Furthermore, abuse during early childhood can create feelings of vulnerability, poor self-image, psychiatric disorders such as anxiety and depressive disorders as well as poor psychological abilities to handle upsetting situations (Maniglio, 2011). The lack of coping skills can cause the internalization of painful emotions and the use of escapism. Individuals with a

history of sexual offenses tend to come from broken families, have chaotic relationships with parental figures, and lived in group homes, or placed into the foster care system as children. According to the researcher, childhood abuse puts the individual at risk for different types of sexual crimes later in life.

### **Neurodevelopmental Determinants**

Cases of child sexual abuse have been estimated to be as high as 500,000 incidents annually, and for this reason, the prevalence rate of Pedophilic Disorder could be inaccurate (Cohen et al., 2002). Previous research has indicated that individuals who have histories of sexually victimizing children have a frontal cortex and temporal abnormalities, which could suggest an inability to control their behaviors (Garber, Hartman, Coffman, & Golden, 1982). Individuals with Pedophilic Disorder also have Axis II disorders that create impairments that influence Paraphilic Disorders. Personality disorders can cause distortions in thinking and prompt the person to experience difficulties in controlling his or her pedophilic compulsions. Perceptual distortions of their trauma during childhood can delay necessary processing leading to the development of poor coping skills (Bagley, Wood, & Young, 1994; Worling, 1995; Worling, 1995).

Since the 19<sup>th</sup> century, the field of psychiatry has viewed Pedophilic Disorder as having neurological origins (Cantor, Blanchard, Christensen, Dickey, Klassen, Beckstead, Blak, & Kuban, 2004). Individuals with the disorder are predominately males who have a strong attraction to children. The researchers in this study wanted to substantiate that Pedophilic Disorder shares a relationship with low brain functioning. Additionally, the study aimed to pinpoint neuropsychological variables that contend this association is a result of how the brain develops and handedness in people. Hand preference occurs while in utero and does not change

very much during adulthood (Hepper, Shahidullah, & White, 1991). Individuals who have Autism Spectrum Disorder, Neurological Disorders, and learning disorders tend to be left-handed. The researchers also believed that there was a correlation between these conditions and the maturation of the brain. Accordingly, if males with Pedophilic Disorder have a right-hand preference, then it would be a sign that the disorder shares a relationship with the individuals' neurological organization. Prior neuropsychological studies that looked at Pedophilic Disorder were made up of males indicted for sex crimes against minors (Baldwin & Roy, 1998; Blanchard, Watson, Choy, Dickey, Klassen, Kuban, & Ferren, 1999). These studies considered the degree of mental retardation of the men and how well they performed on intellectual measures (Stone & Thompson, 2001). A problem with the studies was the lack of information on group makeup, sizes of the sample group, test statistics, estimates of variance, or the actual average of the scores, which limited the generalizability of the results. In the current study, the researchers found there was a relationship between Pedophilic Disorder and lower intellectual functioning capabilities. Sexual attraction to prepubescent children is strongly correlated with lower right-hand preference in men who had a history of child sex abuse (Cantor et al., 2004).

Hypofrontality occurs when dysfunction in the brain leads to the formation of addiction (Hilton & Watts, 2011). The changes that occur within the mind caused by psychological compulsion, biological, and anatomical factors. The main problem found in Hypofrontality is that they destroy the brain's ability to restrain individuals from engaging in certain types of behaviors. The significant features of the syndromes are deterioration in the person's ability to make good choices, impulsivity, labile mood, and compulsivity. The authors described a study conducted in 2007, which looked at the similarities between Pedophilic Disorder and drug addiction specifically to cocaine as well as methamphetamine. The researchers found that

Pedophilic Disorder can produce changes in the brain like cocaine. Addictive behavioral patterns can develop when substances such as opiates or stimulants hijack the mesolimbic pathway.

When presented with pictures of children, audiotaped sexual scenarios between an adult and child, the measured change in the individual's penile circumference is known as the phallometric procedure (Seto, Lalumière, & Blanchard, 2000). Adult sex offenders tend to respond more to images of children that are displayed rather than to pictures of adults. The researchers in the present study looked at the penile responses of adolescent males who had a history of sexual offenses. The study's investigators compared the results with young adult sex offenders. The study found that teen and young adult offenders had similar responses utilizing the phallometric method. The findings suggest that Pedophilic Disorder identified in teenagers who are at least 14-years-old indicates the disorder develops during the adolescence stage or earlier.

Insight into the stages of neurodevelopment has merged with advancements in the comprehension of the effects of trauma on children and their overall psychological wellbeing (Creeden, 2009). About how the brain matures and its structure, there are three main areas: The Cerebral Cortex, limbic system, and brainstem. The stem coordinates essential reflexes that control the circulatory system and are responsible for arousal. The cerebellum, which is in the brainstem controls the movement of the muscles, balance, as well as other cerebral functions. The limbic system is responsible for sorting out emotional stimuli. The amygdala, which is part of the limbic system plays a vital role in regulating emotions and memories connected to traumatic experiences. The Cerebral Cortex is responsible for processing information from the five senses and executive functions. As it pertains to the neurobiology of trauma, the effects are evidenced by difficulties with self-control, violent behaviors, concentration problems,

dissociation, and poor interpersonal skills. A supportive environment and the age of the child when the disturbance transpired can mitigate the influence of the psychological wound. People who have been traumatized in comparison to those who have not typically have more activity in their amygdala, which creates limitations; the abnormal response in the amygdala causes emotional regulation difficulties, inability to process information when in distress, speech problems due to deactivation of the area of the brain responsible for language, and concentration difficulty because of hypervigilance.

Moreover, when the left hemisphere has not matured sufficiently, and the cerebral hemispheres are disconnected, individuals with a history of trauma may compartmentalize unpleasant memories (Creeden, 2009). The compartmentalized recollections may be inaccessible in this manner preventing learning from past mistakes and causing the person to engage in perseverative methods for coping with distress. Continual childhood abuse and protracted periods where the emotional needs of the child are unmet can trigger excessive synaptic pruning in the frontal lobe, which later leads to a deficit in emotional regulation skills. When different types of trauma or maltreatment continuously stimulate some areas of the brain, then the associated neural circuits will strengthen and easily triggered in the future (Creeden, 2009). While working with clients who engage in sexually deviant behaviors, clinicians should pay attention to clients' history of childhood abuse and the impact they have on current negative affective states. The distressful feelings may be the reason for the distorted thought patterns, difficulty recalling information surrounding the sexual crime, or what appears to be apathy when clients present for treatment. By not incorporating clients' past trauma into their current treatment, it will hinder the attainment of adequate self-regulation skills.

The Fraternal Birth Order (FBO) suggests that there is a correlation between birth order, a male's sexual orientation, and handedness (Rahman & Symeonides, 2008). That is, having older brothers influences the development of sexual preference. The FBO effect does not appear to pertain to females. Maternal immunization may also affect sexual preference while the fetus's brain develops in utero. The researchers studied whether hand preference or birth order connected to the development of Paraphilic Disorders in non-pathological heterosexual males. The results of the study indicated that Paraphilic Disorders do share a relationship with birth order and handedness. Also, the researchers found the right parietal lobe associated with normal arousal in heterosexual males, lower cognitive functioning in men with Pedophilic Disorder, which could imply that neurocognitive abnormalities and neurodevelopmental perturbations are frequent in Paraphilic Disorders.

Evolutionary Neuroandrogenic Theory (ENA) explains the variances in male and female behaviors and their intellectual abilities (Ellis, 2011). An element of the theory centered on what each gender adds to procreation, and the other looks at how different physiology is in men as well as women. ENA suggests that males tend to be more daring than females and thus engage in more dangerous behaviors because they are better able to handle pain. According to the theory, men think more frequently about sex than their female counterparts and want to engage in sex more often with multiple partners. All sex crimes are carried out by men, including statutory rape, acts of Pedophilic Disorder, incest, and so forth. In comparison to females, males have more occurrences of antisocial behaviors.

As shown above, the development of Pedophilic Disorder is multifaceted and is not due to a singular event such as a history of child sexual abuse, poor coping skills, deviant sexual interests, childhood trauma, or interpersonal difficulties (Figure 1). It is a combination of factors



that determines whether specific individuals will experience the disorder while others do not.

The following chapter will explore current treatment modalities available to treat Pedophilic

Disorder.

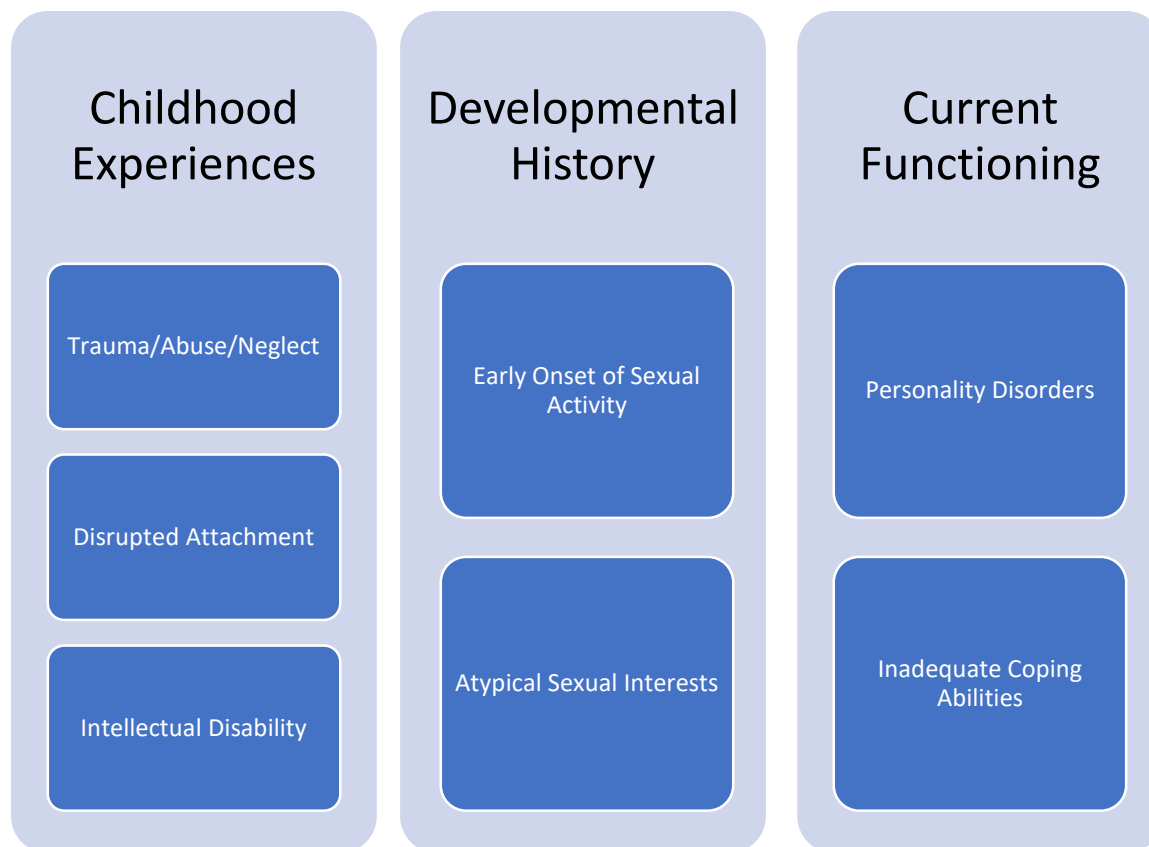


Figure 1. Risk factors for Pedophilic Disorder.

## **CHAPTER IV: WHAT ARE THE CURRENT TREATMENTS AVAILABLE FOR PEDOPHILIC DISORDER?**

A current driving force behind contemporaneous treatment approaches may connect with the identification and classification of the disorder. For instance, a hindrance to the effective treatment of Pedophilic Disorder is the inconsistent diagnoses of the mental illness by mental health clinicians. The function of a diagnosis is that it allows the identification of symptoms, offers a classification system, and facilitates the accurate prediction of the ailment. Effective treatment requires multiple components to be successful. As a result of the variability in diagnosis, there are treatment implications as well as legal consequences.

### **Diagnostic Assessment**

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013), the rate of occurrence for Pedophilic Disorder is unspecified. There are estimates of the appearance of the disorder in males, which is around three to five percent. Many individuals have little compassion or remorse for people who suffer from Pedophilic Disorder and therefore are unconcerned about the unfair treatment of those with the disorder experience (Jahnke, Imhoff, & Hoyer, 2015). Due to concerns about possible discrimination, for individuals with Pedophilic Disorder, it could create a sense of disconnect from other individuals and a decrease of sexual impulses as well as lost opportunities to develop preventive steps for the management of symptoms.

What creates more concern is that people with Pedophilic Disorder could worry about receiving unfair treatment and provided poor quality of care by mental health providers as a result of the mental disorder. On account of these reservations and stigma, people with this unique mental illness may not seek out treatment. In the present study, the researchers performed

two experiments to determine how intense the social shame associated with Pedophilic Disorder is in comparison with other types of mental disorders and in what manner this stigma is widespread in the general population. When compared with other mental illnesses, the examiners found that people with Pedophilic Disorder were perceived with more negative feelings and shunned by the participants in the study. Next, the members of the experiment had viewpoints about the disorder that was inconsistent with previous research findings. For instance, they believed that the individual could manage the attraction. Sexual crimes against children can transpire due to various causes instead of an actual appeal to children. There is a subclass of people with Pedophilic Disorder who purposely do not harm children. Generally, it is easier for society to accommodate other people when it believes the person cannot control their disorder; this response is perhaps improbable when members of the community perceive the illness as one that hurts other individuals and can be managed by the affected person.

Wilson, Abracen, Looman, Picheca, and Ferguson (2011) examined the inter-rater reliability as it pertains to the detection of Pedophilic Disorder. The researchers looked at four procedures customarily utilized in the evaluation of those convicted of sexual offenses, specifically the inter-rater concordance for actuarial assessment for risk, diagnoses from the DSM-IV-TR, phallometric measurements, and the clinicians' judgment. Furthermore, the researchers evaluated the connection between the various predictor variables and the rate of sexual re-offense. The results of the study suggested a significant amount of variability in the methods that were employed to diagnose a person with Pedophilic Disorder. For instance, an individual may have a positive phallometric profile; however, not meet the diagnostic criteria outlined in the DSM-IV-TR. The identification of the disorder or non-classification was contingent upon the tool used to make that determination. Findings from the research suggested

the best predictor of sexual recidivism was with the use of actuarial assessments. While clinicians commonly utilize the DSM and penile plethysmography for diagnostic purposes, they do not predict re-offense.

Additionally, they may distort the results of the evaluation. There are instances where offenders have manipulated the results of the phallometric examination (e.g., suppression of responses) (Blanchard, Klassen, Dickey, Kuban, & Blak, 2001). Some individuals may not be sexually attracted to the presented stimuli, whereas people who did not have a history of sexual offenses could experience sexual arousal (Moulden, Firestone, Kingston, & Bradford, 2009). Moreover, low response rates may adversely influence the validity and reliability of the phallometric test results.

In Western Europe, self-report measurements are the diagnostic tools generally utilized to diagnose Pedophilic Disorder (Fromberger, Jordan, Steinkrauss, von Herder, Witzel, Stolpmann, Kroner-Herwig, & Muller, 2012). These commonly used measures have poor reliability and validity because of respondents' attempts to paint themselves in a light more favorable to themselves. In North America, the penile plethysmography (PPG) is the assessment employed to evaluate sexual arousal and which is more precise as it pertains to the reliability of the test. The usage of PPG is not without some restrictions. PPG is an invasive procedure and polemic regarding test validity. Cognitive methods have been created to examine sexual attraction to children, such as the Implicit Association Test (IAT). Initially, the test was developed to detect racist ways of thinking or feeling. Later it was modified for use with individuals that had Pedophilic Disorder through the evaluation of automatic associations made between children and sexual arousal.

Furthermore, the measure distinguishes people with hebephilia from those with Pedophilic Disorder (Fromberger, Jordan, Steinkrauss, von Herder, Witzel, Stolpmann, Kroner-Herwig, & Muller, 2012). While in the beginning test statistics suggested uniformity and adequate reliability, the IAT appears to be susceptible to individuals who try to fake their responses on the measure. Another important aspect is that automatic associations examined by the IAT are not required to diagnose Pedophilic Disorder. For this reason, the connection shared between sexual attraction and automatic thoughts continues to lack clarity. An alternative that is employed to evaluate the disorder is the Viewing Time approach (VT). The premise of this method is that people with Pedophilic Disorder view deviate sexual material for more extended periods. Examiners usually incorporate the VT method with other assessment tools. In the current study, the researchers assessed the diagnostic accuracy of the movement of participants' eyes with Pedophilic Disorder while presented with visual stimuli that the participants deemed sexually pertinent. They theorized that research subjects with the disorder would stare longer at the relevant sexual material. The study found that the eye-tracking approach could correctly identify the participants with Paraphilic Disorder.

### **Available Treatment Options**

Through the identification of the complicated events that lead to the development of Pedophilic Disorder, treatment consists of different therapeutic methods to address the symptoms of the mental illness (Schaefer, Friedlander, & Blustein, 2004). The interventions utilized usually incorporate substance abuse education, social skills training, psychopharmacology treatment, relapse prevention, and other types of procedures. Even though different treatment programs are available, often the occupation difficulties of sex offenders are minimized, and vocational counseling is likely not provided to these individuals. In the current research, the examiners

studied the professional lives of male child molesters. Previous studies revealed that individuals with a history of child molestation typically possess advanced educational backgrounds. These individuals usually worked in skilled occupations and engaged in supervisory roles. Regarding socioeconomic background, incest offenders generally progress further than their parents did.

On the other hand, incest offenders are likely to show deficiencies in the areas of abstract reasoning and problem-solving abilities (Schaefer, Friedlander, & Blustein, 2004). After the discovery of the sexual offense, it is difficult for individuals with sex crimes against children to have a career due to sociolegal factors (e.g., imprisonment, insufficient income, family separation). Pressures related to the loss of employment and vocational stressors could adversely influence self-worth, consequently creating the circumstances for re-offense. The results in the present study suggested the impact of the crime is far-reaching for offenders. The aftermath consisted of loss of economic opportunities, damage to their support structure, and overall poor psychological well-being. It was a challenge to find compatible employment positions due to the negative association of sexual offenses that involve children. Additionally, the conviction influences the nature of work that the individual can obtain or perform, and the adjustment period that follows a newly secured position. The type of employment can either adversely impact mental health or improve it.

According to Harvard Medical School (2010), researchers have not found a successful treatment for Pedophilic Disorder and view it as a sexual orientation that likely cannot change. The treatment goals typically focus on strategies to help clients better manage their sexual impulses. The treatment works when the client is motivated, and the outcomes are successful when clinicians employ therapy and medication together. One of the complications of past studies is that research was made up of participants convicted with a prior sexual offense. The

estimates suggest people report 1 in 20 incidents of child sexual abuse, which consequently makes it difficult to predict the prevalence rate of the disorder in the general population. The research does not apply to people with Pedophilic Disorder with no history of child victimization.

Additionally, there are different types of offenders, for instance, those who are inquisitive sexually, abusive teenagers, impulsive individuals under the influence of substances, and hypersexual adults who purposely pursue sexual relations with children (Harvard Medical School, 2010; Casarez, Roche, & Simon, 2016; Larimer, 2015). Pedophilic Disorder does occur within the female population; however, at a much lesser rate than males (Harvard Medical School, 2010). The disorder is co-morbid with personality disorders or mood disorders. When individuals with mental illness act out, they tend to expose themselves, watch nude children, masturbate in front of children or sexually touch their victims. The penetration of their victims through vaginal, anal, or oral means is not universal. In many cases, the child knows his or her perpetrator, and they can be a family member, school personnel, neighbor, clergyman, or anyone who the child sees on a routine basis.

Langevin, Langevin, Curnoe, & Bain (2009) studied the commonality of thyroid disease in offenders with a history of violence and sexual crimes for various purposes, which may influence supervision as well as the treatment provided. Thyroid difficulties share a relationship with more occurrences of mood disorders (e.g., Bipolar Disorder, Depressive Disorders). As it pertains to the implications of treatment for undiagnosed thyroid problems, it can mimic symptoms of psychiatric disorders, and therefore, mental health clinicians should consider them. The management of thyroid disorders with psychotropic medications could be useless without initially addressing the physical condition and in specific instances, unnecessary if treatment of



the thyroid disease is the primary focus. The researchers found there were higher rates of thyroid problems in sex offenders and individuals with violent histories in comparison to the overall population. Moreover, thyroid disorders, diabetes mellitus, and endocrine irregularities were more prevalent in offenders who had sexually victimized children that could suggest problems with the hypothalamic-pituitary-adrenal axis as well as a possible cause of Pedophilic Disorder.

Invasive brain surgery has been used to treat individuals who display aggressive behaviors (Gilbert, Vranic, & Hurst, 2013). Acquired aggressiveness is when patients who do not have a history of violence begin to exhibit hostile behaviors after they undergo brain surgery. A desire to accomplish personal goals do not promote one of the main elements of acquired aggression. The hostility is usually spontaneous and unpredictable. Lesions in the frontal lobe can cause changes in emotions, create poor impulse control, and the inability to regulate behavior.

A common side effect of medications that contain selective serotonin reuptake inhibitors (SSRIs) is sexual dysfunction (Metzger, Walter, Graf, & Abler, 2013). Due to this side effect, patients may discontinue the medication, which leads to an ineffective treatment outcome. The lateral occipital cortex, the anterior cingulate cortex as well as other areas of the brain, play a role in the sexual function of males and females. Additionally, sexual arousal, sexual dysfunction, orgasms, and other aspects of sexual performance connects to these regions of the brain. The amygdala, which is involved in affective responses, is active during sexual appetite and arousal; however, it is not active during sex or the orgasmic stage. In summary, SSRIs reduce sexual desire and creates an inability to maintain a penile erection in men. Conversely, some of the drawbacks of SSRIs are that they cause unpleasant physical symptoms such as

nausea, headaches, feelings of agitation, among other adverse side effects, which could lead to treatment noncompliance.

Dr. Jill Levenson, a professor for Social Work at Barry University, addressed some of the difficulties that individuals with a history of trauma deal with during their adult years (Wooden, 2017). The talk took place during the fifth annual Bloomberg School of Public Health Child Sexual Abuse Symposium. The professor pointed out how vital it is to devote resources to support and services during the initial stages after the trauma exposure. Dr. Levenson inferred that the contemporary methods utilized to counteract childhood sexual abuse are complicated because there is too much of a focus on the response to the trauma and instead of on ways to prevent its occurrence. There is some research regarding offenders who experienced earlier trauma and then later offended. Dr. Jill Levenson calls attention to the lack of treatment and services offered to abused individuals and who, unfortunately, later victimize others. The professor supports the employment of trauma-specific interventions that meld with prevention strategies and information gleaned from the subfield of neuropsychology that explains the impact of childhood trauma for treatment purposes.

Das, Pramanik, Ray, and Banerjee (2016) delved into how individuals who had experienced recurrent and severe sexual abuse during their childhood reconstructed their inner worlds by way of meaningful interpretations of their destiny and the ordeal they went through. Furthermore, the researchers examined the impact of childhood trauma on the participant's identity development, their ability to connect with other people, and the mechanisms created to cope with past trauma. The purpose of the study was to shed some light on the unique approaches used by the participants and to provide an understanding of the human mind. One of the factors observed among the members of the study was their reluctance to blame their families

for the trauma they had endured. Under the exemption, the participants did not want revenge against their caretakers, which may function as a form of self-protection for the participants. In cultures that emphasize the importance of the family or promote the significance of group identity, the self-image always interconnects with other members of the familial unit. Another theme that emerged was the conflictual feelings towards relationships with other people, which may suggest a means of protection for the fragile ego. Not all the participants were wary of relationships. Some of them did have relationships that were manipulative and unhealthy in terms of quality. Others elected not to enter into relationships as a way of avoiding discord within their families, which could have been an effort to correct the imbalance within an emotionally distant family. Next, the participants had unique ways of connecting with their external environments. For instance, they would deliberately not make full use of their abilities, overly use abstract language, and have preoccupations centered on physical symptoms. What was significant in the study was how the participants' viewed themselves and the distorted lens they utilized to see the outside world; the way they live by some moral codes and disregarded others could occasionally signal a dysfunctional approach to the rejection of unpleasant aspects of reality. Conversely, these individuals possess the ability to develop emotional equilibrium and may have the capacity to create an internal locus of control.

Imhoff (2015) attempted to examine the presence of punitive attitudes against people with abnormal sexual attractions and if the categorization of the appeal as pedophilic would cause more negative associations as well as punishment. Furthermore, the purpose of the study was to observe if participants would support the penalization of individuals with Pedophilic Disorder simply because of their sexual attraction absent of any acting out behaviors that justify the criminal sanctions. The disorder should not be confused with the actual victimization of

children, which is not a sexual attraction but a criminal offense. Frequently, Pedophilic Disorder is misidentified and interchanged with the sexual abuse of a child, especially in high profile abuse cases in the media. The results from the study indicated that people do utilize an extremely punitive approach when it comes to individuals with Pedophilic Disorder even when no criminal history exists, and the label of the disorder aggravates the effects in comparison to a more detailed description of the condition. Consequently, the participants saw a direct correlation between Pedophilic Disorder and the probability of child victimization without clear communication of the relationship during the studies.

Although the layperson uses the term child sex offender and pedophile similarly, they do not carry the same meaning (Mackaronis, Strassberg, & Marcus, 2011). Around half of the convicted sex offenders meet the diagnostic criteria for Pedophilic Disorder. One of the objectives of research centered on child sex offenders is to discover who indeed has the Paraphilic Disorder and requires the development of comprehensive psychological instruments to examine the disorder. Pedophilic Disorder encompasses distorted thoughts that allow the person to rationalize the behavioral response as well as a strong sexual attraction to young children. Furthermore, it appears neuropsychological components could influence the occurrence of the disorder.

A case of a male client admitted to the psychiatry unit for attempted suicide was utilized to demonstrate the concept of neutrality when mental health professionals work with individuals who suffer from Pedophilic Disorder (Lally & Freeman, 2005). The Federal Bureau of Investigation (FBI) allegedly had been contacted by the neighbor of a patient due to the possession of child pornography. The client was ashamed child pornography was found on the hard drive of his computer. He indicated that it helped him not to act out on his sexual impulses,

and he denied a history of child victimization. The patient found his disorder to be ego-dystonic and wanted treatment. Before his discharge from the hospital, the male client decided to contact the FBI and to turn himself in for the offense. The FBI stated the patient had not been charged with any crime, nor had he hurt anyone. Due to the willingness of the client to undergo treatment, he was informed by the FBI that there was a residential treatment program where he could receive therapy since he could not afford his treatment. Several months after the patient left, he contacted the hospital for assistance. The FBI took the client to the maximum-security state prison after his hospital release. He faced 17 years of incarceration, with no treatment offered. The hospital worked with the attorney of the client, and he received a sentence of three years at a minimum-security facility that provided therapy to sex offenders. The article illustrated healthcare professionals have a duty to patients unless there is the knowledge that patients are a threat to themselves or others. When clinicians provide treatment to patients, neutrality is an integral part of ethical care.

The Federal Bureau of Prisons (BOP) offers two types of treatment options for sexual offenders (Federal Bureau of Prisons). The first treatment involves 12-18 months of sex offender treatment in a residential-style housing unit. The residential treatment is only available at two federal facilities: one in Illinois and another in Massachusetts. The next treatment program utilizes an outpatient group format and takes inmates about 9-12 months for completion. The program is offered at several federal facilities and is for inmates who have a low to moderate possibility of sexually re-offending, whereas the residential treatment works with inmates with higher probabilities of re-offense. In brief, what makes incarceration effective in terms of interventions is that it removes the perpetrator from the environment, which therefore reduces the likelihood of the person victimizing children any further. Hence incarceration eliminates the

threat and protects the defenseless as well as the vulnerable groups within a society. Although the BOP's approach may be practical, on the other hand, it offers limited treatment options in addition to providing sex offender treatment in only select federal facilities and locations.

The Palace Mobile Home Park, located in Saint Petersburg, Florida, houses individuals convicted of a sexual crime (Barkfors & Barkfors, 2014). The program is part of the Florida Justice Transitions, Inc (FJT) (Florida Justice Transitions, Inc, 2018). The FJT was created in 1990 to assist former offenders with the attainment of affordable housing. The residents of the mobile park community are not permitted to live within one thousand feet of underage children. They are legally required to register as sex offenders; the offenders must check in two times each year with the state police, among other legal requirements. The program offers counseling services, aids the offenders with the securement of employment, and facilitates community reintegration.

There are not many programs centered on the treatment of offenders who sexually abuse members of their families and even fewer diversion programs at the pre-indictment phase within the criminal justice system (Titcomb, Goodman-Delahunty, & Waubert De Puiseau, 2012). Ever since 1978, the Child Sexual Abuse Treatment Program (CSATP) in Santa Clara, California, has worked with the legal system in the U.S. The goal of CSATP is to reunite families ultimately. The program was not meant to treat intrafamilial offenders exclusively; however, they have become the de facto providers due to referrals they receive from the county court. The Superior Court of Santa Clara County sends adult male intrafamilial offenders predominantly to CSATP for treatment. The Cedar Cottage diversion program located in Westmead, in the state of New South Wales in Australia, provides therapy to intrafamilial, as well as nonbiological familial offenders. The program utilizes comparable collective methods to treat all members of the

affected family like CSATP. However, there are some significant variances. The goals of Cedar Cottage are to reinforce the positive family relationships that victims have with other relatives who have not engaged in abuse and during treatment give priority to the rights of those victimized. The researchers in the study evaluated if the nonfamilial group of offenders achieved the same treatment results as the intrafamilial sex offenders in the Cedar Cottage diversion program. The research outcomes supported prior results from other studies in that intrafamilial offenders have the same chances of reoffending like other groups of sexual offenders. In essence, what makes the treatment program at Cedar Cottage successful is that services are provided to intrafamilial and nonbiologically related offenders with a focus on strengthening family bonds between the victims and their nonoffending relatives.

The Stop It Now! campaign was created in 1995 to help individuals with Pedophilic Disorder (Philpot, 2003). The organization encourages people with the disorder to participate in treatment to prevent future incidences of child sexual abuse. The movement emphasizes the significance of the recognition of specific signs in the affected person and other individuals, such as a person who views child pornography. The campaign recommends people contact the police or seek out voluntary treatment. The individual with the disorder takes responsibility for treatment to facilitate the prevention of child sexual abuse.

In the U.S., sexual exploitation crimes lead to the types of cases most commonly prosecuted at the federal level, specifically those associated with child pornography (Lam, Mitchell, & Seto, 2010; Rocha, 2016; Zambo, 2006). Tough on crime tactics along with sentence guidelines are engineered to aid prosecutors to pursue individuals who have committed child sexual offenses and to increase the rates of incarceration for such offenders (Lam, Mitchell, & Seto, 2010). These strategies are alluded to by the higher numbers of individuals who are

required to register as child sex offenders, the growth in the individuals who need supervision once they are released, and the surge in public announcements to warn about the child sex offenders who live within the community. Within the past several years, research has begun to focus on the crimes that pertain to child pornography — public opinion effects which policies are created and later legislated. The outlook of society about child pornography crimes determines the nature of the crime, the circumstances that surround the offense, the traits of the child victim, and the offender. Gender and age are factors that contribute as well to the overall picture.

Another element that plays a role in how people perceive child pornography is the media. The media categorizes any individual who has sexually abused a child as a pedophile, and that is incorrect. There are different dynamics at play that separates pedophilic and non-pedophilic individuals with regards to available treatments, etiology, and risk of re-offense in the future. The layperson is more inclined to see heterosexual interactions between children and adults less punitively, mainly when the offender is a woman and a young male in comparison to sexual interactions between adults who share the same sex as their child victims (Gerdau & Gomstyn, 2011). Previous research has demonstrated qualities possessed by defendants as well as their victims (i.e., innocent, defenseless) are of importance in criminal procedures and impact the view of the type of sentence which befits the crime committed (Lam, Mitchell, & Seto, 2010). The perception of the lay community of sexual offenses and those who engage in those criminal acts is critical because their views shape public policies.

The tough on crime laws utilized for those who commit sex crimes is the response of the government to protect the public. The community support of harsh criminal penalties (i.e., sex offender registries) has given way to how those who commit such offenses are dealt with by society. Although one of the features of the democratic process is the will of the people, panic



can at times fuel the responses of the public instead of empirical evidence (Dolan & Lyon, 2013; Lam, Mitchell, & Seto, 2010). Conversely, there are rare instances when defendants are shown leniency when sentenced for a sexual offense against children. In the state of Delaware, Mr. Robert H. Richards IV received probation for the rape of his young daughter (Barrish, 2014). The judge who presided over the case believed incarceration would negatively impact the defendant and instead sentenced him to treatment. The Delaware Sentencing Accountability Commission (SENTAC) advises judges to sentence defendants to the lesser end of the sentencing guidelines. SENTAC believes the employment of prisons should remain for those individuals who commit violent crimes.

Clinicians must have the ability to accurately assess the rate of recidivism among female sexual offenders (Bader, Welsh, & Scalora, 2010). The authors in the current study examined Child Protective Services (CPS) reports and reports of local law enforcement agencies where females were not arrested for child molestation to determine if the incorporation of more data about sexual re-offenses could better predict future sexual crimes amongst female offenders. The traditional method for the assessment of rates of recidivism in male sexual offenders was combined with the conviction frequency rates. The findings of the study suggest the percentage of individuals sentenced in the future for a sex crime may be deceptive because it does not consider unreported sexual offenses or plea bargains. There are a few challenges in the determination of the rate of female sexual crimes, such as victims who underreport the sexual assaults and the hesitancy of many professionals to recognize the prevalence of sexual offenses in the female population.

As shown above, part of what makes the treatment for Pedophilic Disorder elusive is the different manifestation of the symptoms, misdiagnosis/overdiagnosis, in addition to the

omnifarious etiology of the disorder. During a diagnostic assessment, the clinician must consider which mental illness label captures most of the symptoms reported or when Occam's razor is applied, which diagnosis best explains what has occurred with the client. Under those circumstances, diagnostic impressions should be based on the reported symptoms, observable behavioral responses at the time of the consultation, and the individual's history. Another confounding factor that could occur is when the client receives different diagnoses from various treatment providers, and as a result, consideration is not given to disorders that may overlap with one another or create comparable presentations.

## CHAPTER V: CONCLUSION AND RECOMMENDATIONS

Individuals with Pedophilic Disorder may hesitate to seek medical attention for their symptoms due to the possibility of being denied treatment or receiving care from apathetic mental health professionals. Another factor that exacerbates the situation and functions as a stressor is the state of helplessness or hopelessness clients are in when they attempt to initiate treatment (Jahnke, Imhoff, & Hoyer, 2015). Under those circumstances, clinicians must learn about the unique treatment needs of this population and the social stigma associated with Pedophilic Disorder to reduce the negative sentiments which can have detrimental effects. These harmful outcomes may come in the form of poor self-esteem, low self-confidence, absence of interpersonal relationships, and less incentive to seek treatment.

To develop an awareness of how the disorder came into existence would allow practitioners the opportunity to understand on a deeper level the motivations of the behavioral responses (Aslan, Edelmann, Bray, & Worrell, 2014). To put it differently, the problematic behaviors of the client may serve a purpose. The functions of the responses may connect to possible attachment difficulties that stem from early childhood experiences, feelings of rejection, problems with interpersonal connectedness, and generally poor-quality relationships. The condition of the parent-child relationship during the formative years of the child's life lays the foundation for future relationships. For this reason, the dysfunctional behaviors may arise when clients experience painful emotions, have poor communication skills, and under stress. When the conditions which cause distress are present, the individual with Pedophilic Disorder may engage in behavioral externalization and attempt to make a connection with children. Mental health professionals must determine if they are treating clients who indeed suffer from Pedophilic Disorder, or a different type of mental illness so they can utilize the appropriate treatment. Furthermore, clinicians can tailor the treatment protocol to fit the specific needs of the client and

help to decrease the rate of recidivism as a result of effective treatment. Ultimately, effective treatment can help prevent the next generation from suffering from Pedophilic Disorder.

### **Past Treatments**

This section will examine the reasons why previous treatment interventions have been unsuccessful when working with individuals with Pedophilic Disorder. First, treatment providers may address one problematic behavior during the treatment episode and not consider others. For example, individuals may not genuinely have had the disorder; thus, the application of treatment for symptoms that do not exist would render the intervention ineffective or useless. Another factor which would influence treatment outcome is the rejection of treatment. According to the literature, Pedophilic Disorder is co-morbid with other mental disorders (e.g., personality disorders, mood disorders). Characterological difficulties are resistant to treatment. To illustrate what may cause treatment to be more difficult is if the person has an antisocial personality style or another type of personality disorder. With the antisocial personality presentation, the individual is not bothered by taking advantage of others, disregards societal norms, and lacks remorse for any distress he/she may afflict upon other individuals.

Additionally, people with antisocial tendencies have histories of licentious behaviors, impulse control problems, and have the proclivity to engage in sexually risky behaviors. The behaviors exhibited by these individuals are callous and wanton. They also have difficulty managing their emotions. When experiencing negative affective states, they look for ways to alleviate their feelings. The painful emotions fuel the impulsive behaviors and lead these individuals to externalization. These individuals are masterful at playing on people's emotions, getting others to do their bidding, and are socially savvy. As a result of their superb social skills, they are experts at manipulation and can camouflage their true intentions. With these aspects in

this mind, this means if clients have Pedophilic Disorder in combination with Antisocial Personality Disorder, clients may have little to no motivation to change their harmful behaviors and address their symptoms via treatment. Specifically, people with antisocial tendencies enjoy breaking the law and are enticed by dangerous situations. They have a hard time accepting responsibility for their actions and often blame other people for their hurtful behaviors.

Antisocial Personality Disorder can add another layer of confusion for clinicians when trying to assess for Pedophilic Disorder. A few of the traits of this type of personality disorder are reckless behaviors, poor judgment, and an inability to engage in introspection. Due to the failure to make appropriate decisions and the lack of empathy for others, these individuals could engage in child sexual abuse, and not experience any sexual attraction towards under-aged children. They may enjoy more the thrill of breaking the law and the violation of others than truly experience sexual arousal towards children. Hence, if there is an opportunity to take advantage of children without getting caught, these individuals will take the chance. Secondly, some individuals sexually abuse children when their primary sexual partners are unavailable. This subgroup of individuals will use children or stepchildren as substitutes for sexual gratification. If they experience relationship dissatisfaction or have a hard time with emotional connection, then they will turn to the children who are in proximity.

Next, some clients may suffer from Obsessive-Compulsive Disorder (OCD). The thoughts of engaging in child sexual abuse are a typical occurrence for individuals with OCD and causes them to experience anxiety (Bruce, Ching, & Williams, 2018). At the same time, clinicians often misidentify and are unaware of the obsessive pedophilic themed thoughts that are prevalent within this population of individuals. Clients may not disclose those disturbing thoughts for fear of being mislabeled or have their ideas misinterpreted by treatment providers

who are not familiar with the clinical signs and consequently receive the inaccurate diagnosis of Pedophilic Disorder. The incorrect classification of the presenting symptoms and the disparate treatment that ensues may worsen the anxiety symptoms for clients. Accordingly, these clients do not have Pedophilic Disorder, and for these reasons, it is imperative that treating clinicians are adequately trained in the identification as well as treatment of Pedophilic Disorder.

Due to the nature of the disorder, previous studies are primarily made up of the forensic population. According to the review of the literature, not every person with Pedophilic Disorder victimize children, and some have engaged in Pedophilic behaviors but never were detected by law enforcement or involved in the criminal justice system. Some of these individuals end up getting married, and some still do experience distress about their sexual attraction. The ego-dystonic reactions function as a defensive barrier and stop the individual from acting out sexual desires. Due to the legal and social implications of the disclosure of pedophilic attraction, this sample group may be inaccessible to researchers.

Lastly, previous treatments for Pedophilic Disorder centered on the cognitive-behavioral approach have been used by clinicians in combination with medication to help manage the symptoms (Bruce, Ching, & Williams, 2018). Pharmacological interventions play a significant role in the treatment of Paraphilic Disorders (Catrin, 2012). Two of the drugs routinely employed are medroxyprogesterone acetate and cyproterone acetate. The medications cause severe side effects, such as osteoporosis. Hormonal therapy is another method employed to treat Pedophilic Disorder. The primary drug used is leuprolide acetate (Silvani, Mondaini, & Zucchi, 2015). There have been mixed results in terms of the effectiveness of these treatment protocols. For some individuals, chemical castration helps decrease sexual fantasies, while for others, there are minimal effects.

Given these points, the reasons which explain why an individual engages in child sexual abuse are numerous and different. In other words, what prompts one person may not motivate the other to participate in pedophilic acts. Mental health professionals must have an awareness and understanding of the variations of the disorder. Chiefly, treatment providers should determine if the sexual attraction to children suggests a persistent, abnormal sexual interest, a limited temporary reaction associated with situational factors, or that cooccurred with another mental illness.

### **Treatment Recommendations/Preventive Measures**

To change the trajectory of sexual offender treatment, clinicians should consider the use of a holistic approach by addressing the environmental factors that contribute to the manifestation of the symptoms. According to the results of the current literature review, many individuals with Pedophilic Disorder grew up in environments where their emotional needs were unfulfilled by their caregivers, witnessed violence, experienced childhood trauma as well as neglect. Furthermore, trauma negatively impacts brain development, rewires the brain, creates limitations, and subsequently influences behavioral responses. Therefore, many therapeutic interventions that typically center on clients' neurolinguistic abilities could be unsuccessful with those with trauma histories because of the unique shortcomings created by trauma (Creeden, 2009). Difficulties with linguistic communication can lead to complications with activities of daily living, adversely impact the quality of life and everyday functioning as well as influence treatment outcomes. Due to these dynamics, clinicians should regularly assess language and auditory processing deficits during the treatment episode. Clients' trauma and emotional attachment histories could impair the prefrontal cortex. The impairments could create difficulties with executive functioning and problematic behaviors that require management. For this reason,

clients' executive functioning abilities should routinely be examined, and based on the test results; then, mental health professionals can create in addition to apply appropriate therapeutic interventions.

During the evaluation process, diagnosticians should take into consideration the clients' medical histories and the impact this may have on the presenting symptoms. Langevin, Langevin, Curnoe, and Bain (2009) found thyroid problems in their forensic sample, which consisted of offenders with violent histories as well as sexual offenses. The thyroid irregularities could influence behaviors and hence create an additional layer of treatment concerns that require direct intervention. The findings from the study recommend that a blood test, along with an examination for possible endocrine disorders, be added as part of the evaluative stage.

Additionally, environmental factors and how clients with Pedophilic Disorder view their sexuality should be explored to help them to develop a healthy sexual identity and acquire developmentally appropriate relationship skills. The exploration of sexual identity could be one component addressed as part of comprehensive sexual education. The advantages of learning about interpersonal relationships, gender identity, and expression would allow clients the opportunity to gain accurate information about the organic phases in addition to the social facets of their sexuality ("Future of Sex Education Initiative," 2012). It is conceivable that adequate sex education may curtail or correct maladaptive behavioral responses (Boucher, 2014). Sexual health handled pragmatically may foster healthy sexual development, allow clients to gain insight into dysfunctional behaviors, experience more appropriate thoughts as it pertains to their sexual lives, and improves their capacity to make better decisions about sexual practices. One tool that clinicians can use with other diagnostic measures is the Pedophilic Disorder Risk Inventory (PRI) (refer to Appendix A). The PRI considers different situational factors that may



put the individual at risk for the development of Pedophilic Disorder. The more risk factors the client has, the higher the probability of the occurrence of the disorder.

According to the literature review, Pedophilic Disorder can co-occur with personality disorders. With this in mind, clients may benefit from pharmacological interventions but also the integration of Dialectical Behavior Therapy (DBT) and Motivational Interviewing (MI) during their treatment, which could improve treatment compliance. DBT is a comprehensive cognitive-behavioral therapy created especially for individuals with Borderline Personality Disorder (Linehan, 1993). Psychosocial skills training is one aspect of the treatment. DBT is an efficient treatment when integrated with the skills training and individual therapy sessions. Clients must learn skills that facilitate the self-modulation of their affective responses and develop the capacity to navigate in their natural environments as well as their everyday lives. The therapy is effective when employed in an adaptive manner (Linehan & Wilks, 2015). Clinicians can remove or incorporate some protocols that address the unique needs of clients. DBT views the individual rather than the disorder (Lynch et al., 2006). In terms of Motivational Interviewing, the client is the focal point of the model in addition to is built on the therapeutic relationship, focuses on client empowerment, the individual's motivation, and adherence to behavior modification (Szczekala, Kanadys, Wiktor, & Wiktor, 2018).

Finally, since many individuals with Pedophilic Disorder have experienced childhood abuse and neglect, perhaps parental skills training may prove to be useful in preventing the disorder. The development and implementation of appropriate parenting skills could work as a protective factor as well as improve the discipline methods utilized by caretakers (Lee, Jackson, Pattison, & Ward, 2002). A review of the literature indicated the following factors increase the risk for Pedophilic Disorder: the breakup of the child's family, removal of the child from home,

lack of stable housing, childhood abuse or neglect, exposure to violence, and disrupted emotional attachment with parents or caregivers. Additionally, children with parents who have unresolved childhood trauma can influence their ability to safely and effectively parent their children.

Parents with a history of childhood trauma may disconnect from their emotions, which will pose a challenge for them. The inability to connect with their emotions could make it difficult for parents to recognize the feelings of the child and attend to the emotional needs of the child.

Therefore, for families who require intervention from the child welfare system, parent training as a service could function as a protective factor against Pedophilic Disorder. As a result of improving the parenting skills of caregivers, especially those with trauma histories, hopefully, it could enhance the emotional attachment between the parent and child, prevent future occurrences of child abuse, and ultimately, Pedophilic Disorder. The improvement of the quality of the emotional bond within the parent-child dyad can create a robust internal representation for relationships that the child will carry into their adult relationships. A challenge faced by individuals with Pedophilic Disorder is the inability to connect emotionally with peers and subsequently causes them to feel uncomfortable in their relationships as well as have their emotional needs go unmet in those relationships just like when they were children. For these reasons, as a preventive measure for Pedophilic Disorder, parents who come in contact with the child welfare system may be good candidates for parent education programs and profit from these training so they can prevent childhood abuse in addition to trauma.

### **Future Research**

As a result of the various ethical problems and legal impediments involved, some mental health professionals may elect to not work with people who suffer from Pedophilic Disorder. Even if that notion is accurate, all clinicians should still possess working knowledge about the

disorder since clients with Pedophilic Disorder attend treatment in various types of therapeutic milieus. Future research can examine which combination of variables can better predict which individuals will develop Pedophilic Disorder. An additional point to keep in mind is the stigma associated with the mental illness and the roadblocks to treatment this creates for potential clients. Due to the label, some clients may not want to participate in therapy, and so future research could investigate possible approaches to connect with these clients.

Next, given that the effects of childhood sexual abuse can be continuous, studies in this area are very much needed to foster the development of better assessment tools in addition to improved treatment interventions. Opportunities do exist for the development of better treatment methods and techniques that clinicians can use when working with clients who suffer from Ephebophilia, Hebephilia, or Pedophilic Disorder. Optimistically, with the use of improved treatment procedures, the harmful and adverse effects of this disorder can be prevented. If we have a better understanding of the etiology of Pedophilic Disorder, then we can determine which treatment approaches are more effective.

Finally, the terminology utilized to describe the symptoms of Pedophilic Disorder can be an obstacle to effective treatment. In the criminal justice field, they employ distinctive legal language than what mental health professionals use in clinical settings (Titcomb, Goodman-Delahunty, & Waubert De Puiseau, 2012). Due to the revolving lexicon, it has adversely affected scientific research, policy development, and treatment approaches. Furthermore, there are limited studies on women with Pedophilic Disorder. As a result of this limitation, there are treatment barriers regarding the improvement of therapeutic techniques, which consequently restricts the data needed when making decisions that pertain to probation, parole, and community release programs (Bader, Welsh, & Scalora, 2010).

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## Appendix A

## PEDOPHILIC DISORDER RISK INVENTORY (PRI)

Tonise Florexil, M.A., M.S.

Florida School of Professional Psychology

This instrument can be utilized during diagnostic evaluation to assess risk potential for Pedophilic Disorder.

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

## CHILDHOOD HISTORY:

How was the relationship with parents/primary caregivers?

Is there a history of childhood trauma? If yes, at what age did the abuse begin?

Is there a history of child neglect?

Did the individual witness any domestic violence during his/her childhood?

Was the individual exposed to any form of violence as a child?

Was the individual ever removed from their primary home as a result of reported child abuse, neglect, or maltreatment? If yes, with whom did the person live with and for how long?

Is there any history of disruptions within the family unit? If yes, what was the cause of the interruption, and how long did it last?

Was the person ever involved in the criminal justice system as a juvenile?

## CURRENT FUNCTIONING:

Does the individual have a history of psychiatric treatment? If yes, what diagnose(s) did he/she receive?

How does the individual handle stressful situations? (*Pay attention for the use of substances*)

Have any negative childhood experiences adversely impacted current interpersonal relationships? If yes, how?

How did the individual initially learn about sex and the development of his/her sexual identity?

What type of work has the individual performed in the past? (*Pay attention to work which allowed access to children*)