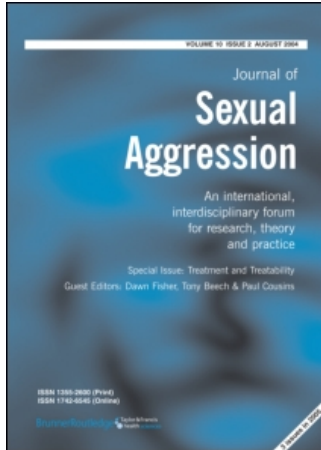


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Child molester or paedophile? Sociolegal versus psychopathological classification of sexual offenders against children

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Abstract *In the present study we analysed to what extent the categories used in empirical child molester research were sociolegal (based on offence types) or psychopathological (based on nomological systems of psychological types or mental disorders). Based on a systematic Medline and PsycInfo search, 714 empirical studies on child molesters from 1972 to 2004 were analysed with regard to the categories and diagnostic procedures used. The majority of studies used a grouping procedure based on an offence-orientated criterion (child molesters versus others), whereas only a few referred to diagnoses and, hence, to nomological systems utilized in clinical psychology and psychiatry. The results also indicated the presence of extensive classification pluralism and a dominance of publication in specialized forensic journals. Critical consequences of this research practice are discussed with regard to comparability of studies, heterogeneity of study groups, theory development and, particularly, the generalizability of child molester research. Finally, we propose a research strategy that is grounded more profoundly in methodological considerations and a more interdisciplinary orientation in sexual offender research.*

Keywords *Child molester; paedophilia; sexual offenders; DSM-IV; classification; taxon*

Introduction

Exact definition and operationalization of the categories under study deliver the basis of scientific endeavour and determine the impact of its findings (Meehl, 1979, 1992). This problem is not restricted to the inanimate world; rather, it is seen in a pronounced way in any scientific effort to describe human functioning and, thus, also when different types of sexual offenders are characterized (see Knight & Prentky, 1990). If Okami and Goldberg's notion (1992) is still true that "the current approach to classifying child molesters has led to a definitional and diagnostic chaos" (p. 302), then the quality of scientific research in this area is severely limited and must be addressed. However, Okami and Goldberg (1992) based their conclusion on an unsystematic review of the theoretical and research literature and conducted

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no direct analyses of the actual use of classifications. In contrast, the current study investigates systematically the empirical veracity of their statement, i.e. quantifies the use of (at least partially incompatible) grouping and classification strategies in sexual offender research and analyses changes in categorization procedures in the past decades.

People at risk of molestation behaviour are described most frequently either as “child molesters” or “paedophiles”. The two terms represent the sociolegal and psychopathological conceptualizations of the phenomenon (Ames & Houston, 1990). The concepts overlap, e.g. a child molester can be a paedophile or vice versa, but they are not interchangeable. There are child molesters who do not have a strong, ongoing sexual interest in children (i.e. are not paedophilic) and there are also paedophiles who never molest (i.e. are not child molesters).

The term “child molester” is used for a person who has had sexual contact with children. The sexual act, as well as the definition of what is a child, is legally based. Whether the person is to be classified as a child molester or not is simply decided by referring to legal norms. The term “child molester” reflects behaviours, specifications of which vary among justice systems and across time. This term may not reflect a psychological or medical phenomenon.

The term “paedophile” applies to people who have a sexual interest (or even preference) in pre-pubescent children independent of their actual behaviours, legal or otherwise (APA, 2000; WHO, 1993). The criteria vary with the classification system being applied. When based on a classification system of psychopathology or mental disorders, then the term “paedophile” is a diagnostic label or diagnosis. In the two major classification systems of mental disorders (DSM-IV-TR: APA, 2000; ICD-10: WHO, 1993) diagnoses represent syndromes or clusters of features (symptoms) that occur together and distinguish the person from other individuals. A diagnosis of mental disorder necessarily implies a level of dysfunction due to this disorder.

From a research perspective, there are a number of advantages and disadvantages to these two categorical approaches. The use of sociolegal categorization may be economic, based on clear and (potentially) reliable criteria and of direct social relevance. Furthermore, the use of sociolegal categories will be well understood by policy makers. These qualities make them popular and easily applied labels for justice organizations seeking to organize their treatment and risk management services.

There is extensive evidence that psychological and psychopathological differences exist between molesters and other groups (e.g. Bumby, 1996; Feelgood, Cortoni & Thompson, 2005; Fisher, Beech & Browne, 1999; Marshall, Anderson & Fernandez, 1999), but these differences can be explained alternatively by a number of possible confounding variables (either psychological, social or biological). Accordingly, Hoyer et al. (1999), Hoyer, Kunst and Schmidt (2001) and Leue, Borchard and Hoyer (2004) found that classifying molesters according to DSM-IV criteria of paedophilia and impulse control disorder in a discriminant function analysis provided a better explanation of the data than the sociolegal classification. Furthermore, attempts at refining the sociolegal concept by defining subcategories is faced with similar problems. Thus, separating molesters into intrafamilial and extrafamilial types is unlikely to represent progress. Some recent studies suggest that this subclassification has little validity (Beech, 1998; Rehder, 1996), because it is made up of a number of psychological types that do not match the sociolegal definition. Accordingly, it can be shown that marked psychological differences which may be of relevance for prevention and treatment exist even *within* individuals falling in the same sociolegal category. For example, Leue, Brocke and Hoyer (in press) could demonstrate that impulse control-disordered child molesters (without paedophilia) showed reduced behavioural adaptation under non-reward when compared to sex offenders diagnosed with paedophilia (see also Hall & Hall, 2007; Murray, 2000;

Raymond et al., 1999 for the relevance of the conceptual distinction between paedophilia and child molestation).

As sociolegal categorizing is not grounded in research criteria (at least not a priori), the quality of the categorization (its reliability and validity) is unclear. This can lead to problematic inferences from research and to various other problems. For instance, different treatment needs may be relevant to people within the same sociolegal category (e.g. in sexual offenders or, similarly, in property offenders for which the diagnosis of substance abuse/dependence would make a clear difference in determining treatment options). This problem may also explain in part the only moderate effectiveness of interventions for criminal behaviour (Hanson et al., 2002). The fact that there are distinctive subgroups within offender populations may compromise the construct validity of studies and, as a consequence, the findings regarding treatment effects. Finally, possible fluctuations in this heterogeneity across samples also impede the interpretability of any findings and their collation into literature overviews.

In contrast to sociolegal classification, the aim of psychopathological classification is to describe mental disorders which reflect potentially invariant aspects of nature (Meehl, 1979; Millon, 1991). Thus, in contrast to sociolegal categories, psychopathological ones should reflect (psychologically) more homogeneous groups of individuals. This relates to intervention, as particular groups may require certain interventions which are inappropriate for other groups. Aetiology and prognosis may also vary between such groups and thus suggest different courses of action in terms of primary and relapse prevention.

Psychopathological concepts also have the advantage of distinguishing between problematic behaviours and psychological disorders. This is important because it delineates behaviours which may only change through intensive therapeutic procedures (disorders) and other behaviours which may dissipate without psychological intervention (problematic behaviours) or through minimally invasive training and education approaches. Many mental health-care systems are based on this principle, whereby only a diagnosis can lead to health insurance payments for psychological treatment.

Conversely, even if valid, a psychopathological concept need not have importance for society. Despite its scientific value in describing an aspect of nature, it may be of little practical use in a particular setting leading it to be rejected by clinicians (Kendell & Jablensky, 2003). This is one suggested reason for the apparent disinterest in the diagnosis of paedophilia (Marshall, 1997; Polaschek, 2003). Others have criticized the coherence of the criteria and the concept of disorder (Moser & Kleinplatz, 2003; O'Donohue, Regev & Hagstrom, 2000). Additionally, difficulties with using self-report based diagnostic criteria have probably discouraged practitioners and researchers from using the paedophilia diagnoses in the DSM and ICD systems. The serious legal consequences of self-reported sexual fantasies about children encourage both cognitive distortions and denial about their existence.

However, the described problems refer only to defining and operationalizing paedophilia as a scientifically and clinically reliable diagnosis. The existence of the taxon "paedophilia" (taxon meaning "a non-arbitrary class whose existence is conjectured as an empirical question" in the sense of Meehl, 1992, p. 117) was not doubted substantially by any of these critics. It cannot be doubted seriously that a potentially dangerous and clinically relevant sexual preference towards children exists in some individuals. A deviant sexual preference for children is among the most important risk factors for sexual offender relapse (Hanson & Bussière, 1998) and, thus, needs to be assessed. The (practical) problems, however, in diagnosing and identifying paedophilia, should not be confused with the necessity to define the underlying hypothetical construct itself. In order to overcome this problem, some researchers have developed research diagnostic criteria based on behavioural data with good inter-rater reliability and construct validity (Hoyer et al., 2001).

The utilization of at least two approaches to classification and the existence of multiple categories within these approaches poses a general problem for theory development and empirical research. For instance, the generalization of results is restricted through two competing conceptualizations. It is sensible to question if research based on one concept is at all relevant to the other. The second problem is that as one concept is sociolegal and the other psychopathological, it is illogical to place their respective research in direct comparison. Moreover, the status of the concept “molestation” as a theoretical concept and, thus, its integration into nomothetic networks of scientific endeavour is unclear.

In our view, the research on molesters/paedophiles is hindered by diagnostic pluralism. Men who sexually abuse or are sexually interested in such behaviour are not being classified consistently. However, it is unclear to what extent this pluralism exists, as no empirical investigations of classification diversity have been conducted. Advancement of our knowledge through psychological research requires coherent classification within a nosological system. The current study therefore examines the extensiveness of diagnostic pluralism during the last 30 years.

The second aim of the study is to investigate to what extent the use of the sociolegal versus the psychopathological concept varies with the scientific focus of the researcher. Therefore, whether the use of sociolegal and psychopathological concepts are more prominent in forensic/criminological and psychiatric/psychological research, respectively, is analysed.

Finally, we expect the paedophile diagnosis to be less affected by diagnostic imprecision because it is part of a nomothetic framework. Therefore, we also examine the adequacy of its use in a subsample of publications.

Method

Materials

Empirical studies between 1972 and 2004 eligible under the keywords molest* and pedo* were identified using the PsychInfo and Medline electronic databases.

Procedure

Only empirical studies which used molesters/paedophiles as independent variables or as the subject of case reports were included. Titles, abstracts and subject headings of these studies were examined to determine the classifications. In total, 719 studies were identified. Five studies could not be coded from the databases, as their reference details included only the term “sexual or sex offender”.

The following coding criteria were utilized. In order to examine changes over time, three time intervals were used: 1972–82, 1983–93 and 1994–2004. Although a large number of classifications exist, only a manageable number of categories were investigated. Six categories were used for coding of classification type: (1) molester, (2) intrafamilial versus extrafamilial molester, (3) paedophile, (4) DSM paedophile, (5) fixated versus regressed (Groth & Birnbaum, 1978; Groth, Hobson & Gary, 1982) and (6) other. Categories 1 and 2 are clearly sociolegal classifications and 3 and 4 psychopathological. Category 5 has a relatively long history in the area of sexual interest in children (Swanson, 1968), but was popularized further by Groth and colleagues (1978; 1982). It is a mixture of sociolegal and psychopathological classification, but provides clinical diagnostic criteria which are absent in the case of pure

sociological classifications. It is included for its historical importance and due to its re-occurring usage in the clinical context. Category 6 is a mixture of various classification types [e.g. the Massachusetts Treatment Centre Child Molester typology (MTC:CM3); Knight, 1989]. For statistical analyses, the two sociological categories 1 and 2 were combined to form the “sociological combined” and the two psychopathological categories 3 and 4 to form the “psychopathological combined” categories.

Finally, in order to examine classification differences due to research subdiscipline, four publication type categories were used: psychological, medical/psychiatric, forensic and unpublished dissertations. Journals were classified according to their title and publisher. In cases where the title did not establish clearly the focus of the journal, then the description of the journals (aims, subject coverage, etc.) were accessed. The following are examples of the journal coding: the *Journal of Clinical and Consulting Psychology* was classified as psychological; *Sexual Abuse: A Journal of Research and Treatment* was classified as forensic; the *American Journal of Psychiatry* was classified as medical/psychiatric. Unpublished dissertations were included in the database only if there was no recorded publication of the dissertation research in PsychInfo or Medline.

For a further analysis, the last 120 publications were examined more closely. The actual articles of all references coded as using the paedophile category were obtained. For the purpose of this closer examination four groups were coded from the paedophile classification based on impressions from collating the database. These were: DSM paedophile, mixed paedophile [including various conceptualizations except for DSM and penile plethysmography (PPG) paedophile], molester (sociological classification) and PPG paedophile (classified by penile plethysmography).

Results

Table I contains the number of studies and their relative percentages by year, classification and publication type. The number of studies published in the last two time-periods (1983–93 and 1994–2004) is similar, but both represent a large increase over the time-period between 1972 and 1982.

Considering the use of classifications for the whole sample (see Table I), the molester and paedophile classifications are clearly dominant, accounting for 46.1% and 35.2%, respectively, of all classifications. Apart from the intrafamilial–extrafamilial classification, with 12.9% of all classifications, the others each represent less than 3% of all classifications. If the two sociological classifications are combined, then together they represent 59.0% of all classifications. Additionally, 20 studies were identified within the psychopathological categories that also included molesters as a comparison group (0.03% of the full sample, 0.08% of the paedophile categories). They were coded according to the paedophilia codes (3 and 4) as the target group of the studies was paedophiles. These results suggest that both sociological and psychopathological classifications are being utilized in empirical research concerning men sexually interested in children; however, the sociological perspective dominates.

Figure 1 represents that breakdown of classification over the three-time periods. In focusing upon the three most frequent categories (molester, intrafamilial–extrafamilial and paedophile) there is a pattern of increasing use of the two sociological classifications and a corresponding decrease in the psychopathological classification. The DSM paedophile diagnosis was largely ignored by researchers. A χ^2 analysis of this pattern of increasing use of the sociological category conducted using the sociological combined category and psychopathological combined category was significant ($\chi^2 = 44.07$, $df = 2$, $p < 0.0001$).

Table I. Frequencies and percentages of the total sample (n = 714) for codings of classification, publication year and publication type.

Coding	Frequency	Percentage of total
Publication year		
1972–82	56	7.8
1983–93	273	38.2
1994–2004	385	53.9
Classification		
Molester	329	46.1
Intrafamilial–extrafamilial	92	12.9
Paedophile	251	35.2
DSM paedophile	10	1.4
Fixated—regressed	16	2.2
Other	16	2.2
Sociolegal ^a	421	59.0
Psychopathological ^a	261	36.6
Publication type		
Psychological	246	34.5
Medical/psychiatric/science	85	11.9
Forensic	230	32.2
Unpublished dissertation	153	21.4

^aSociolegal = molester and intrafamilial–extrafamilial; Psychopathological = paedophile and DSM paedophile. Both percentages relate to the total number of studies for these categories only.

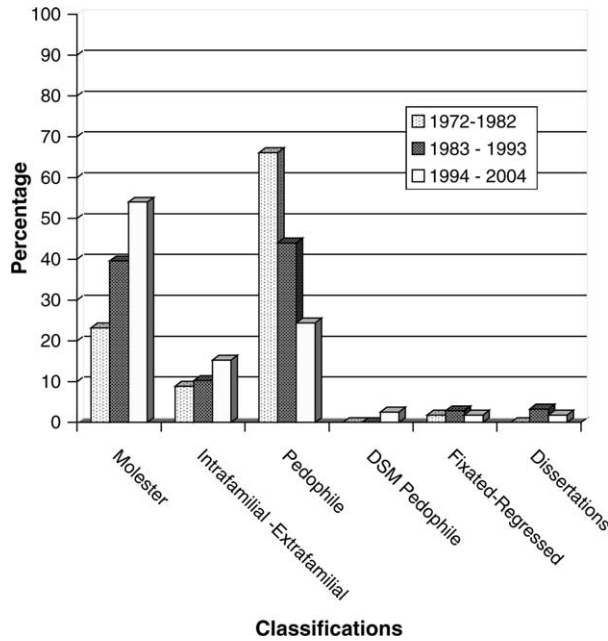


FIGURE 1. Change in the frequency of classifications over time (%).

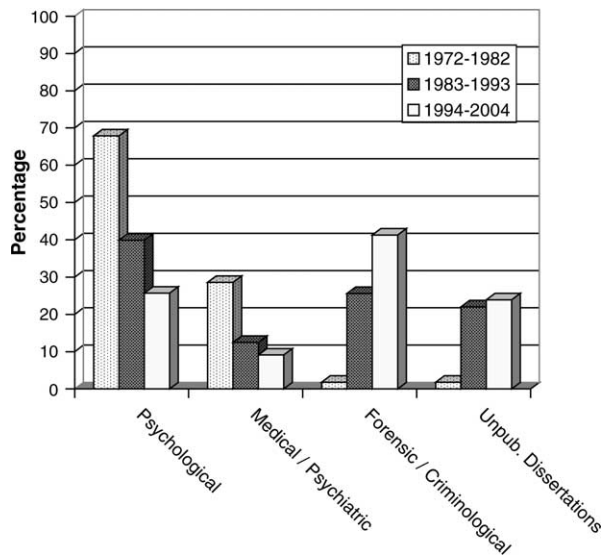


FIGURE 2. Change in publication type over time (%).

Results by publication type for the whole sample reveal that empirical research on men who are sexually interested in children is published largely in psychological and forensic journals (see Figure 2). Very little research is published in medical/psychiatric journals. The third largest category was that of unpublished dissertations. With no comparison to research concerning other disorders (e. g. depression), it is not possible to interpret whether this latter percentage is unusual.

Changes in publication types can be described as follows (see Figure 2): over time, research has appeared increasingly in forensic journals rather than medical/psychiatric and psychological journals ($\chi^2 = 85.58$, $df = 6$, $p < 0.0001$). When publication type was cross-tabulated with classification (sociolegal combined and psychopathological combined) three patterns emerged. With respect to publication in psychological journals, there was little difference between the sociolegal and psychopathological classifications (sociolegal 52.3% versus psychopathological 47.7%). However, the psychopathological classifications appeared more often in medical/psychiatric journals than in other journal types (66.3% versus 33.7%). The sociolegal classifications appeared more often in forensic journals (77.9% versus 22.1%).

Analysis of the last 120 studies which utilized a classification of paedophile revealed strong evidence of diagnostic pluralism. The term paedophile did not represent one clear classification. The most frequently used classification in these studies was the DSM paedophile (40.7%). The next most frequently used categories were the "other paedophile" category (various criteria and systems were employed) (22.2%) and the sociolegal classification of molester (22.2%). The last group was the diagnosis of paedophilia based on PPG (14.8%).

Discussion

The current study investigated the use of sociolegal and psychopathological classifications in research on child sexual abuse. Based on previous observations that these incompatible

strategies are often being used in a perplexing and disintegrated manner, this study addresses directly and describes and quantifies systematically the problem of inconsistent grouping and classification strategies in sexual offender research.

A review of empirical research conducted over the last 30 years revealed an increasing tendency to rely on sociolegal classifications and to publish in forensic journals. However, the tendency towards sociolegal classification has not led to a unified approach to classification. At least two sociolegal and two psychopathological classifications were utilized by researchers. As a number of subclassifications were identified within these general classifications during the coding process, a confusing variation in classification is apparent.

The increasing reliance on a sociolegal classification of molestation behaviour appears to be related partly to increasing forensic-orientated research. Given that molestation is a major sociolegal problem that leads to human suffering, the drifting of sociolegal classification into psychology as if it reflects pathology is understandable. A second reason for this tendency probably stems from the difficulties with the psychopathological diagnosis of paedophilia. This may have led to a tendency to use the simpler criteria of child molestation.

The most commonly used classification system in clinical psychology and psychiatry (DSM) was largely ignored. Perhaps the under-inclusiveness of the diagnosis (Marshall, 1997) led to its neglect in research and clinical practice. The additional problems of validity, reliability and clarity may have also led to its rejection (Moser & Kleinplatz, 2003; O'Donohue et al., 2000; Polaschek, 2003). However, as the data suggest, other attempts to classify paedophiles have also not led to a unified nosology.

Analysis of the term "paedophile" revealed a number of conceptualizations which limit generalization of the research. This problem was exacerbated further by the sizeable use of the paedophile term to describe sociolegal samples. Even within its nomothetic system the paedophile concept is not unifying research efforts. Given that the generalization of findings is a basic aim of scientific research (Popper, 1959), the value of this research field is placed into question.

Reviews of research on child molesters/paedophiles have collated findings suggesting differences between molesters and other groups (e.g. Cohen & Galynker, 2002; Marshall et al., 1999). These reviews have probably encouraged researchers and clinicians alike to ignore the nosological problems of the molester classification. The current study suggests that any such reviews confound the different classifications and knowledge systems evident in the research literature. For example, a recent review noted the different conceptualizations of paedophilia (Cohen & Galynker, 2002). None the less, they then reviewed and discussed research based on molesters and not specifically on paedophiles. As a result, their subsequent conclusions about paedophiles are conceptually problematic and empirically questionable.

Our aim was to review broadly as much of the empirical research as possible. This clearly involved some compromises in methodology, e.g. obtaining each of the more than 700 research documents and completing the coding by reading each of them was not possible in this research. Subsequently, unsystematic coding error cannot, strictly, be ruled out. Considering the conclusion of diagnostic pluralism, this is unlikely to change through a closer examination of the studies. The closer analysis of the last 120 studies confirmed, at least in relation to the paedophile diagnosis, that the problem exists. Furthermore, in the coding of the articles, many subcategorizations of the coded classifications were identified. Therefore the problem is probably greater and not smaller than the results suggest, as fewer classifications than available in the literature were utilized.

Another possible source of error was the coding of the journals. In some cases it was very clear to which category the journals belonged. For instance, the *American Journal of Psychiatry* was coded into the "medical/psychiatric" category and the journal *Child Abuse and Neglect* was

coded into the forensic/criminological category. In other cases error was more likely. The journal *International Journal of Law and Psychiatry* was coded as medical/psychiatric. At first glance it appears that it was also possible to code it into the forensic/criminological category or a “both” category. However, in these unclear cases the publisher’s description of the journal and its aims were accessed and based on this information the coding was made. None the less, this coding remains debatable and may account for some coding error.

Despite these limitations, the results of the current study clearly confirm the critical statement by Okami and Goldberg (1992), who argued for the existence of classification chaos. It seems that in terms of classifying child molesters/paedophiles we have made little progress. A number of classifications are being used. Furthermore, some classifications are not psychological but sociolegal, further compounding the problems of generalizability and conceptual coherence. It seems important that more attention be focused upon developing empirically and psychologically based classification systems of sexual interest in children. Without this focus on a unified and valid classification, treatment and theoretical efforts will remain fractured and misleading. We hope that our illustrative and broad data can provoke at least an increased awareness of these methodological problems and, at best, help improve sample selection strategies in sex offender research.

The main perspective that could improve the methodological quality of sexual offender research must, in our view, be interdisciplinary, combining criminological, forensic, psychological and psychiatric expertise. Research on child molestation behaviours should be well informed in all the above-mentioned areas. Holistic theories on the aetiology of deviant and criminal behaviour have been developed recently (e.g. Marshall & Marshall, 2000; Timmermann & Emmelkamp, 2005; Ward & Sorbello, 2003). They include generic factors for explaining criminal behaviour such as: (1) genetic/biological and early developmental factors, (2) insecure attachment, (3) pathological personality characteristics and irrational thinking styles, (4) inadequate coping and inadequate social skills, (5) mental disorders and substance abuse and (6) situational and environmental variables. As a consequence, research regarding the explanation of child molestation behaviours should try to include as many variables as possible from this list.

To summarize our proposal, research on child sexual abuse should broaden the “bandwidth” of its scope. Offenders who do have a deviant sexual orientation obviously need a clear treatment rationale which includes knowledge about coping with or changing deviant sexuality. However, many offenders do not have a deviant sexual orientation and their criminal behaviour also needs to be explained, in order to enhance the effect of prevention strategies. Treating both subgroups in the same way seems obscure. None the less, from a practical research perspective this confounding could be resolved easily when research data include both information about the sociolegal as well as the psychopathological status of the offender (see, e.g. Leue, Borchard & Hoyer, 2004; Raymond et al., 1999). To simply avoid diagnosing paedophilia due to the methodological problems in achieving a reliable diagnosis is not a scientifically acceptable solution. Only the simultaneous inclusion of psychological types with and without sexual deviance into child molester research maintains the option of bridging the gap between disciplines and unifying their efforts in preventing one of the most pressing societal problems.

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