

# **Contemporary Treatment of Adult Male Sex Offenders**

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This book is dedicated to the significant people in my life.  
First, to my immediate family, my wife Audrey, and daughters Andrea and Cassie who have allowed me to pursue my interests. Second, to my father Dr Peter A. Carich, to whom I have always looked up to, deeply respected and learned the determination to follow through with completing goals, and to my mother Mary Carich who has always encouraged me. Third, to my mentors throughout the years, Dr Harold Mosak of the Adler School in Chicago and Dr Rolf Gordhamer of Texas Tech University

Mark S. Carich

To Janet, Stacey and Emma: who make life worth living.  
To Callum Martin and Luke Santiago: so near yet so far.

Martin C. Calder

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# Introduction

The authors first united to address the need for accessible materials for busy frontline practitioners in 1999 and have collaborated since. This has proven useful since they bring a wealth of varied experience to their writing. Mark S. Carich operates within the criminal justice system in the United States whilst Martin C. Calder operates within the child protection system within the United Kingdom.

The idea for this book stemmed from the rapid changes taking place within the sex offender treatment system, many of which are universally experienced, and the need for generic frontline staff to keep up. The primary audience is thus workers who need to have a good preliminary introduction to the relevant issues and operational materials available to them. It does also contain some nuggets of innovative work for specialist workers in this area. These derive from clinical experience and this is essential at a time when we appear to be driven almost exclusively by a 'what works' agenda.

We hope that we have assembled a useful handbook for workers to begin to get a grasp of the key issues facing individuals and the field as a whole in treating adult male sex offenders.

Mark S. Carich and Martin C. Calder  
December 2002

# An Introduction to Adult Male Sex Offenders and Their Treatment

The sex offender treatment industry has grown significantly over the last decade as a response to public and professional pressure. This has been accompanied by a number of theoretical and practice developments, needed to tackle such a difficult target population. This book identifies the key components of sex offender treatment, exploring the key elements of each and making practical suggestions on how to approach the areas in practice. The synthesis of diverse information will allow the professional to discover:

- That sex offenders are treatable.
- That many professionals are equipped to undertake this work, given the space and guidance.
- How the initial and comprehensive assessments link with treatment work.
- Strategies for conducting the work.
- A framework for ordering the work.
- How to explore programme integrity and treatment effectiveness.
- How to assess future risks.

Sexual offending is a complex, often multi-determined problem (ATSA, 1997; Calder, 1999). It follows therefore that contemporary sex offender treatment is complex, requiring a variety of approaches and methods. Before we explore the approaches and methods associated with sex offender treatment, we feel that it is important to provide some guidance in this chapter around understanding the sex offender as this provides an essential building block to understanding sex offender treatment and management.

## Understanding sexual offences and offenders

Definitions are important for several reasons: if they are too narrow, they restrict our understanding, figures of incidence and prevalence, as well as our intervention threshold (Calder, 1999). Conversely, if they are too broad, they are all embracing and can detract from focusing on the highest risk cases.

Sexual offending or aggression is a type of paraphilia. The term paraphilia simply means

‘substitute love’. It has been defined as a deviant sexual activity outside the (culturally defined) ‘norms’ (Laws and O’Donohue, 1997); and as ‘an erotic sexual condition of being recurrently responsive to, and obsessively dependent on, an unusual, personally or socially acceptable social stimulus, perceptual or in fantasy, in order to have a state of erotic arousal initiated or maintained, and in order to achieve or maintain orgasm (Money, 1986). While some sex offenders have multiple paraphilias (averaging 3-4) (Marshall and Eccles, 1991) not all inappropriate sexual behaviour can be characterised as a paraphilia. Indeed, isolated acts can be precipitated by mental problems, illness, or loneliness (Becker and Kaplan, 1988).

There are many types of sex offenders and offences (Carich and Adkerson, 1995) and include:

- exhibitionism (exposing their genitals)
- voyeurism: (observing others without their knowledge or consent)
- obscene phone calls
- frotteurism or fondling/unwarranted sexual touch or rubbing, i.e.
  - breast fondling
  - genital fondling
  - fondling on genitals during the offence etc.
- dry intercourse
- perform/receive vaginal intercourse
- perform/receive anal intercourse
- penetration with an object
- sexual behaviour involving unwarranted urination or defecation
- physical violence
- sadism (inflict physical pain)
- masochism (receive physical pain)
- mutilation
- bestiality
- public masturbation
- rape
- cross dressing
- photographing others
- being photographed
- paedophilia (sex of any type with children)
- use of pornography
- any type of fetish involving sexual assault
- stalking

## 2 Contemporary treatment of adult male sex offenders

- acquaintance rape
- stranger rape
- date rape
- marital rape
- unwarranted sexual sadism
- attempted rape
- adult rape/physical force
- adult rape/verbal coercion
- sexual attempted murder
- sexual murder
- serial sexual murder
- necrophilia (sex with the dead)

There is a wide range of paraphilias beyond the scope of this book, each requiring a clearly unique treatment approach. Laws and O'Donohue (1997) have edited a useful book that explores the detail of each paraphilia and the recommended treatment approaches.

### **Towards a definition of sexual abuse**

Given that child sexual abuse is a complex and multi-determined problem, it can be viewed from a wide range of perspectives. This is reflected in the number and variance of definitions. It is generally accepted to be any form of non-consenting interpersonal sexual behaviour that poses some risk of harm to the other individual (Groth and Oliveri, 1989). It is usually defined according to several key elements:

- The betrayal of trust and responsibility.
  - The abuse of power.
  - The inability of children to consent.
  - The violation of another's rights.
- (extended from MacLeod and Saraga, 1988).

The problem for professionals is that there are too many different definitions and this makes it very difficult for them when they are trying to understand the problem. It also makes it very difficult when they try to interpret the findings of any 'comparative' research. We will try to make several points around the three key elements above by selecting a number of high profile definitions of sexual abuse. For example, Schechter and Roberge (1976) defined sexual abuse as:

*... the involvement of dependent, developmentally immature children and adolescents in [sexual] activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles.*

The last part of this definition is unnecessary for extra-familial abuse. This definition is

general enough to allow the worker discretion in each individual case. The strength of this definition is that it talks about informed consent. Consent is agreement based on the knowledge of the full consequences. It is difficult to accept that children are capable of giving informed consent to sex with adults. In situations where they are threatened or fear being threatened, they may 'consent', but it is not freely given and is certainly not informed in the sense that they are unaware of the significance of their actions. There is a need to differentiate between true consent and legal consent as there can be consent to an unlawful sexual act, thus leaving legal/true consent in conflict. As such, true consent refers to 'being informed, not forced, in an equal relationship, without financial or other inducements, and free of any pressure to comply' (Calder, 1999).

Many of the terms here require definition in their own right. For example, 'dependent', 'developmentally immature', 'do not truly comprehend', etc. This definition also does not include any explicit breakdown of contact and non-contact abuse, which is unfortunate as it does not capture the range of abuses perpetrated against children. The range of sexual behaviours that constitute child sexual abuse is an integral part of any definition, as it acts as a boundary between acceptable and unacceptable behaviours (Calder, 1997; 2001). It also does not allow for the severity of the abuse to be assessed, whereas other writers, such as Russell (1983) have. She offered three categories of abuse in terms of its severity: very serious (e.g. vaginal intercourse or oral sex), serious (e.g. genital fondling or digital penetration), and least serious (e.g. intentional sexual touching of clothed breasts or genitals). This allows some gradient for the abuse to be considered. Table 1.1 overleaf provides some details of contact versus non-contact offences.

The definition is useful in that it allows for culturally relative considerations, although it does not embrace the destructiveness to the victim of the abuse, even where the offender has been seductive rather than forceful. It also does not acknowledge that the harm caused is not always predictable to an outsider, as there is not always a direct correlation between the severity of the abuse and the ensuing harm. What some may consider 'minor' abuse may have devastating and traumatic consequences for the victim. Tower (1989) advised us to consider the following variables in assessing the degree of

**Table 1.1:** Types of contact vs non-contact offences.

Non-contact offences	Contact offences
Obscene phone calling	Physical sexual harassment
Stalking	Fondling (frottage)
Peeping (voyeurism)	Paedophilia (sex with children)
Flashing (exhibitionism)	Date rape
Verbal sexual harassment	Sadistic rape
Unwarranted computer sex	Marital rape
Photography	Bestiality
Pornography	Sexual attempted murder
Mail/computer sex	Sexual murder
	Serial sexual murder
	Necrophilia (sex with the dead)

trauma to a child: the type of abuse; the identity of the perpetrator; the duration of the abuse; the extent of the abuse; the age at which the child was abused; the first reactions of significant others at disclosure; the point at which the abuse was disclosed; and the personality structure of the victim.

Another useful definition of sexual abuse is that of Suzanne Sgroi as it emphasises the power relationship between the perpetrator and the child and points to the fact that the child has had no choice in the matter:

*Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance.*

(Sgroi, 1982)

Baker and Duncan (1985) offered us a definition focusing on the aims of the perpetrator:

*A child . . . is usually sexually abused when another person who is sexually mature involves the child in any activity which the other person expects to lead to their sexual arousal. This might involve intercourse, touching, exposure of the sexual organs, showing pornographic material or talking about sex in an erotic way.*

If we are to ever agree a definition of child sexual abuse, there are certain key issues that would need to be embraced and agreement reached. They might include:

**The range of sexual acts**

Elliott et al. (1995) found that all the offenders in their sample indecently assaulted their victims,

sometimes in more than one way. 72% of them reported that this included masturbating the child and being masturbated by the child. 31% engaged in mutual oral sex and 57% attempted or actually engaged in full sexual intercourse, either vaginal or anal. 8% murdered or attempted to murder the child victim during or after the sexual assault. 85% committed the sexual acts with one victim at a time although the remaining 5% had multiple victims present. 93% acted alone.

The first abusive action often involved one or two immediate sexual acts, such as sexual touching or genital kissing, whilst others desensitised the child by asking them to do something that would help the offender, such as undressing. The majority of offenders carefully tested the child's reaction to sex, by bringing up sexual matters or having sexual materials around, or by subtly increasing sexual touching. This 'normalised' sexual setting could be achieved by using sexually explicit videos, or magazines, or sexualised talking.

Waterhouse et al. (1993) reported that most sexual abuse was severe. In 40% of cases children were subjected to sexual manipulation of their genitals either beneath or above their clothing, vaginal intercourse occurred in 20% of cases, whilst 4% of the sample were subjected to oral sex, 4% to sodomy, and 5% to non-contact abuse.

**Age differences**

The key issue here is the equality of the relationship. Any factor which makes a relationship unequal creates a power imbalance – which can occur through differences in age, size, levels of sexual knowledge or understanding, or developmental level. Elliott et al. (1995) found that the child victim ranged



from 1-18 years. The mean age of the youngest victims was 8.5 years: the mean age of the eldest victims was 13 years. 6.6% also assaulted victims aged 19–45; one offender abused a 65 year old victim (583-4).

Researchers usually include an age differential between abuser and victim of five years or more (Watkins and Bentovim, 1992, 198). The narrower the age difference, the more difficult the judgement becomes. For example, the issue of informed consent usually runs into some trouble when we talk about 15 and 16 year olds (Trowell, 1991, 85), although the offender cannot argue with figures of 13% of girls abused being under six, and 60% of girls sexually abused being under 12 when first abused (Elliott, 1986). Despite this evidence, there are those who believe that the child plays a role in their own abuse (West, 1986), regardless of the age or power imbalance.

### **Coercion**

#### *Location of offence*

Elliott et al. (1995) found that offenders often used more than one location to abuse children. 61% reported abusing in their own home compared to 49% in the victim's home. 44% reported abusing in public places such as toilets or parks, compared to 13% in the homes of friends, 6% in the vicinity of the offender's home and 4% in the car. It is highly significant that 48% of the offenders isolated their victims through baby-sitting.

#### *Strategies used*

- Offering to play games, teach them a sport or play a musical instrument.
- Giving bribes, taking them on outings, or giving them a lift home.
- Using affection, understanding and love.
- Telling stories involving lies, magic or treasure hunts.
- Asking a child for help.

(Elliott et al., 1995)

They found that 84% used a strategy that had been previously successful compared to 16% who adapted theirs over time. 30% replayed their own experiences, whilst 14% were influenced through pornography, television, films and the media.

Offenders can use one or a combination of methods to secure a child's compliance. Elliott et al. found that 19% used physical force with a

child, 44% used coercion and persuasion, and 46% used bribery and gifts in exchange for sexual touches. 39% were prepared to use threats or violence to control a resisting child. 61% used passive methods of control such as stopping the abuse and then coercing and persuading once again. 33% specifically told the child not to tell compared to 24% who used threats of dire consequences, whilst 24% used anger and the threat of physical force, and 20% threatened the loss of love or said the child was to blame. 61% were 'very worried' about the child disclosing.

The Waterhouse research reported on a wide range of means sex offenders used to procure sex from naïve children. Actual physical coercion and force was used in some 20% of cases, verbal inducements or bribes in 14%, and coercion by verbal threats of violence in 6% of cases. Margolin (1992) shattered the myth of the friendly and 'gentle' grandfather approaches reported earlier by Goodwin et al. (1983), finding evidence of explicit threats and overt physical coercion (740). Conte et al. (1989) also noted that verbal threats are based on an understanding of the child and what will be an effective threat against them. Conte et al. found that those relatively non-violent sex offenders in their sample had employed a range of coercive behaviours, e.g. conditioning through the use of reward and punishment, and letting the child view violence towards their mother (299). Furniss (1991) noted that the offender will deliberately induce sexual arousal in the child which can lead to loyalty from their victims.

### **Relationships**

The context of the relationship in which the sexual behaviour occurs defines the harmful or abusive or illegal nature of the act (Ryan et al., 1990). Russell (1988) differentiated intra- and extra-familial abuse as follows. She defined extra-familial child sexual abuse as 'one or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from petting (touching of breasts or genitals or attempts at such touching) to rape, before the victim turned 14 years of age, and completed or attempted forcible rape experiences from the ages of 14 to 17 years (inclusive).' She defined intra-familial child sexual abuse as 'any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years old.

Experiences involving sexual contact with a relative that were wanted and with a peer were regarded as non-exploitive, for example, sex play between cousins or siblings of approximately the same ages. An age difference of less than five years was the criterion for a peer relationship' (22).

Sexual offences are often perpetrated by someone very familiar to the victim. Elliott et al. (1995) found that 46% of the sex offenders felt that a 'special relationship' with the child was vital. They found that 66% knew their victims. Most sex offenders can be divided into three groups based on their relationship with the victim: family members, friends or acquaintances, and strangers:

- **Family members:** Waterhouse et al. (1993) found that 40% of offenders were related to the victim. In their earlier research, Waterhouse and Carnie (1992) found that the offender was the natural father in 31% of cases, step-fathers in 21% of cases, and co-habitees in 11% of cases. Kelly et al. (1991) found that close relatives (father-figures, siblings, grandfathers, uncles and aunts) offended in 14% of cases, compared to 68% perpetrated by distant relatives, known adults and peers. Oates (1990) found that in 75% of cases the offender was known to the child and vice-versa. In 50% of the cases, the offender was a member of the child's own family, whilst 50% were trusted friends who had access to the children.
- **Friends or acquaintances:** Elliott et al. (1995) found that 66% of offenders knew their victims through their families, friends or acquaintances, e.g., babysitting. Waterhouse et al. (1993) found that 60% of the sex offenders in their sample were not biologically related to their victim, and
- **Strangers:** The range of offenders unknown to the child pre-abuse ranges from 18% (Kelly et al., 1991) through 25% (Oates, 1990) to one-third (Elliott et al., 1995).

### Consent

Consent implies full knowledge, understanding and choice. Consent as agreement should include all of the following: understanding what is proposed based on age, maturity, developmental level, functioning and experience; knowledge of societal standards of what is being proposed; awareness of potential consequences and alternatives; assumption that

agreement or disagreement will be respected equally; voluntary decision; and mental competence (The National Task Force, 1993, 8–9). This is different from compliance. Freeman-Longo and Blanchard (1998, 36) state that 'compliance is the act or process of going along with or giving in to another desire, demand or proposal and may occur under psychological pressure or duress . . . may indicate lack of knowledge of consequences, rather than clear and informed agreement.'

### The child's specific vulnerability

Summit (1990) addressed himself to the various aspects of intrinsic, specific vulnerability of children in this equation. He argued that we can only comprehend the child's abject helplessness to deal with sexual assault as we come to see our own determined avoidance on this issue. The following factors highlight the child's specific vulnerabilities:

*Children are perfect victims: if only by virtue of size and power.* They are not allowed to challenge the demands of responsible adults. To the naïve adult, they cannot imagine that a child would not resist and would not tell, nor imagine the extraordinary gulf of power that a large person imposes on a child. To reverse this, we ' . . . need to risk painful empathy with the uniquely powerless position of the child as sex object . . . ' (61). Until people can make transitions, they are 'one-down to all offenders', who know already that they can overpower the child and the trusting adult.

*Children are totally dependent: on adults, without whom they cannot survive.* They will therefore protect their access to the victim at any price, adapting tenaciously to any mysterious conditions that adults impose on that access. Secrecy is paradoxical to our habitual trust that a child would confide their deepest concerns to a loving parent. Children may assume that mothers should know everything and, therefore must know and not care. They may then become discredited by the child due to their ineffectual protection. The intruder, having broken the rules and got away with it, assumes a kind of divine authority, and the child becomes fearfully dependent on the offender's instructions. Where the child's need for love, attention, approval and affection are thwarted at home, they search for them elsewhere. Once abused, they may fall into the trap of believing the abuse is the only reliable anchor. We should not feel that sexual abuse of children only

occurs in dysfunctional families, as many children across all types and classes of family feel alienated in their family settings.

*Children are vulnerable through their intrinsic naivety:* Their need to be taught renders them vulnerable to abuse and to a position of irrelevance, as if their ideas and feelings do not count. A victimised child is therefore in no position to teach us that we must suspect someone that we know to be trustworthy. Any detraction from this is viewed as dangerous to adult authority and may lead to mockery by their peers. Thus the child who discloses child sexual abuse infects the listener with a peculiar helplessness, with the ultimate threat of being disgraced.

*Children are vulnerable through their imagination:* They translate reality into playful games and fantasies. We often discredit unwelcome complaints despite research that shows that children tend to be accurate witnesses (Goodman et al., 1987). If they found the abuse painful to remember, they will dissociate themselves as a defence. The more severe the abuse, the most effective dissociation will occur. As a perpetrator, many will learn to manipulate dissociation, in the knowledge that the more severe the invasion, the more immune they may become from detection.

*Children are vulnerable because they are sexual:* As they may have a physical response to the abuse, e.g. reflex erection, even though they may not like the abuse itself. Many can become confused by this, and may feel more guilty about it. It is a maxim amongst sex offenders that a boy will never tell if he has been stimulated to erection. They glory in the illusion that sex with children is both natural and healthy.

*Children are vulnerable because of their innocence and may become vulnerable as a result of their resemblance to the offender's particular obsession:* Where the child prototype is considered to fit a specific gender, age, shape and colour.

Offenders also have a tendency to target vulnerable children, e.g. handicapped, those with a physical or learning difficulty (Craft, 1992, iii) those in poor parenting situations and disorganised families, those previously victims to sexual abuse (Miller, 1978), as well as children who are not assertive or outgoing, and who are trusting or withdrawn (Renvoize, 1993, 109). Sanderson pointed out that the abuser can almost instinctively pick out vulnerable

children, whilst ignoring those who might resist (44).

Conte et al. (1989) interviewed a sample of adult sex offenders who claimed a special ability to identify such vulnerable children, and to manipulate this vulnerability as a means of sexually using them. Vulnerability was defined in terms of children's status (e.g. living in a divorced home or being young), and in terms of emotional or psychological state (e.g. a needy child, a depressed or unhappy child). Regardless of their current targeting, we all need to acknowledge that all children have inherent vulnerabilities. The protection of children needs to include a strategy for making children less vulnerable, recognising that all the factors remain weighted on the side of the adult, e.g. superior knowledge level and skill which will not easily be overcome by children.

Elliott et al. (1995) found the following selection characteristics used by sex offenders:

- 42% felt the child had to be pretty.
- 27% cited the way the child dressed was important.
- 18% reported being young or small was significant for them.
- 13% focused on innocent or trusting children.
- 49% reported an attraction to those who lacked confidence or had low self-esteem.

It is clear therefore that a sexually aggressive act or sexual offence is defined as a sexual behaviour (of some type) that violates another person's rights.

### ***Towards a definition of sexual offenders***

There are also as many definitions of sex offenders as there are individuals doing the defining. Schwartz (1995) noted that the definition of sex offenders is shaped largely by the sexual mores of the times. An act may be defined as a sex crime depending on the degree of consent of the partner, their age, kinship, sex, the nature of the act, the offender's intention, or the setting. A behaviour that in itself may be considered perfectly normal can become a serious criminal offence if it violates any of the above qualifiers.

Sexual offenders do not neatly fit into categories, and thus a continuum of behaviours is a preferred method of definition. Many feminists see sexual offending behaviour along a continuum of 'normal' male behaviour, with such offending representing one of the most

**Figure 1.1:** A continuum of sexual behaviours.

**Consenting –** sexual activities     **Paraphiliac –** behaviour that doesn't harm others     **Sexual harassment –** behaviour that harms others     **Prostitution –** sexual assault     **Paraphiliac –** murder     **Sex crimes –**     **Rape**

This continuum derives from work with adult victims of sexual abuse. This continuum ranges from consenting sexual activities to sexual offences and ultimately rape and murder. Consenting sexual activities have no negative experiences (i.e., nude dancing, consenting telephone sex, pornography, etc.). The next category involves sexual behaviour with unanticipated negative experiences (i.e., triggers traumatic experiences). This continuum moves through illegal consenting sexual behaviours to sexual crimes. The second continuum (below) relates to hands-on and hands-off sexual offences:

<b>Covert offences (non-physical contact)</b>			<b>Overt offences (physical contact)</b>		
<b>(Hands off)</b>			<b>Hands on)</b>		
verbal sexual harassment	non contact, non consensual (peeping/ flashing)	sexual contact without sadism (date rape, paedophilia) sexual (contact) harassment	physically (sadistic) rape	sexual murder	serial sexual murder

extreme consequences of the socialisation of boys and men. Sexual offending is seen as a means of assuring them of their male identity as well as serving as a method of social control via the maintenance of unequal gender relations (Calder, 1999).

The term 'offending' is a legal concept that refers to any sexual behaviour prohibited by law. Whilst this term implies that a criminal conviction will have been secured, it is widely recognised that many sexual assaults remain unreported, and many of these that are do not secure a successful criminal outcome. Just because allegations from a child are believed, this does not equate with legal proof that abuse has taken place. Only 2% of allegations are found to be untrue (Jones, 1985), whilst close to one-third of allegations are falsely retracted (Sahd, 1980). Additional factors that inhibit successful criminal outcomes include a lack of corroborative evidence, the age of the child and the stress of participating in any criminal forum. In the UK, convicted sex offenders whose victims are children under 18 years assume the 'Schedule One' status for life.

As such, it is widely accepted that a broader definition of sexual offending through a continuum is needed to embrace all the behaviours that result in sexual abuse.

**A continuum of sexual offending**

Freeman-Longo and Blanchard (1998) proposed a useful continuum of sexual behaviours (see Figure 1.1).

**Typologies of sex offenders**

Sex offenders are an extremely heterogeneous group that cannot be characterised by single motivational or aetiological factors. This has not prevented various attempts being made to create typological frameworks, which aim to split this broad group into more homogeneous sub-groups. Typologies or categories of offenders are based on a number of variables: victim type, victim selection, arousal, criminal characteristics, social skills, lifestyle, personality characteristics, motivation, type of offences, and situation. Categories are arbitrarily selected based on the above characteristics.

**Classical typologies**

The current typologies according to the DSMIV (for details see Chapter 2) involve non-contact offences (i.e., voyeurism or peeping, exhibitionism or flashing) and contact offences (i.e. frottage or fondling, sadism, adult sexual abuse and paedophilia). Paedophilia is

defined as 'adults whose preferred or exclusive method of achieving sexual excitement is the act of fantasy in engaging in sexual activity with pre-pubescent children (generally aged 13 and under). The difference in age between the adult (who must be at least 16 years of age) and the pre-pubescent child is at least five years. For late adolescents with this disorder, no precise age difference is specified' (Becker and Kaplan, 1988). The strong attraction to children is usually for at least a six month period. The DSMIV does not include other factors to help differentiate between offenders in the above categories.

The following are some examples of sex offender typologies:

### **Regressed and fixated offenders**

Regressed offenders do not have a lengthy history of offending, but offend later in life. They are now viewed as situational offenders. These offenders have a conventional lifestyle and appropriate age relationships prior to the offence. Characteristics include:

- Their primary sexual orientation is to their own age mates.
- They become sexually interested in children only in adulthood.
- Their sexual attraction to children is usually precipitated by stress.
- Their involvement with children is frequently on an occasional basis.
- Their first sexual offence is more likely to be impulsive than premeditated.
- They regress to involvement with children as a result of conflicts in their adult relationships; they treat the child as a substitute for an adult, and in incest situations, they totally abandon their parental role.
- Their primary sexual interest is in girls.
- Their sexual contact with children co-occurs with their sexual relationships with adults, and they are usually married or in long-term cohabitating relationships with women.
- The consumption of alcohol is quite often associated with their sexual offences.
- They have more traditional lifestyles than the fixated offenders, although their peer relationships are often undeveloped.
- Their sexual offences constitute a 'maladaptive attempt to cope with specific life, stresses'.

(Groth, 1982)

Fixated offenders are long-term chronic offenders. They have a lifestyle of offending. Their characteristics include (Groth, 1982, 217):

- Their primary sexual orientation is to children.
- Their sexual interest in children emerges at the onset of adolescence.
- Their sexual attraction to children is not precipitated by stress.
- Their sexual orientation to children is persistent and involves compulsive behaviour.
- Their sexual offences tend to be premeditated.
- They identify closely with the victim and may behave on the same level as children, or they may play a parental role toward the child.
- Their primary sexual interest is in boys.
- They rarely have sexual contacts with age mates, and tend to be 'single or in a marriage of convenience'.
- They usually have no history of alcohol or other drug abuse.
- They are immature, and suffer from 'poor socio-sexual peer relationships'.
- Their sexual offences constitute a 'maladaptive resolution of life issues'.

According to Groth, fixated offenders who are sexually attracted to pre-adolescent children are technically described as paedophile, while those who are sexually attracted to adolescent children are hebephiles (1982, 216). Hebephiles are those who find themselves sexually attracted to young teenagers or adolescents. It is a term rarely used today.

Groth goes on to outline three classical types of rapists:

1. **Anger rape** – 'Anger rape is intended to hurt, debase and express contempt for the victim and is marked by gratuitous violence. The act is not sexually satisfying for the rapist, who often views any type of sexuality as offensive and thus an appropriate weapon.'
2. **Power rape** – 'Power rape serves as a means of exercising dominance, mastery, strength, authority, and control over the victim. There is little need for excessive physical force.'
3. **Sadistic rape** – 'Sadistic rape represents the most severe pathologies as well as the most dangerous type of assault. The ritual of torturing the victim and the perception of suffering and degradation becomes eroticised, and as the assailant's arousal

builds, so may the violence of his acts, progressing in some cases to lust murder.'

Rapists may also be classified by either taking advantage of an opportunity with little planning (situational) or by carefully planned, stalking behaviours.

**Preferential and situational sexual offenders**  
Freeman-Longo and Blanchard (1998) distinguish between preferential and situational sexual offenders.

Preferential offenders are the chronic offenders who prefer child sexual relationships and peer age. These are the paedophiles, who are highly aroused to children. Much of their lives are centred around searching for victims and molesting children. Extroverted molesters have social skills to seduce their victims while introverted offenders do not. Preferential offenders are usually chronic long-term offenders. These individuals develop lifestyles in which offending is a predominant theme.

Situational child offenders are similar to regressed offenders (Freeman-Longo and Blanchard, 1998). These offenders have normal conventional social and sexual development over the years. They prefer and usually have age-appropriate peers. Later in life, they sexually focus on children. This is triggered by stress, interpersonal tension and conflicts, and inability to cope with life. Situational offenders do not have chronic patterns of offending.

Another typology used by the FBI and other law enforcement agencies was developed by Lanning (1992) to help law enforcement officials track and apprehend sex offenders, who are child molesters and/or kidnapers. He subdivided situational and preferential offenders as outlined in Table 1.2 overleaf.

**MTC typologies**

Knight and Prentky (1990) have developed an elaborate taxonomy involving two Axis': Axis 1 and Axis 2. Axis 1 involves sexual deviance, while Axis 2 involves social competence. They have developed two taxonomies: one for rapists and the second for child molesters. Although quite complicated, it does add a unique dimension on social competence. A brief synopsis of the different types is provided in Table 1.4.

Figures 1.2 and 1.3 offer a useful guide to the scoring process.

Figure 1.4 provides a useful diagrammatic view of how the typology is scored.

**Typologies: an integrative model**

Campbell, Carich and Burgener (2000) developed a five factor typology to encapsulate those described here.

*Type 1: Regressed offender*

- Low risk to re-offend by actuarial measure
- Primarily incest offender
- Short offending history (time span and frequency)
- Few victims (1-2 victims)
- Preference for appropriate consenting sex

*Type 2: Situational/opportunity to offend*

- Low-moderate risk to re-offend by actuarial measure
- Sporadic/occasional victims (2-4 victims)
- Takes advantage of situation to offend
- No serious Axis I and II problems
- Preference toward opposite sex victim
- Moderate offending history

*Type 3: Chronic offender*

- High risk to re-offend by actuarial measure
- Strong deviant arousal patterns
- Negative lifestyle
- Personality disorder
- Preference toward same sex

*Type 4: Extreme hard core*

- Extreme high risk to re-offend by actuarial measure
- Low motivation for change
- High psychopathy index
- Long history of offending
- Diverse victim pattern
- Large numbers of victims

*Type 5: Mentally disturbed offender*

- Serious Axis 1 diagnosis
- Organic brain damage
- Mentally retarded or developmentally disabled

Whilst such typologies played a vitally important part in forging an understanding of why people offend sexually, the more understanding they allowed us to gain has relegated them to being too limited and restrictive.

**Table 1.2:** FBI/law enforcement typologies.**Situational Types****A. Regressed:**

1. Low self-esteem
2. Poor coping skills
3. Uses children as sexual substitutes
4. Victim criteria is based on availability
5. Will coerce victim into sex
6. May or may not collect pornography (child/adult), if so will usually make it homemade)

**B. Morally Indiscriminate:**

1. Seems to be a growing category
2. Has a general pattern of abusive behaviour
3. Abuses wife and friends
4. Lies, cheats and steals whenever he/she thinks they can get away with it
5. Has a 'why not' attitude
6. Selects victims based on vulnerability and availability
7. Acts on urge, for example a child is there, so he acts out
8. Tends to be impulsive person
9. Lacks conscience
10. Victims may be strangers
11. Collects detective magazines or adult porn (S and M)
12. May collect child porn especially pubescent children
13. Tends to lure, force, or manipulate victims

**C. Sexually Indiscriminate:**

1. A sexual experimenter, will try anything sexual
2. Has no real sexual preference for children
3. Boredom with sex
4. Could be their own children
5. Provide children to other adults via sex groups, swapping, etc.
6. Clearly defined S and M sexual preference
7. Large collections of adult pornography
8. May have some child pornography

**D. Inadequate:**

1. Seems to be a social misfit
2. May have mental retardation or psychosis
3. May be a shy teenager with no friends
4. Mostly harmless but can kill
5. Children are not viewed as threatening
6. Motives seem to be curiosity and insecurity
7. Eccentric personality disorders

8. Possible senility
9. May still live with parents
10. Tends to be a build up of impulses
11. Appears to be a loner
12. Has difficulty expressing anger and can be explosive
13. May be into sexual torture, in conjunction with anger
14. Victims may be elderly
15. Low social competence
16. Selects vulnerable victims
17. May select or substitute adult victims even though he fears adults

**Preferential Types****A. Seducer:**

1. Dates with gifts, attention and affection
2. Seduces over a period of time
3. Lowers sexual inhibitions
4. Has multiple victims simultaneously
5. Sex rings
6. Ability to identify with children
7. Knows how to listen to children
8. Knows how to communicate well with children
9. Will use adult status and authority
10. Emphasises secrecy
11. May use violence and threats

**B. Introverted:**

1. Has preference to children, but lacks the interpersonal skills to seduce
2. Uses minimal amount of verbal communication
3. Hangs around playgrounds and parks
4. May expose himself as a precursor
5. May make obscene telephone calls
6. May marry a woman with children, to access the children
7. Has predictable selection of children
8. May use a child prostitute

**C. Sadistic:**

1. Sexual preference for children
2. Sexual arousal involves inflicting pain or suffering (distress of the victim)
3. Uses lures or force
4. More likely to abduct, kidnap or kill
5. There does not appear to be a large number, maybe less than 5% of all sexual offenders

**What are the characteristics of sexual offenders?**

It is impossible to effectively intervene in a process that you do not fully understand. This section attempts to describe what we know about how offenders operate. This can be useful

to both the workers and the offenders themselves, as the latter are unlikely to change if they do not understand why or in what ways success may be found.

What is consistently clear is that sex offenders do not present as remarkably different from others with social, personal or behavioural