

FACT Sheet

Pedophilia

Most adults who sexually molest children are considered to have pedophilia, a mental disorder described in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. An adult who engages in sexual activity with a child is performing a criminal and immoral act which never can be considered normal or socially acceptable behavior.

Pedophilia is categorized in the *DSM-IV* as one of several paraphiliac mental disorders. The essential features of a paraphilia ("sexual deviation") are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors that generally involve nonhuman subjects, the suffering or humiliation of oneself or one's partner, or children or other nonconsenting persons.

The Characteristics of Pedophilia

According to the *DSM-IV* definition, pedophilia involves sexual activity by an adult with a prepubescent child. Some individuals prefer females, usually 8- to 10-

year-olds. Those attracted to males usually prefer slightly older children. Some prefer both sexes. While some are sexually attracted only to children, others also are sometimes attracted to adults.

Pedophiliac activity may involve: undressing and looking at the child or more direct physical sex acts. All these activities are psychologically harmful to the child, and some may be physically harmful. In addition, individuals with pedophilia often go to great lengths to obtain photos, films, or pornographic publications that focus on sex with children.

These individuals commonly explain their activities with excuses or rationalizations that the activities have "educational value" for the child, that the child feels "sexual pleasure" from the activities, or that the child was "sexually provocative." However, child psychiatrists and other child development experts maintain that children are incapable of offering informed consent to sex with an adult. Furthermore, since pedophiliac acts harm the child, psychiatrists con-

Diagnostic and Statistical Manual of Mental Disorders

The purpose of the *DSM-IV* (and of the manuals which preceded it) is to provide clear, objective descriptions of mental illnesses, based on scientific data. Psychiatrists and research scientists use these descriptions to diagnose an individual's mental illness, to communicate with each other in a common language about mental illnesses, to develop new treatments tailored to specific illnesses, and to plan the most effective treatments for their patients. The *DSM-IV* is not a diagnostic "cookbook," but is intended to guide the psychiatrist's own informed clinical judgment. *DSM-IV* and its predecessors are not legal documents. The cautionary statement in the introduction to *DSM-IV* reads, in part: "The purpose of *DSM-IV* is to provide clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study, and treat people with various mental disorders. It is to be understood that inclusion here, for clinical and research purposes, of a diagnostic category such as Pathological Gambling or Pedophilia does not imply that the condition meets legal or other nonmedical criteria for what constitutes mental disease, mental disorder, or mental disability. The clinical and scientific considerations involved in categorization of these conditions as mental disorders may not be wholly relevant to legal judgments, for example, that take into account such issues as individual responsibility, disability determination, and competency."

demn publications or organizations which seek to promote or normalize sex between adults and children.

Individuals with pedophilia may limit their activities to their own children, stepchildren, or relatives, or they may victimize children outside their families. Some threaten the child to prevent the child from telling others. Some develop complicated techniques for gaining access to children. They may select a job, hobby, or volunteer work that brings them into contact with children. Others may win the trust of a child's mother, marry a woman with an attractive child, or trade children with other individuals. Except when pedophilia is also associated with sexual sadism, the individual may be kind and attentive to the child's needs in order to gain his or her affection, interest, and loyalty, and also to prevent the child from reporting the sexual activity. Pedophilia usually begins in adolescence, although some individuals report that they did not become aroused by children until middle age. Often the pedophilic behavior increases or decreases according to the psychological and social stress level of the individual.

There is little information on the number of individuals in the general population with pedophilia because individuals with the disorder rarely seek help from a psychiatrist or other mental health professional. However, the large commercial market in pedophilic pornography suggests that the number of individuals at large in the community with the disorder is likely to be higher than the limited medical data indicate. Individuals generally come to the attention of mental health professionals when their child victims tell others and when they are arrested. Pedophilia is almost always seen in males and is seldom diagnosed in females.

How Psychiatrists Diagnose Pedophilia

When evaluating who may have pedophilia, psychiatrists apply three criteria spelled out in *DSM-IV*. All three must be present for the diagnosis to be made. Whether or not all three criteria are present, an individual who has had a sexual encounter with a child has committed a crime. Psychiatrists nationwide support the federal and state statutes that define the criminality of any sexual act or molestation involving a child.

Treatment for Pedophilia

Pedophilia generally is treated with cognitive-behavioral therapy. The therapy may be prescribed alone or in combination with medication. Some examples of medications which have been used include anti-androgens and selective serotonin reuptake inhibitors (SSRIs). But unlike the successful treatment outcomes for most other mental illnesses, the outlook for successful treatment and rehabilitation of individuals with pedophilia is guarded. Even after intensive treatment, the course of the disorder usually is chronic and lifelong in most patients, according to *DSM-IV*, which is the reason that most treatment programs emphasize a relapse-prevention model. However, both the fantasies and the behaviors often lessen with advancing age in adults.

Additional Reading

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), 1994, 886 pages, ISBN 0-89042-062-9, paperback, \$42.95 (plus \$5.00 shipping), Order #2062. Order From: American Psychiatric Press, Inc., 1400 K Street, N.W., Washington, DC 20005.

DSM-IV Criteria for Pedophilia

Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 or younger).

Has the person had repeated fantasies or urges about engaging in sexual activity with a child generally 13 years or younger, or has he actually had sexual encounters with a child? If a psychiatrist sees an individual who has engaged in sexual contact with a child, the diagnosis of Pedophilia should be strongly considered. (An individual who committed a single act of molestation while under the influence of drugs, for example, but who had not intentionally targeted a child and was unaware of the victim's age, would not receive the diagnosis. However, this of course in no way diminishes the seriousness of the act of molestation.) A person need not have actual sexual contact with a child to be diagnosed with Pedophilia. A person who is preoccupied with sexual urges and fantasies that disturb his functioning (that is, negatively affect his relations with others or impair his ability to work effectively) could also be diagnosed as having Pedophilia, even without ever engaging in a sex act with a child.

The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Is the problem clinically significant? That is, has it caused "significant distress or impairment in social, occupational, or other important areas of functioning?" (Note: The same criterion is applied throughout the DSM-IV to other mental illnesses.) Under this criterion, a sexual encounter with a child constitutes "clinical significance."

To make a *DSM-IV* diagnosis, the psychiatrist assesses the individual for either clinically significant distress or clinically significant impairment. Most individuals with psychiatric symptoms experience a subjective sense of distress which may include feelings such as pain, anguish, dysphoria (unpleasant mood), shame, embarrassment, or guilt. However, there are numerous situations in which the individual has symptoms or exhibits behaviors that do not cause any subjective sense of distress, but nonetheless would be judged "clinically significant" and warrant a diagnosis of a mental disorder if they come to the attention of a psychiatrist. In such situations, this judgment is based on whether the presentation causes significant impairment in one or more areas of functioning, including social, relational, occupational, and academic functioning. For example, it is well-recognized that many individuals who are experiencing serious problems related to substance abuse (e.g., violent behavior, poor work, or poor school performance due to alcohol or other drug use) deny that their substance abuse is causing them any distress. Such individuals would be given a diagnosis of Substance Dependence or Substance Abuse, in spite of their denial, if the psychiatrist determines that these substance-induced problems are causing significant impairment. Similarly, many individuals who act on their pedophilic urges claim that their behavior is non-problematic and may even claim it is "beneficial" to the child. Nonetheless, *DSM-IV* would consider such individuals to have Pedophilia because, by definition, acting on pedophilic urges is considered to be an impairment in functioning.

The person is at least age 16 years and at least 5 years older than the child or children in Criterion A. Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

Is the person at least 16 years old and at least five years older than the child who is the object of his fantasies or activities? Psychiatrists must use judgment when evaluating a person in late adolescence who is engaged in a single ongoing sexual relationship with a 12- or 13-year-old. Although such a person might not be considered as having Pedophilia, such relationships often lead to other psychological, medical (e.g., sexually transmitted disease, pregnancy), social, and family problems and should be strongly discouraged.



This fact sheet is one of a series including titles on the *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) DSM-IV*; *Homosexual and Bisexual Issues*; *Electroconvulsive Therapy (ECT)*; the *Insanity Defense*; *Memories of Sexual Abuse*; *Patient/Therapist Sexual Contact*; *Psychiatric Effects of Disasters*; and *Violence and Mental Illness*

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