

# Infantophilia—A New Subcategory of Pedophilia?: A Preliminary Study

David M. Greenberg, MB, ChB, FFPsych, MMed, FRCP, John Bradford, MB, ChB, FF Psych, DABPN, FRCP, and Susan Curry, BA

The Diagnostic and Statistical Manual of Mental Disorders has included three subgroups of pedophilic disorder based on the gender of the victim, the exclusiveness of the subject's preference for children, and whether the behavior is limited to incest. This study uses the pedophile's preference for age of victim as a means of delineating two distinct subgroups. The first group of so-called 'infantophiles' had victims who were less than five years old, while the latter subgroup of pedophiles had victims between the ages of 6 and 12 years ( $n = 38$ ). The primary purpose of this study is to test the hypothesis that these two subgroups, based on the age of the victims, can be further distinguished by descriptive parameters. Various standardized questionnaires were administered to the subjects. The results of the study are discussed and suggestions made with regard to future research efforts.

Groth<sup>1</sup> wrote, "It is important to separate fact from fiction with regard to sexual molestation of children and to dispel the stereotypes and myths pertaining to the offender that have developed in the absence of systematic inquiry. An accurate understanding of the characteristics of such assailants will improve the ability to work with both the offenders and the victims in whatever capacity, legal, medical, or the like. Myths and misconceptions can

only serve to alarm us out of proportion and obstruct dealing with this issue in a rational, forceful and effective manner."

Investigators have long despaired over their inability to describe the typical child molester.<sup>2</sup> Attempts to delineate a profile of the typical child molester have been highly variable, frequently misleading, and often lacking in clinical utility.\* The term *child molester* is descriptive in nature and used to characterize inappropriate sexual behaviour towards children.<sup>3</sup> The DSM-III-R has utilized a nosological

---

Dr. Greenberg is assistant professor of psychiatry and Dr. Bradford is professor of psychiatry at the University of Ottawa, Canada. Ms. Curry is research assistant at Royal Ottawa Hospital. Address correspondence to: Dr. David M. Greenberg, Sexual Behaviours Clinic, Forensic Service, Royal Ottawa Hospital, 1145 Carling Ave, Ottawa, Canada, K1Z 7K4.

---

\*Greenberg DM, "A Descriptive Study of a Prosecuted Group of Child Molesters," master's dissertation in psychiatry, University of Cape Town, South Africa, 1990 (unpublished).

classification where there is an assumption that sexual behaviour is predetermined by physiological and psychological sexual arousal with specific stimuli in a particular group of individuals. Although not all child molesters are pedophiles, this classification system for pedophilia has served to sharpen clinical boundaries for diagnostic, management, and research purposes. Pedophilia is by definition characterized by recurrent, intense sexual urges and sexually arousing fantasies of sexual activity involving prepubescent children.<sup>4</sup> The DSM-III-R has also incorporated criteria for various subcategories of pedophilia. These subgroups of pedophilia are based on gender of the victim, exclusivity of the preference, and whether behavior is limited to incest. They are now commonly incorporated into clinical practice, although they lack scientific evidence for content validity.<sup>5,6</sup> The author will briefly elaborate on these three subcategories of pedophilia.

Based on gender of their victims, Krafft-Ebing in his famous textbook, *Psychopathia Sexualis*, first distinguished between heterosexual, homosexual, and bisexual pedophiles.<sup>7</sup> Comparing homosexual to heterosexual pedophiles, some authors have reported that homosexual child molesters are more likely to recidivate into pedophilic behaviour;<sup>8,9</sup> more likely to be classified sociopathic;<sup>10</sup> less likely to be married;<sup>11</sup> and less likely to be drinking at the time of the offense when compared with their heterosexual counterparts.<sup>12</sup> These reported clinical differences may however depend more on the sample selection and the context or

situation of the disclosure than significant differences. A subcategory of pedophilia based on gender of the victims has nevertheless been incorporated into DSM classification system.

Some authors have suggested a subcategory of pedophilia based on the preferred or primary sex object of the pedophile. Groth<sup>13</sup> coined the term *fixated* to refer to a child molester whose primary sexual attraction throughout his life is directed towards prepubertal children. He distinguished this subgroup from the *regressed* group whose primary sexual attraction was toward adult partners and who, under periods of stress, return to a previous stage of sexual gratification involving children. However, there has been no scientific validation of a connection between sexual contact with prepubertal children and a failure of normal developmental processes.<sup>14</sup> Other authors have distinguished *preference* child molesters from adults who use children as surrogates for sexual gratification instead of a preferred but unavailable adult.<sup>15,16</sup> Precipitating factors suggested include marital and family stresses, alcohol and substance abuse, and other situational stressors. Use of the terms "preferred" or "fixated" has varied from author to author in the literature. The DSM-III-R has defined a group of pedophiles as an exclusive type who are attracted only to children, whereas a nonexclusive type are described as those who have a bisexual and variable orientation toward adults and children.

The third and final subcategory of pedophile disorder in the DSM distinguishes between sexual arousal limited to

## Infantophilia

incest versus extrafamilial victims. The dichotomy of incest versus nonincest offenders has also been challenged. Abel *et al.*<sup>†</sup> reported that in a sample of 140 incestuous fathers referred to the New York Clinic, 44 percent admitted to abusing female children and 11 percent similarly abused male children outside the home. Langevin *et al.*<sup>17</sup> reported that there were no significant differences in the MMPI profiles, family history variables, or most questions on a sexual history questionnaire between incestuous and nonincestuous child molesters. Quinsey *et al.*<sup>18</sup> reported that in their sample there were no significant differences in the physiological sexual arousal tests between incestuous and nonincestuous child molesters. Nevertheless, some authors have reported differences between biological and stepfathers. Phelan<sup>19</sup> compared biological fathers versus stepfathers who sexually abused their daughters and reported that the former tended to abuse multiple daughters, were more likely to abuse pubertal or postpubertal children, and to engage fully in intercourse with the child than the stepfathers. Russell<sup>20</sup> reported in her study of a nonclinical population that the incidents of incestuous sexual abuse was seven times higher in stepfathers as compared to biological fathers. The importance of this distinction has been suggested to be of clinical relevance by some authors, because incestuous offenders are believed to respond better to treatment

than sex offenders who molest children outside the family.<sup>2</sup>

Researchers have suggested or rebutted other psychiatric subcategories of pedophilia based on various delineating variables. In his review of studies using the Minnesota Multiphasic Personality Inventory, Quinsey<sup>21</sup> reported that there was little evidence to suggest the discriminative ability of the MMPI profiles of child molesters as compared to other sexual offenders. Conte<sup>14</sup> suggested six clinical dimensions to delineate child molesters, but hastened to qualify that there was little research to support the usefulness of this topology. He suggested denial, sexual arousal, sexual fantasies, cognitive distortions, social skill deficits, and other psychological and social problems as possible clinical dimension for future research. Abel *et al.*<sup>22</sup> reported significant differences in cognitions and beliefs about child molestation between child abusers and a nonoffender group. However, it has not been established whether there is any significant difference in the cognitive distortions among the various subcategories of pedophiles.<sup>†</sup> Alcohol and drug abuse, depression, poor self-concept, impulsivity, anger, and relationship problems are a few of the other psychological and social factors that have been suggested as possible variables to be used to discriminate subgroups of pedophiles.<sup>14</sup> However, there has been limited research in this area, and empirical clinical findings have failed to stimulate interest with such dimensions. A notable exception has been studies using phallometric measurements, which has shown encouraging results. Penile plethysmography has proved to be

<sup>†</sup>Abel GG *et al.*, "Motivating Sexual Offenders for Treatment with Feedback of their Psychophysiological Assessment," presented at the World Congress of Behavior Therapy, Washington, DC, 1993.

more reliable than assessments completed through self-report methods. Experimental literature indicates that penile tumescence is the single most reliable indicator of the early state of sexual arousal and can distinguish pedophilia from other groups.<sup>23-27</sup>

Pedophiles are by definition sexually aroused by prepubertal children.<sup>4</sup> Few studies have been conducted using the age of the victim as a means of delineating subgroups of pedophilia disorder. Sexual abuse of infants and toddlers is not uncommon, although rarely does it lead to the successful conviction of a perpetrator.<sup>28</sup> Children as young as two or three months have been reported as victims of sexual abuse.<sup>29, 30</sup> Schetky<sup>28</sup> reported that perpetrators of sexual abuse of infants and toddlers are usually opportunistic in their *modus operandi* and are more likely to be family members, babysitters, or daycare workers than strangers. This study uses the pedophile's preference for the age of the victim as a means of delineating two distinct subgroups. Although age of victim has been adopted for purposes of delineation, strictly speaking; the developmental (physical, sexual and psychological) stage of the child is the erotic component of sexual arousal. For purposes of this study, subjects who reported a sexual orientation for children less than five years old and who had offended against a child of this age group were included in the sample of infantophiles, whereas those who were attracted to children between 6 and 12 years were classed as pedophiles. The primary purpose of this study is to test the hypothesis that these two subgroups, based on age of vic-

tims, can be distinguished by further descriptive parameters.

## Method

The subjects for the study were assessed at the Sexual Behaviours Clinic of a psychiatric teaching hospital. The subjects were referred to the clinic primarily by lawyers or the courts. Others were referred by their physicians or were self-referrals. Almost all the subjects were pretrial at the time of this study. The patients included were those who admitted to sexually assaulting children 12 years old or younger and who reported recurrent intense sexual urges and sexually arousing fantasies with these children. Only patients who were at least 16 years old, and at least five years older than their victims, were included in the study. Subjects were grouped according to the age of the victims. The selected pedophile group reported offending against children between the ages of 8 and 12 years old, whereas the infantophile group reported offending against children less than five years of age. Those subjects who reported molesting children from both groups or who molested children between five and eight years old, were excluded from the study to reduce error variance in the data. Pedophiles limited to incest were excluded from the sample. The final sample consisted of 10 male infantophiles and 28 pedophiles.

## Procedure

Participation was voluntary and contingent upon written informed consent. Information about age, marital status, employment, and education was collected.

## Infantophilia

Data on the age and number of their victims, amount and nature of sexual contact, their relationship to the victim, past history of violence, and previous criminal convictions was obtained. Subjects were administered several questionnaires including the Derogatis Sexual Functioning Inventory (DSFI), which is a multidimensional test to measure the current level of sexual functioning of an individual.<sup>31</sup> They completed the Abel and Becker Pedophilic Cognition Distortion Scale, which measures cognitions or beliefs about molesting children or the consequences of such behavior;<sup>22</sup> the Buss-Durkee<sup>32</sup> Hostility Inventory, which measures different kinds of hostility and intensities of the modes of expression; the Michigan Alcohol Screening Test (MAST), which is a structured interview instrument to detect history of alcoholism;<sup>33, 34</sup> and a Sexual History Inventory,<sup>‡</sup> which assesses past sexual activity. For this study the data collected from these questionnaires and scales were analyzed to determine if there were any differences between the two groups and if these groups could be differentiated based on their questionnaire and scale responses.

### Results

The median age for the infantophile group was 23.5 years old and for the pedophile group, 32 years old. There was a difference in the mean rank of ages between the two groups (Mann-Whitney  $U = 78$ ,  $p < .05$ ). The marital status for the two groups did not differ. Overall,

63.2 percent of the sample were single, 21.1 percent were either married or in common-law marriages, and 15.8 percent were divorced. Approximately half of the total sample was employed at the time of assessment.

The mean score for the youngest victims' age was 3.9 years ( $SD = 0.88$ ) for the infantophile group and 9.29 years ( $SD = 2.06$ ) for the pedophile group. By design there was a significant difference between these ages ( $t = -11.49$ ;  $df = 34.64$ ;  $p < .001$ ). Of the entire sample, 28.9 percent had sexual contact with only male children, 65.8 percent with only female children, and 5.3 percent had sexual contact with both male and female children. There were no differences between the groups on gender preference ( $\chi^2 = 0.99$ ;  $p > .05$ ). The number of victims reported per offender for the entire sample ranged from one to five. Sixty-five point eight percent of the sample had admitted to only one victim.

Forty-seven point four percent of the sample used no physical violence or threats of violence against their victims. Thirty-nine point four percent used threats either with or without a weapon present, 10.5 percent caused minor injuries to their victims either with or without weapons, and 2.6 percent mutilated or murdered their victims. There were no differences between the groups. Twenty-one point one percent of the sample were strangers to their victims—one subject from the infantophile group and seven from the pedophile group. Sixty-three point two percent of the sample were acquaintances or friends who invariably were babysitting the victims, 5.3 percent

<sup>‡</sup>Bradford JM *et al.*, "Sexual History Inventory," University of Ottawa, Canada, 1992 (unpublished).

were relatives (uncles, grandfathers, cousins, brothers, etc.) and 10.5 percent were stepfathers of their victims. There were no statistical differences between the two groups.

Twenty-nine point four percent of the total sample reported having had sexual contact with someone who was 16 years of age or older when they were less than 12 years old. For the two infantophile subjects who reported being sexually victimized in their own childhood, the contact occurred when they were six years old. The mean age of occurrence of abuse on the eight pedophile subjects who reported sexual abuse in their own childhood was 7.5 years ( $SD = 2$ ).

Rates of alcohol dependency and drug abuse did not differ between the groups. Twenty-eight point nine percent of the entire sample had a history of alcohol dependency and 18.4 percent had a history of drug abuse. Twenty-eight point six percent of the entire sample had scores on the MAST that were suggestive or indicative of alcoholism. The groups did not differ on their MAST scores.

Overall, 10.5 percent had a history of violence and 89.5 percent had no such history. Seventy-two point two percent of the total sample had no previous convictions, and 27.8 percent had one or more past conviction. There were no differences between the groups on history of violence or on the number of previous convictions. The two groups did not differ on the overall Buss-Durkee Hostility Inventory score nor on any of the subscales. Twenty-six point five percent of the total sample had scores above the cut-off point of 38. On the subscales, 20.6 percent of

the sample had a high score on Negativism, 41.2 percent on Resentment, 61.8 percent on Suspicion, 23.5 percent on Assault, 23.5 percent on Indirect Hostility, 5.9 percent on Irritability, 17.6 percent on Verbal Hostility, and 60.6 percent on Guilt.

On the sexual functioning index (SFI) of the DSFI, the groups did not differ on overall sexual functioning. Low  $t$  scores on the DSFI indicate poorer functioning. Ninety-seven percent of the sample scored below the cut-off point of the SFI, indicating a poor overall level of sexual functioning. Although a large proportion of the sample scored low on all of the subscales and the summary index (the SFI), 50 percent of the sample reported that their subjective judgement of their sexual satisfaction was adequate or above average. Gender identity was the only subscale that was significantly different between the groups. More of the pedophile group (92.6%) scored below the cut-off score than did the infantophile group (55.6%), suggesting that the infantophiles perceive themselves as having more typically masculine characteristics than the pedophiles (Fisher's Exact Test = 4.27;  $p < .05$ ). The groups did not differ on any of the remaining subscales. Large proportions of both groups scored below the cut-off score. On the various subscales: 83.3 percent scored below a  $t$  score of 50 on the information subscale, indicating a poor level of sexual information; 91.7 percent scored low on sexual experience (diversity of sexual activities); and 72.2 percent scored below the norm on the Drive subscale that measure total sexual activity. Ninety-one point seven percent

## Infantophilia

of the sample scored low on the sexual attitudes subscale, indicating that the majority of the sample held conservative beliefs about sexual activity. Sixty-three point nine percent of the sample scored low on the psychological symptoms subscale, and 80.6 percent scored low on the affect subscale, indicating that they show a greater range of negative and dysphoric emotions than positive emotions. Seventy-seven point eight percent of the sample had *t* scores less than 50 on the fantasy subscale, which measures the diversity of sexual fantasies, and 94.3 percent had low body image scores, indicating a poor perception of their bodies. Fifty-one point four percent had a low satisfaction score, which reflects the extent of the respondent's satisfaction with his sex life. The groups did not differ on the cognitive distortions scale (infantophiles, mean = 4.18, *SD* = .49; pedophiles, mean = 4.38, *SD* = .60).

## Discussion

The DSM has included three subcategories of pedophilic disorder in the taxonomic system.<sup>4</sup> Clinically these subcategories have limited discriminating value in practice with treatment and management interventions, with the possible exception of gender of victim (i.e., homosexual pedophiles). These subcategories lack predictive value with variables such as dangerousness and recidivism. Harry *et al.*<sup>35</sup> used age of the victim to delineate subgroups of sexual offenders that included child molesters, rapists, and an intermediate group. They found motivational and *modus operandi* differences

between the groups based on the age of the victims. Knight *et al.*<sup>36</sup> reported that the victim's age is of particular importance in understanding sex crimes. This study evaluated two distinct subgroups of pedophilic disorder based on the age of the victims. Strict DSM-III-R inclusion criteria were adopted and subjects were excluded from the sample when there was overlap between the two groups. Although the number of subjects was only 38, analysis showed no essential differences between these two subgroups. There were no differences between these two groups when comparing their gender of victim, number of victims, use of alcohol or drugs, and history of violence or hostility. Both groups clearly had a dysfunctional sexual functioning index; the only significant variable between these two subgroups was the masculinity scale. The significance of this finding is unclear at this stage. Kalichman<sup>37</sup> reported that child molesters who abuse prepubescent children demonstrate significantly more psychopathology, emotional disturbance and low self-esteem than adult offenders. Our findings do not support a linear relationship between victim age and state/trait anger in sex offenders as reported by Kalichman. Our study has not evaluated the potential for this taxonomy with regard to recidivism or prognosis with treatment interventions. The usefulness of this taxonomic dimension may therefore warrant further investigation.

Schetky<sup>28</sup> reported that perpetrators of sexual abuse of infants or toddlers were opportunistic family members, babysitters, or owners or employees of day care facilities. Our study concurred that almost

two thirds of the infantophile group were acquaintances or friends of the parents who were invariably babysitting the children; however, there were no differences between the two groups. The results tend to support that groupings based on victim age show no *modus operandi* differences in gaining access to victims.

Almost one-third of pedophiles report being sexually victimized during their own childhood.<sup>38,39</sup> Greenberg *et al.*<sup>39</sup> delineated two subgroups of child molesters based on the selection of the age of the victims. Pedophiles reported being sexually abused during the prepubertal period, whereas hebephiles, who are by definition attracted to pubertal children, reported being sexually molested during puberty. Our study found that infantophiles reported being sexually victimized at a younger age than the pedophile group, although this finding may be attributable to chance. Future research is needed to evaluate the content validity of the dimension of age of victim as a means of subcategorizing subgroups and pedophilia. Likewise, other subcategories already incorporated in the DSM need further research validation.

### References

1. Groth AN: Men Who Rape: The Psychology of the Offender. New York: Plenum Press, 1979
2. Grubin DH, Kennedy HG: Sexual deviancy. *Curr Opin Psychiatry*. 2:745-9, 1989
3. Langevin R, Hucker SJ, Handy L: Erotic preference and aggression in pedophilia: a comparison of heterosexual, homosexual and bisexual types, in *Erotic Preference, Gender Identity and Aggression in Men*: New Research Studies. Edited by Langevin R. Hillsdale, NJ: Erlbaum Associates, 1985
4. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (ed 3, rev). Washington, DC: APA, 1987
5. Barnard GW, Fuller AK, Robbins L, Shaw T: *The Child Molester: An Integrated Approach to Evaluation and Treatment*. New York: Brunner/Mazel, 1989
6. Knight RA, Prentky RA: Classifying sexual offenders: the development and corroboration of taxonomic models, in *Handbook of Sexual Assault*. Edited by Marshall WL, Laws DR, Barbaree HE. New York: Plenum Press, 1990, pp 23-52
7. Hartwich A: *Aberrations of Sexual Life*, after the *Psychopathia Sexualis* of Dr. RV Krafft-Ebing (translated by Burbury AV). London: Staples Press, 1959
8. Sturgeon VH, Taylor J: Report of a five-year follow-up study of mentally disordered sex offenders released from Atascadero State Hospital in 1973. *Crim Justice J* 4:31-63, 1980
9. Frisbie LV, Dondis EH: Recidivism among treated sex offenders. Sacramento: California Dept. of Mental Health, 1965
10. Fitch JH: Men convicted of sexual offences against children. *Br J Criminology* 3:18-37, 1962
11. Mohr JW, Turner RW, Jerry MB: *Pedophilia and Exhibitionism*. Toronto, Canada: University of Toronto Press, 1964
12. Rada RT: Alcoholism and the child molester. *Ann NY Acad Sci* 237:492-6, 1976
13. Groth AN, Hobson WF, Gary TS: The child molester: clinical observations, in *Social Work and Child Sexual Abuse*. Edited by Conte J, Shore DA. New York: Hawthorn, 1982, pp 129-44
14. Conte JR: Clinical dimensions of adult sexual abuse of children. *Behav Sci Law* 3:341-54, 1985
15. Karpman B: *The Sexual Offender and His Offenses*. New York: Julian Press, 1964
16. Howells K: Adult sexual interest in children: considerations relevant to the theories and aetiology, in *Adult Sexual Interest in Children*. Edited by Cook M, Howells K. London: Academic Press, 1981, pp 55-294
17. Langevin R, Handy L, Russan AE, Day D: Are incestuous fathers pedophilic, aggressive or alcoholic?, in *Erotic Preference, Gender Identity and Aggression in Men*: New Research Studies. Edited by Langevin R. Hillsdale, NJ: Erlbaum Associates, 1985
18. Quinsey VL, Chaplin TC, Carrigan WF: Sexual preferences among incestuous and non-



## Infantophilia

- incestuous child molesters. *Behav Therapy* 10: 526–65, 1979
19. Phelan P: The process of incest: biological father and step-father families. *Child Abuse Negl* 10:531, 1986
  20. Russell DEH: The incidents and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse Negl* 7:133–46, 1983
  21. Quinsey VL: The assessment and treatment of child molesters. *Can Psychol Rev* 18:204–20, 1977
  22. Abel GG, Gore DK, Holland CL, Kemps N, Becker JV. The measurement of the cognitive distortions of child molesters. *Ann Sexual Res* 2:135–53, 1989
  23. Barlow DA: Assessment of sexual behaviour in *Handbook of Behavioural Assessment*. Edited by Ciminero A, Calhoun HE, Adams HE. New York: Wiley, 1977
  24. Rosen RC, Keefe FJ: The measurement of human penile tumescence. *Psychophysiology* 15:366–76, 1978
  25. Zukerman M: Physiological measures of sexual arousal in the human. *Psychol Bull* 25: 297–372, 1971
  26. Freund K: Erotic preference in pedophilia. *Behav Res Ther* 5:339–48, 1967
  27. Quinsey VL: The assessment and treatment of child molesters: a review. *Can Psychol Rev* 18:204–20, 1977
  28. Schetky, DH: The sexual abuse of infants and toddlers, in *Review of Psychiatry* (vol 10). Edited by Tasman A, Goldfinger SM. Washington, DC: APA 308–18, 1991
  29. Cupoli JM, Sewell PM: One thousand fifty-nine children with a chief complaint of sexual abuse. *Child Abuse Negl* 12:151–62, 1988
  30. Dube R, Hebert M: Sexual abuse of children under 12 years of age: a review of 511 cases. *Child Abuse Negl* 12:321–30, 1988
  31. Derogatis LR: Psychological assessment of psychosexual functioning. *Psychiatr Clin North Am* 3:113–31, 1980
  32. Buss AH, Durkee AA: An inventory for assessing different kinds of hostility. *J Consult Clin Psychol* 21(4):343–9, 1957
  33. Gibbs AL: Validity and reliability of the Michigan Alcohol Screening Test: a review. *Drug Alcohol Depend* 12:279–85, 1983
  34. Selzer M, Vinokur A, Rooijan L: A self-administered Short Michigan Alcohol Screening Test (S.M.A.S.T.). *J Stud Alcohol* 36:117–26, 1975
  35. Harry B, Pierson TR, Kuznetsov A: Correlates of sex offender and the offense traits by victim age. *J Forensic Sci* 38:1068–74, 1993
  36. Knight RA, Rosenberg R, Schneider BA: Classification of sexual offenders: Perspectives, methods and validation, in *Rape and Sexual Assault*. Edited by Burgess AW. New York: Garland, 1985, pp 222–93
  37. Kalichman SC: Psychopathology and personality characteristics of criminal sex offenders as a function of victim age. *Arch Sex Behav* 20:187–97, 1991
  38. Hanson RK, Slater S: Sexual victimization in the history of sex abusers: a review. *Ann Sex Res* 1:485–99, 1988
  39. Greenberg DM, Bradford JM, Curry S: A comparison of sexual victimization in the childhoods of pedophiles and hebephiles. *J Forensic Sci* 38:432–6, 1993