

Pedophilia

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Medical castration and group counseling sessions help to modify this type of sexual behavior.

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When people experience strong erotic desires to engage in sexual behaviors that could cause themselves or others harm (eg, sadistic, coercive, or masochistic sexual involvements), or when they experience strong erotic attractions toward unacceptable sexual partners (eg, children), psychiatric help may be needed. This is particularly true when a person reports an inability to successfully resist inappropriate sexual temptations through "will power" alone, even though in terms of conscience and intellect that person may want to resist and has been trying very hard to do so.

Diagnosis

Some psychiatric diagnoses can be made simply by asking cooperative persons about the range of behaviors they find erotically appealing, and about the difficulty they experience in trying to resist such sexual temptations. This line of questioning can identify those who meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) diagnostic criteria for sexual exhibitionism, sexual sadism, sexual masochism, transvestism, and compulsive voyeurism.¹ Such questioning can also identify compulsive, paraphilic rapists. These men often experience great difficulty resisting their particular sexual compulsions because what they crave is not just sexual release, but a specific type

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of sexual activity.

Another way to identify sexual problems that may require psychiatric assistance is to inquire about the types of sexual *partners* a person finds erotically appealing, and the degree of difficulty experienced in resisting the temptation to become sexually involved with such inappropriate partners. Some men, for example, report that they are attracted sexually to both children and adults, but that when they have a satisfying adult relationship they are able to resist the temptation toward a child. Nicholas Groth² has referred to men who find both adults and children erotically appealing as "regressed

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pedophiles." By contrast, other men may experience absolutely no erotic attraction toward adults, but find it difficult to resist sexual temptations toward children. Groth refers to these men as "fixated pedophiles."

Pedophilia, for unknown reasons, occurs almost exclusively in men. If a man finds only children, but not adults sexually appealing, the term *fixated pedophilia* is appropriate. If a man is attracted sexually only to boys, the diagnosis is *homosexual pedophilia*, whereas if he is attracted only to girls, *heterosexual pedophilia* is the correct diagnosis. *Bisexual pe-*

dophilia is the diagnosis if gender is not a factor.

Assessing the sex offender

A person may be defined as a sex offender by virtue of having behaved illegally—for example, being involved sexually with children. Many of these offenders are referred for psychiatric evaluation to determine whether the offense is due to: (1) diminished mental capacities; (2) personality traits; and/or (3) sexual orientation.

A diagnosis such as *pedophilia* cannot be made simply on the basis of behavior alone. Rather, for purposes of diagnosis and proper treatment, the physician must try to understand the state of mind that contributed to the individual's behavior. For example, a person with schizophrenia may behave in a particular way in response to hallucinations "telling him to do so," whereas the alcoholic's behavior may be a reflection of diminished judgment secondary to intoxication. A mentally retarded individual may become involved sexually with a child (who, incidentally, may be of the same approximate mental age as he) because of the lack of availability of an adult partner and the lack of capacity to fully appreciate and understand the wrongful nature of his actions. In none of these instances would a primary diagnosis of *pedophilia* necessarily apply.

Treatment of pedophilia

Four major modalities have been proposed for the treatment of *pedophilia*: (1) psychotherapy, (2) behavior therapy, (3) surgery, and (4) medication.

Psychotherapy. Classical psy-

chodynamic theory assumes that all men would ordinarily develop conventional erotic attractions towards age-appropriate partners of the opposite sex, but that this does not occur in some instances because unhealthy early life experiences interfere with the normal process of psychological maturation. Therapy utilizes the process of introspection to try to figure out what went wrong, with the expectation that newly acquired insights will help to overcome the problem.

It is doubtful that persons can come to fully understand the basis of their own sexual interests through the process of introspection alone. Just as the average man probably cannot figure out, simply by thinking about it, why he prefers women to men, so the pedophile can't figure out the basis of his sexuality. Furthermore, even if he could, he still would probably not be able to resist the temptations of his appetites. Finally, there is little convincing evidence to show that the traditional psychotherapies alone are an invariably effective means for treating pedophilia.

Behavior therapy. This approach is less concerned with the historical antecedents of pedophilia than with the question of what can be done about it. Common to most behavioral approaches is the attempt to extinguish erotic feelings associated with children, while simultaneously teaching the individual to become sexually aroused by formerly nonarousing age-appropriate partners. Although behaviorists have shown in laboratory situations that some pedophilic men no longer demonstrate physiological evidence of sexual arousal when

looking at pictures of unclothed children, and that they can begin to show arousal to age-appropriate stimuli, there is insufficient evidence that such changes invariably carry over into the nonlaboratory situation.

Surgery. Two types of surgery have been proposed as a treatment for pedophilia: (1) stereotactic neurosurgery and (2) removal of the testes. Neurosurgery for this purpose is still investigational and will not be discussed.

Removal of the testes (castration) has been suggested as a treatment for pedophilia because the testes are the major source of testosterone production in the

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body. There has been much confusion about castration, a procedure that does not remove the penis but is simply intended to lower testosterone levels as one way of lowering libido.

The relationship between very low testosterone levels and low sexual libido is fairly well established. This evidence comes from a variety of sources, including studies on hypogonadal men, data from persons with adrenogenital disorders, studies on drugs that lower testosterone as a side effect, and from several well-controlled studies on the effects of administering testosterone in an attempt to increase sexual libido.³⁻⁵

Various studies⁶⁻¹⁰ have shown that the surgical method of lowering testosterone has enabled many men to better control their sexual behaviors.

Medication. Today, it is no longer necessary to perform surgical castration in order to reduce testosterone levels. This can now be done pharmacologically without the physical or psychological trauma of surgery. In some European countries, cyproterone acetate has been used for this purpose, and there are several blind as well as nonblind studies that support its effectiveness.^{11,12} Since 1967, the drug most often employed in the United States for lowering testosterone has been medroxyprogesterone acetate.¹³⁻¹⁷

The drug is injected intramuscularly once a week. It binds to the muscle and is then gradually released into the blood stream over the course of several days. The initial starting dosage used in the Johns Hopkins clinic has been 500 mg IM (100 mg/cc) once per week. Ordinarily, no more than 250 cc is given into a single injection site. Major side effects have included weight gain and, in some cases, hypertension.

Medroxyprogesterone significantly and consistently decreases serum testosterone levels and, as a result, sexual libido. In turn, this enables some men to control their sexual behavior more appropriately.

Most pedophiles who receive the medication also attend group counseling sessions (similar to Alcoholics Anonymous) in which the men are expected to acknowledge their temptation to engage in inappropriate sexual behavior. There they discuss strategies intended

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to help them resist such temptations successfully (ie, whom to call, what situations to avoid, early warning signs, and so on).

Optimal dose, long-term side effects, and precise long-term recidivism have not yet been fully established in using medroxyprogesterone for this purpose. Nor is it certain which of the paraphilias respond most adequately. Findings to date, however, indicate that the recidivism rates parallel the low rates documented with surgical removal of the testes. ☐

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