

THE ABEL AND HARLOW CHILD MOLESTATION PREVENTION STUDY

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

OVERVIEW

The Problem

Child molestation, because of its large numbers of victims and because of the extent of its damage to the health of its victims, is a national public health problem. To combat this public health problem we must focus on the cause. People with pedophilia molest 88 percent of child sexual abuse victims. Early diagnosis of this disorder, followed by effective medicines and therapies, has the potential to save children from being molested.

The Study

Starting with a study sample of 16,109 adults who were tested in 41 states in reaction to possible sexual boundary violations, the authors analyzed the reports of 4,007 adults, ages 18 to 95, who admitted that they had sexually molested one or several children. Special attention was given to finding information that could be used to sharply reduce the number of child victims of sexual abuse.

We defined "child" and "child molestation" using the medical criteria of the American Psychiatric Association, as defined in their *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, DSM-IV-TR*.

Definitions

Child: Any girl or boy 13 years of age or younger. To be in the child molester group in this study, the test-taker must have reported that he or she had sexually touched a child 13 years old or younger.

Child molestation: The act of sexually touching a child.

Child molester: Any older child or adult who touches a child for his or her own sexual gratification.

Age difference: To fit the medically accepted definition of a child molester, the person sexually touching the child must be at least five years older. For example, if a 14-year-old child sexually touches a nine-year-old child, the 14-year-old is a child molester.

Findings

1. **Demographics:** Child molesters match the U.S. population in education, percentage married or formerly married, and religious observance.
2. **Ethnicity:** Child molesters occur in various ethnic groups: Caucasian, Hispanic, African-American, Asian, and American Indian.
3. **High-risk children:** Only 10 percent of child molesters molest children they don't know.
4. **Children in the family:** The overwhelming majority of molesters (68 percent) sexually abuse children in their own families - either children whom they parent, nieces and nephews, or grandchildren. As teenagers they molest much younger siblings.
5. **Children in the social circle:** The next largest number of molesters (40 percent) abuse children of families in their social circle. Some molesters molest children in their own families *and* children in their social circle.
6. **Pedophilia:** Pedophilia is the most significant cause of child molestation.

7. Early onset: Pedophilia is a disorder that starts early in life. Child molesters with the disorder pedophilia begin to molest much younger children at an earlier age. More than 40 percent molest before they reach age 15, and the majority molest before age 20.

8. Influence of sex fantasies: Molesters who maintain sex fantasies of children (41 percent) have more than three times the number of child victims as molesters who do not fantasize about having sexual interactions with children.

9. Sexually abused boys who become molesters: Being abused as a boy appears to increase the risk that the abused child will himself eventually molest a child. More than 47 percent of the admitted child molesters had been sexually abused as children.

10. Severely sexually abused boys: Adult molesters who, as children, were sexually abused more than 50 times have triple the number of child victims compared to child molesters who were never sexually molested. Of those sexually abused more than 50 times, 82 percent can be categorized as pedophiles.

11. Sexual orientation: More than 70 percent of the men who molest boys rate themselves as heterosexual in their adult sexual preferences. In addition, 9 percent report that they are equally heterosexual and homosexual. Only 8 percent report that they are exclusively homosexual. The majority of the men who molest boys are also married, divorced, widowed, or living with an adult partner.

12. Crossing multiple sex boundaries: More than 60 percent of pedophiles have other paraphilias. Many are also exhibitionists or voyeurs. Of the pedophiles who molest girls, 21 percent also molest boys. Of the pedophiles who molest boys, 53 percent also molest girls.

SUGGESTIONS TO PROTECT CHILDREN

Focus on the cause

Focus on the most significant cause of child molestation: the development in some teenagers and adults of the disorder pedophilia. While not all child molesters have a diagnosable disorder, teenagers and adults who do develop pedophilia molest 88 percent of the child victims and they commit 95 percent of the sexual acts against children. The disorder can be diagnosed. Treatment with medicines and therapies is effective.

Early diagnosis is important

The disorder starts early. Since teenagers may meet all the diagnostic criteria for pedophilia *before* they have sexually touched a child, teenagers who are evaluated at this early stage of pedophilia - if given effective treatment - have an excellent chance of controlling their pedophilia so they never become child molesters. Early diagnosis will significantly reduce the number of children molested.

Evaluate the following people for possible pedophilia

1. Teenagers and adults concerned that they may have a sexual interest in children.
2. Teenagers and adults who report child-centered sex fantasies for more than six months.
3. Children who sexually interact with children at least five years younger.
4. Children who have been molested.
5. Exhibitionists (flashers).
6. Voyeurs (window peepers).
7. Any child, teenager, or adult accused of sexually molesting a younger child.

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

8. Any teenager or adult convicted of sexually molesting a child.

ABOUT THE STUDY

Setting

The Abel and Harlow Child Molestation Prevention Study is based at Abel Screening, Inc., a research and testing company in Atlanta, Georgia. More than 300 medical, psychological and criminal justice sites in 41 states use the standardized testing services provided by Abel Screening, Inc.

Abel Screening's National Sexual Violence Databank is the nation's largest source of detailed information on sexual violence — particularly against children.

Confidentiality and consent

All test-takers sign a consent form prior to testing, which advises them that their data (identified only by a test number) will also be used for research.

Referral sources and presenting complaints

Test-takers are referred for testing by their employers, by their lawyers, by criminal justice professionals, or by mental or medical professionals. Some test-takers are self-referred. Test-takers are referred in response to possible sexual boundary violations that include: professional sexual misconduct (sexual interaction with adult parishioners, patients, and employees by their clergy, physicians, therapists, or employers); exhibitionism (flashing); voyeurism (window-peeping); fetishism (obsessive sexual interest in objects); child molestation; and other possible paraphilias.

Standardized sexual questionnaire

The Abel Assessment *for sexual interest* includes completion of a standardized sexual questionnaire that requests demographic, sexual, and paraphilic information and a separate standardized objective measure of sexual interest in males and females of various ages.

A mental health professional, following an interview with the test-taker, adds to the assessment by answering additional questions concerning the test-taker's ability to read and comprehend the testing material. In addition, the professional answers questions as to the probable truthfulness of the test-taker. The mental health professional completes the patient history and reviews the test results with the patient.

All the subjects of *The Abel and Harlow Child Molestation Prevention Study* completed the Abel Assessment *for sexual interest* according to these protocols.

Funding

Gene G. Abel, M.D., Nora Harlow, and Abel Screening, Inc., funded *The Abel and Harlow Child Molestation Prevention Study*.

-- STUDY POPULATION AND METHODS --

The Institutional Review Board at West Paces Ferry Hospital in Atlanta, Georgia, approved the research protocols for the study.

The 16,109 test-takers who completed tests between February 14, 1994, and January 22, 2001, were included in *The Abel and Harlow Child Molestation Prevention Study*. Their ages ranged from 18 to 95 years. Their average age was 38.5. Test-takers were from 41 states.

The 16,109 were divided into three groups.

Group one was made up of test-takers who reported that they were not child molesters. *Classified as non-child molesters, group one totaled 5,152 males and 304 females.*

Group two was composed of test-takers reported by the mental health professional that evaluated them as either lying or in denial about being child molesters. The mental health professional used three criteria to make this judgment: a) The test-taker had been convicted of child molestation, and/or b) The test-taker was accused of child molestation by more than one family, and/or c) the test-taker's explanation of the reason for the sexual interaction with the child was preposterous. Some examples of preposterous explanations encountered during the study: "When I touched my daughter's breasts while she was sleeping it was for the purpose of sex education." "Yes, I penetrated my six-year-old daughter, but it was an accident. I was coming out of the shower, I slipped on the soap and my penis accidentally went into her vagina." *Classified as liars or deniers, group two totaled 5,138 males and 194 females.*

Group three was made up of test-takers who admitted that they had molested one child or several children. The criterion for admission to the child molesting group was that the test-taker said he or she was a child molester. *Classified by themselves as child molesters, group three totaled 5,218 males and 103 females.*

The three groups — 1) non-child molesters, 2) liars or deniers, and 3) admitted child molesters — split nearly evenly, with each group containing over 5,000 people.

We chose to concentrate the major part of our study on the third group, the 5,321 people who said they were child molesters. First, we refined the group so that they matched the American Psychiatric Association's diagnostic criteria for age of the child by limiting it to people who admitted to molesting children age 13 or younger. The admitted child molesters who reported that they had molested a child of 13 years or younger totaled 3,952 males and 55 females.

Exclusions

The following were excluded from our sample:

Adults who Sexually Interact with Adolescents. An additional 1,266 males and 48 females admitted to sexually molesting adolescents 14 to 18 years of age. Data from this group was eliminated.

Adults who sexually interact with adolescents are called ephebophiles. However, there is neither a medical definition nor a medical diagnosis for this group. Ephebophiles do seek and receive therapy. They also are often prosecuted by the criminal justice system for sexually interacting with a minor. Although this group does commit serious acts of sexual abuse, we eliminated them from this study because they do not fit the medical diagnostic criteria for pedophilia.

Women. We also eliminated the women from our final group of admitted child molesters, because the number who admitted to molesting a child of 13 years or younger — 55 — was too small to yield statistically significant results or to make adequate comparisons to the 3,952 males.

Although not all of the males in the child molester group were pedophiles, all did meet two of the medical criteria: They had molested one child or several children who were 13 years or younger, and, being at least 18, were all five years older than the child they had molested.

-- ESTIMATES --

Prevalence of molested children and adult survivors

Estimates of the number of children who are sexually abused vary so widely from study to study — 3 percent to 54 percent — that they become almost useless.

This wide variation occurs because of the lack of standardized definitions of the terms "child molestation" and "child." For example, one study will define child molestation as touch only and another as touch and non-touch. Also, information-gathering techniques and study populations vary widely, which makes comparisons between studies difficult. The field is further hampered because of failure to standardize the age of the child. One study's directors will use 18 years as the outer limit of "child," another will use 16 years, and others will use 14 or 13 years.

We used the medical definition established by the American Psychiatric Association in their diagnostic manual to define "pedophilia," *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision; DSM-IV-TR. We used the sexual *touching* of a child to define the term "child molestation." We used the age of 13 years or younger to define "child."

Number of children

To estimate the number of molested children, we used an analysis by David Finkelhor, Ph.D. from his 1986 *A Sourcebook on Child Sexual Abuse*, page 65. In this table he analyzed six studies of sexual abuse prevalence, which yielded a summated average of sexually abused girls per 100 by age of onset — age one through age 18. We applied those percentages for girls 13 years and younger to the female child population as given in the 1999 U.S. Census Statistical Abstract.

Number of boy victims

To estimate the number of boy victims, we analyzed 13 studies from the same source, pages 20-21, and found the number of boy victims was 45 percent of the number of girl victims. We applied this ratio to Finkelhor's percentages of sexually abused girls by age group, and in turn applied those numbers to the male child population as given in the 1999 U.S. Census Statistical Abstract.

Final estimated numbers: 2,231,372 sexually abused girls and 1,004,117 sexually abused boys.

Number of adult survivors

To estimate the number of adult survivors, we again used David Finkelhor's Sourcebook, totaling his summated averages for the year of onset of girls' sexual victimization. By that estimate, 24 percent of girls were sexually abused by the end of their 13th year. Using Finkelhor's percentage of boys who are molested relative to girls who are molested, we estimated the number of male adult survivors using the 1999 U.S. Census Statistical Abstract.

Final estimated numbers: 27,160,752 adult females and 12,222,388 adult males are survivors of childhood sexual abuse.

Comparing the men in *The Abel and Harlow Child Molestation Prevention Study* to men in the U.S. population

We wanted to show to what extent our complete sample of 15,508 men matched males in the U.S. population, and we also wanted to show to what extent our smaller sample of 3,952 men who admitted to being child molesters matched the U.S. population.

Comparison of 13,476 men age 25 years or older from the complete sample with men in the U.S. population

To get a valid comparison between our sample and the U.S. Census Statistical Report, 1999, on the personal demographics of marriage, education, work, and religion, each test-taker had to be 25 years and older because the Census Statistical Report used 25 years or older for those measurements. Our sample of 13,476 men age 25 and older closely matched the U.S. male population on these demographics.

Married or formerly married: U.S. males, 73 percent vs. our sample, 77 percent.

Some college or higher education: U.S. males, 49 percent vs. our sample, 48 percent.

High school graduate: U.S. males, 32 percent vs. our sample, 27 percent.

Working: U.S. males, 64 percent vs. our sample, 69 percent.

Religious: U.S. males, 93 percent vs. our sample, 93 percent.

The complete sample of 15,508 men, ages 18 to 95, for the most part also matched the U.S. male population on ethnicity.

Caucasian: U.S. males, 72 percent vs. our sample, 71 percent.

Hispanic/Latin American: U.S. males, 11 percent vs. our sample, 12 percent.

African-American: U.S. males, 12 percent vs. our sample, 10 percent.

Asian: U.S. males, 4 percent vs. our sample, 1 percent.

American Indian: U.S. males, 1 percent vs. our sample, 3 percent.

An additional 2 percent of our sample of 15,508 men reported that they were from none of the above. In terms of the 15,508 males in the complete sample, they were representative of the general male population both in their general demographics of marriage, education, employment, and religiosity, and in representing five ethnic groups. American Indians were over-represented in this large original sample, at 3 percent, as the U.S. Male Population Census reports American Indians as one percent.

Comparison of 3,952 admitted male child molesters to the U.S. male population.

Once we established that our complete sample of more than 15,500 men was representative of the general male population on the above demographics, the question became: How do admitted child molesters differ?

This study's demographic results showed a near match between the 3,952 admitted male molesters of children 13 years old or younger and the general male population in terms of marriage, education, employment, and religion. This finding contradicts sharply the general idea that child molesters are, in the main, unmarried, unemployed, uneducated, and not religious.

Our sample of admitted male child molesters paralleled the U.S. male population on these five demographic characteristics.

Married or formerly married: U.S. males, 73 percent vs. child molesters, 77 percent.

Some college or higher education: U.S. males, 49 percent vs. child molesters, 46 percent.

High school graduate: U.S. males, 32 percent vs. of child molesters, 30 percent.

Working: U.S. males, 64 percent vs. child molesters, 65 percent.

Religious: U.S. males, 93 percent vs. child molesters, 93 percent.

Just as the larger sample of more than 13,000 men 25 years of age and older closely matched the men in the U.S. Census, the smaller group of 3,952 admitted child molesters also closely matched the men in the U.S. Census. This study found no significant differences between these categories.

Social class of child molesters

While studies of *physical* abuse have shown a link to lower income and lower levels of education, studies of the *sexual* abuse of children have failed to demonstrate that such a link exists.

Study after study of child molestation victims and child molesters has sought to link education or household income level to numbers of victims or numbers of molesters. All have sought to show a link to one class over another. Only one study showed a slight link to a social class, and that class was the highest social class determined by both money and education. See Finkelhor, 1986.

Ethnicity

We also looked at admitted child molesters in terms of their ethnicity. The question: Which ethnic group might produce proportionately more child molesters? Our study sample of 3,952 admitted male child molesters paralleled the U.S. male population in terms of representing five ethnic groups.

Caucasian: U.S. males, 72 percent vs. child molesters, 79 percent.

Hispanic/Latin American: U.S. males, 11 percent vs. child molesters, 9 percent.

African-American: U.S. males, 12 percent vs. child molesters, 6 percent.

Asian: U.S. males, 4 percent vs. child molesters, 1 percent.

American Indian: U.S. males, 1 percent vs. child molesters, 3 percent.

An additional 2 percent reported that they were "none of the above."

While the Caucasian group seems to produce slightly more child molesters and the Hispanic/Latin-American and African-American groups seem to produce fewer, we found another possible interpretation.

When we looked at group two, men who were lying or denying (from our complete sample), we found proportionately *fewer* Caucasians: 67 percent vs. the 71 percent of Caucasians in our overall sample. For Hispanics/Latin-Americans we found proportionately *more* people said to be either lying or denying: 14 percent vs. 12 percent in our overall sample.

In addition, African-Americans were slightly under-represented in our complete sample. They were only 10 percent of that sample, while they are 12 percent of all U.S. men. African-Americans were over-represented in the lying or denying group. They made up 12 percent of that group. That they were both *under-represented* in the large complete sample and *over-represented* in the lying or denying group may suggest that this low number of 6 percent of admitted child molesters as African-Americans may not be statistically significant.

These results (Caucasians admitting to being child molesters in proportionally greater numbers and both Hispanics/Latin-Americans and African-Americans admitting to being child molesters in proportionally lower numbers) may also suggest a greater mistrust on the part of people in ethnic minority groups of the people assessing them.

In general, the admitted child molesters paralleled this culture's social demographics and existed in five or more ethnic groups. These results suggest that the act of molesting a child is prompted by a factor outside of the molester's social status or his ethnic group. It also suggests that, while his high, middle, or low social status or his ethnic group do not *cause* him to molest a child, neither do they *protect* him from becoming a child molester.

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

THE CHILD MOLESTER'S RELATION TO THE CHILD

Molesting children in the family

Of the 3,952 men who admitted to being child molesters, 68 percent reported that they had molested a child in their family. Nineteen percent had molested their biological child, 30 percent their stepchild, adopted child, or a foster child. Eighteen percent had molested their nieces or nephews, and 5 percent, their grandchildren.

Pedophilia is a disorder that starts in the teenage years and continues through life. The same molester, in some cases, may have molested several categories of children in the family. He may have molested his own children, a niece or nephew, and his grandchild. Some 12 percent had, as teenagers, molested a much younger brother or sister. For those reasons, the percentages when added are more than the 68 percent of men who molest family members. The 68 percent is based on individual men, while each individual man may have molested one child or several children who were in different family relationships with him.

Molesting children in the parents' social circle

Forty percent of the child molesters reported molesting the children of their friends or their neighbors. Again, we see a cross-over. Nearly 24 percent of the men who were molesting children in their family were also molesting the children of their friends or neighbors.

The question about molesting "a child left in my care by an organization" elicited 5 percent of "yes" responses.

The most surprising finding was that only 10 percent of the child molesters reported that they molested a child who was "a stranger to me." This finding is at odds with the popular conception of the child molester as a man or woman who is unknown to the parents. The emphasis on knowing if convicted child molesters live in the neighborhood, while excellent, probably provides less protection for children than was once believed.

To keep these percentages in context, we need to remember, for instance, that while the number of adopted children and the number of foster children is far less than the number of biological or stepchildren, still 129 men (3.3 percent) reported that they were molesting their adopted children and 50 men (1.3 percent) reported they were molesting their foster children. These may be more significant numbers when put in the context of the small overall numbers of U.S. children in adoptive or foster homes.

Males vs. females as child molesters

Of a sample of 4,007 men and women who admit to molesting a child 13 years old or younger, 99 percent were male and 1 percent were female.

Although we know that most child molesters are men, the exact percentage of women molesters varies in our own studies from 1 to 3 percent. The percentage of female child molesters may be biased in this study because its 601 women accounted for only 3.73 percent of the total sample of 16,109 people who were tested. Researchers across studies generally agree that the molestation acts of women are under-reported. Studies of women molesters are generally difficult because of the low numbers of women who are either reported to Child Protective Services, present themselves to mental health professionals, or are referred for testing.

While many professionals point out that boys molested by adult women often fail to report their molestation, that alone could not account for the vast difference between the numbers of male molesters versus female molesters. While 15,508 males were referred for testing because of the probability of a sexual difficulty, only 601 females were referred. This discrepancy in numbers supports the premise that testosterone is a substantial contributor to the formation of paraphilias. Further support comes from the medicines, Depo-Provera and the selective serotonin reuptake inhibitors, all of which reduce the effects of testosterone and subsequently reduce sexual interests

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

in children.

THE PEDOPHILE GROUP

Selection of molesters with pedophilia

The American Psychiatric Association lists several criteria for a diagnosis of pedophilia.

- *Must be at least 16 years of age.* Our child molester group ranged in age between 18 and 95 years of age, so all met that criterion.
- *Must have sexual fantasies or urges or behavior toward a child of 13 years or younger.* All of our 3,952 admitted molesters reported that they had the behavior. They all reported sexually touching one child or several children. Being at least 16 and sexually touching a child of 13 years or younger do not by themselves signal a disorder. They may add up to an incident. It is the duration that signals disorder.
- *Must have had the sexual fantasies, sexual urges, or behaviors described above for more than six months' duration.*

To separate admitted child molesters who fit the pedophilic diagnostic criterion that the behavior must have continued "for more than six months," we used length of time of the continuing behavior. Since the questionnaire defined length in one-year intervals, we defined the pedophile group — 2,429 (65 percent) — as those molesters who were involved in molestation for more than one year.

A total of 1,297 (35 percent) of the original 3,952 admitted to less than a year of involvement and were therefore classified, for purposes of our study, as non-pedophiles. An additional 226 of the 3,952 were eliminated from the pedophile/non-pedophile groups because they gave incomplete or inconsistent information.

Age of onset of pedophilia

Pedophilia starts early. How early depends on whether the pedophile molests boys or girls. Molesters with pedophilia who sexually abuse boys start the earliest. Twenty percent reported that they had their first victim before they were 10 years old, another 43 percent began to molest between the ages of 10 and 15, and a total of 76 percent say they had their first child victim before they were 20 years old.

Although men with pedophilia who molest girls have their first child victim slightly later, a significant number (12 percent) said that they also molested a child before they were 10 years old, another 32 percent began to molest when they were between ages 10 and 15, and a total of 54 percent said they had molested a child before they were 20 years old.

These results strongly suggest that early intervention in the lives of molesters developing pedophilia is a powerful preventive measure that will drastically reduce the numbers of child victims.

Numbers of victims, numbers of acts

Pedophiles molest four times the number of children than do non-pedophile molesters. On average, a pedophile molests 11.7 children compared to a non-pedophile molester, who molests, on average, 2.9 children. The 2,429 pedophiles in our study sample molested 88 percent of the children (28,419), as compared to the 1,297 non-pedophile molesters, who molested 12 percent of the children (3,761).

Pedophiles commit more than 10 times as many sexual acts against children as do non-pedophile molesters. On average, a molester with pedophilia commits 70.8 molestation acts. On average, a molester without pedophilia commits 6.5 acts. Our group of 2,429 pedophiles committed 95 percent of the acts (171,973). Only 5 percent of the acts (8,431) were committed by non-pedophiles.

These results — pedophiles molesting an average of 12 children and committing an average of 71

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

acts — suggest that many, if not most, child victims are molested repeatedly.

A possible weakness in the above analysis stems from the obvious expectations that 1) molesters who claim to be molesting children for less than a year will, in terms of length of time available, molest fewer children, and 2) molesters will likely minimize the number of molestation acts they have committed. Since 12 percent of the men in this sample were in prison and many had been charged with a crime, we might assume that they may have reported only the number of victims and the number of acts, that were known by the criminal justice system.

While, we agree this is true, we believe that both groups, the pedophiles and the non-pedophiles, will minimize the number of their child victims and acts. It is unlikely that this minimization alone could account for the huge differences in victims and acts between the two groups.

Sex of victims

Of additional interest in the molesters' reports is that the number of child victims and acts per molester depended on whether the molester targeted girls, boys, or children of both sexes. Those who reported molesting only girls averaged 5.2 victims and 34.2 acts. Those who reported molesting only boys averaged 10.7 victims and 52 acts. Those who reported molesting both boys and girls averaged 27.3 victims and 120.9 acts.

While many more men molested girls, the men who molested boys averaged double the number of victims. The number of boy victims reported by the molesters who targeted only boys is similar to the number of boy victims reported in the six victim studies we analyzed to determine the prevalence of boy victims in the United States. When we excluded the men in our study that molested both boys and girls, the remaining subjects reported a total number of boy victims that was 40 percent of the number of girl victims. The adults who had been child victims reported similar numbers. This gives added scientific validity to the assumption that the number of boy victims is slightly less than half the number of girl victims.

Of the 2,050 pedophiles who molested girls, 21 percent reported that they also molested boys. Of the 804 pedophiles who molested boys, more than half (53 percent) reported that they also molested girls. This finding promises to be helpful in the evaluation of child molesters.

The fact that the men who molested children of both sexes averaged 27 victims is of particular significance in terms of prevention. Although they numbered only 468, these men had more than 12,700 child victims. To intervene early in their lives, test, medicate, and provide effective therapy has the potential to save a large number of children from being molested.

Comparison to an earlier study

The average numbers of victims and acts reported in the *Abel and Harlow* study were far lower than the numbers molesters reported in the *Abel and Becker* study of 1983. The structure of this earlier study may have made possible more reliable reports by molesters regarding their numbers of victims and numbers of acts. The 561 subjects in the 1983 study were guaranteed confidentiality by the federal government, which issued a certificate of confidentiality that prevented any law enforcement body from accessing their records. These molesters also differed in another way: None were incarcerated. They all lived in their communities and volunteered for a free evaluation and free treatment. Guaranteed confidentiality, they reported a far greater number of sexual abuse acts and sexual abuse victims than did the molesters in our current study. The molesters in the 1983 study reported that they *averaged* 49 victims and *averaged* 114 acts. However, the numbers reported in 1983 parallel the numbers of the present study with respect to the various categories of children molested. Most of the men molested girls; fewer men molested boys, but had larger numbers of boy victims. Fewer men molested their biological daughters, but reported a large number of acts against them.

While we acknowledge that the numbers of victims and numbers of acts reported by the 3, 952 male molesters in the current study are at the low end of the spectrum, the basic findings — that more men molest girls; that fewer men molest boys, but have much larger numbers of boy victims — remain valid.

To put *The Abel and Harlow Child Molestation Prevention Study* in context, the reader should

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

assume that the reported numbers represent a minimization of what is actually happening in our society. An interesting note: In the 1983 study, one in which money for evaluation or treatment was not a barrier, the 561 men also fit the demographic profile of the 3,952 molesters in the present study. They were mainly married, educated, working, and religious. The men in the 1983 study *volunteered*, 561 of them, for a sex-specific evaluation; and they came on their own, seeking treatment that they hoped would stop them from molesting children. This is important, because it suggests yet another avenue to explore that may save children from being molested.

For more information see: Gene G. Abel, Judith V. Becker, Mary S. Mittleman, Jerry Cunningham-Rathner, Joanne L. Rouleau, and William D. Murphy, "Self-Reported Sex Crimes of Non-incarcerated Paraphiliacs," *Journal of Interpersonal Violence* 2, 1987): 3-25.

SEX FANTASIES AND THEORIES OF EARLY CHILDHOOD EXPERIENCE

Many years ago, two groups of scientists educated in entirely different theoretical psychiatric orientations came independently to identical conclusions. One group, the analysts, including Sigmund Freud, and a second group, the behaviorists, both concluded that the fantasies coming from early childhood sexual experiences were critical to the child's development of adult sexual interest. It is a rare scientific occurrence for two groups of scientists from two different perspectives to come to identical conclusions. When this does occur, we say that the finding is of increased scientific validity. Our finding, that the older child's repeated sexual fantasies of much younger children shapes that child's adult sexual interest in children, is yet another confirmation of these earlier theories.

How molesters' fantasies relate to the number of children they molest

We divided the 3,952 male child molesters into two groups: those who claimed to have no sexual fantasies of children (59 percent) and those who reported continual fantasies of touching a child for sexual arousal (41 percent). When members of the second group were asked, "How many of your sexual fantasies are about touching a child sexually?," their answers ranged from "a few" to "all."

Having child-centered sexual fantasies nearly quadrupled the number of children the molester victimized. Men who *did not* fantasize about children averaged 4 victims. Men with child-centered sex fantasies averaged 15 victims. Having child-centered sex fantasies also more than doubled the number of acts a molester committed. Men who *did not* fantasize averaged 30 acts, in contrast to men *with* sexual fantasies, who averaged 73 acts.

Statistical significance

To determine if having child-centered sex fantasies prompted men to sexually touch more children than men without those fantasies at a statistically significant level, a t-test was conducted using the Satterthwaite approximation for unequal variances. Results revealed that the differences were statistically significant ($t=-7.5$, $DF=1703$, $p<=.001$). The same methodology used to test the statistical significance of the effect of child-centered sex fantasies on number of acts revealed that the differences between the two groups were statistically significant ($t=-9.3$, $DF=2194$, $p<=.0001$). Although the molesters with child-centered sex fantasies were less than half (41 percent) of the total number of molesters, they molested 66,521 children. The non-fantasizing molesters (59 percent) molested 8,770.

ADULT SEXUAL ORIENTATIONS OF MEN WHO MOLEST BOYS

While it is a commonly held belief that men who prefer men as adult sex partners molest boys and men who prefer women as adult sex partners molest girls, our study results suggest something different. (Note: Only 7 percent of child molesters show no sexual interest in adults.)

Alfred E. Kinsey, in his landmark study of male sexuality, divided adult sexual interest into seven categories: three categories of homosexuality, one category of bi-sexuality, and three categories of heterosexuality. The *Abel and Harlow* study used this "Kinsey Scale" in its questions about adult sexual preference.

The 1,038 men who molested boys reported a range of adult sexual preferences. Contrary to popular belief, only 8 percent reported that they were *exclusively* homosexual in their adult preferences. The majority of the men who molested boys (51 percent) described themselves as *exclusively* heterosexual in their adult partner preferences. An additional 19 percent reported they were predominately heterosexual, while yet another 9 percent said they were equally heterosexual and homosexual in their adult sex life. As with other characteristics, the group of 1,038 men who molest boys followed the general pattern of the U.S. male population in regard to their adult sexual preferences. As reported by Kinsey, the majority of U.S. adult males (76 percent) described themselves as exclusively heterosexual and an additional 9 percent said they were predominantly heterosexual. In terms of their homosexuality, Kinsey reports that those U.S. males who describe themselves as exclusively homosexual are 6 percent and those that report being predominantly homosexual an additional 4 percent. These findings are in direct opposition to the generally accepted opinion that the overwhelming majority of men who molest boys are homosexual. The majority of men who molest boys (70 percent) are predominantly heterosexual. In general, that large number parallels the number of men in the U.S. population (85 percent) who have reported that they are predominantly heterosexual.

MOLESTED BOYS WHO BECOME ADULT MOLESTERS

There was a difference in our molester group between the 53 percent of men who had *never* been sexually abused as children (2,066) and the 47 percent of men who had been sexually abused (1,832). The molesters who had been sexually abused children started to molest at an earlier age, and they molested more children. The most striking difference occurred with the adult molesters who, as children, had been severely sexually abused (molested more than 50 times).

Starting early

In our analysis of 2,294 pedophiles, those who were *never* abused reported that only 9 percent of them molested before the age of 10 years and another 28 percent between the ages 10 and 15. Severely sexually abused pedophiles reported that 25 percent of them molested before the age of 10 and 40 percent between the ages of 10 and 15. In all, 49 percent of the never-abused pedophiles molested before the age of 20, while 76 percent of the severely sexually abused pedophiles molested before the age of 20.

Molesting more children

An analysis of the total group of 3,952 admitted child molesters revealed a dramatic difference between the never-abused molesters (53 percent) and the severely abused molesters (47 percent) in the number of their victims. Never-abused molesters averaged 7 child victims while severely sexually abused victims averaged 25 victims. On average, severely sexually abused molesters committed well over 100 more acts (142 acts) than never-abused molesters (37 acts).

This finding leads us to believe in the importance of identifying molested boys and intervening early in their lives with evaluations and, when necessary, medication and effective therapies that will help them control their urges to sexually abuse much younger children. This is a necessary step to protect children through primary prevention by blocking the development of pedophilia.

CHILDREN'S CONSENT TO SEXUAL ABUSE

Children, because they are children, do not have the ability to consent to interactions of a serious nature with adults. They cannot sign legal documents. They cannot sign consent forms for surgery. They cannot be responsible for their own bank account or consent to an adult's request to drive a car. And, they have no ability — being children — to consent to sexual interactions either with much older children or with adults. Their agreement to such an interaction does not constitute consent. The adult's role is to protect the child from the dangers of engaging in behavior with potentially serious consequences. Many child molesters — 65 percent — fail to recognize this important fact.

AGGRESSION DURING MOLESTATION

When the admitted child molesters were asked about the amount of aggression they used during molestation, 15 percent reported that the child initiated the act, and a surprising 50 percent reported that the act was "by mutual consent." Slightly more than 12 percent said they used verbal

Excerpted from *The Stop Child Molestation Book*, by Gene G. Abel, M.D., and Nora Harlow (Xlibris 2001) (Study text revised April 2002)

threats, slightly more than 12 percent said they used physical restraint, and 11 percent said they were physically aggressive.

CROSSING MULTIPLE SEXUAL BOUNDARIES

One barrier to the protection of children is the limited classification of pedophiles as sexually interested in one gender of a child only and/or being sexually interested in only the paraphilia of pedophilia. When we analyzed the reports of 2,429 men in our pedophilia group, we found a high percentage of men molesting both boys *and* girls and a high percentage of pedophiles engaging in more than one paraphilia.

Of the pedophiles who molested girls, 17 percent were *also* exhibitionists and 36 percent were *also* voyeurs. Of the pedophiles who molested boys, 20 percent were *also* exhibitionists and 33 percent were *also* voyeurs.

This finding may help in the protection of children by indicating the need for more extensive evaluation of exhibitionists and voyeurs.

It also indicates that patients may present with more than one paraphilia and, following an evaluation, may need a more comprehensive treatment regimen than was originally believed.

An important note: Results from the 1983 treatment outcome study by Gene G. Abel, M.D., and Judith V. Becker, Ph.D., suggested that this phenomenon of a pedophile crossing several sexual boundaries was the greatest predictor of treatment failure.

DISCUSSION AND CONCLUSIONS

One can arrive at a number of conclusions from these results. First, information is gathered from a huge sample of men and women throughout the United States whose demographics closely match the general demographics of U.S. men and women. This suggests that child molesters occur throughout the United States population and are not isolated to individuals with specific marital, educational, social, economic, or racial backgrounds.

Second, and clearly the most startling finding, is that those who meet the medical criteria of pedophilia molest 88 percent of the victims and commit 95 percent of child molestations. It is clear that, in order to reduce the number of children molested, we must identify the pedophile and implement treatment for the pedophile as rapidly as possible.

Third, we know characteristics of the child molester that are bad prognostic signs. Those molesters who themselves were molested frequently as children, those who frequently fantasize about sexual interaction with children, and those who have several paraphillias: those who molest both boys and girls, those who molest children in several age ranges and those who molest children both inside and outside the home or who are also voyeurs and/or exhibitionists are especially problematic.

Given the sample size and the representative nature of the more than 16,000 participants in this study that included 3,952 males who admitted that they were child molesters, it is now safe to say we know the characteristics of child molesters. We also know the sub-characteristics of child molesters, the characteristics that make them likely to molest again. If we are to have a significant impact on reducing the number of children who suffer from this public health problem, we have to test, medicate and provide effective treatment for people with the disorder pedophilia — especially the teenagers who are developing the disorder.

Author Biography

Gene G. Abel, M.D. is a physician, psychiatrist, and a scientist. The National Institute of Mental Health has awarded him funding for six long-term studies to investigate sexual violence against women and children and to design new ways to stop it.

Dr. Abel has received several awards for his significant achievements in sex research, including the Masters and Johnson Award presented by the Society for Sex Therapy and Research. He is a member of the International Academy of Sex Research.

A past President of the National Society for Behavioral Medicine, Dr. Abel is a Fellow of the American Psychiatry Association and a diplomat of the American Board of Psychiatry and Neurology. A full professor, he has served on the faculty of several medical schools including Columbia University College of Physicians and Surgeons, Emory University Medical School, and Morehouse Medical School.

Nora Harlow founded a day care center in New York City and taught there while getting a graduate degree from Columbia University. She has published two books, one on childcare, *Sharing the Children*, and one on sexuality, *Lover to Lover*. She is the former editor of two publications for physicians, *Sexual Medicine Today*, and *Frontiers of Psychiatry*. They are married and live in Atlanta, Georgia. In 1995 they founded Abel Screening, Incorporated, a testing and research company devoted to stopping sexual violence. In 2002 they founded the Child Molestation Research and Prevention Institute, a national non-profit organization that helps families stop child molestation.