

ORIGINAL RESEARCH

The Earlier, the Worse? Age of Onset of Sexual Interest in Children

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ABSTRACT

Aim. Investigating the variability of the age of onset (AOO) of sexual interest in children (SIC) and the interrelations of important measures in individuals having a SIC, especially the role of the AOO.

Methods. A sample of 75 individuals from different contexts having a SIC was examined within an online survey. We explored the relations between AOO and other characteristics of the sample using correlation coefficients. The main outcome measures were self-reported AOO of the SIC, its exclusiveness, its flexibility over time, participants' motivation to change it, and their self-efficacy for modifying it.

Results. Results displayed that the AOO ranges from 6 to 44, and has a mean value of 17 and a median of 15 years. AOO correlates only with the flexibility, indicating that the earlier participants recognized their SIC, the less change they have experienced over time.

Conclusion. AOO of SIC may be broadly distributed and related to its flexibility. Further studies should clarify the relevance of these preliminary results and their possible implications for clinical practice. **Tozdan S and Briken P. The earlier, the worse? Age of onset of sexual interest in children. J Sex Med 2015;12:1602–1608.**

Key Words. Pedophilia; Hebephilia; Sexual Interest in Children; Age of Onset; Flexibility; Exclusiveness; Self-Efficacy

Introduction

A current discussion in the field of sex research and sexual medicine concerns pedophilic individuals. Plenty of researchers endeavor to discover the origins, characteristics, risks of pedophilic men, and best treatment approaches. Current studies include topics such as the changeability or immutability of a pedophilic interest [1,2], its exclusiveness, its relation to other aspects of human sexuality [3,4], and its relevance for sexual offending behavior [5]. In clinical practice, there are patients described as having an exclusive, extremely fixated and persistent sexual interest in children (SIC) which established during puberty and remained unchanged since then [2]. Empirical results on the distribution of exclusiveness among individuals who committed a sexual offense against

children indicate that only a small group shows an exclusive SIC [6,7]. As an example for theoretical approaches, Seto [3] assumes that pedophilia could be viewed as a sexual orientation with regard to age. The author compared pedophilia to hetero-, homo-, and bisexuality on the bases of age of onset (AOO), correlations with sexual and romantic behavior, and stability over time [3]. Seto reported on five studies indicating an early AOO in pedophilic samples [8–12] comparable to the AOO of sexual orientation. He concluded that there is no evidence that pedophilic sexual interest can change [3]. In contrast, recent research addresses the possible relevance of self-efficacy beliefs in individuals with a SIC about their ability to change their sexual interest [13–15].

Despite the current competing views among clinicians and researchers, there is consensus that

today's basis of scientific knowledge about the characteristics of individuals having a SIC is still limited [3,16]. In addition, most of what is known about pedophilic individuals was found in studies from the past few decades examining correctional samples of men who committed sexual offenses against children. Research has shown that a large percentage of these offenders would not be classified as having a preferential SIC according to clinical criteria [10]. Simultaneously, there are men who meet the clinical criteria for pedophilia but have no history of sexual contacts with children. Compared with the sexual offenders, much less is known about these individuals [5].

Aims

The first purpose of the current study was to assess the AOO of SIC in men who have a SIC and are outside a legal context. Second, with special attention to the AOO, we investigated the interrelation of important measures in individuals having a SIC. Besides the AOO, measures included were the exclusiveness of the SIC, its flexibility, participants' motivation to change their SIC, and their self-efficacy for modifying it.

Methods

Procedure

The data were gathered via an online survey from September to December 2014. Participants' recruitment was carried out via the German network "Kein Täter werden" (dont-offend.org [17]), with the cooperation of partners in Hannover,¹ Kiel,² and Regensburg.³ This network addresses individuals with a self-identified SIC who have no legal record for any sexual offenses against children and enter treatment in order to cope with their SIC. In addition, we addressed users of an information platform⁴ and an Internet forum⁵ for individuals with a SIC. The platform was created by affected and for affected individuals. It clearly speaks out against acting on a SIC. The Internet forum was created for individuals with a special

attraction to boys and does not explicitly advocate against acting on a SIC. The study was approved by the ethics committee of the Hamburg Chamber of Psychotherapists.

Sample

Within the network sites, a total of 34 participants called up the study link. Of those, 28 began and 27 completed the survey (36% of the total sample). Within the Internet platform, 92 participants called up the study link. Of those, 37 began and 29 completed the survey (38.7% of the total sample). Within the Internet forum, 69 participants called up the study link. Of those, 43 began and 26 completed the survey (25.3% of the total sample). The final sample consisted of 75⁶ men with a self-identified SIC. Participants from the platform were younger than participants from the forum ($F(2, 72) = 4.43, P < 0.05$); participants from the network reported higher school education ($F(2, 72) = 5.98, P < 0.01$) and were more likely to receive treatment due to their SIC ($F(2, 72) = 18.53, P < 0.001$) than participants from the platform and the forum (Table 1).

Main Outcome Measures

AOO

We asked participants how old they were when they first recognized their SIC.

Exclusiveness

Participants completed the introducing statement "My sexual interest is. . ." on a scale from 1 (exclusively in children) to 5 (exclusively in adults).

Flexibility

Participants rated three items on previous experiences concerning changes of their SIC after puberty. These were introduced by "After onset of my puberty, . . ." (e.g., ". . . I have always had a sexual interest in children") and could be answered on a scale from 1 (not agree at all) to 5 (totally agree). The maximum score is 15. Higher scores indicate higher flexibility, and lower scores higher stability of the SIC.

Motivation to Change

Participants answered the item "I want to change my sexual interest in children." on a scale from 1 (does not apply at all) to 5 (applies completely).

⁶Seven participants were excluded due to implausible data.

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²Institute for Sexual Medicine and Forensic Psychiatry and Psychotherapy of the Universal Hospital Schleswig-Holstein.

³Ambulance for Sex Research of the University Regensburg.

⁴www.schicksal-und-herausforderung.de.

⁵www.jungsforum.net.

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