

Reconsidering Risk for Reoffense in Intrafamilial Child Molesters: New Aspects on Clinical and Criminological Issues

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Abstract

Intrafamilial child molesters are generally seen to be at lower risk for reoffense than extrafamilial child molesters. There is, however, good reason to question this assumption. The literature usually does not take into account some clinical and criminological data, that might indicate a higher relative risk for reoffending in intrafamilial child molesters than generally assumed. On two groups of intrafamilial (n=157) and extrafamilial (n=131) child molesters, this study tested some of the assumptions generally made about these offender groups. We found that there are indeed differences that can not be interpreted in line with the general literature on this topic. Most importantly, the time from onset of offense until official conviction is much longer in intrafamilial than extrafamilial offenders, rendering the former considerable more opportunity to consistently recidivate than the latter. Results are discussed and interpreted in terms of treatment needs for both groups of individuals.

Key words: intrafamilial child molesters, pedophilia, psychiatric diagnosis, risk assessment, relapse, reconviction

Introduction

Intrafamilial child molesters are widely seen as representing a sex offender population with a lower risk for reoffense than extrafamilial child molesters (Hanson & Bussiere, 1998, Bartosh, Garby, Lewis, & Gray, 2003, Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999, Harris, Rice, Quinsey, Lalumière, Boer, & Lang, 2003). Offending against any unrelated victim is seen to be a major factor contributing to reoffense risk in sex offenders in general and in child molesters in particular (Hanson, Morton, & Harris, 2003, Harris et al., 2003). Firestone, Bradford, McCoy, Greenberg, Curry, and Larose (2000) reported a sexual reoffense rate for extrafamilial child molesters of 15% after a time at risk of 7.8 years, whereas in a different study they found a group of 251 intrafamilial child molesters to exhibit a far lower sexual recidivism rate of 6.4% after a mean period of 6.7 years at risk (Firestone et al., 1999). Greenberg, Bradford, Firestone, and Curry (2000) found biological fathers and stepfathers to be at lowest risk for sexual and nonsexual reoffense, and also found that a group of offenders who were acquaintances to the victims were higher at risk for reoffense than a group who were strangers. Furthermore, also members of the extended family exhibited a higher risk for reoffense compared to biological fathers and step-fathers.

Sexual recidivism rates for child molesters and rapists are very similar, although rapists have a greater likelihood to recidivate with a nonsexual violent behavior (Bartosh et al., 2003, Hanson et al., 2003, Harris et al., 2003). Ten-year-recidivism rates are reported at the 20% level for rapists and child molesters. Among the child molester group, however, those who offend against unrelated boy victims have been shown to be at most risk followed by those who offended against unrelated girls and followed by incest offenders (Hanson et al., 2003).

This statistically proven lower risk of reoffense in incest offenders is not only represented in many of actuarial risk assessment instruments (e.g. Static-99 and RRASOR, see Harris et al., 2003), but usually leads to a different management of incest offenders compared to extrafamilial offenders. Studer, Clelland, Aylwin, Reddon, and Monro (2000) report that *it has become dogma in the literature that incest offenders are a group that need only be identified and, once convicted of an offense, have only a small chance of reoffending* (p 15). The authors continue in their skepticism about the current evaluation of incest offenders. They say that even if it was true that incest offenders rarely reoffend, it might still be difficult to identify pure incest offenders.

When decisions are to be made about providing treatment resources in times of decreasing budgets, those with a higher risk for reoffending might be privileged in terms of therapy supply. Also, in contrast to incest offenders, extrafamilial child molesters will commonly be believed to pose higher risk to society and, subsequently, be detained longer. Thus, intrafamilial child molesters, on the whole, might become less noticed in terms of forensic management, whereas extrafamilial child molesters, as they are seen to be more dangerous, will be treated differently and might undergo a more repressive regime.

There are some considerations which cast doubt on the fact that intrafamilial child molesters pose a lower risk for reoffense:

1. Clinical issues: although there is some evidence that intrafamilial child molesters are less deviant – a comparison between highly deviant and lowly deviant child molesters identified 70 percent of the the low deviance group, and 40 percent of the high deviance group as intrafamilial child molesters (Beech, Friendship, Erikson, & Hanson, 2002) -, there is also evidence from a phallometric study that incest offenders are equally aroused by pedophilic stimuli compared to extrafamilial molesters (Seto, Lalumière, & Kuban, 1999). However, no substantial study so far has been conducted to compare psychiatric and sexual disorders between these groups.
2. Criminological issues: Bartosh et al. (2003) did not find relevant differences in sexual reoffense rates of extrafamilial child molesters and intrafamilial offenders. Interestingly, the reoffense rate for a violent offense was found to be significantly higher in the intrafamilial offender group. Also, Greenberg et al. (2000) reported a higher risk for sexual and nonsexual reoffense in some groups of intrafamilial child molesters compared to a group which were strangers to the victims.
3. Bias problems concerning the gender of the victim: Intrafamilial offending clearly correlates with the gender of the victim. Offenders with male victims are more likely to recidivate in general, but offenders with boy victims are also more likely to belong to the extrafamilial group. No comparison, so far, between intra- and extrafamilial child molesters with same sex victims has been undertaken. Differences found on relapse rates between extra- and intrafamilial child molesters, therefore, might be biased by the victim gender variable (Prentky, Austin, & Knight, 1997).
4. Reconviction vs. reoffense: when comparing recidivism data most studies use official rearrest and reconviction data from official data bases such as the U.S. Federal Bureau of Investigations (FBI) data base or national registers like the Royal Canadian Mounted Police Service. Time until failure, consequently, is calculated from the date the participant is released from prison until the date of any subsequent conviction. It is not the very moment of reoffense which is taken as time of failure. Time between the onset of the (re)offense and official conviction might be much longer in intrafamilial child moldesters than in extrafamilial offenders. Time until failure, if operationalized as time from release until official reconviction, therefore, might be biased by different time lines from the beginning of the offense until conviction. If one uses official reconviction data (instead of reoffense data, but which most of time are not available) for the definition of the moment of failure, therefore, one should be sure that there is no group difference between intra- and extrafamilial child molesters

concerning the space of time from reoffense to reconviction.

To put the ideas laid down above to the test, the main objective of this study was to compare intra- and extrafamilial child molesters on selected clinical and criminological variables including jurisdictional data on the relationship between onset of offense and conviction dates. Since some of the data obtained in this study has not yet been included by others, no specific hypotheses were made as to the direction of differences between the groups.

Method

All subjects investigated were consecutively assessed at the Federal Documentation Centre for Sexual Offenders in the Austrian prison system between 2002 and 2005. All of them were 18 years of age or older at the time of their index offense, and all had been convicted for a sexual hands on offense against one or more children under the age of 14. All convicted sexual offenders in Austria are referred to this centre for a 2-week period. The assessment procedure includes a thorough psychiatric, psychological and criminological interview which is performed by an experienced forensic professional. Psychiatric diagnoses are assigned according to DSM-IV criteria (American Psychiatric Association, 1994). Offense information is gathered from official records of the courts and a national database of the Austrian Ministry of Internal Affairs, which records of all criminal convictions within the European Community.

All subjects were grouped into two categories: intra-(IF) and extrafamilial (EF) child molesters. This grouping decision was made according to criteria described in the official handbook of the Static-99 coding rules revised (Harris, Phenix, Hanson, & Thornton, 2003a) item 8 (any unrelated victims). If there was evidence from the records that an offender had ever abused any unrelated victim according to these definition criteria the offender was assigned to the extrafamilial child molester group. Only those men who had never transgressed against unrelated victims were assigned to the intrafamilial group. This categorization of intrafamilial offenders is rather broad. It includes biological and step-fathers, but also members of the extended family like uncles, cousins and grandfathers. Furthermore, it also includes any partner of the victim's mother as long as he lived together with her more than two years before onset of abuse. Offenders with a diagnosis of a schizophrenia were excluded from the study.

By this definition, 157 offenders were assigned to the intrafamilial offender group (IF), and 131 were assigned to the extrafamilial offender group (EF).

Psychiatric diagnoses were assigned by experienced forensic psychiatrists. In brief, all subjects were interviewed using a German version of the Structured Clinical Interview for DSM-IV (American Psychiatric Association, 1994). Diagnoses of sexual disorders, however, were assigned according to criteria set forth in the DSM-IV.

A German validation of the Static-99 was used (Rettenberger & Eher, 2006) to investigate actuarial risk for sexual reoffending. The Psychopathy Checklist-Revised (PCL-R) was also part of the intake assessment. It is a well established measure of psychopathy (Hare, 1991). Among other important criminogenic variables, it measures impulsivity, irresponsibility and callousness.

All statistical analyses were performed with the SAS® System Release 8.2 for Windows.

Categorical variables were compared by using the Chi-Square test. The TTEST procedure was used to perform t-tests for group comparisons in random samples drawn from normally distributed populations. This assumption was first checked using the UNIVARIATE procedure. If the normality assumptions for the t-test were not satisfied, the data were analyzed using the NPAR1WAY procedure (Kruskal Wallis test). Only the Age variable was normally distributed.

Results

Clinical Variables

Only selected clinical variables - which were shown in previous research to influence sexual offending (Hanson & Bussiere, 1998) - were investigated in this study (affective disorders, alcohol and substance dependence, paraphilias and personality disorders). No statistically significant differences between intra- and extrafamilial child molesters were found on the life time prevalence of mood disorders and alcohol or substance dependence (see Table 1). However, a diagnosis of exhibitionism was made significantly more often in extrafamilial child molesters, $\chi^2(1, N=277)=19.2, p < .001$. Also, more than one paraphilia was significantly more often diagnosed in the EF child molester group $\chi^2(1, N=269)=11.9, p < 0.001$. There was a slight but not significant trend for a higher prevalence of any paraphilia in the EF group. The occurrence of a pedophilia in the incest offender group was remarkably high (see table 1).

Lifetime Morbidity	Total N	IF		EF		
		N	%	N	%	
Mood disorders	286	17	10.8	10	7.8	n.s.
Chemical dependence	286	6	3.8	6	4.7	n.s.
Alcohol dependence	286	26	16.6	25	19.4	n.s.
Exhibitionism	277	1	0.7	17	13.7	p<0.001
Fetishism	278	3	1.9	6	4.8	n.s.
Frotteurism	277	1	0.7	4	3.3	n.s.
Pedophilia	269	104	71.2	81	65.8	n.s.
Masochism	276	2	1.3	4	3.2	n.s.
Sadism	274	3	1.99	5	4.1	n.s.
Transvestic Fetishism	276	2	1.3	5	4.1	n.s.
Voyeurism	275	6	3.9	9	7.3	n.s.
Any paraphilia	269	109	74.7	88	71.5	n.s.
More than 1 paraphilia	269	10	6.4	26	19.9	p<0.001

Table 1: Comparison between intra- and extrafamilial child molesters on clinical variables. n.s. = not significant

Extrafamilial child molesters exhibited a significantly higher prevalence of cluster B personality disorders (50.4% vs. 38.4%, Table 1: Comparison between intra- and extrafamilial child molesters on clinical variables. n.s. = not significant. $\chi^2(1, N=274) = 3.9, p = 0.047$). A higher prevalence of antisocial personality disorder ($\chi^2(1, N=274) = 4.2, p = 0.041$) but no other cluster B personality disorder accounted for this difference. In EF child molesters, 36.6% exhibited anti-social personality disorder, while 25.2% of IF child molesters showed antisocial personality disorder. Extra- and intrafamilial child molesters did not differ on any of the other personality disorders. After controlling for type I error, the differences between groups on cluster B personality disorders and, specifically, on antisocial personality disorder were no longer significant at the 0.05 level.

When fitted into a stepwise discriminant function with clinical and personality disorder variables as predictor variables and group distribution (IF vs. EF) as the criterion variable only the clinical variable exhibitionism remained in the model and significantly contributed to group discrimination, $F(1, 255) = 14.89, \text{Wilks Lambda} = 0.94, p < 0.001$.

Criminological and victimological variables

Some criminological variables differed significantly across groups. Whilst the groups did not differ in age, $t(286) = -0.35, p = 0.72$, the mean number of victims abused during the index offense differed significantly over groups. It was 1.7 for intrafamilial and 3.2 for extrafamilial offenders $\chi^2(1, N=283) = 17.1, p < 0.001$). The mean number of female victims was 1.5 in both groups, the mean number of male victims differed significantly, 0.22 in the IF and 1.7 in the EF group ($\chi^2(1, N=283) = 39.4, p < 0.001$). The mean age of the youngest victim abused by each offender was not different (8.2 years in the IF and 8.7 years in the EF group, respectively). The total duration of all abusive behaviors during the index offense (*number of victims abused X duration of each victimization*) differed significantly between groups ($\chi^2(1, N=283) = 41.4, p < 0.001$). It was 54 months in the IF group and 33.6 months in the EF group. The mean coefficient of longest duration of victimization of one single child by each offender also differed significantly ($\chi^2(1, N=283) = 55.7, p < 0.001$). It was 39.6 months for IF and 16 months for EF child molesters.

The EF group, in general, was more criminal. The proportion of offenders who had been convicted for prior offenses was 56.5% in the EF group and 42.7% in the IF group ($\chi^2 = 5.5, df = 1, p = 0.19$). Also, the preconviction rate for sexual offenses differed significantly ($\chi^2 = 27.8, df = 1, p < 0.001$). It was 36.6% in the EF and 10.8% in the IF group, respectively (table 2).

Duration of Offending and Sanctions

Furthermore, time since onset of the offense until official conviction was 83 months in the IF group compared to only 45 months in the EF group. This difference was significant ($\chi^2(1, N=287) = 47.1, p < 0.001$). The mean length of prison charge the offenders were convicted to was 35.3 months for the EF and 46.7 months for the IF group, respectively ($\chi^2(1, N=287) = 19.1, p < 0.001$).

Figure 1 shows the different times between onset of the offense and official conviction. In the EF group most of offenders were officially convicted within a 50 months period after onset of their offending behavior. In contrast, offenders of the IF group were convicted considerably later, allowing the offender much more time for his abusive behavior. More than 60% of the IF offenders were convicted later than 60 months after onset of their abusive behavior.

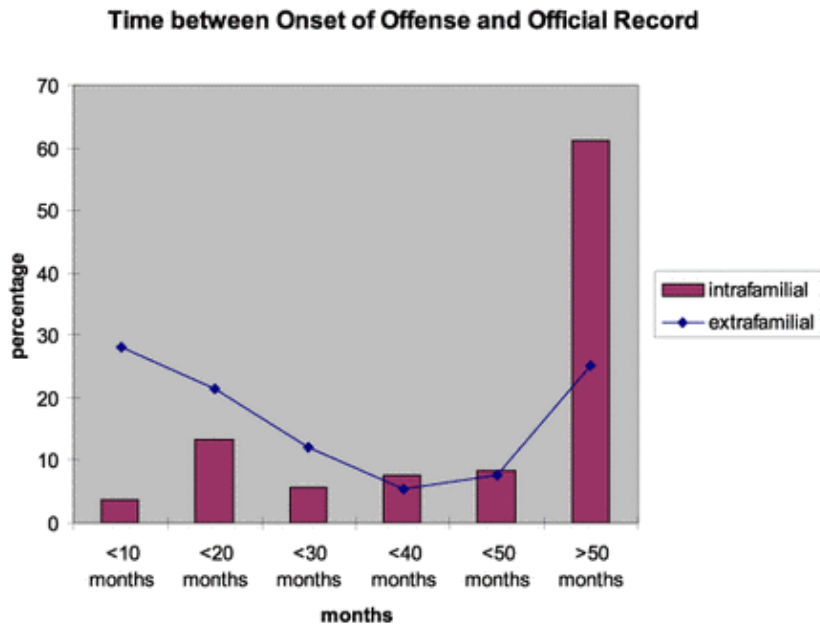


Figure 1: Different time periods between onset of offense and official conviction (IF vs EF)

Risk prediction

A comparison between the IF and EF group did not show any difference on the Psychopathy Checklist-Revised ($\chi^2 (1, N=279) = 1.7, p = 0.19$) but exhibited the Static-99 to be significantly higher in the EF group ($\chi^2 (1, N=278) = 82.7, p < 0.001$) (see table 2).

		IF		EF		
	Total N	Mean	SD	Mean	SD	
Static-99 (total score)	279	1.83	1.7	4.61	2.5	$P < 0.001$
PCL-R (total score)	278	17.79	7.5	18.88	7.9	n.s.

Table 2: Comparison between intra- and extrafamilial child molesters on selected risk prediction instruments. n.s. = not significant

Discussion

This study was conducted with the purpose to compare intra- and extrafamilial child molesters on selected clinical and criminological variables. Extrafamilial offenders, although not different in the prevalence of pedophilia, were found to have a higher prevalence of exhibitionism and of more than one paraphilia. Differences found in the prevalence of antisocial personality, however, did not remain significant after controlling for type I error. Also, groups did not differ on the occurrence of a clinically diagnosed pedosexual preference. These findings are in line with a former phallometric investigation (Seto et al., 1999). These authors did not find significant differences on the pedophilia index between extrafamilial child molesters and different groups of intrafamilial abusers. On the other hand, there is a different phallometry study where researchers found that extrafamilial child molesters tend to be more deviant compared to intrafamilial offenders as measured by the pedophilia index (Firestone, Bradford, Greenberg, & Serran, 2000a).

Deviant sexual preferences are major predictors of sexual recidivism (Hanson, & Morton-Bourgon, 2005). There is much empirical evidence for this, if one accepts the operationalization of sexual recidivism as *reconviction* rate. Studies (see Hanson, & Morton-Bourgon, 2005), however, only prove that sexual reconviction is associated with sexual deviance. One could also argue that some kind of (additional) deviant sexual preferences will not only put the offender on higher risk for *reoffense*, but also on a relatively higher risk for *reconviction*, because he will be detected more easily. In other words, some deviant behaviors might lead more easily to conviction compared to other, more covert ones. Yet, both might lead to the same risk of *reoffense*. Transgressing extrafamilial children and acting out exhibitionistic preferences might not only prove the offender to be more sexually deviant but it also implies that an offender takes more risk to satisfy his deviant needs and, thus, is caught more easily. It is possible, therefore, that intrafamilial child molesters, although found not as deviant as extrafamilial molesters, might recidivate just as often as the extrafamilial group, but are convicted less often because they do not take the same risk and can hide their offenses more easily.

Extrafamilial child molesters are usually found to have more prior sexual convictions (Greenberg et al., 2000). However, differences in the conviction rate because of any crime between intra- and extrafamilial child molesters are less obvious and sometimes not significant. In our study the same findings emerged. This might be interpreted by two different ways: first, one could argue that intrafamilial child molesters can hide their sexual offences longer and better than other offenses, and secondly, these findings reflect the fact that there are differences in sexual disturbance (with extrafamilial child molesters having more sexual problems), but not in antisocial behavior.

Groups differed quite strongly on criminological variables. We could identify the victim's gender, the duration of the abusive behavior against a single victim and the number of sexually motivated preconvictions to significantly contribute to group discrimination. Extrafamilial child molesters were found to have abused male victims more often and to exhibit more sexually motivated preconvictions. The duration of the longest abusive behavior, on the other hand, was significantly longer in the intrafamilial offender group. Furthermore, time between onset of the offending behavior and official conviction date was significantly longer in intrafamilial offenders.

Empirical studies have consistently reported that having male victims, younger victims and extrafamilial victims is associated with the likelihood of sexual reoffending (Seto, Harris, Marnie, & Barbaree, 2004). According to these authors, the number of prior sex offenses can be thought of as similar to number of victims, and to predict sexual recidivism. The extrafamilial child molester group in our study clearly had more male victims, but the mean age of the youngest victim did not differ. The mean time between onset of the offense and official conviction differed dramatically between

groups in that the intrafamilial molester group averaged 83 months compared to 44 months in the EF group. Consequently, although having more victims, the total time of any abusive behavior was shorter in the EF group. Given the fact that victims of intrafamilial child abuse sometimes report about daily sexual exploitation by their relatives, one can imagine that there is a gross underestimation of the total count of sexual assaults made by IF child molesters.

These data cast doubt on whether *reconviction* data tell us the same story for both the intra- and the extrafamilial offender group. If we rely on *reconviction* data as the relevant information for *reoffense*, we have to realize according to the results of our study that the onset of offending behaviour is in average 40 months earlier in the intrafamilial offender group compared to the extrafamilial group. Or, one could also expect intrafamilial recidivists to be convicted 40 months later than extrafamilial molesters, even if they start reoffending at the same time (although our data only report about the time between offense and conviction, and not reoffense and reconviction). This assumption would not allow for comparison of 5-year relapse rates (made by reconviction data) between those groups, but would rather ask for a comparison between 5-year reconviction rates in the EF group with 8-year reconviction rates in the IF group.

These data are in line with results of former research, that not the risk of *reoffense* but the risk of *reconviction* might be lower in intrafamilial child molesters compared to extrafamilial child molesters. Studer et al. (2000) found 22% of incest offenders who admitted to have committed or were convicted of previous incestuous offenses. Also, many offenders who initially seemed to be incestuous were in fact more pedophilic as evidenced by the fact that they had other nonincest victims. The authors conclude that about 60% of those offenders who initially seemed to be intrafamilial acted out pedophilic preferences in the past. They doubt whether incestuous and pedophilic offenders represent truly discrete categories.

If these results are reliably replicated including a sufficient number of offenders assigned to both groups, and if these results will also be found concerning differences of time periods between reoffense and reconviction, incestuous offenders should not be set on a lower level of priority for treatment nor should they be seen to have a small chance of sexual reoffending in general.

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