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Noncontact Paraphilic Sexual Offenses

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Introduction

This chapter will review the noncontact crimes of exhibitionism, voyeurism, possession of child pornography, and interacting with children over the Internet. Epidemiology, comorbidity, offender characteristics, risk of recidivism, relevant diagnoses according to DSM-IV-TR and NB-DSM-5 including methods for making them, and relevant treatment modalities will be discussed. Diagnostic methods and issues are relevant to all of these disorders; so a brief discussion of methods and limitations of diagnosis relevant to all of these disorders will be made initially. Finally, conclusions and future directions will be given. It should be noted that while an attempt will be made to be thorough in literature selection, the broad scope of this chapter makes an exhaustive review, particularly of the psychometric properties of assessment and actuarial instruments, impossible. Literature will be confined to those aspects most salient to these noncontact offenses.

The class of sexual offenders which does not involve touching has traditionally been called "hands off" and thought to be relatively insignificant; such crimes are often prosecuted as misdemeanors. The Crime Classification Manual (Douglas, Burgess, Burgess, & Ressler, 1992) described in its chapter on Rape and Sexual Assault the category of "Nuisance Offense": "The defining characteristic is that the offense involves no physical contact between victim and offender. Police need to investigate and deal with these offenses given the amount of time and the priority they have available" (p. 202). Voyeurism and exhibitionism were mentioned as examples. Since this Manual was written in 1992, there has been a dramatic increase in individuals being arrested for child pornography or for attempting to meet children over the Internet. These crimes are also noncontact crimes, although the fact that they are usually felonies and that there are significant prison sentences associated with them suggest that these noncontact crimes are now considered to be me much more consequential.

The computation of the frequency of occurrence of the terms "exhibitionism" and "voyeurism" in subject headings, which are terms chosen for indexing done in major databases (Lane, 2010), has suggested less recent enquiry into these disorders than in the past. "Exhibitionism" was found in 312 references in PubMed between 1950 and 2004, but only 36 between 2005 and 2011; "voyeurism" was found in 82 references in PubMed between 1950 and 2004 and only 14 references between 2005 and 2011. This same pattern was true for PsycInfo.

Paralleling the growth of the Internet, the term "child pornography" has increased in subject headings. This term was found in 22 references in PubMed between 1950 and 2004 and in 30 references between 2005 and 2011. For subject headings relevant to crimes against children over the Internet, the terms "sex offenses" or "sex abuse" and "Internet" or "online" were used; in PubMed between 1950 and 2004, there were 15 references and between 2005 and 2011, 53 references. The same pattern for both child pornography and crimes against children over the Internet was found in PsycInfo. These figures substantiate a rapidly growing academic interest in studies involving child pornography and child sexual abuse involving the Internet.

Noncontact sex offenses also have relevance for assessing the risk of recidivism for more severe sexual crimes. The Static-99, for instance, has a category, Item #7, involving "Any Convictions for Non-contact Sex Offenses" (Harris, Phenix, Hanson, & Thornton, 2003). This category includes exhibitionism, voyeurism, illicit sexual use of the Internet, and possessing obscene material. Convictions for any of these offenses can increase a subject's score and risk of recidivism. Likewise, the term "sexual deviation," which would include exhibitionism, voyeurism, and possibly individuals involved with child pornography or meeting children over the Internet,

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is a risk factor included in numerous other risk assessment and actuarial instruments (Boer, Hart, Kropp, & Webster, 1997; Hanson & Harris, 2000; Hanson, Harris, Scott, & Helmus, 2007; Harris & Hanson, 2003; Quinsey, Harris, Rice, & Cormier, 2009; Schlank & Cohen, 1999). Paraphilic fantasy and behavior have been identified as one factor in the histories of offenders who commit sexually motivated homicides (Harris & Pagé, 2008; Holmes, 1991), although the likelihood of an individual progressing from a noncontact offense to a lethal offense is unknown.

It should be noted that the courtship disorder hypothesis (Freund, Scher, & Hucker, 1983, 1984; Freund & Seto, 1998) has proposed that voyeurism, exhibitionism, frotteurism, and preferential rape (all representing distortions of typical courtship, which would usually involve visualization of a prospective mate, interacting with her, touching her, and then engaging in intercourse with her) could be viewed as expressions of a disturbance of an underlying regulatory system. Thus, it is asserted that these four disorders might be more likely to cluster together; however, evidence for this has been limited (Freund & Seto, 1998).

Several studies have also documented that men have multiple paraphilias, either sequentially or concurrently (Abel, Becker, Cunningham-Rathner, Mittelman, & Rouleau, 1988; Bradford, Boulet, & Pawlak, 1992; Freund & Watson, 1990), and have suggested either that noncontact paraphilias serve as a "gateway" to contact paraphilias or that individuals "cross over" from less severe noncontact paraphilias to more severe contact ones. There are many explanations or theories to account for such a progression, such as that an individual who might be thrill-seeking keeps looking for more exciting behavior or that an individual who engages in initial noncontact paraphilic behavior becomes disinhibited or inured to any adverse consequences and progresses to more severe paraphilic behavior. However, at this point such theories remain speculative, and we have confined the information in our chapter to reviewing the empirical evidence relevant to the risk of subsequent crimes, given the existence of at least one of the noncontact crimes discussed in this chapter, and have not presented an explanatory theory.

Finally, the biases inherent in the extant literature and the limitations of past research cannot be overemphasized. With few exceptions, all studies cited are from samples of convenience (i.e., from samples that are readily available and not from random samples drawn from the community or other populations). Thus, even statements of association have to be interpreted with extreme caution because the underlying population may itself be extremely skewed. Many studies are retrospective. Many studies do not use standard diagnostic criteria or structured diagnostic instruments. Objective assessment is likewise limited because of lack of validation of stimulus sets (Marshall, 2006) or use of polygraphy. Unfortunately, the paraphilias have not received much in the line of research funding; hopefully, this will change in the future.

General Comments on Assessment and Making Diagnoses

The Association for the Treatment of Sexual Abusers has set forth its set of standards and guidelines for the evaluation, treatment, and management of adult male sexual abusers (Association for the Treatment of Sexual Abusers, 2005), which details many aspects of the evaluation of sex offenders. Because evaluation of individuals involved with noncontact sexual offenses occurs mostly in a forensic context, it is especially important to obtain informed consent, which involves informing the person being evaluated about the nature and purpose of the evaluation, who requested the evaluation, who will receive the results of the evaluation, and the potential consequences of the evaluation. The person being evaluated should also be presented with an opportunity to participate or refuse to participate in the evaluation (p. 12). Written consent should be obtained. A comprehensive psychiatric and psychosocial history should be obtained with attention to developmental history, general psychiatric history, sexual history, and deviant sexual history (p. 13).

Given the forensic context, the tendency of most individuals being evaluated is to minimize or deny any deviant behavior (Kaplan, Abel, Cunningham-Rathner, & Mittleman, 1990). Thus, it is extremely important to have an official criminal record (to ascertain both current and previous sexual and nonsexual charges and offenses) and to obtain other official legal documents such as search warrants, arrest warrants, victim's statements, supporting depositions, or indictments in order not to rely solely on self-report. Collateral history from family or significant others is also important, when available. In the case of evaluations of individuals facing charges of child pornography or of enticement or coercion of children over the Internet, it is extremely important to have a report of the contents of the subject's media (computer hard drive, external hard drive, chats, and some idea of the organization of the hard drive). As a matter of interviewing technique, it is important not to ask close-ended questions which a patient can answer with "yes" or "no," but rather to present open-ended questions such as "How many times have you had sexual fantasies or masturbatory fantasies involving children?"

Abundant literature supports the utility of structured diagnostic instruments in increasing interrater reliability (Kranzler et al., 1995; Kranzler, Kadden, Babor, Tennen, & Rounsaville, 1996; Miller, Dasher, Collins, Griffiths, & Brown, 2001; Shear et al., 2000; Steiner, Tebes, Sledge, & Walker, 1995), and there is a large variety of written diagnostic instruments for diagnosing or assessing conventional sexuality (Davis, Yarber, Bauserman, Schreer, & Davis, 2000), deviant sexuality (Prentky & Edmunds, 1997), and psychiatric syndromes (Rush, First, & Blacker, 2008). While many of the diagnostic instruments used to diagnose and assess general psychiatric

syndromes (First, Spitzer, Gibbon, & Williams, 1997, 2008; Spitzer, Williams, Gibbon, & First, 1992) are validated, the many clinical interviews for the diagnosis of paraphilic disorders that have been written are not (Black, Kehrberg, Flumerfelt, & Schlosser, 1997; Grant, 2005; Kafka & Hennen, 2002; Marsh et al., 2010; Prentky & Edmunds, 1997; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999). A number of inventories contain questions concerning noncontact sexual behaviors (Abel, 1995a; Langevin & Paitich, 2002; Simkins, Ward, & Bowman, 1989), but these rely on self-report and have not been tested for their ability to discriminate groups with a disorder from control groups.

Neurological or medical causes of paraphilic behavior should always be part of the differential diagnosis (Berlin, 2008; Hooshmand & Brawley, 1969; Kafka, 2008; Kaplan & Krueger, 2010b; Krueger & Kaplan, 2000; Stein, Hugo, Oosthuizen, Hawkridge, & Heerden, 2000). We routinely administer a Mini-Mental State Examination to screen for cognitive impairment (Folsetin, Folstein, & McHugh, 1975).

While plethysmography and, more recently, viewing time have been used to assess sexual interest and arousal in patients, and its use is discussed in the Association for the Treatment of Sexual Abusers Guidelines (The Association for the Treatment of Sexual Abusers, 2005) (pp. 37–42), we have found only limited use for the evaluation of individuals presenting exhibitionism and voyeurism. Plethysmography has recently been criticized (Laws, 2003; Marshall, 2006) as lacking standardization (i.e., not all laboratories use the same stimulus sets or the same procedures) and thus not meeting satisfactory standards for reliability and validity. Furthermore, faking will always be a problem in assessing the validity of phallometric assessments (Marshall, 2006). While some stimulus sets which are used in Canada may have data which meets satisfactory standards for reliability and validity, the transportation of such sets across international borders is problematic because where these sets involve images, these images could be construed as consisting of child pornography, which is illegal to possess in the United States. In other instances, sets cannot be distributed because of issues of consent in the original acquisition of the images. Nevertheless plethysmography remains the best available measure of deviant sexual interest for male sex offenders (Seto, 2001) and, along with the Hare Psychopathy Checklist (Hare, 2003), the best predictor of recidivism (Gendreau, Little, & Goggin, 1996; Hanson & Morton-Bourgon, 2005; Hildebrand, De Ruiter, & De Vogel, 2004; Seto, 2008; Rice & Harris, 1997).

Viewing time assessment (Abel, 1995b; Abel & Wiegel, 2009; Krueger, Bradford, & Glancy, 1998; Laws & Gress, 2004) is a newer technology. One study (Abel, Huffman, Warberg, & Holland, 1998) found high reliability and validity in the use of visual reaction time and plethysmography in assessing 157 males who had admitted to inappropriate sexual behavior. Letourneau (2002) compared visual reaction time with penile plethysmography with audio stimuli on a sample of 57 sex offenders in a high-security prison; both measures were consistent and identified offenders against young boys, and the visual reaction time significantly identified offenders against adolescent girls. Generally speaking, however, the literature on viewing time assessment is much more limited than that of plethysmography, and no stimulus sets have been used to differentiate groups of voyeurs or exhibitionists from controls.

Polygraphy has been advocated mostly for post-conviction examination of convicted sex offenders (Sosnowski & Wilcox, 2009; The Association for the Treatment of Sexual Abusers 2005). While the National Research Council (Committee to Review the Scientific Evidence on the Polygraph, 2003) concluded that it could detect deception at odds well above chance, they noted that it was far from perfect. Polygraphic evidence is not admissible in US Courts under the Frye test, but was admissible, as of 2003, in 19 states in the United States (Wilcox & Madsen, 2009). This may still be useful on a case-by-case basis for negotiations with prosecutors or at times when an individual has agreed to be polygraphed in the presence of his or her attorney.

We will discuss each noncontact crime separately, presenting DSM-IV-TR critiera and NB-DSM-5 criteria where they exist. In the case of new hypersexual disorders relevant to child pornography offenders or offenders who victimize children over the internet, the Paraphilias Workgroup proposed diagostic criteria for Hypersexual Disorder (Kafka, 2010) which were not contained in DSM-IV-TR. However, the APA Board of Directors ultimately rejected the suggested diagnosis of hypersexual disorder. However, such a hypersexual diagnosis could still be made using the NB-DSM-5 diagnoses of Other Specified Disruptive, Impulse-Control, and Conduct Disorder, Unspecified Disruptive, Impulse-Control, and Conduct Disorder, Other Specified Mental Disorder, or Unspecified Mental Disorder. Diagnostic practices utilizing DSM-IV-TR would allow for the application of the diagnosis of a sexual disorder not otherwise specified, with further description as elaborated in peer-reviewed literature (Kafka, 2010a; Kaplan & Krueger, 2010a).

Finally, we would note that the NB-DSM-5 acknowledged the difficulty in making diagnoses in forensic contexts and at one point on its website suggested a specific victim number for the diagnoses of exhibitionism and voyeurism. The rationale section on the paraphilias on the NB-DSM-5 website stated:

> The second broad change applies to paraphilias that involve nonconsenting persons (e.g., Voyeuristic Disorder, Exhibitionistic Disorder, and Sexual Sadism Disorder). We propose that the B criteria suggest a minimum number of separate victims for diagnosing the paraphilia in uncooperative patients. This was done to reflect the fact that a substantial proportion—perhaps the majority—of patients referred for assessment of paraphilias is referred

after committing a criminal sexual offense. Such patients are not reliable historians, and they are typically not candid about their sexual urges and fantasies. The criteria have therefore been modified to lessen the dependence of diagnosis on patient's self-reports regarding urges and fantasies. This change also addresses the past criticism that the word "recurrent" in the DSM-IV-TR A criteria says nothing beyond "more than once" and is too vague to be clinically useful. The reason for diagnosing specific paraphilic disorders from multiple, similar offenses in uncooperative patients is to achieve a level of diagnostic certitude closer to the certitude in diagnosing these disorders from self-reports in cooperative patients. It is not derived from legal theory or practice.

It should be noted that ultimately the use of victim number as part of the B criterion was rejected by the workgroup.

The recognition of the importance of context is also apparent in the severity ratings, where there is a code 99 (Missing data), which designates that a rating cannot be assigned because of the patient's mental condition or the circumstances of the assessment (Sexual and Gender Identity Disorders Workgroup, 2010a); such a circumstance could be incarceration or supervision by probation or parole.

Exhibitionism

Epidemiological Samples

No questions regarding paraphilias or paraphilic behavior have been included in any of the national surveys of sexual behavior in the United States (Hite, 1976, 1981; Kinsey, Pomeroy, Martin, & Gebhard, 1953, 1975; Laumann, Gagnon, Michael, & Michaels, 1994) or in national surveys of mental disorders in the United States (Robins & Regier, 1991). Arrests for exhibitionism in the United States are usually classified as misdemeanors (Dietz, Cox, & Wegener, 1986) and thus not recorded in the national crime databases. Finally, most of the literature concerning exhibitionism comes from Europe or America. The only enquiry into exhibitionism outside of these countries was in 1973 by Rooth (1973a), who reported on a survey he sent to doctors and psychiatric facilities in 40 Asian, African, and South American countries; only 24 responded. He summarized his report saying that exhibitionism in general in these countries was very rare and that in Japan it was virtually unknown. There are also socially sanctioned forms of exhibitionism (Forsyth, 1992; Forsyth & Deshotels, 1997), such as parade strippers or nude dancers, which are not criminal.

Some epidemiological data on exhibitionism exists, which suggests that exhibitionistic acts are among the most common of potential law-breaking sexual behaviors. Långström and Seto (2006) analyzed a group of 2,450 Swedes (ages 18–60) who had been randomly selected and interviewed in a broad survey of sexuality and health. Seventy-six (3.1 %) of respondents reported at least one incident of being sexually aroused by exposing their genitals to a stranger. This behavior was associated with being male, having more psychological problems, lower satisfaction with life, greater alcohol and drug use, greater sexual interest and activity, more sexual partners, greater sexual arousability, higher frequency of masturbation and pornography use, and greater likelihood of having a same-sex partner. Respondents who reported greater exhibitionistic behavior had substantially greater odds of reporting other atypical sexual behavior, such as sadomasochistic or cross-dressing behaviors. It should be noted that this survey recorded acts only and not the presence of a diagnosed paraphilic disorder.

Clinical and Other Samples

Another way of obtaining information on the frequency of exhibitionism is to look at its frequency in samples of convenience, i.e., in clinical or other samples that are not randomly selected epidemiological samples but rather consist of samples which exist for other reasons, such as groups of patients who present for an evaluation or other groups who are studied. These studies suggest there is a substantial occurrence of exhibitionism and that those subjects who were diagnosed with exhibitionism also had other paraphilic diagnoses. Abel et al. (1988) reported on types of deviant sexual behavior of 561 nonincarcerated paraphiliacs in Memphis, Tennessee, and New York, New York. DSM-II and DSM-III criteria were used, with the modification that one completed act could qualify a subject as making a diagnostic category. Most subjects had a history of multiple paraphilias and most progressed through a variety of paraphilias to express one, which was preferred. Some expressed several paraphilias at the same time, and subjects could be diagnosed with multiple paraphilias simultaneously. One-hundred and forty-two subjects were diagnosed with exhibitionism; of these, only 7 % had this as a sole diagnosis. Forty-six percent were also diagnosed with female nonincestuous pedophilia, 28 % with voyeurism, and 25 % with rape.

Freund and Watson (1990) reported on a data gathered from 1,572 heterosexual males seen at a psychiatric teaching hospital; 1,198 were sex offenders and 374 individuals had no charges against them. Individuals were assessed by interview and by completion of an "Erotic Preferences Examination Scheme." Two-hundred and fifty-eight were exhibitionists; only 25 % of these had this as a sole diagnosis and the rest had co-occurring preferences consisting of voyeurism, exhibitionism, toucherism-frotteurism, and a preferential rape pattern, which together were termed courtship disorder.

Maletzky (1991) reported on the percentage of offenders in his clinic who were exhibitionists; between 1973 and 1978, 57 % of those attending his clinic were exhibitionists; from 1978 to 1990, this number had reduced to 15 %. A study

of 60 male college students in a rural setting in the United States (Templeman & Stinnett, 1991) reported that only one acknowledged exhibitionism.

Bradford et al. (1992) reported on a sample of 443 adult males consecutively admitted to the Sexual Behaviors Clinic at the Royal Ottawa Hospital for a forensic psychiatric assessment; the self-report Male Sexual History Questionnaire developed at the Clarke Institute was utilized. Sixty subjects admitted to exhibitionism. Of these, 52 % admitted to voyeurism, 30 % to frotteurism, and 22 % to scatologia (lewdness).

In a later sample of 2,129 patients evaluated at 140 sexual treatment clinics in North America reported as a personal communication in the volume *Dangerous Sex Offenders* (American Psychiatric Association, 1999), Abel reported that 13.8 % of this sample engaged in exhibitionism, presumably based on their responses to the questionnaire of the Abel Assessment of Sexual Interest (Abel, 1995a).

A recent update of this database (Abel & Wiegel, 2009), which contained 47,265 males and 1,684 females from throughout North America who had taken the Abel Assessment of Sexual Interest, revealed that 10.1 % (4,762) of males and 6.2 % (105) of females admitted to exhibitionism; 8.3 % (3,904) of males and 2.6 % (44) females to public masturbation, 23.8 % (6,525) of males and 2.6 % (43) of females to voyeurism; 29.4 % (13,901) of males and 15.9 % (268) of females to child sexual abuse; and 26.5 % (12,519) of males and 9.9 % (166) of females to problems with the use of pornography.

Kafka and Hennen (1999) reported on a sample of 206 consecutively evaluated males seeking help for paraphilias or sexual impulsivity disorders; semistructured intake questionnaires and sexual inventories were used. Of this group, 143 had paraphilias and 52, or 37 %, were exhibitionists. Eighty-six percent of the group with paraphilias had at least one lifetime paraphilia-related disorder, now known as a hypersexual disorder.

Marsh et al. (2010) reported on the prevalence of paraphilias in an adult inpatient psychiatric population, interviewing 112 consecutively admitted, voluntary male psychiatric inpatients recruited in Minnesota and Florida, using a Structured Clinical Interview for DSM-IV, Sexual Disorders Module; 5.4 % (6) had a diagnosis of exhibitionism.

Legal Samples

In an early report from Chicago (Arieff & Rotman, 1942), indecent exposure was the most common of all sex offenses (about 35 %) seen at the Psychiatric Institute of the Municipal Court of Chicago. A study from Britain (Taylor, 1993) reported on 98 cases admitted to Brixton Prison during 1946; this represented 32.2 % of sexual offenses, and 1.95 % of all offenses admitted into the prison during that year. In an extensive study of 1,356 white males who had been convicted for one or more sex offenses, along with control groups, Gebhard, Gagnon, Pomeroy, and Christenson (1965) reported that 135 (10 %) offenders were exhibitionists. Bancroft (2009) reported that the number of convictions for indecent exposure in England and Wales declined from 1990 to 2000; in 1990, the number was 1294; in 2000, it was 553. These figures are about 20 % of what they had been in 1970; no explanation was apparent for this decrease. Also, in the United States, reviewing the above data, it seems that exhibitionism represented a much higher percentage of all reported sexual crimes in the two studies in the 1940s (35 and 32 %), than would seem to be the case currently. Unfortunately, exact statistics are not available in the United States because often such crimes are misdemeanors and not captured in national databases, or such crimes are pled to nonsexual crimes and thus not captured at all. One could speculate that recently fewer resources are devoted to apprehending and prosecuting exhibitionists because such crimes are seen to represent low-risk or "nuisance" behavior and have been overshadowed by arrests for other more serious sexual crimes. It could also be the case that the incidence of exhibitionism is decreasing, perhaps because of the effects of general deterrence arising from the prosecution of other sexual crimes or from the growth of the Internet or other vehicles that have allowed for the expression of sexually impulsive or compulsive behavior that might otherwise find its expression in exhibitionism.

Victim Reporting of Exhibitionism

Another way of establishing the occurrence of exhibitionism is to examine the incidence of victim reports. In a survey of 13,551 women and 11,375 men in Great Britain (Walby & Allen, 2004), 12.8 % of women reported being the victim of indecent exposure, 8 % since the age of 16, and 0.5 % in the last 12 months; 1.2 % of men reported having been the victim of indecent exposure, 0.5 % since the age of 16, and 0.1 % in the past 12 months. Cox (1988) reported on a sample of 846 college women taking general psychology at nine universities randomly selected from across the United States; 33 % reported being victims of indecent exposure and one-third of these at least twice. Only 15 % of these episodes were reported to police (Cox, Tsang, & Lee, 1982).

Offender and Offense Characteristics and Comorbidity

An early report (Henninger, 1941) described 51cases of indecent exposure or open lewdness in Allegheny County in Pennsylvania; 1 was a woman, the rest men. 8 were psychotic,

19 "mentally deficient," 3 had "psychopathic personality," 1 marijuana intoxication, 4 chronic alcoholism, 4 were "organic unstable type," 2 psychoneurosis, and 19 were "normal, emotionally unstable." Smukler and Schiebel (1975) reported on an early chart review of 41 exhibitionists and found no definite character type or evidence of severe pathology.

Gebhard et al. (1965), in his study of incarcerated exhibitionists, reported that 31 % were married. Regarding their victims, 92 % were strangers, 5 % acquaintances, 2 % friends, and 1 % relatives. The exhibitionists frequently had committed other sex offenses prior to their exhibitionism. Thirty-eight percent were first offenders, slightly more than one-quarter second offenders; 13 % third time offenders, 7 % fourth time offenders, 6 % fifth time offenders, and 10 % six or more offenses. Only 3 % had a previous history of mental difficulty. "On the other hand, a substantial proportion (nearly one third) of the offenses involved drunkenness, and an additional 8 % involved mild to moderate intoxication. As usual, drugs were of no consequence. Only three offenses involved drug-users and none of them were using 'heavy' drugs" (p. 395).

Forgac, Cassel, and Michaels (1984) reported on the severity of psychopathology as measured by the MMPI in 84 exhibitionists and found that there was no relationship between the severity of psychopathology as measured by the MMPI and the chronicity of exhibitionistic activity. Dietz et al. (1986) in an early review reported that exposure incidents occurred most frequently in the spring, during daylight hours, and in public outdoor places. The age of exhibitionistic behavior showed a bimodal distribution, peaking in the age ranges of 11–15 and 21–24, with the most frequent age of arrest being in the mid-20s. 52–79 % of exhibitionists 21 or over were married at some time. It was cautioned that efforts to describe a "typical exhibitionist" with psychological testing or via other means had not been useful in predicting recidivism and that arrested exhibitionists were not necessarily representative of all exhibitionists.

Lang, Langevin, Checkley, and Pugh (1987) reported on a study of two offender groups, 34 "persistent" exhibitionists, and 20 nonviolent nonsex offender controls, comparing them on measures of gender identity and sexual and criminal variables. Forty-one percent of the exhibitionists were transvestitic, with masculine gender identity. They engaged in other paraphilic behaviors, including voyeurism (71 %), obscene telephone calling (32 %), frottage (38 %), toucherism (26 %), and attempted rape (18 %). Ninety-four percent of exhibitionists reported that they hoped the unsuspecting female would enjoy the experience; 56 % of them said they would have gone with their victims, if invited to do so. Twenty percent of exhibitionists had a history of violence-related offenses (5 charged with indecent assault, 2 with attempted rape, and 3 with common assault). The violent exhibitionists were older than the nonviolent sex offenders (mean 31.0 years vs. 25.4 years) and had significantly more sexual offenses (4.43 convictions vs. 2.30 convictions). The violent exhibitionists were more likely to make obscene phone calls, touch female strangers in a crowd and in lonely places, and use vulgar language when exposing. It was concluded that the violent subgroup tended to engage in a greater diversity of outlets more often.

Abel et al. (1988) reported that of those diagnosed with exhibitionism, only 7.0 % reported this to be the only paraphilia; 20.4 % of exhibitionists had 2 paraphilias; 22.5 %, 3; 15.5 %, 4; 7.0 %, 5; 7.0 %, 6; 9.2 %, 7; 4.9 %, 8; 2.8 %, 9; and 3.5 %, 10. Exhibitionists had an average of 4.2 paraphilias and a total of 596 paraphilias. Forty-six percent were diagnosed with female nonincestuous pedophilia, 22 % with male nonincestuous pedophilia, 22 % with female incestuous pedophilia, 5 % with male incestuous pedophilia, 25 % with rape, 28 % with voyeurism, 16 % with frottage, 1 % with obscene mail, 1 % with transsexualism, 8 % with transvestitism, 3 % with fetishism, 4 % with sadism, 4 % with masochism, 2 % with homosexuality, 9 % with obscene phone calls, 9 % with public masturbation, 4 % with bestiality, 1 % with urolagnia, 1 % with coprophilia, and 1 % with arousal to odors.

Bradford et al. (1992) reported that 20 % of exhibitionists reported heterosexual pedophilic activity, 20 % heterosexual hebephilic activity, 10 % homosexual pedophilic activity, 8 % homosexual hebephilic activity, 11 % transvestism, 51 % voyeurism, 21 % obscene telephone calls, 30 % frotteurism, 13 % attempted rape, and 6 % committed rape.

In the most detailed report on exhibitionists available, Grant (2005) reported on a group of 25 males with DSM-IV exhibitionism studied with structured clinical interviews. The reported mean age at onset of exhibitionism was 23.4 years. 56 % reported age of onset during adolescence. The mean duration of exhibitionism was 11.6 years. Episodes were frequent, with subjects reporting a mean number of 1.5 times per week. Subjects reported being unable to resist an urge to expose themselves 64.0 % of the time; 88 % reported that at least 50 % of the time they experienced an urge they were unable to resist. Triggers in descending order were boredom (reported by 44 %), stress (32 %), attractive person (28 %), interpersonal conflict (24 %), feeling down or sad (24 %), feeling inadequate (16 %), no precipitants (16 %), or a particular place (4 %). Sixty-eight percent reported they exposed themselves while driving, 48 % in stores or parking areas near stores, 40 % in parks, and 28 % in their own yards. Their social functioning, role limitations due to emotional problems, and mental health were all decreased compared with scores of a US population sample on a 36-Item Short-Form Health Survey. There was very substantial comorbidity with 36 % (9) of the sample being diagnosed with current major depressive disorder and 40 % (20) lifetime major depressive disorder, 8 % (2) with current obsessive-compulsive disorder, 20 % (5) with current alcohol abuse/dependence, 16 % (4) with current drug

abuse/dependence, 28 % (7) with current compulsive sexual behavior, and 12 % (3) with pathological gambling. Twelve percent (3) had lifetime pedophilia, 16 % (4) fetishism, 8 % (2) sexual sadism, 8 % (2) urophilia, 8 % (2) voyeurism, 8 % (2) male erectile disorder, and 56 % (14) any sexual disorder.

In a report focusing on the use of "deviant" fantasy, Dandescu and Wolfe (2003) gave a questionnaire to 25 exhibitionists; 24 % reported no masturbation to deviant fantasies prior to their first offense, but 76 % reported having had deviant masturbation prior to their first offense. Twelve percent reported no masturbation to deviant fantasies after their first actual offense, but 88 % reported deviant fantasies after their first actual offense. The average number of deviant masturbatory fantasies prior to the first offense was 93.9, and the average number of deviant fantasies after the first offense was 292.78. Exhibitionism has not been confined to men; there is one case described of a female (Hollander, Brown, & Roback, 1977).

Neurological and Biological Factors

Reports of neurological etiology for exhibitionism exist with Hooshmand and Brawley (1969) reporting on temporal lobe seizures causing exhibitionism and Comings and Comings (1982) reporting on a case of familial exhibitionism associated with Tourette's syndrome. Flor-Henry, Lang, Koles, and Frenzel (1988) reported on quantitative EEG assessment of 43 male genital exhibitionists and 46 normal controls. EEG power and coherence were significantly different in the exhibitionistic group, particularly during verbal processing, suggesting altered left hemispheric functions and disruption of interhemispheric relationships. Langevin, Lang, Wortzman, Frenzel, and Wright (1989) found subtle differences between a group of 15 male exhibitionists compared with 36 nonviolent, nonsex offender controls on CT brain scans, the Wechsler Adult Intelligence Scale, and the Halstead-Reitan Neuropsychological Test Battery, but no global differences. Lang, Langevin, Bain, Frenzel, and Wright (1989) reported on a hormonal study of 16 male exhibitionists compared with 15 controls and found that exhibitionists had lower estradiol and testosterone, but higher overall free testosterone. Overall, however, there have been no consistent biological markers or findings diagnostic of exhibitionism.

Diagnosis

The DSM-IV-TR diagnostic criteria for exhibitionism are (American Psychiatric Association, 2000):

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty (p. 569)

Långström (2010) reviewed the empirical literature relevant to diagnostic criteria for exhibitionism for the upcoming Diagnostic and Statistical Manual of Mental Disorders (NB-DSM-5) and made several suggestions, some of which were adopted by the NB-DSM-5 Sexual Disorders Workgroup. The diagnosis of exhibitionism was changed to exhibitionistic disorder and the NB-DSM-5 criteria are as follows (APA, 2013).

Exhibitionistic Disorder

A. Over a period of at least 6 months, recurrent and intense sexual arousal from the exposure of one's genitals to an unsuspecting person, as manifested by fantasies, urges or behaviors.

B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify whether:

Sexually aroused by exposing genitals to prepubertal children

Sexually aroused by exposing genitals to physically mature individuals

Sexually aroused by exposing genitals to prepubertal children and to physically mature individuals

Specify if:

In a controlled environment: This specifier is primarily applicable to individuals living in institutional or other settings where opportunities to expose one's genitals are restricted

In full remission: The individual has not acted on the urges with a nonconsenting person, and there has been no distress or impairment in social, occupational, or other areas of functioning, for at least 5 yeasts while in an uncontrolled environment (p. 689)

Many of the changes in NB-DSM-5 were criticized (Frances, 2009a, 2009b, 2009c; Hinderliter, 2010). In terms of making a diagnosis, it should be noted that this is a significant change from DSM-IV-TR, inasmuch as even if an individual does not admit to such sexual arousal, the text allows that such a diagnosis can be made if there is a criminal record or other evidence suggesting that a pattern of sexual arousal is present. In an individual who is willing to admit, self-report can be given substantial credence.

As far as the use of specialized testing, to our knowledge, no study involving psychological testing has isolated exhibitionists as a separate category with a clearly defined set of characteristic responses on any single or multiple reliable and validated psychological tests (Maletsky, 1997). This lack of assessment studies on exhibitionism alone is surprising because exhibitionists have comprised the largest diagnostic groups treated as sex offenders (Maletzky, 1991; McConaghy, 1993).

Plethysmography, viewing time assessment, and other laboratory examinations are not useful because of the lack of

validated stimulus sets, which would distinguish exhibitionists from controls. Freund et al. (1984) compared 16 exhibitionists with 16 sexually normal controls on penile responses to auditorily presented descriptions of the four phases of normal sexual interaction and found no differences between the two groups. Marshall, Payne, Barbaree, and Eccles (1991) reported on plethysmographic assessment of 41 men who were exhibitionists compared with 20 controls; exhibitionists had greater arousal to exposing tapes than did non-offenders, but the arousal of the exhibitionists did not correlate with the number of victims or chronicity and led the authors to question the value of erectile testing for this group. Indeed, Marshall and Fernandez (2003) reviewed 10 studies employing phallometry with exhibitionists and found that 9 of 10 suggested that exhibitionists in clinical settings did not have a preference for exposing themselves. Maletsky (1997) opined that the use of plethysmography to assess exhibitionists remained controversial. Differential diagnosis should focus on other paraphilias, sexual disorders, and other psychiatric disorders, including substance use and affective disorders given the very high occurrence of comorbidity cited in the above studies; the possibility of a neurological disorder should be kept in mind.

Risk for Other Crimes and Risk of Recidivism

Several early studies reported that exhibitionists also had histories of crimes of sexual violence. Radzinowicz (1957) in a large survey reported that exhibitionists accounted for about a third of recidivist sexual offenders in England and Wales and that about half of her sample had a prior history of a previous sexual assault. Rooth (1973b) reported on a series of 30 persistent exhibitionists, 3 also had histories of indecent assault against adults, but 11 had a history of offenses against minors. Myers and Berah (1983) compared psychiatric assessments of 65 pedophiles and 45 exhibitionists in Australia, all of whom had pled guilty and who were interviewed in a semistructured way over a 9-year period. Exhibitionists were younger, less likely to have problems with alcohol, remained in school longer, performed better educationally, and had better work histories.

Lang et al. (1987) found that 20 % of exhibitionists had a history of violence-related sexual offenses. Grassberger, cited in Sugarman, Dumughn, Saad, Hinder, & Bluglass (1994), in a 25-year study of a large sample of indecent exposures in Austria found that 12 % were later convicted of rape. Abel et al. (1988) found that 93 % of 142 sex offenders with exhibitionism had other paraphilias and had committed sexual assaults; for example, 25 % had committed rape. Freund (1990) found that 15 % of exhibitionists had committed rape. A serious drawback of these studies is a bias toward serious offenders, as many with exhibitionism first came to legal notice because of offenses involving physical contact. Another confound is the fact that different criteria are used for exhibitionism, ranging from DSM criteria of the period to as few as one instance of exhibitionism.

Berlin et al. (1991) reported on a 5-year follow-up survey of criminal recidivism in a treated cohort of 111 exhibitionists. The sexual recidivism rate for this group was 23.4 %; treatment compliant exhibitionists had a 12.5 % sexual recidivism rate. Exhibitionists who did recidivate generally did not commit more serious sexual offenses.

Sugarman et al. (1994) reported on a study in Great Britain of the case records of 210 subjects who were arrested for exhibitionism, with criminal record data extending for a follow-up period of 8–25 years. It was found that at least 26 % had at least one conviction for a contact sex offense. Unpublished data cited by Långström (2010) found that of all 16,000 men convicted of sexual offenses in Sweden between 1973 and 2004, 15 % had been convicted of sexual harassment offenses (which were heavily dominated by exhibitionistic acts), and at least one had a prior or subsequent conviction for a contact sexual offense (such as rape, sexual coercion, or child molestation).

Rabinowitz Greenberg, Firestone, Bradford, and Greenberg (2002) reviewed archival data from medical files and police files of 221 exhibitionists who were assessed at a university teaching hospital between 1983 and 1996. A mean follow-up period of 6.84 years was obtained; 11.7 % of exhibitionists were charged with or convicted of a sexual offense, 16.8 % a violent offense, and 32.7 % a criminal offense. Sexual offending recidivists had more prior sexual and criminal offenses and were less well educated. Hands-on sexual recidivists had higher PCL-R scores (Hare, 1990), higher pedophile and rape indices on plethysmography, and more prior sexual, violent, and criminal offenses than did hands-off counterparts.

Finally, looking at extremely serious sexual crimes, Ressler, Burgess, Hartman, Douglas, and McCormack (1986), in a study of 28 sexual murderers, reported that 25 % had indicated an involvement with indecent exposure. Dietz, Hazelwood, and Warren (1990) in a review of 30 sexually sadistic criminals reported that 20 % had a history of peeping, obscene telephone calls, or indecent exposure. Hill, Habermann, Berner, and Briken (2007), reviewing psychiatric and court records of 166 sexual murderers in Germany, found that 3.6 % (6) had a history of exhibitionism. Stermac and Hall (1989), in a review of the criminal histories of 50 sexual offenders from the Clarke Institute of Psychiatry, classified offenders as escalators, non-escalators, and first-time offenders and found that escalators committed more serious sexual assaults against strangers, were younger, and had a previous psychiatric history.

Another way of determining dangerousness is to examine diagnoses of individuals civilly committed in the United

States. Becker, Stinson, Tromp, and Messer (2003) reported on 120 men petitioned for civil commitment within the State of Arizona using DSM-IV criteria; 14 % had exhibitionism. Levenson (2004) reported on DSM-IV diagnoses of 450 men evaluated for Florida's civil commitment program. Of 229 recommended for commitment, 8 % had a diagnosis of exhibitionism; of 221 recommended for release, 4 % had a diagnosis of exhibitionism. Elwood, Doren, and Thornton (2010) reported on DSM-IV criteria for 331 men committed under Wisconsin's civil commitment program; 7 % had a diagnosis of exhibitionism. Jackson and Richards (2007) reported on a chart review of diagnoses of 190 civilly committed men in Washington State. Diagnostic criteria were not specified but 27 or 14.2 % of subjects received a diagnosis of exhibitionism.

Treatment and Risk Management

The above data suggest that exhibitionism, far from being a nuisance crime, can be associated with other paraphilias and violent sexual behavior. A careful assessment is the cornerstone of any treatment, with establishment of diagnoses and targets for treatment. Alcohol use disorder, drug use disorders, personality disorders, and psychotic disorders increase the risk of relapse of sex offenders (Langstrom, Sjostedt, & Grann, 2004), and it is important to treat these in order to reduce this risk. It also is important to perform a careful risk analysis using a clinical interview and appropriate actuarial instruments. Most treatment studies have been developed with other types of offenders and used with exhibitionists on the expectation that they will be effective (Morin & Levenson, 2008). Cognitive-behavioral treatment, covert sensitization, masturbatory satiation, and relapse prevention are all behavioral methods which can be employed (Abel et al., 1984; Abel & Osborn, 1996; Krueger & Kaplan, 2002a; Maletzky, 1991). Berlin et al. (1991) reported on a 5-year follow-up survey of criminal recidivism in a treated cohort of 111 exhibitionists and found a sexual recidivism rate for this group of 23.4 %; treatment compliant exhibitionists had a 12.5 % sexual recidivism rate. Treatment methods were not specified for the group of exhibitionists in particular, but for the entire cohort of 406 men; the primary mode of treatment was a 90-min group therapy; about 40 % had testosterone-lowering medications. Biological treatments are available but have not been studied on a group of exhibitionists. The largest open label study of androgen reduction therapy for the treatment of individuals with paraphilias was reported by Rosler and Witztum (1998) on a group of 30 males treated with triptorelin for 4 months to 4 years. No one relapsed while on treatment; 7 of these individuals had a diagnosis of exhibitionism. Open treatment of this group has continued, with the number being increased to 100 individuals and the period of follow-up to 15 years, with similar results (Rosler & Witztum, 2009). In our experience (Krueger & Kaplan, 2001) gonadotropin-releasing hormone agonists have worked very well for some exhibitionists who have a high frequency of sexual outlet.

Voyeurism

Epidemiology

Traditionally, individuals in the process of committing voyeuristic acts are arrested for other crimes, such as "trespassing" (in the United States) or "breach of the peace" or "being a public nuisance" (in Great Britain). Therefore, it has been difficult to assess the prevalence of voyeurism. However, in Great Britain in the Sexual Offenses Act of 2003, voyeurism was created as an offense, criminalizing those who watch people engaged in a private act without their consent (The Crown Prosecution Service, 2010). This protects against the installation of cameras in public changing areas or being spied upon inside public buildings where there is an expectation of privacy (Bancroft, 2009) (p. 468). In the United States, Simon (1997) reported on several cases of video voyeurs who had covertly videotaped unsuspecting victims and recommended the inclusion of appropriate criminal sanctions in privacy statutes; these exist in several states. The fact that voyeurism has been added as a separate offense category will make it easier to track its prevalence in the future. Långström and Seto (2006) reported in their study of 2,450 randomly selected 18- to 60-year-olds who were interviewed that 191 (8 %; 12 % of men and 4 % of women) reported at least one incidence of being aroused by spying on unsuspecting others having sex. Mann, Ainsworth, Al-Attar, and Davies (2008) commented that research on voyeurism has been "extremely limited," and there is not nearly the amount of literature on voyeurism that there is on exhibitionism.

Clinical and Other Samples

Clinical or forensic samples have generally found a high rate of voyeurism and of co-occurring paraphilias. Yalom (1960) reported that of 8 voyeurs, only 1 had engaged in exhibitionism; 6 of his patients had serious charges of assault. Gebhard et al. (1965) reported that of 56 voyeurs, 34 of the criminal convictions had been for sex offenses, and of these, 25 (45 %) had been convicted solely of sex offenses; 24 had been convicted of exhibitionism, and 11 had been convicted of offenses involving coercion.

Langevin, Paitich, and Russon (1985) reported on two studies, the first of 422 sexually anomalous men, none of whom were "pure" voyeurs. Of the 45 who admitted to

voyeurism, 33 had masturbated outdoors, 25 exhibited, 22 engaged in frottage, and 20 in toucherism. In a second study of 31 men who admitted to voyeuristic behavior, voyeurism was the dominant outlet for only 7; 24 had engaged in outdoor masturbation and 23 in exhibitionism.

Lang et al. (1987) reported that of 34 exhibitionists, 71 % (22) had peeped at solitary females disrobing, and 41 % (14) had peeped at intercourse. Freund and Blanchard (1986) reported that of 7 voyeurs, 2 had engaged in exhibitionistic behavior and of 86 exhibitionists, 22 were also voyeurs. In an additional analysis of 950 sexual offenders from their clinic, 87 % of those who admitted to voyeurism had at least one other sexual anomaly.

Freund (1990) reported that of 94 men who had admitted to voyeuristic activity, 77 (82 %) had also engaged in exhibitionism, 36 (38 %) had also engaged in toucherism or frottage, and 18 (19 %) had engaged in rape. Ninety percent of these men (85) had engaged in at least one other sexual anomaly. Freund and Watson (1990) reported that of 125 voyeurs, 50 were also exhibitionists, 52 touchers, and 73 (58 %) had other paraphilias (including rape).

Abel and Rouleau (1990) reported that of 62 voyeurs, only 1 was a "pure" voyeur. Six had one additional paraphilia, 17 two additional paraphilias, 9 three additional paraphilias, and the remaining 29 (46.8 %) had four or more additional paraphilias. In another report (American Psychiatric Association, 1999), Abel indicated that 20.2 % of 2,129 patients assessed acknowledged voyeurism. In a more recent report of 47,265 males and 1,684 females, Abel and Wiegel (2009) reported that 6, 525 males (13.8 %) reported voyeurism and 43 (2.6 %) of females reported voyeurism.

Bradford et al. (1992) reported that of 443 adult males studied, 115 admitted to voyeurism, and of these 30 % were diagnosed with heterosexual pedophilia, 30 % with heterosexual hebephilia, 15 % with homosexual pedophilia, 10 % with homosexual hebephilia, 15 % with cross-dressing, 20 % with scatologia (lewdness), 33 % with frotteurism, 23 % with attempted rape, 12 % with rape, and 27 % with exhibitionism.

A study by Templeman and Stinnett (1991) of 60 male college students in a rural town in the United States reported that 42 % had secretly watched others in sexual situations. When students were asked to rank order their preference in a variety of paraphilic behaviors, voyeurism and frotteurism were the most popular.

In a more recent study of 61 adults of both genders in a small town in South India, 41 % reported voyeurism (Kar & Koola, 2007). Rye and Meaney (2007) asked university students about the likelihood on a scale of 1–100 % that they would secretly watch two attractive people having sex or an attractive person undress. When the risk of being caught was changed from 0 to 25 %, the mean likelihood fell from 84 to 61 % for men and 74 to 36 % for women. We have found no reports enumerating the number of victims or victim accounts of voyeurism, although a substantial number must exist, given prosecution for this behavior or crimes, such as trespassing, associated with it.

Offender and Offense Characteristics and Comorbidity

Abel et al. (1988) reported on types of deviant sexual behavior of 561 nonincarcerated paraphiliacs in Memphis, Tennessee, and New York, New York. DSM-II and DSM-III criteria were used, with the modification that one completed act could qualify a subject as making a diagnostic category. Most subjects had a history of multiple paraphilias, and most progressed through a variety of paraphilias to express one, which was preferred. Some expressed several paraphilias at the same time, and subjects could be diagnosed with multiple paraphilias simultaneously. Sixty-two had this as a diagnosis, and only 1.5 % of these had this as a sole diagnosis. Voyeurs had an average of 4.8 paraphilias.

Kafka and Hennen (1999) reported on a sample of 206 consecutively evaluated males seeking help for paraphilias or sexual impulsivity disorders; semistructured intake questionnaires and sexual inventories were used. Of this group, 143 had paraphilias and 35, or 24 %, were voyeurs. Eight-six percent of the group with paraphilias had at least one lifetime paraphilia-related disorder, now known as a hypersexual disorder.

Långström and Seto (2006) additionally reported on association between voyeuristic behaviors and correlates and risk factors. Voyeuristic behaviors were weakly to moderately but positively associated with being male, having more psychological problems, lower satisfaction with life, greater alcohol and drug use, and greater sexual interest and activity in general (more sexual partners, greater arousability, and higher frequency of masturbation and pornography use and greater likelihood of having a same-sex sexual partner).

Diagnosis

The DSM-IV-TR diagnostic criteria for voyeurism are (American Psychiatric Association, 2000):

> A. Over a period of a least 6 months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.
> B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty. (p. 575)

Långström (2010) reviewed the diagnostic criteria for exhibitionism, voyeurism, and frotteurism for the NB-DSM-5

and made a number of suggestions, some of which were adopted by the workgroup. NB-DSM-5 changed the diagnostic name from voyeurism to voyeuristic disorder. The NB-DSM-5 criteria for voyeuristic disorder are (APA, 2013):

> Voyeuristic Disorder
>
> A. Over a period of at least 6 months, recurrent and intense sexual arousal from observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity, as manifested by fantasies, urges or behaviors.
> B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
>
> *Specify if:*
> In a controlled environment: This specifier is primarily applicable to individuals living in institutional or other settings where opportunities to expose one's genitals are restricted.
> In full remission: The individual has not acted on the urges with a nonconsenting person, and there has been no distress or impairment in social, occupational, or other areas of functioning, for at least 5 yeasts while in an uncontrolled environment (p. 686-687).

Virtually all authorities recognize the importance of a clinical interview (Hanson & Harris, 1997; Mann et al., 2008). Freund, Watson, and Rienzo (1988) reported on the Erotic Preferences Examination Scheme (EPES) developed by Freund and others at the Clark, which contains 6 items addressing voyeurism. This scale appears to be clinically useful and has been psychometrically validated. Nichols and Molenda (1984) developed the Multiphasic Sex Inventory (MSI), which has face validity, but its ability to distinguish voyeurs from other groups has yet to be tested (Hanson & Harris, 1997). They have developed a Multiphasic Sex Inventory-II (Nichols and Molenda (2005) which contains items on voyeurism and exhibitionism. The Clarke Sex History Questionnaire (Langevin & Paitich, 2002) contains a six-item peeping scale, but has not yet been used to compare known groups of voyeurs with other paraphiliacs. The Abel-Becker Card Sort (Holland, Zolondek, Abel, Jordan, & Becker, 2000) contains 5 of 75 items targeting voyeurism; it showed a high level of reliability and concurrent validity. We have been unable to locate phallometric studies that differentiate voyeurs from controls, but, in theory, it would be possible to develop such stimuli (Hanson & Harris, 1997).

Risk for Other Crimes and Risk of Recidivism

Ressler et al. (1986) in a study of 28 sexual murderers reported that 71 % had indicated an involvement with voyeurism. Dietz et al. (1990) in a review of 30 sexually sadistic criminals reported that 6, or 20 %, had a history of peeping, obscene telephone calls, or indecent exposure. Hill et al. (2007) reviewing psychiatric and court records of 166 sexual murderers in Germany found that 10, or 6.0 %, had a history of voyeurism. Langevin (2003) reported on a study of 33 sex killers compared with 80 sexual aggressives, 23 sadists, and 611 general sex offenders examining a number of characteristics; he found that 42.42 % of the sex killers were diagnosed with voyeurism, 33.75 % of the sexual aggressives, 34.78 % of the sadists, but only 20.95 % of the general sex offenders.

Another way of determining dangerousness is to examine diagnoses of individuals civilly committed in the United States. Becker et al. (2003) reported on 120 men petitioned for civil commitment within the State of Arizona using DSM-IV criteria; 13 % had voyeurism. Levenson (2004) reported on DSM-IV diagnoses of 450 men evaluated for Florida's civil commitment program; of this group, only 12 had noncontact offenses (exhibitionism, voyeurism, and computer-related sex crimes). Voyeurism was not specifically reported on. Subjects could have more than one diagnosis. Elwood et al. (2008) reported on DSM-IV criteria for 331 men committed under Wisconsin's civil commitment program; voyeurism was not specified. Jackson and Richards (2007) reported on a chart review of diagnoses of 190 civilly committed men in Washington State. Diagnostic criteria were not specified but 12.6 % (24) of subjects received a diagnosis of voyeurism. It should be noted that no studies reported that they had used structured diagnostic instruments to establish paraphilic or other diagnoses and none utilized polygraphy.

Treatment and Risk Management

There are a number of case reports of voyeurs treated with behavior therapy which are described by Mann et al. (2008). Given the popularity of specific cognitive-behavioral treatment for sexual offenders (Marshall, Anderson, & Fernandez, 1999), it is surprising that there are no accounts that we have been able to find of comprehensive cognitive-behavioral treatment of voyeurs. Rather, methods developed on groups of sex offenders generally have been applied to voyeurs (Krueger & Kaplan, 2002a). Likewise, pharmacotherapy has been studied on heterogeneous groups of sexual offenders and used with voyeurs without any controlled documentation of effect for this specific disorder (Gijs & Gooren, 1996; Rösler & Witztum, 2000). Rosler and Witztum (1998) in their series of 30 males treated for 4 months to 4 years identified 2 as having voyeurism. Krueger and Kaplan (2001) in their series of 12 cases treated with depot-leuprolide acetate had 3 individuals whose deviancies included voyeurism; this treatment was given after individuals failed to respond to cognitive-behavioral treatment and in once case to depot-provera. A new algorithm for biological

treatment has been proposed (Thibaut et al., 2010) which may be consulted and which contains only suggestions for treatments for paraphilias in general but not for specific paraphilias such as voyeurism. As with all sex offenses, it is important to complete a comprehensive assessment using appropriate actuarial instruments and treat disorders which are related to the criminal behavior in order to reduce recidivism (Andrews & Bonta, 2006; Kutcher, 1982; Langstrom et al., 2004).

Possession of Child Pornography

Prevalence

The Internet has transformed child pornography into a lucrative criminal trade (Bryan-Low, 2006). *The Wall Street Journal* reported in 2006 an estimate that the child pornography business could bring in billions of dollars annually (Bryan-Low, 2006). Along with the growth of child pornography, there has been a growth of arrests for federal offenses against children. Motivans and Kyckelhahn (2007) reported that during 2006, 3,661 suspects were referred to US attorneys for offenses involving child sexual exploitation. Six in 10 child sex crime suspects were prosecuted in 2006, up from 4 in 10 in 1994. Child pornography offenses constituted 69 % of these referrals, followed by sex abuse (16 %) and sex transportation (14 %). Overall, 9 of 10 defendants were convicted and sentenced to prison, up from 8 in 10 in 1994. Wolak, Finkelhor, and Mitchell (2009) reported that including the Internet Crimes Against Children agencies and State and Local Agencies, the total number of arrests for online child sexual exploitation crimes (including both child pornography and exploitation of children) had increased from 2,577 in 2000 to 7,010 in 2006, an increase of 272 %. There was also an increase in the median prison sentence from 36 months to 63 months over this period; most suspects were white, male, US citizens, and had attended some college. Federal arrests for child sex offenses have grown at a 15 % rate, making these among the fastest growing crimes in the federal justice system (Motivans & Kyckelhahn, 2007). Under one federal statute (18 U.S.C. 2252) used to prosecute child pornography, convictions rose from 58 in 1994 to 442 in 2000 to 1295 in 2008 (Stewart, 2009).

Furthermore, sentences for such crimes are increasing (Hessick, 2010). In 1990, federal law punished the possession of child pornography by up to 10 years of imprisonment; in 1996, this was increased to 15. In 2003, a mandatory minimum of 5 years sentence was added, and the statutory maximum was raised to 20 years. All 50 states have specific provisions criminalizing the possession of child pornography, and 30 states have increased penalties for possession of child pornography since criminalizing it (Hessick, 2010).

Offender and Offense Characteristics and Comorbidity

Most studies to date have reported on demographic and psychological features of men arrested for child pornography or reported on the relationship between child pornography offenses and contact sexual offenses, but have not examined psychiatric diagnoses in this population. Galbreath, Berlin, and Sawyer (2002) reported on a review of cases of 39 outpatients who had entered their program for sexual problems involving the Internet. Of these, 54 % had looked at child pornography, and 33 % had tried to meet a minor over the Internet for sexual purposes. Of the whole group, 49 % received a diagnosis of paraphilia not otherwise specified (which was not further characterized), 23 % pedophilia, 8 % voyeurism, 3 % exhibitionism, and 18 % received no paraphilic diagnosis.

Quayle and Taylor (2002) reported on interviews of 13 men convicted of downloading child pornography; of these, 4 had also been convicted of assault on children. Frei, Erenay, Dittmann, and Graf (2005) reviewed files of 33 offenders convicted of child pornography in Switzerland; only 1 had a "relevant" criminal record, suggesting that most had not been arrested for sexual offenses before. Alexy, Burgess, and Baker (2005) reviewed 225 cases published in the news media, classifying these as "traders" (individuals who traded or collected child pornography), "travelers" (individuals who engaged in discussion with children online and used their skills at manipulation to try and meet a child for sexual purposes), and "trader-travelers" (individuals who engaged in both activities). They found no common profile and suggested that the classification of Internet offenders would be complicated.

Wolak, Finkelhor, and Mitchell (2005b) in a study regarding child pornography offenders reported that law enforcement agencies made an estimated 1,713 arrests nationally during the 12 months beginning July 1, 2000. Ninety-one percent of these men were white, 8 % older than 25, and 3 % younger than 18. Eighty-three percent had images of prepubescent children, 80 % of these graphically depicting sexual penetration. Twenty-one percent had images depicting sexual violence toward children, such as torture, rape, or bondage; 39 % had at least 1 video depicting child pornography. Forty percent of those arrested for child pornography were "dual offenders" who both sexually victimized children and possessed child pornography with both crimes discovered in the same investigation. In the overall study, 39 % of arrested offenders who met victims online and 43 % of offenders who solicited undercover agents were dual offenders. Ninety-six

percent of child pornography offenders were convicted or pled guilty, and 59 % were incarcerated.

Seto, Cantor, and Blanchard (2006) assessed 685 men referred to their clinic with penile plethysmography and found that possession of child pornography was a valid diagnostic indicator of pedophilia as represented by an index of phallometrically measured sexual arousal toward children. Indeed, as a group, child pornography offenders showed greater arousal to children than to adults and demonstrated greater arousal to children than did contact sex offenders against children, sex offenders against adults, and general sexology patients. Conversely, Blanchard et al. (2007), in an analysis of 832 males assessed in their clinic with plethysmography, reported the absence of any relations between output index (a measure of phallometric response to stimuli involving children) and child pornography offenders. The difference in the two studies can be explained by a difference in the two types of plethysmographic analyses. In the study by Seto et al. (2006), plethysmographic responses for each individual were ipsatively standardized, i.e., each subject's phallometric test scores were transformed to have a mean value of zero and a standard deviation of one, which allowed for the computation of the relative interest of a subject in various categories of stimuli. In the later study by Blanchard et al. (2007), absolute values (an output index) were used. These absolute values showed no relation to child pornography offenses. Given that men whose primary sexual interest is in adults can also have substantial responses to stimuli of prepubescent or pubescent children, relative ascertainment of interests is imperative (Blanchard et al., 2009). What is important is not that a patient or subject becomes aroused to a stimulus but how aroused they become to a particular category of stimuli compared with other categories of stimuli. Blanchard et al. (2007) also reported that child pornography offenders were more apt to be intelligent and better educated. Seto, Reeves, and Jung (2010) reported that about half of a combined sample of 84 child pornography offenders acknowledged that child pornography was sexually arousing. Wolak, Finkelhor, and Mitchell (2005a) reported the typical child depicted in child pornography is a prepubescent girl.

A study by Webb, Craissati, and Keen (2007) compared a group of 90 individuals convicted of charges involving child pornography with 120 child molesters. Internet offenders reported more psychological difficulties in adulthood and fewer prior sexual convictions. They were less likely to fail in the community and had fewer antisocial behaviors. A study by Elliott, Beech, Mandeville-Norden, and Hayes (2009) compared a group of 505 Internet sex offenders (convicted of charges involving child pornography) with 526 contact sex offenders on a range of psychological measures and found that the pornography offenders could be successfully discriminated from the contact offenders on 7 out of 15 measures, with elevated scores on scales of fantasy, underassertiveness, and motor impulsivity associated with the Internet offense type and an increase in scores of scales of locus of control, perspective taking, empathic concern, overassertiveness, victim empathy distortions, cognitive distortions, and cognitive impulsivity predictive of a contact offense type.

Bates and Metcalf (2007) compared psychometric test assessments of 39 men convicted of noncontact Internet sex offenses with 39 men convicted of contact offenses against a specific victim. The Internet group had higher rates of socially desirable responding, emotional loneliness, and underassertiveness and lower scores on external locus of control, sexualized attitudes toward children, emotional congruence with children, and empathy distortions with regard to victims of abuse.

Krueger, Kaplan, and First (2009) reported on a chart review of 60 males arrested for crimes against children involving the Internet; of this group, 63 % (38) were arrested for possession of child pornography, and the second group of 22 were arrested for attempting to meet a child (with 20 of 22 of this group also possessing child pornography). Of the entire group, 40 % had at least one paraphilia; 31 % had a diagnosis of pedophilia, and 18 % of a paraphilia not otherwise specified, characterized by a dysfunctional interest in teenagers. Thirty-three percent had a sexual disorder not otherwise specified or a hypersexual disorder. Individuals arrested for pornography only were significantly more likely to have a diagnosis of hypersexual disorder characterized by pornography dependence, and those arrested for trying to meet a child over the Internet were significantly more likely to have a diagnosis of hypersexual disorder characterized by cybersexual dependence. There was no significant difference in the frequency of paraphilic diagnoses in the group arrested for possession only compared with the group arrested for trying to meet a child. Of the entire group, only 1 had a conviction for a prior sexual crime (which involved trying to meet a child over the Internet) and 2 for prior nonsexual crimes. There was also a very substantial comorbidity, with 70 % having an active Axis I disorder associated with the criminal behavior leading up to their arrest. Thirty-seven percent had an associated mood disorder at the time of the commission of the crime and 23 % a substance use disorder. This high rate of comorbidity has been reported in previous studies of men arrested for crimes against children over the Internet (Galbreath et al., 2002), hypersexual males (Black, 1998, 2000), and contact sexual offenses (Dunsieth et al., 2004; McElroy et al., 1999; Raymond et al., 1999). The high rate of paraphilias and of hypersexual disorders has a direct relationship to the criminal behavior. The other comorbid disorders (primarily affective and substance use disorders) have a more indirect relationship. This may stem from some common underlying genetic diathesis, from common environmental or familial influences (such as familial sexual abuse

predisposing to depression, substance use disorders, and a higher likelihood to engage in sexual abuse) or from stressors in the environment impacting on both sexual and mood regulatory systems.

McCarthy (2010) reported on a record review of 107 adult male sex offenders who had participated in a sex offender treatment program in New York City. All offenders had a history of conviction for possession of child pornography, and each offender had passed a polygraph examination concluding that he either had or did not have a history of sexually abusing a minor. Additionally, offenders who admitted to sexually abusing a minor in the absence of a polygraph examination were included. The records were divided into two groups, noncontact offenders ($n=56$) and contact offenders ($n=51$). Diagnoses were made using DSM-IV criteria (American Psychiatric Association, 1994), and in addition, an Abel Assessment (Abel, 1995b), clinical interview, self-report, and records were used to make diagnoses. For the group as a whole, results showed that 82.2 % were white, and 55.1 % were single and had never married. Thirty-five percent had some college, 2 % completed undergraduate school, and 10 % graduate school. Twenty-seven percent of offenders had a history of drug use and 21 % of alcohol abuse, 29 % a history of depression, and 35 % a history of anxiety. Fourteen percent had more than one conviction for a sexual crime, and 21 % had a conviction for a nonsexual crime. Fifty-two percent received a diagnosis of pedophilia, with 26 % of those attracted to females, nonexclusive type. Comparing the two groups, there was no statistically significant difference in age, time at which offenders began viewing Internet child pornography, race/ethnicity, marital status, education attainment, or history of childhood abuse. However, contact offenders were more likely than noncontact offenders to have a history of drug abuse, more than one conviction for a sexual crime, and to receive a diagnosis of pedophilia. Contact offenders were more likely than noncontact offenders to masturbate to child pornography and download child pornography to an external medium. There were no significant differences between groups in trading, paying for, concealing, or organizing child pornography, but when these variables were combined, offenders who engaged in a combination of these behaviors were more likely to be part of the contact group. Contact offenders were more likely than noncontact to view child modeling websites and view erotic stories involving minors. Contact offenders had significantly more involvement with minors online than noncontact offenders, being more likely to chat in a sexual manner, send child pornography, adult pornography, and attempt to meet a minor. Contact offenders were more likely than noncontact to communicate both online and in person with others who shared their deviant interests. The percentage of offenders trading adult pornography online and paying for adult pornography online was higher for adult offenders. Contact offenders were more likely to engage in cybersexual behavior with adults than noncontact offenders.

Henry, Mandeville-Norden, Hayes, and Egan (2010) reported on a cluster analysis of 422 men who were Internet-based sex offenders; this sample was extracted from an initial group of 633 participants, with missing data precluding 211 offenders from the analysis. Of the initial sample, 594 (93.8 %) were convicted of making indecent images of children, 38 (6 %) of taking indecent images of children, and 1 (0.2 %) of inciting a child into sexual activity. Three clusters were identified, the apparently normal, the inadequate, and the deviant. Overall, the clusters were equivalent to contact sexual offender groupings.

Sheehan and Sullivan (2010) reported on an in-depth study of four males convicted of manufacturing indecent images of children. While all made reference to the Internet as having an impact on their sexual interest in children, analysis suggested that most had developed a sexual interest in children before using the Internet. All had downloaded indecent images of children prior to embarking on the manufacture of images.

Diagnosis

The DSM-IV-TR criteria for pedophilia are relevant for the assessment of individuals involved with child pornography. These are (American Psychiatric Association, 2000):

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
C. The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.

Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year old.
Specify if:
Sexually Attracted to Males
Sexually Attracted to Females
Sexually Attracted to Both
Specify if:
Limited to Incest
Specify type:
Exclusive Type (attracted only to children)
Nonexclusive Type (p. 572)

Blanchard (2010a) reviewed the diagnostic criteria for pedophilia and recommended several significant changes; he wrote, "I recommend that, for diagnostic purposes, photographed children and impersonated children be treated the same as real children." His recommendations were discussed with the workgroup, posted on the NB-DSM-5 website, and modified. These suggestions have been the focus of criticism

and response (Blanchard, 2010; First, 2010; Moser, 2010). Ultimately Blanchard's suggestion for renaming Pedophilia to Pedohebephilic Disorder was rejected. The name of the diagnosis was changed from Pedophilia to Pedophilic Disorder, and the criteria used were drawn almost unchanged from DSM-IV-TR (the only change being the substitution of the word "individual" for the word "person." These criteria are as follows:

Pedophilic Disorder

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger.).
B. The individual has acted on these sexual urges, or the sexual urges of fantasies cause marked distress or interpersonal difficulty.
C. The individual is at least age 16 years and at least 5 years older than the child or children in Criterion A. Note: Do not include an indivdual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

Specify whether:
Exclusive type (attracted only to children)
Non exclusive type

Specify if:
Sexually attracted to males
Sexually attracted to females
Sexually attracted to both

Specify if:
Limited to incest

It should be noted that the new criteria now include the use of child pornography under B3. The occurrence of hypersexuality in association with the Internet (Bancroft, 2009), the co-occurrence of hypersexual and paraphilic disorders (Kafka & Hennen, 1999; Kafka & Prentky, 1992), and the study by Krueger et al. (2009) suggest that another diagnosis suggested by the NB-DSM-5 Workgroup would be relevant, that of hypersexual disorder.

The support for this possible diagnostic category was reviewed by Kafka (2010b). It has not been without its critics and debate (Kafka & Krueger, 2011; Kaplan & Krueger, 2010a; Moser, 2011; Winters, 2010; Winters, Christoff, & Gorzalka, 2010). The Paraphilias Workgroup proposed criteria which were posted on the NB-DSM-5 website of the APA; these criteria are no longer available on the APA website. The criteria proposed were quite similar to those originally suggested by Kafka (2010) in his review for the proposed diagnosis of Hypersexual Disorder and these criteria were as follows:

Proposed Diagnostic Criteria for Hypersexual Disorder

A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, or sexual behaviors in association with 3 or more of the following 5 criteria:
   (1) Time consumed by sexual fantasies, urges or behaviors repetitively interferes with other important (non-sexual) goals, activities and obligations.
   (2) Repetitively engaging in sexual fantasies, urges or behaviors in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).
   (3) Repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events.
   (4) Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors.
   (5) Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.
B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviors.
C. These sexual fantasies, urges or behaviors are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication).

Specify if:
Masturbation
Pornography
Sexual Behavior with Consenting Adults
Cybersex
Telephone Sex
Strip Clubs
Other: (p. 379)

Glasgow (2010) described the use of digital evidence to aid in risk assessment of Internet offenders; it can also be very useful for diagnosis, given the new criteria for pedophilia. A forensic analysis of the computer's content is exceedingly important. How many images are there? Are they still or moving? What dates do they span? Are they segregated or organized? What proportion of the images is of minors and what proportion is of adults? What proportion is prepubescent, pubescent, or older? What proportion is male or female? Is there any evidence that the individual has tried to communicate with minors? Is there any evidence that the individual being investigated has produced images of themselves? What sort of control does the individual report over urges/impulses to view images?

Obviously, here the use of plethysmography, viewing time, and polygraphy, as well as the usual instruments used to assess individuals with pedophilia, can be used to assist in diagnosis.

Risk for Other Crimes and Risk of Recidivism

Wolak et al. (2005b) reported on 429 cases of individuals where data was obtained by interviewing detectives about details of their cases of child pornography arrests made in the year 2000, only 14 % of which were prosecuted in federal courts. Eleven percent had a previous arrest for a sex offense against a minor, and only 3 % were diagnosed with a sexual disorder.

Seto and Eke (2005) identified a sample of 201 adult male child pornography offenders using police databases; 56 % had

a prior criminal record, 24 % a prior contact sexual offense, and 15 % prior child pornography offenses. During an average time at risk of 2.5 years, 17 % of the sample offended again in some way during this time, and 4 % committed a new contact sexual offense. Child pornographer offenders with prior criminal records were more likely to reoffend in any way during the follow-up period, and child pornography offenders who had committed a prior or concurrent contact sexual offense were most likely to reoffend, generally or sexually. In a follow-up study (Eke, Seto, & Williams, 2011), the follow-up time for this sample was extended to 5.9 years, and the same data were obtained for another 340 offenders, increasing the full sample to 541 men, with a total average follow-up tie of 4.1 years. In this new sample, 34 % of offenders had a new charge for any type of reoffense, with 6 % charged with a contact sexual offense against a child and additional 3 % charged with historical contact sex offenses (i.e., previously undetected offenses). There was a 32 % recidivism rate for any crime for the full sample; 4 % of offenders were charged with new contact sex offenses, an additional 2 % of offenders were charge with historical contact sex offenses, and 7 % of offenders were charged with a new child pornography offense. Predictors of new offending were prior offense history and younger offender age. Approximately one-quarter of offenders on probation were sanctioned for a failure on conditional release; in half of these failures, offenders were in contact with children or used the Internet to again access to pornography.

Webb et al. (2007) found that the Stable-2000 (Hanson et al., 2007; Harris & Hanson, 2003), which is an actuarial measure of potentially changeable risk factors, was able to significantly predict "risky sexual behavior" and probation failures in a group of online offenders (none of the child pornography offenders committed another contact offense in the 18-month follow-up period).

In an oft-cited study, Bourke and Hernandez (2009) reported on a group of 155 sexual offenders in an intensive, residential sex offender-specific treatment program at a medium-security federal prison. At the time of sentencing, 115 (74 %) of subjects had no documented hands-on victims. The treatment program was 18 months long, and 80 subjects (52 %) participated in voluntary polygraph examinations. Among these offenders, by the end of the study, 24 % indicated during treatment that they had victimized children of both genders, and 48 % said that they had abused both prepubescent and postpubescent victims. This study was severely criticized in a legal opinion (United States District Court, 2008) which opined, among other things, that the study was not credible, saying that it was "highly coercive" because there was testimony to the effect that unless offender continued to admit to further sexual crimes and say whether or not they had committed them, they were discharged from the program. Thus, they had an incentive to lie. Furthermore, 46 of 201 individuals (23 %) left due to "voluntary withdrawal, expulsion, or death," which was not reported and which would have skewed the results.

Endrass et al. (2009) reported on a group of 231 men in Switzerland who were charged with consumption of illegal pornographic material; the follow-up period was from 2002 to 2008. Two (1 %) members of this sample had a prior conviction for a hands-on sex offense involving child sexual abuse, 8 (3.3 %) for a hands-off sex offense, and 1 for a nonsexual violent offense. Applying a definition of recidivism that included charges and convictions, 9 (3.9 %) of the study sample recidivated with a hands-off sex offense and 2 (0.8 %) with a hands-on sex offense.

Babchishin, Hanson, and Hermann (2010) reported on a meta-analysis of online offenders and off-line offenders to examine the extent to which they differed on demographic and psychological variables. Twenty-seven distinct samples were identified, only 13 of which were classified as published materials; the online offenders were not partitioned into those involved with child pornography only and those involved with trying to meet a child over the Internet. Overall, online offenders were more likely to be Caucasian, slightly younger, had greater victim empathy, greater sexual deviancy, and lower impression management than off-line offenders.

Neutze, Seto, Schaefer, Mundt, and Beier (2010) reported on a sample of 155 self-referred pedophiles and hebephiles (individuals sexually attracted to pubescent children) in Germany. It was explained that a distinctive feature of German law is that there is no mandatory child abuse reporting in Germany unless there is evidence of an imminent risk of child sexual abuse and homicide. Thus, participants were free to report recent crimes. Two sets of group comparisons were conducted on sociodemographic variables and dynamic risk factors. The first was based on recent activity and compared men who had committed child pornography offenses only or child sexual abuse offenses only in the prior 6 months with men who had remained offense free in the same period. The second was based on lifetime offenses prior to the recent 6-month period and compared child pornography offenders with child sexual abuse offenders and men who had committed both kinds of offenses. For the recent offenders, the groups differed only with respect to risk awareness, with recent child sexual abuse offenders demonstrating significantly more awareness of risky situations than recent child pornography offenders or recently inactive participants. In the recent groups, recent child sexual abuse offenders were more likely to be unemployed than child pornography offenders or inactive participants, and the vast majority of recent child sexual abuse offenders admitted prior sexual abuse offenses. No group differences were found for lifetime offense history; child sexual abuse offenders were significantly older than child pornography-only offenders. The overall pattern of

findings was characterized much more by similarities across the groups than by differences.

Seto, Hanson, and Babchishin (2011) reported on two meta-analyses involving "online offenders." The first included both offenders involved with the possession or distribution of child pornography or other illegal pornographic content via the Internet and those who used the Internet to solicit minors for sexual purposes. Twenty-four samples with relevant data were included; 12 % had an officially known contact history at the time of their index offense and 55 % of online offenders admitted to a contact sexual offense in the six studies that had self-report data. The second meta-analysis included child pornography offenders only and included 12 samples; it revealed that 4.6 % of online offenders committed a new sexual offense during the 1.5–6-year follow-up period; 2.0 % committed a contact sexual offense, and 3.4 % committed a new child pornography offense. The authors suggested that there could be a distinct subgroup of online-only offenders who posed a relatively low risk of committing contact sexual offenses in the future.

Treatment and Risk Management

Treatment and risk management will again be guided by a comprehensive assessment including use of actuarial instruments. While many of the same static risk factors that underlie the Static-99 or Static-99R (Harris et al., 2003) apply to online offenders, these instruments would have to be modified before being used because current coding rules preclude their use with child pornography offenders with no identifiable victim (Seto, Hanson & Babchishin, 2011). It should be noted that the Static-99 and Static-99R can be used with offenders who have only committed exhibitionism, voyeurism, or lewd Internet chat with minors (Harris et al., 2003). It cannot be used if the offender only has a category B offense, which includes:

> Consenting sex with other adults in public places, crimes relating to child pornography (possession, selling, transporting, creating where only pre-existing images are used, digital creation of), indecent behavior without a sexual motive (e.g., urinating in public), offering prostitution services, pimping/pandering, seeking/hiring prostitutes, solicitation of a prostitute (p. 15) (Harris et al., 2003).

It can be used with child pornography offenders if they also have a category A offense involving a hands-on victim. In addition, other instruments are valid with this population. The Sex Offender Risk Appraisal Guide can be directly applied (Quinsey et al., 2006; Seto, Hanson & Babchishin, 2011), as can the Level of Service/Case Management Inventory (Andrews, Bonta, & Wormith, 2004). Should the offender be diagnosed with a hypersexual disorder, then treatment focused on that behavior is indicated; generally behavioral techniques have been borrowed from treatment of the paraphilias or substance abuse disorders, and there are not well-developed treatment standards (Kaplan & Krueger, 2010a; Krueger & Kaplan, 2002a). Twelve-step programs may be useful (Krueger & Kaplan, 2002b) for individuals who have contact offenses or who have been diagnosed with pedophilia, then the usual actuarial instruments and traditional methods of treatment may be employed (Seto, 2008). Software is regularly installed by probation to monitor for use of illicit or licit pornography or other communications that may be of concern, such as emails to minors.

Interacting with Children Over the Internet

Prevalence

In a telephone survey in 2000 of 1,501 youths ages 10–17, Finkelhor, Mitchell, and Wolak (2000) reported that approximately 1 in 5 had received a sexual solicitation or approach over the Internet in the prior year; 1 in 4 had an unwanted exposure to pictures of naked people or people having sex. A second telephone survey (Mitchell, Wolak, & Finkelhor, 2007; Wolak, Mitchell, & Finkelhor, 2007) in 2005 of 1,500 youths, 10–17 reported that 44 % had been exposed to online pornography in the previous year; of those, 66 % reported an unwanted exposure. The authors reported that there was a decline in the percentage of youth reporting sexual solicitations for both boys and girls in all age groups, except for minority youth and those living in less affluent households. Internet use had expanded rapidly among this age group from 25 % in 1999–2000 to 87 % in 2005.

Wolak et al. (2009) collected information from a national sample of law enforcement agencies about the prevalence of arrests for online sex crimes against minors during two 12-month periods for their National Juvenile Online Victimization Study. The first period was from July 1, 2000 through June 30, 2001 (Wave 1) and the second was for calendar year 2006 (Wave 2). Data from 612 interviews from Wave 1 and 1,051 interviews from Wave 2 were collected. In 2000, there were 508 arrests of offenders using the Internet to seek sex with minors; in 2006, there were 615, a 21 % increase. In 2000, there were 664 arrests of offenders by undercover agents posing as minors; in 2006, this increased to 3,100, an increase of 381 %. However, arrests of online offenders in 2006 only constituted approximately 1 % of all arrests for sex crimes committed against children and youth. Most online victims were adolescents, rather than younger children; 73 % percent were ages 13–15. Most victims were girls (84 %), but 16 % were boys. Sexual violence against victims was rare, occurring in 5 % of arrests in 2006. Seventy-three percent of cases with youth victims progressed from online contact to face-to-face meetings and illegal sexual

activity. There was a significant increase in arrests of young adult offenders. Only 4 % of those arrested were registered sex offenders. The authors concluded that offenders who victimized children previously known to them within networks or families were much more common than those who used the Internet to meet strangers.

Offender and Offense Characteristics and Comorbidity

Mitchell, Wolak, and Finkelhor (2005) presented a study of 124 offenders who were arrested during proactive investigations on the Internet (i.e., in the course of interacting with an undercover agent posing as a minor as opposed to actually having victimized a minor). Comparing demographic characteristics, all but one of those arrested was male, 7 (10 %) were age 18–25, 62 (61 %) were age 26–39, and 52 (33 %) were age 40 or older. One-hundred and ten (91 %) were white, 7 (4 %) Hispanic, and 3 (1 %) African American. Two (2 %) had not finished high school, 38 (26 %) were high-school graduates, 20 (13 %) had finished some college, and 11 (5 %) had a postgraduate degree. Forty-six (34 %) were single and/or never married, 39 (35 %) were married, 4 (3 %) were living with a partner, 8 (7 %) were divorced, and 26 (19 %) were separated. One-hundred and seven (91 %) were employed full time, 9 (6 %) part-time, 8 (4 %) were unemployed, and 4 (2 %) were in school. Case characteristics were very similar between proactive investigations that involved an undercover agent and juvenile victim investigations that involved an actual victim, except that the mean age of the victim was less for proactive investigations (13.8 years vs. 14.4 years). The Internet chat rooms that actual offenders met children in were less sexually oriented than chat rooms used by undercover operatives. Comparing offender characteristics in those arrested in proactive investigations with those arrested with actual juvenile victims, offenders were older in proactive investigations (mean age 37.7 vs. 34.7), and they were more likely to be employed full time. Offenders arrested with actual juvenile victims, on the other hand, were more likely to have committed violent behavior, to have a prior arrest for a nonsexual offense, and a prior arrest for a sexual offense against a minor.

Wolak, Finkelhor, and Mitchell (2004) in a telephone survey of 2574 law enforcement agencies conducted between October of 2001 and July of 2002 identified 129 sexual offenses against juvenile victims that originated with online encounters. Victims were mainly 13- through 15-year-old girls (75 %) who met adult offenders (76 % older than 25) in Internet chat rooms. Most offenders did not deceive victims about the fact that they were adults. Most of these victims had sex with the adults on more than one occasion, and half of the victims described themselves as being in love or feeling close to their offenders; almost all the cases of male victims involved male offenders. Violence was used in 5 % of episodes.

Krueger et al. (2009) reported that of a sample of 22 males arrested for attempting to meet a child, 8 (36 %) of this group were diagnosed with pedophilia by DSM-IV-TR criteria, 6 (27 %) with a paraphilia not otherwise specified, with an interest in adolescents, and only 1 (4.5 %) with another paraphilia. Eight (36 %) of this group had cybersexual dependence, which significantly differentiated them from the group arrested for child pornography only. None of this group had pornography dependence. Fourteen (64 %) of this group had a depressive disorder, 6 (27 %) had an alcohol use disorder, and 3 (14 %) had a substance use disorder. Thus, there was a high instance of comorbid psychiatric disorder in this group.

Diagnosis

The same DSM-IV-TR and NB-DSM-5 diagnoses used for child pornography offenders in the previous section are appropriate for this group of Internet offenders. Likewise, hypersexual disorder, described in the previous section, is appropriate, except the main types of possible relevant diagnosis would be cybersexual disorder and pornography dependence. Frequently, individuals arrested for trying to meet a minor on the Internet will also be found to have child pornography and may meet criteria for pornography dependence as well. The forensic evidence from the computer or other media (cell phones, blackberries) is important, especially transcripts and chat logs.

Risk for Other Crimes and Risk of Recidivism

Krueger et al. (2009) reported that 20 of 22 subjects arrested for trying to meet a child over the Internet also had charges involving child pornography. Mitchell et al. (2005) reported that 62 (41 %) of offenders arrested in proactive investigations and 53 (39 %) of offenders arrested with juvenile victims were found to be in possession of child pornography. Five percent of offenders arrested in proactive investigations and 14 % of offenders arrested with juvenile victims had a prior arrest for a sexual offense against a minor.

Treatment and Risk Management

Treatment and risk management should be guided by a thorough assessment. It is appropriate to use the Static-99 as well as other actuarial instruments if the offender believed that he was interacting with a minor (Harris et al., 2003). Should the offender be diagnosed with a hypersexual disorder, such as cybersexual disorder or pornography dependence, then treat-

ment focused on that behavior is indicated (Kaplan & Krueger, 2010a; Krueger & Kaplan, 2002a). Treatment should be guided by diagnoses and involve standard treatment offered to those with paraphilias or sex offenses (Abel et al., 1984; Marshall & Laws, 2003; Seto, 2008). Elliot, Findlater, and Hughes (2010) described a program in Great Britain using software that examined computers for specific inappropriate words and phrases, the results of which were monitored remotely by officers. Probation and parole officers in the United States regularly use monitoring software to survey for illicit pornography or communications.

Conclusions and Future Directions

The research reviewed above suggests that some "nuisance crimes" or "noncontact offenses" can be associated with more severe crimes and psychopathology. Clinicians should conduct a thorough assessment to determine risk when evaluating this population.

All of the studies except that by Långström and Seto (2006) are based on samples that are skewed or biased and that collect unrepresentative data. Some of the studies cited in this paper made diagnoses or established a paraphilia by as little as a single act, thus inflating the number of purported paraphilias that an individual has. Furthermore, generalizations from samples of convenience must be done with great caution. It is thus important to remember that much of the current information concerning these paraphilias is limited.

Several studies suggested that child pornography offenders are different from conventional sex offenders, with a lower risk for contact offenses. Given the very substantial penalties that exist for crimes involving child pornography, further research needs to be conducted with a focus on recidivism and on characteristics that predict recidivism. Actuarial instruments should be extended or developed for this population.

Currently, misdemeanors are not reported in any national crime database in the United States, and it is thus not possible to track the incidence of such crimes as exhibitionism or voyeurism; it would be advantageous to do so.

Epidemiological studies need to be done cross-nationally which can report on the prevalence of paraphilias. Metrics that would ascertain if someone has a paraphilia, diagnose a paraphilic disorder, and contain elements of duration, impact on functioning, and severity should be included in such studies.

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