

## Short Communication

# Pedophilia, Pseudopedophilia and Psychopathy

Elias Abdalla-Filho\*

Department of Health Sciences, University of Brasília, Brazil

**\*Corresponding author**

Elias Abdalla-Filho, Department of Health Sciences, University of Brasília, Brasília, Brazil, Email: elias.abdalla@terra.com.br

Submitted: 26 April 2020

Accepted: 03 May 2020

Published: 05 May 2020

ISSN: 2578-3718

## Copyright

© 2020 Abdalla-Filho E

OPEN ACCESS

**Abstract**

**Introduction:** Pedophilia is a medical-psychiatric diagnosis, but it is often confused with a criminal practice, which deserves a better view.

**Aim:** To distinguish different situations that may cause diagnostic confusion with pedophilia.

**Methods:** The author, based on his criminal expert practice carried out between 1993 and 2013 in a Brazilian official body, raised a series of possible situations that cause frequent diagnostic confusion regarding the topic of pedophilia and delved into the specialized literature, with the aim of to distinguish them. Five situations were considered that may cause diagnostic difficulties, in which it is questioned whether the person: Is a pedophile and commits a sexual crime against a child; commits a sexual crime against a child, but is not a pedophile; is a pedophile, and does not commit sexual crime; commits a sexual crime against a child, is not a pedophile, but has another mental disorder; and commits a sexual crime against a child, is a pedophile and still has a comorbid personality disorder.

**Results:** The results found in the literature are accompanied by discussion. They confirm the existence of the different situations raised in this study and provide clarifications that help differentiate them.

**Strengths & Limitations:** The author's experience as a forensic psychiatrist examining sex offenders for twenty years provided insight into the difficulties encountered by police and judicial authorities, as well as some mental health professionals in the concept of what pedophilia really is. On the other hand, it is about the perception of only one professional, who needs to be shared with other fellow readers and perhaps generate new studies.

**Conclusion:** Sexual offense against children may be a consequence of pedophilic disorder, but never a diagnostic criterion. Consequently, it is unacceptable to automatically associate this kind of paraphilia with crime. In the name of diagnostic accuracy, correct treatment and fair criminal assessment, it is essential to distinguish the close conditions presented in this study.

**INTRODUCTION**

Pedophilia and psychopathy are two hard themes not only because of their severity and complexity but also because of the existence of prejudice and taboo related to them. It is common to see that people take a stand on these subjects without seeking scientific knowledge first. They are discussed worldwide in several spheres, including psychiatric, police, judicial and journalistic ones or even by everyday people, but frequently contaminated with misconceptions. To a large extent, this contaminated approach stems from several reasons and one of them seems to be the lack of further divulgation of more scientific explanations about them. Consequently, police and judicial authorities are often seen to deal with these issues more than mental health professionals. The sexual offense against children is an issue that is both ancient and current. Although it is often associated with pedophilia in people's minds, it is necessary to examine different situations, which need different approaches.

Pedophilia is still classified in ICD-10 as a sexual preference disorder, although it is already updated as a paraphilic disorder in ICD-11 [1], the same term adopted by DSM-V [2]. Paraphilias, pathological or not, are understood as a persistent and intense pattern of atypical sexual arousal manifested by sexual thoughts, fantasies, urges, and/or behaviors [3,4]. Despite the natural

difficulty of implementing satisfactory diagnostic criteria in general [5], pedophilia was described in ICD-11 more broadly than in ICD-10 and, therefore, its transcription is worthwhile. Codified under 6D32, it "is characterized by a sustained, focused, and intense pattern of sexual arousal - as manifested by persistent sexual thoughts, fantasies, urges, or behaviours-involving pre-pubertal children. In addition, in order for Pedophilic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them" [6].

Psychopathy, in turn, is a construct full of divergences, aggravated by the fact that this category does not exist in the classification systems of mental disorders. It has a high association with criminal practices, including sexual violence [7], which can be targeted at any gender or age. Although psychopathy is commonly associated in the literature with the type antisocial personality disorder [8], other types also present some features common in this construct, such as impulsivity, falsity, irresponsibility, lack of remorse, grandiosity and lack of empathy [9]. In fact, Blackburn conceives of psychopathy with personality traits closer to narcissistic and histrionic disorders than antisocial one [10].

The term pseudopedophilia is used in this study to refer to an apparent pedophilic behavior adopted by someone who, however,

does not exhibit diagnostic criteria for pedophilic disorder. It can be a common child sex offender without any mental disorder or a psychiatric patient with another diagnosis committing crimes, including sexual violence against children [11,12].

The pedophilic condition may lead people to commit sexual crimes against children, but it may also not [12]. Recent research points to some factors that may be linked to the etiology of this kind of paraphilia [13,14]. A fact that seems to contribute to the association between pedophilic disorder and related sexual crime is that, being a lonely disorder, in many cases the disorder is only diagnosed when the patient carries out his sexual urges. In this study, the figure of the pedophile is referred to with the pronoun he because most pedophiles are male [11]. This does not mean, however, that the existence of female pedophiles is not recognized here.

## MATERIALS AND METHODS

The author, based on his practice as a criminal expert psychiatrist carried out between 1993 and 2013 in a Brazilian official body, raised a series of possible situations that cause frequent diagnostic confusion regarding the topic of pedophilia and delved into the specialized literature, with the aim of distinguishing them. Five situations were considered that may cause diagnostic difficulties, in which it is questioned whether the person: 1. Is a pedophile and commits a sexual crime against a child; 2. commits a sexual crime against a child, but is not a pedophile; 3. is a pedophile, and does not commit sexual crime; 4. commits a sexual crime against a child, is not a pedophile, but has another mental disorder; 5. and commits a sexual crime against a child, is a pedophile and still has a comorbid mental or personality disorder.

## RESULTS AND DISCUSSION

The first situation raised in this study concerns pedophiles who act according to their heterogeneous sexual desires [11,15]. While some of them may engage in sexual intercourse with children, others are sexually excited to see images, which could be called pedophilic voyeurism [16]. Both pedophilia and child sexual offending have been shown to have multiple causes, including the genetic quota, neurodevelopmental perturbations, lower intelligence quotient, and a higher incidence of head injuries in childhood, disturbing life events, social learning and brain alterations [17-21]. However, it is not yet known which cause is most related to pedophilia, sexual offense or both [15]. Most of the time, these pedophiles are close to their victims (relatives, friends or neighbor) and there is often no penetration, except in cases of incest [11]. Regardless of the punishment that may be imposed on them, according to the culture and legislation of each country, it is important that these people also receive some kind of psychiatric treatment.

The second situation is one of the possibilities of what is called pseudopedophilia in this study. Sometimes called by everyday people and the media as pedophiles, they are, in fact, common criminals, i.e., people who do not have any mental disorder, being therefore not pedophiles, but who sexually offend children. Indeed, many authors emphasize that only a part of the sex offenders against children are true pedophiles [12,16]. These

crimes are also mostly committed by men [11] and generally practiced in the face of the most diverse opportunities to be alone with the victims. Children are chosen because they are vulnerable and, in the eyes of the perpetrators, available [11]. Offenders can be of both genders, of any sexual orientation or socio-cultural class, unknown persons or close to the victim [22,23].

Regarding the third situation, several studies show that pedophile people may not commit sexual crime against children [12,13]. Cantor & McPhailly studied non-offending pedophiles, who in addition to never having had (known) physical contact with children, never accessed illegal material of child sexual exploitation [25], while Murray studied others who just look at, but don't touch the child [11]. These data authorize confirmation that not all child sexual offenders have pedophilia as well as that not all pedophiles are perpetrators. Every effort that can be made to combat the stigma inherent in this paraphilic condition is very important, since its harmful effects have been known for decades [26] and, in this third situation, stigma is an additional complicating factor for these patients to seek therapeutic help.

The fourth situation raised in this study refers to people who, although they are not pedophiles, have a mental disorder that has a causal link to the crimes committed, including sexual offenses against children. Unfortunately, there are many mentally ill patients incarcerated without receiving a psychiatric diagnosis and due treatment [27]. This will cause them a double stigma when they are released, that is, to be mentally disordered and ex-prisoners, placing them in a situation of great vulnerability, difficult to be overcome. In addition to psychotic mental patients, people who have a severe personality disorder with strongly psychopathic behavior also may fall into this fourth situation. In fact, rape represents well the cold, selfish and instrumental violence of the psychopath<sup>7</sup> and it can be aimed at both adults and children. It is known that the issue of psychopathy is controversial, but what matters here is that it is a well-documented mental disorder, with organic, psychological and social etiological connections [28,29]. Unlike the primary pedophiles, who suffer from their pathological condition and make some effort to avoid acting out, psychopaths do not present this emotional manifestation. On the contrary, when discovered, they try to explain and justify the violence practiced, without any show of remorse or regret. This situation is of great forensic interest, since it can influence the assessment of the criminal responsibility of the offender. That is, if there is no mental disorder, the offender is considered to be fully criminally responsible. It is known that this is not the opinion of all forensic psychiatrists, but the worldwide controversy over the psychopath's criminal liability is not addressed here because it is not the focus of this study.

The fifth condition examined in this study refers to the existence of pedophilia in comorbidity with other pathologies in the perpetrator of sexual offense against children. Studies have shown a relationship between male people with intellectual limitations and pedophilia, recognizing that impairment of neurodevelopment increases the risk of pedophilia in this population [18,24]. Another consideration that can be made is that, if on the one hand, cognitive impairment may increase the risk of pedophilia, on the other hand, the pedophile with this intellectual limitation has greater difficulty in controlling

impulses in general, including the sexual one. Thus, this type of relationship would be two-way, since one condition feeds and is fed by the other. Other possible comorbidities are represented by psychopathic disorders and substance-related disorders, which greatly increase the likelihood of pedophiles to commit sexual crimes. However, it is difficult to study personality features and psychopathology of pedophilia simultaneously due to sampling bias, since almost all studies involve people arrested or convicted, excluding, then, other possibilities, such as non-offending pedophiles [30]. In the case of a pedophile psychopath who sexually offends a child, it is quite difficult to assess the greater share of participation in the cause of the crime: Whether it was the pedophilic urges or psychopathic features. It is reasonable to consider the possibility of finding different levels of participation for each of these two elements in distinct situations. According to Dorr [31], most pedophiles are also psychopaths. This author presents four arguments for making this statement, described below: similarities in personality profile comparisons between psychopaths and pedophiles found in the specialized literature; personality characteristics of examined pedophiles, using the Ego Function Assessment scale; review of psychometric assessment of pedophiles; and expansion of T. Millon's conceptualization of antisocial personality to include pedophile psychology. This seems to be a controversial statement, since there are those who defend the idea that only a part of pedophiles act out [25]. Any type of comorbidity needs to be treated concomitantly with pedophilic disorder, as it increases its severity. However, the comorbid association that is perhaps the most feared in terms of violent sexual behavior against children is represented by pedophilia and drug addiction in a psychopathic offender. The conjunction of these three simultaneous conditions is extremely serious, difficult to treat and at high risk of violence.

## CONCLUSION

This study examined five situations that may include or suppose the existence of pedophilia. In the first situation, in which the sexual offender is a pedophile, it is important to recognize the pathological nature of this behavior. This collaborates so that the author can receive, in addition to punishment, a treatment for his condition as well. The second case deals only with a common sexual offender against children, with no disorder. Despite the common association made by everyday people, it is important to disconnect between the crime in question and the pathology, which in this case does not exist. This will contribute to the construction of a true concept in place of the prejudice of what is pedophilic disorder. The third case, in turn, it was found that there are pedophiles who suffer silently from their disorder, without ever acting it out. This seems to be very important to be publicized for several reasons, among them, to help in the fight against the stigma that these people suffer. The fourth situation concerns a person who, despite not having raped a child for pedophilic reasons, the sexual offense practiced by him has a causal relationship to another mental disorder. The importance of highlighting this possibility is to emphasize the need for diagnostic accuracy in order to indicate the most appropriate treatment in addition to the punishment received. The last situation raised in this study represents the most serious and most difficult to treat. It can encompass more than one disorderly condition.

Given all of this, it seems clear that sexual offense against children may be a consequence of pedophilic disorder, but never a diagnostic criterion. Consequently, it is unacceptable to automatically associate this diagnosis with this crime. Furthermore, in the name of diagnostic accuracy, correct treatment and fair criminal assessment, it is essential to distinguish these close conditions presented here. Further studies on this subject are welcome.

## REFERENCES

1. World Health Organization. The ICD-10 classification of mental and behavioral disorders: clinical descriptions and diagnostic guidelines. Geneva, Switzerland: World Health Organization; 1992.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA, USA: American Psychiatric Publishing; 2013.
3. Abdalla-Filho E, De Jesus Mari J, Diehl A, Vieira DL, Ribeiro RB, Marins de Moraes T, et al.. Forensic implications of the new classification of ICD-11 paraphilic disorders in Brazil. *J Sex Med* 2019; 16: 1814-1819.
4. Krueger RB. Critical appraisals of the proposed DSM-5 paraphilia diagnoses. *J Am Acad Psychiatry Law*. 2011; 39: 237.
5. O'Donohue W. A Critique of the Proposed DSM-V Diagnosis of Pedophilia. *Arch Sex Behav*. 2010; 39: 587-590.
6. World Health Organization. International statistical classification of diseases and related health problems (11th edn). 2019.
7. Hare RD. Without conscience: the disturbing world of the psychopaths among us. New York :Pocket Books; 1993.
8. Ogloff JR. Psychopathy/antisocial personality disorder conundrum. *Aust N Z J Psychiatry*. 2006; 40: 519-528.
9. Abdalla-Filho E, Völm B. Does every psychopath have an antisocial personality disorder? *Braz J Psychiatry*. 2020.
10. Blackburn R. Personality disorder and antisocial deviance: comments on the debate on the structure of the psychopathy checklist-revised. *J Pers Disord*. 2007; 21: 142-159.
11. Murray JB. Psychological profile of pedophiles and child molesters. *J Psychol*. 2000; 134: 211-224.
12. Fazio RL. Toward a neurodevelopmental understanding of pedophilia. *J Sex Med*. 2018; 15: 1205-1207.
13. Seto MC. Pedophilia and sexual offenses against children. *Ann Rev Sex Res*. 2004; 15: 321-361.
14. Joyal CC, Beaulieu-Plante J, de Chantérac A. The neuropsychology of sex offenders. *Sexual Abuse: A Journal of Research and Treatment*. 2013; 26: 149-177.
15. Massau C, Tenbergen G, Kärgel C, Weiß S, Gerwinn H, Pohl A, et al. Executive functioning in pedophilia and child sexual offending. *J Int Neuropsychol Soc*. 2017; 23: 460-470.
16. Fagan PJ, Wise TN, Schmidt Jr CW, Berlin FS. Pedophilia. *JAMA*. 2002; 288: 2458-2465.
17. Babchishin KM, Seto MC, Sariaslan A, Lichtenstein P, Fazal S, Langstrom N. Parental and perinatal risk factors for sexual offending in men: A nationwide casecontrol study. *Psychol Med*. 2016; 47: 305-315.
18. Blanchard R, Kolla NJ, Cantor JM, Klassen PE, Dickey R, Kuban ME et al. IQ, handedness, and pedophilia in adult male patients stratified by referral source. *Sex Abuse*. 2007; 19: 285-309.
19. Gerwinn H, Pohl A, Granert O, Van Eimeren T, Wolff S, Jansen O, et al. The (in)consistency of changes in brain macrostructure in male

- paedophiles: A combined T1-weighted and diffusion tensor imaging study. *J Psychiatr Res.* 2015; 68: 246-253.
20. Jespersen AF, Lalumière ML, Seto MC. Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse Negl.* 2009; 33: 179-192.
21. Mohnke S, Muller S, Amelung T, Kruger THC, Ponseti J, Schiffer B, et al. Brain alterations in pedophilia: A critical review. *Prog Neurobiol.* 2014; 122: 1-23.
22. Murray LK, Nguyen A, Cohen JA. Child sex abuse. *Child Adolesc Psychiatr Clin N Am.* 2014; 23: 321-337.
23. Cromer LD, Goldsmith RE. Child sexual abuse myths: attitudes, beliefs, and individual differences. *J Child Sex Abuse.* 2010; 19: 618-647.
24. Cantor JM, Blanchard R, Christensen BK, Dickey R, Klassen PE, Beckstead AL, et al. Intelligence, memory, and handedness in pedophilia. *Neuropsychology.* 2004; 18: 3-14.
25. Cantor JM, McPhail IV. Non-offending pedophiles. *Current Sexual Health Reports.* 2016; 8: 121-128.
26. Jahnke S, Hoyer J. Stigmatization of people with pedophilia: A blind spot in stigma research. *International Journal of Sexual Health.* 2013; 25: 169-184.
27. Abdalla-Filho E, De Souza PA, Tramontina JF, Taborda JG. Mental disorders in prisons. *Curr Opin Psychiatry.* 2010; 23: 463-466.
28. Yang Y, Raine A. Prefrontal structural and functional brain imaging findings in antisocial, violent, and psychopathic individuals: a meta-analysis. *Psychiatry Res.* 2009; 174: 81-88.
29. Glenn AL, Raine A, Schug RA. The neural correlates of moral decision-making in psychopathy. *Mol Psychiatry.* 2009; 14: 5-6.
30. Green R. Is Pedophilia a Mental Disorder? *Archives of Sexual Behavior.* 2002; 31: 467-471.
31. Dorr D. Psychopathy in the pedophile. In: Millon T, Simonsen E, Birket-Smith M, Davis RD, editors. *Psychopathy: Antisocial, criminal, and violent behavior.* New York: The Guilford Press. 1998; 304-320.

#### Cite this article

Abdalla-Filho E (2020) Pedophilia, Pseudopedophilia and Psychopathy. *JSM Sexual Med* 4(3): 1034.