AUSTRALIAN INSTITUTE OF CRIMINOLOGY

trends & issues in crime and criminal justice

No. 57

Paedophilia

Marianne James

Paedophilia refers to sexual attraction towards the very young. Although not a legally recognised offence as such, paedophilia invariably involves the commission of crimes such as sexual assault, indecency and offences relating to child pornography. Paedophilia may be dealt with either by adopting a medical model in which treatment is provided with a view to preventing the occurrence of further undesirable conduct, or by punishing individuals through the use of the courts. Which of these approaches (or combination thereof) is more effective in terms of protecting vulnerable members of the community has been hotly debated in recent times.

There may well be many thousands of children who have been subjected to sexual abuse living in Australia at present—some in the care and control of government authorities, but most living in ordinary households. It is essential for all those with a duty to care for children to take action to discharge that duty be they parents, friends, members of the community or state authorities.

This paper opens the policy debate which must equally involve criminal justice and law enforcement agencies as well as medical and therapeutic personnel.

Adam Graycar
Director

In recent times, the Australian public has been deluged with media reports of paedophile activity, both in this country and as a result of Australian involvement in Asian sex tours. Accusations of the sexual abuse of young male children by members of the clergy have also been rife. The present publicity is largely the result of recent government inquiries. In March 1994, the NSW Parliament referred allegations about police protection of paedophiles to the Independent Commission Against Corruption (ICAC) for investigation. The ICAC produced an interim report in September 1994 which briefly described some NSW Police investigations into paedophile activity that it had examined. The ICAC investigations were subsequently passed to the Royal Commission into the New South Wales Police Service which was established in May 1994 with the Hon. Justice James Wood as the Royal Commissioner. These investigations are still proceeding. In May 1995, the Victorian Parliament s Crime Prevention Committee reported on its inquiry into child sexual assault. This inquiry included issues relating to paedophile activity in Australia and also examined relevant matters in several overseas countries. In November 1995, the Parliamentary Joint Committee on the National Crime Authority released their report on organised criminal paedophile activity. The Department of Foreign Affairs and Trade is also currently conducting its own inquiry into paedophile activity within that Department.

The current interest raises many important questions. Primarily, these are: what is paedophilia? Is this different from other

June 1996

ISSN 0817-8542
ISBN 0 642 24016 7

Australian Institute
of Criminology
GPO Box 2944
Canberra ACT 2601
Australia

Tel: 06 260 9200
Fax: 06 260 9201

forms of child sexual abuse? What type of behaviour constitutes paedophile activity? What is the extent of paedophilia both in Australia and overseas? What effect does paedophilia have on the victims? Are there treatment programs for offenders? If so, how well do these programs work? Would primary prevention programs be effective? Is the criminal justice system an effec-tive deterrent for paedophiles? How could policy development in this area contribute to a national prevention strategy?

Defining the Issue

To be a paedophile is not, as such, a crime (*see* for instance Hopley 1994). There is therefore no common law or statutory definition in Australia of the word or of the related word paedophilia. Paedophile offences are framed in terms of rape, sexual assault, indecency, and making or possessing child pornography, with considerably less sentences given to the latter two charges (Law Reform Commission of Victoria 1988). Other related words are pederast and pedosexual. The terms paraphilic and paraphiliac are also used. These refer to people who have a preference for deviant sexual practices.

The diagnostic criteria for paedophilia set out in the American Psychiatric Association s *Diagnostic and Statistical Manual of Mental Disorders*, on the other hand, include paedophilia among a group of sexual disorders. Here, it is characterised by recurrent, intense, sexual urges and fantasies which last more than six months and which are related to sexual activity with prepubescent children (generally aged 13 years or younger). In addition, the paedophile must have either acted on these urges or be mark-edly distressed by them. Paedo-philia, like child molestation, can involve incestuous, same-sex, opposite-sex, or both-sex victims. Some paedophiles are exclusively attracted to children; others are aroused by adults as well (Fuller 1989). The medical response, unlike the legal response which is cast in terms of age alone, embeds its definition in terms of body type and build instead of age limits (Ames & Houston 1990).

Another even more dramatic difference, however, between medical and legal definitions is that the former includes those who have a sexual attraction towards children and who do not act on this attraction. In other words, some paedophiles simply fantasise or act out their fantasies in ways that are not illegal. In contrast, the legal definition describes behaviour. This is the essential difference between paedophiles and child molesters. It is quite possible to be one, but not the other, or neither, or both (Ames & Houston 1990). In other words a person can be a paedophile without ever having sexually molested or abused a child, and can sexually molest a child without being a paedophile. And, conversely it is possible for normal males to have paedo-philic fantasies without acting on them in any illegal manner (McConaghy & Zamir 1992a).

There is also an increasing amount of literature which indicates that sex offenders who are abusing children outside their family environment are also abusing children within their family environment (*see*, for instance, Abel *s* study [1989]).

Incidence and Prevalence

There is no precise information on the number of paedophiles in Australia, or on what proportion of those having a paedophile orientation actually commit sex offences. The Australian Institute of Health and Welfare (Angus & Woodward 1995) has estimated that during 1993-94 there were about 5000 children under the age of 16 involved in *substantiated* cases of sexual abuse. This is generally regarded as a *huge under-estimate* because of the low rates of reporting. Indeed, Finkelhor (1979) states that sexually abused children live with secrecy and isolation with only a small minority ever revealing the abuse during childhood. The extent of the problem of child sexual abuse, including paedophilia, is therefore best gleaned from overseas studies. Several carefully designed victim surveys have revealed the following estimates.

Mullen et al. (1988) in their New Zealand survey (n=314) revealed that 10 per cent of women surveyed had been the victims of sexual abuse prior to the age of 13. Russell (1984) concluded from her analysis of a door-to-door random sample in California (n=930), that 28 per cent of women had experienced improper sexual activity by the age of 14, and 38 per cent of women by the age of 18. Finkel-hor (1979) in his study of Ameri-can college students (n=266) concluded that 9 per cent of males had been a victim of a sex offence before the age of 13, while Tim-nick (1985) in a random national telephone survey in the United States (n=1374) estimated that 16 per cent of males had been sex-ually abused before the age of 18. Another random national survey conducted in Canada (n=1006) found that 15 per cent of women had been molested by the age of 15, and that this figure rose to nearly 22 per cent under the age of 18 (Bagley 1984). Of the males surveyed, nearly 6 per cent had been molested under the age of 15, and 9.4 per cent by the age of 18 (n=1002). The variation in prevalence, to some extent, results from definitional criteria and the way in which the information was elicited (McConaghy 1993).

The Perpetrators

Prevalence surveys targeting normal populations have revealed that between 4 and 17 per cent of men in a nationwide random-sample survey acknowledged having molested a child, the sex of whom was not specified (Finkelhor & Lewis 1988). About 15 per cent of male and 2 per cent of a sample of female university students in the United States and Australia reported some likelihood of having sexual activity with a prepubertal child if they could do so without risk (Malamuth 1989; McConaghy & Zamir 1992b). Adolescents account for a large share of the sexual offences committed, with conservative estimates suggesting that they are responsible for 20 per cent of all cases (Davis & Leitenberg 1987).

Because paedophiles frequently conceal their activities to avoid the criminal justice system, the number of incarcerated sex offenders does not represent in any way the actual frequency of related crimes, but merely represents the criminal justice system s effectiveness in bringing about a conviction and custodial sentences (Cashmore & Horsky 1988). Rather, data gathered from treatment programs for a broad range of sex offenders, in which confidentiality was assured, gives a more accurate assessment of the frequency of their offences (Abel et al. 1992). The breakdown of these data revealed that paedophiles engage in a wide variety of other types of sex offending such as exhibitionism, frotteurism and voyeurism. There are also generally multiple victims involved, with one researcher documenting that 453 offenders had molested 67 112 victims totalling 106 916 acts of child molestation (Abel & Osborn 1992).

Studies of the paedophile personality are distinguished by their lack of consensus (McConaghy 1993). While some studies (Fisher 1979; Wilson & Cox 1983) have determined that paedophiles are passive, dependent, isolated, and introverted, others (Okami & Goldberg 1992; Langevin et al. 1985) have found little support for those findings. Okami and Goldberg (1992) also challenged long standing assertions that paedophiles are below average in intelligence, anxious, depressed, preoccupied with religious matters, narcissistic, strong in mother identification, and phobic towards women. And, while some studies (Christie et al. 1979; Lang et al. 1988) pointed to frequent use of violence and overt coercion by paedophiles against minors, Okami and Goldberg (1992) argued that such assertions completely overlook the bulk of the literature which demonstrates the opposite—violence and explicit coercion are not generally characteristic of any type of child sexual abuse. Rather they use implied force and threats. They also attempt to gain the child s affection and interest by being friendly, often fixing on children who are otherwise deprived of affection, who are lonely and had no significant males in their lives. This grooming process often includes the victim s parents. Trust is developed so that when children complain about the offender s behaviour, parents are disinclined to believe them (Conte 1986). When parents trust other adults, they are seldom willing to accept that their trust might be misplaced.

Paedophile offenders are not easily recognised—they look and, in public, behave in the same way as everyone else; they are found in every suburb, organisation and walk of life; some are married and have sex with their partners and/or other adults as well as with children; other paedophiles gain satisfaction only from sexual contacts with children. Offenders may be well educated or not, rich or poor, married or unmarried, employed or unemployed. They are social workers, child care workers and teachers; church leaders, politicians, judges and doctors; neighbours and relatives (Briggs 1993). In other words they come from virtually all social, income, racial, ethnic and age groups. It is simply not possible to describe concisely and accurately the behavioural traits and characteristics of paedo-philes. Their victims, however, are more likely to be boys or girls with whom they have forged a social acquaintance. This counters the myth that paedophiles prowl around playgrounds, randomly abducting and molesting children with whom they have had no previous contact.

The findings that the vast majority of offenders are male have been reproduced in every major study (Herman 1990). Consequently, it is generally suggested that female paedo-phile perpetrators are very rare (Finkelhor 1984) and the question remains open whether true female paedophilia exists at all (Freund & Kuban 1994). Where paedophile activity is organised in any way, the organisers seem invariably to be men. If women are involved at all, their roles seem to be subordinate ones, typically assisting their male partner (Parliamentary Joint Committee on NCA 1995). One study has found that inappropriate sexual arousal occurred by the age of 15 in just under half of the cases examined (Finkelhor 1986). Recidivism rates for sex offenders generally are also extremely high (Broadhurst & Maller 1992).

The Effect on the Victims

The consequences of all types of sexual abuse of children depend

to some extent on the age of the child when the abuse started, and on the nature of the abuse. Other factors include whether the abuse was longstanding or short-lived, occasional or frequent. The abuse can trigger psychosomatic responses as well as inflict physical injury, with asthma, eczema and anorexia nervosa examples of the former and genital damage, anal damage, venereal disease, AIDS and urinary infections examples of the latter. Commonly, there are also emotional problems, often long-lasting, which are shown in various ways at different ages. Younger children may show open and even more compulsive sexualised behaviour, or regress to an earlier stage with wetting and soiling. School-age children may manifest sexualised behaviour less often, but may have problems in school, sleeping and eating disurbances, lack of self-esteem and nightmares. Adolescents may attempt suicide, mutilate themselves and generally display self-hatred. They may be promiscuous and/or aggressive, or run away from home; girls may become pregnant (La Fontaine 1990).

All of these symptoms show the effect of severe disturbance of the normal patterns of development, the trauma, pain and lowered self-esteem which characterise victims of sexual abuse. They do not go away with the passage of time after the abuse has ended. A wide variety of later effects have been pointed out, including sexual difficulties, inability to form lasting relation-ships, a serious lack of self-confidence, marital problems and poor parenting skills (Waters & Kelk 1991). The association between a history of sexual abuse and later psychiatric disorder has also been found to be a significant factor (Mullen et al. 1988). Sometimes the effects may remain under control until pregnancy, until children are born or until they reach the age the abuser was when he or she was abused, when they cause a re-emergence of symptoms. Sexually abused boys may grow up to abuse their own or other people s children, while women who have been abused as children may be found among battering mothers. Girls who survive sexual abuse as children may find themselves attracted by men who are, or who become, child molesters, and be unable to offer their children any protection. As a result of her own earlier abuse, such a mother may be unable to tolerate the recognition of what is happening to her own children, or if she does understand it, she may feel powerless to do anything to stop it. Repetition in the next gener-ation is not inevitable; not all abused children grow up to be abusing parents. Nevertheless, the identification and treatment of sexually abused children be-comes even more vital when it is likely to help the next generation as well (Bentovim et al. 1988).

The development of future violent behaviour has also been identified in children who have been sexually abused. One study showed that by the time a group of 176 sexually abused children had reached the age of 14 years or more, 21 per cent of the 93 boys and 6 per cent of the 83 girls had been convicted of a crime, usually one of a violent nature. It is likely that the pattern of violent behaviour established in these early teenage years will continue into adult life (Oates & Tong 1987).

Treatment Programs

As society becomes more focused on the problem of child molesters, the demand for longer terms of incarceration as a solution to the problem has escalated. The rehabilitation and treatment of sex offenders has subsequently been accorded less attention.

However, the fact is that sex offenders who have been incarcerated will one day be released from prison and return to the community, and that community needs to be protected. These offenders will continue to present a risk of re-offending unless they somehow come to understand their behaviour (Cull 1993). Treatment must be a coordinated effort that includes the clinical components as well as the supervision and casework services provided by social workers, probation and parole officers, institutional staff as well as legal officers and court officials. It should also include services for both adult and juvenile offenders, both incarcerated and outpatient. Unlike other areas of mental health, it is the therapist who must set the goals of therapy, not the patient (Salter 1988).

In Australia, availability of treatment programs for incarcerated sex offenders is limited. In prisons where the programs are in place, assessments of all sex offenders are made generally in the early stage of their sentence. Sometimes this occurs prior to sentencing (if ordered by the court); however, most assessments occur once the prisoner has settled into the prison environment (Cull 1993). The most common method of assessment for treatment is via some form of client verbal report giving details of personal and sexual history. However, while a self-report is very helpful, client dissimulation is a common problem and the interview cannot always be trusted (Quinsey & Earls 1990). Other physiological tests are therefore given, the essential one being the plethysmograph. This determines whether or not the offender has a deviant sexual arousal pattern (Salter 1988). The assessment of sex offenders for treatment programs is essential in that it allows the problem of individual offenders to be deter-mined, gauges the

risk of re-offending, specifies treatment needs and lays the groundwork for the effectiveness of the treatment to be evaluated (Marshall & Eccles 1991).

However, the major criteria which determine suitability for inclusion on any of the available treatment programs is the degree of motivation for treatment. The offender needs to acknowledge that there is a problem and to want to do something about it—not in order to get parole or any other form of inducement. The offender needs to be emotionally and psychologically stable. There should not be any form of uncontrolled psychotic tendencies and the offender s intellectual capacity needs to be able to cope with the rigorous treatment requirements (Cull 1993). The most common treatment is cognitive-behavioural therapy which is designed to decrease the urge to commit deviant sexual acts to the point where it is manageable (Salter 1988). Sex offenders can also be treated using hormonal agents such as antiandrogens. Other organic treatments (not used in Australia) are surgical castration and stereotaxic neurosurgery (Bradford 1994).

The intricacies of evaluating the reported outcomes of treatment programs for sex off-enders has been reported by Marshall and Barbaree (1990) who have pointed out the difficulties of comparing a treated group with some estimate of expected recidivism for untreated patients. This presents all sorts of ethical problems. However, where evaluations have been carried out it has been found that the cognitive-behavioural programs were effective with both familial and non-familial child molesters and exhibitionists, but not with rapists (Marshall et al. 1990). Conceptualisation of treat-ment programs for sex offenders therefore needs to focus on the type of sex offence committed and not use broad programs designed for all sex offenders.

Prevention

Well-developed strategies which aim to prevent the sexual abuse of children are essential. Preventing child sexual abuse involves changing those individual and community attitudes and beliefs, behaviours and circumstances which allow the abuse to occur. This includes close scrutiny of fashion advertising where children are used as models, discouraging inappropriate portrayals in popular literature, and confronting the children s rights lobby and paedophile organisations.

Primarily, prevention strategies include mass media advertising, education through the publication of pamphlets and most significantly the introduction of carefully designed and rigorously evaluated personal safety programs for children which also encourage boys to reveal their experiences. Children from pre-school age can be taught that the sexual abuse of children is not acceptable behaviour.

Education in effective parenting is also essential so that adults who have been sexually abused as children do not reproduce the anti-social experiences of their own childhood (James 1994). Because research indicates strong links between child abuse and later social problems, intervening before the abuse occurs can save millions of dollars in service provision for the victims of child sexual abuse (*see* for instance Daro 1988).

Policy Proposals

The *Crimes (Child Sex Tourism) Amendment Act* came into force in Australia on 5 July 1994, and was incorporated into the *Commonwealth Crimes Act* in October 1995. While this is an important development in the prevention of Australian paedophile activity in Asia, it does nothing to prevent the sexual abuse of young children in this country. A national, coordinated strategy which aims to prevent all types of child abuse, such as that developed by the National Child Protection Council (Calvert 1993) is needed.

Integration of programs and activities reduces the possibility of gaps in any prevention program and also helps to clarify specific roles and responsibilities. A Commonwealth/State approach would, therefore, ideally incorporate an integrated method of practice based on minimum standards, including the introduction of guidelines for the selection of staff to care for young children and a system of tracking convicted offenders across jurisdictions. Consistent mandatory reporting legislation should also be introduced in all States and Territories.

Sentencing, while reflecting the serious nature of the offence, should take into account the time needed for treatment. For this to be properly monitored, there needs to be special conditions for parole with the use of especially trained staff for monitoring. All members of the legal profession and the judiciary should be made aware of the consequences of all aspects of child sexual abuse. There should also be special training for investigating police, rapid prosecutions to reduce victim trauma for child victims and videotaping of victim interviews. During the court hearings closed circuit TV should be provided for child witnesses (Australian Law Reform Commission 1992). Where individuals recall incidents of child sexual abuse later in life, the criminal justice system should be flexible enough to recognise the extension of time limits on prosecutions to permit the prosecution of cases which oc-

curred during the more distant past.

Conclusion

Paedophilia is part of a very complex web of deviant sexual behaviour which is specifically directed towards the sexual abuse of children. The sexual abuse of children, in turn, is one element of child abuse which also includes physical and emotional abuse. All forms of child abuse can result in later social problems such as youth homelessness, childhood prostitution, juvenile offending, mental health prob-lems, and drug and alcohol abuse and the inability to form relation-hips. Its antecedents include the attitudes of our society to children, to sex and to violence, as well as the effects of childhood experiences. Although appropriate sentencing and treatment pro-grams are a necessary part of the criminal justice response to sex offenders, programs which prevent all types of child abuse need to be coordinated at a national level and then implemented at State and local government levels. This would ensure an integrated method of practice with an emphasis on minimum standards. It would also go a long way towards elevating the status of our children and educating the public as to the unacceptability of child sexual abuse.

Similarly, every institution owes a duty of care to those for whom it is responsible. This is especially important when the clients of an institution, whether state, church or private enterprise, are children. Systems of oversight and accountability should be developed within institutions to prevent the abuse of children in their care. Breaches of the duty owed by an institution to its charges should entail civil and criminal liability, as appropriate.

ACKNOWLEDGMENT

The author wishes to acknowledge the assistance provided by Dr William Glaser, Honorary Senior Lecturer in Psychiatry, University of Melbourne, in the preparation of this paper.

Marianne James is Senior Research Officer with the Australian Institute of Criminology

References

Abel, G.G. 1989, Behavioral treatment of child molesters in *Perspectives on Behavioral Medicine*, eds A.J. Sunkard & A. Baum, Lawrence Erlbaum, New York, pp.223-42.

Abel, G.G. & Osborn, C. 1992, The paraphilias: The extent and nature of sexually deviant and criminal behavior , *Psychiatric Clinics of North America*, vol.15, no.3, p.675.

Angus, G. & Woodward, S. 1995, *Child Abuse and Neglect Australia 1993-1994*, Child Welfare Series No. 13, Australian Institute of Health and Welfare, AGPS, Canberra.

Ames, A.M. & Houston, D.A. 1990, Legal, social, and biological definitions of pedophilia , *Archives of Sexual Behaviour*, vol.19, no.4.

Australian Law Reform Commission 1992, *The Use of Closed-Circuit Television for Child Witnesses in the A.C.T.*, ALRC, Sydney.

Bagley, R.1984, *Sexual Offenses Against Children: Report of the Committee on Sexual Offenses Against Children and Youths*, Government of Canada, Ottawa.

Bentovim, A., Elton, A., Hildebrand, J., Tranter, M. & Vizard, E. (eds) 1988, *Child Sexual Abuse Within the Family: Assessment and Treatment, The Work of the Great Ormond Street Team*, Wright, London.

Bradford, J.M.W. 1990, Can paedophilia be treated? , *The Harvard Mental Health Letter*, vol.10, no.8.

Briggs, F. 1993, *Why My Child? Supporting the Families of Victims of Child Sexual Abuse*, Allen & Unwin, Sydney.

Broadhurst, R.G. & Maller, R. 1992, The recidivism of sex offenders in the Western Australian prison population , *British Journal of Criminology*, vol.32, no.50.

Calvert, G. 1993, *Preventing Child Abuse and Neglect: A National Strategy*, National Child Protection Council, Canberra.

Cashmore, J. & Horsky, M. 1988, The prosecution of child sexual assault , *Australian and New Zealand Journal of Criminology*, vol.21, no.241.

Christie, M., Marshall, W. & Lanthier, R. 1979, *A Descriptive Study of Incarcerated Rapists and Pedophiles*, Report to the Solicitor-General of Canada.

Conte, J.R. 1986, *A Look at Child Sexual Abuse*, National Committee for the Prevention of Child Abuse, Chicago, Ill.

Cull, D. 1993, The treatment of rapists: A measure of prevention in *Without Consent: Confronting Adult Sexual Violence*, ed. P.W. Easteal, Conference Proceedings No.20, Australian Institute of Criminology, Canberra.

Daro, D. 1988, *Child Abuse: Prevention Programs need Greater Emphasis,* US Government Account Office, Washington, D.C.

Davis, G.E. & Leitenberg, H. 1987, Adolescent sex offenders , *Psychological Bulletin*, vol.101, p. 417.

Finkelhor, D. 1979, *Sexually Victimised Children*, Free Press, New York.

----------- 1984, *Child Sexual Abuse: New Theory and Research*, Free Press, New York.

----------- 1986, Sexual abuse: Beyond the family systems approach , *Journal of Psychotherapy and the Family*, vol.2, no.2, pp.53-65.

Finkelhor, D. & Lewis, I.A.1988, An epidemiologic approach to the study of child molestation , *Annals of the New York Academy of Sciences*, vol.528, p.64.

Fisher, G. 1979, The psychological needs of heterosexual pedophiliacs , *Diseases of the Nervous System*, vol.30, pp.419-21.

Freund, K. & Kuban, M. 1994, The basis of the abused abuser theory of pedophilia: A further elaboration on an earlier study , *Archives of Sexual Behavior*, vol.23, no.5, pp. 553-6, October.

Fuller, A. 1989, Child molestation and pedophilia: An overview for the physician , *JAMA*, vol 261, no.4.

Hopley, I.D. 1994, *Advances in Combating Child Sexual Abuse in Victoria,* Victoria Police, Melbourne.

James, M. 1994, Child abuse and neglect: Incidence and prevention , *Issues in Child Abuse Prevention,* National Child Protection Clearing House, Australian Institute of Criminology, Canberra.

Herman, J.L. 1990, Sex offenders: A feminist perspective in *Handbook of Sexual Assault*, eds W.L. Marshall, D.R. Laws & H.E. Barbaree, Plenum, New York.

La Fontaine, J. 1990, *Child Sexual Abuse*, Polity Press, Cambridge.

Lang, R.A., Black E.L., Frenzel, R.R. & Checkley, K.L. 1988, Aggression and erotic attraction toward child in incestuous and pedophilic men , *Annals of Sex Research*, vol.1, pp.417-41.

Langevin, R. et al. (eds) 1985, *Erotic preference and gender identity and aggression in men: New Research* Studies, Hillsdale, Erlbaum, NJ.

Law Reform Commission of Victoria 1988, *Sexual Offences Against Children*, Report No 18, Melbourne.

McConaghy, N. 1993, *Sexual Behaviour: Problems and Management*, Plenum Press, New York.

McConaghy, N. & Zamir, R. 1992a, Non-sexist sexual experiences survey and attraction to sexual aggression scale , manuscript cited in McConaghy 1993.

----------- 1992b, Heterosexual and homosexual coercion, sexual orientation and sexual roles , manuscript cited in McConaghy 1993.

Malamuth, N.M. 1989, The attraction to sexual aggression scale: Part two , *Journal of Sex Research*, vol.26, pp.324-54.

Marshall, W.L. & Barbaree, H.E. 1990, Outcomes of comprehensive cognitive-behavioral treatment programs in *Handbook of Sexual Assault*, eds W.L. Marshall et al. Plenum, New York.

Marshall, W.L. & Eccles, A. 1991, Issues in clinical practice with sex offenders *Journal of Interpersonal Violence*, vol.6, no.1, p.68.

Marshall, W.L., Jones, R., Ward, T. & Johnston, P. 1990, Exhibitionists: sexual preferences for exposing behaviours, *Behavior Research Therapy*.

Mullen, P.E., Roman-Clarkson, S.E., Walton V.A. 1988, Impact of sexual and physical abuse on women s mental health *The Lancet*, vol.1, pp. 841-5.

Oates, R.K. & Tong, L. 1987, Child sexual abuse: An area with room for professional reforms , *Medical Journal of Australia*, vol.147, pp. 544-8.

Okami, P. & Goldberg, A. 1992, Personality correlates of pedophilia: Are they reliable indicators? , *Journal of Sex Research*, vol 29, no.3, Aug.

Parliamentary Joint Committee on the National Crime Authority 1995, *Organised Criminal Paedophile Activity*, Parliament of the Commonwealth of Australia, Canberra.

Quinsey, V.L. & Earls, C.M. 1990, The modification of sexual preferences in *Handbook of Sexual Assault*, eds. W.L. Marshall et al., Plenum, New York.

Russell, D.E.H. 1984, The prevalence and seriousness of incestuous abuse: Stepfathers vs biological fathers , *Child Abuse and Neglect*, vol.8, pp.15-22.

Salter, A. 1988, *Treating Child Sex Offenders & Victims: A Practical Guide*, Sage, New York.

Timnick, L. 1985, Child abuse victims , *Los Angeles Times*, 25 August, p.1.

Waters, B. & Kelk, N. 1991, Does being an incest victim influence the capacity to parent? in *Incest and the Community: Australian Perspectives*, ed. P. Hetherington, University of Western Australia, Perth.

Wilson, G.D. & Cox, D.N. 1983, *The Child-Lovers: A Study of Paedophiles in Society*, P. Owen, London.