

MOTIVATIONAL INTENT IN THE SEXUAL ASSAULT OF CHILDREN

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This study analyzes 74 preadult victims' accounts of sexual assault and 137 convicted child offenders' accounts of sexual assault. Two types of child assault were identified: sex-pressure, which was achieved by offender enticement and/or entrapment of the child into sexual activity; and sex-force, where the victim was forced to submit to the assault through exploitation, intimidation, and/or aggression. Life issues of dominance, power, authority, control, aggression, and sadism were present in varying degrees of intensity in the assault.

The sexual assault of children has been recognized as a major social problem for some time by law enforcement and child welfare agencies. It is a problem of increasing concern to health service providers and other professionals whose work brings them into contact with victim and/or offender.

A sexual offender against young persons, commonly referred to as a child offender, is an adult whose conscious and overt sexual responses and contacts are directed, in whole or in part, toward prepubertal children (pedophilia) and/or pubescent children (hebephilia) to whom he or she may be directly related (incest) or not. The extent of such contact may range from situ-

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ations at one extreme in which there is only visual contact (e.g., exhibitionism) to those at the other extreme which result in the lust murder of the child.

No clear idea of the extent or the dimensions of this serious social problem yet exists. Its incidence is difficult to estimate since much of this abuse may go undetected or unreported for a variety of reasons and the detected and apprehended suspect is not always convicted. Furthermore, known instances of sexual assault against children may be prosecuted under a number of different statutes, some of which would also apply to offenses against adult victims: indecent exposure, indecent assault and battery, open and gross behavior, lewd and lascivious behavior, unnatural acts, carnal abuse, sodomy, rape, incest, and so on. Therefore, the available crime rate statistics for this offense may be highly unreliable. It is the impression of some people in the field, however, that we are dealing with a problem of considerable magnitude (Sgroi, 1975).

REVIEW OF LITERATURE

A review of the published literature dealing with deviant sexual behavior on the part of an adult with a person under age 16 reveals that a number of variables have been proposed as the basis of differentiation among and classification of such offenders. Some focus on the characteristics of the offender himself, such as his age (Mohr et al., 1964); others focus on the characteristics of the victim, such as the child's age (Revitch & Weiss, 1962) or sex (Gebhard et al., 1965). Some emphasize the type of sexual act (Revitch & Weiss, 1962); others emphasize the aim or intention of the impulse (Shoor et al., 1969); and still others consider the offender's level of sociosexual adjustment and situational factors (Cohen et al., 1969).

In regard to etiology, the literature on pedophilia addresses itself to the physiological and psychological factors that are believed to contribute to the development of this form of sexual deviation. The theoretical contributions have related the origin and motivation of the sexual desire for underage persons either

to psychological concepts such as arrested psychosexual development (Storr, 1964), intellectual deficiency (Gebhard et al., 1965), or mental illness (Kurland, 1960); physiological conditions of functional disturbance such as impotency (Hartwell, 1950); degenerative diseases such as alcoholism and senility (Cushing, 1950); or organic insult such as cerebral trauma (Krafft-Ebing, 1935). These have been compared to what is actually known about the pedophile offender from empirical data derived principally from analyses of prison populations of convicted child molesters.

THEORETICAL ASSUMPTIONS

Sexual deviation, as defined in this paper, refers to any pattern of persistent or preferential sexual activity which is primarily directed toward the satisfaction of needs that are not basically or essentially sexual (Groth & Burgess, 1976). It is a condition associated with anxiety and conflict in which subsidiary or subordinate components of the sexual impulse become predominant or primary in the psychological experience of sexual gratification. Sexual relations which are nonconsensual constitute sexual offenses.

Such offenses are, by definition, interpersonal acts, and sexual acts with a person who is underage represent some attempt on the part of the offender to establish an interpersonal relationship, however tentative and inappropriate. Although there is a marked defect in all such relationships, clinical observations suggest that this defect differs significantly in nature, level, and degree among offenders, resulting in discriminable subclasses with this group. The present investigation proposes a typology of sexual offenders against underage persons based on the nature and quality of the offense and the motivation underlying it.

SAMPLE

This clinical-descriptive classification is derived from observations made on a sample of men convicted of sexual offenses

against minors and on a sample of young persons who were identified as victims of sexual assault.

The offenders in this sample were convicted of repetitive sexual offenses against underage persons and were committed to the Massachusetts Center for Diagnosis and Treatment of Sexually Dangerous Persons for an indeterminate period from one day to life in lieu of or in addition to a prison sentence. At the time of this research, there were 137 child offenders studied at the treatment center.

The victim sample is derived from the first two years of a counseling and research project conducted at Boston City Hospital which included all sexually assaulted children and adolescents admitted to the emergency service. Burgess and Holstrom (1974) clinically assessed victims of sexual assault into three categories: rape trauma, accessory to sex, and sex stress situations. The 74 young victims diagnosed with either rape trauma or accessory to sex where the offender was a significantly older person comprise the sample for this paper.

The offenders and victims studied were unrelated in terms of their assaults. The descriptions of the assault given by the offenders, those given by the victims, and the version reported to the police were analyzed in order to develop a typology.

CLINICAL TYPOLOGY

In the proposed typology it is necessary to take into consideration the nature and quality of the relationship established by the offender with his victim. This is determined by the way in which the victim is regarded and treated by the offender in the context of the offense. Attention is given to such structural and dynamic aspects of the encounter as the mode of relating, the aim of the offenders, the perception of the victim, and the duration of the relationship.

Several methods were analyzed in the commission of the sexual offense: dominance by authority as a way to insure sexual activity over time, intimidation and exploitation as a way to establish control, and aggression through sadism as a way to

execute revenge. Basically, the sample populations subdivide into two groups: sex-pressure and sex-force offenses.

SEX-PRESSURE OFFENSES

The sex-pressure offense is characterized by a relative lack of physical force in the commission of the offense; in fact, the offender generally behaves in counteraggressive ways. His typical modus operandi is either (1) one of *enticement*, in which he attempts to sexually engage the child through persuasion or cajolement, or (2) one of *entrapment*, in which he takes advantage of having put the child in a situation where the victim feels indebted or obligated in some way to the offender. This offender makes efforts to persuade his victim to cooperate and to acquiesce or consent to the sexual relationship, oftentimes by bribing or rewarding the child with attention, affection, approval, money, gifts, treats, and good-times. But he is usually dissuaded if the child actively refuses or resists, and he does not resort to physical force. His aim is to gain sexual control of the child by developing a willing or consenting sexual relationship. At some level, he cares for the child and is emotionally identified and involved with him or her. In sex-pressure situations, sexuality appears to be in the service of dependency needs for physical contact and affection. Such offenders appear to desire the child as a love-object and typically describe the victim as innocent, loving, open, affectionate, attractive, and undemanding. They feel safer and more comfortable with a child.

There may be no prior relationship between victim and offender, as the following example illustrates.

Peter is a 20-year old single male serving a five-year sentence for kidnapping and sexual assault. His victim, an 11-year old boy, a stranger, was described as follows: "He was alongside the road and I had my fishing pole. I was going fishing and he ran up to me and grabbed my leg and said, 'Can I go fishing with you?' and I said, 'Yeah.' So we walked up to the lake and I made him a drop-line. We talked for a while and he kept pressing me for cigarettes. I gave him a cigarette and let him smoke. Then, I don't know what happened. I wanted to jerk-off over him. I set him on my lap, asked him if I could kiss his stomach and he said, 'yeah' and stuff like that. I jerked off while

blowing him and set him back down and then started fishing and smoking and that was it.”

Children are prime victim targets. They are trained to do what adults tell them to do. And many of the same qualities which make a child a “good” child also make the child an “easy” victim. Very often victim and offender know each other—at least by name—prior to their sexual involvement, and sometimes the offender is a family member. The sexual involvement can be continuing and fairly consistent over time (Burgess et al., 1976).

In pressuring the child into sexual activity, the offender often uses a combination of material rewards (candy, money, toys), psychological rewards (interest, attention, affection), as well as misrepresentation of moral standards (“It’s O.K. to do this”).

Once sexual contact is achieved, the child may find it pleasant, unpleasant, or neither. Victims reporting a pleasurable reaction typically described hand-genital contact rather than penetration. An example of a sex-pressure enticement situation, a 19-year old woman recounting her child experiences with her grandfather said:

He would sit me in his lap with my legs slightly spread apart and stroke my inner thighs, labia and genital area. I found it pleasurable. I would have my back against his torso, my head on his chest and sometimes fall asleep. He was always warm and gentle and he would tell me stories. [Burgess & Holmstrom, 1975]

Having achieved sexual contact, the offender’s next step is to avoid detection. Very often he will attempt to pledge his victim to silence. The offender may say it is something secret between them or, in the entrapment cases, he may threaten to harm the child if he or she does tell. In most situations, the burden to keep the secret is psychologically experienced as fear. Victims have spontaneously described these fears which bind them to the secret as fear of punishment, fear of repercussions from telling, fear of abandonment or rejection, and not knowing how to describe what has happened (Burgess & Holmstrom, 1975).

SEX-FORCE OFFENSES

The sex-force offenses are characterized by the threat of harm and/or the use of physical force in the commission of the offense. The offender's modus operandi is either one of intimidation, in which he exploits the child's relative helplessness, naivete, and awe of adults, or one of physical aggression, in which he attacks and overpowers his victim. This category of assaults may be subdivided into two groups: (1) the *exploitive* assault, in which threat or force is used to overcome the victim's resistance, and (2) the *sadistic* assault, in which force becomes eroticized.

Exploitive assault. The exploitive offender essentially forces himself on the victim. He typically employs verbal threat, restraint, manipulation, intimidation, and physical strength to overcome any resistance on the part of his victim. He may strike the child, but whatever aggression exists is always directed toward accomplishing the sexual act. It is not the intent of the offender to hurt his victim, and usually he will use only whatever force is necessary to overpower the child. The physical risk to the victim is inadvertent rather than deliberate injury. This offender uses the child as an object for sexual relief. He makes no attempt to engage the child in any emotional way. Instead, he sees the child as an outlet solely for self-gratification. The child is regarded as a disposable object, one to be used and then discarded. The sex act constitutes the extent and duration of the relationship, and, thus, typically it is a temporary and unstable involvement.

This offender relates to his victim in an opportunistic, exploitive, and manipulative way. Sexuality appears to be in the service of a need for power. Such offenders describe the victim as weak, helpless, unable to resist, easily controlled and manipulated. They feel stronger and more in charge with children.

Although this offender does not intend injury to his victim, he exhibits a lack of concern for the consequences or cost to others of his sexual activity. He experiences his motivation to be strong sexual needs which he is incapable of delaying or re-

directing. Children are objects of prey; they are stalked and hunted; and any resistance on their part can quickly release anger and hostility in this offender. He will not take "no" for an answer and will enforce his sexual demands through coercion, often employing physical force or the use of a weapon or intimating that the victim will be harmed if he or she does not cooperate. The following case illustrates an exploitive assault.

Roger is a 30 year old male convicted of sexual contact in the first degree and given a sentence of 3 to 10 years. He is divorced and has a son eight years old. Since adolescence Roger has been attracted to prepubescent girls between the ages of 8 and 12. He exposes himself and masturbates or rubs his penis against them. He has never attempted intercourse with any of his victims although he does entertain such fantasies. Roger describes the offense itself as "very exciting just to control them; they didn't have a choice in the matter." In his last offense Roger was driving home from work when he saw an 8-year old girl get off the schoolbus. "As she proceeded down the road I approached her and told her I would walk her home because there was a man in the area with a gun. She was not facing me so I dropped my trousers to expose myself and began masturbating. She turned around and screamed and I pushed her to the ground and fell on top of her. In the excitement I ejaculated."

The victim of the exploitive assault may be of any age. The nucleus of the trauma reaction experienced by the victim develops from the highly stressful and/or life-threatening dimensions of the assault. If the victim is intimidated with a weapon or threatened with his or her life or the lives of others, symptoms of fears and phobic reactions have great potential to develop. When threats have been used to silence a child as the way to maintain the sexual activity over time, two reactions may develop: (1) the child emotionally and socially withdraws from family and friends, or (2) the child, at adolescence, runs away from the noxious environment.

In the following case, a girl, at age ten, was hospitalized for four days with abdominal pain, listlessness, and apathy. No additional medical or psychological diagnosis was made. One year later, on admission to Boston City Hospital, the following notation was made on the hospital record in addition to a follow-up referral to the victim counseling team:

An 11-year old girl told her mother that she was sexually assaulted by her father four times. The child states six months ago she and her four siblings were staying alone with their father (mother had left house for 4 weeks following parental argument). Father would either put the other children to bed early or send them on errands and then tell the oldest daughter to go to his bed. He would attempt penetration. The girl told her siblings that her father warned her that if she ever told anyone he would kill her. The activity was revealed when the mother was questioning her about staying with her father and the patient then related the "dirty game" story. [Burgess & Holmstrom, 1975]

Sadistic assault. There is a small group of sex-force offenders who derive pleasure in actually hurting the child. Sexuality and aggression become components of a single psychological experience: sadism. The sadistic child offender inflicts sexual abuse on his victim, who serves as a target for his rage and cruelty. Physical aggression is eroticized. Consequently, the physical and psychological abuse and/or degradation of the child is necessary for the experience of sexual excitement and gratification in the offender. The youngster is generally beaten, choked, tortured, and sexually abused. The assault has been planned out, thought about, and fantasized for some time prior to its actual commission. In this respect it is not an impulsive act; it is premeditated. Sexuality becomes an expression of domination and anger. At some level the child symbolizes everything the offender hates about himself and, thereby, becomes an object of punishment. The victim's fear, torment, distress, and suffering are important and exciting to the sadistic pedophile, since only in this context is sexual gratification experienced. The complete domination, subjugation, and humiliation of the victim is desired, and typically a weapon such as a gun, knife, rope, chain, pipe, or belt is used to this purpose in the commission of this offense. The offender relates to the victim in a brutal, violent, and sadistic fashion. His intention is to hurt, deprecate, defile, or destroy the child. The extreme of this condition results in the "lust murder" of the victim.

At age 19 Victor was convicted of an "unnatural act" and indecent assault on a child under sixteen. He approached a 14 year old boy

and took him to the cellar of his home. He handcuffed the boy to the water pipes, put adhesive tape over his mouth, stripped him and beat him over the buttocks and thighs with a rubber hose. He then forcibly injected an adhesive covered pipe into the boy's rectum while squeezing his genitals. During the assault Victor spontaneously ejaculated.

The victim of the anger-sadistic offender will be badly beaten and have multiple bruises, lacerations, and traumas noted on medical examination. The victim will usually require hospitalization.

Two police officers, responding to a report that crying noises were coming from a vacant building, arrived and found a 19-year old man lying on top of a young girl. The child was badly beaten. Her pants and white shawl were next to her and covered with blood. As the man attempted to run away, the police took both assailant and child to the hospital.

Examination of the child revealed multiple bruises on her face and forehead. Her top lip was extremely swollen, several front teeth were missing and dried blood outlined her mouth. Gyn examination revealed bruises to her vagina and blood on her inner thigh. [Holmstrom & Burgess, in press]

The frequency of each pattern of child sexual assault is presented in Table 1.

DISCUSSION

To understand more clearly in cases of sexual assault exactly what the victim is a victim of, it is helpful to identify the motivational intent of the offender. In this way the clinician can more fully appreciate the extent to which the child is a victim of his or her assailant's inappropriate love-attraction, his need for power and control, and/or his expression of anger and rage. The immediate and long-term consequences of victimization, both physical and psychological, can be expected to differ depending on the type of assault experienced. Although the physical trauma in sex-pressure situations may be minimal, the initiation of the child prematurely into sexuality may have more insidious, long-range psychological effects. In sex-force

TABLE 1
Frequency of Various Types of Child Sexual Assault

Sample :	SEX-PRESSURE		SEX-FORCE	
	Enticement	Entrapment	Exploitive,	Sadistic
Offender (N=137)	46 (34.30%)	39 (28.46%)	41 (29.92%)	11 (8.02%)
Victim (N=74)	13 (17.57%)	19 (25.67%)	41 (55.40%)	1 (1.35%)
Total (N=211)	59 (27.96%)	58 (27.49%)	82 (38.86%)	12 (5.69%)
	117 (55.45%)		94 (44.55%)	

situations the risk of physical trauma is greater, but, since this type of assault is more visible, crisis intervention may begin much sooner to deal with the psychological aftereffects.

The differentiation among offenders in regard to motivational structure and aim of assault has implication in regard to the psychological issues addressed in treatment. Issues of dominance, power, authority, control, and aggression are developmental life concerns both to victim and offender which are lived-out in the context of the sexual offense.

Clinical work with offenders and victims suggests that sexuality is not the primary issue in pedophilia. The psychodynamics in the sexual assault of children appear to surround the vicissitudes of aggression. For the sex-pressure offender there appears to be a general inhibition and suppression of aggression, resulting in an identification with the child. The sex-force exploitive offender channels aggression into issues of power and control over a helpless child, and the sadistic offender eroticizes aggression, releasing it with unmodulated intensity against the suffering child.

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