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INFANTOPHILES

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INTRODUCTION

Pedophiles by definition are individuals who have characteristic symptoms of recurrent, intense sexual fantasies of sexual activity or sexual urges involving prepubescent children (American Psychiatric Association, 1994). Hebophiles are similarly sexually aroused but by pubescent rather than prepubescent children. The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition has excluded perpetrators of pubertal victims (American Psychiatric Association, 1994). To incorporate offenders of both pre-pubertal and pubertal victims, researchers have adopted the term 'child molesters'. This term is broad enough to incorporate all perpetrators of child sexual abuse with victim ages ranging from infancy to usually aged sixteen regardless of whether they acknowledge sexual fantasies or sexual urges involving children, or whether they admit to being sexually aroused by children.

Sexual abuse of infants and toddlers has been described in the literature, with victims as young as 2-3months (Cupoli and Sewell, 1988; Dube and Hebert, 1988). Infantophiles is a term adopted for a subcategory of child molesters who sexually abuse children under the age of 5 years (Greenberg, Bradford and Curry, 1995). Although age of victim has been adopted for purposes of delineation, strictly speaking in many cases the developmental (sexual, psychological and physical) stage of the child's development (prior to entering grade 1 elementary school) is the erotic sexual component of arousal for the perpetrator.

The term serial implies arranged in or forming a series (Guralnik, 1978). The number of victims used the criterion for classification of serial offenders varies from study to study. All have a minimum of two victims but some require three or more victims (Ressler, Burgess and Douglas, 1988). Unlike serial child molesters, serial murders, rapists and arsonists have received the considerable attention of researchers (Kocsis and Irwin, 1988). Geberth (1986) distinguishes serial murderers who have had multiple victims into three categories namely mass, spree or serial offenders. Mass offenders have three or more victims in a single event; spree offenders have three or more victims in different locations; and serial offenders have victims with a significant intermission of time between each offence. Likewise, child molesters could be considered serial if they have multiple victims with intermission period between each offence. Kocsis and Irwin (1998) argue that the number of victims should not the defining characteristic but rather "a psychological propensity to continue to commit a series of similar offences". They report that analysis of psychological characteristics of a serial offender will reveal a propensity profile associated with such offences.

This chapter will use the term serial to incorporate the criteria of a minimum of two victims where there is an intermission of time between the two offences and the second offence is not dependent on location, nor does it occur at the same time period of the initial offence. We will briefly review the literature on the psychological, physiological and offence characteristics which differentiate recidivistic (serial) child molesters from non-recidivist (non serial) child molesters. Secondly, using the age of victim as a delineating variable, infantophiles will be compared to other non infantophile extrafamilial child molesters. The authors will then report on the factors

which distinguish between the serial and non serial infantophile groups.

LIMITATIONS WITH RECIDIVISM STUDIES

Research on recidivism of child molesters is fraught with methodological difficulties (Furby, Weinrott and Blackshaw, 1989). Sample selection with this population has inherent difficulties. Child molesters are notoriously clandestine in their activities and their self reports are invariably unreliable (Pollock and Hashmall, 1991). Victims reports may not be representative of the perpetrator population as many victims often do not report the sexual abuse. Accused perpetrators may not be prosecuted or in order to obtain a conviction the prosecutor may enter into a plea bargain with the perpetrator to a lesser nonsexual offence. As child molesters, in most cases, do not present for study at community or hospital clinics, samples are invariably drawn from correctional institutions or forensic psychiatric hospitals where these individuals are usually pre trial, sentenced or on probation/parole orders. Therefore composition of these samples may vary from study to study. Some variables that are known to effect the outcome rates include demographics (age, marital status, employment, geographical area); criminal history (prior arrests, age of the first offence); type of offence; victim characteristics (age and gender); legal status and disposition (hospital or corrections, plea bargaining; amenability to treatment); and family and community support (Greenberg, 1998). Scrutiny of samples selected is therefore crucial to the understanding of the differing outcome rates.

The design of the study will also effect recidivism outcome rates. Studies that are retrospective may differ from prospective studies (Furby, Weinrott and Blackshaw, 1989). The definition of

recidivism also varies from study to study and this criterion will also affect the outcomes rates . For example, does recidivism indicate a repetition of the same act with a child or any sexual offence, or possibly any sexual or physical violent offence or any criminal offence no matter how minor? Perhaps the most noticeable differences between studies is the variable follow-up period. The longer the period of follow-up, the higher the cumulative recidivism rate (Soothill, Jack, and Gibbens, 1976). Ideally child molesters should be followed up for the remainder of their total life span, after the initial offence, to determine if they are serial offenders. Practically however, all studies have a beginning and an end. Subjects within the sample have different ranges of follow-up and most commonly the mean follow-up period is reported rather than the individuals members of the sample. Finally, analysis of data must also take into account the attrition rate and what level of statistical significant level is used in the study. These factors, amongst others, influence the outcome studies which attempt to distinguish recidivists from non-recidivist child molesters.

All recidivism results flowing from this type of research should therefore be regarded as relative recidivism rates rather than absolute or true values. These rates are considered underestimates of the actual recidivism rates. Consequently predictive variables emanating from the differences between serial from non serial child molesters presently only have moderate validity. There has been renewed interest in distinguishing child molesters who later perpetrate further criminal acts. In many recent studies, three incremental levels of recidivists have been defined. Firstly those child molesters who commit a repeated sexual act involving any sexual offence, secondly a sexual and/or a physical violent act and thirdly any criminal act. Cumulative scoring with each

successive recidivism level is now being used because with plea bargaining sexual charges may be transformed to a nonsexual violent conviction, and for the same reason many researchers are now using both charges or convictions in determining recidivism rates.

RECENT CHILD MOLESTER RECIDIVISM STUDIES

There has been renewed interest in distinguishing child molesters who go on to perpetrate further sexual, violent or criminal offences. Hansen and Bussieré (1998) completed a recent landmark meta-analysis of 61 follow-up recidivism studies (n=23, 393) which were completed between 1943 and 1995. They reported that 12.7% of extrafamilial child molesters sexually recidivated when they were followed up over a mean 4-5 year period. The cumulative non-sexual violent recidivism rates for child molesters was 9.9%, and recidivism rate for any criminal offence was 36.9% after the same 4-5 year follow-up period.

Subsequently, additional recidivism studies since 1995 have been published. Proulx et al (1997) reported on a sample of 269 child molesters who were released from a maximum security psychiatric hospital. Their findings showed that over an average follow-up period of 64.5 months, 13% of their child molester sample were serial offenders,that is they were reconvicted for a new sexual offence. Quinsey, Khanna and Malcolm reported that with a mean follow-up period of 44 months (maximum 17 years) 17% of child molesters sexually recidivated. When any sexual or physical violent offence was included in the definition of recidivism some 27% of child molesters recidivated.

Few researchers have distinguished between incest child molesters perpetrators and extra-familial child molesters. One exception is the work by Firestone et al. (1999) who reported that in a sample of 192 convicted extra-familial child molesters who were followed up for an average of 7.8 years after their conviction (maximum period of 12 years), the percentage of men who committed a further sexual offence was 15.1%. The percentage of men who committed any sexual and/or physical violent offence was 20.3%. Forty two percent the extrafamilial sample reoffended with a further criminal offence. Firestone et al. (1999) explored the recidivism rates of 222 incest offenders who were followed up on an average from 6.7 years (maximum period of up to 12 years) after their initial conviction. The percentage of incest child perpetrators who committed a sexual, violent or criminal offence by the twelfth year was 6.4, 12.4, and 26.7% respectively.

These recidivism studies allow us to compare the serial recidivist to the non-recidivists group. We have then been able to demonstrate various demographic, psychological and physiological differences between these groups and the factors that best discriminate the serial offenders. However, as mentioned previously these recidivism rates are relative rates rather than absolute values due to the various methodological difficulties encountered. Despite these limitations, these distinguishing variables allow clinicians to discriminate and therefore predict recidivist from non-recidivists child molesters.

PREDICTORS OF SERIAL OFFENDERS

Hansen and Bussieré meta-analysis (1998) reported that various variables distinguished sexual recidivists from non recidivists in their study population of mixed sex offenders. They reported that the phallometric assessment was the best predictor of sexual recidivism for 'sex offenders' ($r = .32$, where 'r' is the magnitude of the correlation). Other discriminating variables included paraphilic interests ($r = 0.22$), prior sexual offence ($r = 0.19$), failure to complete treatment ($r = 0.17$), antisocial personality disorder ($r = 0.14$), any prior criminal offence ($r = 0.13$), age ($r = 0.13$), never married ($r = 0.11$), unrelated to the victim ($r = 0.11$), and any male victim ($r = 0.11$).

Quinsey, Lalumiere, Rice and Harris (1995) reported that predictive variables that can distinguish recidivists from non-recidivists sex offenders included the following: prior sexual convictions ($r = 0.26$), prior violent offences ($r = 0.22$), never married ($r = 0.22$), a deviant index - phallometric studies ($r = 0.21$), previous admissions to corrections ($r = 0.20$), previous male victim ($r = 0.20$), psychopathy check list ($r = 0.18$), previous admissions to maximum security facility corrections ($r = 0.18$), previous female victim ($r = 0.17$), number of male victims ($r = 0.17$), prior convictions for other offences ($r = 0.14$) and previous adult victim ($r = 0.13$). By ranking sex offenders into six recidivism levels the authors claim they could correctly classify 77% of sexual recidivists with a 44% rate of improvement over chance.

Proulx et al. (1997) reported that in his sample of sex offenders released from a maximum security psychiatric hospital, penile phallometry studies (pedophile index) had predictive validity. In addition prior sexual offences, extra-familial victims, male victims, younger offenders, and

living alone were also predictive of a recidivist pattern of behaviour.

Most research to date has been done on sex offenders in general. Few researchers have distinguished child molesters or incest perpetrators from other types of sex offenders such as rapists or exhibitionists. One exception is a body of work done by Firestone et al. (1999) who reported on a group of 192 extra-familial child molesters who were followed up for an average of 7.8 years after conviction. They found that the Michigan Alcohol Screening Test (MAST) (Selzer, 1971) and the phallometric studies were able to distinguish sexual extrafamilial serial child molesters from non-recidivists. Compared with non-violent recidivists, violent extrafamilial child molester recidivists were more likely to have a history of violence in the families in which they were raised and were rated significantly more psychopathic on Hare's (1991) psychopathy checklist - revised (PCL-R). For criminal recidivism in general, recidivist extrafamilial child molesters were distinguished from non-recidivists by numerous various variables (diagram 1). They reported with a small number of significant difference between recidivists and non-recidivists in sexual and violent categories which precluded an attempt to determine which combination of factors meaningfully predicted reoffence. However, with criminal recidivism, a discriminate function analysis was able to successfully distinguish between recidivists and non-recidivists using a combination of total criminal offences, psychopathy checklist (PCL-R) , age and number of previous sexual offences, the rate of improvement over chance (RIOC), Loeber & Dishion, 1983) was 31%. Interestingly, using the psychopathy checklist alone the RIOC was 34%.

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Insert diagram 1

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Likewise with a group of 222 incest perpetrators who were followed up for an average of 6.7 years after their conviction, the sexual recidivists compared to the non-recidivists scored higher on the MAST and on the PCL-R (Firestone et al. 1999). Violent recidivists compared to non-recidivists scored higher on the MAST, PCL-R and had more violence and in their previous police contact. Compared with non recidivists, incest perpetrators who reoffended with any criminal offence were older, their families of origin were more turbulent and they reported high rates of being physically abused or being away from their homes prior to the age of sixteen. In addition, they demonstrated hostility on the Buss Durkee Hostilty Inventory (BDHI) (Buss and Durkee, 1957) and higher scores on the MAST and the PCL-R. They also had more charges of convictions for sexual violent and any criminal acts on their police records. Again, a small number of significant differences between recidivists and non-recidivists in the sexual and violent categories precludes an attempt to determine which combination of factors meaningfully predicted reoffending. However, for criminal recidivism a stepwise discriminate functional analysis to assess which combination of factors meaningfully would predict recidivism, a combination of total criminal offences, PCL-R, and a number of previous sexual offences and age resulted in an RIOC of 27%.

INFANTOPHILES

There is a paucity of research on child molesters who sexually abuse children under the age of five years (pre elementary school). In a preliminary study, Greenberg, Bradford and Curry (1995) reported on a sample of 10 male infantophiles and compared this to a sample of 28 pedophiles, who sexually abused older children between the ages of eight and twelve. They reported that the median age for the infantophile group was 23.5 years which differed significantly from the pedophile group who had a median age of 32 years of age. Sixty three percent of the sample were single, while 21.1% were either married or in common-law marriages. For the infantophile group the mean age of the victims was 3.9 years (SD = 0.88) and for the pedophile group 9.29 years (SD = 2.06). For the entire sample, 66% molested female children and 29% molested only male children with the remainder molesting children from both genders. The number of victims reported per offender for the entire sample ranged from 1 to 5 with 66% admitting molestation of only one victim. There was no difference between the two groups on these factors. For both groups, 47% reported using no threats of violence or physical violence towards their child victims. However, 39% reported using threats with or without a weapon and 10% reported minor injuries to their victims with or without weapons. Only 2.6% mutilated or murdered their victims and there were no differences between the two groups. Likewise there were no statistical differences between the two groups with regard to relationship to the victim. Sixty-three percent reported they were acquaintances or friends, while 21% reported that they were strangers to the victims, 10.5% were stepfathers and 5.3% were relatives (uncles, grandfathers, cousins or brothers, etc.). For the total sample, 29% reported having been sexually abused in their own childhoods. Two members of the infantophile group reported being sexually victimized in their own childhood

when they were six years of age while the pedophile group reported being sexually abused when they were 7.5 years old (SD = 2). Rates of alcohol dependency and drug abuse did not differ between the groups 29% of sample reported that they had a history of alcohol dependency and 18% reported a similar history of drug abuse. On the MAST, 29% reported scores suggestive or indicative of alcoholism. Almost 90% of the total sample had no history of violence, 72% had no previous convictions for criminal offences with no differences between the groups. Overall, the two groups did not differ on the BDHI score, although 26% of the total sample had scores above the cut off point of 38. Finally with the Derogatis (1978) Sexual Functioning Inventory (DSFI), low t-scores indicated a poorer level of functioning in 27% who scored below the cut off point for the Sexual Functioning Index.

FOLLOW UP STUDY OF INFANTOPHILES

The authors conducted a follow up study firstly to compare infantophiles to other extrafamilial (non infantophile) child molesters and their recidivism rates; and secondly to investigate the factors that predict which infantophile offenders go onto perpetrate serial sexual offenses. The assessment process and data collection at the Sexual Behaviors Clinic at a university teaching psychiatric hospital has been well described previously (Bradford and Greenberg, 1998; Firestone, Bradford , Greenberg and Larose, 1998; Firestone et al., 1998). Subjects were assessed between 1980 and 1992. Offence information was gathered from the national database of criminal charges and convictions called the Canadian Information Center. For the offender to be considered eligible for recidivism, he must have been free to commit a crime. All subjects were males and at least

sixteen years old. The child molester group, self reported or had been convicted, of molesting

extrafamilial children between the ages of 6 and 16 years old, while the infantophile group,

similarily reported or had been convicted of a sexual act of against children 5 years of age or

younger. Subjects who reported molesting children from both groups were excluded from the

study. Written informed consent was obtained from all subjects.

*Measurement of Sexual Arousal*Changes in penile circumference in
response to audio/visual stimuli were measured by means of an
indium-gallium strain gauge and monitored with a Farrell
Instruments CAT200. These data were then processed in an IBM-
compatible computer for storage and printout.

Stimuli Presentation.

The order of stimulus presentation, held constant for all
subjects, was computer controlled using MPV-Forth Version 3.05
software provided by Farrell Instruments. Videotapes of explicit
heterosexual and /or homosexual consensual adult sex were
presented first, followed by a set of slides. Finally, subjects
were presented with one or more of the three series of
audiotapes, according to the nature of the subject's sexual
offense. The audiotapes consisted of 120-second vignettes which
described sexual activities varying in age, gender, and degree of
consent, coercion, and/or violence portrayed (Abel, Blanchard,
Barlow, 1981). Each subject was presented with a full set

containing one vignette from each category following instructions to allow normal arousal to occur. The female child series consisted of descriptions of sexual activity with a female partner/victim for eight categories. The male child series consisted of eight corresponding vignettes involving a male partner/victim but also included one scenario involving an adult female partner. For each of the female child and male child series, two equivalent scenarios for each category were included. Categories were (a) child initiates, (b) child and adult mutually engage, (c) nonphysical coercion of child, (d) physical coercion of child, (e) sadistic sex with child, (f) nonsexual assault of child, (g) consenting sex with female adult, and (h) sex with female child relative (incest). The audiotape series used to identify sexual attraction to rape included two scenarios of 2-min duration for each of three categories: (a) consenting sex with adult female, (b) rape of adult female, (c) nonsexual assault of adult female.

Scoring

The Pedophile Index was computed by dividing the highest response to the child initiates or child mutual stimulus by the highest response to an adult consenting stimulus. The Rape Index was computed by dividing the response to a rape stimulus involving an

adult female victim by the response to a stimulus of adult

consensual sex. The Assault Index was computed by dividing the

response to a physical non sexual assault by the response to

adult consenting stimulus.

Analyses

Before performing statistical tests, the data were screened to ensure that the assumptions

underlying the tests were not violated. Outlying cases were detected by using a criterion of plus

or minus three standard deviations from the mean or by visual inspection of normal probability

plots. Values of outlying cases were adjusted upward or downward according to the direction of

the problem. This method is appropriate when case retention is desirable and does not unduly

influence the group mean (Tabachnick & Fidell, 1989).

RESULTS

Demographic and Self-Reported Historical Characteristics

With regard to demographic data and self-reported personal histories, as indicated in Table 1,

there were no significant differences between Infantophiles and Child Molesters, with the

exception of age and admission to the index offence. Infantophiles were significantly younger at

the time of assessment than were Child Molesters ($\underline{M}$ = 30.11 vs 37.69) and they were less likely

to admit to perpetrating the offence ($\underline{M}$=29.4 vs.56.1%). There was evidence of a trend with

infantophiles reporting less family histories of alcoholism than child molesters and less

infantophiles admitting to being sexually abuse in their own childhood. There was no significant

difference between the groups with regard to the reported use of substances at the time of the

index offence, and family history of mental illness, criminality or drug abuse.

There were no significant differences between the two groups with regard to relationship with the victim. The outstanding feature was that for both Infantophiles and Child Molesters, the majority of victims were acquaintances of the offender rather than strangers. In no cases were the victims relatives of the perpetrator, since by definition such perpetrators were categorized as incest offenders and not as infantophiles or child molesters.

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Insert Table 2

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Psychological Test Scores for the Infantophile and Child Molester Groups

Psychological maladjustment was represented by three variables:1) alcohol abuse, as measured by the total MAST score; 2) general hostility, as measured by the total BDHI score; and 3) degree of psychiatric disturbance, as measured by the total Brief Psychiatric Rating Score (BPRS) (Overall and Gorham, 1962). As indicated in Table 3, there were no statistically significant difference between the Infantophile and Child Molesters groups, with regard to alcoholism. The outstanding feature on the MAST was that the child molesters group met the criterion of 7 or higher, considered strongly indicative of alcohol abuse ($\underline{M}$ = 7.35). Similarly, there were no significant differences on general hostility, with neither group meeting the criterion for clinical hostility. There was also no significant difference between groups on the degree of psychiatric disturbance.

In terms of Sexual Functioning, as assessed by the Sexual Functioning Index (SFI) of the DSFI, there were no significant differences between the two groups. The outstanding feature on the SFI was that both the Infantophile and the Child Molesters groups demonstrated below average sexual functioning in general ($\underline{M}$ = 29.60, 2nd percentile and $\underline{M}$ = 32.48, 4th percentile respectively). Two psychological scales eliciting attitudes and beliefs regarding sexual deviance and aggression were administered, namely, the Cognition Scale (Abel et al., 1989) and the Rape Myth Acceptance Scale (RMAS) (Burt, 1980). With regard to the Cognition Scale, there were no statistically significant differences between the two groups. However, with regard to the RMAS, there was evidence of a trend, with the infantophiles scoring lower than the child molesters ($\underline{M}$ = 57.21 and 62.67 respectively), indicative of acceptance of sexual coercion. Psychopathy was assessed using the PCL-R. There were no significant differences between groups on the PCL-R Total score, with neither group scoring above the cutoff score for psychopathy (30). An exploratory consideration to the two major factors into which the PCL-R items can be grouped indicated that the Infantophiles scored significantly higher on Factor 2 (Criminal Lifestyle) than the Child Molesters ($\underline{M}$ = 12.27 vs 7.69). There were however, no group differences on Factor 1 (Psychopathic Personality).

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Insert Table 3

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Phallometric Assessment

As indicated in Table 4, there were no statistically significant differences between Infantophiles and Child Molesters on any of the phallometric measures. The outstanding feature on phallometric testing was that both the Infantophile and the Child Molesters groups scored within the clinical range on the PI ($\underline{M}$ = 1.54 and 1.60 respectively); while neither group scored within the clinical

range on either the Rape Index or the Assault Index.

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Insert Table 4

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Offense Histories and Recidivism

As indicated in Table 5, there were no statistically significant differences between Infantophiles and Child Molesters with regard to criminal offence histories in any of the categories sexual, violent and criminal. As indicated in Table 6, there were no statistically significant differences between Infantophiles and Child Molesters with regard to sexual, violent and criminal recidivism. Graphs 1 & 2 show the survival rates for the two groups.

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Insert Table 5 & 6

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Insert Graph 1 & 2

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PREDICTORS OF SERIAL INFANTOPHILES

The recidivist and non recidivist infantophiles were compared on the same demographic and historical characteristics, psychological tests and phallometric measures as the preceding study. A total sample of eighteen infantophiles were included in the following analysis. There were no significant differences between the two groups with the variables of age, education, full scale intelligence quotient, marital status, admission to index offence, history of their own sexual abuse, placement outside the home before the age of sixteen, or family history of alcohol abuse, mental illness, and criminality. The serial infantophiles group more often reported a history of drug abuse than non serial offenders (80 vs. 0%), however there was no difference between the groups in consumption of drugs at the time period surrounding the offence. There was no difference between the groups with regard to the proportion of perpetrators who were stranger versus acquaintances.

Using the psychological test scores of the serial and non serial infantophiles, no differences were found on the MAST, BDHI, DSFI, Cognition scale, RMAS, and the Total, Factor1 score of the PCL-R. The BPS was significantly higher in the serial infantophile group (16.6 vs. 7.09). Although the Total PCL-R did not differ in the serial and non serial groups, Factor 2 was significantly higher ($\underline{M}$= 13.8 vs. 8.45) in the serial offenders.

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Insert Table 7 & 8

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Phallometric analysis showed no differences using the pedophile index, although the outstanding feature is that both groups had a positive index

for pedophilic arousal (M= 1.75 vs 1.24 respectively). Although the rape index was less than one, the serial infantophiles had a small trend

towards having a higher scores (M=.86 vs. 0.33). There was no difference with the assault index between the two groups.

Finally the previous criminal record of sexual and violent charges or convictions was not different between the two groups. There was however a

significant difference between the groups with the serial infantophiles having a criminal record with more previous criminal offences.

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Insert Table 9 & 10

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CONCLUSION

Except for the studies carried out by the authors over the past four years, there is no other published data on these offenders. It has been assumed

that these infantophile child molesters are a relatively small novel group. An important finding from our results indicate that this may not be true,

as infantophiles are far more likely to deny their sexual offences and thus escape detection. Furthermore, their victims are less verbal and

therefore far less likely to report the sexual molestation. Successful arrest and conviction may prove equally difficult with infant preschool victims

unless there is obvious trauma or overt detection by a responsible adult. They have many similar features to extra familial child molesters, but

tend to be younger, more often deny the offence and higher Factor 2 PCL-R scores. The differences of the serial infantophiles form the non

recidivistic group include a history of drug abuse, a higher Factor 2 PCL-R scores and a larger number of previous criminal offences.The

significance of the higher BPS is unknown, but it would seem to suggest that the recidivists have more psychopathology. The majority of these

offenders are thought to be acquaintances and to a lesser extent strangers. A limintation of the serial versus non serial infantophiles is the small

number of subjects and therefore some of these result may be spurious. With increased public awareness and electronic surveillance such as day

care video monitoring may, in time, shed more light on this under researched group of child molesters.

Table 1: Prediction variables in Extrafamilial Child Molesters

Table 2

Demographic and Self-Reported Characteristics of Infantophiles and Child Molesters

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Variable	Infantophiles (n)	Child Molesters (n)	t or χ^2	df	$p <$
Age	30.11 " 11.13[1] (18)	37.69 " 123.20 (192)	5.559	209	0.019
Education	10.50 " 2.92[2] (16)	11.31 " 3.60 (184)	0.763	199	0.383
Full Scale IQ	79.80 " 20.45 (5)	92.04 " 17.32 (74)	2.291	78	0.134
Married[1]	44.5 (8)	46.8 (89)	0.038	1	1
Admit to Index Offense	29.4% (5)	56.1% (106)	4.466	1	0.035
History of Drug	14.3%	18.9%			1.0003

Variable	Infantophiles (*n*)	Child Molesters (*n*)	t or χ^2	*df*	$p <$
Abuse	(1)	(10)			
History of Sexual Abuse	22% (4)	42% (80)	2.593	1	0.084
Outside Placement before 16 years	40% (4)	30.4% (35)			0.5013
Family History of Alcohol Abuse	0% (0)	37% (20)			0.0843
Family History of Drug Abuse	0% (0)	13% (7)			0.5863
Family History of Mental Illness	0% (0)	7.4% (4)			1.0003
Family History of Criminality	0% (0)	18.5% (10)			0.5873

Variable	Infantophiles (*n*)	Child Molesters (*n*)	t or χ^2	df	$p <$
Substance Use at time of Index Offense	14.3% (1)	24.1% (13)			1.0003
Stranger to victim	25% (2)	19% (23)			0.6523
Acquaintance of victim	75% (6)	82.6% (100)			0.6323

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[1] Mean responses " standard deviations

[2] In all tables for categorical data, the percentage of subjects is presented first followed by the number of subjects in brackets below.

[3] Fisher's Exact Test (2-sided)

Table 3

Psychological Test Scores of Infantophiles and Pedophiles

Variable	Infantophiles (*n*)	Child Molesters (*n*)	*t*	*df*	*p* <
Michigan Alcohol	3.00 " 5.68	7.35 " 10.48	2. 489	149	0.117

Variable	Infantophiles (*n*)	Child Molesters (*n*)	*t*	*df*	*p* <
Screening Test	(15)	(135)			
Buss Dirkee Hostility Inventory	26.81 ± 14.71 (16)	26.65 ± 13.37 (186)	0.002	201	0.962
Brief Psychiatric Rating Scale	5 ± 5.10 (7)	8.85 ± 7.64 (53)	-1.291	58	0.202
Derogatis Sexual Functioning Inventory	29.60 ± 10.34 (16)	32.48 ± 12.09 (184)	0.854	199	0.357
Cognition Scale	4.58 ± 0.36 (16)	4.41 ± 0.58 (150)	1.237	165	0.268
RMAS	57.21 ± 11.72 (14)	62.67 ± 9.57 (92)	3.72	105	0.056
Psychopathy	22.28 ± 7.05	17.96 ± 7.83	2.575	130	0.111

Variable	Infantophiles (n)	Child Molesters (n)	t	df	p <
Checklist - Revised Total	(9)	(122)			
Factor 1	9.56 " 2.60 (9)	8.28 " 3.13 (122)	1.424	130	0.235
Factor 2	12.27 " 3.50 (7)	7.69 " 5.43 (86)	4.797	92	0.031

Table 4

Phallometric Measures for Infantophiles and Pedophiles

Variable	Infantophiles (*n*)	Child Molesters (*n*)	*t*	*df*	*p* <
Pedophile Index	1.54 " 1.53 (11)	1.60 " 1.42 (131)	0.02	141	0.886
Rape Index	0.56 " 0.59 (14)	0.53 " 0.64	0.03	189	0.854

Variable	Infantophiles (*n*)	Child Molesters (*n*)	*t*	*df*	*p* <
Pedophile Index	1.54 " 1.53 (11)	1.60 " 1.42 (131)	0.02	141	0.886
		(176)			
Assault Index	0.21 " 0.37 (14)	0.28 " 0.47 (176)	0.323	189	0.57

Table 5

Criminal Offence History of Infantophiles and Child Molesters

Variable	Infantophile (n)	Child Molester (n)	*t*	df	< *p*
Number of Previous Sexual Offences	0.27 " 0.65 (11)	0.50 " 1.25 (138)	0.075	148	0.784
Number of Previous Violent Offences	0.46 " 0.82 (11)	0.78 " 1.55 (138)	0.084	148	0.772
Number of Previous Criminal	3.00 " 3.69 (11)	2.51 " 3.79 (138)	0.322	148	0.571

Offences					

Table 6

Recidivism Records of Infantophiles and Pedophiles

Variables	Infantophiles	Child Moletsers	χ^2	df	p<
Sexual Recidivism	9.1% (1)	13.7% (19)			1.0001
	18.2%	18.1%			

Violent Recidivism	(2)	(25)			1.0001
Criminal Recidivism	63.6% (7)	37.7% (52)			0.1141

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[1] Fisher's Exact Test (2-sided)

Table 7

Demographic and Self-Reported Characteristics of Serial and Non Serial Infantophiles

Variable	Serial Infantophiles (*n*)	Non Serial Infantophiles (n)	t or χ^2	df	p <
Age	27.50 " 5.32[1] (6)	31.42 " 13.15 (12)	– .693	16	.498

Variable	Serial Infantophiles (n)	Non Serial Infantophiles (n)	t or χ^2	df	$p <$
Education	10.00 " 1.10[2] (6)	10.80 " 3.65 (10)	– .517	14	.613
Full Scale IQ	93.00 " 12.12 (3)	60.00 " 8.49 (2)	3.273	3	.047
Married	50% (6)	41.7% (12)	.113	1	.563
Admit to Index Offense	20% (5)	33.3% (12)	.302	1	.528
History of Drug Abuse	80% (5)	0% (5)	6.667	1	.024

Variable	Serial Infantophiles (n)	Non Serial Infantophiles (n)	t or χ^2	df	$p <$
History of Sexual Abuse	0% (6)	16.7% (12)	2.571	1	.276
Outside Placement before 16 years	50% (6)	25% (4)	.429	1	.452[3]
Family History of Alcohol Abuse	40% (5)	20% (5)	.476	1	.500[3]
Family History of Drug Abuse	40% (5)	20% (5)	.476	1	.500[3]
Family History	25%	20%	.032	1	.72

Variable	Serial Infantophiles (n)	Non Serial Infantophiles (n)	t or χ^2	df	$p <$
of Mental Illness	(4)	(5)			2[3]
Family History of Criminality	40% (5)	0% (5)	2.500	1	.22 2[3]
Substance Use at time of Index Offense	25.0% (4)	0% (3)	.875	1	.57 1[3]

Table 8

Psychological Test scores of Serial and Non Serial Infantophiles

Variable	Serial Infantophiles (*n*)	Non Serial Infantophiles (n)	*t*	*df*	*p <*
Michigan Alcohol Screening Test	5.80 " 9.55 (15)	1.60 " 1.78 (135)	1.394	13	.187
Buss Dirkee Hostility Inventory	31.00 " 14.68 (6)	24.30 " 14.90 (10)	.875	14	.396
Brief Psychiatric Rating Scale	16.60 " 8.88 (5)	7.09 " 6.80 (11)	2.365	14	.033
Derogatis Sexual Functioning Inventory	27.08 " 11.66 (6)	31.10 " 9.792 (10)	–.741	14	.471

Variable	Serial Infantophiles (*n*)	Non Serial Infantophiles (n)	*t*	*df*	*p* <
Cognition Scale	4.62 ± .38 (6)	4.55 ± .37 (10)	.386	14	.705
RMAS	51.75 ± 18.10 (4)	59.40 ± 8.40 (10)	–1.114	12	.287
Psychopathy Checklist – Revised Total	24.45 ± 7.55 (6)	17.93 ± 3.74 (3)	1.378	7	.211
Factor 1	9.67 ± 3.14 (6)	9.33 ± 1.53 (3)	.170	7	.870
Factor 2	13.8 ± 2.83 (5)	8.45 ± .78 (2)	4.797	92	.031

Psychological Test scores of Serial and Non Serial Infantophiles

Variable	Serial Infantophile (n)	Non Serial Infantophile (n)	χ^2	df	p<
Stranger	20% (5)	33.3% (3)	.178	1	.643[1]
Acquaintance	80% (5)	66.7% (3)	178	1	.643[1]
Relative	0% (0)	0% (0)			

Table 9

Phallometric measures for Serial and Non Serial Infantophiles

Variable	Serial Infantophiles (n)	Non Serial Infantophiles (*n*)	t	df	p <

Pedophile Index	1.75 " 1.82 (6)	1.24 " 1.25 (5)	.532	9	.608
Rape Index	0.86 " 0.69 (6)	0.33 " 41 (8)	1.796	12	.098
Assault Index	0.28 " 0.45 (6)	0.158 " 0.33 (8)	.598	12	.564

Table 10

Previous Criminal Record of Serial and Non Serial Infantophiles

Variable	Serial Infantophile (n)	Non Serial Infantophile (n)	t	df	< p
Number of Previous Sexual Offences	0.50 " 0.84 (6)	0 " 0 (5)	1.324	9	.218
Number of Previous Violent	0.83 " 0.94 (6)	0 " 0 (5)	1.878	9	.093

Offences					
Number of Previous Criminal Offences	5.17 " 3.82 (6)	0.40 " 0.55 (5)	2.86	9	.023

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