

Child Sexual Offenders Characteristics: A Retrospective Ten Years Study from Bahrain

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Background: Understanding child sexual abuse (CSA) victimization process and child sexual offenders' (CSO) characteristics is essential for prevention and treatment programs. Studies of CSO in the Arab region are limited.

Objective: To identify the characteristics of CSO involved in CSA.

Design: Retrospective study.

Setting: The Child Protection Unit (CPU), Salmaniya Medical Complex (SMC).

Method: Four hundred and eleven records of CSO were identified during 10 years, from 1st January 2000 to 31st December 2009. Characteristics included were the perpetrator's age group, gender, nationality, occupation, and relationship with the victims. Data management and analysis was done by using SPSS version 17 for Windows.

Result: Four hundred and eleven perpetrators were recognized, 293 (71.3%) were Bahrainis; 354 (86%) were males and 57 (14%) were females. Two hundred and seventy-eight (67.6%) offenders were adults and 116 (28.2%) were juvenile. Forty-eight (11.7%) were babysitters/housemaids and that represented 84.2% of females perpetrators. The age of babysitters' victims was under six in 40 (83%) cases. Three hundred and thirty-two (81%) perpetrators were well known to the child. A criminal record was identified in 83 (20.2%) offenders.

Conclusion: Most of the CSO were Bahrainis, adults, males, and well known to the child. The majority of female offenders were housemaids/babysitters. There is a need for more systematic studies of offenders' characteristics including the risk factors, treatment and rehabilitation outcome.

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Child sexual abuse (CSA) is a pervasive social and public health problem. Professionals and public concerns about CSA are justified by the serious short and long term consequences. The impact of CSA on physical, mental and psychological well-being of children and future adults are devastating for the individual, the family and society¹⁻⁵. The phenomenon of victims turning to offenders perpetuates the vicious cycle of CSA which can continue from generation to generation⁶.

The first accounts of child sexual offenders and pedophilia was written by Richard von Krafft-Ebing in his book "Psychopathia Sexualis" published in 1886. The author divided pedophiles into psychopathological and non-psychopathological⁷. Today pedophile's behavior is similar to the description by von Krafft-Ebing. However, the current understanding of child sexual offenders (CSO) is far better especially with the explosion of information technology. Furthermore, pedophiles' web sites forums gave professionals a closer look at their culture⁸.

Child sexual offenders are a heterogeneous group with different backgrounds, characteristics and approach to CSA victimization. CSOs fall into two major categories; pedophiles and non-pedophilic child molesters. Pedophilia as defined by the American Psychiatric Association, DSM-IV-TR (4th ed.), is "the recurrent and intense sexual thoughts, fantasies, or urges involving prepubertal children and lasting over six months. These fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The person is at least 16 years old and at least 5 years older than the abused child"⁹. The American Psychological Association working group for DSM-V development has recommended renaming Pedophilia to Pedohebephilic disorder to include sexual interest in prepubertal and pubertal children¹⁰.

Despite the focus on pedophiles, most CSO are non-pedophilic child molesters who tend to have adult partners, have a late onset of offending with fewer victims¹¹. In Western countries, the prevalence rate of pedophilia is estimated to be between 3% to 9%¹²⁻¹³. Pedophiles start offending at puberty; offend more often and with a greater number of victims than non-pedophile perpetrators¹⁴.

Child sexual offenders groom and manipulate children by showing interest in them outside the sexual activity with extra attention, outing activities and showering the child with gifts. The abuser might attempt to fill the emotional void which may exist in the child's life. The abuser convinces the child that he is loved by the abuser and coerced to prevent disclosure. CSA typically occurs over a long period with the offender desensitizing the child by starting with touches which escalates over time to fondling and full intercourse.

CSO research is limited world-wide, the knowledge available is based mainly on studies from Western countries, and most of such studies are conducted on imprisoned offenders or in the course of treatment and rehabilitation programs. CSA studies in Arab countries are limited and based mainly on reported cases or small surveys which documented CSA among males and females in countries, such as, Saudi Arabia, Morocco, Jordan, Lebanon, Egypt, Bahrain, and Palestine¹⁵⁻²⁴. Furthermore, CSO studies in the Arab region are even less common. This can be attributed to shame, the culture of secrecy about CSA and the low rate of perpetrators' identification, prosecution and indictment. A study from Bahrain revealed only 69 child sexual

offenders, 97% of them were males, 60% were juveniles, and 60% were Bahrainis²⁵. The limited research of child sexual offenders in this region calls for efforts by concerned professionals to fill the gap in our knowledge and improve the understanding of the phenomena.

The aim of this study is to identify the characteristics of CSO involved in child sexual abuse.

METHOD

Child Protection Unit definition of CSA is "The engagement of a child in sexual activities that the child cannot comprehend and for which the child is developmentally unprepared and cannot give consent to. It is ranging from voyeurism, exhibitionism and fondling to intercourse (vaginal and anal); it includes the use of children in the production of pornography". CSO is usually reported and revealed by the CSA victims or admitted by the offender, or witnessed by others. Juveniles are those who are below 18 years of age. Children are those 12 years old or below and adolescents are those more than 12 years and below 18 years of age.

A retrospective review of all sexual perpetrators involved in CSA evaluated by the CPU during the last ten years, from 1st January 2000 to 31st December 2009. The key elements included were the perpetrator's age, gender, nationality, socio-economic status, and relationship with the victim. Socio-economic status was based on the perpetrators' occupation. Data management and analysis was done by using SPSS version 17 for Windows. Health Research Committee approved the research proposal.

RESULT

The study revealed 411 offenders out of 440 CSA cases evaluated by the Child Protection Unit over the last ten years, from 1st of January 2000 to 31st December 2009. Three hundred and fifty-four (86%) perpetrators were males and 57 (14%) were females. Among juvenile offenders, 112 (96.5%) were males and 4 (3.5%) were females, see table 1. The offenders' age was known in 394 (96%) cases. Adults were 278 (67.6%), adolescents were 104 (25.3%) and children were 12 (2.9%). Two hundred and ninety-three (71.3%) offenders were Bahrainis, 99 (24.1%) were non-Bahrainis and 19 (5%) were of unknown nationality, see table 2.

Table 1: Offenders' Gender and Age

Offender gender	Offenders' age and percentage				Total and percentage
	Child	Adolescent	Adult	Unknown age	
Male	10	102	227	15	354 (86)
Female	2	2	51	2	57 (14)
Total	12 (2.9)	104 (25.3)	278 (67.6)	17 (4.1)	411 (100)

Table 2: Offenders' Nationality

Offenders nationality	Abuser Age				Total and percentage
	Child	Adolescent	Adult	Unknown	
Bahraini	11	91	184	7	293 (71.3)
Arabic	1	10	4	0	15 (3.6)
Indian	0	1	31	1	33 (8)
Pakistani	0	0	3	1	4 (1)
Bengali	0	0	11	0	11 (2.7)
Indonesian	0	0	18	0	18 (4.4)
Nepali	0	0	1	0	1 (0.25)
Philippines	0	0	9	0	9 (2.2)
African	0	0	8	0	8 (2)
Unknown	0	2	9	8	19 (4.6)
Total	12	104	278	17	411 (100)

Socio-economic status was known in 206 out of 278 (74.1%) of the adult offenders. Their socio-economic status (SES) was low in 156/206 (76%), middle in 33/206 (16%), and high in 1/206 (0.5%). School dropout was reported in 10 out of 104 (10%) adolescent offenders. A criminal record was known for 83 (20.2%) of the offenders.

Forty (9.7%) fathers committed CSA, 146 (35.5%) were relatives and 78 (19%) were neighbors, see table 3. Forty-eight (11.7%) babysitters committed CSA; it represents 84.2% of the females' perpetrators. The age of babysitters' victims was under six years in 40 (83.3%) children, 6-12 years old in 8 (17%); none of the victims was above 12 years of age. Three hundred and thirty-two (81%) perpetrators were well known to the child.

Table 3: Offenders' Relationship with the Child

Offenders' relation to child	Offenders' age				Number and percentage
	Child	Adolescent	Adult	Unknown	
Father	0	0	40	0	40 (9.7)
Sibling	0	9	6	1	16 (3.9)
Other relatives	5	27	50	0	82 (20)
Step father	0	0	3	0	3 (0.7)
Step mother	0	1	3	0	4 (1)
Neighbor	3	36	36	3	78 (19)
Friend	0	4	25	1	30 (7.3)
House maid/baby sitter	0	0	47	1	48 (11.7)
Teacher	0	0	2	0	2 (0.5)
School mate	4	16	0	0	20 (4.8)
Works for the family	0	0	5	0	5 (1.2)
Nurse	0	0	1	0	1 (0.25)
School's staff	0	0	2	0	2 (0.5)
Shop-keeper	0	0	7	0	7 (1.7)
Stranger	0	7	42	4	53 (12.9)
Unknown	0	4	9	7	20 (4.8)
Total	12	104	278	17	411 (100)

DISCUSSION

Understanding the characteristics of CSO is essential for responding and preventing CSA. In this study, Bahrainis represented 71.3% of the offenders and non-Bahrainis 24.1%. The number of non-Bahrainis did not reflect the fact that they represent 47% of the total population in Bahrain²⁶. This could be due to the fact that most non-Bahrainis are adult single workers and most CSA is committed by the child's family member or acquaintance. In addition, it is well established that most sexual assaults are committed by someone of the same race as the victim; the only known exception to this rule is the sexual assault against Native Americans which is usually committed by non-Native Americans²⁷.

In this study, nearly sixty-eight percent of the offenders were adults and 28.2% were juveniles (adolescents 25.3% and children 2.9%). This is similar to a previous study from Bahrain where adults represented 70% and juveniles 30% of CSO¹⁹. CSA by juveniles, as in adult offenders, involved the use of threats, physical force, coercion or deception²⁸. However, it should be differentiated from the normal sexual play between children which is part of normal innocent exploration. Other international studies estimated that 30-50% of CSA is perpetrated by male adolescents^{29,30}. However, the exact incidence of child-on-child sexual abuse is not known because it is infrequently reported or witnessed, wrongly dismissed as harmless and is rarely disclosed by victims³¹.

Studies varied in estimating the percentage of offenders who had been abused before. Recent prospective longitudinal research demonstrated that the cycle of violence theory is not an adequate explanation for why people sexually molest children³². Offenses may be facilitated by distorted thinking of the offender, such as victim blaming and minimization of the abuse³³.

However, unlike research on adult offenders, a strong causal relationship has been established between juvenile offenders and the offenders' own prior victimization^{34,35}. Furthermore, due to the developmental stage of children offenders they are incapable of knowing the sexual acts without being themselves exposed to it³⁶⁻³⁷. In some cases, they might have been exposed to pornography or sexual activity between adults³⁵. A recent meta-analysis of 59 independent studies comparing male adolescent sex offenders (n=3,855) with male adolescent non-sex offenders (n=13,393) substantiated the role of prior sexual victimization in perpetuating the vicious cycle³⁸.

Toupin et al showed that many of the juvenile sexual offenders had serious problem of adaptation, external and interiorized disorders, substance abuse, high prevalence of depression, and sexual victimization³⁹. Duke et al described the relationship between multiple types of adverse childhood events and adolescent violence perpetration; each type of adverse experience was associated with adolescent interpersonal violence perpetration and self-directed violence⁴⁰. Therefore, the etiology of juvenile CSO is multi-factorial but prior sexual victimization and problematic family background stands out as major contributors. In addition, juvenile offenders are more likely to respond to therapeutic intervention which makes early recognition and treatment is vital in preventing recidivism.

In this study, males represented 86% and females 14% of the known perpetrators. The later was four times the rate of female perpetrators documented in a previous study in Bahrain (3.5%)¹⁹. Furthermore, the predominance of male offenders was even more striking among juvenile offenders where males represented 97% and females 3.5% only of the perpetrators. Furthermore, housemaids/babysitters were responsible for 84% of the CSA perpetuated by females and the majority of the victims were below six years of age (83%). Housemaids/babysitters are all non-Bahrainis and have long hours of unsupervised contact with children. Therefore, the number of children victimized by housemaids/babysitters, especially among preverbal children, is most likely to be higher than what is documented in this study.

In this study, no mother offenders identified; however, biological fathers were responsible for 10% of CSA. Compared with a study from Saudi Arabia, revealed that fathers were the perpetrators in 37%¹⁷. This is almost four times the rate documented in the current study. This large variation in the rate of fathers' perpetrators is probably due to variation in research methodology and the sampled population. Snyder and Denov indicated that females CSO are usually between 1-4%^{41, 42}. While CSO studies from schools revealed rates of female offenders' of 4-43%⁴³. Another study of a non-clinical population found that women represented one third of the molesters⁴⁴.

Until recently, it was believed that women do not sexually abuse children; however, this misconception is challenged by this study and several other reports which documented females CSO^{45,46}. Vandiver et al described the characteristic of all registered adult female sexual offenders; the victims were males who averaged 12 years⁴⁷. In our study, none of the victims of female offenders was above 12 years.

Wijkman et al also described the characteristic of adult female sex offenders and found that 77% of their victims were children, 59% of them had mental disorders and that two-thirds had co-offended with male offenders⁴⁸. These unique findings are not usually reported among male sexual perpetrators.

In this study, 81% of the offenders are well known to the child, 35.5% of the abuse is committed by the relatives, 19% by neighbors and 12% by house-maids/baby-sitters. The large number of house-maids/baby-sitters is distinctive in this study and warrants further evaluation. It is well established that most CSA events are perpetrated by offenders well known to the child. Intra-familial CSA 'incest' is committed by parents, siblings, uncles, and cousins. Incest is the most damaging to a child due to the betrayal of trust, puzzlement and confusion it causes, the lingering of abuse and the less likelihood of recognition by others or disclosure by the child.

A previous study from Bahrain revealed that CSA was committed by relatives and acquaintances in 70% of the victims¹⁹. Mchichi Alami et al reported that the offenders were known in 56% and family members represented 20% of the cases²⁰. Haj-Yahi et al revealed that CSA was perpetrated by family members in 8.6%, relatives in 36.2% and strangers in 45.6%²¹. Usta et al showed that the offenders were all males; perpetrated by uncles in 8.4%, brothers in 8.1%, friends in 21.6%, neighbors in 7.4% and strangers in 27% of the cases²³. All the aforementioned studies from the Arab world revealed a low involvement rate of family members in perpetration of CSA. This could reflect a genuine lower rate of incest or could be due to more intense secrecy in incest and more tendency of reporting CSA when the offender was a stranger rather than family member.

In this study, 20% of the offenders had a criminal background. However, this information is from the victims' record which reflects public knowledge and not from the law enforcement and justice authorities. Hence, it is most likely to underestimate the criminal records of CSO.

The limitations of this study include the retrospective nature of data collection and not from direct interview and psycho-social assessment of the offenders. Therefore, the scope and depth of the gathered information is limited. Furthermore, although Salmaniya Medical Complex is the main secondary and tertiary hospital on the Island and most child abuse victims are referred to the Child Protection Unit, there is no doubt that many cases of CSA are not referred. Therefore, the result of this study is most likely to underestimate the size of the problem. Nonetheless, the result of this study emphasizes the need for a national study based on the psycho-social assessment of CSO.

CONCLUSION

This study of CSO characteristics is essential for prevention and treatment programs. Most of the offenders were males and well known to the child. Most of the female offenders were housemaids/babysitters which warrant further evaluation. There is a need for prospective research based on direct assessment of the offenders to identify psycho-social characteristics, risk factors and effective preventive and therapeutic measures.

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