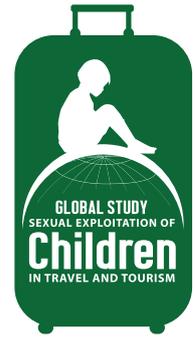


EXPERT PAPER

# USE OF SMART PHONE APPLICATIONS BY TRAVELLING SEX OFFENDERS



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## INTRODUCTION

### Travelling child sex offenders

Travelling child sex offenders (TCSOs) are not a homogenous group. There are two main dimensions that need classification: firstly the purpose of the travel and secondly the degree of intention. The purpose of travel dimension can be described by several subgroups:

- Sex tourists
- Individuals travelling for work
- Sex offenders that explicitly travel to engage in sex with a minor

Furthermore, for the purpose of this report, travelling child sex offenders (TCSOs) need to be differentiated by their intentionality:

- Preferential TCSOS who travel with the intention to abuse younger sexual partners. This group could also be diagnosed with a paedosexual preference along DSM or ICD<sup>1</sup> criteria.
- Incidental TCSOS who act upon situational opportunities that are being offered to them, or that they seek after initial experiences.

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The differentiation between these dimensions is necessary, since preferential TSCOs often pre-plan their target country activities from their home country locations, and is often embedded in supportive networks in both locations to be able to do so. That does not mean that they do not make use of the structures and possibilities mentioned below, but it is crucial to understand that these are particularly inviting possibilities for incidental TSCOs who “suddenly” discover unexpected opportunities while they are travelling as tourists, as volunteers or for work. Clearly, there is also potential for an incidental TSCO to develop into a preferential TSCO, while simultaneously maintaining a non-paedosexual pattern of sexual activity in their country of origin. Many incidental TSCOs experience a downward sliding scale in terms of the age of their sexual partners. While they often start with a legal age sex worker (usually 18 years and older), experience of opportunities leads to an exploration of underage sex partners with decreasing age limits over time (Jonas & Kommattam, 2015).

For incidental TSCOs, getting access to younger sex partners must be easy and without having the character of doing something illegal. Thus, this group of TSCOs are especially prone to offers that may be seemingly legal with simple access. To furnish their legal age sex needs, they are often active on dating sites and cleverly make use of smart phone apps.

### **Geospatial smart phone applications**

In general, the rise of smart phone applications (apps) equipped with geospatial location technology has added a completely new dimension to the way individuals can meet each other. Geospatial location technology uses the information that smart phones produce while logging into the antennas of the service provider. By

means of triangulation, the exact location assessment is possible. It is noteworthy that the geospatial principle is bound to the very location of the user. It is not possible, for example, to be in Amsterdam but show up as a user in Bangkok for a standard user (yet there is advanced technology that even allows for this). Normally, the scope of the users is thus limited to the closest number of users around one's own location. This app technology allows users to create a profile, depending on the type of app, with more or less extensive information about themselves and one or many photos. The profiles are visible for other users and are sorted by distance. Apps are very popular amongst homosexual men, or men who have sex with other men (MSM), because of the easy access to a lot of people while being anonymous. In similar ways, apps for heterosexual populations are developing very quickly.

What is novel in this context is that the search pattern (of TSCOs looking for sex partners) is now becoming bidirectional. Also novel is that the target populations of TSCOs (teenager and children) are not in a passive state, but on the contrary, are also actively seeking contact with foreigners via those apps. Simple and age-appropriate curiosity (e.g. conquering the world around them without parental guidance) is also driving online behaviour. In combination with the opportunity to practice foreign language skills or to earn some income as translators or guides, contact is being actively sought by many teenagers.

### **Teenagers and pre-teens as gateways to younger children**

Obviously, there is a limit to the minimum age of smart phone users, yet this access age to smart phone technology has been dropping in recent years, a trend that is likely to continue. Apart from this access age, the interaction of TSCOs and their younger targets is also directed at getting

access to potential younger partners. Here the “foot in the door” technique is applied. TSCOs engage with teenagers (but not necessarily have sexual contact with them) and initially, a small favour for the non-sexual, “innocent” contact is being used to demand a bigger favour, namely the access to younger children. Those children can be distant relatives or “lonely friends from the neighbourhood”, but in any case, they are children who have a trusting relationship to the local teenager and who would agree to meet the TSCO. Here triadic social balance, “a friend of a friend is a friend”, often decreases critical protective thinking or education, and curiosity wins.

### The role of drug use

Next to friendship and curiosity-motivated approaches, the use of and access to specific drugs can be a driver for TSCO and teenager interactions as well.

Clearly, recreational drug use is context dependent. In Southeast Asia, access to and use of recreational drugs, such as methamphetamines, THC, cocaine and MDMA, have become increasingly popular amongst youth. One notable population where these substances are often used as part of their “everyday life” is men who have sex with men (MSM). An Internet-based study of over 13,000 MSM in Asia found that 16.7% of MSM reported some sort of recreational drug use in the past 6 months. Moreover, the use of stimulant drug use such as crystal meth, cocaine and ecstasy were significantly associated with identifying as gay, having casual male partners only, being HIV-positive and sex work (Wei et. al, 2012). There is also a sociality of drug use amongst MSM that often involves sexual activities and travel to areas with higher HIV prevalence. For example, the same study found that MSM who attended circuit parties in Southeast Asia were more likely to (1) be from low HIV prevalence countries who travelled to a high HIV prevalence

country to party, (2) had unprotected anal sex with male casual partners and (3) use of recreational drugs (Cheung et. al, 2015). This phenomenon intertwining the use of licit and illicit chemicals with bodies and sexualities of youth has been called “chemical sexualities” (Hardon, Idrus & Hymans, 2013).

In Bangkok, crystal meth, locally known as ice, has a very specific role and meaning in the sociality of pleasure between older, less attractive men and young MSM who often use their sexy bodies to access crystal meth and/or receive invitations to private crystal meth parties (Guadamuz & Boonmongkon, 2013). Smart phone applications, specific websites and chat programmes are often used to facilitate these transactions. Together, these findings point to the vulnerability of youth in the context of chemical sexualities in Southeast Asia.

## CONCLUSION

We have presented three interacting factors that produce easy access for TSCOs to younger sex partners. Technological advances are interlinked with access, motivations of the target group themselves and fueled by recreational drug use. In summary, there is a space of interaction that is currently still removed from preventive efforts on TSCO matters and hard to control or investigate by law enforcement agencies or NGOs. Novel interventions need to focus on media education of the young target groups, engagement of the private companies providing the technology and observation of participants in these spaces. However, national and regional policies should not be based on moral principles that often lead to extreme policing and control or censorship of social media use, which only pushes youth underground where they are even further removed from public health outreach and community development activities (Vongchak et. al, 2005).

## REFERENCES

- Cheung, D. H., Lim, S. H., Guadamuz, T. E., Koe, S., & Wei, C. (2015). The Potential Role of Circuit Parties in the Spread of HIV Among Men Who Have Sex with Men in Asia: A Call for Targeted Prevention. *Archives of sexual behaviour*, 44, 1-9.
- Guadamuz, T., & Boonmongkon, P. (2013). Ice (crystal meth) use among young men who have sex with men in Thailand: Power, transactions and sexual networks. *Culture, Health & Sexuality*, 15, S229-S230.
- Hardon, A., Idrus, N. I., & Hymans, T. D. (2013). Chemical sexualities: the use of pharmaceutical and cosmetic products by youth in South Sulawesi, Indonesia. *Reproductive health matters*, 21, 214-224.
- Jonas, K. J. (2015). Incidental child sex offenders: Characteristics, behaviour and facilitating factors. Report to the Dutch National Police.
- Jonas, K. J. & Kommattam, P. (2015). Motives and patterns of behaviour of sex tourists in Southeast Asia. Manuscript under review.
- Vongchak, T., Kawichai, S., Sherman, S., Celentano, D. D., Sirisanthana, T., Latkin, C., & Aramrattana, A. (2005). The influence of Thailand's 2003 'war on drugs' policy on self-reported drug use among injection drug users in Chiang Mai, Thailand. *International Journal of Drug Policy*, 16, 115-121.
- Wei, C., Guadamuz, T. E., Lim, S. H., Huang, Y., & Koe, S. (2012). Patterns and levels of illicit drug use among men who have sex with men in Asia. *Drug and alcohol Dependence*, 120, 246-249.

## ENDNOTES

- <sup>1</sup> DSM (Diagnostic and Statistical Manual of Mental Disorders, currently version 5) and ICD (International Statistical Classification of Diseases and Related Health Problems, currently version 10) are international diagnostic manuals for medical, psychological and psychiatric conditions. The DSM 5 speaks of a pedophilic disorder classified under paraphilias, which is not a sexual orientation. The ICD 10 lists pedophilia (F65.4) under sexual preference disorders.

# ABOUT THE AUTHORS

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Dr. Kai J. Jonas is an assistant professor in the Social Psychology Programme and Cognitive Science Center at the University of Amsterdam. His research focus is on self-regulation and motivational processes, for example, applied to sexual health. He has conducted a multi-year study on behaviour and motivations of sex tourists in Southeast Asia.

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