Who in Their Right Mind Would Normalize Pedophilia?

By Brenda Zurita

The title is a rhetorical question. Sane people do not normalize child rape.

A pro-pedophile group called B4U-ACT held a symposium on August 17, 2011, in Baltimore, Maryland, to highlight their campaign to get the American Psychiatric Association (APA) to normalize pedophilia in the 2013 update to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

The APA is in the process of revising its *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR). One section in particular, Paraphilias, is of interest to groups like B4U-ACT, because pedophilia falls under the paraphilia definition. The APA's revision is moving in the direction of normalizing pedophilia, along with the other paraphilias, and is being pushed to do so by pro-pedophilia groups such as B4U-ACT.

While the APA was not a part of the B4U-ACT symposium, the APA did sponsor a symposium in 2003 at its annual convention during which participants discussed removing pedophilia and other paraphilias from the DSM-V.

> "Psychiatrist Charles Moser of San Francisco's Institute for the Advanced Study of Human Sexuality and co-author Peggy Kleinplatz of the University of Ottawa presented conferees with a paper entitled 'DSM-IV-TR and the Paraphilias: An Argument for Removal.'
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> "People whose sexual interests are atypical, culturally forbidden or religiously proscribed should not necessarily be labeled mentally ill, they argued.
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> "Different societies stigmatize different sexual behaviors, and since the existing research could not distinguish people with paraphilias from so-called 'normophilics,' there is no reason to diagnose paraphilics as either a distinct group or psychologically unhealthy, Moser and Kleinplatz stated."[1]

The APA must be stopped from its incremental creep towards normalizing pedophilia, exhibitionism, fetishism, frotteurism, sexual masochism, sexual sadism, transvestic fetishism, voyeurism, and the group of "paraphilias not otherwise specified," which include telephone scatologia (obscene phone calls), necrophilia (corpses), zoophilia (animals), coprophilia (feces), klismaphilia (enemas), and urophilia (urine).[2]

As difficult as it is to believe that someone would consider these "interests" normal, the precedent for removing paraphilias was set when the APA removed homosexuality from the DSM in 1973. Since then, groups that support these other paraphilias employ the arguments homosexuals used to pressure the APA to remove paraphilias from the DSM altogether. The history of how homosexuality was removed from the DSM appears later in this report.

It does not take a medical degree to know that child rape is wrong; it takes a moral compass and the wisdom to distinguish between good and evil, right and wrong. Child rapists belong in jail. Psychiatrists are looking to destigmatize this abhorrent crime, while portraying pedophiles as the victims because society scorns them.

The proposed revisions[3] for the DSM-V to the Paraphilia section contain this information:

> "The first broad change follows from our consensus that paraphilias are not *ipso facto* psychiatric disorders. We are proposing that the DSM-V make a distinction between paraphilias and paraphilic disorders. A paraphilia by itself would not automatically justify or require psychiatric intervention. A paraphilic disorder is a paraphilia that causes distress or impairment to the individual or harm to others. One would ascertain a paraphilia (according to the nature of the urges, fantasies, or behaviors) but diagnose a paraphilic disorder (on the basis of distress and impairment). In this conception, having a paraphilia would be a necessary but not a sufficient condition for having a paraphilic disorder."

The DSM-V information is at the end of this report. In order to understand how the APA arrived at the current revision proposals, the report will discuss the previous editions of the DSM and the changing criteria for paraphilias in general and pedophilia in particular since the first DSM was released in 1952.

What is a Paraphilia?

According to the current DSM edition, the DSM-IV-TR, "The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or one's partner, or 3) children or other nonconsenting persons that occur over a period of at least 6 months."[4]

The DSM-IV-TR continues, "Paraphilic imagery may be acted out with a nonconsenting partner in a way that may be injurious to the partner (as in Sexual Sadism or Pedophilia). The individual may be subject to arrest and incarceration. Sexual offenses against children constitute a significant proportion of all reported criminal sex acts, and individuals with Exhibitionism, Pedophilia, and Voyeurism make up the majority of apprehended sex offenders."[5]

In regard to the prevalence of paraphilias, the DSM-IV-TR notes, "Although Paraphilias are rarely diagnosed in general clinical facilities, the large commercial market in paraphilic pornography and paraphernalia suggests that its prevalence in the community is likely to be higher. The most common presenting problems in clinics that specialize in the treatment of Paraphilias are Pedophilia, Voyeurism and Exhibitionism."[6]

Is there a cure?

What does the DSM-IV-TR say about curing paraphilias? "Certain of the fantasies and behaviors associated with Paraphilias may begin in childhood or early adolescence but become better defined and elaborated during adolescence and early adulthood. … The disorders tend to be chronic and lifelong, but both the fantasies and the behaviors often diminish with advancing age in adults."[7]

For pedophilia specifically, the DSM-IV-TR notes, "The disorder usually begins in adolescence, although some individuals with Pedophilia report that they did not become aroused by children until middle age. The frequency of pedophilic behavior often fluctuates with psychosocial stress. The course is usually chronic, especially in those attracted to males. The recidivism rate for individuals with Pedophilia involving a preference for males is roughly twice that for those who prefer females."[8]

So, the DSM-IV-TR wants to portray these aberrant behaviors as "sexual orientations," not as choices. In other words, the DSM-IV-TR wants us to believe that these people cannot help that they want to have sex with animals, feces, urine, or children; it's not their fault, because they were born that way. But then again, it appears that some people do not realize they were born that way until they are middle aged. So it's only a disorder if it "causes distress or impairment to the individual or harm to others."

"Cautionary" Evolution

Does the DSM-IV-TR seem somewhat nebulous in its descriptions? A partial explanation for that condition may be found in the "Cautionary Statement" at the beginning of the DSM-IV-TR.

> "The specified diagnostic criteria for each mental disorder are offered as guidelines for making diagnoses, because it has been demonstrated that the use of such criteria enhances agreement among clinicians and investigators. The proper use of these criteria requires specialized clinical training that provides both a body of knowledge and clinical skills.
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> "These diagnostic criteria and the DSM-IV Classification of mental disorders reflect a consensus of current formulation of evolving knowledge in our field."[9]

How has the "consensus of current formulation of evolving knowledge" influenced the DSM throughout the years? Or, how did we get here?

The first DSM was printed in 1952 and contained no reference to paraphilias. The category heading was "Personality Disorders," the sub-heading was "Sociopathic Personality Disorders," and the specific disorder was listed as "Sexual Deviation." The entire listing said,

> "This diagnosis is reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenic and obsessional reactions. The term includes most of the cases formerly classified as 'psychopathic personality with pathologic sexuality.' The diagnosis will specify the type of pathologic behavior, such as

> homosexuality, transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation)."[10]

The DSM-II was printed sixteen years later in 1968. The foreword contained a statement similar to the "evolving knowledge" caution in DSM-IV-TR. It said,

> "No list of diagnostic terms could be completely adequate for use in all those situations and in every country and for all time. Nor can it incorporate all the accumulated new knowledge of psychiatry at any one point in time. The Committee has attempted to put down what it judges to be generally agreed upon by well-informed psychiatrists today.
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> "In selecting suitable diagnostic terms for each rubric, the Committee has chosen terms which it thought would facilitate maximum communication within the profession and reduce confusion and ambiguity to a minimum. Rationalists may be prone to believe the old saying that 'a rose by any other name would smell as sweet'; but psychiatrists know full well that irrational factors belie its validity and that labels of themselves condition our perceptions. The Committee accepted the fact that different names for the same thing imply different attitudes and concepts. It has, however, tried to avoid terms which carry with them *implications* regarding either the nature of a disorder or its causes and has been explicit about causal assumptions when they are integral to a diagnostic concept."[11]

The headings, sub-headings, and disorder names remained the same as in the original DSM, but the description of "sexual deviations" changed a little. In DSM-II it read:

> "This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them."[12]

It then lists the diagnostic codes for the following deviations: homosexuality, fetishism, pedophilia, transvestitism, exhibitionism, voyeurism, sadism, masochism, other sexual deviation and unspecified sexual deviation.

The DSM-III was evolving again in 1980. Its introduction explained some of the history of the first two DSMs.

> "The first edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* appeared in 1952. This was the first official manual of mental disorders to contain a glossary of descriptions of the diagnostic categories. The use of the term 'reaction' throughout the classification reflected the influence of Adolf Meyer's psychobiological view that mental disorders represented reactions of the personality to psychological, social, and biological factors. In the development of the second edition (DSM-II), a decision was made to base the classification on the mental

> disorders section of the eighth revision of the *International Classification of Diseases*, for which representatives of the American Psychiatric Association had provided consultation. Both DSM-II and ICD-8 went into effect in 1968. The DSM-II classification did not use the term 'reaction' and used diagnostic terms that by and large did not imply a particular theoretical framework for understanding the nonorganic mental disorders."[13]

The DSM-III continues its evolutionary path and changes it up a bit again.

> "Although this manual provides a classification of mental disorders, there is no satisfactory definition that specifies precise boundaries for the concept 'mental disorder' (also true for such concepts as physical disorder and mental and physical health). Nevertheless, it is useful to present concepts that have influenced the decision to include certain conditions in DSM-III as mental disorders and to exclude others.
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> "In DSM-III each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability). In addition, there is an inference that there is a behavioral, psychological, or biological dysfunction, and that the disturbance is not only in the relationship between the individual and society. (When the disturbance is limited to a conflict between an individual and society, this may represent social deviance, which may or may not be commendable, but is not by itself a mental disorder.)"[14]

The DSM-III admits that "For most of the DSM-III disorders, however, the etiology is unknown. A variety of theories have been advanced, buttressed by evidence — not always convincing — to explain how these disorders come about."[15] It continues, "In any case, as the field trials have demonstrated, clinicians can agree on the identification of mental disorders on the basis of their cultural manifestations without agreeing on how the disturbances come about."[16]

Most Christians are able to agree that sin is involved in the case of the sexual deviance category. The Bible is clear about that and is "completely adequate for use in all those situations and in every country and for all time." (If you recall, this quote is a qualifier found in DSM-II.) Christianity is clear on what is right and what is wrong, and that clarity has not evolved over the years. The standard was provided in the Bible, and it remains unchanged.

The DSM's evolving standards and attention to cultural background mean there is no baseline. What is considered abnormal in one culture may be perfectly acceptable in another. In regard to paraphilias, this also means if a culture deems pedophilia acceptable, it is no longer abnormal in the DSM. In historical context, this is what happened with homosexuality. In one edition of the DSM it was considered sexually deviant, but in the next it was just another "sexual orientation." Political and cultural pressures were brought to bear on the APA, and the DSM changed. Pro-pedophilia groups are now trying the same tactic. How long will it be before the APA normalizes pedophilia in the DSM?

As mentioned earlier, DSM-III evolved. "Personality Disorders" gave way to "Psychosexual Disorders," and "Sexual Deviation" was cast aside for "Paraphilias." "The term 'paraphilias' is preferable to 'sexual deviations' in that it correctly emphasizes that the deviation (para) is in that to which the individual is attracted (philia)."[17] While the etiology of many of the disorders appears to be a mystery to the clinicians, the DSM *assumes* the name of the etiology for the psychosexual disorders. "The name for this diagnostic class emphasizes that psychological factors are assumed to be of major etiological significance in the development of the disorders listed here."[18]

The DSM-III describes paraphilias in the following passages:

> "The essential feature of disorders in this subclass is that unusual or bizarre imagery or acts are necessary for sexual excitement. Such imagery or acts tend to be insistently and involuntarily repetitive and generally involve either: (1) preference for use of a nonhuman object for sexual arousal, (2) repetitive sexual activity with humans involving real or simulated suffering or humiliation, or (3) repetitive sexual activity with nonconsenting partners. In other classifications these disorders are referred to as Sexual Deviations. The term Paraphilia is preferable because it correctly emphasizes that the deviation (para) in that to which the individual is attracted (philia). …
>
> "The Paraphilias included here are, by and large, conditions that traditionally have been specifically identified by previous classifications. Some of them are extremely rare; others are relatively common. Because some of these disorders are associated with nonconsenting partners, they are of legal and social significance. Individuals with these disorders tend not to regard themselves as ill, and usually come to the attention of mental health professionals only when their behavior has brought them into conflict with society. …
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> "Frequently these individuals assert that the behavior causes them no distress and that their only problem is the reaction of others to their behavior."[19]

This last statement was the theme for the B4U-ACT symposium. In order to deflect some of society's negative reaction to them, the B4U-ACT crowd prefers the name "minor-attracted persons" (MAPs) to pedophiles. More details on B4U-ACT and the symposium will follow later in the report.

The DSM-III provided diagnostic criteria for pedophilia[20] for the first time:

> **Diagnostic criteria for Pedophilia**
> A. The act or fantasy of engaging in sexual activity with prepubertal children is a repeatedly preferred or exclusive method of achieving sexual excitement,
> B. If the individual is an adult, the prepubertal children are at least ten years younger than the individual. If the individual is a late adolescent, no precise age difference is required, and clinical judgment must take into account the age difference as well as the sexual maturity of the child.

The DSM-III states the following particulars about pedophilia which are noted now because they also evolve in subsequent DSMs:

> **Age at onset.** The disorder may begin at any time in adulthood; most frequently it begins in middle age.
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> **Course.** The course is unknown, although homosexually oriented Pedophilia tends to be chronic. The severity of the condition often fluctuates with psychosocial stress. The recidivism rate for homosexually oriented Pedophilia is second only to that for Exhibitionism, and ranges from 13 percent to 28 percent of those apprehended, roughly twice that of heterosexually oriented Pedophilia.
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> **Differential diagnosis.** Isolated sexual acts with children do not warrant the diagnosis of Pedophilia. Such acts may be precipitated by marital discord, recent loss, or intense loneliness. In such instances the desire for sex with a child may be understood as a substitute for a preferred but unavailable adult.[21]

So, from the differential diagnosis, we find that an adult that has sex with a child because another adult was not available is not technically a pedophile, the reason seeming to be that if an adult were available they would not have raped a child and, besides, they only did it once, right? Wrong. There is *no place* for situational child rape in morality — it is *always* wrong and inexcusable.

Removing Homosexuality

Of particular note in the DSM-III also is the removal of homosexuality from the paraphilia section of the manual and the introduction of a new section titled, "Sexual orientation disturbance (Homosexuality)." The explanation for the removal was not based on scientific evidence. In fact, in 1973, when the decision was made, the position statement acknowledged "Controversy rages as to whether homosexuality should be regarded as a pathological deviation of normal sexual development or as a normal variant of the human potential for sexual response."[22] Parts of the background statement are included here for historical context.

The two sides of the argument to remove or retain homosexuality as a paraphilia were laid out in this statement:[23]

> "The proponents of the view that homosexuality is a normal variant of human sexuality argue for the elimination of any reference to homosexuality in a manual of psychiatric disorders because it is scientifically incorrect, encourages an adversary relationship between psychiatry and the homosexual community, and is misused by some people outside of our profession who wish to deny civil rights to homosexuals. Those who argue that homosexuality is a pathological disturbance in sexual development assert that to remove homosexuality from the nomenclature would be to give official sanction to this form of deviant sexual development, would be a cowardly act of succumbing to the pressure of a small but vocal band of activist homosexuals who defensively attempt to prove that they are not sick, and would tend to discourage homosexuals from seeking much-needed treatment."

Richard Green, one of the proponents for the removal of homosexuality from the DSM, writes this summary of how the removal came about, in the context of current arguments for the removal of pedophilia from the DSM.

> "What is the essence of mental disorder? For a while DSM required subjective distress associated with social dysfunction or impairment. But then subjective distress was cast away as many 'sexual disordered people' are not distressed about their sexuality. Thus there are pedophiles who celebrate this pattern of romantic and sexual love. Social disadvantage can flow from societal discrimination, including criminal prosecution. But should this diagnose mental disorder?
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> "Arguably, homosexuality met criteria for disorder but was deleted from the list. This was the result of political pressure and a reappraisal of whether the characteristics of homosexual orientation constituted a disorder, rather than a benign variant of sexuality. Opposed as many persons were (and to a lesser extent still are) to homosexuality, this opprobrium pales in contrast to attitudes toward pedophilia. Pedophilic persons do not have an effective professional or political lobby as did homosexual persons in the early 1970s. However, unpopular behavior, without more, does not warrant further stigmatization as mental disorder.
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> "The DSM committee is concerned that 'the current definition of pedophilia is excluding from specific diagnosis a considerable proportion of men who have a persistent preference for humans at an incomplete stage of physical development.' Whence the 11th Commandment: 'Thou shalt not have sex with those not fully mature'? The Commandment could have been carved: 'Thou shalt not have sex with those before reproductive capacity.' This would permit sex with many 13 year olds."[24]

In the DSM-III, the paraphilia section does not discuss how the deviant behaviors affect those who perpetrate the acts, but it will in future editions. It only deals with the act itself. Perhaps the groundwork for future DSM editions was laid in Robert Spitzer's position statement on the change regarding homosexuality and in that way opened the door to pedophiles claiming today that pedophilia should be normalized.

> "For a mental or psychiatric condition to be considered a psychiatric disorder, it must either regularly cause subjective distress, or regularly be associated with some generalized impairment in social effectiveness or functioning. With the exception of homosexuality (and perhaps some of the other sexual deviations when in mild form, such as voyeurism), all of the other mental disorders in DSM-II fulfill either of these two criteria. (While one may argue that the personality disorders are an exception, on reflection it is clear that it is inappropriate to make a diagnosis of a personality disorder merely because of the presence of certain typical personality traits which cause no subjective distress or impairment in social functioning. Clearly homosexuality, per se, does not meet the requirements for a psychiatric disorder since, as noted above, many homosexuals are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness or functioning."[25]

B4U-ACT

The pro-pedophilia group, B4U-ACT seeks to convince mental health professionals that they are normal and outline how the professionals should deal with them, similar to how homosexuals campaigned prior to the 1973 decision of the APA. In B4U-ACT's "Principles and Perspectives of Practice," they stress the humanity of pedophiles. "We believe that persons who are sexually attracted to children can be contributing members of their communities and that they deserve to be treated with respect. All clients should be treated in a caring, non-judgmental, and respectful manner. We see minor-attracted people as whole human beings, not as dangerous criminals or 'deviants.' Therefore, we advocate the use of supportive therapeutic goals, assumptions, and approaches. Clients voluntarily seeking treatment should not be pressured or coerced to accept treatment modalities that they find objectionable."[26]

B4U-ACT issued a report in 2007 to the Baltimore Mental Health Systems that summarized a dialogue called "The Together Chat." This chat between "minor-attracted persons" (MAPs) and mental health professionals (MHPs) was an attempt by pedophiles to become more acceptable to MHPs. One of the "barriers of communication" the pedophiles identified was language used by MHPs. B4U-ACT believes it is society's intolerance of their predilection towards children that is the problem. In barrier item number ten, "Language," the report stated:

> "The language that is used to talk about sexual attraction to minors has inherently negative stereotyping which prevents effective communication. In spite of the fact that MAPs vary tremendously in their character and behaviors, many MHPs describe them as if they are all the same, using words that are negative and derogatory (e.g., "predators," "molesters," "spend their lives maneuvering to be near children," "rapists," "groom their victims"). Mental health professionals do not use such negative and disparaging terminology in describing other populations that they serve (e.g., alcoholics) whose behaviors create trauma, injury, death, and broken families, no matter how dangerous they may be.
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> "Such language does not allow MAPs to be seen and understood as human beings who can be decent, productive members of their community. It is not based on psychological science or therapeutic principles, nor does it further understanding or community protection. Instead it exacerbates the fears of the public and of MAPs and often contradicts basic principles of mental health care and ethics. Through words that convey that MAPs are sub-human or non-human, anything done to them is justified.
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> "The MAP who is struggling to understand his/her place within the community who hears this language, which are incongruent with his/her own feelings, is unlikely to seek out a mental health professional who would think so repulsively of him/her. Therefore, MHPs should use language that accurately describes their patients' characteristics and behavior, both for the well-being of their patients and for sound public policy."[27]

If homosexuality can be arbitrarily removed, what will prevent the APA from arbitrarily removing pedophilia? Matt Barber, Vice President of Liberty Council Action, attended the B4U-ACT Symposium and reported that some speakers acknowledged the political motive behind

changing the APA's inclusion of homosexuality in the paraphilia section. He reported the following from the conference:

> "A consensus belief by both speakers and pedophiles in attendance was that, because it vilifies MAPs, pedophilia should be removed as a mental disorder from the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM), in the same manner homosexuality was removed in 1973.
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> "Dr. Fred Berlin acknowledged that it was political activism, similar to that witnessed at the conference, rather than scientific considerations that successfully led to the declassification of homosexuality as a mental disorder: The reason "homosexuality was taken out of DSM is that people didn't want the government in the bedroom," he said.[28]

As groups like B4U-ACT implore, pedophiles are just misunderstood community members. It is society's strictures on adult/child sex that are at issue, and judgmental manuals like the DSM are a large part of the problem. Hence the push by pedophile groups to remove pedophilia from the DSM.

The Disappearing Paraphilia

The DSM-III-R, released in 1987, evolved again. The "Psychosocial Disorders" of DSM-III gave way to "Sexual Disorders." In the description of paraphilias, the DSM-III made this statement, "In more extreme form, paraphiliac imagery is acted out with a nonconsenting partner, and is noxious and injurious to the partner (as in severe Sexual Sadism) or to the self (as in Sexual Masochism)."[29] In DSM-III-R it changes slightly, "In more extreme form, paraphiliac imagery is acted out with a nonconsenting partner, and may be injurious to the partner (as in Sexual Sadism) or to the self (as in Sexual Masochism)."[30] The glaring omission in both the DSM-III and DSM-III-R is that pedophilia is not mentioned. It is curious the APA does not include pedophilia as an example along with sexual sadism. However, not to ruin the suspense, but they do add it to the DSM-IV[31] and the DSM-IV-TR.[32]

In the DSM-III and III-R, paraphilias are associated with other mental disorders, or the person diagnosed suffers from more than one. The DSM-III states, "Paraphilias may be multiple or may coexist with other mental disorders, such as Schizophrenia or various Personality Disorders."[33] The DSM-III-R states, "People with Paraphilia commonly suffer from several varieties: in clinical settings that specialize in the treatment of Paraphilias, people with these disorders have an average of from three to four different Paraphilias. People with Paraphilias may also have other mental disorders, such as Psychoactive Substance Use Disorders or various Personality Disorders."[34] This is evolved knowledge from the first DSM, which stated that sexual deviation was "not symptomatic of more extensive syndromes, such as schizophrenic and obsessional reactions."

The DSM-III-R gives examples of how persons with paraphilias ingratiate themselves into society. Matt Barber reported on a quote from B4U-ACT's symposium of pro-pedophilia advocates bemoaning the DSM, "The DSM should 'focus on the needs' of the pedophile, and should have 'a minimal focus on social control,' rather than obsessing about the 'need to protect children.'"[35] The DSM-III-R stated, "The person may select an occupation or develop a hobby

or volunteer work that brings him into contact with the desired stimuli (e.g., selling women's shoes or lingerie in Fetishism, working with children in Pedophilia, or driving an ambulance in Sexual Sadism)."[36] If pedophiles seek out employment or opportunities to get close to children, those methods should be exposed.

The DSM-III-R added criteria for the severity of paraphilias. They are:

> **Mild:** The person is markedly distressed by the recurrent paraphilic urges but has never acted on them;
> **Moderate:** The person has occasionally acted on the paraphilic urge;
> **Severe:** The person has repeatedly acted on the paraphilic urge.[37]

The criteria for pedophilia[38] evolved too in the DSM-III-R. Time frames and ages are included.

> **A.** Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).
> **B.** The person has acted on these urges, or is markedly distressed by them.
> **C.** The person is at least 16 years old and at least 5 years older than the child or children in A.
>
> **Note:** Do not include a late adolescent involved in an ongoing sexual relationship with a 12- or 13-year-old.

New Age Revelation

The new revelation in the DSM-III-R is that pedophilia usually begins in adolescence.[39] In the DSM-III, it was adulthood and most frequently middle age. Between 1980 and 1987, the age of onset dropped markedly.

In a fleeting bit of candor, the DSM-III-R listed a predisposing factor for pedophilia: "Many people with this disorder were themselves victims of sexual abuse in childhood."[40] It was fleeting indeed as it was not included in the DSM-IV or DSM-IV-TR. Only time will tell if the DSM-V will reinstate it. It is doubtful, though, as that information would be highly detrimental to those wishing to normalize pedophilia.

Both the DSM-III[41] and the DSM-III-R[42] give a mental disorder pass to situational child rapists. Under a section called "Differential diagnosis" it states, "Isolated sexual acts with children do not necessarily warrant the diagnosis of Pedophilia. Such acts may be precipitated by marital discord, recent loss, or intense loneliness. In such instances the desire for sex with a child may be understood as a substitute for a preferred but unavailable adult." Sorry, Charlie. Sex with a child is never understandable.

"Gender Identity" Enters the Scene

Evolving still, the DSM-IV, released in 1994, changed the "Sexual Disorders" category to the "Sexual Gender and Identity Disorders" category. It described the new addition: "Gender

Identity Disorders are characterized by strong and persistent cross-gender identification accompanied by persistent discomfort with one's assigned sex."[43] Homosexual activists have long argued against the APA declaring Gender Identity Disorders as abnormal.

> "Throughout the late 1960s and early 1970s, activists — including gay, lesbian, and bisexual individuals; social workers; psychologists; and psychiatrists — pressured APA to eliminate homosexuality from its list of mental disorders. Lesbian feminist activist Karla Jay (2000) recounted participating in a Gay Liberation Front and women's movement protest against an APA meeting on 'sex problems' in San Francisco on May 14, 1970. In response to a presentation advocating the use of electro-convulsive shock treatment as a 'cure' for homosexuality, activists shouted 'off of the couches and into the streets' and resolved to disrupt future APA meetings until homosexuality was no longer regarded as an illness by psychiatry. That day arrived in 1973, when APA finally responded to decades of activism by removing homosexuality from the DSM.
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> "Unfortunately, however, that vote did not signal the absolute end of the psychiatric stigmatization of homosexuality; shortly afterward, during the height of feminists' critiques of traditional gender roles, APA agreed to introduce gender identity disorder into the psychiatric nosology. The new diagnosis positioned transgressions of conventional gender presentation as pathological, in part because they were seen as nascent signs of homosexuality. GID has since been used by mental health practitioners to 'treat' both what is perceived as abnormal gender presentation and homosexuality."[44]

This was noted here for an historical perspective on how homosexual activists pushed to change the DSM and continue to do so in regard to GID. Pedophiles are trying to follow the model, as is seen with B4U-ACT's plans.

A Misstep in Criteria

The DSM-IV took a giant evolutionary leap in the criteria for pedophilia. However, the APA would later release a statement to reverse the leap. The statement, seen in part on the next page, blames the reader for improperly interpreting the DSM-IV language.

Here are the diagnostic criteria for pedophilia in the DSM-IV.[45] Can you spot the problem?

> **A.** Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
> **B.** The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
> **C.** The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.
>
> **Note:** Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

The answer is the DSM-IV changed criterion B. It no longer includes acts of pedophilia as a criterion for having a pedophilic disorder. Only if the pedophile is distressed by his "fantasies, sexual urges or behaviors" is he then diagnosed with the mental disorder.

Dr. Joseph Nicolosi was quoted in 1995 in an article by Linda Bowles about this decision. "With the release of … DSM-IV, we see some alarming changes in the definition of pedophilia. According to the new DSM-IV, a person is no longer a pedophile simply because he molests children or fantasizes about molesting children. … If he feels no guilt or anxiety and is otherwise functioning reasonably well, a child molester would be violating the law, but he would not be psychologically disordered." He continued, "These DSM changes are particularly dangerous because they are a re-enactment of the pattern which lead to the de-pathologizing of homosexuality."[46]

In the same article, Linda Bowles quotes from an American Psychiatric Association press release which states the APA's position on pedophilia, at least in 1999. "[A]n adult who engages in sexual activity with a child is performing a criminal and immoral act which never can be considered normal or socially acceptable behavior." And yet, just four years later the APA held a symposium at their annual conference to discuss the removal of pedophilia and other paraphilias from the DSM.

The APA released a statement[47] about the error of their ways regarding the DSM-IV change. It read in part,

> "An unforeseen side effect of this rewording was that it led to confusion regarding the DSM-IV definition of Pedophilia. Specifically, the replacement of the DSM-III-R phrase 'acts on these urges' with the phrase 'causes clinically significant … impairment' was misconstrued to represent a fundamental change in the definition of Pedophilia. Some readers misunderstood this new wording as greatly restricting the number of individuals who would be diagnosed with Pedophilia by requiring that they be distressed by their behavior in order to qualify for the diagnosis. This was clearly never intended, since it is well recognized that many (if not most) individuals with Pedophilia are not distressed by their pedophilic urges, fantasies, and behaviors. In fact, rather than restricting the diagnosis of Pedophilia to fewer individuals, the original purpose of the change was to potentially broaden the diagnosis to include individuals whose pedophilic urges interfered with functioning in a variety of ways (e.g., causing impairment in occupational functioning because of a preoccupation with pedophilic thoughts and images at work). There was never any intention to no longer include individuals who acted on their urges.
>
> "To remove any possible ambiguity regarding whether acting out pedophilic urges with others is sufficient for a diagnosis of Pedophilia, the original *DSM-III-R* wording has been reinstated."

The DSM-IV adds some of the reasons pedophiles give for their behavior. "These activities are commonly explained with excuses or rationalizations that they have 'educational value' for the

child, that the child derives 'sexual pleasure' from them, or that the child was 'sexually provocative' — themes that are also common in pedophilic pornography."[48]

A few choice quotes from Matt Barber's summary of the B4U-ACT Symposium[49] speakers sound vaguely familiar. "We are not required to interfere with or inhibit our child's sexuality." "'Children are not inherently unable to consent' to sex with an adult."

The DSM-IV-TR discusses some of the ways pedophiles find access to children. "Some individuals with Pedophilia threaten the child to prevent disclosure. Others, particularly those who frequently victimize children, develop complicated techniques for obtaining access to children, which may include winning the trust of a child's mother, marrying a woman with an attractive child, trading children with other individuals with Pedophilia, or in rare instances, taking in foster children from nonindustrialized countries or abducting children from strangers."[50]

This is just the type of stigmatizing language that makes the B4U-ACT people mad. They bemoan the unfairness of it all in their "Principles and Perspectives of Practice" document:[51]

> "STIGMA. We recognize the severe stigma directed against minor-attracted people by the media, politicians, law enforcement officials, and some mental health professionals. We oppose the perpetuation of false stereotypes and the use of language that instills fear in the public, fails to promote understanding, and ignores the humanity of minor-attracted people. We realize that stigma and stereotypes force minor-attracted people to remain in hiding and prevent those who could benefit from mental health services from receiving them. We do not believe this serves the interests of children, minor-attracted people, or society in general. Therefore, providers have an obligation within their profession and community to speak up and confront stereotype-perpetuating statements made by professional colleagues, family members, friends, and the media. Providers need to educate professionals and the larger community regarding persons sexually attracted to children or adolescents."

The DSM-IV-TR left the criteria for pedophilia[52] relatively untouched from the DSM-III-R version.

> **A**. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
> **B.** The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
> **C.** The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.
>
> **Note:** Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13- year-old.

The Next Round of Revisions

The time is now upon us when the APA will revise the DSM. The DSM-V will be available in 2013, and the APA is working on the revisions as you read this paper. This is the latest proposed revision[53] for the Pedophilia listing. Note that it is called Pedohebephilic Disorder.

A. Over a period of at least six months, one or both of the following, as manifested by fantasies, urges, or behaviors:
(1) recurrent and intense sexual arousal from prepubescent or pubescent children
(2) equal or greater arousal from such children than from physically mature individuals

B. One or more of the following signs or symptoms:
(1) the person has clinically significant distress or impairment in important areas of functioning from sexual attraction to children
(2) the person has sought sexual stimulation, on separate occasions, from either of the following:
(a) two or more different children, if both are prepubescent
(b) three or more different children, if one or more are pubescent
(3) repeated use of, and greater arousal from, pornography depicting prepubescent or pubescent children than from pornography depicting physically mature persons, for a period of six months or longer

C. The person is at least age 18 years and at least five years older than the children in Criterion A or Criterion B.

Look how far the DSM has evolved. In 1952, pedophilia was considered sexual deviance. For the DSM-V, the language proposed in 2010 states that before a diagnosis of "pedohebephilia" can be made, two children younger than 11 must be victims of a predator or three children between the ages of 11 and 14. Also, the use of child porn must go on for at least six months before it is a problem, evidently. Criteria C also raises the age from 16 to 18. A 16-year-old having sex with an 11-year-old was a problem in DSM III, III-R, IV, and IV-TR but is apparently no longer a problem in DSM-V.

Interestingly, the addition of pedohebephilia to the DSM-V is causing a controversy within the psychiatric community. Forensic psychiatrists at a conference of the American Association of Psychiatry and Law in early 2011voted near-unanimously to oppose the addition of pedohebephilia in the DSM-V. This vote followed another near-unanimous vote in September 2010 at the International Associations for the Treatment of Sexual Offenders meeting to reject the expansion of the pedophilia category to include hebephilia.[54]

Richard Green commented on the proposed change and is opposed. He brings up the implications of sexual predator laws in regards to the addition of hebephilia to the pedophilia criteria. "The nature of the person's offense must be considered. A habitual violent rapist represents a very different universe of public safety from a person who enjoys genital fondling with a compliant pubescent. Currently, the latter are being entombed along with the former by sexual predator law. The Kinsey researchers 50 years ago were hardly taken aback by men who are now labelled hebephiles. These persons' sexual activity was with persons 'biologically ready

for coitus.' The men 'scarcely merit(ed) the emotionally charged label of sex offender' (Gebhard, et. al. 1965)."[55]

Isn't it interesting that one of the criteria a psychiatrist thinks is important is whether a child is biologically ready for coitus, but emotionally ready does not enter the picture?

The Kinsey Connection

As Dr. Judith Reisman details in her book, *Kinsey: Crimes and Consequences*, Kinsey and his researchers were child abusers, not scientists.

> "The Yorkshire documentary, titled *Secret History: Kinsey's Pedophiles*, was broadcast in Great Britain on August 10, 1998. In a review, England's *BBC Radio Times* wrote that 'this deeply unsettling documentary ... makes a strong case that Kinsey cultivated [pedophiles whose crimes] he presented as scientific data.' London's *Daily Mail* for August 11, 1998, agreed: 'An academic study admitted the ... repugnant ... evidence of a child abuser as though this were a respectable scientific contribution.'"
>
> "In the Yorkshire interview, Gebhard confirmed that 'certain of our subjects,' who joined Kinsey's child sexuality research team, were child molesters:
>
> > "**Interviewer:** How did Kinsey come in contact with, say, the paedophiles?
> >
> > "Gebhard: That was rather easy. We got them in prisons, a lot of them. … We'd go after them. … Then there was also a paedophile organization in this country … not incarcerated … they cooperated. … You had one in Britain. … a British paedophile organization."
>
> So, the Kinsey team found pedophile organizations and asked them to help with its child sex experiments. James Jones, in his Yorkshire interview, admitted the pathology of the man he called "Mr. X," or "Mr. Green," but who was, in fact, the U.S. federal government land surveyor named Rex King:
>
> > "Kinsey relied upon [King] for the chapter on childhood sexuality in the male volume. … I think that he was in the presence of pathology at large and … Kinsey … elevated to, you know, the realm of scientific information … what should have been dismissed as unreliable, self serving data provided by a predatory pedophile. … I don't have any doubt in my own mind that man wreaked havoc in a lot of lives. Many of his victims were infants and Kinsey in that chapter himself gives pretty graphic descriptions of their response to what he calls sexual stimulation. If you read those words, what he's talking about is kids who are screaming. Kids who are protesting in every way they can the fact that their bodies or their persons are being violated."[56]

No doubt the debate within the psychiatric community will rage on over whether adults having sex with 11- to 14-year-olds should constitute a mental disorder or not until the DSM-V goes to publication.

It does not appear, though, that the psychiatric community is opposed to the rationale for the next proposed change to pedophilia and for proposed changes for all paraphilias. The Paraphilias Subworkgroup for DSM-V explains it thusly,

> "The Paraphilias Subworkgroup is proposing two broad changes that affect all or several of the paraphilia diagnoses, in addition to various amendments to specific diagnoses. The first broad change follows from our consensus that paraphilias are not *ipso facto* psychiatric disorders. We are proposing that the DSM-V make a distinction between paraphilias and paraphilic disorders. A paraphilia by itself would not automatically justify or require psychiatric intervention. A paraphilic disorder is a paraphilia that causes distress or impairment to the individual or harm to others. One would ascertain a paraphilia (according to the nature of the urges, fantasies, or behaviors) but diagnose a paraphilic disorder (on the basis of distress and impairment). In this conception, having a paraphilia would be a necessary but not a sufficient condition for having a paraphilic disorder.
>
> "This approach leaves intact the distinction between normative and non-normative sexual behavior, which could be important to researchers, but without automatically labeling non-normative sexual behavior as psychopathological."[57]

The march towards normalizing pedophilia continues: "…paraphilias are not *ipso facto* psychiatric disorders." Where would we be without "the distinction between normative and non-normative sexual behavior" according to the APA? Probably back at the original DSM which listed pedophilia as a sexual deviancy, plain and simple.

The Subworkgroup continued their explanation for putting a minimum number of victims in the criteria.

> "The second broad change applies to paraphilias that involve nonconsenting persons (e.g., Voyeuristic Disorder, Exhibitionistic Disorder, and Sexual Sadism Disorder). We propose that the B criteria suggest a minimum number of separate victims for diagnosing the paraphilia in uncooperative patients. This was done to reflect the fact that a substantial proportion — perhaps a majority — of patients referred for assessment of paraphilias is referred after committing a criminal sexual offense. Such patients are not reliable historians, and they are typically not candid about their sexual urges and fantasies. The criteria have therefore been modified to lessen the dependence of diagnosis on patients' self-reports regarding urges and fantasies. This change also addresses the past criticism that the word 'recurrent' in the DSM-IV-TR A criteria says nothing beyond 'more than once' and is too vague to be clinically useful. The reason for diagnosing specific paraphilic disorders from multiple, similar offenses in uncooperative patients is to achieve a level of diagnostic certitude closer to the certitude in diagnosing these disorders from self-reports in cooperative patients. It is not derived from legal theory or practice."[58]

Once again the DSM writers overlook pedophilia in a list of paraphilias involving non-consenting persons. Even worse, though, the criteria for pedophilia diagnosis are changed. Under the proposed revision, if a person molests one child for years, exclusively, they would not be diagnosed with pedophilia.

Conclusion: The Grand Question

What does this all mean? If history is prologue, the pro-pedophilia lobby will continue to pressure the APA to normalize pedophilia. Other paraphilia groups are already pressuring the APA to remove the entire paraphilia category from the DSM.

In fact, the National Coalition for Sexual Freedom touted their influence in changing the APA Paraphilias Subworkgroup's opinion on BDSM (a combination of BD (Bondage & Discipline), DS (Dominance & Submission), and S&M (Sadism & Masochism)) in a press release[59] titled, "The APA Paraphilias Subworkgroup Agrees: Kinky is NOT a Diagnosis." Here are some excerpts from the press release:

> "In the new proposals for the DSM-V, alternative sexual behavior has been depathologized. The American Psychiatric Association's Paraphilias Subworkgroup's DSM revisions acknowledge that you can be a fetishist, transvestite, sexual sadist or sexual masochist without having a mental disorder.
>
> "NCSF has worked very hard with its DSM Revision Project to make sure these changes take place, and will continue to strongly advocate for clear language of what exactly constitutes a mental disorder. Susan Wright liaisoned with the work group and supplied data that NCSF has gathered about the real-world discrimination and persecution that takes place against BDSM-fetish practitioners because of the DSM-IV-TR. The DSM Revision Petition was also extremely useful in generating comment from community members and mental health professionals urging that the current diagnoses be changed. …
>
> "Just as Norway recently joined Sweden and Denmark in removing consensual paraphilias entirely, NCSF continues to urge the complete removal of these paraphilias from the DSM. However like the incremental removal of homosexuality (to egodystonic homosexuality and then finally taken out in 1987) this is an important step for the BDSM-leather-fetish community."

If the BDSM community is as successful in removing fetishism, sexual sadism, and sexual masochism from the DSM as the homosexual activists were in removing homosexuality in 1973, how much further behind will the pedophilia lobby be from achieving success?

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APPENDIX A

DSM-I (1952)
Sexual Deviation
"This diagnosis is reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenic and obsessional reactions. The term includes most of the cases formerly classified as 'psychopathic personality with pathologic sexuality.' The diagnosis will specify the type of pathologic behavior, such as homosexuality, transvestitism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation)."

DSM-II (1968)
Sexual Deviations
"This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them." This version of the DSM then lists the diagnostic codes for the following deviations: homosexuality, fetishism, pedophilia, transvestitism, exhibitionism, voyeurism, sadism, masochism, other sexual deviation and unspecified sexual deviation.

DSM-III (1980)
Pedophilia
Diagnostic criteria for Pedophilia
A. The act or fantasy of engaging in sexual activity with prepubertal children is a repeatedly preferred or exclusive method of achieving sexual excitement,
B. If the individual is an adult, the prepubertal children are at least ten years younger than the individual. If the individual is a late adolescent, no precise age difference is required, and clinical judgment must take into account the age difference as well as the sexual maturity of the child.

DSM-III-R (1987)
Diagnostic criteria for Pedophilia
A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).
B. The person has acted on these urges, or is markedly distressed by them.
C. The person is at least 16 years old and at least 5 years older than the child or children in A.

Note: Do not include a late adolescent involved in an ongoing sexual relationship with a 12- or 13-year-old.

Specify: same sex, opposite sex, or same and opposite sex.
Specify: if limited to incest.

Specify: exclusive type (attracted only to children), or nonexclusive type.

DSM-IV (1994)
Diagnostic criteria for Pedophilia
A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.

Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a *12- or* 13-year-old.

Specify if:
Sexually Attracted to Males
Sexually Attracted to Females
Sexually Attracted to Both

Specify if:
Limited to Incest

Specify type:
Exclusive Type (attracted only to children)
Nonexclusive Type

DSM-IV-TR (2000)
Diagnostic criteria for Pedophilia
A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
C. The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.

Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13- year-old.

Specify if:
Sexually Attracted to Males
Sexually Attracted to Females
Sexually Attracted to Both

Specify if:
Limited to Incest

Specify type:
Exclusive Type (attracted only to children)
Nonexclusive Type

DSM-V Proposed Revision (version from October 14, 2010)
Pedohebephilic Disorder
A. Over a period of at least six months, one or both of the following, as manifested by fantasies, urges, or behaviors:
(1) recurrent and intense sexual arousal from prepubescent or pubescent children
(2) equal or greater arousal from such children than from physically mature individuals
B. One or more of the following signs or symptoms:
(1) the person has clinically significant distress or impairment in important areas of functioning from sexual attraction to children
(2) the person has sought sexual stimulation, on separate occasions, from either of the following:
(a) two or more different children, if both are prepubescent
(b) three or more different children, if one or more are pubescent
(3) repeated use of, and greater arousal from, pornography depicting prepubescent or pubescent children than from pornography depicting physically mature persons, for a period of six months or longer
C. The person is at least age 18 years and at least five years older than the children in Criterion A or Criterion B.

Specify type:
Pedophilic Type — Sexually Attracted to Prepubescent Children (generally younger than 11)
Hebephilic Type — Sexually Attracted to Pubescent Children (generally age 11 through 14)
Pedohebephilic Type — Sexually Attracted to Both

Specify type:
Sexually Attracted to Males
Sexually Attracted to Females
Sexually Attracted to Both

Specify if:
In Remission (No Distress, Impairment, or Recurring Behavior and in an Uncontrolled Environment): State duration of remission in months: ____
In a Controlled Environment

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