

The Etiology of Boy-Attracted Pedosexual Orientation in Males

An Internet based anonymous quantitative study of self-perception

The causes and origins of the sexually expressed attraction of older boys and men to boys have historically been ascribed to traumatic events in childhood or youth. Although long since largely discredited, the concept that males who had a boyhood sexual encounter with an older male would, when older, seek out similar encounter with boys ("abused to abuser") was popular in the 1980s. Conventional methods were available neither then nor now in the US wherein Boy-Attracted Pedosexual Males (BPM) who were free from clinical or forensic inhibitions could be investigated, although such studies were carried out in Europe. Therefore, in the US, only inquiries of prisoners or psychiatric patients could be conducted, and these subjects' testimonies were compromised both by their situation and their need to say whatever they felt would justify their behaviors and/or improve their circumstances. In the current study, the Internet was used to conduct an anonymous convenience survey of 297 self-identified BPM volunteer subjects who were not compromised by clinical or prison constraints. While there was significant uncertainty, their self-perceptions were that genetics and positive boyhood sexual experiences with peers were major contributors to their attractions to boys, whereas positive or negative experiences with older males were of only marginal significance.

Essentially all research in the area of sexually expressed boy/older male relationships has proceeded from the victimological *a priori* assumption that sexual attraction of older boys and men to boys - or at least the active expression thereof - was a mental illness as well as a civil crime. Subjects drawn from unrepresentative clinical or prison populations were all too often the only source of information in etiological studies, and these persons were prone to give the answers that they thought the investigator wanted to hear, and/or that would somehow improve their situation. This present investigation recruited an anonymous non-clinical and non-forensic convenience sample of older boys and men who self-identified as being emotionally and sexually attracted to boys up through mid-adolescence, and inquired how they themselves perceive the origins, development, and experience of their attraction, as well as their adjustment thereto.

Preliminary Research

Since non-pathological hypotheses of the etiology of Boy-Attracted Pedosexual Orientation (BPO) have not been commonly considered, initial inquiries were made using non-judgmental postings on various "BoyLover" fora (e.g. <http://www.boychat.org>), asking for both theoretical and personal conceptions as to how BPO might arise. An email procedure ("sendmail" form) was provided which did not require the sender to identify himself. After the suggestions had been analyzed and coordinated, a brief, ten item survey was linked from these fora for a few days, and the responses (N=16) indicated that most felt the suggestions were "reasonable" (although some were offensive to a few) and thus were suitable for inclusion in the more exhaustive investigation to follow. These same ten propositions, as described under results below, became the core of the main questionnaire, with responses indicating the degree to which each applied to the participant.

METHODS

There are studies indicating that behavioral research conducted on the Internet is as valid as other more traditional methods (e.g. Cronk and West, 2002; Krantz., Ballard, & Scher., 1997; Pettit, 2002; Rhodes, Bowie, & Hergenrather, 2003; Stanton, 1998), and in some areas of study the Internet is the only feasible method of reaching otherwise inaccessible populations. Several such investigations (e.g. Riegel, 2005) over the past decade have used "BoyLinks" (<http://www.boylinks.net>) as a contact point for "free range" Boy-Attracted Pedosexual Males (BPM, or "BoyLovers").

This investigation was not conducted in association with any academic institution, so no human subjects review board was available. However, in accordance with the American Psychological Association Ethical Principles and Code of Conduct, potential participants were made aware that they must be of legal age in their jurisdiction, and must self-identify as being sexually attracted to boys. They were also advised that, since they would be asked to respond to questions about their sexuality, they might find that recalling such information would cause personal distress or emotional harm, and if they felt that they were not emotionally and/or intellectually competent to deal with these issues without becoming distressed or harmed, they were advised not to participate. Furthermore, they were advised that if they became uncomfortable at any point while participating, they were advised to discontinue participation. They were also informed that the anonymity of the investigation precluded any possibility of furnishing a report of the findings

Participants

The survey was listed on BoyLinks during July and August 2011, as "How do you think you became a BoyLover? An anonymous Internet based scientific study of self-perception." There were 297 acceptable responses; a few others were eliminated because their text responses (described below under "Instrument") indicated that the respondents were not serious and sincere, and therefore possibly not honest in their responses to the questions. Demographics are shown in Table 1.

Table 1: Demographics, N=297

Age group:	Father's education:	Marital status:
15-17 -----2%	Less than 4 years -----2%	Single -----71%
18-21 -----11%	4-8 years -----11%	Long term heterosexual -----16%
22-25 -----10%	9-12 -----32%	Long term homosexual -----6%
26-30 -----14%	13-16 -----29%	Other -----7%
31-40 -----22%	More than 16 -----17%	
41-50 -----22%	Unknown -----10%	Biological children:
51 and older -----19%		None -----83%
	Mother's education:	One -----6%
Racial Identity:	Less than 4 years -----2%	Two -----7%
White -----86%	4-8 years -----12%	Three -----2%
Black -----1%	9-12 -----38%	Four or more -----1%
Asian -----5%	13-16 -----27%	
Latino -----6%	More than 16 -----15%	General mental health:
Other -----3%	Unknown -----7%	Extremely poor -----1%
		Very poor -----3%
Residence:	Own education:	Less than average -----14%
United States -----45%	Less than 4 years -----0%	Average -----34%
Canada -----7%	4-8 years -----1%	Above average -----16%
United Kingdom -----10%	9-12 -----27%	Very good -----22%
Continental Europe -----18%	13-16 -----45%	Excellent -----9%
Australia/New Zealand -----6%	More than 16 -----26%	
Asia -----4%		How well do you cope:
Other -----9%	Nominal religion:	Poorly -----4%
	Protestant -----20%	Not very well -----8%
Current socio-economic:	Catholic -----23%	Fairly well -----45%
Very poor -----3%	Jewish -----1%	Very well -----38%
Below average -----18%	Muslim -----1%	Extremely well -----5%
Average -----57%	Other -----14%	
Above average -----21%	None -----41%	
Wealthy -----2%		
	How religious:	
	Extremely -----1%	
	Very -----8%	
	Moderately -----18%	
	Mildly -----27%	
	Not at all -----46%	

Note: In this and other tables, percentages may not add up to 100 due to rounding.

Instrument

The questionnaire comprised 64 multiple choice questions in seven groups as described below. Most groups were followed by text entry boxes where respondents could, in an unstructured format, enlarge upon the issues covered in the preceding questions. These text responses are not reported or discussed in this paper; a subsequent more qualitative paper is planned for this purpose.

RESULTS

Childhood and adolescent non-sexual experiences and perceptions

After the demographics, the second and third sections dealt with childhood and adolescent non-sexual experiences: socioeconomic status, relationships with parents, siblings, peers, other adults, etc. Reports from childhood are shown in Table 2, from adolescence in Table 3.

Table 2: Childhood Nonsexual Experiences, N=297

Socio-economic state	Relationships with peers
Very poor----- 4%	Had no friends ----- 2%
Below average-----20%	Had only a few friends -----53%
Average-----52%	Had fair number of friends -----29%
Above average-----23%	Many friends, part of "in" group-----11%
Wealthy----- 1%	Leader----- 3%
Relationship with father/other male caregiver	Gender of friends
Had no father/other male caregiver ----- 5%	Had no friends ----- 2%
Completely lacking in closeness and affection ----19%	Exclusively boys -----28%
Moderately lacking in closeness and affection----34%	Mostly boys -----54%
Of average closeness and affection -----29%	Equal -----11%
Above average closeness and affection ----- 8%	Mostly girls ----- 5%
Very close and affectionate ----- 5%	Exclusively girls----- 0%
Relationship with mother/other female caregiver	Masculinity
Had no mother/other female caregiver ----- 1%	Very effeminate ----- 1%
Completely lacking in closeness and affection ---- 4%	Moderately effeminate -----10%
Moderately lacking in closeness and affection----12%	Midway -----44%
Of average closeness and affection -----42%	Moderately masculine -----36%
Above average closeness and affection -----28%	Very masculine----- 9%
Very close and affectionate -----13%	
Emotional stability/interpersonal skills	Relationships with other adults
Extremely poor ----- 2%	Avoided when possible ----- 4%
Very poor-----10%	Uncomfortable-----14%
Less than average -----28%	Reasonably comfortable -----34%
Average-----33%	Quite comfortable-----37%
Above average----- 8%	Preferred their company -----11%
Very good -----13%	
Excellent-----14%	
Relationships with siblings	Sexual information from parents/other adults
Had no siblings -----14%	Treated as nonexistent-----24%
Poor -----10%	Rarely discussed-----59%
Fair -----30%	Occasionally discussed-----15%
Good -----37%	Frequently discussed ----- 3%
Excellent----- 9%	Openly discussed----- 1%
	Sexual information from siblings/friends
	Practically none -----22%
	Very little-----32%
	Fair amount -----25%
	A lot -----12%
	Practically everything ----- 8%

Table 3: Adolescent Nonsexual Experiences, N=297

Socio-economic state	Relationships with peers
Very poor----- 2%	Had no friends ----- 3%
Below average-----13%	Had only a few friends -----52%
Average-----60%	Had fair number of friends -----27%
Above average-----24%	Many friends, part of "in" group-----13%
Wealthy----- 1%	Leader----- 4%
Relationship with father/other male caregiver	Gender of friends
Had no father/other male caregiver ----- 8%	Had no friends ----- 3%
Completely lacking in closeness and affection ----24%	Exclusively boys -----27%
Moderately lacking in closeness and affection----35%	Mostly boys -----46%
Of average closeness and affection -----26%	Equal -----18%
Above average closeness and affection ----- 5%	Mostly girls ----- 5%
Very close and affectionate ----- 1%	Exclusively girls----- 0%
Relationship with mother/other female caregiver	Masculinity
Had no mother/other female caregiver ----- 1%	Very effeminate ----- 1%
Completely lacking in closeness and affection ----- 6%	Moderately effeminate ----- 8%
Moderately lacking in closeness and affection----20%	Midway -----38%
Of average closeness and affection -----41%	Moderately masculine -----43%
Above average closeness and affection -----22%	Very masculine-----10%
Very close and affectionate ----- 9%	
Emotional stability/interpersonal skills	Relationships with other adults
Extremely poor ----- 3%	Avoided when possible ----- 7%
Very poor-----11%	Uncomfortable-----12%
Less than average -----30%	Reasonably comfortable -----37%
Average-----35%	Quite comfortable-----35%
Above average----- 8%	Preferred their company ----- 9%
Very good -----11%	
Excellent----- 1%	
Relationships with siblings	Sexual information from parents/other adults
Had no siblings -----11%	Treated as nonexistent-----14%
Poor -----19%	Rarely discussed-----56%
Fair -----31%	Occasionally discussed-----25%
Good -----33%	Frequently discussed ----- 4%
Excellent----- 6%	Openly discussed----- 1%
	Sexual information from siblings/friends
	Practically none -----15%
	Very little-----26%
	Fair amount -----27%
	A lot -----20%
	Practically everything -----12%

Sexual Experiences in Childhood and Adolescence

Questions were asked about frequency of sexual experiences during childhood and adolescence with male siblings and peers, females of any age, males 3 or more years older, and unwanted contacts with peers or older males.

Table 4: Sexual Experiences in Childhood and Adolescence in %. N=297

Frequency	Never	Once	2-3	4-6	7-10	11-19	20-50	>50
Child: male sibs/peers	37	7	19	7	7	8	10	10
Child: females any age	58	10	20	5	1	2	2	1
Child: older males	67	7	13	3	2	2	5	1
Child: unwanted	79	7	7	3	2	2	1	1
Adol.: male sibs/peers	35	4	16	11	7	5	12	9
Adol.: females any age	64	9	14	4	4	2	2	1
Adol.: older males	71	6	9	3	2	2	3	4
Adol.: unwanted	82	7	3	2	2	1	2	0

Perceptions of Causes and Developmental Paths

As noted above, ten origin/trajectory proposals were offered in language that, while perhaps not academically precise, was intended to be comprehensible to most participants. These presentations can be seen to some degree as "hair-splitting" and overlapping, but it was felt that too many options were better than too few. Respondents were asked to "rate" each of these propositions on a seven point scale from ". . . not at all true in my case," through . . . moderately true in my case" to ". . . completely true in my case." The propositions were not mutually exclusive, so respondents could rate one or several very highly, or as of little or no relevance to them. The ten propositions were that the respondents' BPO originated and developed as a result of:

(A) ". . . pleasant and consensual sexual explorations and experiences with peers or boys younger than oneself during childhood and adolescence cause this attraction to develop."

(B) "A variation of the preceding idea is that the desire and longing to relive the sexual joys and pleasures of boyhood and youth causes this attraction to express itself in later adolescence and adulthood."

(C) ". . . pleasant and consensual sexual explorations and experiences with older boys or men during childhood and adolescence cause this attraction to develop."

(D) ". . . this attraction develops as a "compensation" or "replacement" for unsatisfactory and repressed sexual explorations and experiences during childhood and adolescence."

(E) "... a boy who lacks a satisfactory general relationship with his father or other "father figure" will, when he is older, out of a concern that other boys not suffer the same deficit, develop close friendships with boys which may become sexually expressed."

(F) "... if as a boy you were seduced, cajoled, or forced into an unwanted sexual experience with an older male, the "powerlessness" you felt at that time manifests itself in later life in a need to exert power over others, particularly sexual power over younger boys."

(G) "... a feeling of sexual inadequacy with peers can cause one to seek sex from prepubescent and younger adolescent boys, who are less threatening and who demand less in return."

(H) "... exposure to "boy erotica," or "child pornography," will influence the viewer to seek out sex with prepubescent and younger adolescent boys."

(I) "... one is "born" with this attraction, i.e., the cause is intrauterine hormonal influence and/or is inherited from one or more of your ancestors."

(J) "Some ... have no idea whatsoever why or how they came to be emotionally and sexually attracted to boys."

Table 5 indicates the percentages who gave various ratings to these propositions.

Table 5 Self-perception of Causes in % (N=297)

True in my case:	A	B	C	D	E	F	G	H	I	J
Not at all	42	36	59	46	43	73	47	62	20	20
Only to an extremely small degree	12	9	15	17	12	10	15	9	9	11
To a minor degree,	11	11	6	10	15	5	16	10	10	7
To a moderate degree,	11	17	4	14	12	5	9	9	17	20
To a more than moderate degree	8	11	4	3	8	2	7	9	14	13
To a very large degree	6	5	4	6	4	2	3	1	14	13
Completely	10	12	5	4	6	2	2	1	16	21
Cumulative moderate or greater	35	45	17	27	30	11	21	20	61	63

A majority felt that their BPO was genetic (I), but a similar majority indicated that they really did not know the exact cause or causes (J). Boyhood experiences (A) and a desire to relive them (B) were also reported as significant, as well as an unsatisfactory relationship with the respondent's father (E) and a desire to compensate for unsatisfactory sexual experiences as a child and adolescent (D).

Past and Current Attractions

Respondents were asked to rate their relative attractions to boys versus "other persons" on a five point scale from almost exclusively to boys (1) to almost exclusively to other persons (5). For the period before and up through adolescence, the Mean was 2.10 (2 = primarily to boys, but

somewhat to other persons) with a SSD of 1.16; for post-adolescence, the Mean was 1.93 with a SSD of 0.96.

When asked when they first began to suspect that their sexual attractions were "different," they reported a Mean of 12.79 years with a SSD of 3.89. For "reasonable certainty" the Mean was 15.5 years, with a SSD Of 4.46. The large SSDs indicate a high degree of variability.

Current Feelings and Mental Health

Several questions about current self perceptions, adjustment, stress, and mental health counseling were asked. The results are shown in Table 6.

Table 6: Current feelings and Mental Health, N=297

Do you feel that your BPO is "right" or "wrong?"	Anxiety and stress <u>considering</u> social pressures
Completely wrong ----- 2%	Severely affected, impossible to function----- 3%
Somewhat wrong-----16%	Greatly affected, functionality impaired -----10%
Neither right nor wrong-----36%	Considerately affected-----22%
Somewhat right-----13%	Moderately affected -----17%
Completely right -----23%	Somewhat affected-----19%
	Minimally affected-----18%
	Not noticeably affected -----11%
Do you feel that you are a "bad" person?	Opinion of mental health counseling
I completely accept that I am a "bad" person----- 3%	Negative, would never seek -----23%
I partially accept that I am a "bad" person ----- 6%	Somewhat negative, last resort-----26%
I have mixed feelings-----23%	Neutral, might consider -----25%
I partially reject that I am a "bad" person-----16%	Somewhat positive, would consider -----12%
I completely reject that I am a "bad" person-----52%	Positive, have considered or participated -----14%
Do you feel that BPO is a "mental illness?"	Experience with mental health counseling
Completely appropriate in my case ----- 4%	Never been involved-----60%
Moderately appropriate in my case ----- 5%	No help-----10%
I have mixed feelings-----30%	Very little help----- 8%
Moderately inappropriate in my case-----12%	Some help -----10%
Completely inappropriate in my case-----49%	Fairly helpful----- 7%
Feelings about your BPO <u>apart</u> from social pressures	Very helpful----- 4%
Extremely uncomfortable and disturbed ----- 6%	
Moderately uncomfortable and disturbed----- 6%	
Somewhat uncomfortable and disturbed -----11%	
I have mixed feelings-----27%	
Somewhat comfortable and at peace-----12%	
Moderately comfortable and at peace -----19%	
Completely comfortable and at peace -----19%	

DISCUSSION

The purpose of this study was to investigate the origins and development of male Boy-Attracted Pedosexual Orientation (BPO) from a non-clinical and non-forensic perspective by providing an

opportunity for self identified Boy-Attracted Pedosexual Males (BPM) to express their own observations and opinions in a completely anonymous setting. This anonymity is critical in that interviews or questionnaires that are not anonymous are subject to a host of self-protective and self-enhancement biases. No claim is made that this present self-selected convenience sample is free from all of these biases, only that such total anonymity tends to reduce those biases that are based on fear of being identified, as well as those in which the respondent feels a need or desire to enhance his own self-image to the researcher. However, the degree of self-selection bias, as well as the bias of respondents who might endeavor to present an overly positive image of BPO in general, could not be assessed.

The above anonymity was accomplished by employing an Internet survey wherein responses could not in any practical way be traced to the participants. Other than their self-identified BPO, the 297 respondents seemed not to be atypical of the general population in demographics, background, and developmental experiences, although they tended to have above average levels of education - nearly half reported college studies, and one fourth reported an undergraduate degree plus some postgraduate studies. Somewhat elevated degrees of anxiety were indicated by the admittedly non-standardized measures of adjustment employed in the questionnaire, although this seems to be more of a result of social negativism toward the orientation than intrinsic maladjustment of the respondents.

In the past, the "abused to abuser" theory held that boyhood sexual experiences with older persons were the cause of "pedophilia" in older boys and men, but this concept has largely been discredited by research (e.g. Riegel, 2005) showing that only a minority of such older boys and men experienced boyhood encounters of this nature.

CONCLUSIONS

While a significant degree of uncertainty was reported, the BPM in this convenience sample generally expressed the opinion that their orientation has a strong genetic component, although there was some acknowledgment of the environmental influence of their own boyhood experiences. The beginning of the discovery of their orientation around age 12 corresponds with previous research (e.g. Riegel, 2007). These respondents appear to be reasonably egosyntonic concerning their BPO, and do not feel that they have a mental deficiency or illness that is in need of treatment or correction.

Any tendency for respondents to present an exaggerated positive image of their BPO could not be determined, but the presence of some negativity in the responses, as well as in the text comments, was indicative of honest and candid responses. The size of the sample (N=297) would also tend to minimize the effect of any outliers.

This study does not speak to consensual sexually expressed boy/older male relationships; those issues are addressed in considerable detail elsewhere (e.g. Riegel, 2011; Sandfort, 1987).

It must be emphasized that this investigation is of a self-selected convenience sample which is not claimed to be representative of all BPM, much less the general population. However, since other studies of BPM based on clinical or forensic populations are likely to be even less

representative, the present study contributes to an enhanced conceptualization of this understudied area of inquiry. Obviously, though, further investigations based on other than victimological paradigms are needed to evaluate, refine, and enlarge the present findings.

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