

Is Pedophilia a Sexual Orientation?

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Abstract In this article, I address the question of whether pedophilia in men can be construed as a male sexual orientation, and the implications for thinking of it in this way for scientific research, clinical practice, and public policy. I begin by defining pedophilia and sexual orientation, and then compare pedophilia (as a potential sexual orientation with regard to age) to sexual orientations with regard to gender (heterosexuality, bisexuality, and homosexuality), on the bases of age of onset, correlations with sexual and romantic behavior, and stability over time. I conclude with comments about the potential social and legal implications of conceptualizing pedophilia as a type of sexual orientation in males.

Keywords Pedophilia · Paraphilia · Sexual preferences · Sexual orientation

Introduction

Why does the question—whether pedophilia is a sexual orientation—matter? Answering the question of whether pedophilia in men is a *sexual age orientation* (or sexual orientation with regard to age) has implications for science, clinical practice, and public policy. I will focus my comments on men, because most known pedophiles are male, and I will rely on research involving male participants. Pedophilia appears to be rare among women, and sex differences in sexual response and behavior suggest pedophilia may manifest differently in women (Chivers, Seto, & Blanchard, 2007; Diamond, 2008; Seto, 2008).

For science, the answer influences research questions about etiology and development of sexual age interests. *Sexual gender orientation* (heterosexual or non-heterosexual preferences) is typically experienced as something one begins to discover about oneself in early puberty, rather than something one acquires as a result of developmental or environmental processes. An increasing body of research has revealed that prenatal factors (e.g., as indicated by the fraternal birth order effect and greater non-right-handedness) influence sexual gender orientation and has identified neuroanatomical and other biological correlates (Mustanski, Chivers, & Bailey, 2002; Wilson & Rahman, 2005). Recent research suggests some interesting similarities, and differences, in the neurobiological correlates of pedophilia (see Cantor, submitted). For clinical practice, the answer shapes our hypotheses and approaches about assessment, prognosis, and treatment. Sexual gender orientation is often viewed as innate; it can be assessed through self-report, reaction time, and genital response; and reorientation therapies have not worked for homosexual men, suggesting interventions may be able to change sexual arousal patterns or even behavior without changing the underlying preferences (Drescher & Zucker, 2006). Finally, for public policy, perhaps most controversially, the answer may affect societal perceptions and may have implications for criminal and civil law. Anti-discrimination laws and policies refer to sexual orientation, but with the implicit understanding that one is referring to sexual gender orientation. But what might happen if the definition of sexual orientation were to expand to include sexual age preferences such as pedophilia?

Definitions

Before addressing the evidence regarding pedophilia as a sexual orientation, it is important to define terms. First, *pedophilia* can be defined as a sexual attraction to prepubescent children, as

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indicated by persistent and recurrent sexual thoughts, fantasies, urges, arousal, or behavior (“or” because the diagnosis can be made on the basis of thoughts and urges alone, for example).¹ The prevalence of pedophilia (based on diagnosis, objective testing, or self-report) in samples of child pornography offenders or sexual offenders with child victims is much higher (50–65%) than it could possibly be in the general population (Seto, 2008; Seto, Cantor, & Blanchard, 2006). Though large-scale epidemiological data are not available, Seto (2008) reviewed a range of studies and suggested that non-representative samples point to an upper-limit prevalence of 5% in men. For example, anonymous surveys have found that 3–4% of college-aged men admit to having had sexual contact with a prepubescent girl (Ahlers et al., 2011; Smith, 1994); Fromuth, Burkhart and Jones (1991) specified that the respondent was 16 or older when the sexual contact occurred, ruling out peer contacts. As another example, Briere and Runtz (1989) found that 5% masturbated to sexual fantasies about children (age unspecified). Not all of these men were pedophiles, however, because the researchers did not ask questions about persistence or intensity.

Second, male *sexual orientation* can be defined as the direction(s) of a male person’s sexual thoughts, fantasies, urges, arousal, and behavior; the Oxford English Dictionary (2011) defines orientation as “the relative position or direction of something.” People are most familiar with the idea of sexual orientation as it applies to gender: Heterosexual individuals are primarily oriented towards opposite-sex persons, homosexual individuals are primarily oriented towards same-sex persons, and bisexual individuals are attracted to both men and women. Other labels have also been used to self-identify (e.g., “queer,” “gay”); these self-identity labels overlap with male homosexual and heterosexual orientations, but they are not the same constructs.

I purposefully used the conjunction “and” in the definition of sexual orientation because these different expressions of sexual interest are usually coherent in men. It is highly unusual for a man to have sexual thoughts, fantasies, and urges about

other men, for example, but to be most sexually aroused and pursue sexual activities with women. Though a homosexual man might engage in heterosexual relationships and even marry a woman because of prejudice and sociolegal restrictions against same-sex relationships, the above view of sexual orientation would nonetheless predict that much of his sexuality would still involve men (e.g., having sexual fantasies about men, viewing pornography depicting males, extra-marital liaisons with men) (see Beckstead, submitted).

Aspects of Sexual Orientation

In the following section, I very briefly comment on sexual gender orientation with regard to age of onset, correlations with sexual and romantic behavior, and stability over time, to establish a basis for comparison with pedophilia as a potential sexual age orientation.

Age of Onset

Awareness of one’s sexual gender orientation typically emerges before the onset of puberty and can be described as a process of discovery, with an awareness of sexual interest in males or females preceding sexual behavior or self-identification (McClintock & Herdt, 1996; Remafedi, Resnick, Blum, & Harris, 1992; Savin-Williams & Diamond, 2000).

Sexual and Romantic Behavior

Among men, there is a large difference in the sexual histories and romantic partner choices of self-identified heterosexual and homosexual men. In particular, homosexual men are much more likely to have had same-sex partners, especially when less constrained by social and legal obstacles; the orientation difference between heterosexual and homosexual men is smaller for female partners (Chandra, Mosher, Copen, & Sionean, 2011).

Stability over Time

Male sexual gender orientation is usually viewed as stable over time and situations, though it is not required as part of the definition (and does not appear to correct for female sexual gender orientation) (see Diamond, 2008). Efforts to change male sexual gender orientation have consistently failed; though temporary changes in sexual arousal can occur through behavioral conditioning techniques, probably by increasing voluntary control over sexual arousal (though see Conrade & Wincze, 1976), there is no convincing evidence that sexual thoughts, fantasies, urges, arousal, and behavior change in the long-term (though there is ongoing debate about “reorientation” or “conversion” therapies to change homosexual to heterosexual orientation; see Beckstead, submitted; Drescher & Zucker, 2006). Focusing on

¹ Clinical definitions usually require distress or impairment if pedophilia is to be considered a mental disorder (e.g., the DSM-IV-TR) (American Psychiatric Association, 2000), but not ICD-10, which considers the sexual attraction to prepubescent children to be sufficient (World Health Organization, 1997). I will not enter the debate about whether pedophilia should, or should not, be classified as a mental disorder, in this commentary. Interested readers are directed to the December 2002 issue in the *Archives of Sexual Behavior* for commentaries on this debate (e.g., Seto, 2002, where I argue pedophilia should be a mental disorder). For my purposes, the sexual attraction part of the definition is the key consideration in operationalizing pedophilia. There has been recent debate about the existence of *hebephilia*, a sexual age orientation for pubescent children, that is, children who are beginning to show signs of physical maturity such as breast budding in girls or changes in the scrotum and penis for boys (Blanchard, 2010; Franklin, 2009; Seto, 2010). There is no word coined yet for individuals who are attracted to both mature and immature persons. DSM-IV-TR refers to such individuals as nonexclusive pedophiles, but one could also call them non-exclusive teleiophiles (American Psychiatric Association, 2000). The Greek root for age is *aion*, so one word that could apply is *bi-aionic*.

heterosexuality, there is no evidence that heterosexual individuals change their orientation over time, such that a man with an extensive history of sexual interactions involving women and a long-term marriage subsequently becomes sexually (or romantically) attracted to another man.

Is Pedophilia a Sexual Orientation?

By the above definition of sexual orientation—and most common definitions of sexual orientation—pedophilia can be viewed as a sexual age orientation based on the more limited evidence available regarding its age of onset, associations with sexual and romantic behavior, and stability over time. Though there are clearly differences in some respects, there are also striking similarities in the research literature on pedophilia.

Age of Onset

Self-report is less straightforward than for heterosexual (or even homosexual, in contemporary research in North American and Western European countries) respondents given the stigma associated with pedophilia, but some individuals acknowledge an early onset of sexual interest in children that precedes sexual behavior involving children or self-identification as a pedophile. For example, some studies of identified offenders find that a substantial minority admitted an onset of sexual interest in children before adulthood (Abel et al., 1987; Freund & Kuban, 1993; Marshall, Barbaree, & Eccles, 1991). Dandescu and Wolfe (2003) found that two-thirds of their sample of sex offenders with child victims reported that they had “deviant sexual fantasies” before committing their first offense. One-quarter of Bernard’s (1985) small sample of self-identified pedophiles were aware of their sexual interest in children before the age of 15. Memoirs and case reports also indicate an early age of onset (Li, 1991). As with non-heterosexual gender orientations, some individuals choose to reveal their pedophilic orientation to family and close friends, but this is likely an even more difficult process because of the much greater stigma associated with sexual attraction or involvement with children. There is little empirical information, however, about the self-identities, disclosures, and quality of life of pedophilic individuals.

Sexual and Romantic Behavior

Pedophilia is associated with sexual behavior involving children. Some studies have found that some pedophilic sexual offenders (in particular, those who select unrelated boys) score higher on measures of emotional congruence with children than other sexual offenders (Underhill, Wakeling, Mann, & Webster, 2008; Wilson, 1999). Finkelhor (1984) defined emotional congruence with children as the extent to which sex with a child fulfilled emotional needs. Emotional congruence can also include

the degree to which someone prefers the company of children, enjoys child-oriented activities, and feels his emotional and intimacy needs can be met by children (Wilson, 1999). Some pedophiles not only seek sexual contacts with children, but seek romantic relationships with them. For example, Li (1991) interviewed 27 pedophiles and found that many characterized their contacts with children as part of loving relationships. Wilson and Cox (1983) interviewed 77 members of the Paedophile Information Exchange in the United Kingdom, and found that more respondents characterized their relationships with children as affectionate, loving, intimate, and “close” ($n = 25$) than as genitally-oriented ($n = 18$). Some respondents claimed their relationships with children were platonic, suggesting that sexual attraction was not the primary motivation. Other individuals might not have sexual contacts with children, but will view nude or sexually explicit depictions of children (Neutze, Seto, Schaefer, Mundt, & Beier, 2011; Riegel, 2004; Seto et al., 2006). There is little other research exploring the emotional aspects of adult–child contacts, from the adult’s perspective.

Stability over Time

Pedophilia is viewed by many researchers and clinicians as having a lifelong course. For some individuals, at least, it is discovered in early adolescence and sexual interest in children can be detected in adolescence (Seto, Lalumière, & Blanchard, 2000; Seto, Murphy, Page, & Ennis, 2003); once identified, pedophilia can predict detected sexual behavior involving children up to 40 years later (Hanson, Steffy, & Gauthier, 1993). Changes in sexual arousal to children can be made using behavioral conditioning techniques, but follow-up studies have not shown evidence that this change generalizes outside the laboratory or persists over the longer-term.

Some investigators have suggested there is evidence that pedophilic preferences can change (see Marshall, 2008). For example, Marshall (1997) examined pre-post treatment changes in sexual arousal to children in a group of 12 offenders who had shown greater sexual arousal to children than to adults when initially assessed, had multiple child victims, and who had been diagnosed by a forensic psychiatrist as having pedophilia. He found that this selected group of pedophilic offenders showed lower sexual arousal to children than to adults when assessed after treatment, even though treatment focused on intimacy, relationship skills and self-esteem, rather than modification of sexual arousal patterns. There are not sufficient longitudinal data, however, to draw strong conclusions about long-term change at this time. Follow-up research has found that pre-treatment assessments of sexual arousal are a better predictor of sexual recidivism than post-treatment assessments, suggesting that any treatment-related changes in sexual arousal patterns dissipate over time (Harris, Quinsey, & Rice, 1991). Viewing pedophilia as a sexual orientation would suggest that treatment

is more likely to be effective if it focuses on self-regulation skills (in order to effectively manage pedophilic urges, thoughts, etc.) than on trying to change sexual preferences (Beckstead, submitted; Drescher & Zucker, 2006).

Modular Preferences: Gender and Age Orientations

The strongest test of sexual orientation is whom a person would choose in a hypothetical situation where they could freely have sex, without negative consequences, when presented with the alternate choices: man or woman, adult or child. *Teleiophilic* individuals (to use a term coined by Blanchard) would choose physically mature persons and *pedophilic* individuals would choose prepubescent children. Androphilic (homosexual teleiophilic) men would choose other men and gynephilic (heterosexual teleiophilic) men would choose women.²

Sexual age and gender orientation can be viewed as dissociable in men (see Fig. 1; Blanchard, 2010; also, Quinsey & Lalumière, 1995, described a male sexual preference system that would contain different mental modules attending to different gender and age cues). Whether someone is sexually attracted to children or to adults is partially independent of whether he is sexually attracted to males or females. These dimensions are not completely orthogonal because pedophilic individuals distinguish less between boys and girls than teleiophiles distinguish between men and women, possibly reflecting the fact that boys and girls differ less in terms of body size and shape than do men and women. Secondary sexual development (breasts, axillary and pubic hair, size and shape of external genitalia) also provides more cues about gender when examining adults.

Final Comment

I have focused on the scientific and clinical implications of conceptualizing pedophilia as a sexual orientation in this brief article. But what about the legal and social implications? In particular, what impact might there be in conceptualizing pedophilia as a sexual age orientation, based on empirical evidence, akin to sexual gender orientation such as heterosexuality or homosexuality? For example, there are anti-discrimination laws or policies that specifically mention “sexual orientation” as grounds for redress. The makers of these laws and policies surely had sexual gender orientation in mind, not sexual age orientation.

It is important to emphasize here that I am not equating these gender and age orientations. Homosexuality continues to be

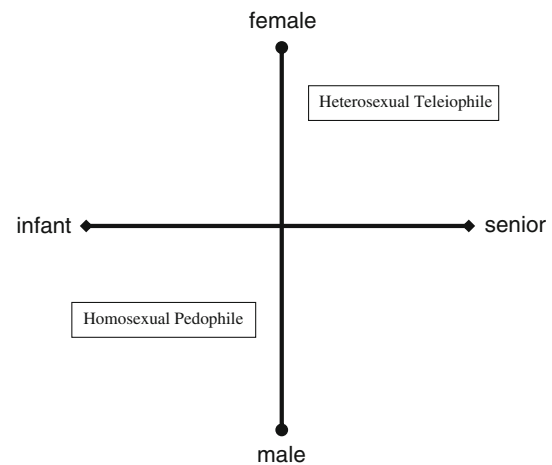


Fig. 1 Male modular person preferences system. Asexual persons (espousing no particular sexual attraction to others) could be placed at the origin of this two-axis system. Other axes could be added to represent other person characteristics that may be of interest, including body shape and size, but gender and age are two of the most fundamental person characteristics

negatively sanctioned in a variety of ways, but social changes have occurred, including the legal rights of marriage or civil unions in Canada and several other countries, recognition of same-sex partner benefits, and the inclusion of sexual gender orientation in anti-discrimination policies and laws. In my opinion, these are signs of progress: I am generally opposed to discrimination, and I believe that mutually consenting sex between adults should not be subject to legal or other discrimination. Pedophilia, on the other hand, involves sex between an adult and a child who is not legally able to consent. There are substantial asymmetries in cognitive ability, psychosexual development, and autonomy that are not usually present in sexual interactions between consenting adults. I would still consider it no particular concern of mine if adult pedophiles advocated for the freedom to have sex with other adult pedophiles. They do not, however, and I think there is often a self-serving motive in adult statements supportive of adult–child sex.³

Given the anxiety and fear elicited by pedophiles in contemporary societies, it is highly unlikely that citizens would support the expansion of legal and civil rights to other sexual orientations. Nonetheless, this challenging and complex discussion needs to take place. Accepting that pedophilia is a sexual orientation akin to heterosexuality or homosexuality, rather than a preference that is chosen or somehow learned, may influence the direction of this discussion. Pedophilia is unlikely ever to be accepted, given its behavioral manifestations involve the sexual exploitation of children, but can it be tolerated when it is not accompanied by criminal actions? This may seem far-fetched

² The order of these adjectives describing sexual preferences could easily be reversed; for example, a man attracted to prepubescent girls could be correctly described as either a “gynephilic pedophile” or a “pedophilic gynephile” (I thank one of the anonymous reviewers for this point). An important empirical question is whether sexual gender preferences or sexual age preferences have primacy.

³ I realize that adults have more opportunities to speak and be heard, at least by other adults, but I have never heard (directly or indirectly) a child speak on behalf of his or her right to have sex with an adult.

given the current prevailing views of pedophilia and sexual offending against children (see Jenkins, 1998), but there are examples of Dutch and other European pedophile groups that were at least tolerated in the 1970s and 1980s (e.g., Des Sables, 1976; O'Carroll, 1980; Pieterse, 1982; Rouweler-Wuts, 1976; see also online forums such as *Girlchat* and *Boychat*).

Our efforts to respond to pedophilia and the associated social problems of sexual child exploitation—through child pornography, sex tourism, juvenile prostitution, and child sexual abuse—require a more compassionate and less discriminatory treatment of pedophiles (see Seto, 2008). Currently, treatment and support services are mostly available to individuals who have been charged or convicted of sexual offenses against children. Few resources are available to help-seeking pedophiles. A notable exception is the Dunkelfeld Project in Germany, which used mass media campaigns to advertise clinical services for help-seeking, self-identified pedophiles and hebephiles (Beier et al., 2009). Many of these individuals had not been detected by authorities for their pedohebephilic behavior, yet many (not all) had accessed child pornography or had sexual contacts with children (Neutze et al., 2011). Other organizations such as B4U-ACT and Stop It Now! Also provide referral and other services to self-identified pedophilic or hebephilic individuals. Pedophiles will remain hidden if they continue to be hated and feared, which would impede efforts to better understand this sexual orientation and thereby prevent child sexual exploitation.

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