

Original Paper

Pedophilia

Pedosexual Behaviour, Psychological, Political and Legal Aspects

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Received: July 5, 2024

Accepted: July 20, 2024

Online Published: August 7, 2024

doi:10.22158/jpbr.v6n2p109

URL: <http://dx.doi.org/10.22158/jpbr.v6n2p109>

Abstract

Analysis of the concept pedophilia and orientation demonstrated that these concepts are not derived from biological and medical science, but to social actions against our religious and legal repression of homosexual acts in the Jewish and especially later in the Christian culture. The findings require a completely new understanding in how we manage these concepts. How we use these terms today is a danger to legal certainty, research and therapy.

Keywords

pedophilia, sexual orientation, therapy, legal certainty

Introduction

There are not much that provokes more disgust than a person who sexual offend a child, which automatically leads to be labelled a “Pedophile”, a person with a pedophilic orientation who is incurable. During the last three decades, the focus on sexual offences against women, men and children has increased tremendously in the public and pedophilia has become one of the most hatreds aeras in the field. Pedophile orientation follows a discourse of monster and moral panic that even affects a scientific attempt to understand the phenomenon and is a hinder to offer adequate psychological treatment (Angelides, 2003, Green, 2002, Langfeldt, 2010; Prusak, 2020). Pedophiles have ended up in a monster discourse that makes it almost immoral to work with them, and there are no shortages of discourse providers in the media. When you get to know these people through in-depth therapy, they almost all act like wimps, the opposite of being a monster.

The general opinion that pedophilia is incurable, is based on the understanding that an orientation cannot be changed, like homosexual orientation. Since psychotherapy cannot change a sexual orientation, treatment of pedophilia then must involve learning as a way to control one's behavior and not psychotherapy. This developed the educational and moral "relapse prevention" treatment which have shown not to be that successful. Success in this kind of treatment becomes a matter of moral strength. Labeling pedophilia as a disorder in DSM-5 and ICD-11 however, opens up for investigation about how such disorders develop. In this article I will try to illuminate ways to find more information. In order to do so, we have to go into developmental psychological and sexological issues. There is no reason to assume that sexual abuse against children has one and the same explanation as was true in orientation. There are reasons to assume that further research will disclose new emotional and sexological important aspects leading to sexual abusive behavior.

In this article I will first discuss the history about sexual deviation and how pedophilia became a sexual orientation and how this moral discourse and its discourse providers within science, treatment, and the legal system function. Further I will discuss the implications for a scientific analysis through case studies from our 35 years of clinical work and research. Finally, I will try to summarize the great variety in possible emotional and sexological explanations. At the end I will try to illuminate some theoretical possibilities for a better therapeutic understanding of people who sexually offend other people. Knowledge about the development of sexual abusive behavior is central to the understanding of preventing sexual abuse. At the present time, the lack of knowledge is enormous and poses a serious danger to legal certainty and a challenge for the consequential damage principle in law (Langfeldt, 2023).

Method

The present article is an analysis of the concept pedophilia and orientation based on a discourse analysis including hetero- and homosexual orientation as well. This is seen in relation to the health and legal profession use of the concept as well as research and therapy. A collection of case histories is presented to illustrate the discourse and its discourse providers.

From Sinful to Social Constructions, Orientation, and Disorder

Today we talk about two sexual orientations, heterosexual, and homosexual orientation and some who have a mix of both, bisexual, as a biological scientific truth. The etymology of these concepts has a political and not a medical origin. The reason why these terms came to light were protests against European laws against sex mostly between men, which as in United Kingdom was death penalty until 1861. These laws came from the Old Testament and later by Paulus and Augustin in Christian cultures and later on in Islam where death penalty still exists in several countries like Saudi Arabia, Iran, Brunei, Mauritania, Nigeria and Yemen, but also in Uganda, which is a Christian country.

The statement that all non-reproductive sexuality was sinful was first expressed through Augustine's work as bishop of Hippo from 395 CE. The criminalization of nonreproductive sexuality in Christianity were first brought together in the Corpus Juris Civilis by emperor Justinian in 529-534. This law formed the basis for later criminal laws in Europe that were developed in the Middle Ages controlled by the catholic church. The reproductive discourse is not a biological phenomenon, neither is heterosexuality, but it is the most common sexual relationship. This means that all variations are normal as well.

During the Age of Enlightenment from the last part of the 17th century, medicine followed the religious notions of sinful sexuality where only sexuality for reproduction was accepted. This led to that all other forms of sexual acts became sinful. The medicine chose to follow the church's concept of sin and named all the sinful acts as pathological. In France, however, the French Revolution repealed the law against same sex sexuality in 1791, in contrast to England which had death penalty for homosexuality and in 1835 hanged two homosexual men outside Newgate prison in London. Capital punishment was not abolished until 1861 in England.

In the 19th century, we got movements in many countries that fought against the oppression of homosexuals, which was punishable in all Christian and Muslim countries. An Austrian journalist who worked in Hungary gained particular importance for the formation of the term, homosexuality. His name was Karl Maria Kertberny. He was a journalist and a gay activist and needed a concept to identify those who were sexually attracted to the same sex. He coined the concepts *homosexuality*, *heterosexuality* and *monosexuality*. In 1869 he published a pamphlet where he stated that homosexuality was inborn and unchangeable. He began to write extensively about homosexuality, motivated by his best friend, that was a homosexual and who committed suicide after being blackmailed by some boys probably in the same way as the famous author, Oscar Wild was blackmailed. The concept was quickly spread among intellectuals and medics who were concerned with the phenomenon. Within a decennium, these concepts become public property. The famous Austrian psychiatrist, Richard von Krafft-Ebing borrowed the concepts and published them in 1886 in his famous book, *Psychopathia Sexualis*, in where he also coined the concept "pedophilia", as sexual interest in prepuberal children (Krafft-Ebing, 1924).

Eventually we begun to speak of hetero and homosexuality as orientation and countless scientists tried to find unequivocal biological correlates without being entirely successful. The relationship between biology and sexual orientation is still a big issue in research and scientists do not know the exact cause of sexual orientation. Neither genetic, hormonal or environmental nor brain research, have found clear answers. The reason for this may simply be that "homosexuality" was never meant to be a single-minded psychological phenomenon, but a social construction for use in the fight for love and sex between people of the same sex. The reason may be that the urge for sex with the same sex and the desire to become a lover with someone of the same sex is not a homogeneous phenomenon but simply

something we humans just are without proving why. We may have to talk about sexual arousal, pair bonding and falling in love as different dimensions within what we define as sexual orientation. Within such a theoretical framework, we will never be able to find a biological explanation for what we today call a sexual orientation.

Further sexual orientations have been introduced, like hebephilic orientation first used in 1957 in forensic use by Hammer and Gleuck to distinguish between pedophiles from sex offenders whose victims were adolescents (Hammer & Gleuck, 1957). Hebephilia was then analog with the concept, ephebophilia, used by Hirshfeld in 1906 to describe homosexual attraction to males from puberty to beginning of twenties. The gradual change from homosexual to homophilia reinforced the idea that homosexuality was an orientation. The same happened with pedophilia. From clinical experience there are reasons to believe that it is age preferences that have a developmental explanation and not related to orientation. Age related orientations are a moral issue and not related to orientations (Steene, 1997).

It is interesting to notice that without a religious condemnation of homosexuals, the concept homosexual orientation would not have arisen. We have cultures among the Native Americans that have not condemned same-sex sexuality nor cross gender roles but talk about two-spirits and that people with two spirits are even more exalted than the rest of population (Schmithers, 2023).

It was in the early 1970 that homosexuality was accepted to be somehow an inborn trait, following Kertbenys idea, which then was called, the medical model. Central to this discussion hundred years later was Allan Bell and Martin Weinberg with their books: *Homosexuality: An Annotated Bibliography* from 1972 and *Homosexualities: A Study of Diversity Among Men and Women*, in 1978. These books were important in the debate whether homosexuality was a normal phenomenon or something else. In the beginning of the 80th we ended up with heterosexuality and homosexuality as two different orientations.

At the same time, in the middle of the 1970, pedophile activists emerged in England, USA and Netherland and claimed that pedophilia also was an inborn sexual orientation in line with homosexuality. This is how pedophilia became a sexual orientation. In this way the term pedophile orientation was understood as a scientific truth both in the media and among professionals without any biological evidence at all. In the same way as homosexuality became a sexual orientation from an activist, so became pedophilia an orientation from activists who had a sexual preference for children. With orientation pedophilia became a moral issue with moral panic and placed pedophilia outside scientific and clinical interests.

In the media today, and especially on the internet and in programs for artificial intelligence AI, pedophilia is described as an incurable sexual orientation. Many young boys, in special, looking at child pornography on internet and get aroused, are afraid of being an untreatable pedophile monster, and we know about boys that have committed suicide due to this. Some patients told us they were close to suicide for the same reason.

In the media pedophilia is often used to describe sex with someone under the age of consent. In the documentary “Andrew The problem Prince” from 2023, Epstein was called a pedophile after having sex with a 15 year old girl. This misinterpretation of the term pedophilia is often seen in the media and contributes to the term’s imprecision also in the legal system. In California have an age of consent at 18 which the share with 10 other states.

In the same way as the orientation discourse is a hinder for psychological focus on scientific research and psychotherapy, paraphilia has its discourse from moral and religion in the Age of Enlightenment.

Pedosexual Disorder and the Failed “Orientation Coup.” The New Diagnose in DSM-5

In the international discussions about pedophilia, there are still groups that claim that pedophilia is a sexual orientation. When the first paper version of DSM-5 came out in the summer 2013, this conflict was revealed at the highest scientific level. The committee that reviewed the section about pedophilia, stated that pedophilia was a sexual orientation. The American Psychiatric Association (APA) responsible for this chapter in DSM-5, corrected the text immediately the 31. October 2013, saying:

APA Statement on DSM-5 Text Error

Pedophilic disorder text error to be corrected

The American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) has recently been published after a comprehensive multi-year research and review of all of its diagnostic categories.

In the case of pedophilic disorder, the diagnostic criteria essentially remained the same as in DSM-IV-TR. Only the disorder name was changed from «pedophilia» to «pedophilic disorder» to maintain consistency with the chapter’s other disorder listings.

«Sexual orientation» is not a term used in the diagnostic criteria for pedophilic disorder and its use in the DSM-5 text discussion is an error and should read «sexual interest». In fact, APA considers pedophilic disorder a «paraphilia» not a «sexual orientation». This error will be corrected in the electronic version of DSM-5 and the next printing of the manual.

APA stands firmly behind efforts to criminally prosecute those who sexually abuse and exploit children and adolescents. We also support continued efforts to develop treatments for those with pedophilic disorder with the goal of preventing future acts of abuse.

Pedophilia as a mental disorder has been questioned by many scientists (Green, 2002; Münch et al., 2020). The correction from APA, however, is an important contribution in the effort to understand the underlying mechanisms of how such “disorder” develops. It is important, however, to realize that pedophile disorder is not one kind of “disorder”, but sexual offenses against children, and for that matter also against adults, will in many cases have many different developmental courses and with

varying degrees of risk of recurrence. It should therefore not be called a disorder, but an offence that have different antecedent conditions. As it will work today, the legal system will use the diagnosis as one type of disorder with no possibility of differentiation related to risk of recurrence. The way it is formulated in DSM-5 is an undifferentiated use of the diagnosis which will be a serious breach of legal certainty.

Another important problem is the relationship between therapy, risk assessment and the legal system. Risk assessment does not take into account any changes over time. Nor is account taken of the various reasons underlying the sexual offensive act.

From a methodological point of view, individual orientated psychodynamic therapy with men who offend children do not fit the criteria for meta-studies of therapy effect on relapse. Those who fit the criteria best are educational therapy programs. This means that we do not have a sufficient scientific basis to generalize from meta-studies. In addition to the effect of moral panic, we can for now summarize that legal certainty is very poor for people who are convicted of sexual abuse of children, and even worse for those who have only downloaded child abuse material. In Norway, it is common to confiscate the passports of people who have been convicted of having downloaded child abuse images. They justify this by saying that these people will be able to commit abuse abroad, especially in Thailand and the Philippines.

The Fear of Pedophilia in Homosexual Organizations and in the Catholic Church

There seem to be strong religious and political forces who want pedophilia to still be an orientation. This has primarily been linked to men who sexually assault boys. The central question was whether men who abused boys were gay or not. In 2002, according to news reports, at least 225 Catholic priests, including four bishops, quit or were suspended between January and June 2002 due to allegations of sexual misconduct, primarily with adolescent boys. In 2002 Stevenson replied with an article in The Policy Journal of The Institute for Gay and Lesbian Strategic Studies, that gay priests were not the problem and blamed the press for conflating sexual offenses against boys and homosexuality calling it a crusade against gay people (Stevenson, 2002). Data from Langfeldt (2010) demonstrated clearly that men that offended boys all developed a homosexual identity during therapy. In other words, they all had a homosexual orientation without being aware of it or accept it (Norum & Holst, 2013).

Another important finding was that none of the men in the group reported being bullied as feminine during childhood or adolescent. These findings might indicate that it is far more difficult to develop a homosexual identity among masculine boys compared to feminine boys.

It is important that gay organizations take responsibility to help young homosexual masculine boys to develop a homosexual identity instead of later running the risk of condemning them as incurable pedophiles. Several of these men expressed that they did not feel at home during pride parades because they focused so much on the femininity. It is well known that number of men offending girls are almost

the same as men offending boys (Langfeldt, 2010).

They saw the fact that some wanted these men to be defined as pedophiles as a betrayal of their own homosexual orientation and problem to develop a homosexual identity.

It is well known that boys with a feminine appearance are more likely to have a homosexual orientation and be recognized as gay than boys with a masculine appearance (Green, 1987).

The idea that men who abuse boys had something to do with having a homosexual orientation, was in the Vatican unthinkable. The idea that men who offended boys had a pedophile orientation, was an important issue to protect homosexual priests, in spite of the boys abused were mostly adolescents. In 2002, in connection with the revelation of priests who had molested children, especially boys, an emissary from the Vatican was sent to the 3rd East West conference of sexual abuse and treatment in Prague to invite some delegates from the congress to the Vatican. Only a few delegates that did not talked about the connection between homosexuality and sexual offences against boys, were invited. Not until recently, new research from the Catholic research community, however, shows a change in the orientation discourse claiming the correlation between homosexual priests and sexual offences against boys in the Catholic Church (Sullins, 2018).

Prusak at the Jesuit University Ignatianum in Krakow run by the Catholic Church said in 2020:

When dehumanization of perpetrators replaces understanding of the reasons for their actions and them alone, minors are exposed to even greater risk because potential perpetrators resign from seeking help. Therefore, not only treatment of clerical perpetrators of sexual abuse is a separate and essential issue, but so is social situation of priests who were deprived of clerical state because of sexual abuse against minors and are currently without safeguards to monitor their social functioning (Prusak, 2020).

The moral panic related to sexual offenses against children is an obstacle for discussions. If the human race is divided into only two sexual orientation, people who offend children must come from these two populations as well. It is reasonable to assume that men who frequently offend boys only have a homosexual orientation, which are the finding from therapy (Langfeldt, 2010) and the population itself (Sullins, 2018). The fact that among men who offend children of one gender, proximately 50 % offend boys.

Paraphilia, Perversion and Paraphilic Disorder

In recent times, there has been a well-founded criticism of the paraphilic diagnoses regarding paraphilia as a mental disorder. Paraphilia is a social construction to be understood in relation to culture, moral and religion and not as a medical phenomenon. (Giami, 2015; Moser, 2011).

The term paraphilia comes from the Greek παρά (para), meaning “other” or “outside of”, and φιλία (-philia), meaning “loving”. Loving is definitely not the case in parafiletic actions, so a new concept is needed. Paraphilia is a part of a reproductive discourse originate from socially unacceptable (immoral)

actions. The etymology came from the sexologists in early 1900 and it was Stekel (1920) who argued that perversion had such a negative connotation that a new concept paraphilia was needed. Binet, most known from developing the Stanford-Binet intelligence tests, was also studying sexology and fetishism, said in his paper from 1887 that fetishism was pathological if it was an absolute necessity for intercourse, while the normal fetishism is a supplement to a boring sex life. An interesting statement (Binet, 1887). Freud, who was against the sexologists, continued to use the concept perversion. The concept paraphilia disappeared with the sexologists during the nazi regime in late thirties. Perversions continued as a term among doctors and psychologists until sexology was re-established at the end of the 60s, and reintroduced paraphilia which appeared also in DSM-III in 1987 and ICD-9 in 1986. In 1986 John Money published his book Paraphilia where he listed up a large amount of paraphilias and called it love maps. Paraphilias were then specified in the next editions.

The disagreement whether all paraphilias are a mental disorder, is obvious as long as paraphilia is based on moral issues within the reproductive discourse. In 2010 fetishism and sadomasochism removed from the Norwegian edition of ICD-10 as pathological, and in 2018 it was removed from WHO.

What people experience as sexual attractive varies from person to person. These great variations in what people are sexually attracted to are in DSM-5 and ICD-10 labeled paraphilic disorder.

The chapter on paraphilic disorders includes eight conditions: exhibitionistic disorder, fetishistic disorder, frotteuristic disorder, pedophilic disorder, sexual masochism disorder, sexual sadism disorder, transvestic disorder, voyeuristic disorder, and pedophilic disorder.

When you place all these disorders under the same umbrella, paraphilic disorder, it is assumed that these problem areas should have something in common, which in turn leads to uniform educational treatment and not a psychological one. Love is undoubtedly a misnomer for the sexual relationships covered by the term paraphilia. Para, which means outside is also incorrect. Sexual disorder is a far better term and should be used by professionals. Then one can include exhibitionism and pedophile acts and also rape. Rape is both a cultural and psychological phenomenon. In the legal system, rape is rape, but there is a difference between those rapists we see in therapy like assault rape and those related cultural conditions like in war. A pilot study at our clinic showed that the more violent a rape was, the more pathology was found on the MMPI-2.

Being aware of these differences, several countries have removed fetishism, bondage and sadomasochism from the diagnostic lists and no longer considered to be a paraphilic disorder. Paraphilia is therefore only a social linguistic term that has no common medical/psychological coverage other than that it was socially unacceptable.

The present understanding of pedophilia by most professionals, is still that pedophilia is a sexual orientation in spite of both diagnostic tools rejects the idea that pedophilia is an orientation. This excludes all nuances in understanding different developmental aspects. If the term “pedo” is still to be

included, then *pedosexual offence* will be a more correct description. From a legal point of view, the sexual act will focus on the consequential damage principle in the legal sense, while the forensic psychiatry and psychology will explain why it happened and the probability of new offenses which seems to be an individual matter. This will be in line with how we treat other sexual criminal acts.

From the qualitative perspective we find a great variety in antecedent conditions leading up to a sexual offence. One such example is related to the new diagnosis in ICD-11, Complex PTSD including children being exposed to sexual abuse over time.

Complex PTSD is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). In addition, Complex PTSD is characterized by severe and persistent problems in affect regulation; beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning. In our study (Langfeldt, 2010) we found that 53% of men who offended children 11 years or younger, had been sexual molested as children. One such case will be reported later in this article.

Why do so Many Men Offend Boys only?

Studies show that the number of men who offend boys are almost as many as those who offend girls if excluding incest (Finkelhor, 1986). In our recordings from therapy, almost everyone who offend boys only, develop a homosexual identity during therapy independent of the age of the victim (Langfeldt, 2008, Langfeldt, 2010; Norum & Holst, 2013). This is interesting findings with respect to the fact that we have only about 5% homosexuals in our countries. If, however, it is assumed that the psychological problems behind sexual abuse of children are the same for heterosexuals as for homosexuals, only 5% of those who abuse children would choose boys. So, what is the problem behind the rest of the men who offend boys only? In the revelation of catholic priests in 2002 most of them had molested boys. The connection between homosexual priests and sexual abuse of boys, was also demonstrated by Sullins (2018). Why have some homosexual men have offended young boys?

In most cultures parents will automatically assume that the boy they have brought into the world has a heterosexual identity in the same way as society in general. In spite of a more liberal attitude to homosexuality in general, homosexual children and young people receive no social or personal confirmation of their homosexuality. This makes it difficult to develop a positive and safe homosexual identity.

Since attitudes to homosexuality vary enormously from family to family, some children find it extra difficult to develop a homosexual identity. Only if the parents see that the boy shows clear feminine

features, will they be able to have any expectations that the boy can be gay. Since the men in our study did not have clear feminine behavioral traits in childhood, no one was expected to have a homosexual development. Among the 48 men who had offended boys only (Langfeldt, 2010) only one had been bullied for being feminine or gay, when he was young.

People usually do not think that a normal masculine boy of 10-12 years has a homosexual orientation. The young gay boy who is typically feminine will therefore have an advantage in the development of a homosexual identity and homosexual relations, then a gay boy with a typically masculine appearance. The social expectancy from on being a feminine boy, is helpful to develop a homosexual identity. Many feminine boys who come out of the closet have experienced that a mother or a grandmother says: "We have known you had such feeling for a long time".

We have no research that shows differences between heterosexual and homosexual boys in terms of masculinity, femininity, and androgyny. We have no research that shows how many gay boys are defined as feminine by other children, but there are indications that about 40-50 % of the homosexual boys are defined as feminine (Baily & Sucker, 1995). In our study (Langfeldt, 2010), all men that had offended boys, except for one, claimed that they had not been bullied for or considered to be particularly feminine as far as they could remember. They all claimed they were normal masculine boys and that they did not know about anyone who thought they were gay in childhood or adolescent.

Some men in our group who had offend boys were married to a woman and had children, defined themselves as heterosexual even though they said that they were sexually attracted to boys in childhood and adolescent. Norum and Holst (2013) did a qualitative study of men who came out as homosexuals during therapy and they said that being gay was unthinkable. They were all convinced that they were a normal heterosexual man in spite of offending boys only until they changed during therapy.

Olav in group therapy:

I grow up in a very conservative religious family where homosexuality was a cardinal sin. I was sexually aroused by boys, but never defined myself as homosexual. I offended several boys until I was caught by the police when I was 18. Some years later I realized that my sexual attraction was to the same sex and now I realize I am gay.

Peter stated in the group therapy because he had strong fantasies having sex with young boys. He claimed he was a pedophile. He claimed he would rather be sick than gay. Being gay was for Peter unthinkable. He started group therapy at an age of 26. He had never offended anybody but was afraid he might do so one day. He was suicidal and had told his mother about his problem. She sends him to the local doctor who referred him to out clinic and attended group therapy. To a suggestion by one of the group members that he might be homosexual, since he preferred boys, he became angry and stressed that he was a pedophile and not homosexual. He said he was sick and needed help. He told us that his sexual attraction to boys

started when he was 10 years old to a boy in his class. I suggested a roleplay where I was a psychologist at his school and that he should tell me that he was sexually attracted to a boy in his class in third grade. Suddenly he realized that this could be a trap and exclaimed that I should not try to fool him. After several rounds he agreed to try the roleplay.

The roleplay:

He was 10 years and came to the psychologist and said that he was in love with a boy in his class. I asked him what the psychologist would then answer. He hesitated. I asked him if I should call him pedo or gay. He mumbled gay. We continued the roleplay and said that I could help him to get in contact with the boy and at least be friend with him. I continued and said that since you are afraid of contact with those who are your age, I could help him with his problem until he was 14-15. When you find a homosexual boyfriend your age, we stop the therapy. He eventually capitulated his pedophile identity and acknowledged that he was gay.

To develop a homosexual identity in a heterosexual society is difficult. This is well documented in our research group (Langfeldt, 2010; Norum & Holst, 2013). They spent several years in therapy, and all men in the group were treated with an individual timeline for progression. The goal in the therapy was to succeed developing a homosexual identity and getting a better life, which was possible for nearly all clients. The individuality in attachment and development of sexual attraction, was important factors in the therapy process.

It is normal for heterosexual boys to have sexual experience with other boys. That is not an indication of being homosexual. During therapy, almost all men who offended boys, admitted being attracted to or being involved sexually with other boys. It was therefore important in the therapy to distinguish between sexual attraction and sexual arousal. Studies by Savin-Williams and Diamon show that the first homosexual attraction in boys starts at an early age with an average age of 7,7 and with a standard deviation of 3 (Savin-Williams & Diamon, 2000). With a standard deviation of 3, this means that some children discover to be attracted to the same sex as early as 3-4 years old.

Having sex with someone does not necessarily mean that you are attracted to the person. Sexual play and mutual masturbation with the same sex, is well known also among heterosexuals. This means that being convicted for pedosexual behavior in real life or on internet, is not necessarily the same as being sexual attracted to children. "Gay for pay" is well known among heterosexual male actors in homosexual pornography. They claim that touching the genitals is the cause of erection and not the view of or being sexually attracted the sex partner. This corresponds with our two erection mechanisms, the central one from fantasies and visual input and the peripheral by stimulating mechanoreceptors in the genitals.

Despite a denial of a homosexual identity, longing for homosexual contact and intimacy is fully present. Having sex with a gown up homosexual person, will imply a mutual homosexual bonding. Many

offenders claimed that by choosing a young boy they would avoid a homosexual bonding and not being disclosed as gay. In some cases, we found an age preference corresponding to a positive sexual experience in their own childhood. In some men, attachment problems appeared in addition to the problem of the homosexual identity. There are reasons to believe that the mirror neurons in amygdala are involved in these processes both with respect to attachment and sexuality (Lemche et al., 2006; Raam & Hong, 2021).

Some of the men in our group were married to a woman and had children. They all told that they more or less had been seduced by their girlfriend and that they never took the initiative to be with a girl. The wife was often the only lover in their life. The homosexual identity became a threat to the marriage, and some wife said she would rather have her husband being interested in young boys than in adult men because young boys were not threat to the marriage.

It is important that the society has a more opened attitude to the homosexual children and adolescents. Most of the men who offended young boys and who were defined as pedophiles by forensic psychiatrists, stated that if the society had been more opened to homosexuality, they would never have offended children. Being a homosexual young boy is difficult even in today's society and was of cause very difficult, if not impossible 20-30 years ago.

Men Offending Girls

Heterosexual activity has been a part of our culture in all ages, and problems with developing a heterosexual identity, are not the problem in men offending young girls. Most adult men offending young girls seem to have bonding problems with women their same age combined with disturbed sexual development. This problem can begin in childhood, and they often describe themselves as shy and timid. Moran et al 2017, did a study of attachment disorder in young sex offenders attending specialist services, and found a high rate of attachment disorder in the group. More and more data are pointing in the same direction (Lyn, 2004, Marshall, 1993; Marshall & Mazzucco, 1995; Marshall et al., 2000; Miner et al., 2010; Marshall & Marshall, 2011; Netland & Miner, 2012). The second factor is lack of ownership of one's own sexuality, an unhealthy sexual identity. Mothers that sexually invade their boys by being overprotective, and father being absent, seem to be one risk factor in develop an offensive behavior.

If one assumes that the same proportion of heterosexual boys and homosexual boys are exposed to the same degree of attachment damage, some homosexual men might develop similar problems as the heterosexual man offending young girls, which seem to be the case.

Mechanisms behind men offending girls are complex. Problems in bonding an adequate attachment during childhood with parents seem to be an important risk group. This lack of bonding makes some children bonding with other children. Most men seem to have an age preference related to an attachment experience, not necessarily sexual, with a girl that age. This experience seems to be a

positive attachment experience which can be a groundbreaking experience. As they grow up the attachment problem creates a fear of bonding with peers. The boy often withdraws in shyness and timidity. The only safe sex object are small children. Steene (1998) found that the preferred age corresponded with the age on the peer from the groundbreaking experience.

Kristoff 63 years old was sitting on his balcony depressed and thinking on the broken marriage, that he took care of his three children and gave them an education. They all three were married got children and now his was sitting there and felt totally alone. He looked at some girls around 10 playing outside. Suddenly, he felt sexually aroused by them. He felt embarrassed and scared and contacted his doctor and told his story. In the meantime, he exposed himself in the car in front of some schoolgirls about the same age. He was referred to treatment but had to wait for some month before he came in treatment.

His childhood was characterized by serious attachment problems with absolutely all adults during his upbringing but even so idealized the family. When he was about 10 years old, a new girls started in his class. They found each other very quickly and became best friends. They confided each other and comforted each other every day and eventually started playing sex together. When he started talking about this relationship in the therapy, he started crying. A year after he met her, she moved to England with her parents. When we asked him what he felt when she moved, he answered that it became his greatest girlfriend's grief ever. He had never spoken about this before and was amazed at how much this experience with this girl really meant to him.

This is not a unique story. Steene (1998) did a qualitative study of ten different men who offended children and found in all of them a relationship during their development corresponding to the age of the victims and a strong bonding experience in childhood. Strong intimate sexual bonding seems to replace a deficiency in these children lack of parental normal attachment.

Sex is an essential factor in finding a partner among adults. Sex is an important pair bonding mechanism that can appear in children with negative attachment from early childhood.

Children with an insufficient attachment and a negative attitude to sexuality either from being sexually traumatized or growing up in a sex negative or sexually hostile environment, makes the child vulnerable to developing abusive behavior.

Peter was a shy withdrawn and anxious boy with few friends. He grew up in a family with heavy drinking and violence. He was sure that his father had raped his mother on several occasions. He experiences sex as something disgusting. Often, when his parents screamed at each other in the evening, Peter went into the room of his two-year older sister and lay under the covers and sought safety. One time when he was about eight, his sister started to touch his genitals. He got an erection, and she wanted him to lay on top of her. He remembered he got an orgasm. This went on for a year or two. Then she stopped. For some reasons he knew it was

wrong, but he loved it too. They never talked about. At the age of fourteen Peter, was visiting his friend. He was eager to show Peter some sex scenes his just came over on internet. It was child pornography. Peter said it was disgusting, but at the same time there was something good about it. When he came at home, he found the pictures and masturbated. He preferred girls around 10. He had no girlfriend and lived his shy and timid life. At the age of 24 Peter offended a 10-year-old girl in the family and was send to therapy.

Men Offending both Sexes

The proportion of men offending children of both sexes, is not known. In our group (Langfeldt, 2010) 14% (16 out of 111) men offended both boys and girls. During therapy some changed their identity to homosexual. Bisexuality is an obscure phenomenon. The way you put the question determine the percent hetero- homo- and bisexuals you find in sample representing the population. Even so, 14% is significantly very high. Being bisexual is also a personal challenge. It is well known that many gay people in the process of develop a homosexual identity, first claimed they were bisexuals. At the same time heterosexuals having sex with the same sex was said to hide their homosexual orientation (Langfeldt, 2010).

As a concept, we do not have any other common definition than “like to have sex with both gender”. It is possible to be sexual attracted to both sexes, but most people seem to be attracted to same sex or opposite sex but like to play sexually with both sexes. Even though most people use, “queer”, defining bisexuality is still not easy. In a therapy situation, it is important to be aware of these differences. Being sexually aroused in a sexual context is not the same as being sexually attracted.

Females Offending Children

We have very little information on women offending children. The attitude in the society is that women do not offend children. But data from victims and reports from therapy tells us that these women exist, but they barely come to the surface. Against the background of all the victims who report female abusers, there must be large dark figures when it comes to the number of women who commit sexual assaults against children. Some investigations shows that most offenses are committed by relatives and acquaintance (Wjikman et al., 2010). This is also true from the few we have had contact with at our institute.

The close arena between mother and child is likely to be an arena of sexual abuse. Some case report from our sample, seem to indicate that gender of the child might not as crucial as it is for men offending children. We need more data before we can start theorizing about the problem of women’s sexual abuse. It is therefore important to continue with case studies to get more information about this darkness.

Etiology and Pedosexual Offences

Because we have wrongly considered pedophilia as a sexual orientation, developmental aspects and research on psychological factors leading to pedosexual behavior and pedosexual interest, is lacking. We were trapped in a *pedophile orientation discourse* which resulted in an almost total absence of scientific interest and research. The only findings were those from (Lyn & Burton, 2004, Beach & Mitchell, 2005; Marshall & Marshall, 2011) focusing on attachment. In order to start research on why some people commit sexual offences against children, we need to focus on qualitative research on the development of pedosexual behavior and interest. The notion that these men are monsters is completely wrong. Most of them are kind, friendly and particularly careful men. Many also have an evasive personality.

The first and most important issue is to address the gender of the offender and the victim. The fact that men who offend boys have predominantly a homosexual orientation and men who offend girls a predominantly a heterosexual orientation, is an important issue for further research. A second issue is the fact that many men have an age preference corresponding to an experience their own at about the same age (Stene, 1998). He found that the age preference was not random, but linked to his own experience at around the same age where the relationship contained strong attachment, bonding and sexuality, a strong childhood love relationship. As in many other cases, attachment problems seem to be an important issue in development of juvenile sex offending. The last, but less important is a healthy sexuality with ownership of one's own sexuality.

The experience from our project (Langfeldt, 2010) indicates that far more men who offended girls had attachment problems than men who offended boys. Nevertheless, attachment problems have been found in sex offenders (Lyn & Burton, 2004; Beach & Mitchell, 2005). In the development of sex offensive behavior, attachment, intimacy, and loneliness seems to play an important role (Marshall, 2010). In the case of Kristoff a lack of intimacy and closeness was replaced by a childhood sweetheart who, through sex, care and closeness, gave Kristoff what he missed.

The new Comple PTSD seems to be relevant diagnosis in cases where the offender has been sexually molested from early childhood.

John was raped by his father from he was 2 till he was 10 years of age. He was extremely traumatized. With some occasions, John remember that his father also masturbated him to orgasm. This was how he got his first orgasm. He remembered that his father always raped him from behind. He was also penetrated. When John was fifteen, father left the family. John immediately tried to find men on internet that sexually abused small children. When he talked to them on internet, he never showed his face. When he talked to them, he could be sexually aroused. When some men wanted to see John masturbate, he left the site. He never talked to anyone about what had happened. He was obsessed meeting men and looking at children being abused. He was invited to a couple to join them sexually with their new baby. When he

had sex with the mother, he was touching the baby's genitals. He felt discussed and continued to have sex with the mother while her husband was watching. The parents were disclosed by the police and John's name came up on the phone log and he was arrested. He was extremely shameful and denied everything. He was convicted and got a long sentence. His was diagnosed as a pedophile with a dissocial personality disorder.

John's case is a good example when Complex PTSD is a relevant diagnosis to understand his problems. Although he showed no sexual interest in children as such and had a normal sexual relationship to adult women, his was diagnosed as pedophile by the forensic psychiatrists, implied, a pedophile orientation. In this case we can assume lack of legal certainty. Focusing on PTSD therapy, revealed that diagnosis pedophilia was wrong. In the judgment premises from 2022 which extended the sentence it was also stated that the research had shown that pedophilia was incurable. Here the court relies on the fact that pedophilia is a sexual orientation which becomes a serious obstacle to legal certainty.

Some adolescent and adult men who are sexually aroused by pictures of children surfing on internet believe they are incurable pedophiles because they sexually aroused. Some, especially the young, can easily be frightened and go on the internet and read that they are incurable pedophiles. They can develop an almost compulsive relationship with the fact that they are pedophiles. In some cases, this has led to suicide attempts. It turns out that many of them have had a positive sexual experience in childhood with another child, been discovered and terrifying punished. The fear of punishment seem to increase the emotional response to the pictures. This combination The effect of adrenaline and emotional state was excellently demonstrated by Schachter and Singer in 1963 (Schachter & Singer, 1963).

Discussion and Conclusion

In this article I have analyzed the discourse and epistemology of the concept pedophilia and sexual orientation. The analysis shows that these concepts are political and social constructions and not based on medical science. The origin of this problem comes from religious notions from the Jewish and Christian culture that homosexuality and trans expression were a serious sin. In the Christian tradition, this was continued with the reproductive discourse from Augustin and the legal reactions against homosexuality in all Christian countries. England introduced the death penalty for homosexual acts in the Buggery Act in 1533 passed as an Act of Parliament during Henry VIII's reign.

It was the strict legislation in all Christian countries that started a sexual revolution in the 19th century which led to the formation of orientation concepts which were later continued by interest groups who were sexually attracted to children. With orientation as a backdrop, therapy was impossible, so an educational ethical therapy was introduced under the name "relapse prevention", thus stopping all psychological research on people who sexually abused children. With another view in line with what we find among native Americans, the two spirit, this disagreement about therapy and understanding

would not be present in the scientific and therapeutic debate. Because of the concept of orientation, research has stood still for many decades. This is an ethically serious legal and psychological/psychiatric situation we have found ourselves in.

Dismissing pedophilia as a sexual orientation require and opens up to research and new approaches to psychological understanding and therapy. We need to uncover the great variety in the etiology by presenting qualitative data. So far attachment and sexuality seem to be important factors in develop pedosexual interest, but also Complex PTSD is another new area that relates to pedosexual action. Research is also important with respect to who download child abusive material. It ranges from those who have a collection mania to those who are sexually aroused. Some are turned on by anything illegal, but others are attracted to children for other reasons. Therapeutic understanding must be understood in a developmental context.

Getting rid of the monster discourse will open up new therapeutic approaches which will in turn increase legal certainty in such cases and reduce relapse after treatment. Until now, there are no meta-studies that meet these criteria. In order to prevent future sexual abuse, we have a moral responsibility to move forward and must therefore recognize that the presence of monster discourse has led to the mistreatment of people who sexually offend children.

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