

## Chapter 1 : Paraphilia - Wikipedia

*Pedophilia is considered a paraphilia, a condition in which a person's sexual arousal and gratification depend on fantasizing about and engaging in sexual behavior that is atypical and extreme.*

It is not clear whether these are features of the disorder itself, artifacts of sampling bias, or consequences of being identified as a sex offender. This increases the likelihood that they will show psychological problems. Similarly, pedophiles recruited from a correctional setting have been convicted of a crime, making it more likely that they will show anti-social characteristics. The pedophilic offenders in the study had elevated psychopathy and cognitive distortions compared to healthy community controls. This was interpreted as underlying their failure to inhibit their criminal behavior. The most marked differences between pedophiles and controls were on the introversion scale, with pedophiles showing elevated shyness, sensitivity and depression. The pedophiles scored higher on neuroticism and psychoticism, but not enough to be considered pathological as a group. The authors caution that "there is a difficulty in untangling cause and effect. We cannot tell whether paedophiles gravitate towards children because, being highly introverted, they find the company of children less threatening than that of adults, or whether the social withdrawal implied by their introversion is a result of the isolation engendered by their preference i. Testing individuals from a variety of referral sources inside and outside the criminal justice system as well as controls, these studies found associations between pedophilia and lower IQs, [49] [50] [51] poorer scores on memory tests, [50] greater rates of non-right-handedness, [49] [50] [52] [53] greater rates of school grade failure over and above the IQ differences, [54] lesser physical height, [55] [56] greater probability of having suffered childhood head injuries resulting in unconsciousness, [57] [58] and several differences in MRI-detected brain structures. Some studies have found that pedophiles are less cognitively impaired than non-pedophilic child molesters. The findings may also suggest "a dysfunction at the cognitive stage of sexual arousal processing". While not causes of pedophilia themselves, childhood abuse by adults or comorbid psychiatric illnesses—such as personality disorders and substance abuse—are risk factors for acting on pedophilic urges. Do particular genes or noxious factors in the prenatal environment predispose a male to develop both affective disorders and pedophilia, or do the frustration, danger, and isolation engendered by unacceptable sexual desires—or their occasional furtive satisfaction—lead to anxiety and despair? A study analyzing the sexual fantasies of heterosexual men by using the Wilson Sex Fantasy Questionnaire exam determined that males with a pronounced degree of paraphilic interest including pedophilia had a greater number of older brothers, a high 2D: These include the presence of sexually arousing fantasies, behaviors or urges that involve some kind of sexual activity with a prepubescent child with the diagnostic criteria for the disorder extending the cut-off point for prepubescence to age 13 for six months or more, or that the subject has acted on these urges or suffers from distress as a result of having these feelings. The criteria also indicate that the subject should be 16 or older and that the child or children they fantasize about are at least five years younger than them, though ongoing sexual relationships between a 10-year-old and a late adolescent are advised to be excluded. A diagnosis is further specified by the sex of the children the person is attracted to, if the impulses or acts are limited to incest, and if the attraction is "exclusive" or "nonexclusive". The person must also have a persistent or predominant sexual preference for prepubescent children at least five years younger than them. This diagnosis does not apply to sexual behaviours among pre- or post-pubertal children with peers who are close in age. Exclusive pedophiles are sometimes referred to as true pedophiles. They are sexually attracted to prepubescent children, and only prepubescent children. Showing no erotic interest in adults, they can only become sexually aroused while fantasizing about or being in the presence of prepubescent children, or both. Non-exclusive offenders are sexually attracted to both children and adults, and can be sexually aroused by both, though a sexual preference for one over the other in this case may also exist. If the attraction is a sexual preference for prepubescent children, such offenders are considered pedophiles in the same vein as exclusive offenders. The diagnosis can therefore be made based on the presence of fantasies or sexual urges even if they have never been acted upon. On the other hand, a person who acts upon these urges yet experiences no distress

about their fantasies or urges can also qualify for the diagnosis. Acting on sexual urges is not limited to overt sex acts for purposes of this diagnosis, and can sometimes include indecent exposure, voyeuristic or frotteuristic behaviors, [4] or masturbating to child pornography. Likewise, when the patient is in late adolescence, the age difference is not specified in hard numbers and instead requires careful consideration of the situation. A child molester satisfies criteria A because of the behavior involving sexual activity with prepubescent children and criteria B because the individual has acted on those urges. As an explanation, it was suggested that the under-inclusiveness, as well as a lack of validity, reliability and clarity might have led to the rejection of the DSM classification. This meant namely a distinction between paraphilia and paraphilic disorder. The latter term is proposed to identify the diagnosable mental disorder which meets Criterion A and B, whereas an individual who does not meet Criterion B can be ascertained but not diagnosed as having a paraphilia. He states that any sexual attraction to children is pathological and that distress is irrelevant, noting "this sexual attraction has the potential to cause significant harm to others and is also not in the best interests of the individual. Barbaree and Michael C. Most categorize their participants by behavior rather than erotic age preference, which makes it difficult to know the specific treatment outcome for pedophiles. Offenders who refuse or quit treatment are at higher risk of offending, so excluding them from the treated group, while not excluding those who would have refused or quit from the control group, can bias the treated group in favor of those with lower recidivism. Its content varies widely between therapists, but a typical program might involve training in self-control, social competence and empathy, and use cognitive restructuring to change views on sex with children. The most common form of this therapy is relapse prevention, where the patient is taught to identify and respond to potentially risky situations based on principles used for treating addictions. Cyproterone acetate Androcur and medroxyprogesterone acetate Depo-Provera are the most commonly used. The efficacy of antiandrogens has some support, but few high-quality studies exist. Cyproterone acetate has the strongest evidence for reducing sexual arousal, while findings on medroxyprogesterone acetate have been mixed. The emergence of pharmacological methods of adjusting testosterone has made it largely obsolete, because they are similarly effective and less invasive. Non-randomized studies have reported that surgical castration reduces recidivism in contact sex offenders. Females may account for 0. He states that pedophiles who are "reflective, sensitive to the feelings of others, averse to risk, abstain from alcohol or drug use, and endorse attitudes and beliefs supportive of norms and the laws" may be unlikely to abuse children. The pedophilic molesters had neurological deficits suggestive of disruptions in inhibitory regions of the brain, while non-offending pedophiles had no such deficits. They state that non-pedophilic offenders tend to offend at times of stress; have a later onset of offending; and have fewer, often familial, victims, while pedophilic offenders often start offending at an early age; often have a larger number of victims who are frequently extrafamilial; are more inwardly driven to offend; and have values or beliefs that strongly support an offense lifestyle. One study found that pedophilic molesters had a median of 1. Some groom their victims into compliance with attention and gifts, while others use threats, alcohol or drugs, or physical force. Krafft-Ebing describes several typologies of offender, dividing them into psychopathological and non-psychopathological origins, and hypothesizes several apparent causal factors that may lead to the sexual abuse of children. He wrote that he had only encountered it four times in his career and gave brief descriptions of each case, listing three common traits: The acts committed by the subject are typically not intercourse, but rather involve inappropriate touching or manipulating the child into performing an act on the subject. He mentions several cases of pedophilia among adult women provided by another physician, and also considered the abuse of boys by homosexual men to be extremely rare. He also lists pseudopaedophilia as a related condition wherein "individuals who have lost libido for the adult through masturbation and subsequently turn to children for the gratification of their sexual appetite" and claimed this is much more common. He wrote that exclusive pedophilia was rare and only occasionally were prepubescent children exclusive objects. He wrote that they usually were the subject of desire when a weak person "makes use of such substitutes" or when an uncontrollable instinct which will not allow delay seeks immediate gratification and cannot find a more appropriate object. However, he disagreed with Krafft-Ebing in that he felt the condition of the latter was largely ingrained and unchangeable. In , it was included in the first edition of the Diagnostic and Statistical

Manual of Mental Disorders. The DSM-III, published in 1980, contained a full description of the disorder and provided a set of guidelines for diagnosis. These crimes may include child sexual abuse, statutory rape, offenses involving child pornography, child grooming, stalking, and indecent exposure. Hendricks, a sex offender who has certain mental disorders, including pedophilia, can be subject to indefinite civil commitment under various state laws [19] generically called SVP laws [20] and the federal Adam Walsh Child Protection and Safety Act of 2002. Hendricks, the US Supreme Court upheld as constitutional a Kansas law, the Sexually Violent Predator Act, under which Hendricks, a pedophile, was found to have a "mental abnormality" defined as a "congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses to the degree that such person is a menace to the health and safety of others", which allowed the State to confine Hendricks indefinitely irrespective of whether the State provided any treatment to him. Comstock v. Hamilton, this type of indefinite confinement was upheld for someone previously convicted on child pornography charges; this time a federal law was involved—the Adam Walsh Child Protection and Safety Act. About half of committed offenders have a diagnosis of pedophilia. They found that the word pedophile appeared only rarely in The New York Times and Le Monde before 1980, with zero mentions in 1980. However, a study concluded that the public was well-informed on some aspects of these subjects. The terms hebephilia or ephebophilia may be more accurate in these cases. Most of the media labeled Foley a pedophile, which led David Tuller of Slate magazine to state that Foley was not a pedophile but rather an ephebophile. Pedophile activism and List of pedophile and pederast advocacy organizations From the late 1970s to early 1980s, several pedophile membership organizations advocated age of consent reform to lower or abolish age of consent laws, [21] [22] [23] as well as for the acceptance of pedophilia as a sexual orientation rather than a psychological disorder, [24] [25] and for the legalization of child pornography. Anti-pedophile activism Anti-pedophile activism encompasses opposition against pedophiles, against pedophile advocacy groups, and against other phenomena that are seen as related to pedophilia, such as child pornography and child sexual abuse. In 2011, following a media campaign of "naming and shaming" suspected pedophiles in the UK, hundreds of residents took to the streets in protest against suspected pedophiles, eventually escalating to violent conduct requiring police intervention.

## Chapter 2 : Profile Of A Pedophile | MHM

*The sexual behaviors involved in Pedophilia vary and they may or may not involve force. Some Pedophiles limit their behaviors to just exposing themselves in front of a child, while others participate in oral sex or full genital sex.*

July, There is no cure, so the focus is on protecting children. Pedophilia, the sexual attraction to children who have not yet reached puberty, remains a vexing challenge for clinicians and public officials. Classified as a paraphilia, an abnormal sexual behavior, researchers have found no effective treatment. Like other sexual orientations, pedophilia is unlikely to change. The goal of treatment, therefore, is to prevent someone from acting on pedophile urges – either by decreasing sexual arousal around children or increasing the ability to manage that arousal. But neither is as effective for reducing harm as preventing access to children, or providing close supervision. The understanding of pedophilia has evolved over time, so each successive edition of the Diagnostic and Statistical Manual of Mental Disorders DSM has defined this disorder in a slightly different way. The current edition, DSM-IV, categorizes pedophilia as a disorder only if the sexual fantasies or urges involve prepubescent children defined as 13 or younger, if they last at least six months, if the individual has acted on them, or if they cause marked distress including legal problems. The DSM-IV also specifies that a person be at least 16 years old and at least five years older than the prepubescent child. The draft version of DSM-V, now undergoing review, proposes several changes to the diagnosis of pedophilia. One is to expand the definition of this disorder to include hebephilia, an attraction to children who are going through puberty. The hybrid category, pedohebephilia, would consist of the pedophilic type attracted to prepubescent children, generally younger than 11, the hebephilic type attracted to pubescent children, usually ages 11 through 14, and the pedohebephilic type attracted to both. In another significant change, the draft suggests that the use of pornography depicting prepubescent or pubescent children for six months or longer should be considered a symptom of pedohebephilia. Key points Pedophilia is a sexual orientation and unlikely to change. Treatment aims to enable someone to resist acting on his sexual urges. No intervention is likely to work on its own; outcomes may be better when the patient is motivated and treatment combines psychotherapy and medication. Parents should be aware that in most sexual abuse cases involving children, the perpetrator is someone the child knows. Limitations of research One challenge in the scientific literature is that most of the studies on pedophilia have involved men convicted of crimes against children, and experts estimate that only one in 20 cases of child sexual abuse is reported. It remains unclear how prevalent pedophilia is in the general population. Research on convicts may not apply to people with pedophilic tendencies who live without detection in the community or suffer silently while controlling their impulses. Researchers also do not agree about what proportion of child sex abusers are pedophiles. Other types of offenders include sexually curious or abusive adolescents who molest younger children, hypersexual adults who opportunistically target children, and people who act impulsively rather than in response to erotic attachment under the influence of alcohol or drugs. There is more agreement on other issues. Nearly all people with pedophilic tendencies are male. Co-occurring disorders, such as personality disorders or mood disorders, are common in people with pedophilic tendencies. Consensus now exists that pedophilia is a distinct sexual orientation, not something that develops in someone who is homosexual or heterosexual. Some people with pedophilic urges are also attracted to adults, and may act only on the latter urges. Because people with pedophilic urges tend to be attracted to children of a particular gender, they are sometimes described in the literature as heterosexual, homosexual, or bisexual pedophiles. Homosexual adults are no more likely than heterosexuals to abuse children. Several reports have concluded that most people with pedophilic tendencies eventually act on their sexual urges in some way. Oral, anal, or vaginal penetration is less common. Fears about predatory behavior are valid. Most pedophiles who act on their impulses do so by manipulating children and gradually desensitizing them to inappropriate behavior. Then they escalate it. Pedophiles are able to do this because in most cases they already know the children or have access to them. Strangers are less likely to sexually abuse children – although they are more likely to commit violent assaults when they do. Estimates of recidivism vary because studies define this term in different ways. One long-term study of previously

convicted pedophiles with an average follow-up of 25 years found that one-fourth of heterosexual pedophiles and one-half of homosexual or bisexual pedophiles went on to commit another sexual offense against children. When confronted about sexual abuse, convicted pedophiles often rationalize their actions, such as insisting that a victimized child acted seductively or enjoyed the encounter. These rationalizations may reflect an inability to empathize with the child, which could be part of a co-occurring antisocial or narcissistic personality disorder. Some researchers fear that the growth of Internet communities for people with pedophilic tendencies may encourage users to act on their sexual urges and share information about how to elude detection. But other commentators note that these online communities actually make it easier for law enforcement officials to lure and entrap potential offenders before they commit a sexual crime. Management options Treatment is effective only if a patient with pedophilia is motivated and committed to controlling his behavior – attributes that are difficult for mental health professionals to assess. Outcomes are better when treatment combines psychotherapy and medication. Most psychotherapies used to treat pedophilia incorporate the principles and techniques of cognitive behavioral therapy. The focus of therapy is to enable the patient to recognize and overcome rationalizations about his behavior. In addition, therapy may involve empathy training and techniques in sexual impulse control. The most common type of cognitive behavioral therapy used with sex offenders, known as relapse prevention, is based on addiction treatment. Relapse prevention is intended to help the patient anticipate situations that increase the risk of sexually abusing or assaulting a child, and to find ways to avoid or more productively respond to them. Reviews that have included uncontrolled and nonrandomized studies concluded that relapse prevention programs reduced recidivism. Only one randomized controlled trial has evaluated how effective a relapse prevention program was, however, and it included sex offenders who had assaulted adults as well as those who hurt children. After an average of eight years, there was no significant difference in recidivism between sex offenders who underwent relapse prevention therapy and controls who did not undergo treatment. Aversive conditioning, a behavioral method directed at associating a pedophilic fantasy or desire with an unpleasant sensation such as nausea, an electric shock, or a bad smell, was once popular. Drugs that suppress production of the male hormone testosterone are used to reduce the frequency or intensity of sexual desire. Although physical castration is another option, testosterone suppression offers advantages such as the need for follow-up visits which aids in monitoring behavior. It may take three to 10 months for testosterone suppression to reduce sexual desire. Investigators were once optimistic about the potential of selective serotonin reuptake inhibitors SSRIs in treating pedophilia. But only case reports and open-label trials find that SSRIs are helpful; this has not been demonstrated in randomized, placebo-controlled trials. However, SSRIs may be a useful adjunct to other treatments, because they not only subdue sexual ruminations and urges but also help with impulse control. Meanwhile, school- and community-based educational programs offer advice about how to identify situations that may endanger children, how to recognize behaviors such as inappropriate touching that may desensitize children so that they are more easily victimized, and how children can protect themselves. Unfortunately, little evidence exists about how effective these efforts are. Most studies that have evaluated the efficacy of educational programs have examined specific components, such as whether young children understand the concepts being taught, rather than long-term outcomes. Only two observational studies have examined whether these educational programs actually prevent childhood sexual abuse; one concluded that it did, while the other found no benefit. Other public education programs, such as "Stop It Now" [www. The preliminary research suggests that such programs may help. In an effort to better understand pedophilia and find ways to intervene before sexual crimes occur, researchers are now trying to broaden study populations to include people who voluntarily seek treatment in response to community outreach rather than a court order. The word "dunkelfeld" is German for "dark field," and refers to the fact that most people with pedophilic tendencies remain invisible in the community because they have not been charged with or convicted of crimes. The project deliberately used nonjudgmental language in media advertisements to recruit participants. There is some encouraging news. Sexual crimes against U. A review identified four possible explanations for the decline: It is unclear whether these factors are reducing activity by people with pedophilia, because the original data and the review are not limited to individuals with the disorder. Until we know more, parents and others who want to protect children](http://www.stopitnow.org)

from pedophiles are best advised to watch for the subtle stalking behaviors that may precede physical contact  
â€” and to remember that most sex offenders of any type approach children they know. For more references,  
please see [www](#).

### Chapter 3 : Pessimism about pedophilia - Harvard Health

*This correction reflects the ego-syntonic nature of many pedophiles' sexual desires and/or behavior. 3,4 According to DSM-IV, pedophilia can be diagnosed in the absence of any pedophilic behavior.*

This disorder is also considered to be a paraphilia, which is a group of disorders defined by abnormal sexual activity. When the fantasy, or act of engaging in sexual behavior with a child is the preferred means of achieving sexual excitement and gratification for a person, then he or she might have Pedophilia. Mental health professionals define Pedophilia as a mental disorder, but the American legal system defines it as a criminal act. Also, the court system defines a child as any person under the age of 18, but mental health professionals consider any person under the age of 13 to be a child. The preferences of pedophiles can vary from person to person. Some individuals are attracted to both boys and girls; some are attracted to only one sex, while others can be attracted to adults as well. The sexual behaviors involved in Pedophilia vary and they may or may not involve force. Some Pedophiles limit their behaviors to just exposing themselves in front of a child, while others participate in oral sex or full genital sex. There is no typical pedophile. Pedophiles can be young, old, male or female. Most researches say that Pedophilia is probably a result of psychological factors. There are theories that Pedophilia is the result of being sexually abused as a child. If a pedophilic person was sexually abused as a child they may be more likely to sexually abuse children. Another possible cause of Pedophilia is arrested emotional development, which means that a person will find an attraction towards children because they never fully matured psychologically themselves. One other possible cause is the need to dominate a sexual partner. Since children are smaller and weaker than adults they are more easily dominated. This drive for domination could also be the reason there are more male pedophiles than there are women pedophiles. Treatment of Pedophilia Pedophilia is a disorder that not only negatively affects the pedophile, but also the person who suffers the sexual abuse. Therefore, treatment of this disorder is important, although pedophiles rarely seek treatment on their own. Most often treatment is court ordered. These treatments tend to be effective, but more often than not, pedophiles relapse into their old behavior. If you feel like you may suffer from Pedophilia, it might be time to seek professional help. Seeking help from a professional psychologist or psychiatrist will help you better understand yourself and your disorder, and will help you overcome the Pedophilia and better your way of life.

## Chapter 4 : Pedophilia - Wikipedia

*dren, these behaviors were classified as "sexual abuse" or "molestation" but not pedophilia. 6,7,27 From federal data on sexual crimes, females were reported to be the "molester".*

The person must be at least 16 years of age and five years older than the child or children with whom he has these experiences or feelings towards. A person in late adolescence involved in a long term sexual relationship with a 12 or 13 year old is not included in this category American Psychiatric Association, The disorder of pedophilia has been found almost exclusively in males. It is very important for practitioners who work with sex offenders to understand the facts about their illness, rather than making judgments based upon assumptions. There is still much to learn about the mental illness of pedophilia Some of the treatment methods for persons with pedophilia include cognitive-behavior therapy " such as relapse-prevention therapy, aversion therapy, masturbatory satiation and orgasmic reorientation; group therapy; psychotherapy which is less prevalent now than prior to ; and drug therapy such as androgen deprivation therapy Comer, or the use of serotonin reuptake inhibitors. Evidence exists that these anti-depression medications, that are used for treating obsessive compulsive disorders OCD, are effective in treating pedophilia. Castration While physical castration is considered barbaric in this country, it has been used in Europe in the past. It is no longer used as a means of treatment for sexual deviants in Europe today. Castration involves the physical removal of the testes, which is the organ in the male which produces the sex hormone testosterone. Testosterone is mainly responsible for the sex drive in males. With pedophiles, there is more than a sex drive at play as they believe they love these children that they molest and believe they have a close and special relationship with them. However, studies have shown that castration is effective in removing the desire for sexual behavior from sex offenders. Please note, this is not a practice that is currently used today and is merely included in this article for informational purposes. In simpler terms, ADT is chemical castration. Studies have shown that physical treatment hormone therapy and castration in all types of paraphilias have proven more successful than psychosocial therapies. Pharmacological treatments are the treatments of choice for the most serious of sexual deviances. Three different types of hormone inhibiting medications used for diminishing the sex drive of sexual abusers have been studied. Those are the progestogens, the gonadotropin-releasing hormone agonists, and the competitive testosterone inhibitors. These medications can take between three to 10 months to show results, all have negative side-effects, and they can be very expensive to administer. Gonadotropin-releasing hormone agonists have become the preferred method of hormone treatment because they have fewer adverse effects and improved efficacy over the other testosterone inhibiting treatments. It has been suggested that paraphilias are part of the spectrum of OCD. This treatment proved effective and subsequent studies were conducted confirming the belief that paraphilias are related to obsessive compulsive disorders and the same anti-depressant treatments are effective for both. Research was conducted on 58 pedophiles, comparing the effectiveness of three separate SSRIs " fluvoxamine, fluoxetine, and sertraline. Results indicated that the level of paraphilic fantasies decreased with no significant differences reported regarding the efficacy between the three SSRIs tested. There are a variety of cognitive behavioral therapy methods, including conditioning approaches, behavior skills training, social skills, empathy training, and trying to address the underlying sexual arousal pattern University of Wisconsin, Board of Regents, This type of therapy is accomplished using visualization techniques. One approach is to have sexual offenders fantasize about a deviant reaction and when they feel sexually aroused, fantasize about the consequences of being arrested, going to prison, and being raped in prison University of Wisconsin, Board Of Regents, Many sex-offenders are treated while in prison using group therapy where the therapist and other peers try to help other offenders confront their denial and rationalization behaviors. The groups are set up to provide a non-threatening environment where those being treated can feel relatively safe to share. Having peers and therapists confront them on the irrational thinking they use to abuse children, hopefully, will help them break out of denial and change University of Wisconsin, Board of Regents, There is no specific conclusion on the efficacy of these treatments. D Sharie Stines, Psy. Lifeline Counseling is a non-profit organization c 3 corporation. Sharie is also an abusive relationship

recovery coach - therecoveryexpert. Retrieved on November 11, , from <https://>

### Chapter 5 : Sexual Disorder Symptoms – Pedophilia

*Pedophilia and Deviant Behavior December 22, | Leave a comment There exists a group of people possessing what some refer to as a mental disorder, while others refer to it as a personality or behavioral disorder characterized by the urge to have sexual relations with those of a non-consenting age.*

They are in Protestant churches, synagogues, and mosques. Some of them are teachers, counselors, scout leaders, truck drivers, factory workers, and youth ministers. In fact, they are wherever children can be found, irrespective of age, race, education, occupation, class, social standing, or income. Sexual attraction to children, and sexual gratification from children, are the reasons. Though there is no hard and fast profile of a pedophile, here are some general characteristics: Popular with both children and adults. Appears to be trustworthy and respectable. Has good standing in the community. Prefers the company of children. Feels more comfortable with children than adults. Is mainly attracted to prepubescent boys and girls. Can be heterosexual, homosexual, or bisexual. Singles out children who seem troubled and in need of attention or affection. Often dates or marries women with children that are the age of his preferred victims. Rarely forces or coerces a child into sexual contact. Usually through trust and friendship. Physical contact is gradual, from touching, to picking up, to holding on lap, to kissing, etc. Derives gratification in a number of ways. For some, looking is enough. For others, taking pictures or watching children undress is enough. Still others require more contact. Finds different ways and places to be alone with children. Are primarily but not always male, masculine, better-educated, more religious than average, in their thirties, and choose jobs allowing them greater access to children. Are usually family men, have no criminal record, and deny that they abuse children, even after caught, convicted, incarcerated, and court-ordered into a sex offender program. Are often, but not always, themselves victims of some form of childhood sexual abuse. Even if the pedophile has no children, his home is usually child-friendly, with toys, books, video games, computers, bikes, swing sets, skateboards, rec room, pool, snacks – things to attract children to his home and keep them coming back. Usually the items reflect the preferred age of his victims. A female pedophile usually abuses a child when partnered with an adult male pedophile, and is often herself a victim of chronic sexual abuse. Some pedophiles recognize that their behavior is criminal, immoral, and unacceptable by society, and operate in secrecy. The Non-Exclusive is attracted to both children and adults. A child does not always recognize when he or she is being abused, manipulated, or groomed by a pedophile. Unless the pedophile is a sexual sadist, he does not have to threaten a child into silence. In other cases, threats to harm the child, pets, and family are used. Their urges will always be present. Therefore, treatment focuses on changing, curbing, or re-directing the acting-out behaviors of pedophiles. Knowing the profile of a pedophile, does this mean that the little league coach who has a great rapport with kids and treats them to pizza at his house is suspect? Or that the teacher who throws pool parties is? The majority of people who like and work with children are not pedophiles.

## Chapter 6 : Pedophilia as a sexual orientation “ Child Sexuality Research

*A pedophile may not sexually abuse children themselves but may view child pornography which is also a severe criminal offence and helps to maintain the cycle of child sexual abuse. An adult who is good at interacting and understanding children is not a pedophile by default.*

Initially this paper will examine why exactly this is a deviant behavior. We will then go on to analyze their structural organization. Why people would want membership in such a group will then be scrutinized. An in-depth examination of what causative factors exist that nutrient to this form of deviance will then ensue. We will conclude with the various theories of deviance that could further explain the actions of the group. Prepubescent children and teens are not properly informed or physically developed well enough to engage in sexual activity without it having a damaging effects on them mentally, psychologically, and sexually. Many times the direct impact of child sexual abuse is not made manifest until well in to adulthood. Depression, anxiety, post-traumatic stress disorder, insomnia, alcohol and or drug abuse, hypertension, obesity, sexually transmitted diseases, lack of trust and marital problems are all more frequent in the demographic of adults who were sexually abused or coerced as children

Child Sexual Abuse I: As of the late sass the group either ceased to meet or simply made their meetings more subversive so as to avoid police involvement. In it was discovered by an undercover police officer that they had over one thousand members. In , police raided a house located in a Boston suburb wherein 24 men were arrested and indicted for running a sex ring where they lured boys between the ages of 8 and 15 into the house and photographed them engaging in sexual activities

Schools, M. There are other similar subgroups today that mostly focus on internet chat rooms and the production of child pornography which is circulated on the internet. No doubt members of such groups are in them for a source of comradely and acceptance amongst a world that calls the roof perverse and deviant. Another reason to Join such a group is to rationalize its focus of sexual contact with those who are underage. According to the welcome page on amble. Participation in the subgroup of Amble is of course voluntary, but whether or not the choice to be a pedophilia is actually a choice, is up for debate. According to James Cantor, Associate Professor of Psychiatry and senior scientist at the Sexual Behaviors Clinic of the Center for Addiction and Mental Health states that there are a number of studies that provide evidence that individuals can actually be born with a psychological predisposition to sexual to children. Pedophilia perform more poorly on various tests of brain function, tend to be shorter in height and are three times more likely to be left- ended or ambidextrous characteristics that are observable before birth. Although non-biological features may yet turn up to be relevant, it is difficult, if not impossible, to explain the research findings without there being a strong role of biology. Support groups created for the purpose of preventing child abuse and offering counseling and a safe haven to pedophilia have appeared in Germany ND Canada. People struggling to resist their sexual urges from all over the globe have contacted these two establishments and while it is still too soon to tell if these programs will leave a positive and lasting impact, preliminary reports are propitious

Cantor, According to a study published in the British Journal of Psychiatry another causative factor of pedophilia is early abuse. The study examined males and found a definite correlation between those who reported sexual abuse and those who went on to abuse others

Glasses, He works with children and adults who have participated in or expressed interest in harmful sexual behavior. He has seen first-hand that many times youngsters become addicted to child-pornography and then go on to act out violently on siblings and even teachers

Woods, Pedophilia can be considered deviant by the positivist theory of deviance because the damage done to children by sexual abuse is tangible in that its effects are lasting and far reaching for the victim. The above evidence specifically points to the social learning theory in describing the causes of pedophilia. The definition of social learning theory in that deviance is learned. Pedophilia, in some cases can arise when a child is exposed to it as a victim early on in life. This usually occurs with a family member or someone that they know. This can and does instill deviant ideas in the child. They then grow up and seek acceptance and association with likened individuals in groups such as Amble. The downside to this theory however is that it is quite ostracize to the pedophilia and can further isolate them from relationships with family as well as consenting adults their own

age leading hem to the sort of loneliness, and desperation characteristic of those that do go on to commit incest and child molestation. One must surely utilize phenomenological theory when trying to understand pedophilia as there are a multitude of factors that can play into the creation of the pedophilia. It is the only theory that delves into the mindset of the pedophilia Thai, et al, Childhood abuse, an addiction to pornography and even such things as covert incest could all be causal in producing the mindset of this particular disorder. It is my opinion that what we allow our minds to become immersed in can have catastrophic effects when not analyzed and scrutinized honestly. While it is true that we must strive to understand why it is that people do what they do, sexual abuse and incest are still deviant behaviors and in order to keep their prevalence down to a minimum, it is of utmost importance that that view must be maintained.

## Chapter 7 : Pedophilia - [www.nxgvision.com](http://www.nxgvision.com)

*Pedophilia is not a sexual addiction, although pedophiles can be addicted to their form of sexual behavior and some of the most prolific child sex offenders have undoubtedly been sex addicts. The traditional treatment for pedophilia is Relapse Prevention, which is based on helping people with addiction identify and develop coping skills for.*

BCG Dec 6, Does that make any sense? Groves Jan 10, 7: Sexuality is never chosen by any individual, but instead a discovery at puberty. Those who find themselves pedophilic are not always aware at the onset. As the child matures and begins to see a greater distance in age between preferred erotic appeals, the problems begin. Once the onset becomes disturbing to the individual they are aware that their only sanctuary is personal darkness. In our society there is no place to turn without risk of criminalization. In interviews with the majority of pedosexual individuals it is common for them to express two major notions, isolation and hiding in a much less preferred erotic situation. The common ideation that this paraphilia is a product of nurture really presses on credibility. What secret from of influence, either familial or public has the ability to encode this type of behavior? If this were possible, then it should be studied as a powerful method of learning? Somehow, and there is essentially no research on this, the genetic processes must be in effect. Much the same as any nature occurring in humans. Of the 6,, individuals on this planet, no two are identical. Even normal sexuality has acceptable boundaries that make them unique to each individual. What we are sexually is never a choice but an expression of some genetic mechanism that is later discovered as the individual matures. One thing that is common in interviews of persons in terms of sexuality is that they are at odds to really know why they are the way they are. Above your comments are others that I agree upon. Much harm and suffering is heaped on persons I call afflicted. An afflicted person is one who suffers from a sexuality that has been deemed deviant or even evil. An afflicted person is the terrible victim of genetic occurrences that are well established before birth. I have yet to hear a rational explanation why anyone would place himself or herself in harms way through sexual impropriety. Especially those that seem to be universally evil! Even greater interests are the huge variety of sexual activities among adults seen as acceptable. Why is this so? I hope the very best for your interest and research to discover the truth. Frankly I believe the truth is well understood and simply suppressed, to allow the Draconian policies arrayed against afflicted persons. A strong case smashing myths would help countless men and women who are currently living lives of fear, shame and guilt. One area that fascinates me is the hypo campus sic. If I were to compress my beliefs, I would have to say, genetics rules, from the dawn of man primal to modern. Mathox Apr 10, Knowing the true roots of pedophilia would help lots of people. This can only be achieved by means of research. In the near future, I plan to do research on the genetic and biological bases of pedophilia. But pedophilia is an issue that cannot be ignored. People and governments will sooner or later have to admit that something has to be done now! People who suffer from pedophilia have the right to lead happy lives, and children must enjoy safety as well. However, society keeps on building barriers. I have been looking for help; but I am always afraid to admitted to anyone, because on the web and on the streets I have seen and heard very rude and threatening comments about people with this problem, I am attracted to regular adults as well What I have noticed is that some of my friends and a lot of men do look at young teens or even little girls that have a more mature skeleton body , but clearly show their real age. What makes me think that the P problem is weight bigger and really needs to be addressed clinically before courts. I am desperado for help; if my personal info could be protected I will volunteer for any serious study in the matter. Jason Nov 30, 1: As an example, In Japan, they are raised in a school setting where the children all shower together and use the same bathroom facilities. There is no mystery or secrecy of their sexual differences. As a result, the rate of sex crimes is virtually non existent. Instead of raising children shielded from the knowledge of their sexual outcomes, I think it necessary to keep in mind that we are out to raise children with a healthy view of themselves in all regards. Our goal should be to raise our children with the idea that we are raising them to be well balanced adults, not to shield them from sexuality, which is a natural psychological and physical outcome. I am repeating myself there, but I cannot emphasis this enough. The rate of pedophilia in the US and other countries is now startling, in part due to lack of setting ground rules

parental openness and education , and in part easy access of such materials over the internet. We must do something to intervene, and I feel a ground up education of open sexuality would resolve the pedophilia problem to a large degree. Victim Jan 28, I cannot even give my real name, location except county for fear of hate mail or harassment. I was once caught viewing young boys porn material and was threatened with being reported to the police if it happened again - because of this it was time to confess my horrific story. I did bring this up with my councillor when I was doing for session for bereavement and I admitted and agreed it was wrong, It took me quite a while to try a resists my urges but I succeeded, but every now and then I relapse. Although it bare 52 weeks since I had those sessions it early days. I agree with Nate that we need help but with absolute confidentiality, no record must be linked to the authorities nor should I be placed on the Child Sex Offenders Register. I had babysitted my nephew and niece many times over the years and I had told my brother and sister in law of what happened at school. If one is genuine, what help like me is and knows they will not harm anyone; they need access to appropriate help and at the same time not banned for being in contact or working with children. We need trusts on both sides. The situation would be different if I had committed an offence of putting my desire against any child abuse or adult rape , but in my case I have not and now I am a mature young man I now seek the help to help close this horrific chapter of my life. I agree with Nate above. It took me 22 years before I could tell my late mother; The problem is that because of this horrid crime, I then found out that at the age of 21 I seemed to find feel att. At that, time it was clothes b. As I could not seek help, be offer counseling or whatever would help me I had to keep this sad but dark secret to myself. I could not tell my own GP out of fear of being reported to the authorities. Here in the UK, there is no such help and I would be happy to undergo a therapy treatment programme. I am shy to woman and although I started dating it, very hard to keep motivated. Sally Jun 7, 9: My husband of 23 years was under a doctors care for testosterone which he took a lot of and a bunch of other drugs to deal with other issues and recently began to seek out child pornography -- was caught by the feds and now rather than treating the condition, which includes no libido, frontal lobe seizures, hypothyroid, and an immune disorder, is being thrown to the wolves for his seeking out this material. How does one find an advocate for this issue and how do you convince others he can be helped? They are saying he will get 20 years which will make him 65 before we get to be with him again. Marv Feb 14, Not trying to make a value judgement here but if that is the case the rate of pedophilia must be much higher amongst male homosexuals than any other demographic group, on a percentage basis. I am assuming that heterosexual males prefer female children as their victims. How accurate is my logic here and is there something I am overlooking? Finding the answers here could help in focusing limited resources to the problem. Mikey Aug 14, 1: Some people have a mental condition predisposing them to murder. Do we just say they are normal, and society has "imposed" a view of abnormality on them? Some people have severe anger issues, leading to various abuses of others -- again should we just put this off as normal for the angry person? Only by recognizing the abnormal can we treat it. Scientifically speaking, homosexuality is abnormal take a scientific approach and you will find reams of information confirming this, as well as demonstrating the harmful impact to the homosexual person. But society has deemed homosexuality as the "new normal" and declared they do not need help. We now have a group of people attempting to define pedophilia in the same light -- "normal". But unlike homosexuality, this abnormal condition impacts more than the affected individual. It impacts others -- the most vulnerable in our society. For the sake of our kids, as well as the hope of helping pedophiles, we must stand firm behind science and reject the idea that pedophilia is a normal sexual preference. For the idiots who will automatically say this is a "hate" post because they happen to disagree I believe everybody should have the chance to live the most productive and enjoyable life possible. Not a life molded to society norms, but certainly molded to healthy mental conditions. Jocko Apr 24, 1: Society is prone to compromise of all acceptable behavior within itself. Every mind,in spite of that, has the option to comply with the general thinking or not. What is perceived by the masses in public, is not always necessarily the thinking of the mind in private. To deviate from the decided laws of society puts the individual who acts against those laws, subject to punishment. Many consider fellatio, masturbation, anal penetration heterosexual or homosexual activities for pleasure to be deviate from the actual intent of genitalia to be used only to procreate. We want to protect our children from our own wanton acts until the age of consent allows them to

decide when and what for themselves.

**Chapter 8 : How to Identify a Pedophile: 12 Steps (with Pictures) - wikiHow**

*Chapter 4: Child Pornography Offender Behavior 75 maintain some sexual interest in adults as well.6 Being married or having sexual relations with adults does not mean a child pornography offender is not also a pedophile.*

Non-consenting persons Homosexuality and non-heterosexuality[ edit ] Homosexuality , now widely considered a normal variant of human sexuality, was at one time discussed as a sexual deviation. Originally coded as x63, homosexuality was the top of the classification list Code Martin Kafka writes, "Sexual disorders once considered paraphilias e. The research then concluded that the data seemed to suggest paraphilias and homosexuality as two distinct categories, but regarded the conclusion as "quite tentative" given the current limited understanding of paraphilias. A study analyzing the sexual fantasies of heterosexual men by using the Wilson Sex Fantasy Questionnaire exam, determined that males with a pronounced degree of fetish interest had a greater number of older brothers, a high 2D: Charles Allen Moser, a physician and advocate for sexual minorities, has argued that the diagnoses should be eliminated from diagnostic manuals. An "optional" paraphilia is an alternative route to sexual arousal. In preferred paraphilias, a person prefers the paraphilia to conventional sexual activities, but also engages in conventional sexual activities. The literature includes single-case studies of exceedingly rare and idiosyncratic paraphilias. These include an adolescent male who had a strong fetishistic interest in the exhaust pipes of cars, a young man with a similar interest in a specific type of car, and a man who had a paraphilic interest in sneezing both his own and the sneezing of others. The DSM-I included sexual deviation as a personality disorder of sociopathic subtype. The only diagnostic guidance was that sexual deviation should have been "reserved for deviant sexuality which [was] not symptomatic of more extensive syndromes, such as schizophrenic or obsessional reactions". The specifics of the disorder were to be provided by the clinician as a "supplementary term" to the sexual deviation diagnosis; there were no restrictions in the DSM-I on what this supplementary term could be. No definition or examples were provided for "other sexual deviation", but the general category of sexual deviation was meant to describe the sexual preference of individuals that was "directed primarily toward objects other than people of opposite sex, toward sexual acts not usually associated with coitus , or toward coitus performed under bizarre circumstances, as in necrophilia, pedophilia, sexual sadism, and fetishism. It also provided seven nonexhaustive examples of NOS paraphilias, which besides zoophilia included telephone scatologia , necrophilia, partialism , coprophilia , klismaphilia , and urophilia. DSM-IV-TR names eight specific paraphilic disorders exhibitionism , fetishism , frotteurism , pedophilia , sexual masochism , sexual sadism , voyeurism , and transvestic fetishism , plus a residual category, paraphiliaâ€”not otherwise specified. In this conception, having a paraphilia would be a necessary but not a sufficient condition for having a paraphilic disorder. In that version, for example, a man cannot be classified as a transvestiteâ€”however much he cross-dresses and however sexually exciting that is to himâ€”unless he is unhappy about this activity or impaired by it. This change in viewpoint would be reflected in the diagnostic criteria sets by the addition of the word "Disorder" to all the paraphilias. But a paraphilic disorder is defined: These are voyeuristic disorder, exhibitionistic disorder, frotteuristic disorder, sexual masochism disorder, sexual sadism disorder, pedophilic disorder, fetishistic disorder, and transvestic disorder. They are proposed to work by reducing sexual arousal, compulsivity , and depressive symptoms. The Last Taboo in an attempt to challenge the gender-biased discourse surrounding sex crimes.

**Chapter 9 : Pedophilia and Deviant Behavior - Almedauniversity**

*Pedophilia (alternatively spelled paedophilia) is a psychiatric disorder in which an adult or older adolescent experiences a primary or exclusive sexual attraction to prepubescent children.*

Focus On The Cause: Focus on the cause. To do that, we must know the cause. What could possibly cause someone to suddenly molest a child? In general, sexual abusers act because they fit into one of four broad categories. They are children or teenagers who are sexually curious or experimenting. They have a medical or mental problem that needs treatment. They are opportunists, who lack feelings for others and who have an antisocial personality disorder. They have an ongoing sex drive directed toward children. Children and teenagers are sexually curious. Curiosity is a major trait of humans. Some teens use much younger children to find out about sex because they can convince these children to take their clothes off. Most teenage experimenters, as they get older, stop all sexual interactions with children. George is too old to be in this category. Who causes so much damage to our children? Tell others the facts. A few sexual abusers will sexually touch a child because they are profoundly intellectually disabled, or they have developed a brain disorder, or they are psychotic. Close supervision and, when appropriate, medications to control the disorder often stop child molesters in this group. George does not fit here. Some abusers will sexually touch a child because they have an antisocial personality disorder. So why do we call them "antisocial? Essentially, antisocials lack feelings for others. In the mind of an antisocial, all of the rest of us, including children, exist to be used. The child molesters in this group appear most often in horrific accounts you see on television and in the newspaper. George, in most of his behavior, sticks to the rules. So he does not belong in this group, either. When researchers analyzed the data provided by the 4, abusers in the Child Molestation Prevention Study, they found this fact. Put all together, these first three categories of abusers - the sexually curious teens, the adults with medical or mental disorders, and the antisocials - were responsible for only five percent of the sex acts committed against children. In contrast, the members of the fourth category were responsible for 95 percent of the sex acts committed against children. Abusers who molest because of an ongoing sex drive directed toward children. Abusers who fall under this category and who are years-old or older are considered to have the disorder pedophilia. Abusing teenagers and children who fall under this category and who are younger than 16 cannot be considered pedophiles because they do not meet the diagnostic criterion of being at least years-old. An ongoing sex drive directed toward children or younger children can be identified early by a sex-specific physician or therapist, and then successfully controlled with sex-specific therapies and medication, when appropriate. Treatment from this type of specialist is 87 percent effective. George is part of this group. The Single Greatest Cause Of Sex Acts Against Children The single greatest cause that drives an adult to sexually interact with a child is a sexual desire for a little girl or boy. As explained above, older teenagers and adults who fall under this category are called pedophiles. Their problem, a sexual desire directed toward children, is called pedophilia. Pedophiles molest 88 percent of our children who are molested. They commit 95 percent of the acts. This is a serious disorder. To be a force to protect the children closest to you, you must understand the difference between a pedophile and a child molester. Diagnostic criteria for pedophilia Pedophilia is a well-known disorder. You may be familiar with the main features of this disorder, but we want to be sure you understand the importance of some of the details. To be diagnosed with pedophilia, a person must: George matches the criteria for being a pedophile. The diagnosis of females with the disorder pedophilia is exactly the same. However, we are concentrating on male pedophiles because they come into either the mental health or criminal justice system in huge numbers. Of the over 16, people in the original sample in the Child Molestation Prevention Study, only were women. Of the 4, people who admitted to being a child molester, only 1. However, female sexual abusers do present a problem. In reports of daycare workers who are abusers, women account for 40 percent. How early can a person with an ongoing sex drive directed toward children be stopped? What was the beginning for George? What caused him to molest? What happened before he molested his stepsister? The year he was 13, he began having recurrent sexually arousing fantasies of very young girls. These sexual urges toward her remained fantasies until he turned 17, when he molested

her. George molested Abby repeatedly that year. This is only the beginning. He saw no possible danger. Take another look at the first diagnostic criterion for pedophilia: What it means is that someone can be diagnosed before they have done the behaviors. George could have been stopped before his developing disorder caused him to molest Abby. These sexual fantasies, these sexual urges, have to go on for at least six months to be considered a sign of pedophilia. There is a big difference between a child molester and a pedophile. What defines a child molester is the fact that a child molester has molested a child. A child molester always has a child victim. A pedophile is different. At 16, a full year before he molested Abby, George already had the disorder, pedophilia. He met all the diagnostic criteria for being a pedophile. However, he was not yet a child molester. He had never molested a child. Child molesters include four categories of people: Within that last category, there exist adults, teenagers, and children who are in an early stage. They have thoughts of sexually touching children or younger children, they have urges to sexually touch children or younger children, they have had these thoughts for more than six months, but they have never molested a child. Early intervention is possible. Pedophile Child Molester Pedophile Anyone who sexually touches a child. Some people with this disorder have sexually touched a child; some are in the early stages and have no victims. The cause is one of the following: The cause is an ongoing or chronic sexual interest in children. The person suffers from a disorder called pedophilia. When tested, his results will show that he has no sexual interest in children, if he sexually touched a child because he was: When tested, because he or she has recurrent sexual fantasies, sexual urges or has sexually touched a child because of an ongoing sexual drive toward children, he or she will test positive for a sexual interest in children. A curious child responds to family advice about what is sexually appropriate. A person with a psychotic episode or organic brain syndrome, or stroke responds to medicine for the major condition. A mentally challenged person or an antisocial responds to increased supervision. A pedophile has a paraphilia and responds to tests, medicines, and therapies directed at that disorder. What Is A Paraphilia? Paraphilia is a medical term. It refers to a class of disorders recognized by the American Psychiatric Association as sexual disorders. Pedophilia is one of a number of sexual disorders grouped together as paraphilias. Some other examples of paraphilias are fetishism sexual obsession with objects , sadism hurting others , masochism hurting oneself , exhibitionism flashing , voyeurism window-peeping , and making obscene phone calls. Paraphilic disorders are sexual, ongoing, and can be diagnosed. Why is it important to know about paraphilias? Because this tells us that pedophilia is not a mystery that leaves all of us helpless. Pedophilia is well known and, in fact, is one of a group or class of sexual disorders that share similarities: All of them respond positively to variations of the same basic therapy approach, and all of them respond to the same type of medicines. Specialists- physicians and therapists- who are trained to alter sex drive using tests, therapies, and medicines, treat all of them.