

I p c e

NEWSLETTER

Number E 11, July 2001

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Ipce is a forum for people who are engaged in academic discussion about the understanding and emancipation of mutual relationships between children or adolescents and adults. In this context, these relationships are intended to be viewed from an unbiased, non-judgmental perspective and in relation to the human rights of both the young and adult partners. Ipce meets once every one or two years in a different country, publishes a newsletter and a web site, co-ordinates the (electronic) exchange of texts and keeps an archive of specific written publications.

Introduction

In June 24 - 28, 2001, eight Ipce members were present at the 15th World Congress of Sexology. I was admitted as one of the speakers. I had a lecture and a cd-rom disk with a background article and several references, articles and translations. 75 Cd-roms were not enough. This cd-rom is also a site on the Internet (< <http://home.whish.net/~twcafe/helping/> >). In this paper version of the Ipce Newsletter, you will see the lecture and the background article with references. The web version has more translations and links to the references. BTW, I'm also invited at the congress of the Nordic Association of Clinical Sexology in September 2001 and at the World Congress of the International Association for the Treatment of Sex Offenders in Vienna, 2002, to present the same lecture or more.

Also Tom O'Carroll had sent an abstract to the Scientific Committee of the Congress. At first instance, the abstract was accepted. Regrettably, in second instance, the paper was not accepted and so Tom was not accepted as a speaker. Instead, he has made 150 diskettes with his paper and a sticker with "**Censored! This is the paper you shouldn't read!**". His paper is in full on my cd-rom and web site, but also in this Newsletter.

After the Paris congress, we went to Berlin for the 14th Ipce Meeting. About 25 people was gathered there. All were content after the meeting. You will find the report of this meeting in the next Newsletter that will appear next month - with the usual documentation list.

So, you have a Newsletter here, 40 pages with three quite long articles, written by Ipce members. They try to give counter balance against the misinformation that exists in our society.

Your secretary,

Frans

Dr F.E.J. Gieles, The Netherlands

Helping people with pedophilic feelings

Scheme

	1. 'Treatment'	2. Self-help	3. Real Therapy
Helper	Healthy, good and normal	A searching human being	Counselor, guide, human
Client	Sick, bad and deviant	A searching human being	Client, searcher, human
Aim	No Cure but Control	Help each other Find his or her own way	Client feels better and finds his or her own way
Method	Behavioral 'therapy' Plethysmography Behavior control Judicial pressure Cognitive 'therapy' Repeating words Group pressure Path analysis	(Group) interview Listening to each other Exchange of conscious feelings, experiences and ideas Mutual, tangible support In addition, <i>support</i>	Interview Acceptation of conscious and unconscious feelings Discovering how to live with those feelings

		<i>circles</i> can be helpful.	
Results	Stress Alienation of the self Splitting families Some recidivism	Recognition of feelings Acceptation of feelings Comradeship Hope for the future Some recidivism	Insight Acceptation of the self Growth of the self Consciousness Recidivism unknown
Vision	Human as a mechanical being	Human as a social being	Humanistic psychology, dynamics of the psyche
Clients	Only people who are not able to communicate and to control themselves	People who are able to communicate, to listen and to control themselves	People who are able to communicate, to think and to control themselves
Survival	Play the game Stop Accept Take the good and forget the bad	Sometimes it's too heavy for someone to listen to the troubles of others. Take a break, employ humor or split into subgroups	Going through a period of uncertainty and doubt, but in the end there is usually no problem

Helping people with pedophilic feelings

Lecture at the 15th World Congress of Sexology, Paris, June 2001
by Dr Frans Gieles.

Introduction

For about twenty years, I have been trying to help people who wrestle with pedophilic feelings. I do this as a volunteer for workgroups of the NVSH, the *Dutch Association for Sexual Reform*. Just in the last two

years, several young men, mostly students in their twenties have asked for help.

The ages of twenty to thirty are the ages for making dates with lovers and forming couples. However, these men feel attracted to children, boys or girls, and do not dare to speak about these feelings, not with their fellow students, nor with their parents or family. This age is also one of living apart from the family, the age of more free choices for their free time. The Internet is also available these days. The feeling of attraction to children, pedophilic feelings, can easily become an obsession that blocks the person and their education completely. The story we hear is often one of obsession, depression or even suicide plans. Some of them block their feelings; others shake off all restraints and have serious problems with police and the courts as well as their social environment and family.

Note that, according **Nagayama Hall, Hirschman & Oliver**, more than 25% of a sample of normal men reacted with arousal to pedophilic stimuli. So, we're not talking about a small deviant minority, but about a normal variance in human beings - in an era in which anyone who reacts like this would be considered a monster by most people.

Something has to happen, but what?

Three kinds of intervention

I want to draw a distinction between three kinds of intervention: (1) *'Treatment'*, (2) *Self-help* and (3) *Real therapy*. I have presented a **scheme** to highlight the distinguishing features.

It appears that every method has its strength and its weakness. One should make a distinction between the clients in order to choose the right method for each client. There is not one method that works for all.

The first one is the *treatment of predators*, based on the cognitive-behavioral approach, widely used nowadays under the device: "No cure but control". Most of the professionals who work with this method or write about it think that it's the only method that is possible. The method, however, gives rise to some critical thoughts and, besides, there is more under the sun.

Others and I use the second one, *the self-help method*, for about twenty years in The Netherlands, among others within the NVSH. It seems that we could help many people with it. I want to especially highlight this method in this lecture as a possibility to help more people. This method can have support from another method, the *support circles*, used by some church communities, described and recommended by **Kirkegaard & Northey**. The self-help method is also widely used on the Internet.

The third method is the *real therapy*, as I call it to draw a distinction with method number one, which I call *treatment*. It concerns the well-known psychotherapy in its various manifestations.

This third method is well-known enough, so I only mention it as a useful possibility that even can be combined with methods one and two; and to draw distinguishing lines between the three methods.

Individual psychotherapy was the standard way of treatment until about 1980. Since then, cognitive-behavioral methods, method # 1 here, became the most chosen way of intervention.

Recidivism rates

Usually, recidivism rates are used to evaluate methods of treatment. **Robinson** concludes from research that the general recidivism rate for untreated sexual offenders on average is 20%, while the rate for treated offenders on average is 10%. So, treatment can halve the recidivism rate. But: which kind of treatment or help?

Margaret Alexander concluded that men treated before 1980 (treated by more traditional methods) reoffended at a rate of 12.8%, while men treated after 1980 (treated by present day methods) reoffended at 7.4%. She did a kind of meta-analysis, over viewing 79 studies with nearly 11,000 people in the samples. So, the recidivism rate of the modern methods appear to be lower than the more traditional methods.

Let us look for a while at those recidivism figures. Anyone who listens to politicians and popular writers believes that sexual offenders have recidivism rates of 90% or even more. In The Netherlands, even a professor in sexology has said for years that the recidivism was that high, until he read research articles about it, then his figures went lower and lower.

An Indiana senator proposing sex offender registration in that state, declared: "Statistics show that 95% of the time, anyone who molests a child will likely do it again." A Florida senator referred to "sexual predators who start to look for their next victim as soon as they are released from prison," and a California legislator warned the public that sex offenders "will immediately commit this crime again at least 90 percent of the time."

I Quoted Eric **Lotke** here who gives the sources in his footnotes # 1, 2 & 3.

Anyone who reads the research results, will see quite different figures. The recidivism rates are not as high as have been said. This is important,

because *if* the figures were indeed above 90%, it would not be easily to defend the *self-help method*, #2 here.

In general, there are lots of myths about sexual offenders. An article, **Myths and Facts About Sex Offenders**, August 2000, by csom.org., gives a list with myths and facts.

Karl Hanson & Monique Bussière presented the most recent meta-analysis about those recidivism rates in their article from 1998: **Predicting Relapse: A meta-Analysis of Sexual Offender Recidivism Studies**. They re-analyzed 61 follow-up studies with a total sample of nearly 23,400 people. On average, the sexual offense recidivism rate was low: 13,4%. Note that the general recidivism rate, according to Hanson, is 36.3%. So, the recidivism of sexual offenders is not 3 times the general one, but one-third of it. It's simply not true that 90% or more of the sexual offenders reoffend - it's 13.4%.

Treatment appears again to be helpful: "Those offenders who failed to complete treatment were at higher risk for re-offending than those who completed treatment."

Their articles are in full on the cdRom I present to you here, one of them in French; the article of **Wakefield & Underwager** gives a good summary of Hanson's research. On my list of references, you will find more links to research done in this field. Twenty minutes is not enough time to present them all. The Cd-Rom and the web site I have made have enough room for many bytes of research reports.

I want to add a thought to these figures: these kinds of figures are gathered with statistical methods, over viewing thousands of persons. This is *the actuarial way of working and thinking*. However, if we want to help people, we can only help them one by one, so for our work as clinicians, we have to use *the clinical way of working and thinking*. Both ways differ.

To quote **Don Grubin & Sarah Wingate**: "The most crucial difficulty arises from the fact that actuarial prediction is about groups, and unless we are talking about a high-frequency behaviour it can tell us little about individuals."

They also write: "Sex offenders are not simply bundles of variables. Characteristics that may be important to actuarials have little inherent meaning as they indicate associations but do not in themselves imply causation. They become useful in understanding recidivism only when their possible meaning in particular individuals is clarified."

A study that is perhaps the *apotheosis* of the actuarial approach can be *irrelevant* for the clinical approach. "Factors that tend to be invisible to

the actuaries may be crucially important to clinicians in determining when [*and which* F.G.] intervention is necessary."

There are more myths about pedophilia. I have written a background article and have put it on this CD and the web site with many background references. To mention two of the questions that are in the background of this lecture:

1. Even in the flyer made for this congress, the issue of pedophilia was mentioned under the header "Sex and Violence". *If* pedophilia should be violent *per se*, I could not defend the self-help method. But it is not, says **Tom O'Carroll in an article** that over views much research and other literature. The article was refused by the Committee of this congress - *Thou shalt not know this* - but here it is.

2. The question if sexual experiences with adults or adolescents in childhood are always harmful, is also mentioned in the background article. *If* this should be true, it is difficult to defend the self-help method. But there is far less harm then many people have thought, according to **the research of the team of Dr Rind**. Negative effects were reported in about 25% of the cases, especially for girls - not 100%, which is widely thought. This research has its own section on the CD.

For this presentation, I will now present a critical look at the first method.

A critical view of the 'treatment' method.

1. As **Robinson** says: "Generally, behavioral techniques have been found to be effective in many studies. *Unfortunately, there has been concern among many experts that the methods produce only short-term changes in deviant sexual preferences.*" (Italics are from me)

2. The method uses much control. As long as the clients not have changed their ways of thinking, doing and even feeling, the treatment will go on until the 'correct thinking' has been reached. But 'correct thinking' is factually the same as '*political* correct thinking', that is: the *politically demanded* way of thinking. Thus, the clients will 'play the game' to reach the end of the horror of the treatment period. They know the *politically* correct answers, they have learned them, so they will give them. Consequently, the outcomes of the measurement scales are often false and so will the outcome of the research based on them.

3. The method can result in a trauma instead of in healing. It reduces the *person to a sick offender only*. It aims to change the deeper *ego-syntonic* feelings into *ego-dystonic* feelings. It does not lead to self-acceptance of the whole person, including the pedophilic feelings, but to suppress and deny those feelings. Doing so, it alienates the person from the deeper self. It's not *healing but dividing* the person. This can result in a feeling of

basic uncertainty and insecurity on a very deep level. **Agner Fog** cites a man who said: "...rather than destroy my feelings towards boys they destroyed me as an individual, it destroyed my security."

I have met clients who started this kind of treatment as a warm lively person and who have been changed into 'a stiff wooden doll' after it. Others have survived by *playing the game*.

4. *The method can be dangerous* because it aims to suppress feelings, thoughts and fantasies. So it closes the safety valve of the steam boiler. Sooner or later, the bomb may burst. One does not talk and think about suppressed feelings, so one does not think rationally about their deeper feelings and does not search for a way to live with these feelings. Usually, contacts with other people with pedophilic feelings are ended and forbidden, so talking with positive role models will be impossible. *Self-help* is blocked and isolation from the self and from others can be the result. Especially in the case of community monitoring, social isolation will be the next source of stress. Their inner steam boiler, under such high pressure and without a safety valve, can burst sooner or later.

5. I have many *ethical* objections against the formidable use of power and control in this method. Note, that the treatment program not only will change the behavior, but also the thinking and the feelings (the preferences) and even the fantasies of the clients: their mind. Plethysmography or phallometry intrudes the most private parts of the human body. The treatment staff intensively intrudes even upon the last bastion of freedom, the innermost mind of a human being. The method forces its clients to think and feel in a correct way - in a *politically* correct way. The method aims to control the thinking and feeling of people: it's *thought control* by *thought police*, as George Orwell named it. *Mind control by The State...* like the *brainwashing* of the former Soviet Union, now used widely in the 'free' Western world. That the method works by giving low recidivism rates is not the only criterion. If one murders all sexual offenders or locks them up for life, the recidivism rate will be zero. There are also ethical criteria.

6. I have also a *scientific* objection to this method. It's against the simplistic way of thinking behind this method. So I say in my article **No cure but control**: "The treatment is based on a very simplistic way of thinking, that equates political correctness with being right and political incorrectness with being wrong. Their way of thinking about intergenerational sexual contacts is uncritically taken from the way of thinking (by some women of the first group of feminists) about the rape of women. Women and children, both are *only* the victims of the wrong men."

This simplistic way of thinking is also based on 'sexual child abuse' research that is often biased, being more *politically* correct than *scientifically* correct or to say it another way: more *ideology* than *science*.

Margaret Alexander had to remove 280 of the 359 studies she found from her analysis because of shortcomings. An article of **Frederiksen** lists the biases of the common CSA research and so does the **Rind et al. team** in their now famous **Meta-analysis**.

Dennis Howitt says in his well known book, over viewing the research on treatment methods (Ch. 7, page 191): "With a situation like this, claims of therapeutic success may sometimes be wishful thinking on the part of the clinician, the client or both."

So, the defenders of the first method should be modest in their claims - as will I.

I want to highlight the self-help method now, but I can not build on hard research because research about this method is scarce. My source will be twenty years of personal experience with this method. So I will be modest.

The self-help method

Helpers, clients and aim.

The basic assumption here is that there are no helpers and clients, but that the members of the group all are helpers as well as clients. The members help each other. There is no difference, all are human beings, searching for their own way to live with their pedophilic feelings.

Clearly, the three methods are based upon entirely different views of the human being. In the first one, we see a more or less mechanical vision of human behavior. Behind it, we see a view of the human as a sinner, doing wrong things almost automatically. The second one believes that humans are primarily social beings. The third one focuses on the dynamics of the human's psyche. Both the second and the third view do not see a sinner, but a searcher for the right way to live and both believe that the client is able to find it.

Method

The main method is the group interview. Usually, there is a leader of the interview, but he or she is not 'the therapist'. He or she is just one of the members who catalyses the group process by asking everyone to listen to each other, to speak one by one, to express one's feelings and to exchange experiences and thoughts. They deal exclusively with the conscious feelings. The members of the group ask each other to express their feelings, including their deepest feelings, but not to go to the unconscious part of the soul.

Members give tangible support to each other in several aspects of life. This is important because many people with pedophilic feelings tend to

live as an *isolated minority*, as **Agner Fog** names it in his article. Fog talks about "The isolated minority syndrome" that he sees by people with deviant sexual feelings. "The symptoms of this syndrome include a stereotypic and uncontrolled sexual behaviour and several unspecific social symptoms. The cause is a lack of an appropriate identification model and non-acceptance of own sexual feelings. Group therapy in self-help groups is an effective treatment. " Experienced members of such groups can function as positive identification models for less experienced members with the same or a similar paraphilia, and teach them how to find a style of living.

The first aim here is that the participants will be *conscious* of their inner feelings and that they will *accept* these as a part of themselves and not fight against them. New members can see, hear and feel that this is possible. Members are invited to accept themselves and the other members as a person, as a whole person, a Gestalt, including their inner feelings.

These aspects of the method are also described by **Van Naerssen** and by **Van Zessen**, both from The Netherlands. **Dennis Howitt** spends a few pages on what he calls "support therapies". BTW, the self-help method is widely used among people who have the same problem, illness, situation or aims or ideas, like Christians, pregnant women, parents of gay sons, blind or deaf people and many more.

Secondly, the aim is that the members see that there are various ways of living with their feelings. The website of the group JON gives twenty styles of living and asks the visitor to search for the 21th: their own style of living. New members are invited to search for their own way of living; they see, hear and feel that this is possible. There are more possibilities under the sun than stereotypical ways of behaving. BTW, JON does not advise to have sexual contacts with children.

Both aims, the first and the second, can diminish the features or characteristics of the isolated minority syndrome. There is an additional method: forming support circles.

Support circles

A support circle is a group of people who form a circle, so to speak, around the client. Church communities do this, the JON group does also. Community members make contact with the client at their home. They invite him or her to go places, or they cook and eat with the client. They invite him for a film or theatre, for an excursion or a trip. They stimulate the client to participate in society as much as possible and they support the client in doing so.

Hugh Kirkegaard & Wayne Northey describe this model. First, they describe the scapegoating process in the community. They then describe how faith communities worked to stop this scapegoating process and to

start support given by, as he calls it "Circles of support and accountability". "The goal of the Circle", they say, "is not to be therapeutic but to provide support and accountability."

Reverend **Hans Visser**, from The Netherlands, describes the support that a church community can give.

In addition, several web sites function nowadays as virtual groups or support circles. Several web sites work from a Christian point of view. **Heather Elizabeth Peterson** wrote a long article about these web sites. Like all the articles I mention, it is on the cdRom and the web site I have made.

Results

Kirkegaard and Northy write about the results of their support circles:

"Over the last five years the initial project based in Toronto has created thirty-two Circles in Toronto and Hamilton. Of the 'core members' involved in these only two have re-offended to date, one for a property offense and one has been charged with another sexual offense. As a result of the success of this approach, in the past year another six local Circles initiatives have been established across Canada and the total number of Circles created is now forty-five. While most of the Circles continue for eighteen to twenty-four months, the longest have been in place for five years. For core members who are low functioning and have high needs, this kind of intentional community is necessary for their healthy functioning in the community for the long term. For others, the assistance a Circle offers in getting re-established in the community is a more short-term need. Yet the supportive relationships with the friends they have met there, who know their history and can call them on their behaviours, continues long after the formal Circle has ended."

Two reoffenders out of 32 core members (one offender in each circle), that's a recidivism rate of 6.25%. That is low. If you only count the sexual reoffence, like most researchers do, it's 3.13%. That's very low.

We have used the self-help method for many years in some of the Dutch local workgroups of the NVSH (not in all groups; some of them don't offer much support at all). I have worked for about twenty years and for several groups using this method.

What we saw is that the members gradually recognize and accept their deeper feelings. An atmosphere of comradeship develops in the group. People who came in with "Oh! I have a great problem! I seem to have

certain feelings! What do I do?" changed their feelings of panic quite quickly into a feeling of hope for the future. We saw them each find his or her own way of dealing with their feelings. Some disappeared after that with a "thanks!" Others remained in the group to help the newcomers.

Another result is that in each group, and gradually in broader circles, an ethical code has been developed. Over the course of time, we have given it the name "the four principles and the P.S." This is described in my article "**I didn't know how to deal with it**", in an article by the Dutch psychiatrist Gerard Roelofs and in Dutch psychiatrist Frank van Ree's article "**Are there criteria for a positive experience?**" Also **Heather Elizabeth Peterson** describes the ethics that gradually are developed on the self-help web sites. So, ethical codes and principles are the results of self-help groups. Peterson mentions a growth to celibacy and socializing the desires. I can mention the same about the groups I am speaking about. Almost all members live in celibacy.

I estimate the number of people helped in this way to be around a hundred people in a period of nearly twenty years. As far as I know, 16 people offended once and 2 of these 16 reoffended, one sexual, the other nonsexual.

That's a 12.5% recidivism rate, double Kirkegaard's result, but just below Hanson's average of 13.4%; just above Robinson's figure of 10% for treated people, but below his rate of 20% for non-treated people. If you only count the sexual reoffence, like most researchers do, the figure is 6.25%: one person in 20 years of working with the self-help method. Further, we can not say that the reoffence is a result of the self-help method per se, because one of them, the sexual reoffender, has also had the other kinds of treatment, numbers 1 and 3 - and because of the length of time that there was between membership in the self-help group and the reoffending. Moreover, these figures do not come from 'hard research' because, quite frankly, we have failed to set up and do this research. These are modest estimations, made as honestly as possible. Note that the sample for a practical experience is not too small and the time is reasonably long, 20 years.

Final remarks

No method can claim a 100% success and a zero recidivism. Each method appears to have its own strengths and weaknesses, especially if we differentiate between our clients, as I do in one of the rows of the **scheme** I have presented. As you see there, I want to use the first method only for clients who are not able to communicate and to control themselves. For clients who can communicate, to listen and to control themselves, the self-help method appears to be a good alternative. It is a far more humane method than the first one. It is less expensive and, within its limits, possibly quite effective. The method deserves to be tried out and to be evaluated, then developed by research. It could especially

be helpful, combined with support circles, for people who are released from prison and who come back into the community. Instead of only registering and controlling them, we should first support them. If we let them alone, social isolation will soon be the next source of pressure for their inner steam boiler.

I want to repeat that I intended everything I have said to be unobtrusive and modest. I've spoken only 'in my humble opinion'. I will end by saying: let's all be modest and unobtrusive. Once upon a time, but not very long ago, masturbation was seen as a heavy and dangerous evil, causing much illness - and so was homosexuality until recently. Nowadays, it is the people with pedophilic feelings that are seen as The Great Evil of humanity. As noted above, more than 25% of the normal men appeared to have these feelings.

Once upon a time, long, very long ago, sexologists have said things that later on appeared to be untrue... It appeared that ideology, religion or politics misled them in those days. Nowadays, we are scientists who see through ideologies. Nowadays, today and during this congress, we talk with each other in a rational, polite and modest way. I will continue to do this and I invite you to do the same.

References: see page 18

Background paper

by Dr Frans Gieles.

What are we talking about?

I am talking about "people with pedophilic feelings", not about "pedophiles" or about "pedophilia". I have reasons to do this.

First, a person with pedophilic *feelings* does not have by definition a pedophile *identity*. It's up to him or her to feel and say this. The feelings can be part of a much more broad and rich identity.

Secondly, the concepts "pedophile" and "pedophilia" are unclear and are used in a variety of ways. Originally, the meaning was 'someone who loves a child'. Later on, a sexual or erotic connotation entered the concept: 'someone who feels sexual attraction to children'. This concept is defined correctly so far.

However, the meaning has changed over time. For most people, the meaning shifted from *feelings* into *actions*, especially sexual acts by an adult with a child. This shift makes the concept unclear, too broad, into a *container concept* and thus not usable.

There is more, because to the words "sexual acts by an adult with a child" were added "and that's wrong, bad and sick." So, the concept shifted from referring to *facts* into referring to *morals*. In my humble opinion, it is not possible to work correctly, as a scientist and as a clinician, with such an unclear, broad and moralizing concept. I have explained this in more detail in my lecture "**About 'pedophilia' as a concept**".

Because of both the above mentioned reasons, I will go back to the *facts*. What I see is the fact that there are people with pedophilic feelings. What they *do* with these feelings, their *acts*, will differ from one to the other. We cannot judge and surely not condemn people because they *feel* something. Only their *actions* can be judged. So, the concept "people with pedophilic feelings" is not too broad and is not moralizing - thus usable as a concept.

The description that is used most often is from the **DSM-IV-Revisited**. It describes 'pedophilia' as being a *paraphilia*. Paraphilias "are characterized by recurrent, intense, sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning." The words "unusual" and "impairment" are not clear; their meaning will differ by culture and era. As you remember, once upon a time homosexuality was described as a kind of perversion in the DSM. So is pedophilia described nowadays. To say it is a perversion is making a judgment instead of describing a fact. Moreover, the word "victimize", used in DSM, says that a *moral* judgment was made.

Are we talking about violence?

If one wants to keep speaking about 'pedophilia' and use the concept, one should define it. Most sexologists will refer to the DSM-IV-Revisited as mentioned above. Are the ones who use this definition speaking about *violence*? Not by definition, even along the DSM lines. DSM talks also about "arousing fantasies, sexual urges, or behaviors involving sexual activity". Thus: fantasies **or** behaviors. DSM also says that "Individuals with Pedophilia who act on their urges with children may limit their activity to undressing the child and looking, exposing themselves, masturbating in the presence of the child, or gentle touching and fondling of the child. Others, however, perform [...] and use varying degrees of force to do so." Thus: *some...*, *others....* So, violence is not inherent *by definition*.

Nevertheless, have a look at the leaflet promoting this congress. We read about a section called "Violence and sex (violence, pedophilia, rape)". So, the congress leaflet itself raises the question: "Is pedophilia violent?"

Tom O'Carroll has taken up this question and has written a paper about it, named: **Is pedophilia violent?** According the abstract, "This paper challenges the appropriateness of viewing pedophilia [...] in terms of violence. The literature on personality and behavioural aspects of paedophilia is reviewed with particular reference to "preferential" as opposed to "situational" paedophilia. Evidence on harm to children commonly attributed to adult-child sexual contacts is considered, as is the validity and value of the "consent" construct in the light of recent research. The unscientific attribution of violence to paedophilia as a supposedly inherent characteristic is discussed, particularly with regard to lines of feminist analysis founded on issues of power imbalance in personal relationships."

The leading Scientific Committee of this congress has refused that paper. '*Thou shalt not know...*' But **here it is.**

Perversion, distortion, deviancy, variance, crime, scapegoating process?

How do we look at our clients, the people with pedophilic feelings? Our view will influence our way of working.

So, if we view *perversion* or sickness, we try to heal it. Especially if we have moral reasons for it. This has been tried by therapists who for these reasons have treated gays and lesbians, trying to change them 'from sickness into health', thus from homosexuality into heterosexuality. Recent research ([Winger 2001](#)) showed 'success' (which is even doubted by the authors) with only 6 out of 202 respondents.

Just like having homosexual desires, the feeling of pedophilic desires is not a perversion *per se*. In my lecture, I referred to **Nagayama Hall, Hirschman & Oliver**, who say that more than 25% of a sample of normal men reacted to 'pedophilic stimuli'. If we read the article, we will see that only female pedophilic stimuli are given to men. If the researchers had also used boys as stimuli, the percentage would have been higher. If they also had women in their sample, supposedly the percentage would have been even higher. In my estimation, this includes one-third of the adult population. One cannot say that one-third of a population that functions on a normal level, should be *perverted*. *With a* supposed a two-third majority and a one-third minority, one can scarcely speak about *deviance*. In my view, we are speaking about *a variance*.

"Does paedophilia involve perverse sexual desires? It is hard to give an univocal and general answer to this question, in particular because there are different forms of paedophilia.", wrote **Ben Spiecker and Jan Steutel**, both Dutch educationalists. They conclude their article with "It would be mistaken, however, to consider all forms of paedophilia perversions. Paedophile sex is a form of exploitation because it endangers the long-term welfare of the child. Consequently, paedophilia involves

desires towards behaviour that is morally wrong, but only in some forms of paedophilia are these desires perverse."

When I look at my clients, I look with two eyes: first the eye of the clinician who wants to help people. To do this as good as possible, I need my second eye, the eye of the scientist. Being a clinician for my clients, I'm not a moralist. Being a scientist, I'm also not a moralist. I see the facts - and one of the facts I see is that my clients ask for help to wrestle with certain feelings. It's not up to the clinician nor to the scientist to give a moral condemnation to what my clients feel. One of the facts I saw was that the members of self-help groups developed a moral code themselves. As a co-member of the group and as a fellow human being, I also have opinions about moral codes and I can bring these into the discussion. But never I will give a moral condemnation about what the clients say about their feelings.

This holds even more for the fact that, as a scientist and a clinician, I am not a police officer, prosecutor or judge. As said, nobody can be judged for one's feelings, only for one's deeds. If we should follow the juridical way of looking at the deeds of our clients, we would draw strange conclusions: the same action is a crime in one country, but not in another; it is a crime in one era, no crime in another era. Some actions are a crime on May 15, when Johnny is 15 (or in other countries 17), and not a crime on May 16, when he is 16 (or in other countries 18). The juridical way of viewing is maybe appropriate for jurisdiction, but it's irrelevant for clinicians and scientists.

A clinician and a scientist has at first to look at the meaning the clients themselves give to their feelings, desires and deeds. As described, for example, by **Van Naerssen**, these meanings differ greatly and this fact should be our entrance to help the client.

There is another view of the facts necessary: the sociological view. People are not only living with their own soul, people live in society. If people say they wrestle with pedophilic feelings and desires, they do not speak out of their inner soul only. They are speaking and wrestling in this society in these days. We cannot shut the eyes to what's going on now in our society concerning people with pedophilic feelings. I will not give details or references, because everybody knows. My interpretation is that a scapegoating process is going on now. BTW, scapegoating and projection are well known psycho-social distortions. Now that the communists and the homosexuals are gone as scapegoats, the people said to be 'a pedophile' are easy objects for scapegoating by the so called normal people.

So, what are we talking about? In my view not about perversion *per se*, scarcely about a deviancy. As far as it concerns feelings and desires, surely not about crimes. We're talking about a variance in the population that nowadays is the object of a quite violent scapegoating process. And we are not talking about these people and these facts as police officers or

prosecutors, but as clinicians and scientists. We want to help people and to understand what's going on in their soul and in society.

This view is behind the self-help method. The method aims that people *accept* their feelings as a part of themselves.

For example, see how **Dr Pelo** replies the *FAQ's* (frequently asked questions) on his web site and see how the **Baumstark** web site announces the help that a religious community will offer.

As a contrast, **Heather Elizabeth Peterson** quotes Julius, who says: "I have read about numerous boylovers whose 'therapy' taught them to hate their feelings and themselves, and destroyed their capacity to love. They have spent years rebuilding their self-esteem and ability to love others."

The question of harm

If sexual experiences of children and youths with adults were always harmful, it would be difficult to defend the self-help method. But there is not always harm. Rind, Bauserman and Tromovitch have published a **meta-analysis** in which they have re-analyzed 59 studies using college samples. Negative effects were reported in about 25% of the cases, especially for girls - not 100%, which is widely thought. In the cases that reported harm, the family environment was a factor that was 10 times stronger than the sexual experiences.

Thus, people that have said "There is never harm" have to review their opinion. But also people who have said "There is always harm" have to review their opinion.

Because there were so many people who said "There is always harm", the Rind report has caused **many reactions**. Many people would or could not believe this conclusion, many articles are written about the Rind research. Even the USA Congress has condemned it.

I do not want to repeat this all here. I have made an overview and a selection in a section of the references on this CD and web site. I suppose that the honorable Members of The Congress have condemned this article without reading and understanding it. I invite the reader to *read* the meta-analysis, the explanations and the comments - and then to draw one's own conclusions.

For this background paper, I only want to repeat what I have written in my article '**Science and Morality**' about the roles of science, the media and politics. Then, I'll go to the role of the clinician.

Science and morality

"Science should give the facts and has the right and obligation to do this; the media has to inform the public correctly; politicians should honestly lead the process of decision making in moral matters.

Science can tell us that it is healthy to eat meat; human beings can decide on moral grounds to not eat meat. Science can tell us that it is dangerous to drink alcohol; human beings can decide to permit each other to drink alcohol. Science can tell us that it is not dangerous to use cannabis in small portions now and then; human beings can, with draconian punishment, forbid each other to use or possess a tiny portion. Science can give the facts and has the right and the obligation to do this; human beings should hear and read these facts and should discuss honestly the moral consequences. Politicians have the obligation to lead this discussion and to take the decisions as far as necessary.

The discussion, about moral matters, is a different *kind* of discussion; it differs from the discussion about the facts in every aspect of the *discourse*. It's *another kind of discourse*, as Habermas has shown us. The U.S. Congress has interchanged both kinds of *discourses*.

If politicians with their power (supposedly without reading or understanding the study), decide to condemn and denounce the facts, found in careful scientific research, it's the end of science, but also the end of a correct discussion about morality. Since most of the media did not read the article at all and gave non-existing 'quotations', the public is not well informed and cannot reasonably discuss the moral implications.

Everybody has to accept the conclusions from careful scientific research, until further research gives other conclusions. The FRC wrote: "If psychology finds no harm in something considered morally wrong, we believe they are *not looking carefully enough*." This is the essence of what passes for respectful criticism of Rind et al. At least, it is not a personal attack. It *is*, however an attack on the very *idea* of science. Think what this means: Social scientists would be sent back to the drawing board, until their facts agree with popular prejudices.

Once upon a time, Galileo discovered some facts about the earth and the sun. The Pope refused to accept the facts and with all his power - the power of the Inquisition and the stake - condemned the scientist. Some centuries afterwards, the Church accepted the facts and gave Galileo his due long after his death."

The role of the clinician

As I have tried to explain in **the scheme I made**, the role of the clinician differs in the three methods described. In the first method, 'Treatment', the clinician is "healthy, good and normal", while the client is seen as

"sick, bad and deviant." All these six words have a *moral* content or at least a *moral* connotation. Moreover, the clinician aims to reach "control" and he or she uses "pressure". Both these words have a *political* content or at least a *political* connotation.

Here above, I have written that, in my opinion, "Science should give the facts and has the right and obligation to do this; the media has to inform the public correctly; politicians should honestly lead the process of decision making in moral matters." So I see *different roles* for scientists and politicians. I also see *a different role* for the clinician, who is also a scientist, and for people who speak about morality and politically correctness. In my view, the clinician who uses the 'Treatment' method as described here, mixes up both roles. In that case, he is no longer a clinician and a scientist, but a moralist.

As one can see in the scheme, the other methods have completely different roles and clearly another view on the human being.

As I have said in my lecture, a scientist can work with the actuarial view, a clinician cannot work in that way. To give an example: **Hanson says** that having contact with other pedophiles is a risk factor for recidivism. Working in the actuarial way, one could say: 'Well, client, do not have contact with other clients'. Clinicians working with method #1 will forbid it, as is the usual practice now. But a clinician has to ask: *which* contacts with *which* pedophiles? A ring to exchange pornography, or a support circle that helps to develop ethical codes? In the self-help method, it appears to be helpful to speak freely with people having the same feelings and problems. The self-help method appears to be helpful for pregnant women, parents with gay children, for people who worry about their body's outlook *and* for people with pedophilic feelings.

Does a clinician work without any moral codes or ethical rules? No, he or she has his or her own moral codes and ethical principles, mostly shared with their colleagues. Using the self-help method, the clinician is also a member of the group and in that role he or she can bring in one's own opinions.

As I have said, one of the results of the self-help method is that the groups gradually have developed ethical codes. Let's have a look at those codes.

Ethics

Over the course of time, we have given it the name "the four principles and the P.S." This is described in my article "**I didn't know how to deal with it**", in an article by the Dutch psychiatrist Gerard Roelofs and in Dutch psychiatrist Frank van Ree's article "**Are there criteria for a positive experience?**". I will give these four principles and the P.S. here in full from my article:

1. **"Self-determination:**

Children must always have it in his or her own power to regulate their own sexuality, their relationships with others and their own lives.

2. **Initiative:**

Even in a later stage of the relationship, it is always the children who make the choice to have sex.

3. **Freedom:**

At any moment within the relationship with an adult, children must have the freedom to withdraw from the relationship. (Dependency in sexual relationships limits their freedom). Love and dedication must be unconditional. Sex is never allowed to be a bargaining tool.

4. **Openness:**

The child should not have to carry unreasonable secrets. One has to take into consideration how the child lives with its own sexuality.

This openness depends a great deal on the quality of the relationship, and the support from the adult(s).

P.S.

The local mores and customs also play a role, as openness about children's sex lives is not always appreciated. Children often have to be sexual in secret. Homosexuality is for many youngsters a big taboo. This can bring many problems and insecurity. If the sub-culture in which they live is relaxed and strong enough, then children can find support in that environment. "

This was the text, made and discussed in a group. I continue my article by remarking:

"I notice that as an adult one can realize the first three principles, *Self-determination*, *Initiative* and *Freedom*. However, I have to come to the conclusion that the fourth principle of *Openness* can as the result of the present moral pressures not be realized any longer. Nowhere is discussion possible. Support is only available, from infants onwards, for heterosexuals; sometimes a very, very little bit of support is given to the homosexuals but only when they are in their late teens or their early twenties.

For pedosexual relationships there is no support at all for the younger partner: not in the family, not at school, not in the play-ground, not in public and not from the mental care agencies

And now let us talk about secrets. The essence of a *nice* secret is that you *can* tell all about it, but that it pleases you to keep it to yourself. If you are not allowed to talk about it, it is not a nice secret any longer. I am aware that at least one of the four principles can in this day and age not be realized any more."

The Dutch psychiatrist Gerard Roelofs mentions more or less the same principles - the numbers in the [brackets] are added by me to refer to the principles here above.

"[Roelofs] has developed five criteria for a healthy pedophile relation.

[1.] There should be no coercion

[2.]the child should be able to stop [the interaction] at every moment

[3.] At third, sexuality should be [only] at the psycho-sexual level of the child. In other words: the intimacy has to fit in the sexual feeling of the 12 to 16 year old youngster. 'One can think about mutual masturbation, but not about real hard sado-masochistic games,' says Roelofs.

"Two other conditions however, will in most cases form an obstacle for the actual generation of pedophiles: in Roelofs opinion,

[4.] the parents of the child should know about the relationship [and the sexual aspect of it].

[5.] Also is a condition that the child can talk about the relationship in his [social] environment, *without* meeting disapproval. [Refers to principle #4]

[The P.S.:] "With these conditions, Roelof's opinion will only be a theory nowadays. No 'good parent' shall give permission for a sexual relationship of his or her child with an adult nowadays. Just as Roelofs himself must confess. "But after twenty years one could find such parents."

Also the Dutch psychiatrist **Frank van Ree** refers to the four principles:

1. Who is in charge?: the child should always be in charge of his or her own sexuality
2. Initiative: the initiative for sexuality should always come from the child him- or herself
3. Freedom: the child should be able at any given moment to remove himself or herself from the situation.
4. . Openness: the child may not be burdened with a secret

"This is not the place to discuss all four criteria, but in closing I will give some attention to the fourth, concerning openness. The necessity for this is clear enough. But, as Gieles himself indicates: 'there is no place where these matters can be discussed. (...) I find,' continues the writer, 'that this fourth criterion now, in this time and this society cannot be met (any longer).' And he closes, 'This implies that I do not allow myself to have sexual contacts with young people.' An extremely conscientious conclusion and one worthy of respect, based on a realistic analysis of the present reality. But... this conclusion means in fact respecting and maintaining an unwanted taboo!"

It's in this taboo that our clients have to live with and to find their own way. Factually, a clinician or counselor can only advise the clients to live

in celibacy. Most of them do so. But there is more: one can *socialize* the desires. One can go about with children in free time activities, clubs, education or care. Having support from the group or circle, one can do this in a responsible way. That's why the support circles are named "Circles of support *and accountability*". Also **Heather Peterson** mentions this solution of socializing the desires from the groups she studied. The article **Zur Notwendigkeit pädophiler Selbsthilfegruppen** describes (for those who can read the German text) the same process of growing in responsibility.

Clinicians who work with method # 1, the 'Treatment', usually forbid their clients to have any contact with any child anymore. Doing so, they block the way of sublimating and socializing the desires. Usually, they also forbid any contact with any people with pedophilic feelings. Doing so, they block the way to support also. Doing so, they're creating steam boilers under high pressure and without a safety valve, which can burst sooner or later. This is dangerous *and it's not ethical*.

In my view and according to my experience in the last twenty years, the first method should only be used in extreme cases for people who are not able to control themselves. For many others, method #3, real therapy, and especially the second method, the self-help method, can give real and effective help to people with pedophilic feelings.

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IS PAEDOPHILIA VIOLENT?

Tom O'Carroll

A paper prepared for the World Congress of Sexology, Paris 2001

When I first saw the draft programme of this conference a year ago at the International Academy of Sex Research annual meeting in Paris, I saw that paedophilia was to be discussed in a workshop on Violence and Sexuality along with rape, as though paedophilic behaviour is inevitably a form of violence.

In a tabloid newspaper article, I might have supposed this to be an unconscious assumption, but coming from the organisers of a conference of sexologists it struck me as more likely to be an entirely conscious ideological assertion, probably owing its origins more to very general feminist insights into violence, particularly male violence, than to detailed knowledge of paedophilia itself. That feminism should be suspected of having great influence on a scientifically oriented body such as the WCS is a tribute I am happy to pay to a movement which in the last three decades has contributed immeasurably to the debate on society and sexuality in every serious forum of relevance. The WCS may wish to disown any such direct connection but I nonetheless feel it is important to explore this theme of "violence" and to take a hard look at the limitations of its validity.

The adjective "violent" is defined in Chambers 20th Century dictionary as "intensively forcible: impetuous and unrestrained in action:

overmasteringly vehement"; the noun "violence" refers additionally to "unjustifiable force: outrage: profanation: injury: rape". The current edition of Merriam-Websters Collegiate dictionary, and doubtless many other dictionaries of ordinary usage, has a similar emphasis on force, referring additionally to "fury", "emotional agitation" and "loss of self-control". The Concise Oxford mentions "intimidation".

Force, fury, outrage, injury, intimidation. How well do such strong words relate to the facts of paedophilia? As most people here will surely know, the word "paedophilia", or "paedophilia erotica" originated as a medical description by Krafft-Ebing, and in the medical literature has generally been considered to describe a sexual orientation of adults towards children. Just like the terms "heterosexual" and "homosexual", the word has not in its emerging scientific usage been freighted to describe only violent attacks. When scientists, as opposed to lesbian separatist feminists, refer to "heterosexual" intercourse they do not invariably categorise it as a form of rape. Likewise some scientists may continue to believe, along with Krafft-Ebing, that "homosexuality" is a perversion, but when used scientifically the term refers to all forms of same-sex sexual attraction: violent, rapacious buggery of one man by another is recognised as just one end of a spectrum of homosexual activity which more typically includes affectionate and loving elements.

To dump the whole of "paedophilia" into a box labelled "violence", by contrast, flies in the face of scientific tradition, inviting the suspicion that debate and research on what really characterises paedophilic attraction and behaviour are regarded as not politically correct. It is as though the WCS is setting the terms of the agenda by saying "Everybody knows paedophilia is violent. Therefore let's discuss only how to eliminate it and how to treat its victims."

The assumption may be politically correct, but is it scientifically correct? This depends vitally on definition. Pleading for connections to be made between child sexual assault and the social construction of "normal" masculinity and male sexuality, the feminist writer Liz Kelly, confronts us in a new book, published this year, with a startling departure from the scientific use of the word "paedophilia". She remarks upon reports that "as protective policies get stronger, 'paedophiles' are shifting from seeking work in children's homes and children's organisations and are moving into services for the elderly." Kelly asks "Just what does the term 'paedophile' mean in this context? What this example demonstrates vividly", Kelly suggests, "is that the issue here is power and control and the desire not to get caught." (Cox et al; Foreword page xvi).

The concerns expressed by Kelly and her co-authors about issues of power and control are indeed vitally important. Paedophilia should ultimately be considered against the wider background of socialisation and sexuality, both male and female. A narrow problematisation of sexual attraction to children will ultimately serve only to divert attention from broader issues of power and control, not solve them.

However, I trust it will be agreed in this forum that it is not helpful to leap from child molesting to granny bashing as expressions of paedophilia. Nor, I suggest, should we include sexual assaults against children committed opportunistically, often when drunk or under the influence of drugs, by people whose usual sexual preference is not for children. Such offences can often uncontentiously be described as violent or abusive.

Paedophilia as a strong and persistent orientation, however, as described in DSM4-TR, is another matter. There is reason to suppose that many of those who *prefer* children want to relate well to them, in a way that does not apply to those for whom they are mere substitutes. Those who *prefer* children not surprisingly like to spend a lot of time in their company; they like to know them and be friendly. Just as adult-orientated grown-ups often go to considerable pains to make a good impression on their sexual partners, so do many paedophiles. Finding that their sexual preference is for children, they also come to *like* and *love* them. The eminent criminologist Professor D J West noted this many years ago, before it became fashionable cynically to characterise paedophile courtship as so-called "grooming". Noticing the kindness of many paedophiles he observed that: "Their sincere fondness for their objects of sexual desire sometimes leads them to quite striking acts of charity in efforts to further the child's happiness or future prospects." (O'Carroll; 1980; p59)

This benevolent outlook found confirmation in a study by K. Howells of non-aggressive offenders against girls. He said, "I feel that children are *likeable* to paedophiles in ways that are not purely physical; this would be consistent with the idea that the paedophilic offender may actually feel affection for his victim. Lest you feel it is self-evident that someone committing a sexual assault *likes* his victim, I would point out that in a previous study I found results which suggested that some rapists, for example, commit offences in states of heightened anger arousal and appear to be concerned to hurt rather than to achieve sexual gratification."

Howells is writing here within a research tradition bedevilled by terminology with a conservative bias, such that participants in adult-child sex are almost invariably characterised as "victims" and sexual encounters as "assaults" without regard to the nature of the encounter or the feelings of the supposed "victim". Even so, despite this colouring of the facts, Howells finds no difficulty in distinguishing gentle, affectionate paedophilia from malicious rape.

Many others in the field have reached similar conclusions. Swanson distinguished what he called "the classic paedophile" as a person who "requires the cooperation of a child partner...in order to achieve sexual gratification". What is meant here is that the paedophile is aroused and gratified by situations in which the *child* is erotically active. This was realised as long ago as 1913 when the pioneer sexologist Albert Moll

wrote "handling the child's genitals plays the chief part, frequently because the offender can himself obtain sexual gratification only through inducing sexual excitement in the child and watching this excitement."

The significance of this point is, I hope, obvious. Children are far more likely to reach sexual excitement if they are relaxed and happy in the paedophile's company than if they are being intimidated. The paedophile is virtually bound to seek their *confidence* in order to win their cooperation. This being the case, in addition to the strong possibility that he actually *likes* children, he has another powerful reason for wanting to relate well to them. All in all, he will want to be *liked by children* and will thus tend to regard them as what sociologists have called "significant others" - people whose feelings and opinions count.

The sociologist McCaghy proposed that sex offenders who see children as "significant others" would not commit offences likely to alienate or harm the child. He tested a hypothesis that they would have in fact more *social* involvement with children than other offenders against them, and indeed this is what he found. None of the high social interaction offenders used any form of coercion, whereas over one third of the minimal interaction subjects did.

The work of Howells, Swanson and McCaghy dates from the 1960s and 70s when it was possible for researchers to make discoveries about paedophilia with liberal policy implications and not be castigated for their efforts. That climate changed radically in the 80s and 90s under the influence of the largely feminist-driven extension of child abuse work into the sexual arena. But even in the new, highly illiberal, punitive atmosphere, scientific research, as opposed to child abuse industry rhetoric, has confirmed and strengthened the findings already cited, not undermined them.

This is not to say the new climate has found no anti-paedophile champions in the academically respectable research community. David Finkelhor, foremost among them, confidently hypothesised in 1988 with co-author I A Lewis that "many if not most" of what he called "child molesters" lack empathy for children and interest in them (Howitt). But researchers who have taken the trouble to assess paedophiles beyond the unrepresentative confines of a clinical or penal context have discovered a very different picture. Wilson and Cox studied 77 members of a paedophile organisation by questionnaire and interview. Standard personality assessment failed, as it had failed in earlier research, to find links with aggressive or psychotic symptoms. The majority of paedophiles, they concluded, "seem to be gentle and rational", and they suggested "it is possible that parental feelings are often involved".

A pioneering work by Sandfort, unique in the literature, investigated ongoing paedophilic relations between men and boys in the Netherlands (Sandfort 1984). Taking advantage of an all too short window of opportunity, a liberal period in recent Dutch history when it was possible

for some such relations to flourish without heavy-handed police or social work intervention if the child appeared to be willingly involved, Sandfort undertook an in-depth study of the quality of such relationships and their impact on the boys' lives both sexually and socially. He discovered not merely that such relationships do not necessarily cause harm but that they can be characterised by affection and a positive influence on the child's development. Issues of adult power and dominance in the relationships were extensively examined but not assessed as problematic. Difficult though it may be in the conditions of hostility widely prevailing today, we need more research of this kind, looking at what actually takes place in paedophilic relations, rather than prejudicially dismissing them on the basis of dogma.

In a highly politically incorrect and therefore sadly neglected study, C K Li, working under the auspices of the respected Cambridge University Institute of Criminology, investigated paedophiles recruited from a range of sources, including magazine advertisements. From his interviews he concluded that many paedophiles are truly interested in the child's world and that affection and a loving relationship represent their ultimate ideal, not just sexual gratification.

He argued against dismissing such views as mere lies, cognitive distortions and self-serving excuses, saying "...the viewpoint of mainstream society cannot simply be taken as correct and that of the paedophiles taken as suspect. Instead, each should be analysed in terms of its historical and ideological roots. Only after such an exercise can we begin to address the more practical question of ethics, the law and social policies..." (in Howitt p75)

Since this assessment appeared a decade ago we have seen, with a few notable exceptions (Geraci; Hunter; Kincaid, 1992 & 1998; Plummer, 1981 & 1995; Sandfort et al 1991; Sandfort 1992, 1994) little such analysis. Instead we have seen moral disapproval advancing under the camouflage of science. A number of commentators have exposed this masquerade (Howitt; Oellerich; Randall) and Finkelhor himself has been honest enough to admit that his position is ultimately morally rather than scientifically based (Sandfort et al 1991; p314).

We have also seen the most outrageous vilification of paedophiles in the media. The grossest of libels are often with impunity perpetrated against harmless, loving individuals because their behaviour in law is characterised in such unflattering and inaccurate legal terminology as "indecent assault" or "statutory rape" -- now often abbreviated to plain rape, so that anyone seeing or hearing a news report will assume that violence or coercion was used.

An even more damaging abuse of language in recent years has been directed against so-called paedophile "rings", or "gangs" who have exchanged among themselves pornographic images downloaded from the Internet. In the recent Wonderland case in Britain a group of such friends

were castigated as though they were guilty of "rape" and even "torture" - words which were bandied around a great deal in media coverage - when none of them had been prosecuted for so much as touching a child in a legally questionable way or taking a single photo themselves. (Bright & McVeigh) **(1)**

One further primary theoretical concern with paedophile so-called violence should be disposed of before moving on to the wider question of whether child-adult sexual contacts are in any sense harmful. In the era some decades ago before child sex abuse moved to centre stage as a social concern, the physical abuse of children came to be seen as a cyclical problem endemic to dysfunctional families: abused children, it was noted, would grow up to become abusive parents. This cycle of abuse theory has since been energetically advanced in the sexual domain but has repeatedly failed to find empirical support (Finkelhor, 1984; Hansen & Slater, 1988). Recent general reviews of the literature (Fergusson & Mullen, 1999; p96; Howitt, 1995; pp56-7) are generally sceptical.

Even within what I have broadly called the child abuse industry, where the abused-abuser hypothesis has become widely but baselessly accepted as established fact, some people are having problems with the idea. In a recent book of feminist perspectives authored by industry professionals - mainly academics with a background in social work - it is (Cox et al, Foreword page xvi) pointed out that more girls than boys experience child-adult sexual contacts, yet men are more often the older party in such contacts than women. If the abused-abuser hypothesis were correct one would thus expect abused girls to grow up as abusing women and to outnumber male abusers. As this is not the case, the hypothesis would appear to be in deep trouble on purely logical grounds.

To summarise the foregoing, then, far from being characterised by violence, paedophilic feelings and sexual expression have been noted in the literature as very often gentle, kind, loving and concerned with the mutuality of the relationship, both sexually and socially. And it is a mistake to suppose that child sex so-called abusers owe the origin of their inclinations to abuse in their own childhood. Indeed there is no reason to suppose that the aetiology of paedophilia can in any way be associated with factors that might be expected to lead to detrimental personality development.

If paedophiles are not generally violent, the question arises as to whether their sexual expression is nevertheless inevitably a violation of the children involved. No matter how kind, gentle and loving paedophiles may be, it is often argued, children are harmed by sexual contact with them. They may come to believe they have been degraded, and begin attributing all their problems to early sexual contact with an adult, ranging right down to the most fleeting incident, sometimes even a merely verbal proposition, or expression of interest. In the last two decades, it hardly needs stressing, there has been no shortage of testimony by adults who feel they have been victimised in this way.

Additionally, there are moralising conservatives who take the view that those who do not feel victimised by their experiences must be regarded as corrupted by them or else "in denial". Such commentators are entitled to their views but are guilty of bad, misleading science when - as all too often is the case - they infiltrate their moral bias into their research, particularly in the loaded terms (examined by Nelson and in Rind, 1993) and definitions they use (see Li et al 1991 and Randall, who discuss Finkelhor's work in this regard).

We should be alert to the fact that opponents of child-adult sexual relations use such means to cover every possible outcome, guaranteeing in advance of any study that any results favourable to such relations are defined out of existence.

Finkelhor, for instance (discussed in Randall p192) defines as victims even those children who grew up saying they looked back with pleasure on their early sexual experience as something positive in their lives. Far from respecting the views of the child, as the child abuse industry constantly urges when the result is sex-negative, Finkelhor's determination that the results match his moral expectations in effect says the child's view counts for nothing when it conflicts with adult conventional wisdom.

Many of you in medical practice, however, have doubtless encountered cases in which patients feel they have been victimised and I have no wish to deny that such clinical experience is in many cases a true reflection of a painful reality. But what we have been hearing most loudly, is only one side of a complex story. The testimony of many adult victims, or "survivors", is itself not a simple story of the terrible impact of sexual abuse. In the case of false memory syndrome, for instance, it has become abundantly clear that in many cases clearly disturbed and damaged adults have mistakenly loaded the cause of all their problems in life onto some entirely fanciful incident in childhood - in some cases, it has to be said, incidents dreamt up with the connivance of dubious therapy methods, which are now reaping their just reward in malpractice lawsuits. (Crews; Fergusson & Mullen).

Even in cases where there has definitely been sexual abuse in the most obvious sense - where there has plainly been violence, coercion or exploitation - the story is not a simple one. Child abuse industry lobbyists, the media and politicians have all tended to latch onto the allegedly damaging effects of adult-child sexual contacts in the most grossly simplistic fashion, often totally ignoring the fact that many people who identify as sex abuse victims also have a family background with multiple problems including a history of psychological abuse, neglect and physical violence.

Fortunately, the misleading impact of this confusion and confounding of issues has recently been addressed in the landmark paper by Rind,

Tromovitch and Bauserman, which has created such a stir. The paper makes no mention of paedophilia, but its findings could hardly be more significant to the view society takes of paedophiles. This meta-analysis based on 59 studies of college students showing the effects on those who had been involved as children in sexual encounters with adults provides an important corrective to the view that such encounters are always gravely traumatic. A careful statistical analysis showed that many problems which the original researchers had uncritically assumed to be caused by sexual abuse could more plausibly be attributed to generally inadequate family environments, with which they were much more strongly correlated.

This paper proved to be dynamite, provoking an unprecedented political reaction in the United States. There has also been a lively academic reaction (Berry & Berry; Ericksen; Haaken & Lamb; Oellerich; Rauch; Spiegel; Tavis; Zuriff) which has left Rind and his colleagues with an enhanced, rather than diminished reputation. Bruce Rind, himself has recently been accepted into the prestigious and exclusive International Academy of Sex Research, and the findings of the Rind team have since been cited in the literature without controversy as to their accuracy (Meston et al, 1999). Those findings had in any case been extensively foreshadowed in the literature (Oellerich; Rind et al 1999) and have been vindicated since (Coxell). What prompted an outraged response was not the quality of the science but the authors' highly professional and all too rare refusal to wrap their data in a moralistic package at odds with the actual findings.

As we have seen, that refusal contrasts strongly with the work of such champions of conservatism as Finkelhor, who justifies his description of even enthusiastic child participants in adult-child sex as victims by saying they don't know what they are doing and therefore cannot validly consent (Randall p192). It is beyond my scope today to discuss the complex issue of informed consent, except that one might briefly note that even quite young children are now increasingly considered to be able to give or withhold their consent to matters of very great importance, such as surgery, when things are explained to them. **(2)**

Because their work was a meta-analysis, a study of studies, Rind and his colleagues found themselves unable to single out consent, whether informed or uninformed, as an independent variable: it unfortunately did not cleanly figure as such in the primary data they had available. Crucially, though, as they pointed out in a paper last year, a new study by Coxell and colleagues published in the British Medical Journal fills this gap, at least with regard to consenting boys.

The Coxell team examined a non-clinical sample of nearly 2,500 men in Great Britain, recruited from general medical practices. They inquired about sexual activity prior to age 16 with someone at least 5 years older that they had *wanted* to do, finding that 7.7% had had what the researchers termed consensual sex prior to age 16 with persons

significantly older; 5.3% of the men reported having had non-consensual sex. Rind and his colleagues examined the Coxell findings on whether the men had reported a psychological problem of at least two weeks duration sometime in their life. The consenting group reported no more problems than the control group but the non-consenting group had significantly more problems than either of these groups. The results, obtained by abuse researchers using a huge non-clinical sample provide, in the words of the Rind team "very strong support for the utility of the simple consent construct". **(3)**

In plain language, if children cannot give valid consent, how come only the ones who say they didn't want the sex ended up having psychological problems? Why does consent discriminate so well between good and bad outcomes if it is not valid? That is a challenge I put to you today.

That's one challenge. Here's another. If gentle, loving paedophiles in affectionate sexual contacts with willing children do not do them any harm, in what way are they supposed to be violent?

What is being violated, I suggest, is not children but the tyranny of ill-founded moral resistance of both right and left. It is a tyranny from which the gay community is only now escaping along with a diverse and culturally rich range of other long-despised and feared sexual minorities. And it is now high time for children and paedophiles to join this great escape.

I include children here, as well as paedophiles, because as we move away from a society based on the reproductive imperative to one in which overpopulation is a greater worry, society needs to scrutinise very closely its old imperatives for the regulation of sexuality. The issue of paedophilia is ultimately not just about one small sexual minority: it is about all children and how they are brought up. Are they to be kept in sexual ignorance and, as they grow older, run the risk of unwanted pregnancy among other avoidable dangers? Are they to be regarded solely as passive, "innocent" sexless individuals as women were once held to be? Is their sexual expression to be crushed out of existence, supposedly for their own sake, but actually as a sacrifice necessary to bolstering up a tottering, outdated moral order?

If one is identifying sources of violence, one need look no further than both the religious right and the feminist left, who alike have encouraged an atmosphere of violent, repressive hatred for paedophiles that would bring talk of genocide if directed towards an ethnic minority. Paedophiles are driven from their homes and jobs with the approval and encouragement of the media (Milmo). Mobs are increasingly hunting them down and killing them - and in one arson attack in the UK a child was burnt to death. (O'Carroll; 2000) Mass police raids on flimsy grounds are wrecking their victims' lives and leading to a holocaust of suicides. Sentences for the mildest of offences lead to huge, decades-long

sentences in prisons where violence against them is an ever-present threat. (O'Carroll; 2000)

There is also no shortage of violence against children by parents, which goes largely unremarked in the media and by society at large. The life-long psychological damage frequently wrought by divorce has recently been well documented (Norton; Wallerstein et al) but in addition to the subtle problems of parental break-up much cruder concerns loom large. A study by Britain's National Society for the Prevention of Cruelty to Children, shows that one in 14 children in the UK have suffered serious physical abuse at the hands of their parents, the vast majority have been either kicked, punched, choked, burnt or threatened with a knife at home. A further 6% were seriously neglected, being frequently deprived of food, medical care and clean clothes. Child murders too are far more frequently committed by parents than by strangers. (Jonsson; Rayner)

Numerous cases could be advanced in which an astonishingly casual and sympathetic attitude is shown towards violence by women against their children. This sympathy is most commonly expressed in a traditional tolerance towards infanticide by young single mothers, a form of killing not even ranking as murder in many jurisdictions, including the UK. Killing a baby is almost acceptable it seems, if a mother is the culprit. This dubious extension of a woman's right to choose has apparently now also become a woman's right to abuse. In New Zealand recently, for instance, a foster mother of a 10-year-old boy conducted a reign of terror that included threatening to chop his head off, swinging a baseball at him, and tying him to a tree with a dead chicken around his neck. Finally she drenched the boy's T-shirt with petrol, flicked a cigarette lighter and set him ablaze, causing serious burns. Whereas a man who merely touches a child's genitals should not be surprised if he gets a prison sentence of four years or more in many countries, this monstrous woman was sentenced to four months of which she had to serve only two. (Moonen)

So why should gross domestic and other violence against children go ignored while affectionate, loving paedophilic sexuality is abominated? Much of this strange emphasis is undoubtedly owed to the feminism of recent decades. So constructive in promoting equal rights and opportunities for women, it has been unscientific, mistaken and destructive in other respects.

When I speak of feminism I am of course speaking of a very broad church indeed. There are many feminisms. Some feminist analysis, not least as developed here in France, is not hostile towards men as potentially nurturant, loving and intimate with children. There are thinking women who recognise that the attraction of all good mothers to their children has erotic overtones. These women have pondered the inevitable inequality of size and power between a mother and her child. They know these inequalities can be exploited and abused, by women as well as men. But they also acknowledge that for the most part such inequalities are at the heart of a mother's love: she would not need to

nurture and protect a baby as big and powerful as herself. These women also acknowledge there is no intrinsic reason why men too cannot, in the right cultural setting, be kind, gentle and loving. They have been honest enough to query the dogma that women always use their power well, whereas men always exploit it wickedly.

Some women call themselves post-feminists. Certainly many have rejected the more strident, anti-heterosexual versions of feminism that held sway in the heyday of so-called political lesbianism. (hooks; Paglia; Roiphe). Many educated women in the West still support equality with men in terms of job opportunities and so forth but no longer see men as the enemy, no longer perceive - in the West at least - patriarchal power as an undefeated enemy and the key to all social evils and injustice. Some post-feminists, indeed, have joined male commentators in arguing that men now have more problems than women, acknowledging that the undermining of their traditional roles has left them struggling to adjust to new ones.

But this welcome maturing of Second Wave feminism into post-feminism is far from complete. There is still a powerful army of unreconstructed Second Wavers at work within the child abuse industry - a crusading army still inspired by fiery anti-patriarchy tracts from the 1970s of dubious relevance today. It is an army that has rejected what it calls "male science". It is an army which, while using the apparatus of scholarship, appears deeply wedded to anti-rational intuitions and assertive mantras.

Many of you will recognise what I am saying without me spelling it out, although others have done so very ably. Okami, for instance, was pointing out a decade ago that influential victim advocates (Rush, Russell) have been busy building up a picture of supposed "harm" to children and supposed "violence" against them that flies in the face of the actual findings of the research on which they themselves were basing their assertions. (Okami; 1990; p93). Exploring links between the moral attitude prevalent among such advocates with the Social Purity movement of the Victorian era, Okami shows how both have tended to equate moral violation with physical violence (Okami; 1990; p95).

For many of these campaigners, he points out, even gentle and loving heterosexual sex between adults is considered a violation of the woman, reminding us that the outspoken anti-sexual abuse activist Andrea Dworkin makes this explicit by stating that "intercourse is punishment". (Okami; 1990; p96). Likewise sex even between children of equal age is always suspected of being abuse by one of them, giving the impression that for many anti-abuse advocates the real enemy, no matter how pleasurable, is sex itself, not the imposition of one person's wishes on another. (Birkett; Okami; 1990; p97) **(4)**

Okami also examined research methods prevalent among abuse industry advocates, pointing out specific abuses of research methodology that

arise as a consequence of ideology. Taking as a key example Russell's study of sexual abuse of females for the US National Institute of Mental Health, he notes how Russell's interviewers were systematically trained in ways guaranteed to introduce bias in the data they collected. Russell describes the assertion that children sometimes take the initiative in sexual liaisons with adults as "a myth". To avoid propagating this myth, she said, "we did not specifically ask who took the initiative". As Okami remarks, "Russell's statement -- rather than reflecting a desire to avoid propagating a myth -- probably reflects a general disinclination to collect data that might contradict a political or moral position." (Okami; 1990; p101)

Ten years on from Okami's devastating analysis, modern Social Purity feminists are still playing the same cracked old records. In *Childhood Sexual Abuse: An Evidence Based Perspective*, published this year as Volume 40 of the journal *Developmental Clinical Psychology and Psychiatry*, Fergusson and Mullen have produced the most recent account available based on scientific analysis. They are scathing (p97) about what they call "advocacy based accounts" derived from feminist and psychotherapeutic theories. They also carefully demolish the weak evidential claims underpinning the recovered memory movement (pp98-102), ritual and satanic abuse (pp102-3), multiple personality disorder (pp105-6) and the supposed infallibility of child testimony (pp103-5).

And anyone who believes that feminist activists against child sex abuse have all moved on from the wilder shores of psychobabble and Steven King-style horror fiction in their assessment of the issue should try reading *Child Sexual Assault: Feminist Perspectives*, published this year by Cox, Kershaw and Trotter. The authors are senior figures within the child abuse industry, all occupying influential British university posts related to social work and child health. Yet many years after massive police enquiries into satanic abuse were discredited in a government report prepared by a female professor (Lafontaine), and years after the massive misdiagnosis of anal abuse by parents in Britain's Cleveland disaster was exposed in a government report by a female judge (Butler-Sloss) these women are still dismissing such assaults on the credibility of their theories as what they call "resistance" based on patriarchal "backlash".

The tone is one of nostalgia for the good-old-days of the 1970s when their brand of feminism was impacting on the whole of male-female relations not just penned in as it is now to the specialist area of child abuse. Regret is specifically expressed that many of the old tracts that inspired them are now out of print. There is head-shaking over male social work figures who are less than enthusiastic over their analysis, coupled with a revivalist spirit, with contributors urging a girding of the loins to fight ever harder against the "resistances" of an entrenched patriarchal establishment. There is little suggestion that the evidence suggests new thinking is necessary, and that their theory may be wrong, or at least of limited validity. On the contrary, the authors utterly ignore

such evidence: the Rind team's findings, for instance, is just one of many science-based papers that go totally unmentioned.

The authors write, indeed, as if they themselves are victims, whose accounts of victimisation are being marginalised and ignored by a powerful enemy. What they do not appear to see is that they themselves are powerful, with entrenched positions in the academic world. They represent what has become the orthodox voice of the child abuse industry. Specific items on their agenda, such as satanic abuse, may have been widely discredited, but society at large, including the media and the politicians, has yet to come to grips with how far the dogmas of feminism as it relates to the child abuse industry have gone astray from evidential reality.

It is ironic that powerful feminists are so stuck in the groove, running intellectually on empty, during a period when a burgeoning men's movement has been seeking to bring out men's caring, "feminine" side (Farrell). Ironic also that so-called "male" science is at the forefront of attempts to study the origins of male rape and violence through evolutionary psychology, opening up the possibility of consciously developing our culture in ways that may enable us move forward into a gentler, kinder future. (Thornhill, Palmer, & Wilson; Wrangham & Peterson).

Society at large is stuck with that irony for the moment but I see no reason why any scientifically based body, such as the World Congress of Sexology, should be bound by the ill-founded and unscientific dogmas of a certain kind of feminism to which I have referred. To do so can only weaken its credibility and value to society in addressing such real issues and problems as paedophilia and child sexuality may involve. Likewise as medical professionals working in a clinical setting, many of you will I am sure have been appalled by the dangerously unscientific excesses of some therapeutic practitioners from whom such feminists have derived inspiration and comfort, especially in the field of recovered memory and multiple personality disorder. If you value your reputation and that of this body you will wish to distance yourselves from such disastrous practice.

I trust also that as practitioners you will strive to keep uppermost in your mind the need not to be unduly influenced in your thinking by the particular cases you may have dealt with, either of children distressed by abuse or paedophiles unhappy with their own inclinations. Good science requires you to remember that as doctors you will always be confronted with the problem cases, some of them very serious, rather than with a representative sample of child-adult sexual encounters: that is why we need the controlled, broad-based, statistical studies of figures such as Bruce Rind and his team.

Finally, I would remind you of the statement of universal sexual human rights endorsed by the World Congress of Sexology in Hong Kong in 1999, especially section four, which supports freedom from all forms of

discrimination regardless of either sexual orientation or age. Ladies and gentlemen, should you be in any doubt, I can assure you that paedophilia is indeed an orientation, entirely analogous with homosexuality or heterosexuality. It is not an unfortunate condition, with symptoms. It is a vital part of the identity of those, like myself, who experience a deep and abiding love of children throughout their adult lives: deny it and you deny the essential humanity of the person concerned and thereby commit a grave infringement of human rights.

Footnotes:

1) Someone, of course, must have taken the photos they possessed. The Wonderland investigation has resulted in more than one trial. One man, Gary Salt, was jailed for 12 years in an earlier hearing in the UK. He had made images of himself in sexual encounters with three children and distributed them in the club. This was not a commercial operation run by mafia-type figures. As another club member is quoted as saying of him: "Gary was just doing what he believed in...We didn't see it as abuse. These were children who were involved in relationships." (*The Daily Telegraph*, 14 Feb, 2001, p4)

No such element of consensuality was at all obvious from the presentation of the story in the British press though. The headlines and text were peppered with descriptions such as "suffer", "abuse", "rape", "ordeal", and "victim" with very little evidence to justify such characterisations.

What the prosecution and the media picked on to justify their character assassination of the defendants was a small number of bondage pictures (out of 750,000 images said to have been seized in total plus 1,800 video clips). While such images were bound to cause alarm and undoubtedly justified investigation, it was by no means clear from extensive news reports that pain or distress had been inflicted in their making. Such suffering was implied at every opportunity, with words like "sadistic", "perverted" and "cruelty" bandied about, but the worst one senior officer in the case could come up with in terms of what had actually happened was to say some of the children looked frightened. But the same officer expressed himself equally appalled by pictures he had seen in which "the child appears to be happy while being abused" (*Daily Mail* 14 Feb p5).

The moral judgement that sex with children - whether they like it or not - is wrong appears to allow police, prosecutors and the media to feel justified in giving a grossly biased presentation of the facts. Just as in any war the first casualty is truth, the war against paedophiles is being waged on an "anything goes" basis, with any amount of exaggeration, distortion, and sometimes sheer fabrication permitted in order to blacken the name of the enemy.

A one particularly damaging form of such fabrication is the "snuff movie" theme, which keeps cropping up time and time again. In the Wonderland case reference was made to a boy identified from one or more confiscated images who is said to be missing and "presumed murdered by the paedophile gang". (*Daily Mail* 14 Feb p 4). What this conveniently damning presumption ignores is that thousands of youngsters deliberately make themselves scarce, not least gay teenagers who may have no great love of the police and may also experience rejection at home. (Over 100,000 children per year run away from home in the UK, according to the research project *Still Running*, directed by Prof Mike Stein of York University. Report by Cherry Norton in *The Independent*, 11 Nov 1999)

In a article for *The Guardian* newspaper, the sensationalist writer Nick Davies produced one of the worst examples of this genre in recent years, in a so-called "investigation" series titled "The most secret crime" in June 1998. This series followed an earlier one the previous year covering overlapping ground. Much play had been made in this earlier article of a pornographic video dubbed "the Bjorn Tape"; it was heavily implied that this was a "snuff" movie and that a young boy in it called Bjorn had been murdered. In the award-winning series the following year the Bjorn Tape is again mentioned, but the boy is this time referred to as being very much alive and apparently well! Needless to say, despite this greatest resurrection since Lazarus, readers were not reminded of Davies' earlier somewhat exaggerated report of the boy's death (O'Carroll; 2000).

2) One should also note the possibility of iatrogenic harm if children who willingly participate in sex are later told by therapists and others they have been victimised. If such children, as they grow towards adulthood, hear it being insisted that they have been damaged for life they may come to believe it. This effect did not show up in the Coxell study to which I refer below but that may be because the subjects, or a substantial proportion of them, grew up in the decades before the current intense problematisation of child-adult sexual contacts. But it has been copiously reported in relation to individual cases in which parents and others have reacted angrily and hysterically to their child's willing involvement with an adult that such reactions are the source of distress and psychological harm to the child rather than the sexual episode itself. (Nelson; West)

3) The findings of the Coxell team were based entirely on boys' consent to sex with an older person. Is it, in the popular expression "different for girls"? The Rind team's study clearly showed a far higher proportion of

boys who reported having positive feelings (pleasure, enjoyment etc) about the sexual encounter(s) at the time. Whereas three out of every eight had felt positive about their experiences, this was true of only one of every 10 female experiences. (Two-thirds of the males and more than a quarter of the females retrospectively reported having neutral or positive reactions to the sexual experience at the time it occurred). This and other findings by Rind point very clearly to the fact that child sexual abuse, properly so described, is plainly no myth and that the problem impacts more on girls than on boys. It may even be true, as many feminists have long asserted, that some of the men (for it is principally men) who impose themselves on unwilling children (mainly girls) do so in part for reasons associated with power and control as well as sexual satisfaction. Some primate studies (Wrangham & Peterson) have suggested an evolutionary basis for such non-erotic uses of sexual behaviour by males against females, though the reasoning is contested (Thornhill et al).

It would be wrong to obscure or deny Rind's findings on gender difference. But it is also unhelpful to ignore the fact that some girls do experience their early sexual encounters with a grown-up positively, and in these cases we need to know whether consent is valid in the sense discussed above. In other words, if there was consent at the time, will the child be unharmed by the experience?

Anyone suspicious of the slant men may bring to research on this should note that a woman, Allie Kilpatrick, Professor of Social Work at the University of Georgia, has undertaken work in this area. Kilpatrick also makes it abundantly plain that she is not out to grant any seal of approval to adult-child sexual relations and is against her work being cited to that end: she rules out the permissibility of such relations for reasons similar to Finkelhor's (presumed inability of the child to give informed consent, plus unacceptably greater power of the adult). As such, her research can be regarded as impeccably well-motivated by those of a conservative cast of mind, but those same people should be warned that, unlike Finkelhor, she does not let her social orthodoxy impede her quest for objective data.

Kilpatrick studied the long-term effects of child and adolescent sexual experiences, based on a retrospective study of 501 women, including their sexual contacts with peers as well as older partners or assailants, ranging from close relatives (including the girl's father) to complete strangers. (Kilpatrick; 1992)

Her work discloses a remarkable absence of long-term harm to girls associated with partners more than five years older than themselves (including adults as well as older peers), in flat contradiction of the conventional wisdom.

"Within the definition of victimology currently employed by many researchers," she says (p115-6), "is the assumption that children who have sexual experiences with, or propositions from, persons who are five years or more older than they, are automatically victimised, and harm is

done. The findings of this study repudiate such an assumption. Older partners are not found to be a significant factor in correlations with later adult functioning. Such simplistic linear assumptions must be seriously questioned. It is imperative that researchers not base their interpretations of data upon erroneous assumptions or moralistic beliefs".

Kilpatrick did however find that certain childhood sexual experiences were associated with impaired adult functioning -- those that were "forced, pressured or guilt-producing". Frequently, of course, it is adults who are in the strongest position to exert force or pressure against the child, especially in the case of father-daughter incest, and as for contacts that are "guilt-producing" it is the adult world in general that creates a social climate of sexual guilt: little children are truly innocent in the sense that they have not been socialised into a sense of bodily shame and modesty. What Kilpatrick is revealing here, though, is that there is nothing intrinsic in the fact of age difference that is bound to produce harmful effects, and that this applies to girls as well as boys.

4) Those whose dogmatic mantras include "children never lie about sex abuse" have proved themselves ruthlessly prone to putting words into children's mouths, interrogating allegedly abused children repeatedly and sharply, using leading questions until the bewildered youngsters - sometimes only toddlers - give the "right" answer (even being told they must be "dumb" if they can't "remember" the alleged incident). This has resulted in massive injustice in numerous cases, especially in the U.S. and most notoriously in the McMartin pre-school saga (Best; Eberle & Eberle; Goodyear-Smith). Likewise those who are forever asserting that "we must listen to the children" tend to be notoriously hard of hearing when it comes to children who show by their behaviour that they have sexual feelings and want to express them.

It is ironic that so many of the child-abuse industry practitioners who abuse their power over children by using these methods to tell youngsters what they are supposed to think and how they are supposed to behave, appear to be unaware of their own power. Or maybe they feel the end justifies the means.

Not that there is much honesty in spelling this out. On the contrary, the rhetoric of feminist-inspired abuse industry discourse typically represents "power" solely in terms of allegedly "patriarchal" institutions and male dominance. It is a discourse that hides the speaker, and the speaker's own power, leaving her "immune" to criticism and perhaps seen as "innocent" of any involvement in any negative effects of the discourse.

Feminist discourse on power is not the only culprit in this regard. Both "normalising", heterosexual-oriented psychotherapy and moralising, "family values" traditionalism have made copious use of the rhetoric of power and alleged abuse of power by paedophiles while deflecting attention from the mote in their own eye. The attack on day-care centres in the US to which I refer above is a case in point. Far from being

feminist-inspired, the ideological basis for "discovering" widespread sexual abuse in such centres was highly conservative, day-care being seen as wrong in principle by those who felt mothers should stay at home to care for their children rather than going out to work. My concentration in this paper specifically on feminist analysis is because (a) issues of power and equality are central to such analysis and do need to be addressed; (b) the feminist discourse of power has been so pervasive as to influence the other forms of discourse to which I refer (even that of anti-feminists, though doubtless in ways not always consciously understood by the participants).

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