

Pedophilia and Sexual Orientation

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Abstract

The purpose of this paper is to examine the implications of viewing pedophilia as a sexual orientation. While there is a clear distinction between gender preferences in sexual orientations, the discussion around other factors of sexual orientation do not often include age orientation. Using the multi-dimensional framework proposed by Seto (2016), this paper seeks to add to the discussion of expanding the definition of sexual orientation to include age orientation. Pedophilia describes a paraphilia where people are romantically or sexually attracted to children. According to the DSM-5, people can be diagnosed with Pedophilic Disorder if their romantic and sexual attraction to children is persistent, pervasive, and if these feelings cause significant distress, or if they have acted on their feelings. Expanding the definition of sexual orientation to include age orientation would help reduce the stigma experienced by the minor-attracted population by allowing safer access to therapeutic interventions. Differentiating between sexual attraction and criminal behaviour would increase access to therapeutic interventions targeted towards reducing sexual offences against children.

Keywords: pedophilia, sexual orientation, age orientation, pedophilic disorder

¹ Written for Human Sexuality (PSYC 3010). Thank you to Dr. Cory Pedersen for the recommendation and support in writing this paper.

Pedophilia and Sexual Orientation

While people with pervasive mental illness are the victims of stigma, isolation, and fear in society, few illnesses are as rejected as pedophilia. Pedophilia can be defined as persistent recurring thoughts, fantasies, and attraction towards prepubescent children (Seto, 2012). In research conducted on people with pedophilic sexual interests, there are three commonly discussed classifications: pedophilia, hebephilia and teleiophilia. Pedophilia is an attraction to prepubescent children, hebephilia describes attraction to early pubescent children, and teleiophilia defines attraction to postpubescent adults.

Seto (2012) estimated that pedophilia and hebephilia occurs in an about 1% of the general population. Providing a precise estimate for the prevalence of pedophilia is difficult due to the sensitive nature and implications of “coming out” as a pedophile. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) describes pedophilia as a paraphilia, which is an abnormal sexual interest. Paraphilias can lead to paraphilic disorders, but paraphilic disorders and paraphilias are not synonymous. To be diagnosed with a paraphilic disorder, such as Pedophilic Disorder in this case, the individual must have experienced marked distress caused by their pedophilic urges or have acted on those urges. Indeed, an individual can be diagnosed with Pedophilic Disorder without harming a child.

Imhoff and Jahnke (2018) argued that the boundary between people with a paraphilia and people with paraphilic disorders is not clear to the public. Unlike other paraphilias, such as voyeurism and fetishism, pedophilia is commonly believed to be distinctly linked to criminality. This is likely due to the conflation between pedophilia and child molestation, even though not all individuals with Pedophilic Disorder have caused harm to children (Imhoff & Jahnke, 2018).

Pedophilia and Sexual Offending

Seto (2012) estimated that about half of offenders who committed sexual acts against children have a pedophilic orientation. Indeed, the data indicates that not every person who commits a sexual offence against a child is attracted to children. Other motivations for sex crimes against children include antisocial personality traits, situational influences, lack of social skills, and opportunity to commit the crime (Seto, 2012; Walker, 2020). The variation in motivations for committing sex crimes against children indicates that pedophilic desire and

fantasies alone are not enough to explain sexual offending against children, which defines a variation between pedophilic attraction and sexual offending (Jahnke, 2018).

This is contrary to the popular belief that all child sex offenders are pedophiles. The term pedophile is often used interchangeably with child molester, which is a person who has been convicted of a sexual offense against a child. However, there is a distinction between individuals with pedophilic sexual interest and people who commit sexual offences against children, since not every minor-attracted person (MAP) will act on their urges (Seto, 2012; Walker, 2020). People commonly believe that pedophiles have no control over their urges, but research indicates that the majority of MAPs are aware of the legal implications of their attraction to children and learn to live with their thoughts and urges without acting on them (Jahnke, 2018).

However, it is difficult to gather accurate data around how many MAPs have offended against children compared to how many have been able to control their urges (non-offenders). Due to the societal implications of admitting pedophilic desires, non-offenders are unlikely to be identified (Seto, 2012). Similarly, not all pedophiles who have committed sex crimes against children will be caught, and not all people who are convicted of sex crimes against children are pedophiles. Researchers estimate that between 50-70% of people who have been convicted of sex crimes against children are not pedophiles (Seto, 2012; Walker, 2020).

Since it is difficult to gather accurate self-report data due to the stigma surrounding pedophilia, most research has measured criminal behaviour (sexual contact with children, viewing child pornography) rather than measuring attraction and interest (Seto, 2016). Since most available data has been collected from convicted sexual offenders, the data is likely to reflect issues that are more closely linked to criminality compared to other aspects of sexual attraction towards children in the non-offending population.

Pedophilia and Child Pornography

While there are MAPs who have not acted on their urges by molesting a child, most self-identified pedophiles admit to using child pornography (Seto, 2010). One possible argument against the distinction between pedophilia and criminality is the continued victimization experienced by the victims of child pornography (Babchishin et al., 2014). Seto (2010) argues that there is a link between the use of child pornography (CP) and expressions of pedophilic

interests. Gewirtz-Meydan et al. (2018) describe CP as sexually explicit depictions of people under the age of 18.

There is a link between sexual interests and choices in pornography, and CP users show significantly greater sexual attraction to children compared to convicted child molesters (Seto, 2010). Even though not all convicted child molesters self-report significant attraction to children, Babchishin et al., (2014) found that convicted child molesters view images of pre-pubescent children longer than images of adults. Even if the person viewing child pornography is not physically harming a child, the use of CP supports the production of material ultimately leading to the abuse of children (Babchishin et al., 2014). Measuring the use of child pornography can provide a more objective assessment of pedophilia compared to self-report data, which would provide stronger evidence for the diagnosis of Pedophilic Disorder and potentially facilitate treatment focused on stopping the use of CP (Seto, 2010).

Pedophilia and the LGBTQ+ Community

Historical views of pedophilia have changed over the past few decades, ultimately leading to societal exclusion for pedophiles who were once considered to be members of the queer community (Walker, 2020). Prior to the gay rights movement, non-heterosexual people and people with other attractions that fell outside the norm were considered predatory by nature (Walker, 2020). The definition of “queer” has changed over the years, and some argue that the label of queer previously included MAPs. Indeed, the Canadian Lesbian and Gay Rights Coalition publicly favoured abolishing the age of consent in the 1970s during a time when pedophiles were more widely accepted in the queer community (Walker, 2020). After the harmful effects of child abuse became more commonly known, pedophiles were rejected from the LGBTQ+ community.

Walker (2020) interviewed non-offending, self-identified pedophiles who described similar experiences of rejection and stigma from the LGBTQ+ community. MAPs who indicated attraction to children of the same sex (homosexual pedophiles) described difficulty in labeling their identity due to rejection from the queer community upon revealing their age-orientation.

Indeed, people with a sexual interest in children are despised socially at a heightened extent when compared to other categories of atypical sexual interest, even if the individual has not committed a crime against children (Imhoff & Jahnke, 2018; Jahnke, 2018). Since it is

widely accepted that adult-child sex has long-term negative impacts on the child, many pedophiles experience distress over their feelings and urges but are unable to seek treatment due to their societal rejection.

Sexual Orientation

Sexual orientation is primarily defined as attraction to one or multiple genders, and is typically defined by examining sexual thoughts, fantasies, urges, arousal, and behaviour (Seto, 2012). Seto (2016) suggested expanding the current definition of sexual orientation to emphasize the stable tendency to orient attraction and arousal to classes of stimuli, including age. This multi-dimensional framework would broaden the definition of sexual orientation to allow for individuals to have multiple sexual orientations other than their gender attraction. Controversially, Seto (2012) argued that pedophilia and other age-orientations would be more accurately classified as a sexual orientation.

When the DSM-5 was originally published, pedophilia was included as pedophilic sexual orientation and pedophilic disorder was a separate diagnostic category for people who have acted on the thoughts or experience extreme distress (Walker, 2020). However, this definition was modified to exclude the categorization of pedophilia as a sexual orientation due to backlash and criticism received. Bailey et al. (2016) argued that this change in definition was based on the political implications rather than scientific data on sexual and gender orientation. Many researchers argue that the common definition of sexual orientation is too narrow and should be expanded to include other fixed aspects of attraction (Grundmann et al., 2016; Seto, 2012; Walker, 2020).

When compared to research conducted on the changeability of sexual orientation, research on pedophilia shows similar results of immutability and permanence (Walker, 2020). Seto (2012) compared four main features of sexual orientation and pedophilia: age of onset, neurobiological similarities, associations with romantic and sexual behaviour, and stability over time. Seto (2012, 2016) highlighted similarities between gender-orientation and age-orientation, including a similar age of onset and stability over time. Like previous research conducted on sexual orientation, Seto (2012) found that sexual attraction to children is unlikely to decrease over time or with therapeutic intervention, rendering it unchangeable.

Bailey et al. (2016) also found that gender and age orientation are on a spectrum, or continuum, of attraction for pedophiles and teleiophiles by modeling sexual arousal responses

using an age-gender gradient. The age-gender gradient charted phallometric research on convicted sex offenders' attraction patterns to overlapping physical similarities across ages and genders. Interestingly, the age-gender gradient research conducted by Bailey et al. (2016) showed that teleiophiles have the capacity to be attracted to children based on their overlapping physical characteristics of the target of attraction. This indicates that sexual attraction towards children is on a spectrum of attraction that is beyond an individual's control.

Even though data is sparse regarding etiology and remission, measures of changeability and stability of pedophilia support the conceptualization of pedophilia as an element of sexual orientation (Grundmann et al., 2016). The controversy surrounding conceptualizations of pedophilia often branches into two perspectives: a sexual medicine perspective and a behavioural perspective (Grundmann et al., 2016). The sexual medicine perspective highlights biological markers for orientation, including the manifestation of sexual preference during puberty for both pedophilia and gender preference; whereas the behavioural perspective argues that pedophilia is a changeable, learned behaviour and an acquired sexual interest (Grundmann et al., 2016). Indeed, this viewpoint aligns with the common belief that pedophiles can change who they are attracted to, even though this belief is outdated regarding gender orientation (Imhoff & Jahnke, 2018; Walker, 2020).

Risks of Classification

Since there is a general misconception that all pedophiles are criminals, one of the central arguments is that redefining pedophilia as an orientation will lead to an increase in sex crimes against children (Bailey et al., 2016). From this perspective, reducing the stigma towards pedophiles equates to accepting adult-child sex as a societal norm. Seto (2012) described a minority of the pedophile population who believe that sexual relationships with children benefit both the child and adult, and these individuals may have self-serving motives in classifying pedophilia as an orientation. However, non-offending pedophiles consistently identify that they can control their behaviour because they understand that sex with children is harmful (Walker, 2020).

The argument against decreasing stigma towards MAPs is largely political due to the disgust and fear expressed by the general population, but there is some research that opposes the scientific perspective. Proponents for expanding the definition of sexual orientation highlight research that links gender and age orientation through similar age of onset and

permanence (Bailey et al., 2016; Grundmann et al., 2017; Seto 2012, 2016). In response to the conclusions by Grundmann et al. (2017), Tozdan and Briken (2017) argued that the unchangeable nature of pedophilia is a scientifically premature opinion and defining a mental disorder as an unchangeable personality trait strengthens its resistance to change. From this perspective, classifying age-orientation as part of sexual orientation sends a message of acceptance. This acceptance would lead to a decreased motivation for pedophiles to change their behaviour. Tozdan and Briken (2017) used self-labeling theory to describe the potentially harmful impact that reducing stigma could have on treatment plans for pedophiles. Since high self-efficacy of change leads to stronger results, they argue that telling pedophiles that they are unable to change leads to a self-fulfilling prophecy of them being unable to change their attraction (Tozdan & Briken, 2017).

Another perspective against including pedophilia in sexual orientation emphasizes the difference between coercive and non-coercive paraphilias. Coercive paraphilias are enduring sexual urges involving non-consenting individuals, and non-coercive paraphilias involve consenting individuals. Krueger et al. (2017) outlined the difference between people who commit crimes and people with paraphilias, but they argue that all coercive paraphilias are mental disorders that require treatment since they involve non-consenting targets. This perspective aligns with the common belief that all pedophiles are criminals, and that all pedophiles will eventually harm a child.

Implications

Most participants in self-report data collected by Walker (2020) agree that they consider their pedophilic interest to be part of their sexual orientation, although some participants viewed their pedophilic interests as an illness that they must learn to live with. Since individuals with pedophilic sexual interest are at an increased risk of depression, suicidal ideation, and social exclusion, it is likely that reducing the shame associated with seeking help for pedophilic urges would improve the psychological well-being of the individual. Reducing the barriers to treatment and improving the quality of life for the MAP could reduce harm to minors by mitigating factors that could lead to offending, such as social isolation (Jahnke, 2018; Walker, 2020). The link between pedophilia and child sexual abuse is not definitive, since an estimated 50% of people who have committed sexual offences against children are not pedophiles, and not all MAPs act on their urges.

The stigma and punitive attitude towards MAPs decrease the likelihood that pedophiles will seek treatment to help cope with their urges (Imhoff & Jahnke, 2018). Differentiating between sexual attraction and criminal behaviour and understanding that pedophiles are unable to control their age-orientation towards minors but can control their behaviour are important reasons to decrease the stigma (Imhoff & Jahnke, 2018; Jahnke, 2018). Understanding the sexual attraction patterns of MAPs and increasing access to treatment could improve the lives of pedophiles and reduce their likelihood of offending (Bailey et al., 2016). From a therapeutic perspective regarding the fixed nature of pedophilia, viewing pedophilic interest as an element of sexual orientation would allow therapeutic intervention to focus on self-regulation skills rather than viewing the thoughts and urges as changeable (Seto, 2012).

Conclusion

Even though the topic continues to be controversial, the benefits of viewing pedophilia as a sexual orientation outweigh the potential political and social disadvantages. However, it is unlikely that the public perception of pedophilia will change soon due to the pervasive social stigma towards pedophiles. Even though the scientific definition of sexual orientation could be expanded to include pedophilia, advocates for harsher punishment towards pedophiles are likely to view the definition change to permit crimes against children. It is important to clarify that expanding sexual orientation to include age-orientation does not exclude pedophilia from its classification as a mental disorder in the DSM-5, and people with pedophilic orientation should seek treatment rather than accepting their attraction as the norm. Further research could compare the onset, changeability, and traits of other mental illnesses to paraphilias including pedophilia.

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