Is "Pedophilia" a Useful or a Confusing Concept? An Empirical Study on Sexual Abuse of Children, Sexual Orientation and Typology: Implications for Therapy

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Abstract

The concept of pedophilia has traditionally been used as a homogeneous mental disorder by most authors and therapists. The present study, investigating different parameters in men who offend against children, shows that men who sexually offend against boys significantly differ from those who sexually offend against girls only. They are differences with respect to sexual orientation, prevalence, number of victims and being sexually abused during childhood. In the course of therapy, most men who sexually offend against boys turned out to be homosexual. These findings are discussed in relation to the life situation of young homosexual boys, and with regard to therapeutic work with sex offenders.

Key words: pedophilia, sexual abuse of children, typology, childhood, sexual orientation, therapy

Introduction

During the last two decades, the focus on sexual offences against women and children has increased tremendously in the general public and among scientists. Particularly in Australia, Britain and the USA, we have seen a veritable explosion of cultural panic regarding the problem of sexual child abuse. Pedophilia, an underlying condition in some offenders, has become one of the most heated areas within a discourse of moral panic that impress most scientific and clinical approaches (Angelides, 2003). Problems of discussing pedophilia within a scientific objectivity was recently well documented in the special section on pedophilia in Archives of Sexual Behavior in December 2002, where researchers (Green, 2002) raised the dilemma of understanding male pedophilia.

Understanding pedophilia is a complex challenge in many aspects. In the ICD-10 (The ICD-10 Classification of Mental and Behavioural Disorders, Clinical and Diagnostic Guidelines., 1992) and in the DSM-IV-TR (American Psychiatric Association. Diagnostic and statistical manual for mental disorders, 4th edition - text revision DSM-IV, 2000) classification systems, pedophilia is classified as a mental disorder, and viewed as a disturbance in the choice of the sexual object which is more or less separated from problems concerning the development of sexual orientation. Since pedophilia is defined as a sexual preference disorder based on attraction to children, as is homosexuality and heterosexuality an orientation to same and other-sex adults, respectively, "pedosexuality" might therefore be a better term than pedophilia.

An obvious question concerns the sexual orientation of the offender. Do men who prefer boys differ in the development of a sexual identity from those men who prefer girls? Do the problems involved in growing up as gay increase the likelihood of offending against young boys? There are good

reasons to believe that hetero- and homosexual attraction is experienced early in life. It has recently been shown that the mean age for the first homosexual attraction is 7.7 years with a standard deviation of 3 (Savin-Williams & Diamond, 2000). This means that problems in developing a sexual identity may start very early.

Research has shown that the homosexual boy's childhood and adolescence is filled with serious conflicts and choices specific to being gay (Lewis, 2001). Authors dealing with typology (Hunter, 2003) and aspects of psychosexual development of sex offenders (Miner & Dwyer, 1997) do not discuss possible differences between heterosexual and homosexual child abusers. However, the problem is not whether or not people are born with a homo- or heterosexual orientation, but how they develop their sexual identity based on their sexual orientation and whether problems that might arise by such differences in sexual orientation might facilitate sexual offenses.

From a historical point of view, pedophilia is one phenomenon. Hence, offenders of children have been treated as one group in therapeutic settings. It was the Viennese psychiatrist, Richard von Krafft-Ebing, who in his first book, *Psychopathia Sexualis*, in 1886 used the term "paedophilia erotica". He defined it as a sexual interest toward children, either prepubescent or at the beginning of puberty. In his definition, the sexual interest was the primary one, that was, exclusively or mainly toward children, and remaining over time. With Krafft-Ebing, concepts like "hereditary taint" and "moral degeneracy," were brought into the medical vocabulary to explain sexually deviant behavior in general.

Treatment programs for sex offenders usually fall into two different treatment paradigms for understanding sexual offences. One is based upon relapse prevention of the offensive behavior itself, and the other involves changing or "repairing" underlying psychological structures related the sexually deviant behavior. Within the relapse prevention paradigm, aspects of self control and cognitive skills are important aspects of therapy. In such settings, the development of sexual identity, based on sexual orientation does not become an important issue, as the main focus is controlling the unwanted behavior. The other paradigm, however, emphasizes sexual development and organization of affective processing as key issues. In such therapies, the focus on the development of a sexual identity is of great importance in order to develop adequate adult sexual relations.

From a relational perspective it is reasonable to assume that the choice of victim is not random but gives meaning to the offender. Certain characteristics of the victims, such as gender and age, may play an important role for the offender. If so, does age and gender of the victim tell us anything about problems in the development of sexual orientation of the offender? In turn, what are the implications for the choice of therapy form? Does the selection of therapy paradigm have any impact on the therapy outcome?

With some variation, however, most studies seem to indicate that nearly half of the offences against children are made against boys (Finkelhor, 1986; Marshall, 1990). If becoming a pedosexual would be exclusively connected to a general developmental problem, and given an approximately equal number of homosexual and heterosexual child sexual abusers in the offender population, one would assume the prevalence of homosexuality at about 50%. However, the fact is, that there are only about 4-5 % homosexuals in our culture and that the rate of child sexual abusers, who molest male children, thus is unproportional.

The present investigation is, firstly, an attempt to illuminate qualities of men who have committed sexual crimes against minors to see if there are differences between men who sexually offended against boys only, girls only or both sexes. Secondly, it aims to investigate to which degree sexual

orientation in the offenders are linked to the gender of the victims, and to discuss whether such information can be helpful in the development of therapeutic methods to improve therapeutic outcomes.

Participants

The participants in this research project were 111 male sexual offenders attending group therapy or individual therapy at Institute for Clinical Sexology and Therapy (IKST) in Oslo. All participants had sexually offended against at least one child below 16 years of age. None of the offences were committed within the family, so incest offenders were not included in this study. Government financed the treatment program, which was started in 1984 and extended in 1996. Clients are recruited from prisons, probation offices, police, childcare, physicians, psychologists and families.

A sexual offender was defined as an adult having perpetrated sexual intercourse, manual or oral sex, or touching the genitals of a child in a sexual way. That means, that offenders who had exhibited themselves in front of a child, were not included in the sample. The data were derived from a client register established in 1996. This register is used as a basis for annual reports to the government, and updated by the therapists, once a year for each client. Data from the treatment period 1984 to 1996 was collected from old reports and entered into the same client register.

The clients were offered group therapy, individual therapy, or both. 62 had primarily chosen to participate in group therapy, while 49 had participated in individual therapy only. Some of the participants from the group therapy had also participated in individual therapy. Each group had a maximum of 7 participants and two psychotherapists, of whom at least one had special training in psychotherapy and sexology. They met once a week for a two-hour session. Normally, individual therapy consisted of one session per week. The group therapy was continuous, and participating clients, therefore, were at different levels in their development. The therapeutic framework is a relational, psychodynamic and active focusing on early attachment conditions, traumas, sexual experience and development and ability to form adult adequate adult relations. It was a long-term therapy and the average treatment time for sex offenders in the project was between 4 and 5 years.

In analysing the data, the offenders were divided into two groups on the basis of the victim's age. One group consisted of men who had offended against children between 12 and 15 years only (the "adolescent victim" group), while the other included those who had offended against children 11 years or younger (the "child victim" group). In order to be included in the group with the youngest victims, the offender had to have offended at least against one victim of 11 years or younger. In order to illuminate further group differences, the data set was divided with respect to whether the sexual offence had a committed against a boy, a girl, or both.

The question of sexual orientation was frequently brought into the therapy. All clients were encouraged to familiarize themselves with their feelings towards opposite and same sex. This aspect was emphasized especially in the cases of men who had offended boys or children of both sexes. We also asked the therapists about their opinion concerning the clients' sexual orientations.

The treatment groups were composed of men with different kinds of offending history, from adult rape or exhibitionism to offences against children and incest.

The data were analyzed using SPSS.

Results

Figure 1 shows the age distribution of the sex offenders in this study. Mean age of offenders was 34.4 years with a standard deviation on 13.5. The age span was 12-67. Since no one below the age of 25 was married, data in relation to civil status were calculated from a sample of men (N=78), who were 25 years old or older and presented in Table I. In this sample of a total of N=78 men, 43,6 % were married, cohabiting or had been married at the time they entered therapy. Among the N=44 unmarried men, there were significantly more who abused boys than girls (^{2} = 12.07, df = 1, p≤ 0.001).

Figure 1: Age distribution of the 111 participants

Table 1: Civil status for those offenders of 25 years or older (n=78) in relation to gender of the victim

Civil status	Abusing girls	Abusing boys	Abusing both sexes	Total
Married	8	5	4	17
Cohabiting	2	1	0	3
Divorce	9	2	3	14
Unmarried	11	27	6	44
Total	30	35	13	78

The education level showed that 52.9 % had junior high, 21.2 % had high school, while 19.2 % had higher college education, 6.7% was educated at the university level. Not all offenders in our group had been reported to the police. Of the N=101 offenders who were 16 years or older, 82 % had been reported to the police and had been sentenced, while 18% had never been reported to the police.

The present sample is not a representative sample, however, this was the only out-patient treatment program available in Norway, and everyone referred to the project was accepted for therapy. None of the offenders suffered from serious psychiatric diagnoses like psychosis.

Of the total sample of N= 111, N=40 men (36%) had offended against children between 15 and 12 years, while N=71 (64 %) had offended against children at the age of 11 or younger (Table II). The opposite sex as a victim was chosen by N=47 men (42.3 %) in our group, and N=48 (43.2 %) had offended against same sex boys only, while N=16 (14,4 %) had offended against boys and girls.

Looking at the gender preference in relation to age preference, there were found significantly more offenders preferring boys among those offenders, who preferred adolescents, compared to those, who preferred children at the age of 11 years or younger. (^{2} = 14,4, df = 2, p≤ 0,001). Bisexual assault rarely occurred among men who preferred adolescents.

Table 2: Number of offenders related to preferred victim age group and gender

Age category	Gernder of victim			
	Girls	Boys	Both sexes	Total
15-12	13	26	1	40
11 >/=	34	22	15	71
Total	47	48	16	111

The number of victims in relation to gender preference is shown in Table III. There was a significant difference in the number of victims between those who offended against boys only compared to those who offended against girls only (p=0.01, t-test).

Table 3: Number of victims related to gender preference

Gender of the victims	Average number of victims	N
Girls	2,53	38
Boys	5,98	41
Both sexes	5,67	15
Total	4,53	94

Due to the retrospective design of the data collection, there were data of only N=91 offenders being asked whether they had been sexually abused as children or not. Table IV shows the number of offenders who were sexually abused as children in relation to whether they, as adults, offended children either with opposite, same sex, or both sexes for both victim age groups. There was a significantly higher incidence of experienced sexual abuse in childhood among those men who had offended boys or both sexes compared to those who had offended girls only (p≤0,001, ^{2} = 16,5, df = 2).

Table 4: Number of offenders being sexually abused as children in relation to their preference for age and gender

Age group	Gender preference	Not abused	Abused	Total
15-12	Girls	11	1 (8%)	12
	Boys	14	7 (33%)	21
	Both sexes	0	1	1
	Total	25	9 (26%)	34
11 years and younger *	Girls	20	7 (26%)	27

	Boys	3	12 (80%)	15
	Both sexes	4	11 (73%)	15
	Total	27	30 (53%)	57
* p = < 0,001 Chi-square = 14,8 df = 2				

Further analysis also exhibited that those offenders who offended against boys only and both sexes had a significantly higher incidence of sexual abuse in their own history compared to those who offended against girls ($p \leq 0.001$, $^2 = 14,8$, df = 2).

Looking at the 57 men that had offended against children at the age of 11 and younger, among those who abused girls N=7 out of N=27 (26 %) had been sexually abused in childhood, while as many as N= 23 out of N=30 (77 %) of those who offended against boys only or both sexes had been sexually abused in childhood (Table IV). Among the N= 37 offenders abusing boys aged 11 years or younger, N=5 (13%) were abused by women and N=31 (82%) by men and two by both sexes. Of those who reported a homosexual orientation during or after treatment, N=4 (30 %) reported having been abused by women and N=7 (58 %) by men. The numbers are small, but indicate that the gender of the offender's abuser may not be linked to the sexual orientation in the offender.

All participants were asked about their sexual orientation when starting therapy, during therapy and after finishing the treatment. The changes of the sexual orientation based on their own report during the therapy and the therapist's opinion are presented in Table V and Figure 2, 3 and 4.

Table 5: Changes in sexual orientation in relation to gender of the victim during therapy n=108

	Sexual orientation			
	Heterosexual	Homosexual	Bisexual	Uncertain
Offending girls n=47				
Start	42	0	2	1
During	43	0	1	1
Therapist opinion	40	0	3	2
Offending boys n=48				
Start	13	15	6	13
During	7	28	10	1
Therapist opinion	2	35	8	1
Offending both n=16				
Start	11	0	3	2
During	8	2	6	0
Therapist opinion	3	2	11	0

There was a significant change observed in the perceived sexual orientation during treatment ($p \leq 0.001$, $^2 = 21,8$, df. = 3). But, none of the offenders offending against girls only turned out as a homosexual in our sample.

Considering the fact that admitting a bisexual orientation implies an admittance of the existence of homosexual feelings as well as heterosexual, 79 % of the men offending boys had admitted their homosexual component either as totally gay or bisexual. Of the 17 men in the total sample who labelled themselves bisexual during or at the end of therapy, N=1 had sexually offended against girls only, N=10 had offended against boys only and N=6 had sexually offended against both boys and girls. Among the 64 men offending against boys or boys and girls, 20% said that they were uncertain about their sexual orientation at the beginning of the therapy.

The therapists' opinion about the men that preferred boys only, was that they had not come out as gay yet, defining themselves as either heterosexuals or bisexuals. Two of those who considered themselves to be heterosexuals, however, were considered so, also by their therapist. The N= 15 men who offended against boys only and said they were gay at the start of he treatment, did so also after 4 month in treatment, and the therapist were of the same opinion.

The changes in identity (perceived orientation) in the individual clients among those who offended boys are schematically presented in figure 2, 3 and 4.

Figure 2: Identity in those 13 who offended against boys only and claimed they were heterosexual at the start of the treatment and changes after at least 4 month in treatment with the therapists opinion at the bottom

Figure 3: Identity in those 6 who offended against boys only and claimed they were bisexual at the start of the treatment and changes after at least 4 month in treatment with the therapists opinion at the bottom

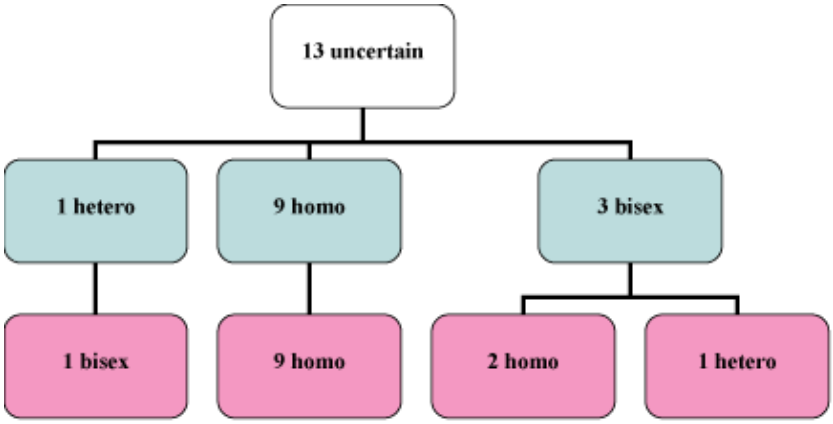

Figure 4: Identity in those 13 who offended against boys only and claimed they were uncertain about their sexual orientation at the start of the treatment and changes after at least 4 month in treatment with the therapists opinion at the bottom

The greatest discrepancy was found among the N=13 men who declared themselves as to be heterosexual (Figure 2).

After 4 month only N=6 kept on saying they were heterosexuals, while the therapist thought that N=5 of them still were in denial of their homosexuality. Being uncertain about their orientation as illustrated in figure 4, seemed to cover most of the homosexuals in the sample. These findings persisted for the next 2 years.

Table 6: Gender of the abuser in men who offended boys only

Sexual orientation	Women	Men	Both	Total
Heterosexual	1	10	1	12
Homosexual	2	7	1	12
Bisexual	0	13	0	13
Uncertain	0	1	0	1
Total	5	31	2	38

16 men offended against both sexes. Figure 5 illustrates their perceived sexual orientation at start of the treatment, after 4 month and at the bottom the therapists' opinion.

Figure 5: Changes in orientation among those 16 that offended both sexes. On the top the offenders perceptions of their own identity at start of treatment, in the middle what they thought

after 4 month and at the bottom the opinion of the therapists

The participants were also asked if they had been exposed to bullying in general or for being feminine or gay in childhood or adolescent. 26% confirmed being bullied in general, but only one reported that he had been bullied for being gay or sissy. The therapists reported that there was no indication throughout the therapy that indicated that these men tried to hide their feminine behavior.

Discussion

First, in our sample the percentage of men who sexually offended against girls only or boys only were almost equal. Since the vast majority in our sample offending boys turned out to be homosexuals, gay men in our offender population were found to be over-represented when compared to the percentage of homosexuals in the general population. Since male homosexuality seems to occur in about 5% of the male population, one would consequently assume that only about 5% of offences committed against minors would concern boys. But this was found to be far from true. Such a disproportionate number of men offending boys compared to men offending girls was also demonstrated by others. Finkelhor showed variations between 25 % and nearly 50 % (Finkelhor, 1986). Such a disproportion with respect to sexual orientation raises questions and needs an explanation.

Second, evidently all the men in our sample who had offended girls were not found to report problems with their heterosexual orientation. While among those, who had offended boys or children of both sexes, many of the offenders reported great problems with identifying with their sexual orientation during treatment (which is illustrated in figures 2 to 5). Among those, who claimed to be bisexual or uncertain about their orientation, only one ended up by claiming he was heterosexual. Most of them ended up by identifying themselves as having a homosexual orientation. Among those men that had offended against children of both sexes half of them were found to be either bisexual or homosexual. According to the therapists´ opinion, however, only one of the six men who still claimed to be heterosexual was assumed to have a heterosexual orientation. Two were understood to be bisexual and three were estimated by the therapists to be homosexual.

Further, none of the men offending boys (except for one who was disclosed for being gay when he was young) reported being bullied for being neither feminine nor gay by their playmates. The men offending boys in our group seem to belong to the group of so called "masculine" boys or "non-feminine homosexuals", that no one identified as gay in childhood in contrast to those who show some feminine behaviour, leaving the impression that they were gay. A boy being bullied for being feminine, by most people, is assumed to have a homosexual identity. Paradoxically, such labelling thereby "helps" those boys who are gay to come out of the closet.

Assuming that adult sexual attraction towards children would arise from a general developmental and relational problem independent of sexual orientation, about 95% of child molesters abusing boys must have an additional problem accounting for this disproportion among child offenders. One explanation from our clinical experience with this additional problem seems to be within the development of a homosexual identity as such. There are several reports showing that homosexual adolescents have greater problems growing up compared to heterosexuals. In Norway there is a significantly higher suicide rate among homosexual adolescents than among heterosexuals, thus indicating that the development of an open gay identity, for many homosexual children and adolescents, is filled with serious difficulties (Hegna, Kristiansen, & Moseng, 1999). Problems with one's family due to one's sexual orientation, may be one of the most important stressors (Lewis, 2001). Most of the men in our group felt it was impossible to be accepted as a homosexual by their

parents and they did not speak to anybody about being attracted to boys before they acknowledged their homosexual orientation during the therapy.

Most of the men that sexually offended against boys, admitted throughout the therapy to remember being sexually attracted to other boys when they were children of about 6 to 10 years, and that they all had tried to suppress their sexual feelings towards other boys early in life. These narratives gain further strength with new findings showing that the first homosexual attraction in homosexuals boys occur in early childhood, with an average of 7.7 years (Savin-Williams & Diamond, 2000).

In the literature, the major focus upon homosexuality in boys is femininity in childhood (Bailey, 1995; Green, 1987), but no research so far has studied the connection between phenotypic masculinity (appearing masculine) and homosexuality among boys. Since there is no doubt that the "none-feminine" boys are overrepresented in our sample, research has to be done in order to illuminate why masculine gay boys might be more vulnerable to develop deviant sexual patterns then do their feminine peers. One could assume that problems integrating the early experience of homosexual attraction between the years of 6 and 10 might increase the risk of performing sexual offensive behaviour in adolescents and adulthood.

Men who offended against younger boys, in our study, were also shown to be different with respect to their own history of being sexually offended. In our sample those, who had offended boys or both sexes at the age of 11 years or younger, in 80 % reported being sexually abused in childhood, while only 26 % of those who had abused girls of the same age group reported being sexually abused as children. Those who had offended girls of 11 years or younger seemed to have the same incidence of being offended in childhood as did those who had offended against adolescents. In earlier studies, it has been documented that between 30% and 60% of the sex offenders have been victimized themselves (Finkelhor, 1986; Marshall, 1990). These studies, however, did not differentiate between sexual orientation, gender preference and age preference for the victim.

Some of the men, who came out as homosexuals during therapy, had labelled themselves pedophiles, pederasts or boy lovers before treatment. It is well known from our clinical experience that some of these men strongly denied any connection to homosexuality. During therapy, however, they changed their labels to either "homosexual" or "bisexual" as they gradually experienced falling in love with consenting adult men. None of them ended up with a "pedophile" sexual identity.

Whether bisexuality is a sexual orientation or not can be questioned. Within our framework, we assume that hetero- and homosexuality are independent dimensions that vary both in strength and quantity. This means that some people have much or little of both, while others may have a substantially higher load on one dimension than the other. Being a bisexual is to acknowledge the homosexual component as something present in the personality. Due to homophobia in the society, it is reasonable to assume that some will claim they are bisexual - which is, for many people, somewhat more acceptable than being gay. This can explain why the therapists assumed that some of those who claimed they were straight or bisexual, were gays who had not yet come out. Most importantly, none of the men who eventually came to the conclusion that they had a "gay component" doubted their homosexual orientation during the remainder of therapy.

The hypothesis, that some men with a homosexual orientation might develop a sexual preference for younger boys due to their problems developing a mature homosexual attraction for adults is a challenge for therapists as well as for homosexual organizations. "Masculine" homosexual boys should have the same rights to develop a positive homosexual identity. The moral panic against pedophilia has coloured the discussion in such a way that pedophilia "hardly exists" in the gay community. Being already stigmatized as homosexuals, it is perhaps too much to expect that the

gay community should include men sexually offending minor boys as at least part of a "gay problem". Nevertheless, the gay boy growing up in a homophobic culture needs support to develop his homosexual identity in an adequate way. Most men in our treatment program offending boys claimed that if they would have been seen and accepted themselves as gay when they were young, they probably would never had developed abusive behaviour.

The Institute for Gay and Lesbian Strategic Studies, IGLSS, has recently published several articles claiming that Catholic priests that abuse young boys were not gay (Stevenson, 2002). They refer to "pederasts" or "ephebophiles" and "hebephilia" (sexual attraction to adolescents) as sexual deviance independent of sexual orientation. They strongly blame the press for bringing homosexuality into the discussion about priests sexually offending boys, conflating homosexuality and child sexual abuse. According to our present research, it is not a question of conflation, but simply the fact that heterosexuals and homosexuals alike can develop affective structures leading to sexual abuse of children, in such a way that heterosexuals will feel attracted to young girls and homosexuals to young boys, and that homosexual young boys, at least according to the results of our studies, might be more vulnerable than heterosexuals to develop pedosexual offensive behaviour. An important issue and tremendous challenge to further research is that this problem obviously is more pronounced in homosexuals than in heterosexuals.

Although some scientists have already recognized homosexual pedophiles as a unique group (Curoe, 2002 and Maletzky, 2002) they do not discuss implications for treatment. The present findings have clear implications for therapeutic approaches. Working with men who have offended against boys should include an empathic approach to the theme of being gay. Although the denial of a homosexual component was in many cases strong, especially in married men, in our treatment group almost everyone finally admitted having thoughts about being gay when they were young.

Another important implication for therapy is that one should avoid using concepts like "pedophilia" as a mental disease. It would be more suitable to talk about pedosexual behaviour (Langfeldt, 1997), describing the behaviour and not the antecedent conditions. For the homosexuals, using the term "pedophilia" may consolidate the resistance from the family and society to develop a normal homosexual identity. New research dealing with attachment style (Lyn & Burton, 2004) indicate that destructive attachment is involved in the development of offensive behaviour. One might as well hypothesize that the sexual offensive behavior itself functions as a defective attachment. If so, therapeutic cohesion, alliance and the quality of the therapist's empathy are essential for the therapeutic outcome. Kear-Colwell and Boer (Kear-Colwell, 2000) suggest that more empathic and supportive approaches are needed in order to succeed in the treatment of "pedophiles". Such an approach is not only necessary in order to improve the effect of therapy, but also raise questions about underlying inhibiting factors in the therapists, like the ability of the therapist to show genuine empathy.

It is reasonable to assume that being sexually victimized as a young boy might add even more difficulties to the vulnerable search for a sexual identity. It has been argued that being offended by a men would even increase this harm. However, when taking into consideration that four of the boys in our sample had been abused by women, this hypothesis seems questionable. According to the present data, there is no doubt that a significant proportion of child sexual abusers suppressed or concealed their homosexual orientation both to themselves and to others. The present study stresses the importance of disclosing sexual orientation as part of the therapy process.

One could argue and critisize that these men during treatment became something like "pseudo gays", complying with the therapists' wishes. However, due to the fact that these men gradually started to date with older men during the course of therapy, and even talked about falling in love

with men for the first time, it is reasonable to assume that the recognition of their sexual orientation is a real coming out process and not a pseudo process.

References

1. American Psychiatric Association. Diagnostic and statistical manual for mental disorders, 4th edition - text revision DSM-IV. (2000). Washington, DC: APA.
2. Angelides, S. (2003). Historicizing affect, psychoanalyzing history: Pedophilia and the discourse of child sexuality. Journal of Homosexuality, 46(1-2), 79-109.
3. Bailey, J. M., Nothnagel, J., & Wolfe, M. (1995). Retrospectively measured individual differences in childhood sex-typed behavior among gay men: Correspondence between self- and maternal reports. Archives of Sexual Behavior, 24(6), 613-622.
4. Finkelhor, D.E. (1986). A sourcebook on child sexual abuse. Newbury Park, CA: Sage Publications.
5. Green, R. (1987). The "Sissy Boy Syndrome" and the Development of Homosexuality. New Haven, CT: Yale University Press.
6. Green, R. (2002). Is pedophilia a mental disorder? Arch. Sex Behav., 31, 467-471.
7. Hegna, K., Kristiansen, H. W., & Moseng, B. U. (1999). Levevilkår og livskvalitet blant lesbiske kvinner og homofile menn. (Vol. Nr. 1/99). Oslo: NOVA rapport. Norsk institutt for forskning om oppvekst, velferd og aldring.
8. Hunter, J. A., Figueredo, A. J., Malamuth, N.M., & Becker, J.V. (2003). Juvenile Sex Offenders: Toward the Development of a Typology. Sexual Abuse: A Journal of Research and Treatment, 15(1), 27-48.
9. The ICD-10 Classification of Mental and Behavioural Disorders, Clinical and Diagnostic Guidelines. (1992). World Health Organization, Geneva.
10. Kear-Colwell, J., & Boer, D.P. (2000). The treatment of pedophiles: Clinical experience and the implications of recent research. International journal of offender therapy and comparative criminology, 44(5), 593-605.
11. Langfeldt, T. (1997). Pedophilia, or pedosexuality, a concept analysis and consequences for psychotherapy. Paper presented at the 13th World Congress of Sexology.
12. Lewis, R.D., Derlega, V.J., Berndt, A., Morris, L.M., & Rose, S. (2001). An Empirical Analysis of Stressors for Gay Men and Lesbians. Journal of Homosexuality, 42(1), 63-88.
13. Lyn, T.S., & Burton, D.L. (2004). Adult Attachment and Sexual Offender Status. American journal of orthopsychiatry, 74(2), 150-159.
14. Marshall, W.L., Laws, D.R., & Barbaree, H.E. (Eds.) (1990). Handbook of sexual assult. New York: Plenum Books.
15. Miner, M.H., & Dwyer, M. (1997). The psychosocial development of sex offenders: Differences between exhibitionists, child molesters, and incest offenders. International journal of offender therapy and comparative criminology, 41(1), 36-44.
16. Savin-Williams, R.C., & Diamond, L.M. (2000). Sexual Identity Trajectories Among Sexual-Minority Youths: Gender Comparisons. Archives of Sexual Behavior, 29(6), 607-627.
17. Stevenson, M.R. (2002). Understanding Child Sexual Abuse and the Catholic Chuch: Gay Priests Are Not the Problem. The Policy Journal of The Institute for Gay and Lesbian Strategic Studies, 6(2), 1-6.

Footnotes

Data were collected in cooperation with Norwegian Centre for Violence and Traumatic Stress Studies.

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