
B4U-ACT'S 2011 SYMPOSIUM ON PEDOPHILIA, MINOR-ATTRACTED PERSONS AND THE DSM

Judith A. Reisman, Ph.D.[†]

Geoffrey B. Strickland[†]

INTRODUCTION

On its website and in its publicity, B4U-Act defines itself as a non-profit organization based in Maryland.¹ The organization purports to educate mental health professionals and society about pedophilia and to suggest therapeutic support to other “self-identified . . . adults and adolescents” who desire sex with children.² B4U-Act claims its mission is to merely eliminate the “stigma” against pedophilia by removing what they call the “tremendous barriers to communication” among pedophiles, mental health professionals, and the public.³ To facilitate these ends, they hold workshops and other gatherings to allegedly promote “dialog.”⁴ The purpose of this paper is to give an overview and analysis of B4U-Act’s most recent gathering, a symposium entitled: “Pedophilia, Minor-Attracted Persons and the DSM.” The authors⁵ will argue that B4U-Act, while purporting to

[†] Judith A. Reisman, PhD, is a Visiting Professor of Law, Liberty University School of Law. She is a Distinguished Senior Fellow from The Inter-American Institute, and a Scientific Adviser, to the California Protective Parents Association and a Former Principal Investigator, US Department of Justice study “Images of Children, Crime and Violence in Playboy, Penthouse and Hustler,” Grant No. 84-JN-AX-K007.

[†] Geoffrey Strickland received his B.A. in Theology and Philosophy from Franciscan University, Steubenville, in May 2004. He received his J.D. from Ave Maria School of Law in May 2009 and was certified in Islamic Studies in May 2011 from the Pontifical Institute of Arabic and Islamic Studies, Rome, Italy. He is currently working under the auspice of the Pontifical University of the Holy Cross, Rome, Italy, for a Licentiate in Canon Law, expected in May 2013.

1. See B4U – ACT: Living in Truth and Dignity, About Us, <http://www.b4uact.org/about.htm> (last visited Feb. 24, 2012).

2. *Id.*

3. *Id.*

4. *Id.*

5. Co-Author Geoffrey Strickland attended the symposium in an individual capacity. Co-author, Dr. Judith Reisman, attended the symposium in her capacity as Visiting Professor of

assist pedophiles and the trauma they face from societal stigma, in fact, works to incrementally legitimize what they refer to as “minor attraction” and the inherently abusive sexual acts implied by this term. To attain this normalization and legalization of adult sexual abuse of children, B4U-Act now advocates for linguistic and semantic changes defining pedophilia to correspond with changes in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA). This paper will be divided into three parts. Part I will discuss the nature, mission, and membership of the B4U-Act organization. Part II will give an overview of the DSM, its significance for mental health professionals, and their diagnosis of the mental disorder of pedophilia. Part III will consider the organization and contributions at the B4U-Act symposium, held in August 2011 in Baltimore, and its implications for the drafting of the fifth version of the DSM.

I. THE NATURE AND MISSION OF B4U-ACT

B4U-Act was founded in 2003.⁶ Michael Melsheimer, who served a three-year prison sentence in New Jersey for sexually assaulting a teen-age boy, co-founded B4U-Act with Chairman Russell A. Dick.⁷ Russell A. Dick is a licensed social worker with thirty-eight years of experience working with “people who are attracted to minors.”⁸ Richard Kramer, the Director of Operations, established the Male Homosexual Attraction to Minors Information Center (MHAMIC).⁹ MHAMIC promotes the theory that “boys are not always severely harmed by sexual activity with adults.”¹⁰ Howard Kline, the Science

Law, Liberty University School of Law, with her law school colleague, Associate Dean of Liberty University School of Law, Matt Barber.

6. B4U – ACT: Living in Truth and Dignity, About Us, <http://www.b4uact.org/about.htm> (last visited Feb. 24, 2012).

7. Mary Gail Hare, Group hopes to treat pedophiles before they act, *THE BALTIMORE SUN*, June 1, 2003, available at http://articles.baltimoresun.com/2003-06-01/news/0306010074_1_sexual-disorders-melsheimer-mental-health (last visited Feb. 27, 2012).

8. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Notifies APA of “Inaccurate and Misleading” DSM* (July 25, 2011), *online at* <http://www.b4uact.org/news/20110725.htm> (last visited Feb. 24, 2012).

9. See Male Homosexual Attraction to Minors Information Center, MHAMIC, <http://www.mhamic.org/> (last visited Feb. 29, 2012), *see also* MIAMic, NEWGON, <http://newgon.com/wiki/MHAMic> (last visited Feb. 29, 2012).

10. Myths and Facts: Boys are always severely harmed by sexual activity with adults, MHAMIC, <http://www.mhamic.org/myths/harm.htm> (last visited Feb. 29, 2012) (emphasis added).

Director, claims B4U-Act's efforts "can help them [pedophiles], because we are the people they are writing about."¹¹

The name "B4U-Act" is purported to encourage the public, especially mental health practitioners and "minor attracted persons" to "know the facts and consider the consequences . . . before you act."¹² Its stated mission has a dual focus: outreach and education. It seeks to (1) "publicly promote services and resources for self-identified individuals who are sexually attracted to children and desire such assistance," (2) "develop a pool of providers in Maryland who agree to serve these individuals and abide by B4U-ACT's Principles and Perspectives of Practice,"¹³ (3) "educate mental health providers regarding the approaches helpful for such individuals," and (4) "educate the citizens of Maryland regarding issues faced by these individuals."¹⁴

B4U-Act has held various workshops toward these ends, including one workshop devoted to the topic of de-stigmatizing language regarding pedophiles and pedophilia entitled, "How Do We Talk About It? Developing a Language for Discussing Attraction to Minors."¹⁵ At that workshop it proposed that "Minor Attracted Persons accept themselves, reclaim words, and become involved in changing the discourse" in a way that does not "pathologize the attraction to minors."¹⁶

Other groups view the work of B4U-Act as a major catalyst in the *Boylve* activist movement. Specifically, the *Boylve* Internet Forum BOYCHAT,¹⁷ where recent posts focused on such themes as the sexual attractiveness of little league baseball players¹⁸ and "How Not to Out

11. B4U - ACT: Living in Truth and Dignity, News, *B4U-Act Notifies APA of "Inaccurate and Misleading" DSM* (July 25, 2011), online at <http://www.b4uact.org/news/20110725.htm> (last visited Feb. 24, 2012). (emphasis added)

12. See B4U - ACT: Living in Truth and Dignity, Home, <http://www.b4uact.org/index.htm> (last visited Feb. 24, 2012).

13. B4U - ACT: Living in Truth and Dignity, About Us, <http://www.b4uact.org/about.htm> (last visited Feb. 24, 2012).

14. See B4U - ACT: Living in Truth and Dignity, About Us, <http://www.b4uact.org/about.htm> (last visited Feb. 24, 2011).

15. See B4U - ACT: Living in Truth and Dignity, Workshops, <http://www.b4uact.org/workshops.htm> (last visited Feb. 24, 2012).

16. *Id.* (emphasis added)

17. BOYCHAT, <http://www.boychat.org>, (BoyChat explains on the website that "BoyChat boylve message board is a boylover bulletin board bbs for boy lovers who need a boy love forum for chat and discussion.") (last visited Feb. 27, 2012).

18. See e.g., Wizard, *PA Pitcher*, BOYCHAT (Aug. 19, 2011 8:22 PM), <http://82.94.204.206/messages/1265687.htm>, see also punkschool, *Re: PA Pitcher*, BOYCHAT

Yourself,¹⁹ compares the efforts of B4U-Act with that of gay activists.²⁰ Some posted that as the psychopathic connotation of homosexuality was first eroded, and then completely taken from the DSM—with the idea being to seek “political leverage” and a “tipping point”—B4U-Act is now acting analogously regarding pedophilia.²¹

(Aug. 19, 2011 8:39 PM) <http://82.94.204.206/messages/1265689.htm>, *see also* Wizard, *Re: PA Pitcher* BOYCHAT (Aug. 19 2011 9:45 PM) <http://82.94.204.206/messages/1265698.htm>, *see also* Gatekeeper, *If it's blond hair you like...*, BOYCHAT (Aug. 20, 2011 6:06 PM) <http://82.94.204.206/messages/1265765.htm>, *see also* Gatekeeper, *Or did I mean...* BOYCHAT (Aug. 20, 2011 7:56 PM) <http://82.94.204.206/messages/1265773.htm>, *see also* Bartimaeus, *Re: Or did I mean...* BOYCHAT (Aug. 21, 2011 6:06 AM) <http://82.94.204.206/messages/1265812.htm>, *see also* oldtimer, *I just noticed just about all of them seem to be*, BOYCHAT (Aug. 20, 2011 10:26 PM) <http://82.94.204.206/messages/1265785.htm>, *see also* Gatekeeper, *You lay him down on the filed...*, BOYCHAT (Aug. 19, 2011 10:22 PM) <http://82.94.204.206/messages/1265705.htm>, *see also* Gatekeeper, *I like both pitchers*, BOYCHAT (Aug. 19, 2011 10:34 PM) <http://82.94.204.206/messages/1265710.htm>.

19. How not to accidentally out yourself, BOYCHAT (Jan. 5, 2008 9:23 PM) <http://82.94.204.206/messages/1107524.htm> (last visited Feb. 29, 2012).

20. *See* Timothy J. Daily, *Harming the Little Ones: The Effects of Pedophilia*, HIDDEN MYSTERIES; THE HEALTH ARCHIVE, <http://www.hiddenmysteries.org/health/effects/pedophilia.html> (Conservative analyst Timothy Dailey also notes the presence of this type of calculated strategy as well in the pedophile activism at large, patterning itself on and drawing leverage from homosexual activism. “Emboldened by the APA’s acceptance of homosexuality as a valid lifestyle, advocates of adult-child sex are making cautious forays into the scholarly literature. Once again, this move is shrewdly calculated, with the expectation that society in general will follow the lead of the ‘high priests’ of the scientific community.”) (last visited Feb. 29, 2012).

21. *See* Peterhoo, *Re: Put another way*, BOYCHAT (July 18, 2010, 11:16 PM), <http://www.boychat.org/messages/1217413.htm>. The post reads:

I consider the task that B4U-Act is attempting to achieve is similar to what was done by gay activists with the APA in an earlier decade. They found via their activism that many clinicians did not actually agree with the policy being adopted by the APA. While a large portion of those asked in clinical practice if homosexuality was pathological had stated yes, this view shifted almost overnight. Why did that change happen? Because the clinical experience included real people whose narratives, when inserted in the public mind, questioned the central ideas of seeing gay men as pathologically flawed. A second factor was the increased influence of a gay group of psychiatrists inside the APA who gained political leverage [sic] and was able to shift the debate. B4U-Act is using a similar interpretation of our current situation. Clinicians [sic] are actually struggling to know what to do with clients who present as child lovers. The therapies that are used don’t work and the clinicians [sic] know this to be true. B4U-Act is looking for a ‘tipping point’ to emerge for the management of those labeled ‘the sex offender’. The kind of ideological closure assumed by some who post here is not actually held strongly by everyone inside the medical profession. In reality what is at stake is a questioning of a dominant discourse. It can be argued it will fall over as the effectivity of that ideology is shown to be faulty. We are in this period right now. What B4U-Act is doing is allowing the flawed character to be more visible. If people push for a simple binary situation (them against us), as I have seen argued here, change is less likely. The posts I read here are arguing for an unduly

Another post observed that the removal of pedophilia from the DSM “is a priority” for B4U-Act and that they are now “asking for the small step of ‘better representation’ in the DSM.”²² The same post concludes that any pedophile “who works for B4U-Act will tell you that they’d prefer to not have it listed in the DSM at all,” but as they have “barely gotten a reaction just requesting for ‘better representation’” they are proceeding incrementally.²³ In sum, observers, who view B4U-Act in a favorable light, encourage supporters to “read between the lines.”²⁴

The name, B4U-Act, is brilliantly constructed to confuse and mislead the public. *Who* should think *before you act*? Should child molesters and pedophiles think before *they* act? Should judges, juries, and the public think before *we* act, so as to not convict pedophiles for their child sex crimes? Who is a minor attracted person? Is this a *minor* who is attracted to an *adult*, or is it some *person* attracted to a *child*? The B4U-Act website uses euphemisms such as “gay” for homosexual, and “sex toys” for sex implements.²⁵ This sexual language is crafted to dissemble, to confuse, to win empathy, and to incrementally work away at what is left of traditional sexual values, morals, and laws.

II. THE DSM AND B4U-ACT’S INTEREST THEREIN

The tipping point lies in gaining a foothold on the upcoming revision of the DSM manual. The majority of B4U-Act’s current work

simplistic view of how the medical profession actually experience [sic] the problem of minor attracted persons.

22. See CatcherInTheRye, *Re: Put another way*, BOYCHAT (July 18, 2010 10:53 PM), <http://www.boychat.org/messages/1217407.htm>.

23. *Id.*

24. See ShrinkWrap, *Re: Sorry I didn’t mean to make it about you*, BOYCHAT (July 20, 2010 12:14 AM), <http://www.boychat.org/messages/1217556.htm>.

OK, thanks for the clarification. B4uAct’s position on the issue is that they are not professionally qualified to make that determination. In reality however, by including a representative sample of MAAs (a large portion of whom have never offended and demonstrate no co-morbid mental illness), it will be hard for those professionals to justify continuing to stigmatize pedophilia as such. Come on. Do a little reading between the lines.

See e.g., BOYCHAT, Frequently Asked Questions, <http://www.boychat.org/faq.html> (last visited Feb. 29, 2012). (Note that “MAA” signifies “Minor Attracted Adult”).

25. See B4U – ACT: Living in Truth and Dignity, About Us, <http://www.b4uact.org/about.htm> (last visited Feb. 24, 2012).

is directed toward this end. The “News” portion of their website shows eight of the fourteen activities headlined therein directly pertain to DSM related advocacy.²⁶

The DSM is the standard classification of mental disorders used by mental health professionals in the United States, providing a common language for clinical communication.²⁷ Thus, by clearly defining the criteria for what is determined to be a mental disorder, the DSM is seen as crafting an accurate and consistent diagnosis.²⁸ It is intended to apply in a wide array of contexts, to be used by clinicians and researchers of different disciplines, as credible in courts of law, as well as to serve the collection and communication of accurate public health statistics.²⁹

By way of historical background, the initial stimulus for developing the DSM was the need to collect statistical information.³⁰ Following World War II and the development of a much broader nomenclature by the U.S. Army, the APA published the first edition of the DSM (DSM-I) in 1952, which contained essentially a glossary of descriptions of diagnostic categories of mental malaise.³¹

26. See B4U – ACT: Living in Truth and Dignity, News, Specific events related to the DSM includes: Aug. 17, 2011 *B4U-ACT Holds Scientific Symposium on Pedophilia and the DSM*; July 25, 2011 *B4U-ACT Notifies APA of “Inaccurate and Misleading” DSM*; May 3, 2011 *B4U-ACT Invites APA’s DSM-5 Committee on Paraphilias to its Upcoming Symposium*; Apr. 25, 2011 *B4U-ACT Responds to Pejorative Letter in Harvard Mental Health Letter*; Oct. 30, 2010 *Archives of Sexual Behavior Publishes Letter from B4U-ACT about DSM-5*; June 12, 2010 B4U-ACT Participates in Conference Call with DSM Revision Officials; May 27, 2010 B4U-ACT Representatives Attend APA Annual Meeting; Mar. 1, 2010 *B4U-ACT Urges DSM-5 Committee on Paraphilias to Participate in Meeting*; Dec. 5, 2009 *B4U-ACT Requests Meeting with APA’s DSM-5 Committee on Paraphilias*.<http://b4uact.org/news/index.htm> (last visited Feb. 24, 2012).

27. *Diagnostic and Statistical Manual*, AMERICAN PSYCHIATRIC ASSOCIATION, <http://www.psych.org/MainMenu/Research/DSMIV.aspx> (last visited Mar. 05, 2012); *What is the DSM?*, AMERICAN PSYCHIATRIC ASSOCIATION, <http://www.psych.org/MainMenu/Research/DSMIV/FAQs/WhatistheDSMandwhatisitusedfor.aspx> (last visited Mar. 05, 2012) [Hereinafter *Diagnostic and Statistical Manual*].

28. *Frequently Asked Questions*, AMERICAN PSYCHIATRIC ASSOCIATION DSM-5, <http://www.dsm5.org/about/pages/faq.aspx> (last visited Mar. 05, 2012).

29. *Diagnostic and Statistical Manual*, *supra* note 28.

30. *Pre-World War II*, AMERICAN PSYCHIATRIC ASSOCIATION, http://www.psych.org/MainMenu/Research/DSMIV/History_1/PreWorkWarII.aspx (last visited Mar. 05, 2012).

31. *Post-World War II*, AMERICAN PSYCHIATRIC ASSOCIATION, http://www.psych.org/MainMenu/Research/DSMIV/History_1/PostWarClassifications.aspx (last visited Mar. 05, 2012).

The mental disorder of pedophilia in the DSM-I was listed as a "sexual deviation."³² The DSM-II, published in 1968, maintained this classification.³³ Then in 1980, the DSM-III introduced explicit diagnostic criteria and in this way adopted a more descriptive approach.³⁴ Pedophilia was listed under the Psychosexual disorders as a "Paraphilia,"³⁵ the new euphemism given to "sexual deviations" therein.³⁶ "Paraphilia," from *para*, signifying "other" or "outside of"

32. AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (1st ed. 1952) [Hereinafter DSM I]

OOQ-x63 Sexual deviation. This diagnosis is reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenic and obsessional reactions. The term includes most of the cases formerly classed as "psychopathic personality with pathologic sexuality." The diagnosis will specify the type of the pathologic behavior, such as homosexuality, transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation).

33. AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS § 5, at 301-304 (2nd ed. 1968) [Hereinafter DSM II]

302 Sexual deviations. This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them." The following are then listed: "302.0 Homosexuality, 302.1 Fetishism, 302.2 Pedophilia, 302.3 Transvestitism, 302.4 Exhibitionism, 302.5* Voyeurism*, 302.6* Sadism*, 302.7* Masochism*, 302.8 Other sexual deviation, [302.9 Unspecified sexual deviation].

34. *Development of DSM-III*, AMERICAN PSYCHIATRIC ASSOCIATION, http://www.psych.org/MainMenu/Research/DSMIV/History_1/DevelopmentofDSMIII.aspx (last visited Mar. 05, 2012).

35. A paraphilia is another term created to neutralize one whose arousal and gratification depend on fantasizing about and engaging in sexual behavior that is abnormal. A paraphilia can revolve around a particular object (children, animals, underwear) or around a particular act (inflicting pain, exposing oneself). Allegedly a paraphilia is specific and unchanging. It is distinguished by a preoccupation with the object or behavior to the point of being dependent on that object or behavior for sexual gratification. Paraphilias include sexual behaviors that society may view as criminal, distasteful, unusual or abnormal. This is the current canon within the psychology profession. *Paraphilias*, PSYCHOLOGY TODAY, <http://www.psychologytoday.com/conditions/paraphilias> (last visited Mar. 05, 2012).

36. AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (3rd ed. 1980) [Hereinafter DSM III].

302.20 Pedophilia. The essential feature is the act or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement. The difference in age between the adult with this disorder and the prepubertal child is arbitrarily set at ten years or more. For late

and *philia*, as “loving,” is a more companionable, less pejorative³⁷ term than “sexual deviation” as it shifts the sense of the meaning and usage toward a more neutral sense of unusual—implying a possible innocuous sexual preference difference.³⁸ In 1987³⁹ the DSM III-R

adolescents with the disorder, no precise age difference is specified; and clinical judgment must be used, the sexual maturity of the child as well as the age difference being taken into account. Adults with the disorder are oriented toward children of the other sex twice as often as toward children of the same sex. The sexual behavior of these two groups is different. Heterosexually oriented males tend to prefer eight-to-ten year-old girls, the desired sexual activity usually being limited to looking or touching. Most incidents are initiated by adults who are in the intimate interpersonal environment of the child. Homosexually oriented males tend to prefer slightly older children. The percentage of couples in this group who know each other only casually is higher than in the heterosexually oriented group. Individuals with undifferentiated sexual object preference tend to prefer younger children than either of the other two groups. Most individuals oriented homosexually have not been married, whereas most individuals oriented heterosexually either have been or are married. *Age at onset.* The disorder may begin at any time in adulthood; most frequently it begins in middle age. *Course.* The course is unknown, although homosexually oriented Pedophilia tends to be chronic. The severity of the condition often fluctuates with psychosocial stress. The recidivism rate for homosexually oriented Pedophilia is second only to that for Exhibitionism, and ranges from 13% to 28% of those apprehended, roughly twice that of heterosexually oriented Pedophilia. *Differential diagnosis.* Isolated sexual acts with children do not warrant the diagnosis of Pedophilia. Such acts may be precipitated by marital discord, recent loss, or intense loneliness. In such instances the desire for sex with a child may be understood as a substitute for a preferred but unavailable adult. In Mental Retardation, Organic Personality Syndrome, Alcohol Intoxication, or Schizophrenia there may be a decrease in impulse control, particularly in the elderly, that in rare instances leads to isolated sexual acts with children. However, sexual activity with children is generally not the consistently preferred method for achieving sexual excitement. In Exhibitionism exposure may be to a child, but the act is not a prelude to further sexual activity with the child. Sexual Sadism may, in extremely rare instances, be associated with Pedophilia, in which case both diagnoses are warranted. *Diagnostic criteria for Pedophilia.* *A.* The act or fantasy of engaging in sexual activity with prepubertal children is a repeatedly preferred or exclusive method of achieving sexual excitement, *B.* If the individual is an adult, the prepubertal children are at least ten years younger than the individual. If the individual is a late adolescent, no precise age difference is required, and clinical judgment must take into account the age difference as well as the sexual maturity of the child.

37. Reisman notes here that “paraphilia” is a term meant to sound different so as to confuse and deflect from ordinary discourse. It is a deliberately misleading term that is more positive than “sexual deviation” in that it implies pedophilia is merely another erotic choice rather than a disordered, abnormal and often criminal perversion.

38. See generally Michael Weiderman, Paraphilia and Fetishism, 11 (no.3) THE FAM. J., July 2003, at 315-21.

39. *DSM-III-R and DSM-IV*, AMERICAN PSYCHIATRIC ASSOCIATION, http://www.psych.org/MainMenu/Research/DSMIV/History_1/DSMIIIRandDSMIV.aspx (last visited Mar. 05, 2012).

added a subjective qualification similar to that which appeared in the evolving scientific perception of homosexuality: the individual must be “markedly distressed” by his own pedophilic activity to be considered needful of therapy.⁴⁰

With the 1994 publication of the DSM-IV, the description⁴¹ and diagnostic criteria⁴² of pedophilia were changed such that a child

40. Steve Brown, Fears Grow Over Academic Efforts to Normalize Pedophilia, CSN NEWS July 7, 2008, <http://cnsnews.com/node/5673> (last visited Mar. 6, 2012), *see also* Ray Blanchard, The DSM Diagnostic Criteria for Pedophilia, AMERICAN PSYCHIATRIC ASSOCIATION available at <http://www.dsm5.org/Documents/Sex%20and%20GID%20Lit%20Reviews/Paraphilias/DSM V.PEDO.pdf>

Diagnostic Criteria for Pedophilia in DSM-III-R (1987) A. Over a period of at least 6 months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger). B. The person has acted on these urges, or is markedly distressed by them. C. The person is at least 16 years old and at least 5 years older than the child or children in A. Note: Do not include a late adolescent involved in an ongoing sexual relationship with a 12- or 13-year-old. Specify: same sex, opposite sex, or same and opposite sex. Specify if limited to incest. Specify: exclusive type (attracted only to children), or nonexclusive type.

(last visited Feb. 29, 2012).

41. AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (4th ed. 1994) [Hereinafter DSM IV].

302.2 Pedophilia. The paraphiliac focus of Pedophilia involves sexual activity with a prepubescent child (generally age 13 years or younger). The individual with Pedophilia must be age 16 years or older and at least 5 years older than the child. For individuals in late adolescence with Pedophilia, no precise age difference is specified, and clinical judgment must be used; both the sexual maturity of the child and the age difference must be taken into account. Individuals with Pedophilia generally report an attraction to children of a particular age range. Some individuals prefer males, others females, and some are aroused by both males and females. Those attracted to females usually prefer 8 to 10 year-olds, whereas those attracted to males usually prefer slightly older children. Pedophilia involving female victims is reported more often than Pedophilia involving male victims. Some individuals with Pedophilia are sexually attracted only to children (Exclusive Type), whereas others are sometimes attracted to adults (Nonexclusive Type). 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 fellatio or cunnilingus on the child or penetrate the child's vagina, mouth, or anus with their fingers, foreign objects, or penis and use varying degrees of force to do so. These activities are commonly explained with excuses or rationalizations that they have “educational value” for the child, that the child derives “sexual pleasure” from them, or that the child was “sexually provocative”—themes that are also common in pedophiliac pornography. Individuals may limit their activities to their own children, stepchildren, or relatives or may victimize children outside their families. Some individuals with Pedophilia threaten the child to prevent disclosure. Others, particularly those who frequently victimize children, develop complicated techniques for obtaining access to children,

molester was “considered to have a psychiatric disorder *only if his actions caused clinically significant distress or impairment* in social, occupational or other important areas of functioning.”⁴³ Thus, the APA’s classifications of sexual deviancy were gradually shifted from an objective description of aberrant behavior toward the subjective thoughts and perceptions of the individual. Therefore, according to the DSM-IV, if a person feels no desire to change, there is no need to change.⁴⁴ For example, a man who molests children without remorse and significant impairment in his social and work relationships, according to the DSM-IV, could possibly be diagnosed as normal—a psychologically normal type of pedophile.⁴⁵

which may include winning the trust of a child’s mother, marrying a woman with an attractive child, trading children with other individuals with Pedophilia, or, in rare instances, taking in foster children from nonindustrialized countries or abducting children from strangers. Except in cases in which the disorder is associated with Sexual Sadism, the person may be attentive to the child’s needs in order to gain the child’s affection, interest, and loyalty and to prevent the child from reporting the sexual activity. The disorder usually begins in adolescence, although some individuals with Pedophilia report that they did not become aroused by children until middle age. The frequency of pedophilic behavior often fluctuates with psychosocial stress. The course is usually chronic, especially in those attracted to males. The recidivism rate for individuals with Pedophilia involving a preference for males is roughly twice that for those who prefer females.

42. *Id.*

Diagnostic criteria for 302.2 Pedophilia. (A) Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger), (B) The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, (C) The person is at least age 16 years and at least 5 years older than the child or children in Criterion A. Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old. *Specify* if: Sexually Attracted to Males, Sexually Attracted to Females, Sexually Attracted to Both *Specify* if: Limited to Incest *Specify* type: Exclusive Type (attracted only to children) Nonexclusive Type.

43. Linda Ames Nicolosi, *The Pedophilia Debate Continues*, NARTH, <http://www.narth.com/docs/debatecontinues.html> (last visited Mar. 05, 2012); *See also, DSM-III-R and DSM-IV, supra* note 40, (emphasis added).

44. Timothy J. Dailey, *Harming the Little Ones: The effects of pedophilia on children*, ORTHODOXYTODAY.ORG, <http://www.orthodoxytoday.org/articles/DaileyPedophilia.php> (last visited Mar. 6, 2012).

45. Linda Ames Nicolosi, *The Pedophilia Debate Continues--And DSM Is Changed Again*, NARTH, available at <http://www.narth.com/docs/debatecontinues.html> (last visited Feb. 29, 2011).

In 1998, an APA journal published an article⁴⁶ downplaying the harm of adult sexual abuse of children.⁴⁷ It stated that childhood sexual abuse is on average only slightly associated with psychological harm and that the harm may not be due to the sexual experience, but instead to the negative family factors in a child's background.⁴⁸ It claimed that if the sexual contact is "not coerced,"⁴⁹ especially when it is experienced by a boy and "is allegedly remembered positively," it may not be harmful at all.⁵⁰ It further "proposed that psychologists stop using judgmental terms like "child abuse," "molestation," and

46. See B. Rind, P. Tromovitch, & R. Bauserman, *A Meta-analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples* (American Psychological Association 1998) 124 *Psychological Bulletin*, 1, 22-53. Dailey's comments on the article are illustrative:

A significant initial salvo for the acceptance of pedophilia in academia was the publication of what would become a highly controversial study on child sexual abuse in the prestigious journal *Psychological Bulletin*. Authored by Bruce Rind, Philip Tromovitch, and Robert Bauserman, the study — "A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples" — asserted that the widely held belief that sex between adults and children always causes harm to children "is of questionable scientific validity." While the authors contend that "the vast majority of both men and women reported no negative effects from their CSA [child sexual abuse] experiences," they nonetheless allow that some experiences result in negative consequences for the victim. And to what are these negative effects attributed? To none other than family environment factors such as "traditionalism" that prevent the child's parents from lending support to the child engaged in pedophilic activity. According to the Rind study, the child sexual abuse itself was "relatively unimportant compared with family environment" in causing negative effects. The clear implication is that children would suffer few if any negative effects from pedophilia if only society were more accepting of such behavior. Adult-child sex, conclude the authors, should not be indiscriminately termed child sexual abuse. "One possible approach," they suggest, "is to focus on the young person's perception of his or her willingness to participate and his or her reactions to the experience. A willing encounter with positive reactions would be labeled simply adult-child sex, a value-neutral term." The Rind study was roundly condemned by many and eventually criticized by the American Psychological Association, publisher of *Psychological Bulletin*. Paul Fink, M.D., former president of the American Psychiatric Association, pointed out that most of the studies discussed by the authors had never undergone rigorous peer review, and that the results were largely based on one study conducted over 40 years ago.

47. See *The Problem of Pedophilia*, NARTH, <http://www.narth.com/docs/pedophNEW.html> (last visited Feb. 29, 2012).

48. *Id.*

49. *Id.* ("Non-coerced" sex in this context is a misnomer because there is always an element of coercion—involving a misuse of adult authority, and a misuse of the child's need for affection. If a researcher sees no harm, "it may be because he is using the wrong glasses...not because there is nothing to see.")

50. *Id.*

“victims,” using instead ostensibly neutral, value-free terms like “adult-child sex.” Similarly, it says discussions should not debate the “the severity of the abuse,” but instead refer to “the level of sexual intimacy.”⁵¹ The authors thus opined that behaviour, which psychotherapists commonly term “abuse,” may only constitute a violation of social norms.⁵² The APA report authors proposed an understanding of pedophilia as “abuse” only if the child feels bad about the relationship.⁵³ Predictably, much acute criticism followed.⁵⁴ In response, the APA did change the definition of pedophilia in a text revision of the 2000 manual, the DSM-IV-TR,⁵⁵ the most current version to date. It holds that acting upon one’s pedophilic urges is sufficient for a diagnosis of disorder.⁵⁶

The publication of the fifth edition of the DSM is scheduled for May 2013.⁵⁷ The proposed deviance changes are once again controversial.⁵⁸ The proposal would expand the definition of the disorder to include hebephilia,⁵⁹ thus producing a confusing hybrid

51. *Id.* (emphasis added)

52. *Id.*

53. *Id.*

54. See, e.g., Stacey Burling, *House Decries a Child Sexual Abuse Study*, THE PHILA. INQUIRER, July 13, 1999, available at http://articles.philly.com/1999-07-13/news/25521987_1_child-sexual-abuse-study-robert-bauserman-child-sexual-abuse.

The U.S. House of Representatives voted overwhelmingly yesterday to condemn research that concluded that the long-term effects of child sexual abuse are not as serious as many believe and that scientists should classify sexual encounters between adults and children differently, depending on the age and ‘willingness’ of the child. The congressional resolution, which passed by a vote of 355 to 0 (with 13 voting ‘present’), ‘condemns and denounces’ all suggestions that sexual relationships between children and adults are less harmful than believed or might be positive for some children. It “vigorously opposes any public-policy or legislative attempts to normalize adult-child sex or to lower the age of consent.”

55. See *DSM-IV-TR*, AMERICAN PSYCHIATRIC ASSOCIATION, <http://www.psych.org/MainMenu/Research/DSMIV/DSMIVTR.aspx>; Nicolosi, *supra* note 44.

56. Nicolosi, *supra* note 44.

57. *DSM-5*, AMERICAN PSYCHIATRIC ASSOCIATION *DSM-5*, <http://www.dsm5.org/Pages/Default.aspx> (last visited Mar. 05, 2012).

58. *Proposed Revision: U 03 Pedophilic Disorder*, AMERICAN PSYCHIATRIC ASSOCIATION *DSM-5* (Updated Nov. 18, 2011), <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=186#> (last visited Mar. 05, 2012).

59. This is an attraction to children who are going through puberty. It should be noted that hebephilia does not appear in the same manner as pedophilia in the DSM-IV-TR. According to the American Psychiatric Association a hebephile normally receives a diagnosis in the DSM-IV-

category, pedohebephilia, consisting of the pedophilic type,⁶⁰ the hebephilic type,⁶¹ and the pedohebephilic type (attracted to both).⁶² Strictly speaking, before a diagnosis of “pedohebephilia” can be made, two children younger than eleven must be victimized or three children between the ages of eleven and fourteen.⁶³ Thus, there is the possibility of a child molester abusing one child exclusively and not falling under the ‘evolving’ APA diagnosis.⁶⁴ The use of child pornography must go on for at least six months before it is considered a psychosexual problem.⁶⁵

The above duplicitous definitions open the DSM decision makers to charges of reflecting the interests of pedophiles over that of children. The claim that either psychiatry or its DSM, with its fluctuating definitions of mental health, is scientific is a contested claim indeed. Nonetheless, the public, media, courts, lawyers, and legislators commonly cite and regard the DSM as a tool for scholarly agreement. In my view, this entire procedure is inexcusable, unconscionable, and a farce. Especially examining the disingenuous definition of pedophilia, the APA and the DSM have no credibility as either scientific or as objective sources of psychological knowledge. As I have meticulously documented in my past three books on Alfred C. Kinsey, the acknowledged father of the sexology field, they have hidden crimes against children and society throughout their tenure. Both groups have played the politically correct game for decades and will continue to do so. They count on the sexual anarchy of society to fill their coffers and to award them with wholly undeserved esteem. Both the APA and its DSM should be disbanded. The APA leadership should do the right thing and present society with a confession of liability and call for a return to the common law and Judeo Christian foundational principles as models for psychological and psychosexual health and well being.

TR as pedophilic under a very liberal definition of “prepubertal child or with “Paraphilia Not Otherwise Specified (NOS) (Hebephilia).” *Id.*

60. Denoting attraction to prepubescent children, generally younger than eleven.

61. Denoting attraction to pubescent children, usually ages eleven through fourteen.

62. See *Pessimism about Pedophilia*,

http://www.health.harvard.edu/newsletters/Harvard_Mental_Health_Letter/2010/July/pessimism-about-pedophilia.htm (last visited Feb. 24, 2012).

63. See Brenda Zurita, *Who In Their Right Mind Would Normalize Pedophilia*, *In The Family Voice Insight*, (Sept. 2011), http://www.cwfa.org/familyvoice/2011-09/CWA_FamilyVoiceInsight_Sept2011.pdf. (last visited Feb. 24, 2012).

64. *Id.*

65. *Id.* at 15.

Pedohebephilia is a cynically concocted, confusing, semantic euphemism for adults who lust after immature youths and children. Under no circumstances should children be separated from other immature youths for legitimate *lust* nor does it require a *six month* period to create a deviance or to define a deviant. Lusting after a non-adult is deviant. The DSM incrementally has been moving toward legalizing and legitimizing lust for children with its time boundary for pedophilia. As scrupulously documented in my research, a pedophilic *sensibility* has been in place at the highest levels of the psychiatric establishment for several decades.

III. THE SYMPOSIUM

On August 17, 2011, thirty-eight participants gathered in Baltimore, Maryland to attend the symposium, which in the words of B4U-Act was to “facilitate the exchange of ideas among researchers, scholars, mental health practitioners, and minor attracted persons who have an interest in critical issues surrounding the entry for pedophilia in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association.”⁶⁶ Predictably, the symposium began with a clarification of the language. Russell A. Dick, co-founder of B4U-Act, gave the opening remarks. He argued that “inaccurate preconceptions” had been associated with certain terms or labels, so the new term “minor attracted person/people” would be used as a part of B4U-Act’s ongoing effort to promote its dialogue.⁶⁷ The individual speakers then fleshed out their philosophical and scientific framework to sustain this new language.

A. *Dr. Fred Berlin, “Understanding Pedophilia and Other Paraphilias from a Psychiatric Perspective”*

The keynote speaker Dr. Fred Berlin,⁶⁸ in his presentation entitled “Understanding Pedophilia and Other Paraphilias from a Psychiatric

66. See B4U – ACT: Living in Truth and Dignity, 2011 Symposium, <http://www.b4uact.org/science/symp/2011/index.htm> (last visited Feb. 24, 2012).

67. Symposium notes from Geoffrey Strickland, *B4U-Act’s 2011 Symposium: Pedophilia, Minor-Attracted Persons and the DSM* (Aug. 17, 2011) (on file with Ave Maria International Law Journal).

68. Dr. Fred Berlin, M.D., Ph.D., serves as Associate Professor of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, available at http://www.hopkinsmedicine.org/psychiatry/expert_team/faculty/B/Berlin.html.

Perspective,” provided a conceptual overview of pedophilia from his psychiatric viewpoint.⁶⁹ He argued for acceptance of the person who has committed pedophile acts while disagreeing with “adult-minor” sexual activity.⁷⁰ Although, sounding thoughtful, it does not comport with his earlier actions. Dr. Berlin⁷¹ refused to comply with a state

69. Dr. Berlin appeared on FoxNews “The O’Reilly Factor,” August 22, 2006 and was asked his view regarding pedophilia:

O’Reilly: ...Joining us now from Baltimore, Dr. Fred Berlin, founder of the Sexual Disorders Clinic at Johns Hopkins University. All right. We have this debate about people that do things that are not in the mainstream. Do you believe pedophilia is inherent, you’re born with it? Berlin: Let me define it first. Pedophilia is a condition in which a person’s sexual condition is directed either in whole or in part towards young children. So that’s what we’re talking about. And just as not all drunk drivers are alcoholics, not everyone who abuses a child has pedophilia. Now in terms of the cause of pedophilia, it’s a good question, but like asking what is the cause of heterosexuality or what’s the cause of homosexuality — what we know is those things are not determined by a voluntary choice. As a little boy I didn’t sit down and say to myself, “Do you want to grow up to be attracted to women, men, boys, or girls?” I discovered that I am attracted to women. And similarly, the man that is attracted sexually to children discovers that he is afflicted with aberration of sexual makeup. He isn’t that way because he was a bad little child who decided to grow up to be different.

See FOXNEWS, <http://www.foxnews.com/on-air/oreilly/2006/08/23/pedophiles-nature-vs-nurture?page=1#> (last visited on Feb. 24, 2012).

70. B4U-ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

71. See Roamajous, Dr. Berlin’s speech, BOYCHAT <http://www.boychat.org/messages/1265916.htm>. Further regarding Dr. Berlin, from the Internet Chat Forum BoyChat, the following conversation offers a perspective on Dr. Berlin’s presence and positions on the issue of pedophilia. Entitled “Dr. Berlin’s Speech”, the post reads:

Thanks I read it. I was a little disappointed at the following statement: Keynote speaker Dr. Fred Berlin (of Johns Hopkins University) provided a conceptual overview of pedophilia from a psychiatric viewpoint, and argued in favor of acceptance of and compassion for people who are attracted to minors, while at the same time rejecting adult-minor sexual activity. Why would he add that statement at the end? It kind of defeats the purpose of the whole symposium if he is getting out of his way to point that out. And he is the keynote speaker. That doesn’t sound very supportive.

The post in response, entitled “He has to”, reads as follows:

Otherwise he would be perceived by his COLLEAGUES of being in favor of adult child sexual activity and there goes his career, credibility, and any ability to HELP US in any way. There isn’t just stigma against those attracted to children but also against those who are perceived to support adult child sex. It is a sad state of affairs but it is true. Why don’t people get that? This is why MAPs are our own worst enemies. We bash our own supporters! It takes a lot just to get him to show up and agree with the fact that we ought to be treated humanely and on par with other people. That in itself is controversial and puts him in the firing line of some of his colleagues. Demanding

law requiring him to report patients he believed were engaged in child sexual abuse.⁷² Also, pedophiles themselves agreed that Dr. Berlin should not favor adult child sexual activity in order to help further their cause.⁷³

Dr. Berlin began with positive comments about the deceased co-founder of B4U-Act, Michael Melsheimer. Melsheimer, a convicted pedophile, was a former patient of Dr. Berlin,⁷⁴ who described Melsheimer as a “courageous, decent and honest”⁷⁵ person, who “felt very badly about the stigma that was tied to labels such as pedophilia:”⁷⁶ he wanted people with these attractions to “feel good about themselves, particularly if they were being responsible in how they were dealing with them [these attractions].”⁷⁷

Dr. Berlin then moved to one of his key points: people can behave in similar ways for a variety of reasons.⁷⁸ One must first discern whether a person has a psychiatric condition. If the answer to this question is affirmative, the next query is whether the person, in question, has a different sexual makeup.⁷⁹ Dr. Berlin criticized theories claiming that pedophilic behavior stems from issues of power and control or that it is performed by men who lack social skills.⁸⁰ He opined that such theories do not explain the pedophile’s physiological sexual response and attributed attraction to prepubescent children. Dr. Berlin argued that someone could be a pedophile, and it may be

that he then support legalizing sex between adults and children is just plain greedy. You want too much out of this man. b4uact would lose all ability to influence anything if its goal was legalizing adult/child sex.

(last visited Feb. 29, 2012) *see also*, Cabinet Maker, He has to!, BOYCHAT <http://www.boychat.org/messages/1266031.htm> (last visited Feb. 29, 2012).

72. *See* FOXNEWS, http://www.foxnews.com/on-air/special-report/index.html#/v/1128771885001/controversy-over-push-to-redefine-pedophilia/?playlist_id=86927 (last visited Feb. 24, 2012).

73. *See* Roamajous, Dr. Berlin’s speech, BOYCHAT <http://www.boychat.org/messages/1265916.htm> (last visited Feb. 29, 2012), *see also*, Cabinet Maker, He has to!, BOYCHAT <http://www.boychat.org/messages/1266031.htm>. (last visited Feb. 29, 2012).

74. Mary Gail Hare, *Group hopes to treat pedophiles before they act*, THE BALTIMORE SUN, June 1, 2003, available at http://articles.baltimoresun.com/2003-06-01/news/0306010074_1_sexual-disorders-melsheimer-mental-health. (last visited Feb. 29, 2012).

75. Strickland Conference Notes, *supra* note 68, at 4-5.

76. *Id.* at 5.

77. *Id.*

78. *Id.*

79. *Id.*

80. *Id.* at 6.

difficult for them, because of those attractions to be in control of themselves, but this does not mean, he asserted, that such persons are “pathologically flawed, generally anti-social, or morally corrupt.”⁸¹

Dr. Berlin’s next key point concerned the etiology or causes of pedophilia. He did not believe the cause of pedophilia was due to prior sexual abuse, parental neglect, or some sort of biological abnormality, although he conceded that such factors could predispose a person to pedophilia. In his view, it was perfectly fine, and by implication normal, for people to “experience attractions to young people.”⁸² The DSM-IV was wrong in confusing qualitative differentials with intensity differences.⁸³ In other words, people differ in regard to behaviors they find erotically arousing,⁸⁴ the kinds of partners found to be sexually attractive,⁸⁵ the intensity of the sexual desire, and attitudes about their own sexual desires.⁸⁶

B. *Dr. Reisman on Dr. Berlin’s Presentation*

Dr. Berlin, as a pedophile apologist, was a consultant to the United States Catholic Bishops on how to deal with pedophilia until at least 1985.⁸⁷ Dr. Berlin and his John Hopkins University mentor,

81. *Id.*

82. *Id.*

83. *Id.* at 7.

84. *Id.* at 6.

85. *Id.*

86. *Id.*

87. See Dr. Reisman, “*The US Catholic Church’s Ruinous Reliance on Discredited “Sex Science” Reliance of the U.S. Catholic Church on the Discredited Field of “Human Sexuality” and on Sexology Advisors Whose “Scientific” and Moral Foundation Deviates Radically From That of the Church*,” 2002 Report To The Catholic Bishops Conference In Dallas, Texas,” http://www.drjudithreisman.com/archives/2011/05/the_us_catholic.html. (last visited Feb. 24, 2012). Also on the web, see <http://reform-network.net/?p=12051>:

Dr. Fred Berlin, a chief consultant for decades to the American Catholic Bishops and Religious Order Provincials on sex offender priests, will address tomorrow in Baltimore a controversial symposium sponsored by an organization that calls itself “B4U-ACT.” B4U-ACT advocates the decriminalization and tolerance of persons who have a lifelong attraction and desire for sexual contact with youngsters. B4U-ACT, when describing its core values states: “Individuals who are attracted to children are the focus of everything that we do.” (Locally, Berlin was also hired by at least one major religious order, the Capuchin Franciscans.)...Weakland explains that Berlin addressed the U.S. bishops in 1985 and urged them against removing pedophiles from the priesthood. Of course, no one, or virtually no one, especially the Vatican and John Paul II, was making such a recommendation, and Berlin as the company doctor was simply telling the CEO’s what they already wanted to hear. And, not surprisingly, as the bishop’s psychiatrist, Berlin still remains actively opposed to

Dr. John Money, were the two foxes in the chicken coop, advising Catholic Bishops on how to protect their chickens from pedophile inflicted disease and even death. In a documented *Journal of Paedophilia* interview, Dr. Money called for an end to the age of consent, saying this is where we have to begin—to legalize sex with children of any age.⁸⁸ Dr. Berlin’s claims that his methods cured or were successful in “managing” pedophiles were never established as true. Moreover, his pedophile “therapy” at Johns Hopkins was being conducted while his unincarcerated “patients” were raping children, crimes of which Dr. Berlin was aware and which he deliberately allowed to continue. Dr. Berlin protected the predators in his care while ignoring their acknowledged ongoing child victims.

On August 25, 2011, I discussed Dr. Berlin’s pedophile advocacy on *FoxNews*, “Controversy Over Push to Redefine Pedophilia.” I provided the broadcast with press stories from *The Baltimore Sun*, showing that in 1990 and 1992 Dr. Berlin refused to comply with the state law requiring him to report patients he believed were engaged in child sexual abuse. Instead, Dr. Berlin advised convicted predators to hire a lawyer who would refer them to him, in order to give Dr. Berlin and the abusers “attorney-client privilege.” The Maryland Attorney General deemed it illegal to give abusers the “attorney-client privilege”,. These documents are in the Reisman Archive, Liberty University School of Law, and available upon request.⁸⁹ I further reiterated Dr. Berlin’s promotion of pedophilia at the “Minor Attracted Person Conference,” on Canada’s *Sun News Network*.⁹⁰

Dr. Berlin’s presentation contributed sanction to this pedophile organization and its sexual dogma. All B4UAct conference attendees can receive six units of continuing education credits in social work and in psychology, courtesy of the Maryland Board of Social Work Examiners. A twelve-member board of professional social workers thus agreed to credential each B4UAct pedophile gathering as having authentic academic value. There is unacceptable misrepresentation

reporting sex offenders to the civil authorities, although all major psychiatric and mental health organizations and professional associations have strongly supported mandatory reporting for decades.

88. See *The Real Expert Advises Bishops: Sue Your Experts*, THE WANDERER (June 20, 2002), available at http://www.drjudithreisman.com/archives/2002/06/various_letters.html.

89. See <http://video.foxnews.com/v/1128771885001/controversy-over-push-to-redefine-pedophilia/> FoxNews.com.

90. *Coverage On The Pedophile Lobby*, YOUTUBE, <http://www.youtube.com/watch?v=RkQ7SciK6rY>.

inherent in such credentialing as it eventually legitimizes the child sex abuse canon. Official recognition carries with it the notion that attendees are sexuality experts—giving such special interest representatives undeserved authority as neutral, warranted, trustworthy educators in our institutions of higher learning, in our courts and in the court of public opinion.⁹¹

C. *Dr. John Sadler, "Decriminalizing Mental Disorder Concepts—Pedophilia as an Example"*

Dr. John Sadler was the next presenter.⁹² His presentation was entitled, "Decriminalizing Mental Disorder Concepts—Pedophilia as an Example." He argued, "diagnostic criteria for mental disorders should not be based on concepts of vice since such concepts are subject to shifting social attitudes and doing so diverts mental-health professionals from their role as healers."⁹³ His stated thesis was that "we should not be defining mental illness in terms of wrongful thought or content."⁹⁴

Dr. Sadler's general approach to research in psychiatry was presented as philosophical.⁹⁵ He emphasized the conceptual rather than the scientific issues in the DSM-IV.⁹⁶ Dr. Sadler made the distinction between the notion of "word" (name or sign given to a concept) and the idea of "concept" (idea given in thought).⁹⁷ He said that "one of the important ways philosophy distinguishes between word and concept is that one concept can have two different words for it, and different concepts can have the same word used for them."⁹⁸

Dr. Sadler defined values as ideas or dispositions that are action guiding and susceptible to praise or blame, being either good or bad

91. See the discussion of this event in Judith Reisman, "HAZMATS, Coming Attractions: Is Pedophilia the Next Sexual Perversion to Become Normalized?", Winter 2011, *SALVO* 40-41,

92. Dr. John Sadler, M.D., serves as Professor of Medical Ethics and Psychiatry, UT Southwestern Medical Center, Dallas, TX, available at <http://www.utsouthwestern.edu/fis/search.html?type=list&filter=name&letter=S>.

93. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm>. (last visited Feb. 24, 2012).

94. Strickland Conference Notes, *supra* note 68, at 11.

95. *Id.* at 9.

96. *Id.*

97. *Id.*

98. *Id.*

but never neutral.⁹⁹ He made the distinction between moral values (associated with rightful or wrongful thought and conduct—good, bad, evil, virtuous, etc.) and non-moral values (all the other kinds of philosophical values—*aesthetic, practical, epistemic*).¹⁰⁰ Values are “culture bound, or as some people like to say socially constructed.”¹⁰¹ They differ over periods in the sense that some things that are disapproved of in one historical era can be approved of in another historical era, thus there is nothing absolutely firm about them.¹⁰²

99. *Id.*

100. *Id.*

101. *Id.* Dr. Benjamin Kaufman, Clinical Professor of Psychiatry at The University of California School of Medicine, is critical of social construction theories such as used by Sadler here:

While social constructionists claim to be battling oppression and to have science on their side, once in control of a professional organization or committee, they have used their power to oppress those who disagree with them and have discarded any pretense to scientific objectivity. In the hands of social constructionists, professional organizations, their committees and publications, become vehicles for forwarding political objectives by influencing courts, legislatures, and public opinion. The public is led to believe that a scientific debate has taken place and that conclusions have been reached, when in fact nothing of the sort has transpired. What has occurred is the triumph of circular reasoning: statements decided on by political negotiation are used by activists as though these statements represent scientific fact.

See Benjamin Kaufman, *Why Narth? The American Psychiatric Association's Destructive and Blind Pursuit of Political Correctness*, 14 Regent U.L. Rev. 423, 425.

102. Strickland Conference Notes, *supra* note 68, at 9-10. However basing an argument against vice laden diagnostic categories upon a notion of vice that is inherently relativistic presents problems, as Reisman later notes, particularly in regard to subject matter so sensitive as pedophilia and protection of children. If what is inherently “wrongful” in thought and act change throughout time, it is thus negotiable in a sense and child abuse along with many other evils can be legitimized. Pope Benedict XVI’s comments on the issue of relativism are enlightening. In understanding relativism as letting oneself be “tossed here and there, carried about by every wind of doctrine” he states this allows a “dictatorship of relativism that does not recognize anything as definitive and whose ultimate goal consists solely of one’s own ego and desires”. In this way “in essential things we no longer have a common view” as “each one can and should decide as he can” and thus “we lose the ethical foundations of our common life.” Dr. Sadler’s philosophical underpinnings are at best suspect in this regard and paint a picture not entirely accurate. Societies’ *perception* of right and wrong may change, some values may *seem* to endure longer than others, but historical experience demands recognition of the truth that there are values that not only endure, but endure because they are *rooted in the very dignity and nature of the human person and thus are unchanging and objective*. Thus inherently disordered acts can never become ordered nor child sexual abuse inherently changed into normative or ordered behaviour. See http://www.vatican.va/holy_father/benedict_xvi/speeches/2010/december/documents/hf_benxvi_spe_20101220_curia-auguri_en.html, and *Cardinal Ratzinger Call Relativism, The New Face of Intolerance*, <http://www.zenit.org/artic le-5961?l=english> (last visited Feb. 24, 2012).

Some values tend to be more prevalent historically, such as murder and theft being wrong and love being good.¹⁰³

Considering vice, Dr. Sadler argued that “it is one word with many different concepts associated with it.”¹⁰⁴ Vice is wrongful (morally) criminal thought or conduct, and thus something that is vice laden requires wrongful criminal content in its meaning.¹⁰⁵ This content does not have to be permanently wrongful, as cultural notions of wrongfulness change, and therefore it is only “logically wrongful.”¹⁰⁶ Some DSM diagnostic criteria are vice laden and therefore, are, in his view, undesirable moral evaluations.¹⁰⁷

Dr. Sadler argued against vice laden criteria and concepts in medicine and psychiatry.¹⁰⁸ Since the Enlightenment, Anglo-American law has recognized a distinction between wrongful acts and wrongful thoughts, with wrongful thoughts not subject to arrest or punishment.¹⁰⁹ Yet “large portions of the Anglo-American culture recognize wrongful thoughts as morally wrong or sinful.”¹¹⁰ Vice laden diagnostic criteria bring in “this cultural baggage of wrongfulness.”¹¹¹ Many Americans consider fantasies of adult child sexual content as morally wrong. “Even the cognitive criteria for pedophilic or pedohebiphilic disorders constitute wrongfulness, and pedophilia is still vice laden.”¹¹²

There are four problems with having vice laden concepts in the DSM according to Dr. Sadler.¹¹³ First, in medicine, typical diseases and injuries are non-moral and thus, vice laden categories are confined to mental disorders and not medical disorders or injuries, with mental illness subject to shifting socio-moral attitudes.¹¹⁴ Second, vice laden diagnosis transform mental health clinicians into regulators of moral deviance, more akin to police than moral healers.¹¹⁵ Third, vice laden diagnosis undermine psychiatry’s claims

103. Strickland Conference Notes, *supra* note 68, at 10.

104. *Id.*

105. *Id.*

106. *Id.*

107. *Id.*

108. *Id.*

109. *Id.*

110. *Id.*

111. *Id.*

112. *Id.*

113. *Id.* at 11.

114. *Id.*

115. *Id.*

that mental illness is just like physical illness.¹¹⁶ Fourth, vice laden diagnosis perpetuate stigma for all mental illnesses and also introduce confusion into mental health and justice systems.¹¹⁷

As a solution, Dr. Sadler proposed that scientists look for underlying dysfunctions or abnormalities that are not moral judgments.¹¹⁸ He argued that there are two options to deal with the issue of pedophilia diagnostic criteria.¹¹⁹ The first is that the concept of pedophilia or pedohebophilia could be rehabilitated scientifically by looking for non-moral validators of the conditions that make the evaluation of the condition non-moral: what is it about individuals with pedophilia that make them ill rather than involved in wrongful thought or conduct?¹²⁰ Regarding this first option, he noted that it is entirely possible that there is nothing else there. The condition of intense recurrent fantasies is left and there are no other symptoms associated with it.¹²¹ The second option is that there are no non-moral problems associated with the condition and therefore removal of pedophilia as a diagnostic category should be considered.¹²²

D. Dr. Reisman on Dr. Sadler's Presentation

I view Dr. Sadler's diatribes as confused, disoriented, and disingenuous. His view that "vice" is subjective has no basis in fact or science. Vice is easily identified by its concrete results such as sexually transmitted diseases, mental despair, depression, suicidal ideation, as well as sexual criminal activity, from sexual harassment to sexual seduction and even rape and sexualized murder of vulnerable populations. These vulnerable populations often include underaged, undeveloped, distressed and often-neglected children. Whether "diagnostic criteria for mental disorders" shifts with the moral degradation of a society does not alter the scientifically valid concepts of "vice" and "sin" as undermining the health and welfare of children and societies. As to diverting "mental-health professionals from their role as healers," their "healing" is subject to shifting politically correct theories du jour—with pedophile power

116. *Id.*

117. *Id.*

118. *Id.* at 12.

119. *Id.* at 11.

120. *Id.*

121. *Id.* at 11.

122. *Id.* at 11-12.

increasingly apparent in the academic, “mental health” and “healing” community.

E. *Dr. Nancy Nyquist Potter, “Is Anybody Out There?”: Testimony of Minor-Attracted Persons and Hearing Versus Listening to Their Voices*

The next presenter was Dr. Nancy Potter.¹²³ She “analyzed the concept of ‘uptake’—that is, what she called genuine listening—and argued that by giving uptake to minor-attracted people, those revising the DSM would strengthen DSM-V and contribute to more ethical treatment, but that minor-attracted people must exhibit accuracy and sincerity in their testimony.”¹²⁴ Her presentation on virtue¹²⁵ was a counterpart to Dr. Sadler’s presentation on vice.¹²⁶

She explained that there is a widespread view that self-reporting is particularly unreliable in pedophilia.¹²⁷ Sex offenders are not rewarded for truth telling regarding pedophilic impulses.¹²⁸ Her presentation was “undergirded by the idea that virtues are tied to scientific knowledge (epistemic—knowledge as constructed in a particular time period as used in the DSM).”¹²⁹ The DSM relies on

123. Dr. Nancy Potter, Ph.D., serves as Professor of Philosophy, University of Louisville, Louisville, KY and also as President of the Association for the Advancement of Philosophy and Psychiatry *available at* <http://louisville.edu/faculty/nlpott01/bio.html>.

124. *Id.* at 12; B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), *online at* <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

125. It is interesting to view Potter’s presentation through the lens of a classical understanding of virtue:

According to its etymology the word *virtue* (Latin *virtus*) signifies manliness or courage. “Appelata est enim a viro virtus: viri autem propria maxime est fortitudo” (“The term virtue is from the word that signifies man; a man’s chief quality is fortitude”; Cicero, *Tuscul.*, I, xi, 18). Taken in its widest sense virtue means the excellence of perfection of a thing, just as vice, its contrary, denotes a defect or absence of perfection due to a thing. In its strictest meaning, however, as used by moral philosophers and theologians, it signifies a habit superadded to a faculty of the soul, disposing it to elicit with readiness *acts conformable to our rational nature*.

See M.A. Waldon, *Virtue*. The Catholic Encyclopedia, *available at* <http://www.newadvent.org/cathen/15472a.htm>, (last visited Feb. 24, 2012).

126. Strickland Conference Notes, *supra* note 68, at 13.

127. *Id.*

128. *Id.*

129. *Id.* Potter’s analysis here illustrates a level of superficiality that was apparent in the thought presented in the conference as whole. Virtues are more profoundly *tied to the inherent nature and dignity of the human person*. In this sense St. Augustine states, “Virtue is a good

evidence, so it is crucial to determine what counts as appropriate evidence.¹³⁰

One kind of evidence about pedophilia comes from the testimony of pedophiles.¹³¹ She argued that it is bad science to not listen to this testimony and that the DSM-V classification will be scientifically inadequate if the practice of neglecting the voices of pedophiles continues.¹³²

Dr. Potter argued that “scientific legitimacy relies on a philosophical model of knowledge that is rooted in an outdated positivism.”¹³³ “[W]hat counts as knowledge in mainstream epistemology, rules out the kind of knowing that comes from interpersonal and intersubjective encounters.”¹³⁴ “[P]sychiatry uses an epistemological model that entails that knowledge of other persons, including the matrix of desiring, acting, willing, doesn’t count as genuine knowledge because it cannot be evaluated with traditional methods.”¹³⁵ A model of bad science is: “this matrix of abstract concepts as it plays itself out in the norms of eroticism, sexuality, and identity is essential to genuinely understand persons attracted to

habit consonant with our nature.” Hervada speaks well to the consequences of adapting a superficial notion of virtue:

Lo que llamamos ley natural no es una doctrina, sino un hecho de experiencia...Esta ley es natural, porque no procede de factores culturales, sino de la estructura psicológico-moral del ser humano. Es una operación natural de nuestra inteligencia. La experiencia personal de cada uno muestra que así es; de lo contrario, si no fuese una operación natural, si no hubiese naturalmente en nuestra razón esta estructura mental que lleva a esos juicios deonticos, no existiría la dislocación entre lo que comprendemos que debe hacerse y no queremos hacer, o que debe evitarse y queremos hacer, porque la razón se limitaría a enunciar lo único que captaría, que sería la preferencia de nuestra voluntad. ¿Cómo iba producir la razón el juicio <<debe hacerse a>>, que no es lo que prefiere la voluntad del sujeto, si no existiese ninguna exigencia objetiva? Tal juicio no existiría, y en caso de existir, sería una enfermedad mental. El hombre normal sería amoral y se limitaría a juicios <<técnicos>> de conveniencia, interés y utilidad.

See M.A. Waldon, *Virtue*. THE CATHOLIC ENCYCLOPEDIA, available at <http://www.newadvent.org/cathen/15472a.htm>, (last visited Feb. 24, 2012), and Javier Hervada, *Introducción Crítica al Derecho Natural* 123 (Instituto de Humanidades Universidad de la Sabana 2000).

130. *Id.* at 14.

131. *Id.*

132. *Id.*

133. *Id.*

134. *Id.*

135. *Id.* at 14.

minors.”¹³⁶ Knowledge in this respect from pedophiles can “illuminate and perhaps challenge what counts as normative desire, and challenge what the warrant is for designating certain desires as normal or natural.”¹³⁷

Dr. Potter suggested turning to the “communicative dynamic” as a solution to these problems.¹³⁸ The most immediate and basic point of “telling” is to convey knowledge which places a responsibility on the listener to treat the speaker as a potential knower contributing to a body of knowledge.¹³⁹ The idea of “uptake” occurs “when the second party listens to my speech act, reorientates herself to me, and the relation between us comes off with an appropriate response.”¹⁴⁰ “It is important for clinicians to understand the concept of uptake because reliance upon conventions of one’s own culture, place, and time may skew a listener’s ability to give uptake to the communicator.”¹⁴¹ She argued that as our listening can be unjust and epistemically wrongheaded, the communicative struggle is bound up with being an ethical clinician and thus giving uptake is a virtue.¹⁴²

She argued that there is a “deficiency of giving ‘uptake’ to minor attracted persons.”¹⁴³ “[L]isteners must develop what is called ‘critical consciousness,’ what she defined as ‘a critical stance toward our own ideas, values, practices and institutions’”¹⁴⁴ The idea is that

136. *Id.* at 15.

137. *Id.* This type of analysis is precisely what John Paul II warned against in *Fides et Ratio*:

It should never be forgotten that the neglect of being inevitably leads to losing touch with objective truth and therefore with the very ground of human dignity...Once the truth is denied to human beings, it is pure illusion to try to set them free. Truth and freedom either go together hand in hand or together they perish in misery.

John Paul II, *Fides et Ratio*, (September 14, 1998), para. 90, available at http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_15101998_fides-et-ratio_en.html. (last visited April 4, 2012).

138. Strickland Conference Notes, *supra* note 68, at 15.

139. *Id.*

140. *Id.*

141. *Id.*

142. *Id.*

143. *Id.*

144. *Id.*, see also John J. Coughlin, *Law and Theology: Reflections on What It Means to Be Human From a Franciscan Perspective*, 74 ST. JOHN’S L. REV. 609, 614-615 (2000) (Coughlin’s analysis is illustrative here:

[T]here is [something] apparent . . . a consciousness of the incomparable newness of the present situation, of a change in the world and mankind that cannot be measured by the usual norms of historical change as they have always existed but rather signifies an epochal transformation for which there is no adequate comparison. This

culturally inflected perspectives, including ideas about morality, sexual desire, and about willing and acting affect understanding and “the first step to change our faulty thinking is to subject it to disciplined analysis.”¹⁴⁵ Dr. Potter argued that pedophiles “should be listened to and not just heard.”¹⁴⁶

F. *Dr. Reisman on Dr. Potter’s Presentation*

Dr. Potter’s “uptake” obsession and her “deficiency of giving ‘uptake’” to what she gratuitously calls “minor attracted persons” is just another example of rationalization of dysfunction, disordered, and criminally vicious behavior by pedophiles. We need not focus on “uptake,” but we should, of course, focus on the commonality of early sexual abuse and seduction of children who will then, themselves, too often spend a lifetime justifying their adult lust for children, commonly a lust grounded in a similar age of their own early abuse. There was little or no attention to such an abusive etymology at this conference by any of the speakers, or by Dr. Potter’s uptake fixation. Dr. Potter’s excuse making is visible in her pseudo intellectual comment that a “matrix of abstract concepts as it plays itself out in the norms of eroticism, sexuality, and identity is essential to genuinely understand persons attracted to minors.”¹⁴⁷ No, we need to tell the truth about early sexual abuse of children as quite commonly precipitating pedophilia and all other forms of “vice” and “sin” and subsequent sexual disorder, crime, and unhealthy conduct.

fact—that something wholly new is happening to man and to the world in a culture in which scientific and technical self-determination is becoming ever more total—is the reason for the crisis that is occurring in a tradition that has no compunction about explaining itself, if need be, in terms of the scientifically proven behavioral patterns of higher animals but can discover no binding force in human history as such and, in consequence, raises afresh the whole question of validity even with respect to tradition-bound institutions like the Catholic Church which seem to be unequivocally characterized by clearly defined norms.

145. Strickland Conference Notes, *supra* note 68, at 16.

146. *Id.*

147. *Id.* at 15.

G. *Lisa J. Cohen, "Identifying the Psychobiological Correlates of Pedophilic Desire and Behavior: How Can We Generalize Our Knowledge Beyond Forensic Samples?"*

Dr. Lisa Cohen¹⁴⁸ "presented data on the psychological correlates of pedophilia based on forensic samples, and argued that use of non-forensic samples would help researchers separate factors related to feelings of attraction from those related to behavior, and support the development of improved diagnostic systems."¹⁴⁹ She argued that there is "tremendous variability" in pedophiles and "comprehensive research is necessary to understand the range of psychological traits associated with pedophilic desire."¹⁵⁰

She explained that "pedophilia as a diagnosis is one of the only psychiatric diagnosis which is defined by the desire to perform acts which are illegal and that are deemed destructive to children," with "both sexual desire and actual behavior characterizing pedophilia."¹⁵¹ Her "point being that the desire and the actual behavior do not always co-occur."¹⁵² "Pedophilia research is in pretty bad shape," as there has been forensic research, but not a lot of clinical research.¹⁵³ "[T]hus there is little known about the development and underlying mechanisms of pedophilia."¹⁵⁴ Inherent problems in pedophilia research include the legal risks of self-disclosure due to the current

148. Dr. Lisa J. Cohen, Ph.D., serves as Director of Research for Psychology and Psychiatry, Professor of Clinical Psychiatry and Professor of Psychiatry and Behavioral Sciences at Beth Israel Medical Center, Albert Einstein College of Medicine, New York, NY, available at <http://www.einstein.yu.edu/home/faculty/profile.asp?id=7430>.

149. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

150. Strickland Conference Notes, *supra* note 68, at 20, see also Benjamin Kaufman, *Why Narth? The American Psychiatric Association's Destructive and Blind Pursuit of Political Correctness*, 14 REGENT U. L. REV. 423, 426 (2002). Researcher's should keep in mind the following admonition from Kaufman:

The more passionately researchers believe in their theories, the more carefully they must design the studies they undertake to prove them. Researchers should minimize personal bias, avoid prejudging the evidence, present findings clearly and honestly, never conceal data that conflicts with their hypotheses, and draw conclusions based on the facts before them. However, when research is viewed primarily as ammunition in a political battle, objective validity ceases to be a concern.

151. Strickland Conference Notes, *supra* note 68, at 18.

152. *Id.*

153. *Id.*

154. *Id.*

illegality of pedophilia.¹⁵⁵ This “leads to biases in research as the research contains more data on those already in the criminal justice system and individuals already in the criminal justice system may be quite different from those who are not in it.”¹⁵⁶

She argued that comprehensive and representative research is critical.¹⁵⁷ Dr. Cohen gave an example of the “extreme range” of the present state of research. She referenced a “‘completely anonymous’ email with ‘no identifying data’ that she received from a person claiming to be a pedophile and member of B4U-Act.”¹⁵⁸ This person, who claimed he had never acted on his attractions, was contrasted with an HIV positive and substance abusing convicted felon who sexually abused his daughter.¹⁵⁹

Regarding the DSM, she noted that the DSM-IV-TR has a diagnosis for pedophilia (excluding hebophilia) while the proposed revision of the DSM-V has the diagnosis for pedohebophilia.¹⁶⁰ She observed that in the differing versions there was no distinction made between desire and behavior. She then proposed that the subgrouping of “true” (persistent, not dependent on context) versus “opportunistic” pedophilia (situational) be added to the DSM, as this assists in the distinction of desire versus behavior.¹⁶¹

Dr. Cohen then discussed her own research and the “findings supported increased prevalence of CSA (Childhood Sexual Abuse) along with elevated propensity towards cognitive distortions and psychopathy in individuals with pedophilia vs. healthy controls.”¹⁶²

155. *Id.*

156. *Id.*

157. *Id.* (That Psychology needs better and more comprehensive research to understand pedophilic desire is an incomplete assessment.) *see also* Linda Ames Nicolosi, Should These Conditions Be Normalized, NARTH (Joseph Nicolosi of the National Association for Research and Therapy of Homosexuality (NARTH) comments in this regard that what is needed above all is not more research but a more accurate worldview, so as to agree on those things that genuinely enhance human dignity. Nicolosi argues that “it’s a measure of how low the psychiatric establishment has sunk, that it would even debate the idea that pedophilia, transvestism, and sado-masochism could ever be expressions of true human flourishing”. Thus Dr. Cohen’s call for more research should go hand in hand with the authentic exploration of what a true and genuine human anthropology should look like.) *available at* <http://www.narth.com/docs/symposium.html> (last visited Feb. 29, 2012).

158. Strickland Conference Notes, *supra* note 68, at 19.

159. *Id.*

160. *Id.*

161. *Id.*

162. *See* B4U – ACT: Living in Truth and Dignity, Science, <http://www.b4uact.org/science/symp/2011/speaker/abstracts.pdf>. (last visited Mar. 18, 2012).

In her reviewed literature there is “robust support” for the abused abuser theory (the notion that history of sexual abuse may predispose toward pedophilic tendencies).¹⁶³ Childhood sexual abuse is a risk factor for many psychiatric problems and though a non-specific risk factor for most, it is a specific risk factor for developing pedophilic tendencies in adulthood.¹⁶⁴ A tremendous amount of rationalization, minimalization, and normalization of pedophilic behavior is present.¹⁶⁵

During a brief question and answer period that followed her presentation, one conference participant inquired as to the role adult or child pornography plays in pedophilic behavior.¹⁶⁶ She responded that though she did not know of research off hand, she has been told by clinicians that with the increase of internet pornography there has been an increase in pedophilic behavior, that “there has been an increase in people acting on the urges that would not have acted before.”¹⁶⁷ Another participant in disputing Dr. Cohen’s response, linking increased pedophilic behavior to viewing child pornography, stated “[i]t’s like blaming adultery on facebook.”¹⁶⁸ Indeed the response was enlightening to all who were present.

H. *Dr. Reisman on Dr. Cohen’s Presentation*

Everyone present should be fully aware of early sexual abuse, and now exposure to adult and juvenile pornography, as precipitating pedophilic lusts. It is settled science, except among those fighting to maintain sexual access to children by adults who have never reconciled their lusts as precipitated by their own abuse. The idea that “pedophilia research is in pretty bad shape” is simply not true. It is historically and cross culturally validated by hard data as well as consistently validated by evidentiary reports by victims in recovery, as well as by criminals arrested for crimes against children, and statistics compiled by judicial agents of governments. Dr. Cohen’s statement “there is little known about the development and underlying mechanisms of pedophilia” reveals either blatant ignorance or special interests that are masked as “objective” analysis.

163. Strickland Conference Notes, *supra* note 68, at 19-20.

164. *Id.*

165. *Id.* at 20.

166. *Id.* n.110.

167. *Id.*

168. *Id.*

I. *Dr. Renee Sorrentino, "The Forensic Implications of the DSM-V's Pedohebephilia"*

Dr. Renee Sorrentino presented on "The Forensic Implications of the DSM-V's Pedohebephilia."¹⁶⁹ She "discussed legal, ethical, and medical consequences of the proposed DSM-V entry for pedohebephilia."¹⁷⁰ She argued that there would be negative consequences if the present proposal is included.

She stated that forensic psychiatry is involved in the area of sexual disorders because of two trends.¹⁷¹ The first trend is that of the legal civil commitments of sexually dangerous persons/sexually violent predators.¹⁷² The second trend relates to federal and state enforcement regarding child pornography, the idea that targeting individuals who view such pornography will go on to commit hands on offenses against children, and the psychiatrists' role in evaluation in these cases.¹⁷³

She discussed two landmark legal cases.¹⁷⁴ The first case is *Kansas v. Hendricks*,¹⁷⁵ which was the first United States Supreme Court case identifying the concept that an individual could be civilly committed

169. Dr. Renee Sorrentino M.D. serves as Clinical Instructor in Psychiatry at Harvard Medical School, Cambridge, MA and as the Medical Director, Institute for Sexual Wellness, Quincy, MA available at <http://www.instituteforsexualwellness.org/about/>. (last visited April 4, 2012).

170. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

171. Strickland Conference Notes, *supra* note 68, at 21.

172. *Id.* at 21.

173. *Id.* at 21-22.

174. *Id.* at 22.

175. A salient issue in the case is the status of pedophilia as a mental abnormality, thus highlighting the strategic importance of the DSM. After incarceration for a long history of child sexual molestation, the State of Kansas sought the commitment of Leroy Hendricks under its Sexually Violent Predator Act which provided for the commitment of persons likely to engage in predatory acts of sexual violence brought on by mental abnormality or personality disorders. Hendricks testified that he still suffered from pedophilia and is likely to molest children again and thus became a candidate for civil commitment under the Act. On appeal from a court ordered commitment, the Kansas Supreme Court invalidated the Act as unconstitutional in not satisfying substantive due process requirements. Ultimately the United States Supreme Court reversed the judgment of the Supreme Court of Kansas. The court held that the Act satisfied due process requirements as it required a finding of dangerousness either to one's self or to others as a prerequisite to involuntary confinement. Further commitment proceedings were initiated only when a person had been convicted of or charged with a sexually violent offense and suffered from a mental abnormality or personality disorder that made the person likely to engage in the predatory acts of sexual violence. See *Kansas v. Hendricks*, 521 U.S. 346 (U.S. 1997).

if deemed a sexually dangerous person.¹⁷⁶ The second, *Kansas v. Crane*¹⁷⁷ which held that an individual must have a mental abnormality and difficulty controlling sexual urges (not necessarily irresistible) in these situations of civil commitment.¹⁷⁸

Regarding the DSM-V, the pedohebophilia criteria of “repeated use of, and greater arousal from, pornography depicting prepubescent or pubescent children than from pornography depicting physically mature persons, for a period of six months or longer” is an example of the DSM defining mental illness in terms of criminal behavior.¹⁷⁹ There is no terminology for pedohebephilia or hebephilia in the DSM-IV-TR and thus falls under the “not otherwise specified” category of paraphilic disorder in the DSM-IV-TR.¹⁸⁰ She encouraged consideration of the consequences of inclusion of pedohebephilia terminology in the DSM-V with regard to both civil and criminal areas, treatments, and civil commitments.¹⁸¹ Dr. Sorrentino argued, inclusion will likely lead to increased civil commitments.¹⁸²

She presented legal cases having to do with the diagnosis of hebophilia and the “not otherwise specified” category of the DSM-

176. Strickland Conference Notes, *supra* note 68, at 22.

177. Again the importance of diagnosis in the judicial setting and its subsequent effects: Crane was convicted of lewd and lascivious behavior and pleaded guilty to aggravated sexual battery for two events occurring on the same day in 1993. The State of Kansas sought civil commitment under the Kansas Sexually Violent Predator Act. The district court ordered the civil commitment, but the Kansas Supreme Court reversed finding that the SVPA was unconstitutional as applied to someone who has only an emotional or personality disorder (he was found to have exhibitionism and antisocial personality disorder, not impairing his volitional control to the degree he cannot control his dangerous behavior), rather than a volitional impairment and determined that the State was required to show more than a likelihood that the person would engage in repeated acts of sexual violence, but also an inability to control such violent behavior. The State then filed a petition for a writ of certiorari. The Court held that *Hendricks* set forth no requirement of total or complete lack of control, but that the Constitution does not permit commitment of the type of dangerous sexual offender considered in *Hendricks* without any lack-of-control determination. Such required proof, the Court continued, had to be sufficient to distinguish the dangerous sexual offender whose serious mental illness, abnormality, or disorder subjected the offender to civil commitment from the dangerous but typical recidivist convicted in an ordinary criminal case. The Court concluded that an absolute finding of lack of control since this approach would risk barring the civil commitment of some highly dangerous persons suffering severe mental abnormalities. *See Kansas v. Crane*, 534 U.S. 407 (U.S. 2002).

178. Strickland Conference Notes, *supra* note 68, at 22.

179. *Id.*

180. *Id.* at 22-23.

181. *Id.* at 23.

182. *Id.*

IV.¹⁸³ The case of *US v. Carta*¹⁸⁴ discussed whether hebephilia qualified as a mental disorder qualifying a person to be considered as a Sexually Dangerous Person.¹⁸⁵ She spoke of *US v. Shields*¹⁸⁶ and *US v. Abregana*¹⁸⁷ and noted two relevant legal arguments: first, that there is not enough data to establish hebephilia as a major mental disorder and second, that using the “not otherwise specified” DSM-IV-TR category does not satisfy a level of admissibility acceptable to courts.¹⁸⁸ The case of *State v. Lamure*¹⁸⁹ was important regarding third party testimony and *State v. Jeffrey Dahmer*¹⁹⁰ was the first time

183. *Id.*

184. A case highlighting many important issues in the DSM revision, particularly the role of the DSM and hebephilia therein. In *Carta*, the United States sought to civilly commit Todd Carta as a sexually dangerous person under the Adam Walsh Child Protection and Safety Act of 2006. The United States District Court for the District of Massachusetts has most recently found on July 7, 2011 that the government has established by clear and convincing evidence that Carta is a sexually dangerous person, after he was previously found not to be a sexually dangerous person due to testimony from a government expert regarding the Hebephilia diagnosis among other things. *United States v. Carta*, No.07-102064, 2011 U.S. Dist. LEXIS 73007 at 1-7 (D. Mass. July 7, 2011).

185. Strickland Conference Notes, *supra* note 68, at 24.

186. Jeffrey Shields was convicted in 2002 by a federal court for possession of child pornography. In 2006, a day before his scheduled release from custody, the Bureau of Prisons filed a petition in the District Court for the District of Massachusetts to have Shields civilly committed as a “sexually dangerous person.” After a bench trial with an advisory jury, during which the court heard evidence of Shields’s history of child molestation as well as opinions from several clinical psychologists on the risk that Shields would commit future offenses, the court ordered him committed. On appeal, the judgment was affirmed. *United States v. Shields*, No. 07-12064, 2011 U.S. App. LEXIS 16540, 1-2 (1st Cir. Mass. Aug. 11, 2011).

187. The Court found here after considering all of the testimony and evidence, including the expert reports and their conflicting diagnosis and prognosis that it was not adequately proven that Abregana would have serious difficulty in refraining from committing acts of child molestation. Regarding Abregana’s history of continuous illegal conduct this conclusion raises many questions. See *United States v. Abregana*, 574 F. Supp. 2d 1145, 1147-1150 (D. Haw. 2008).

188. Strickland Conference Notes, *supra* note 68, at 24-25.

189. Lamure appealed his conviction of five counts of criminal sexual contact of a minor, two counts of criminal sexual penetration, and one count of extortion, all involving one adolescent victim. The trial court allowed testimony from defendant’s son that defendant also had coerced sexual contact with him. Lamure admitted having a sexual relationship with an adolescent male victim but claimed that the relationship was consensual. The court on appeal found that testimony from Lamure’s son about multiple unwanted sexual contacts between Lamure and the son was relevant to whether the relationship between Lamure and the victim was coerced or consensual as they related to motive and intent. The court affirmed Lamure’s convictions for criminal sexual contact of a minor, criminal sexual penetration, and extortion. *State v. Lamure*, 115 N.M. 61 (N.M. Ct. App. 1992).

190. *State v. Dahmer*, No. 1991CF912542, (Milwaukee County Cir. Ct. July 25, 1991) available at <http://wcca.wicourts.gov/caseDetails.do?sessionId=4D3DA9551AC1DF4AF800E9EFC05EFF57.render6?caseNo=1991CF912542&countyNo=0&cacheId=3AD3B8E370057E45AD5236B7FE28B1D>

paraphilias were suggested as being mental disorders that rose to the level of interfering with volitional capacity, thus implicating the defense of not guilty by reason of insanity.¹⁹¹ She argued that if pedohebephilia is included in the DSM-V, hebephilia will most likely be used for civil commitment for Sexually Dangerous Persons (meaning that in order for the individual to be released they must be treated and it must be shown that they are no longer dangerous).¹⁹² She indicated this could take away from other potentially more dangerous disorders.¹⁹³

J. *Dr. Reisman on Dr. Sorrentino's Presentation*

It should be noted that Jeffrey Dahmer, the homosexual mass murderer of boys and men, was defended by the B4UAct keynoter, Dr. Fred Berlin. Dr. Berlin's claim that Dahmer was afflicted by a lack of volitional capacity was rejected by the jury.¹⁹⁴

Regarding Dr. Sorrentino, any lessening of laws and public policies toward those who seek sex with children, or tweens, or teens, or toddlers or infants or youth, or adolescents or anyone else who is a non-adult, is harmful to all children since the law in these United States still views adult sex with anyone under age eighteen as child sexual abuse. Current data identifying the rational brain as underdeveloped until age twenty one to twenty five more fully justifies strong public and legal censure and punishment as completely appropriate and necessary. Moreover, there is simply no

A&recordCount=19&offset=16. Dahmer was one of America's most notorious murderers and sex offenders. Dahmer murdered seventeen men and boys between 1978 and 1991 and at trial, after pleading not guilty by reason of insanity was sentenced to fifteen life terms for the fifteen murders he was found to be sane when committed. For a summary of the story See *1992: Cannibal Killer Jailed For Life, available at* http://news.bbc.co.uk/onthisday/hi/dates/stories/february/17/newsid_2731000/2731897.stm. (last visited Feb. 24, 2012).

191. Strickland Conference Notes, *supra* note 68, at 25.

192. *Id.*

193. *Id.*

194. "DEFENSE WITNESSES Dr. Fred Berlin - Director of the Sexual Disorders Clinic at John Hopkins University; Maudsley Hospital in London; DSM-III-R subcommittee for the definition of sexual disorders Dr. Berlin testified that Jeff Dahmer was unable to conform his conduct at the time that he committed the crimes because he was suffering from Paraphilia, or more specifically, Necrophilia, a mental disease. He described Dahmer's affliction as being a 'cancer of the mind', The prosecution impaired Berlin's integrity by confirming a total of fifteen minutes on his "family history" as well as "Half an hour" on his personal history, etc, See, http://www.criminalprofiling.com/Psychiatric-Testimony-of-Jeffrey-Dahmer_s115.html, (last visited April 8, 2012).

justification for any media materials to be permissible that sexually exploit the sexual arousal states, the erotic reward circuitry of the viewers. We are well behind the learning curve now for public exposure as causal in mirroring and mimicking the erotic scenes and language ignorantly and irresponsibly mass distributed to clearly vulnerable populations. The “individuals who view” any and all pornography are prone at some time to committing “hands on offenses against children” or others and that such offenders may even include “the psychiatrists” who are evaluating these cases, is an increasingly troubling fallout of widespread pornographic access. Certainly the influence of world renowned Johns Hopkins professor, Dr John Money, identified above as calling, in *Paidika, The Journal of Paeophilia* for an end to any age of consent laws, stands as a beacon to alert the observant, regarding the vulnerability of even well respected mental health authorities.

K. *Andrew Hinderliter, “Can the Medicalization of Sexual Deviance ever be Therapeutic?”*

Andrew Hinderliter presented next upon, “Can the Medicalization of Sexual Deviance ever be Therapeutic?”¹⁹⁵ He “argued that the medicalization of social deviance blurs the boundary between the helping professions and the criminal justice system, creating the potential for psychiatry to become a means of controlling undesirables, rather than an agent of healing.”¹⁹⁶ He called for the abandonment of the pedophilia diagnosis all together.

His paper made two assumptions: important quality mental health care should be available for “minor attracted persons” and the primary aim of mental health professionals should be the well-being of patients/clients because a therapist is not a probation officer.¹⁹⁷

195. Andrew C. Hinderliter, M.A., Graduate Student in Linguistics, University of Illinois at Urbana-Champaign, Champaign, IL available at <http://b4uact.org/science/symp/2011/program.htm>. (last visited April 4, 2012).

196. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

197. Strickland Conference Notes, *supra* note 68, at 27 (The claim that the primary aim of mental health professionals should be the well being of patients/clients is not realistic. Of course the well being of patients is of great importance. However, as there is no known cure for pedophilia and management of sexually abusive behavior is a lifelong task, this necessitates particular caution. Thus Ellen Mugmon, as member of the Maryland State Council on Child Abuse and Neglect, stated that prominent among abuse guidelines and practice standards in place is the admonition that “community safety takes precedence over other considerations”.)

Medicalization of sexual deviance can never be therapeutic due to “civil commitment issues” as “being honest about their [“minor attracted persons”] attractions can cause someone to be locked up for the rest of their life.”¹⁹⁸

Andrew Hinderliter argued for the abandonment of the pedophilia diagnosis.¹⁹⁹ He argued that “the state of research regarding pedophiles as unrepresentative of pedophiles as a whole and considered the recruitment of individuals for research in the current circumstances as difficult.”²⁰⁰ Andrew Hinderliter argued that pressure against depathologization of pedophilia comes from people who consider minor attracted persons as “collateral damage.”²⁰¹

L. *Dr. Reisman on Andrew Hinderliter's Presentation*

We will need much less mental health therapy if we cut back to the pre-1950 forms of mass media—when society had significantly less sex crimes in general and absolutely less sexual abuse of children. Pre-1948 when seduction was still a crime in most states and a felony in California, we had minimal need for therapy for pedophiles. There were fewer child sex crimes as well as fewer associated sexually transmitted diseases, single mothers, abortions, and other such problems. My books on Alfred Kinsey document the history of these crimes over time and of the role of psychology and “human sexuality” in bringing about the sexual anarchy that now dominates the social work profession as well as all mental health professions. So long as we continue in denial, to train “mental health” professionals

See also Mary Gail Hare, Group hopes to treat pedophiles before they act, *THE BALTIMORE SUN*, June 1, 2003, available at http://articles.baltimoresun.com/2003-06-01/news/0306010074_1_sexual-disorders-melsheimer-mental-health. (last visited Feb. 29, 2012).

198. Strickland Conference Notes, *supra* note 68, at 27.

199. Strickland Conference Notes, *supra* note 68, at 27. (However regarding Hinderliter's call to abandon the pedophilia diagnosis, this seems to contradict his desire for more representative research. A. Dean Byrd, clinical professor of medicine at the University of Utah, argues that taking paraphilias out of the DSM would have negative consequences, one of which would be “a chilling effect on research” as upon declassification there would be no reason to continue studying it. Further as current knowledge indicates that paraphilias impair interpersonal sexual behavior, suggesting that it could be normalized takes away from the integrity of science as such.) see *The Road to Emmaus, Judith Resiman: APA Pro-Pedophilia*, <http://www.theroadtoemmaus.org/RdLb/22SxSo/PnSx/Knsy/ReismnAPAPedo.htm>. (last visited Mar. 12, 2012).

200. Strickland Conference Notes, *supra* note 68, at 27-28.

201. *Id.* at 28.

with bogus and even criminally harmful data, we will continue to suffer the national consequences in the criminal justice system, psychiatry, and from all other “healing” professions.

M. *Jacob Breslow, Sexual Alignment: Critiquing Sexual Orientation, The Pedophile, and the DSM V*”

Jacob Breslow next presented on “Sexual Alignment: Critiquing Sexual Orientation, The Pedophile, and the DSM V.”²⁰² He “challenged assumptions about minors and sexuality which currently underlie policymaking and the *DSM*.”²⁰³ He advocated for a “rethinking” of children as sexual partners.²⁰⁴

Jacob Breslow felt “required to begin with a heuristic,” which allowed him to “enter into the Diagnostic and Statistical Manual through a path that while engaging with the text sort of refuses to maintain its premise.”²⁰⁵ Jacob Breslow then felt “the need to circumvent the framework of the DSM because” he is “deeply concerned” with “how the entire conversation on pedohebophilia has been constructed so far.”²⁰⁶ He argued “the way we come to understand pedohebophilia is one example, perhaps a hyperbolic or hypervisible example, by which we must rethink sexual as well as interpersonal becoming.”²⁰⁷

He discussed the heuristic of shoes so as to “think differently about our shoes.”²⁰⁸ He “wanted to work through the phenomenological questions” and explained “phenomenology asks of us to take our objects that we see as familiar and approach them as if they were unfamiliar.”²⁰⁹ This “may mean attending to our objects

202. Jacob Breslow, B.A. Graduate Student in Gender Research, London School of Economics and Political Science, London, UK. *available at* <http://web.mac.com/jlbreslow/jacobbeslow/Home.html>.

203. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), *online at* <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

204. *See* Strickland Conference Notes, *supra* note 68, at 29.

205. *Id.* at 30.

206. *Id.*

207. *Id.*

208. *Id.*

209. *Id.* A more authentic phenomenological approach is that offered by John Paul II. His phenomenological personalism is based on the idea that human beings determine themselves through self possession and governance. This self-determination presupposes experiences and feelings in the human psyche, but these feelings, including and especially those of sexuality, must be integrated into acts of self-determination for an authentically human experience. A key

physically and spatially.”²¹⁰ He analogized asking a shoe if it wants to be worn to asking a child if he or she wants to have sex, stating that the manner in which it is asked “must not require an answer, or again at least not one which is conventionally intelligible or audible.”²¹¹ Jacob Breslow argued that just as the desire to and act of reaching sexual climax upon a shoe required a rethinking of the shoe and how it comes into being, so does the desire to and the act of reaching sexual climax upon or with a child require a rethinking of both the child and of the person for whom the child is a sexual fantasy or partner.²¹²

He argued “we must ask ourselves as producers of this knowledge on pedohebephilia and this diagnosis to come out of

element in this analysis is the Personalistic Norm, the notion that people should not treat each other as *objects* but as *persons* having distinct personal ends who are able thereby to form themselves, in their sexual love, from “I”s into a “We” and certainly not an “it”. Implicit in this approach, particularly in the area of love and sexuality, is that one “I” seeks the highest and greatest good for the other person, as his or her own “I”. Also, necessarily there is the assumption that the other person has the capacity of self determination. As common sense experience dictates, this capacity in terms of maturity is lacking in a child. Thus a true phenomenological approach to pedophilia cannot entail a deconstructionist approach that leaves nothing in its wake. Any “rethinking” contradicting the reality and truth of human experience, which is fundamental to phenomenology, would be a gross distortion. John Paul II’s phenomenological personalism would also admonish seeking the highest and greatest good for the child – which is certainly not abuse. See Peter L. P. Simpson, *From ‘I’ to ‘We’: Wojtyla’s Phenomenology of Love*, ARISTOTELOPHILE.COM, <http://icnap.org/simpson%20-%20paper.pdf>.

210. Strickland Conference Notes, *supra* note 68, at 30.

211. *Id.* at 30-31. The entire statement was as follows:

So just as we must ask the shoe if it wants to be worn, we must enter a place epistemically in which we can ask the child if it wants to have sex. Again, the way in which we ask must not require an answer, or again at least not one which is conventionally intelligible or audible. Rather it’s again, this interrogation of the inability to ask, the inability to understand children as having consent or to want, as well as the unintelligibility of this positioning that we need to be working through. So like the shoe we have questions of the child phenomenologically.

212. *Id.* at 31 The entire statement was as follows:

Just as I write that the desire to and the act of cumming on a shoe requires a rethinking of the shoe and how it comes into being, I want to now argue that the desire to and the act of cumming on or possibly even with a child requires a rethinking both of the child which we just begun and of the person for whom the child is a sexual fantasy or partner. Unlike the child or the shoe, the pedophile is not [sic] understand as inherently lacking the ability to consent. Instead of course the pedophile is always understood as consenting to and being inherently problematic, inherently under distress, and inherently approaching or becoming socially or legally impaired.

the familiar spaces of our consciousness and be critically challenged.”²¹³ He clarified “what this conference has generally been trying to get us to do, is to see that these things are not black and white but various moments of grey, various shades.”²¹⁴

N. *Dr. Reisman on Jacob Breslow’s Presentation*

Jacob Breslow’s bogus, arrogant and pathetic “heuristic” simply identified the poor man as yet another victim of Alfred Kinsey’s sexual anarchy, who instead of trying to help others recover from this nonheuristic reality, real crime, real harm, real desecration—seeks instead to recruit more victims! At some point society will have to understand that we have taken a very wrong path, we have been conned, lied to, and violated by those who have sought to perpetrate their own despair unto the generations. This is not a “heuristic” observation but a very real one, reflected in abortions, rapes, sexual diseases, divorces, murders, and broken and suffering people. It was not broken and we should not have tried to fix it.

O. *Dr. Richard Kramer, “The DSM and Stigma”*

The final presentation of the day was by Dr. Richard Kramer.²¹⁵ He was the only speaker officially representing the views of B4U-Act at the symposium.²¹⁶ He “analyzed sources of stigma in the DSM, presented survey data regarding minor attracted persons’ feelings of stigma, and provided recommendations for revising the DSM to reduce stigma.”²¹⁷ He argued for a radical change in the

213. *Id.*

214. *Id.*

215. Dr. Richard Kramer, Ph.D. serves as Director of Operations, B4U-ACT, Inc., Westminster, MD available at <http://b4uact.org/science/symp/2011/program.htm>.

216. The news release concerning the August 17th symposium on the B4U-ACT website states: “Richard Kramer (the only speaker representing B4U-ACT), analyzed sources of stigma in the *DSM*, presented survey data regarding MAPs’ feelings of stigma, and provided recommendations for revising the *DSM* to reduce stigma.” See *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://b4uact.org/news/20110817.htm>. Various references were made to this during the symposium as well.

217. B4U – ACT: Living in Truth and Dignity, News, *B4U-Act Holds Scientific Symposium on Pedophilia and the DSM* (Aug. 17, 2011), online at <http://www.b4uact.org/news/20110817.htm> (last visited Feb. 24, 2012).

conception of pedophiles, though he conceded that research data used in his presentation may not have been sound.²¹⁸

He argued stigmatization of minor attracted persons in the DSM prevents people from getting help when they need it and inhibits people from living fulfilling lives.²¹⁹ He stated that the DSM is important as it is the only place in the mental health literature where pedophiles are recognized, with the definition of pedophilia being in the DSM.²²⁰

Considering research on pedophiles, he looks for two qualities: that non-forensic populations are being studied and that “there are not necessarily the preconceptions that forensic literature seems to have.”²²¹ He argued there may be many similarities between the attraction to minors and the attraction to adults in terms of non-sexual feelings that go along with them, feelings of emotional attraction, feelings of being in love, and feelings of caring, just like a person who is attracted to adults cares about the adult they are in love with.²²² He further argued “some of the qualities that Minor Attracted People find attractive in adolescents or children are often similar to the qualities that adults find, that people who are attracted to adults find attractive in other adults.”²²³

218. Strickland Conference Notes, *supra* note 68, at 36 (He conceded regarding his research data that “it’s the best that you could do, is to do an online anonymous survey and you trust that people are being honest, and there is probably going to be a few dishonest answers.”). Thankfully, groups are taking steps to monitor “science” such as this. As Benjamin Kaufman recalls:

NARTH has taken an active role in exposing the studies and articles it views as dangerous or deficient. A 1998 letter co-authored by NARTH board member A. Dean Byrd criticizes the APA for publishing an article by Rind, Tromovitch, and Bauserman entitled “A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples” in its *Psychological Bulletin* on the grounds that the article distorts the literature on sexual child abuse and is a veiled attempt to decriminalize pedophilia. The issue was brought to the attention of radio talk-show host Dr. Laura Schlessinger. It was further revealed that Bauserman had written articles for *Paidika*, *The Journal of Pedophilia* and had defended unethical research on boys who were being sexually abused, something the APA should have been aware of before publication.

Benjamin Kaufman, *Why Narth? The American Psychiatric Association’s Destructive and Blind Pursuit of Political Correctness*, 14 REGENT U. L. REV. 423, 428-29 (2002).

219. Strickland Conference Notes, *supra* note 68, at 34.

220. *Id.*

221. *Id.*

222. *Id.* at 35.

223. *Id.* The statement was:

He presented research from an online survey conducted by B4U-Act last spring having almost two hundred respondents.²²⁴ Some respondents had considered suicide in their lives, difficulty in speaking of the issue, and frustration with the present state of mental health services available.²²⁵ He essentially portrayed pedophiles as victims.

Dr. Kramer argued that “the DSM gives the impression that all or most pedophiles engage in sexual acts with children and that violence or aggression is heightened among people who are attracted to minors.”²²⁶ The DSM has the implicit assumption that the motives of pedophiles are always malicious “rather than the possibility that the non forensic research has shown that they may actually care about children in the same way that people attracted to adults care about the adult they are attracted to.”²²⁷ He argued that the overall impression the DSM gives is that pedophiles are defined as criminals and that the message given is that the mental health system is adversarial rather than supportive.²²⁸ He then presented an online survey by B4U-Act, which, concluded that a vast majority of pedophiles felt that the DSM had inaccurate information, did not encourage focus on their psychological well being, contributed to adversarial relationships with the therapist, and encouraged unethical treatment, and the writers did not want to understand them.²²⁹

He argued for the consideration of “the biggest issues that are looming on the horizon for ‘Minor Attracted People’ right now,

There very well may be sizable numbers maybe even a majority of Minor Attracted People who refrain from sexual interaction with children and secondly that there is, there maybe [sic] a lot of similarities between the attraction to minors and the attraction to adults in terms of non sexual feelings that go along with them, feelings of emotional attraction, feelings of being in love, feelings of caring, just like a person who is attracted to adults cares about the adult they are in love with. Some of the qualities that Minor Attracted People find attractive in adolescents or children are often similar to the qualities that adults find, that people who are attracted to adults find attractive in other adults. Even some of the psychological functioning seems to be not that different according to the findings of this non forensic research, except possibly some differences that were affected by society’s reactions to the Minor Attracted Person.

224. *Id.* The survey data available at B4U – ACT: Living in Truth and Dignity, Spring2011 Survey Results, <http://b4uact.org/science/survey/01.htm> (last visited Feb. 29, 2012).

225. Strickland Conference Notes, *supra* note 68, at 35.

226. *Id.*

227. *Id.*

228. *Id.*

229. *Id.* at 35 – 36.

stigma and the problems they face in life, again, living their lives with strong desires, falling in love, emotional attractions, sexual attraction that they cannot act on."²³⁰ He argued this involves "a radical change in the conception of the 'Minor Attracted Person.'"²³¹

P. *Dr. Reisman on Dr. Kramer's Presentation*

Dr. Kramer, while not referring to sex with children (as another speaker did) as no different than expressing his orgasmic lust on a shoe, continued the effort to normalize child rape as just another sexual variety, or as Dr. Berlin advocated, a "sexual orientation." The genuflecting of modern societies to "sexual orientations" of various kinds, numbers, colors, and tones, is unique for our time. We seem to discover a new "natural" sexual orientation each year. Bestiality²³² is one that is quickly coming down the pike and soon should be required in our sex education of primary schools along with homosexuality, bisexuality, pederasty,²³³ transvestism, transgenderism, questioningism, etc., or the ism of the day. Dr. Kramer thinks that pedophiles and pederasts and others who like to sexually assault children are just like adults who, perhaps also like to assault adults. That is, he says "some of the qualities" pedophiles prefer in children are like what "adults find attractive in other adults." Since all sex with children is by its nature, violent and exploitive, it is true that too many adults are similarly violent and exploit other adults. As above, we do not seek to encourage such violence to adults and certainly not to children, hence the need to return to the moral foundations of our nation, those that we lived by and reared our children by pre-Alfred Kinsey, pre-World War II.²³⁴

230. *Id.* at 36.

231. *Id.*

232. In October of 2011 Dr. Kimberly Lindsey, a deputy director for the Federal Centers for Disease Control and Prevention, was in fact charged with bestiality as well as child molestation in Georgia. See *CDC Official Accused of Child Molestation, Bestiality*, FOXNEWS, (Oct. 10, 2011) <http://www.foxnews.com/us/2011/10/10/cdc-official-accused-child-molestation-bestiality> (last visited Feb. 24, 2012).

233. The degrading of language earlier erased the proper term "pederasty" that historically referenced homosexual abuse of boys, for "pedophilia" to blur any distinctions that exist compared to heterosexual abuse of opposite sex children. See "homosexual relations between men and boys," pederasty. (n.d.). *Collins English Dictionary - Complete & Unabridged 10th Edition*. (Last visited April 08, 2012, <http://dictionary.reference.com/browse/pederasty>).

234. The homosexual lobby is global. Since there are no public "heterosexual" child sex advocacy groups the push to legalize adult sex abuse has been driven by organized homosexuality. Recently a Brazilian federal appeals court ruled that a pedophile who raped

If we had rejected Kinsey's fraudulent data claiming a "10%" homosexual population created by Kinsey, a bi/homosexual pedophile advocate and sadomasochistic psychopath,²³⁵ retained these moral foundations after 1950, Dr. Kramer might himself have been spared.

Q. Question and Answer Period

The final part of the conference was a period in which the presenters took questions and subsequent discussion ensued. One question concerned the extent a "sex panic" is going on with respect to pedophiles and how much the DSM-V is a reflection of this.²³⁶ Several people thought that there is a "sex panic" occurring, with many participants expressing negative reactions.²³⁷ Another inquiry regarded a consensus of an appropriate age of sexual consent for children amongst the speakers. The response was dodged and the next question was immediately taken.²³⁸ The "stranger danger" mentality was discussed noting that abuse takes place in family circles also, and that "it feeds the sense of panic to have the sex offender registry."²³⁹

Another question regarded therapeutic treatment in an outpatient setting from a non-adversarial viewpoint.²⁴⁰ This young, female participant stated, "I am pretty progressive in my thinking," inquired into manners of treatment "without repression" and went on to inquire about the idea of "doing some sort of age play with other adults or adults that look young or what have you." The participant said, "I am just not into repression as an answer," and went on to state, "I could just name twenty girls off the top of my head that are of age and have very prepubescent looking bodies."²⁴¹

three twelve-year-old girls was innocent because, "the victims were far from innocent," having been prostituted sometime prior, This Brazilian ruling is in concert with federal legislation what would lower their age of consent "from 14 to 12 years of age." LifeSiteNews.com., April 2, 2012, <http://www.lifesitenews.com/news/brazilian-court-acquits-child-molester-says-victims-were-far-from-being-inn>, (Last visited April 5, 2012.)

235. See Dr. Judith Reisman's three books on Alfred Kinsey described at drjudithreisman.com.

236. Strickland Conference Notes, *supra* note 68, at 37.

237. *Id.*

238. *Id.*

239. *Id.*

240. *Id.* at 38.

241. *Id.*

Another question inquired as to the effects of these issues in the international context.²⁴² Responses indicated an international discontentment with the “Anglo-American standard being imposed on them,” that “the Anglo-American Standard is new from a western society for thousands of years perspective – the age of consent either didn’t exist or if it existed as a legal concept it only applied to women.”²⁴³ The participant who previously inquired as to a group consensus regarding an age of consent again posed the same question in this context of direct discussion on the issue, this time receiving the avoidance response that “it’s not relevant,” with discussion immediately resuming upon the exact issue of consent for an extended period.²⁴⁴ Questions and answers then continued until the end of the conference regarding various topics such as insurance coverage during treatment for pedophiles.²⁴⁵

IV. CONCLUDING THOUGHTS

A group composed of pedophiles advocating for acceptance of their desires in the DSM has organized an annual gathering of others sympathetic to their special interests to advocate for their canon on pedophilia, pedophiles, in the DSM. An introductory speaker announced the desire to remove any negative terms addressing adult sexual lust for children in the DSM language. The speakers then argued for their philosophical and scientific framework to support their desires. A keynote speaker, who was on record as refusing to comply with a state law requiring him to report patients he believed were engaged in child sexual abuse, gave his psychiatric approach to the issue. A second speaker, claimed there is nothing permanent about moral values. A third speaker challenged what counts as normative desire. A fourth speaker argued that research and knowledge regarding pedophiles is in a bad state. A fifth speaker warned of negative consequences if the current DSM definitions continue. A sixth speaker argued to abandon any pedophilia

242. *Id.* Of note here is that “the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* has been translated into 22 languages.” *DSM In Other Languages*, AMERICAN PSYCHIATRIC ASSOCIATION, <http://www.psych.org/MainMenu/Research/DSMIV/DSMIVTR/DSMinOtherLanguages.aspx> (last visited Mar. 14, 2012).

243. Strickland Conference Notes, *supra* note 68, at 38.

244. *Id.*

245. *Id.*

diagnosis as aberrant. A seventh speaker, argued that objecting to sexual climax on or with a child requires a “rethinking,” and that like sex with a shoe, children need not give consent to sex. . An eighth speaker, who considers a myth that boys are always severely harmed by sexual activity with adults, argued for a radical change in the conception of pedophiles. Finally, during a short question and answer period, one participant’s question on the age of consent received group consensus that the issue was “irrelevant.”

As Phillip K. Dick notes and appropriates to B4U-Act’s efforts toward linguistic acceptance of pedophilia, “the basic tool for the manipulation of reality is the manipulation of words,” thus “if you can control the meaning of words, you can control the people who must use the words.”²⁴⁶ Clearly, B4U-Act desires to see its normative language in the DSM.

However, language does not exist in a vacuum and the symposium illustrates this. Words denote beliefs and actions that reach far beyond the confines of their presence on the page or in speech, particularly in the internationally influential environment of the DSM. A change in words results in a change in beliefs, realities, and in the way these beliefs and realities interplay as has been seen in the historical evolution of the pedophilia diagnosis itself.²⁴⁷ As Brian Bix states, “Language is the medium through which law acts” and “the nature of the medium necessarily has a persuasive effect on

246. Phillip K. Dick, *How to Build a Universe That Doesn't Fall Apart Two Days Later* (1978), available at <http://1999pkdweb.philipkdickfans.com/How%20To%20build%20A%20Universe.htm> (last visited Feb. 24, 2012).

247. In *Deus Caritas Est* Pope Benedict illustrates an analytical linguistic approach that offers assistance in situations of semantic entanglement. In examining his analysis of the word “love,” we can extrapolate a 3 step program of critique. Benedict first recognizes that there is a linguistic problem due to misuse. He states concerning love that it “has become one of the most frequently used and misused of words, a word to which we attach quite different meanings” and as such he “cannot simply prescind from the meaning of the word in the different cultures and in present-day usage.” Secondly he notes the vast semantic ranges of the word in question and thus asks if all these forms of usage are basically one so that in its many and varied manifestations there is ultimately a single reality or whether the same word is used to designate totally different realities. Thirdly he considers whether the different, or even opposed, meanings of the word “love” point to some profound underlying unity, or whether on the contrary they must remain unconnected, one alongside the other. He concludes his analysis by reasoning that “fundamentally, ‘love’ is a single reality, but with different dimensions; at different times, one or other dimension may emerge more clearly.” See Pope Benedict XVI, *Deus Caritas Est*, (December 25, 2005) para. 2, available at http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html (last visited Feb. 24, 2012).

what purposes can be achieved through the law and how well those purposes can be forwarded.”²⁴⁸ The word “psychology” can be substituted for the word “law” and this comes to the heart of the point here.

So what is really at stake is the onset of a new philosophical and anthropological framework, where the desire for sexual relations with children—which is an inherently narcissistic and abusive act—is acceptable and not looked upon with “stigma.” Based upon the contents of the symposium, it seems that B4U-Act, in previously establishing new linguistic usage, is now moving on to the more ambitious task of filling in the semantic voids behind these new words with a functional framework of “scientific research” and new “values” in the hope that this framework once solidified can support the weight of its enterprise. The words of Pope Benedict XVI are prophetic in this regard:

[P]aedophilia was theorized as something fully in conformity with man and even with children. This, however, was part of a fundamental perversion of the concept of ethos. It was maintained . . . that there is no such thing as evil in itself or good in itself. There is only a “better than” and a “worse than.” Nothing is good or bad in itself. Everything depends on the circumstances and on the end in view. Anything can be good or also bad, depending upon purposes and circumstances. Morality is replaced by a calculus of consequences, and in the process it ceases to exist. The effects of such theories are evident today.²⁴⁹

With the acceptance of this moral revisionist language, and most importantly the supporting framework which this new language serves to blur and disguise, a societal acquiescence of child abuse is not far off.²⁵⁰ When pedophile advocates can equate the same

248. Brian Bix, *LAW, LANGUAGE AND LEGAL DETERMINACY*, 1 (1993).

249. See Pope Benedict XVI, *Address of His Holiness Benedict XVI on the Occasion of Christmas Greetings To The Roman Curia* (December 20, 2010), available at http://www.vatican.va/holy_father/benedict_xvi/speeches/2010/december/documents/hf_benxvi_spe_20101220_curiaauguri_en.html (last visited Feb. 24, 2012).

250. Judith Smith of Concerned Women for America, makes the following observation: “Calling illegal, coercive and abusive sex with children “minor attraction” and “male intergenerational intimacy” shows the dishonesty involved with shifting our culture into what Dr. Reisman calls “sexual anarchy.” Yet we discovered recently that the Department of Health and Human Services, headed by former Governor Kathleen Sebelius put out on its website in the “Questions and Answers about Sex” that children and infants are “sexual beings,” calling purported sexual exploration as healthy and normal even in infancy. Obviously, they have been influenced by another Kinsey associate, Dr. Mary Calderone, a SIECUS (Sex Information and

causality of Facebook to adultery as child abuse to child pornography, a gross dehumanization has occurred—of both the child and the adult. When pedophile advocates equate asking shoes for permission to be worn to asking children permission for sex, a gross dehumanization has again occurred—of both the child and the adult. When a man can claim in the name of science that it is a myth that boys are severely harmed by sexual acts with adults, indeed a gross dehumanization has occurred—of both the child and the adult. Again words do not exist in a vacuum—the philosophical and anthropological meanings underlying them are pervasive such that even words and concepts seemingly far from more expansive terms can have new subtleties and nuances associated with them. Time proven truths can be swept away in an absurd current of radicalism that leaves video recorded child abuse analogized to a social media network, a piece of cloth or leather to a living and breathing human child, harm as an invention solely of statistical or scientific manipulation, and the question of consent to ones abuse or use as “irrelevant.”

*“Given such a grave situation we need now more than ever to have the courage to look the truth in the eye and to call things by their proper names, without yielding to convenient compromises or to the temptation of self-deception.”*²⁵¹ The desire for or act of adult sex with children is distorted, wrong, and can never be called otherwise. Children deserve more than what rhetorical usage of “facebook,” “shoes” and “myth” offer—they merit the utmost protection of science and society at large due to the child’s own vulnerability and inviolable dignity.²⁵² Most importantly pedophiles deserve more than

Educational Council of the U.S.—the main supplier of sex education in the U.S.) President and past Medical Director for Planned Parenthood, who asserted that children are sexual even in the womb.” See Judith Smith, *Oh, That Could Never Happen to Me*, (Sept. 4, 2011), available at http://www.drjudithreisman.com/archives/2011/09/oh_that_could_n.html (last visited Feb. 24, 2012).

251. Pope John Paul II, *Evangelium Vitae*, (Mar. 25, 1995) para. 58, available at http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jpii_enc_25031995_evangelium-vitae_en.html (emphasis added).

252.

The Pope recalled that society has an obligation to defend the basic goods and rights of the powerless. This moral principle ‘is not something alien to America, but rather speaks to the very origins of this nation!’ The Pontiff’s challenge raises questions about the proper development of rights language in constitutional law. Rights language has tended to focus on individuals and their subjective preferences. The dominance of individual autonomy suggests a separation of law from the value afforded by the objective moral order. Additionally, rights language has tended to

the absurd affirmation of their condition. Surely then those responsible for the DSM should be wary of B4U-Act, indeed *before they act and push its agenda onto society*,²⁵³ and before the already damaged credibility of the APA and the DSM crosses a point of no return.

reflect a negative concept of freedom, which in itself is insufficient to inform the human being and society about the good. Unless the negative notion of freedom is balanced with a positive account, it is difficult to establish the correct proportions between subjective desires and the common good. These tendencies in the development of rights language could obscure the metaphysical worth of each human being, which is measured by the degree of protection afforded to the powerless.

John J. Coughlin, *Pope John Paul II and the Dignity of the Human Being*, 27 HARV. J.L. & PUB. POL'Y 65, 77-78 (2003).

253. The Harvard Mental Health letter, "Pessimism About Pedophilia" includes the following statements:

Several reports have concluded that most people with pedophilic tendencies eventually act on their sexual urges in some way. Typically this involves exposing themselves to children, watching naked children, masturbating in front of children, or touching children's genitals. Oral, anal, or vaginal penetration is less common. Fears about predatory behavior are valid. Most pedophiles who act on their impulses do so by manipulating children and gradually desensitizing them to inappropriate behavior. Then they escalate it. Pedophiles are able to do this because in most cases they already know the children or have access to them. In about 60% to 70% of child sexual abuse cases involving pedophiles, the perpetrator is a relative, neighbor, family friend, teacher, coach, clergyman, or someone else in regular contact with the child. Strangers are less likely to sexually abuse children — although they are more likely to commit violent assaults when they do....When confronted about sexual abuse, convicted pedophiles often rationalize their actions, such as insisting that a victimized child acted seductively or enjoyed the encounter. These rationalizations may reflect an inability to empathize with the child, which could be part of a co-occurring antisocial or narcissistic personality disorder. Some researchers fear that the growth of Internet communities for people with pedophilic tendencies may encourage users to act on their sexual urges and share information about how to elude detection.

See http://www.health.harvard.edu/newsletters/Harvard_Mental_Health_Letter/2010/July/pessimism-about-pedophilia (last visited Feb. 24, 2012).