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Kirstyn Culbert-Kviring
Western University

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Considerations in the Development of Treatment Options for Individuals with Pedophilic Attractions

Kirstyn Culbert-Kviring*

While pedophilia is an orientation classified by the Diagnostic and Statistical Manual of Mental Disorders as a psychiatric condition, punishment has always taken priority over rehabilitation. Although the integrity of society's children is the utmost priority, we must create a safe environment to encourage individuals to come forward in order to proactively prevent harmful behaviours from occurring. A number of treatment methods are currently being utilized with limited efficacy. This paper explores current treatment techniques as well as the associated challenges and obstacles to these approaches. In addition to education about pedophilia as a problematic orientation, this paper advocates for a treatment approach that focuses on helping the individual control the destructive behavior through social support and cognitive therapy.

Pedophilia and opinions on punishment for pedophilic behaviours is a topic that has had the aggressive capacity to consolidate people from different political or moral backgrounds. Although there are very strong feelings associated with how society views pedophiles, it is important to recognize that these views may be tainted by misunderstood definitions. The line is often blurred between individuals with pedophilia and sex offenders with young victims, even though most pedophiles have not acted out on their attractions (Seto & Eke, 2005). While researching these individuals, a number of methods have been utilized with varying contributions and limitations. The most detrimental of these limitations being that the participants from clinical or correctional settings represent the members of the pedophilic community that are more likely to act on their attractions (Seto, 2004). Although current studies have a skewed population, important research has still been conducted using brain imaging techniques. Research has shown that there are a few implicated neurological areas contributing to pedophilic behaviour, but recently researchers have accepted a network abnormality model (Habermeyer, Esposito, Handel, Lemoine, & Kuhl, 2013). Pedophilia is

currently a diagnosable disorder under the paraphilia section in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), which has been the source of some controversy. Whether or not a sexual orientation such as pedophilia belongs in the family of psychiatric disorders, it is crucial that treatment is developed and made available for individuals. While research has shown that treatment can greatly reduce the likelihood of offending against a child (Cohen & Galyner, 2002; Cantor & Blanchard, 2012; Malon, 2012), there is currently only one treatment centre offering assistance to pedophiles in Ontario. This paper seeks to inform readers about pedophilia while exploring the various issues associated with the research and treatment of individuals with pedophilia. We will begin by defining pedophilia and distinguishing between individuals with pedophilic interests and those who physically offend against children. Later the research methodologies and neurological implications of pedophilia will be reviewed, finishing with a discussion on current and potential areas of growth for treatment methods for individuals with pedophilic interests. While current treatment methods are limited in

*Initially submitted for Psychology 4990 at Western University. For inquiries regarding the article, please e-mail the author at kculber@uwo.ca.

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

efficacy, this paper advocates for an approach to treatment that focuses on helping the individual control the harmful behaviour through social support and cognitive therapy.

Defining Pedophilia

In order to begin a discussion about individuals with pedophilia, it is essential to begin with defining what a pedophile is and what a pedophile is not. The clinical definition of a pedophile depicts an individual who fantasizes about or is sexually aroused by prepubescent children for a period of at least six months (APA, 2013). While the term 'pedophilia' is reserved for attractions to children under the age of twelve, there are a few other terms that denote attractions to different age ranges. Individuals with an attraction to early pubertal children between the ages of 12-14 are described as 'hebephiles', while attraction to late pubertal adolescents is called 'ephebophilia' (Blanchard, Lykins, Wherrett, Kuban, Cantor, Blak, Dickey, & Klassen, 2008). Further along the spectrum of age-dependent attractions lies 'teleiophilia' which describes an attraction to adults. Although this discussion focuses primarily on pedophilia, it is important to understand the distinctions as future research offers more specialized data. Despite the gravity of their attraction, pedophiles do not have to be exclusively attracted to children in order to meet the criteria for the diagnosis. A survey conducted by Hall and Hall (2007) found that only 7% of male pedophiles indicated that they felt attraction exclusively toward children under the age of twelve. This data is important in emphasizing the fact that many individuals with pedophilic inclinations are capable of forming and pursuing sexual relationships with other adults.

Although harboring an attraction towards children is problematic, it is of utmost importance to recognize the distinction between pedophiles and sex offenders with child victims.

Pedophiles with an attraction to children may never act on their feelings, understanding that to do so would infringe upon the rights of the child involved. An individual with pedophilia is not a sex offender unless they commit a legally proscribed sexual act against a child. Data produced by Seto (2004) has suggested that about 40-50% of adult sex offenders with young victims acted on a pedophilic interest. He notes that, similar to sexual assault, sex offenders who prey on children may be choosing vulnerable victims to exercise power over with little thought towards the age of the victim. Additionally, in a study conducted by Seto and Eke (2005), findings contradicted predictions that child pornography users would be at high risk to commit a future contact sexual offence. This evidence is vital in emphasizing the notion that not all pedophiles are an immediate danger to children and may use pornography as an outlet for their sexual desires. Due to the pervasive and powerful values Western society holds in regards to maintaining the integrity of children, there is an intense stigma surrounding pedophiles. Most of the derision towards pedophiles stems from the widespread belief that they want to abduct or sexually assault children. While there are pedophiles who act on their attractions, to equate the term 'pedophile' to 'child molester' or 'sex offender' is not only incorrect but perpetuates the stereotype that all pedophiles are dangerous. In his review of the criticism towards researchers studying pedophilia, Riegel (2005) pushed for the disuse of the term "pedophile", stating that the value-laden implications surrounding the title was causing biased scientific investigations. Clearly, it is not only the public who is being influenced by their prejudices towards individuals with pedophilic attractions.

Research Methods for Studying Pedophilia

One of the most difficult aspects surrounding the study of pedophilic individuals

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

is the range of effectiveness in identification methods. There are several widely used methods currently being used to identify individuals with pedophilia in order to mobilize them for research. One such method is the recruitment of those who have been charged with a sexual offence against a child. Although this identifies a number of individuals who have behaved in a sexual manner towards children, unfortunately, it does not always imply pedophilic interest. It also fails to gather a representative sample of pedophilic persons, seeing as the pedophiles with a sexual offence history would over-represent individuals who are more prone to act on their attraction towards children. The most widely used approach is the use of self-report questionnaires. These questionnaires feature a range of inquiries designed to provide insight on the inner thoughts and feelings of individuals with pedophilic attractions. Although the results from these surveys can be very informative, there are also a number of critical limitations. As with all questionnaire type inquiries there are the problems of recall bias and socially desirable responding, but with this particular participant group there are also the added drawbacks of social and legal implications. Since the majority of these responses come from participants in a clinical or correctional setting, they may under- or over-report certain behaviours in order to avoid further incrimination. In an attempt to overcome this problem, Riegel (2004) conducted an anonymous online survey with 290 self-identified boy-attracted pedosexual males. He found that the responses tended to reflect more self-disclosure and yielded participants far more representative than prison or clinical populations. Based on this evidence, we can see that providing anonymity to individuals may result in a more thorough and comprehensive participant pool.

Another of the popular methods used in research on pedophilia is the use of phallometry, which involves the measurement of penile

response to varying stimuli. Research has found that phallometry is a useful diagnostic tool that reliably distinguishes between groups of sexual offenders, including those with pedophilic attractions (Seto, Cantor & Blanchard, 2006). This method has been particularly valuable in distinguishing pedophiles from sex offenders with child victims, but it is not without limitations. Some problems encountered while conducting phallometric studies include low laboratory responsiveness, varying stimuli and cutoff scores, as well as a lack of attention to the presented stimuli. Most researchers recommend the use of phallometry in addition to other methods when examining pedophiles (Marshall & Fernandez, 2000; Lykins, Cantor, Kuban, Blak & Dickey, 2010). Lastly, there is the indication that the use of child pornography provides a better indicator of pedophilic interest than physical sexual offence histories. Seto, Cantor and Blanchard (2006) predicted in their study that men with a child pornography offence would show greater phallometric arousal to stimuli involving children than would men who had sexually offended against a child. Due to the legal risk associated with possessing or accessing child pornography, an individual would arguably have to be very motivated to obtain it. They found that, consistent with their predictions, men who had been caught possessing child pornography were three times as likely to respond phallometrically compared to men who had been charged with a sexual offence involving a child. They suggested that child pornography offences may be a stronger indicator of pedophilia than charges of sexual abuse. Overall, the combination of these methods has provided researchers with a thorough look at pedophilic persons in society. One overarching limitation to all of these methods of course, is that the vast majority of participants reflect individuals who have been caught or punished for their activities. With the exception of anonymous online surveys,

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

pedophiles are only visible once they have been caught for wrongdoing. This paper suggests that as pedophilia treatment becomes more regulated and available, the participant pool can be widened to include those who have not committed a criminal offence resulting in more accurate research findings.

Neurological Implications of Pedophilia

Although the previously mentioned research approaches have contributed to the information on individuals with pedophilic interests, recent technological advances in the field of brain imaging techniques has allowed researchers to learn about the associated neurological implications of pedophilia. One particularly important brain area that has been linked to pedophilia is the amygdala, a brain structure known for its role in decision making and emotional reactions. In a recent fMRI study, male participants with pedophilia showed significantly more activation in the right amygdala when shown stimuli depicting children, compared to control subjects. The pedophilic group also demonstrated significantly less amygdala activation than the controls when viewing stimuli featuring adults (Sartorius et al., 2008). These results suggest that when individuals with pedophilia view children, they may experience a degree of limbic activation outside of cognitive control, lending support to the suggestion that pedophilia is a sexual orientation. In a similar MRI study, researchers compared the white matter volume of groups of individuals with either pedophilia, hebephilia or teleiophilia. They found that although there was no significant difference between the pedophile and hebephile groups, the teleiophile group had a significantly higher volume of white matter in their parietal lobes compared to the other two groups (Cantor & Blanchard, 2012). These white matter reductions could be indicative of diminished connectivity between other regions in the brain, potentially those related to sexual arousal processing and impulse control.

Despite evidence indicating that particular brain structures are responsible for certain behaviours, recent research in neurology has suggested that behaviour is very rarely the product of one particular area. Behaviour, including pedophilic attraction, is more often the product of a number of brain areas connected through a processing network. A study conducted by Habermeyer and colleagues (2013) was one of the first to suggest that behavioural differences seen in pedophiles were likely due to the attenuated deactivation of brain areas belonging to a specific processing network. The authors suggested that, contrary to the existing theories about frontal lobe pathology and pedophilia, behavioural differences may stem from processing network abnormalities. Additionally, in a review of the existing literature on the neurological implications linked to pedophilia, Mohnke and colleagues (2014) concluded that the heterogenous results indicated that pedophilia should not be looked at as a series of brain area anomalies but rather as a system abnormality. They emphasized the importance of brain connectivity and inconsistency in areas related to inhibition control, impulsivity, emotional processing and arousal. Although this evidence is compelling, it is important to note that the individuals who participated in these studies were recruited from either a clinical or correctional setting and exclusively represent those who have acted on their attractions. It may be true that these offending individuals show reduced connectivity and lower impulse control, but these characteristics may not accurately represent the individuals with pedophilic inclinations who do not act on their attractions. As such, future research should be careful in ensuring that these studies are not used to reinforce generalizations that are not yet supported.

Diagnosis and Treatment

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

There has always been a tremendous amount of sensationalism around the topic of pedophilia, but recently there has been a particular brand of controversy surrounding the inclusion of pedophilia in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Presently in its fifth edition, the DSM-V currently lists pedophilic disorder as a paraphilia in which individuals over the age of 16 have intense and recurrent sexual fantasies or urges towards prepubescent children, of which cause them distress or interpersonal difficulty (APA, 2013). Critics have argued that the DSM acts as an arbitrary instrument providing an “expert opinion” so that political and moral decisions have the support of scientific evidence (Malon, 2012). They assert that pedophilia is clearly a complex and multifaceted issue that would face further problems if reduced to a simplistic disorder diagnosis. The inclusion of pedophilia as a psychiatric condition has also been compared to the outdated diagnosis of homosexuality as a paraphilic disorder in previous editions of the DSM. While comparison to homosexuality on the basis of the two being sexual orientations is logical, it is not entirely valid. Whereas homosexuality involves the emotional and physical attraction between two consenting individuals of the same sex, pedophilia involves a one-sided relationship due to a child’s inability to provide consent. Even if there is no subsequent physical or emotional disturbance faced by the child involved, pedophilic behaviour is a blatant infringement on the child’s right to physical and psychological integrity (Fagan, Wise, Schmidt & Berlin, 2002). Considering the necessary experience of distress or interpersonal difficulty as a diagnostic requirement in the determination of pedophilic disorder may also be problematic. In various self-report studies, the majority of the respondents indicated that they felt distressed by their attraction (Malon, 2012). Many of the participants further expressed feelings of shame,

guilt and frustration, while also indicating that they knew their attraction to be wrong. However, as previously mentioned, these participants may have been responding in a socially desirable fashion in order to prevent further incrimination or judgment in a correctional setting. Malon (2012) commented in his research that this reported distress may be better explained by societal stigmatization and other social conflicts, similar to the “diagnostic distress” felt by homosexual individuals diagnosed by earlier editions of the DSM. While the debate continues, it is important to consider the effect that diagnosis has on treatment considerations. Categorizing pedophilia as a disorder allows for consistent diagnosis and consequently, more uniform treatment options. In order to provide reliable and homogeneous therapy, diagnosis according to a universal diagnostic system is fundamental despite the associated controversy.

While the psychological community disagrees on the inclusion of pedophilia in the current DSM, the overwhelming majority agree that treatment is essential (Cohen, Grebchenko, Steinfeld, Frenda & Galynker, 2008; Cantor & Blanchard, 2012; Malon, 2012). The most crucial aspect of treatment is that, in order for the program to be effective, the individual must be open and willing to engage. In cases where the individual is facing criminal charges, treatment can seem like an attractive alternative to harsher punishments. However, this is a very reactive response to the problem of pedophilic behaviour. In order to provide proactive solutions to a delicate problem, we must provide a safe and secure place for individuals with pedophilia to come forward and receive help. Currently, the high degree of stigma and risk associated with coming forward with a pedophilic attraction could be exceedingly dangerous for the individual. The first step in developing a safe and effective treatment plan is focusing on what behaviour needs to be

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

prevented. Both neurological and psychological research on these individuals has strongly indicated that their attractions are highly resistant to change, but the sexual urges and subsequent behaviour can be managed and controlled (Cohen & Galynker, 2002). Therefore, the focus of treatment should be on preventing sexual behaviours aimed at children, rather than trying to extinguish the attraction altogether (Hall & Hall, 2007). A current treatment that has been utilized to some degree in sex offender cases is the use of chemical castration (Krueger & Kaplan, 2006). Chemical castration involves the administration of anti-androgen drugs to reduce sex drive and reduce the capacity for sexual arousal. Although this method is effective at reducing sexual fantasies and lowering the intensity of sexual urges, it does not completely prevent the physical ability to offend against children. Furthermore, critics of the chemical castration method argue that it is unethical to offer or legislate castration as an alternative to incarceration because it negates the consent of the individual (Scott & Holmberg, 2003; Appel, 2012; Douglas, Bonte, Focquaert, Devolder, & Sterckx, 2013). In addition to ethical concerns, there are various side effects such as increased body fat, reduced bone density and loss of muscle mass which could ultimately expose the individual to a number of prolonged health problems (Miller, 2003). While this method is currently being utilized with various types of sex offenders, it is essential to ensure that chemical castration can effectively treat the individual's problem, that voluntary and informed consent is obtained and the individual is motivated to rehabilitate the behavior.

A promising treatment method was suggested by Cohen and colleagues (2008) based on their research comparing sexually offending pedophiles and recovered opiate abusers. They found the data demonstrated that the pedophilic group showed similar patterns of behavioural impulsivity as the individuals with

chemical addictions. Extrapolating on these findings, the researchers suggested that addiction treatment models might be adapted to treat the impulsive interpersonal aspects of pedophilic behaviour. Opiate addiction has been linked to reduced white matter, leading to impaired neuronal connectivity and reduced impulse control (Bora, Yucel, Fornito, Pantelis & Harrison, 2012). The neurological similarity of the two conditions suggests that a related treatment method may be effective. Two of the main features of addiction treatment models is the use of group therapy for interpersonal support and individualized cognitive-behavioural therapy (Rosenberg, Carnes, & O'Connor, 2014). This form of treatment may be very effective for pedophiles who have self-reported feelings of inferiority, isolation, loneliness and low self-esteem. Group therapy would allow these individuals to see that they are not alone in their troubles, and observe positive examples of others abstaining from harmful behaviours. Individual-based therapy would allow for the coaching of lifestyle changes and identifying potential behavioural triggers. Therapy would not only assist in behavioural modification but also provide a therapeutic outlet for individuals to discuss their thoughts and feelings. Instead of perpetuating the cycle of denial about their pedophilic attractions, both group and individual therapy would allow for the confrontation and restructuring of cognitive distortions and enhancing understanding of the consequences of actions (Cohen & Galynker, 2002). Like any psychological treatment for behavioural disorders, it is important to note the comorbidity of other psychiatric conditions that could interfere with successful treatment. Research conducted by Fagan and colleagues (2002) has indicated that 75-93% of pedophiles have reported either a lifetime or current diagnosis of depression or anxiety. Furthermore, 60% reported a lifetime substance abuse history with

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

the majority of individuals favouring alcohol as their substance of choice (Fagan, Wise, Schmidt, & Berlin, 2002). Since factors that have been identified as precipitating components leading to the expression of pedophilic behaviour include psychosocial stress and substance abuse, these statistics are extraordinarily relevant in the development of an efficient and thorough treatment plan. Finally, when considering the creation of treatment programs for individuals with pedophilic attractions, it is important to note that these people are heterogeneous in terms of personality, temperament and expression of sexuality. Although the aforementioned treatment methods provide valuable guidelines, it is imperative that clinicians develop individualized treatment plans to ensure that each patient is receiving quality care. Ultimately, it is crucial that treatment is, at very least, available to these individuals. Without a safe and secure place for individuals to come forward and seek help for their problematic attractions, we are inadvertently putting children at risk.

In psychology, it is imperative to operate at the junction of biology and behaviour. Through a variety of methods, researchers have begun to piece together both the neural and behavioural aspects that make up pedophilic actions. While researchers have provided a strong research foundation, there is still a vast amount of information to be gathered regarding pedophilia and those who have pedophilic attractions. Research must be expanded to provide a fuller picture of non-offending pedophiles, the etiology of pedophilia, as well as the long term effects of treatment methods. In order to provide a secure and supportive treatment environment, clinicians must first understand the biological and behavioural implications that influence their clients such as the potential comorbidity of psychological conditions, the neurological significance of reduced white matter tissue, as well as the societal stigma that may impede

access to treatment. Furthermore, to keep society educated and protected, they must both understand and empathize with pedophilic individuals. Making the public aware of the crucial differences between sex offenders and pedophiles through educational awareness programs is important in protecting the safety of individuals who simply wish to seek help for their problematic attractions. While the factors underlying pedophilic attractions are highly complex, pedophilic individuals are entirely culpable for their actions. Treatment and therapeutic support for pedophiles is an imperative service that must be budgeted for in order to proactively protect society's children.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, V.A.: American Psychiatric Publishing.
- Appel, J.M. (2012). Castration anxiety: Physicians, "do no harm", and chemical castration sterilization laws. *Journal of Bioethical Inquiry*, 9, 85-91.
- Blanchard, R., Lykins, A.D., Wherrett, D., Kuban, M.E., Cantor, J.M., Blak, T., Dickey, R., & Klassen, P.E. (2009). Pedophilia, hebephilia, and the DSM-V. *Archives of Sexual Behaviour*, 38, 335-350.
- Cantor, J. & Blanchard, R. (2012). White matter volumes in pedophiles, hebephiles, and teleiophiles. *Archives of Sexual Behaviour*, 41, 749-752.
- Cohen, L. & Galynker, I. (2002). Clinical features of pedophilia and implications for treatment. *Journal of Psychiatric Practice*, 8, 276-289.
- Cohen, L., Grebchenko, Y., Steinfeld, M., Frenda, S., & Galynker, I. (2008). Comparison of personality traits in pedophiles, abstinent opiate addicts and healthy controls: Considering pedophilia as an addictive behaviour. *Journal of Nervous and Mental Disease*, 196, 829-837.
- Douglas, T., Bonte, P., Focquaert, F., Devolder, K., & Sterckx, S. (2013). Coercion, incarceration, and chemical castration: An argument from autonomy. *Journal of Bioethical Inquiry*, 10, 393-405.
- Habermeyer, B., Esposito, F., Handel, N., Lemoine, P., & Kuhl, H. (2013). Response inhibition in pedophilia: An fMRI pilot study. *Neuropsychobiology*, 68, 228-237.
- Hall, R.C. & Hall R.C.W. (2007). A profile of pedophilia:

TREATMENT CONSIDERATIONS FOR PEDOPHILIA

- Definition, characteristics of offenders, recidivism, treatment of outcomes and forensic issues. *Mayo Clinic Proceedings*, 82, 257-471.
- Fagan, P., Wise, T., Schmidt, C., & Berlin, F. (2002). Pedophilia. *Journal of American Medical Association*, 288, 2458-2465.
- Lykins, A.D., Cantor, J.M., Kuban, M.E., Blak, T., & Dickey, R. (2010). The relation between peak response magnitudes and agreement in diagnoses obtained from two different phallometric tests for pedophilia. *Sexual Abuse: Journal of Research and Treatment*, 22, 42-57.
- Krueger, R.B. & Kaplan, M.S. (2006). Chemical castration: Treatment for pedophilia. In R. L. Spitzer, M.B. First, J.B. Williams, & M. Gibbon (Eds.), *DSM-IV-TR Casebook: Experts tell how they treated their own patients (Vol. 2)* (309-320). Arlington, USA: American Psychiatric Publishing Inc.
- Malon, A. (2012). Pedophilia: A diagnosis in search of a disorder. *Archives of Sexual Behaviour*, 41, 1083-1097.
- Marshall, W.L. & Fernandez, Y.M. (2000). Phallometric testing with sexual offenders: Limits to its value. *Clinical Psychology Review*, 20, 807-822.
- Miller, R.D. (2003). Chemical castration of sex offenders: Treatment or punishment? In Winick, B. & La Fond, J.Q. (Eds.), *Protecting society from sexually dangerous offenders: Law, justice and therapy* (249-263). Washington, D.C.: American Psychological Association.
- Mohnke, S., Muller, S., Amelung, T., Kruger, T., Ponseti, J., Schiffer, B., Walter, M., Beier, K.M., & Walter, H. (2014). Brain alterations in paedophilia: A critical review. *Progress in Neurobiology*, 122, 1-23.
- Riegel, D. (2004). Effects on boy-attracted pedosexual males of viewing boy erotica. *Archives of Sexual Behaviour*, 33, 321-323.
- Riegel, D. (2005). Pedophilia, pejoration, and prejudice: Inquiry by insinuation, argument by accusation. *Sexuality & Culture: An Interdisciplinary Quarterly*, 9, 88-97.
- Rosenberg, K.P., Carnes, P., & O'Connor, S. (2014). Evaluation and treatment of sex addiction. *Journal of Sex & Marital Therapy*, 40, 77-91.
- Sartorius, A., Ruf, M., Kief, C., Demirakca, T., Bailer, J., Ende, G., Henn, F.A., Meyer-Lindenberg, A., & Dressing, H. (2008). Abnormal amygdala activation profile in pedophilia. *European Archives of Psychiatry and Clinical Neuroscience*, 258, 271-277.
- Scott, C.L. & Holmberg, T. (2005). Castration of sex offenders: Prisoners' rights versus public safety. *Journal of the American Academy of Psychiatry and the Law*, 31, 502-509.
- Seto, M. (2004). Pedophilia and sexual offenses against children. *Annual Review of Sex Research*, 15, 321-361.
- Seto, M. & Eke, A. (2005). The criminal histories and later offending of child pornography offenders. *Sexual Abuse: Journal of Research and Treatment*, 17, 201-210.
- Seto, M., Cantor, J., & Blanchard, R. (2006). Child pornography offenses are a valid diagnostic indicator of pedophilia. *Journal of Abnormal Psychology*, 115, 610-615.