

July 13, 2011

Board of Trustees American Psychiatric Association 1000 Wilson Boulevard, Suite 1825 Arlington, VA 22209

To the Board of Trustees of the American Psychiatric Association,

In the interest of a more accurate and useful *DSM-5*, we respectfully request that the APA's Board of Trustees instruct its *DSM-5* Paraphilias Subworkgroup to meet in person and work with B4U-ACT regarding revisions to the diagnostic criteria and accompanying text for pedophilia.

We appeal to the Board of Trustees for this action only after being rebuffed on numerous attempts over a period of 18 months to establish this working relationship directly with the subworkgroup and through the *DSM-5* Task Force [1]. This letter outlines several reasons that it is critically important for the subworkgroup to work with us.

### The characterization of minor-attracted people (MAPs) in the DSM is inaccurate and incomplete.

The *DSM* offers a grim picture of pedophiles [2], who are said to "use varying degrees of force," may "threaten the child to prevent disclosure," and may "develop complicated techniques for obtaining access to children." These broad-stroke allegations are based on studies flawed by reliance on forensic samples and by unscientific inferences about motives. There is no description of those who abstain from sexual activity with children, no recognition that their feelings involve more than sexual attraction, and no acknowledgment that their motives may be other than nefarious, all characteristics that have been found in non-forensic research [3]. The members of the *DSM-5* Paraphilias Subworkgroup, and the studies supporting their proposal take a narrow sex offender perspective. Other scientific studies and perspectives which paint a very different picture of pedophilia are excluded. This provides an extraordinarily distorted picture.

# This inaccurate portrayal leads to widespread misunderstanding among mental health professionals (MHPs), the public, and MAPs themselves.

The authority and influence of the *DSM* pervade the mental health professions and the public square. A former APA president said it "not only determines how mental disorders are diagnosed, it can impact how people see themselves and how we see each other. It influences how research is conducted as well as what is researched... It affects legal matters, industry and government programs" [4]. As such, an inaccurate and incomplete *DSM* causes widespread misunderstanding. MHPs and students often tell us that until they met MAPs through B4U-ACT, they believed all MAPs acted out their attractions to children. One said, "People need to know not all MAPs act and no MAPs are monsters."

#### The mischaracterization causes harm both to minor-attracted people and to children.

The environment of fear and mistrust created by the inaccurate portrayal is reflected in a recent survey of MAPs conducted by B4U-ACT [5]. It showed that most (82%) of the 193 respondents feel they could benefit from mental health services related to their attraction, but few (30%) would seek them as needed. This is primarily due to a perception that MHPs will misunderstand or harm them. Only 5% said MHPs have a good understanding of the attraction to minors, and only 20% felt they would be treated ethically. Typical comments were "the therapist would draw conclusions and assumptions about me without really knowing me," and "seeking treatment would be like calling the police and asking to be investigated for crimes I would never commit."

Discouragement from using mental health services poses a severe risk to children. Many MAPs could benefit from counseling to help keep their commitment to live within the law. Moreover, our survey indicates that it is most commonly in early adolescence that attraction to younger children first manifests. The median age at which respondents were first attracted to younger children was 13. The psychological impact is harsh. Forty-five percent of respondents said they had seriously considered suicide. Of those, 42% did so before age 18, and 67% said they could not talk with anyone about their suicidal thoughts. B4U-ACT volunteers have been contacted by adolescents who engaged in self-harming behavior or were suicidal due to their attraction to children. Thus, ironically, the false and misleading information about pedophiles in the *DSM* actually becomes a contributing cause of harm to children and adolescents.

#### The Paraphilias Subworkgroup is ignoring APA policies and guidelines.

In development of its official proposal for revising the DSM, there are several ways in which the APA's Paraphilias Subworkgroup is ignoring the organization's own policies and guidelines [6].

For example, the APA *Bylaws* and its statement of ethical principles both call for "foster[ing] the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness" [7]. The APA Division of Research reported to the Board of Trustees that "the [*DSM*-5] task force and work groups represent a variety of clinical and scientific disciplines [and] patient and family groups" [7]. B4U-ACT is a patient group concerned with the stated aspects of mental health, yet its repeated offers to work with the Paraphilias Subworkgroup have been spurned. After a one-hour conference call in June 2010, the subworkgroup reneged on its promise to follow up on specific items of discussion, and has since ignored all communications from us. This includes making no response to our invitation to speak at our upcoming symposium [8], which will facilitate the exchange of ideas among "a variety of clinical and scientific disciplines [and] patient and family groups."

#### An in-person meeting is essential to establish understanding.

In our conference call, it was apparent that the Paraphilias Subworkgroup does not understand the effect that the *DSM* has on the stigmatization of MAPs and their resulting reluctance to receive mental health care. This is not surprising, since one cannot really understand the situation another group faces until one meets its members face-to-face and gets to know them as human beings. The effectiveness of this approach has been proven by our workshops. The APA has acknowledged this when *DSM-5* workgroups have met with autism and transgender advocacy groups. Certainly the difficulties facing minor-attracted people are at least as serious as those facing these other groups. In addition, researchers estimate that the number of people affected is as large or larger [3].

#### B4U-ACT is uniquely positioned to serve as a valuable resource in this field for the APA.

Founded in 2003, B4U-ACT is a 501(c)(3) organization that promotes dialog between people with a sexual attraction to children or adolescents ("minor-attracted people") and mental health professionals. We have a proven track record of gaining the trust both of professionals and of MAPs in the general population, who normally remain hidden from researchers and clinicians. For example, we regularly conduct workshops that bring MAPs and MHPs together to share their experiences, and we arrange for MAPs to speak to university-level human sexuality classes. Our goal is a more comprehensive and accurate understanding of, and therefore improved mental health services for, MAPs. MHPs say we have helped them gain a "deepening of my appreciation of the experiences and existential concerns that I share with MAPs" and that our workshops "could be the forum to bridge the gap between minor-attracted people and the mental health profession." Through this hands-on experience, B4U-ACT has developed a foundation of knowledge and understanding of exactly the issues the DSM-5 Paraphilias Subworkgroup needs to address with respect to pedophilia.

Therefore, in the interest of a more accurate and useful DSM-5, better-informed mental health professionals, and improved mental health services, we appeal to you, the Trustees of the APA, to instruct your DSM-5 Paraphilias Subworkgroup to open the lines of communication and meet with us in person for a meaningful and productive exchange of information and ideas.

Sincerely, B4U-ACT, Inc.

Qussell a. Dick LCSW-C Richard Kramer

Russell A. Dick, LSCW-C Co-founder, Board Chair

Richard Kramer Director of Operations

Howard Kline Science Director

#### Notes

- [1] News, B4U-ACT, www.b4uact.org/news/. See items of Dec 5, 2009, Mar 1, 2010, and May 3, 2011.
- [2] DSM-IV-TR, APA, 2000, §302.2, Pedophilia, pg 571. www.b4uact.org/ref/APA-2000-DSM4TR-pedophilia.pdf.
- [3] Fact Sheet, B4U-ACT, www.b4uact.org/facts.htm
- [4] Revision to the bible of psychiatry, DSM, could introduce new mental disorders by Rob Stein, Washington Post, February 10, 2010. www.washingtonpost.com/wp-dyn/content/article/2010/02/10/AR2010021000009.html
- [5] The B4U-ACT Survey, www.b4uact.org/science/survey/01.htm
- [6] APA Guidelines Ignored in Development of Diagnostic Criteria for Pedohebephilia by Richard Kramer, Archives of Sexual Behavior, October 30, 2010, www.b4uact.org/ref/Kramer-20101030.pdf
- [7] Bylaws, American Psychiatric Association, §1.2(e) www.psych.org/Resources/Governance/APABylaws.aspx
  - The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, APA, §7.1 www.psych.org/mainmenu/psychiatricpractice/ethics/resourcesstandards/principlesofmedicalethics.aspx
  - Current Activities: Report of the DSM-5 Task Force (March 2009), Report to the APA Board of Trustees by APA Division of Research, February 20, 2009 www.dsm5.org/ProgressReports/Pages/CurrentActivitiesReportoftheDSM-VTaskForce(March2009).aspx
- [8] The B4U-ACT Symposium, www.b4uact.org/science/symp/2011/

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