Promoting Dialog for Understanding Attractions to Minors is part of Prevention

Prevention is a major focus of CURE-SORT. To that end, we seek to communicate with and refer persons and organizations promoting an understanding of those with different orientations, sexual attractions and behavior that may lead to criminal charges. Rather than condemn those who have a different orientation or attraction, we emphasize assisting them to find ways to prevent a bad life for themselves and a possible abusive situation for a potential victim.

Taking a step to assist those who have either been charged with a sex offense, or who have a personality that could lead to an offense if not controlled, can lead to negative responses and ostracization from fellow professionals and individuals. Yet, we feel finding ways to curtail abuse means thinking out of the box. There is no purpose in listening to the evening news reports of some abuse that has occurred, and with the hysteria incited by certain choice words. Working to help stop such action is a positive approach and we commend them.

Included in this approach is challenging the stigma that having a different orientation means a person is someone who is going to abuse. That implication is far reaching and it is time to confront such concepts.

Despite some critical publicity and attacks, B4U-ACT maintains its direction in stating “We are still committed to educating mental health professionals and researchers about the characteristics, behavior, and mental health needs of minor-attracted persons (MAPs), and collaborating with professionals to make humane and effective services that meet those needs widely available.”

B4U-ACT is a unique collaborative effort between mental health professionals and people who are emotionally and sexually attracted to children or adolescents. Established as a 501(c)(3) organization in Maryland in 2003, through the efforts of the late Mike Melsheimer and co-founder Russell Dick, LCSW-C, and with funding from Baltimore Mental Health Systems, its purpose is to promote communication and understanding between the two groups.

B4U-ACT’s ultimate goal is to make effective and compassionate mental health care available to individuals (adults and adolescents) who self-identify as minor-attracted and who seek assistance in dealing with issues in their lives. The organization helps mental health professionals learn more about attraction to minors and consider the effects of stereotyping, stigma, and fear before working with clients who are attracted to minors, and before speaking to colleagues or the public about them. B4U-ACT also aims to educate the citizens of Maryland regarding issues faced by such individuals.

As part of that mission, B4U-ACT holds workshops in Maryland for mental health professionals and minor-attracted persons, led by members of both groups. Each workshop has a particular focus. The first one was held in 2008 and there have been six conducted.

Social workers, psychologists, and professional counselors and therapists who attend B4U-ACT workshops receive continuing education units through Baltimore Mental Health Systems.

In addition to workshops, B4U-ACT currently administers two email listservs: one that provides a forum for mental health professionals and people who are attracted to minors to continue the dialog beyond the workshops, and another that provides peer support for people who are attracted to minors. The B4U-ACT website also includes facts about attraction to minors and advice for those who seek therapy.

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Letters From Across the Nation

The following are excerpts from letters we receive. We appreciate your interest, concern, and feedback. We can’t include every comment. The opinions printed below are those of the writers and do not necessarily reflect the views of CURE-SORT. These are examples of what we receive.

Bob in Massachusetts
I was very much impressed by your “More Addictive Math” article. I don’t believe I’ve ever seen S.A. strategy spelled out this way, or should I say equaled out in such an organized formula. I’m serving a second incarceration for sex offending and I can use all the help I can get. I’ve been in for five and have been in treatment and SLAA ever since. I very much agree that all the “tools” are necessary and that the icing on the cake is a 12 step program. And also that sexual sobriety is a “journey” and not a destination. I’m sorry about the loss of all your friends in the past year.

Zachary in Indiana
Being allowed to read your recent newsletter, I was blessed to see “The Math” broke down as it was and see where I currently am and should have made healthier choices. Thank you for the work you give to your organization and distribute to those of us who have “dark” past lives but desire the light knowledge brings!

From the Editor’s Desk
By Wayne Bowers

With the change of name of the organization a year ago, the final piece of communication puzzle to fall into place is a new website. It is a new look under an updated name from May 2013, and yet we are the same organization, seeking a restorative approach to sexual abuse for all parties involved. The Board of CURE-SORT, and as we were previously known as Sex Abuse Treatment Alliance (SATA), held long discussions about our mission and objectives, and the path that we were following to accomplish them.

The new website address is www.cure-sort.org. In making the name change decision, we realized that our presence on the Internet, which is the foremost place for individuals to seek information and assistance, the previous SATA-SORT website was not up to the standards that we expected.

Originally, we had decided to provide a blog only for exchange of ideas, but realized that access to information regarding the assessment and treatment of individuals who have displayed both inappropriate and illegal sexual behavior, while readily available, was not easily understood. For the most part, information was presented for treatment providers, law enforcement or researchers but not presented in a fashion where the various components were explained as to what they were and how they fit together.

The Board of CURE-SORT set out therefore to re-design our previous web pages under the new domain CURE-SORT.org. This re-design included the verification of previously presented information and categorizing it into the areas where they belonged. We developed information on what assessment and treatment of individuals who had displayed inappropriate or illegal sexual behavior consisted of in terms the public could understand. We developed a greater amount of information on Civil Commitment of those who had completed incarceration of illegal sexual behavior and yet are confined on the premise they may be a danger to re-offend.

It our hope that through this blog we will be able to express news, comments, opinions and updates on issues relating to the assessment and treatment of those individuals who need help in managing their inappropriate and/or illegal sexual behavior. We communicate with numerous researchers and will be relaying new material, and when they seek information or comments from the public for their work, we will announce it.

We openly welcome any input that visitors to this site wish to make and will seek to include those comments in the blog for the discussions it will raise. There will be more material added to the site in the future. And we hope to develop interactive concepts, such as videos of statements and testimonials from persons.

PLEASE NOTE: Check the date on your mailing label to determine if your membership is due to expire. Also, please let us know if your address changes – especially inmates – because your mail will not be forwarded. Be sure to include your prison I.D. number to guarantee proper mailing.
One Person’s Testimonial on CURE-SORT

By Frank in California

(Editors’ Note: We receive numerous letters from prisoners who tell of their journey, who tell of change in their lives, of their goals for the future. This letter, which shows tremendous resolve and determination to turn his life around, is worth sharing. It is an example of how to make change happen, to have people in one’s life for the future, and to point toward a day of release.)

I just wanted to write a letter of appreciation for the help your organization has provided me over the past 10 years. Through your newsletters – and the insights, stories, and relapse prevention inside – I have made great strides in my rehabilitation.

I have been incarcerated since 2003 – I have slightly less than 10 years left to serve – and early on I began working on understanding my “cycle of offense.” Another inmate where I was reluctantly gave me your address because I reluctantly let him know I needed it. I have saved most, if not all, of your newsletters as I can go back and refresh my memory. I answer the tough questions your newsletter poses at times, and I do this in my journal. (I started journaling in part because of something I read in one of your newsletters. It is very therapeutic.)

During my incarceration, and largely due to your newsletters, I have come to see myself as okay. I will always work on my recovery by better understanding my cycle. One other thing that helped with this was a “Victims Awareness Group Workshop” that I attended with several other inmates a few years ago. As part of the workshop we were allowed to write a letter of apology to our victims – via the “victims services laison. (Some inmates wrote, some did not.) I will never know if my victims received my letter. However, that was not the point of the letter. It was mean to gain insight and hopefully assist them in further healing.

I am more aware of my triggers than ever before and do my best to avoid them. I feel more confident about remaining offense free through constant practice of my relapse prevention program.

I have a web of support that has remained, evolved and even grown over the past 10 years. I am grateful for them. I realize that I will need to participate in self-help programs/groups and counseling throughout my life. I look forward to this if it will help achieve my life goal of never creating another victim. I will have to avoid certain situations as mentioned in your newsletter, be aware of my triggers, and pay attention to the alarms when they sound.

I have a fiancé who knows all about my commitment offense and she loves me despite. She is someone whom I cherish because I can live honestly and openly with. . .I need not hide my past. She allows me to speak as openly about my cycle as I choose, and sometimes asks frank questions. The rest of my family (i.e., mom, sister, aunts, uncles, nephews and a brother) are there in different supportive ways. There are times when I’m amazed at the web of support I have.

During my incarceration I’ve accomplished many positive things: I have earned an A.S. in Business (through Coastline Community College), I attended and completed a job in CAL PIA (California Prison Industry Authority) furniture factory, began to learn Chinese Mandarin, and lastly made steps towards going after my Bachelor’s Degree.

In closing, your newsletter has helped me to think of myself as more than just a sex offender. I have shared what I have shared because I think your organization has been instrumental in my rehabilitation thus far. And I hope you remain a part of it. Thank you very much.

Take Note!
New Website and Email Address
Visit us on the web at:
www.cure-sort.org
Email us at:
info@cure-sort.org
Prevention includes Promoting Dialog for Understanding Attractions to Minors  
*con’t from page 1*

**Research**

B4U-ACT has been involved in the development of two non-forensic studies of MAPs and the recruitment of participants for those studies. One is being conducted by researchers at Albert Einstein College of Medicine, the other by researchers at Northwestern University. Both studies are ongoing; major findings will be reported in future news briefs and on our website.

The two surveys that B4U-ACT completed and published on our website (http://www.b4uact.org/science/survey/01.htm and http://www.b4uact.org/science/survey/02.htm) were among the 11 studies related to the stigmatization of MAPs that were reviewed in a recent article published in the International Journal of Sexual Health, entitled “Stigmatization of People with Pedophilia: A Blind Spot in Stigma Research.” The article discusses “the need for more theory-driven, rigorous, and representative empirical studies and propose[s] perspectives and requirements for the scientific study of stigma against people with pedophilia.”

**Education**

B4U-ACT has been assisting a human rights lawyer and documentary filmmaker who is developing a documentary that focuses on law-abiding MAPs and the life difficulties they face.

B4U-ACT co-founder and board chair Russell Dick, LCSW-C, has been asked to speak about MAPs as part of a panel on psychosocial issues of gender identity and sexual preferences at a statewide church conference on social justice.

**Clinical Practice**

Since 2010, B4U-ACT has been campaigning for the reform of the entry for pedophilia in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA). The DSM is used as an authoritative handbook by mental health professionals and laypeople throughout North America, and therefore has tremendous influence on professionals and the public. B4U-ACT has urged the authors of the entry on pedophilia to heed the APA’s guidelines that DSM revisions be based on research from a variety of non-forensic fields, that they reflect the needs of patients rather than focus on social control, and that patient and family groups be involved. B4U-ACT has also requested that inaccurate, severely stigmatizing language be removed from the DSM.

Subsequently the DSM-5, just released this summer, no longer includes such inaccurate and stigmatizing language, and, furthermore, it acknowledges the existence of law-abiding MAPs. It says that if individuals attracted to children “report an absence of feelings of guilt, shame, or anxiety about these impulses and are not functionally limited by their paraphilic impulses (according to self-report, objective assessment, or both), and their self-reported and legally recorded histories indicate that they have never acted on their impulses, then these individuals have a pedophilic sexual orientation but not pedophilic disorder.” It also notes that a significant number of males may be preferentially attracted to children: “The highest possible prevalence for pedophilic disorder in the male population is approximately 3%-5%.”

DSM-5 also notes similar developmental time frames for those attracted to children and those attracted to adults: “Adult males with pedophilic disorder may indicate that they become aware of strong or preferential sexual interest in children around the time of puberty - the same time frame in which males who later prefer physically mature partners became aware of their sexual interest in women or men...Pedophilia per se appears to be a lifelong condition...Advanced age is as likely to similarly diminish the frequency of sexual behavior involving children as it does other paraphilically motivated and normophilic sexual behavior.”

For more information about B4U-ACT or past and upcoming workshops, see www.b4uact.org, or contact B4U-ACT, Inc., P.O. Box 1754, Westminster, MD 21158, phone (410) 848-5431, or email b4uact@b4uact.org.