

# **Psychotherapy for the Minor-Attracted Person**

Minor-Attracted Persons, or MAPs, frequently hesitate to seek psychotherapy for fear of rejection, stigma, harmful treatment techniques or inappropriate reporting. Therapists may be uncomfortable or lack information about this population. This brochure has been developed collaboratively by therapists, MAPs and allies through the organization B4U-ACT to provide you with principles of ethical and effective treatment as well as further resources. There are very few studies on non-offending MAPs or therapy for them; therefore, this document cannot be considered definitive. However, it is based on our experiences providing and receiving psychotherapy, as well as on research on populations facing similar mental health issues, and emerging research on the needs of MAPs. B4U-ACT also promotes research into this population.

## **Who are MAPs?**

- MAPs or Minor-Attracted Persons are people who are both emotionally and sexually attracted to children or underage adolescents.
- The term Minor-Attracted Person is preferred to the word “pedophile,” which is often incorrectly understood to denote a person who sexually abuses children.
- A MAP may or may not have ever approached a child sexually.

## **What do we know about MAPs?**

- Minor-attracted people do not choose to be attracted to children, but they can choose not to act on the attraction.
- Stigma, shame and fear keep many MAPs silent about their struggle.
- Many, perhaps most, MAPs have not offended and will not harm those toward whom they feel affection. Conversely, many, perhaps most, who have offended are not MAPs; sexual offenses against children are often opportunistic or otherwise motivated. Studies of MAPs outside the criminal justice system show that many never offend.
- Both MAPs who have offended against a child and those who never have may seek support to live good lives within the law and their own consciences.
- MAPs may have other life challenges and psychiatric issues (e.g., depression, anxiety, interpersonal issues, loss, addictions, stage-of-life transitions) for which they want therapy, apart from their attraction to children or in tandem with it. However, MAPs may avoid therapy, fearing that the therapist will focus only upon that aspect of their whole being and on risk management.

## What principles guide effective treatment?

- **Trust**

A relationship of trust is the most important aspect of any treatment program. Confidentiality is crucial, and therapists should be versed in the mandated reporting laws of their own states to avoid inappropriate or unnecessary reporting.

- **Autonomy**

Participation in therapy should always be voluntary. Clients should not be forced to participate in any particular therapeutic technique or program. Therapists should not serve as an extension of the criminal justice system; their primary responsibility is to their clients.

- **Client-Centered Focus**

Therapy for MAPs may focus on their minor attraction or not. Like others, MAPs are whole people with a variety of concerns and must be encountered as such, not stereotyped, demonized, or disregarded by changing the focus to prevention. MAPs, like any other client, know what support and assistance they need and should participate in deciding the focus of their therapy.

- **Knowledge Base**

The chief treatment error made by therapists is the conscious or unconscious belief that a MAP seeking treatment inevitably has or will molest a child.

MAP-informed therapists understand that, while similarities to sexual offenders against children exist, significant differences between the two groups also exist, particularly in their management of their sexual feelings. These therapists understand the similarities and differences and treat their clients with evidence-based methods appropriate to the individual client.

The preferred model of treatment is LGBT affirmative psychotherapy, which treats sexual feelings as innate, unchangeable and subject to personal acceptance. The American Psychological Association provides guidelines on its website (see below). Applied to the minor-attracted person, affirmative therapy separates sexual orientation from its expression, emphasizing acceptance and personal growth. **This in no way endorses sexual contact between adults and minors.**

Awareness of the shame, stigma and fear of exposure that MAPs experience due to their sexual and emotional feelings is crucial to treatment.

Therapists should provide a proper diagnosis but use caution in recording a diagnosis of Pedophilic Disorder, because the associated stigma can negatively affect treatment.

All therapists can and should learn to treat MAPs. If they are unable to meet the needs of a client, they should make an appropriate referral.

More research with non-forensic MAPs is required to develop evidence-based practice with MAPs. As with other disenfranchised communities, the principle “nothing about us without us” applies; treatment programs should not be developed without MAPs participating in the process.

## What are the legal and ethical concerns?

- The approach advocated here is consonant with the ethical guidelines of the American Psychological Association, National Association of Social Workers, American Psychiatric Association and other professional organizations for psychotherapists.
- Regulations governing reporting of child abuse differ greatly from state to state. Lawful, effective, ethical treatment of MAPs requires knowledge of local reporting laws. Inappropriate or unnecessary reporting destroys the therapeutic alliance, while early transparency about reporting enhances trust – which can protect children.
- Supporting MAPs in living productive, fulfilling, respected roles within their community will promote their emotional stability and thereby help to keep the community safe.

## What other resources are available?

- <http://www.apa.org/pi/lgbt/resources/guidelines.aspx> – American Psychological Association guidelines for affirmative psychotherapy.
- <http://www.thisamericanlife.org/radio-archives/episode/522/transcript> – *This American Life* podcast tells the story of a teenaged MAP seeking treatment
- <http://www.b4uact.org/> – advocates for ethical and compassionate mental health services for MAPs
- <http://www.asapinternational.org/index.html> – brings together mental health professionals and individuals who are sexually attracted to children
- <http://virped.org/> – Virtuous Pedophiles, support and resources for MAPs who wish to live within the law

Therapists wishing to become signatories to the B4U-ACT treatment practices and join our list of available therapists should review the “Principles and Perspectives of Practice” document found at <http://www.b4uact.org/about-us/principles-and-perspectives-of-practice/>, then submit their CV and a brief statement about how their practice and perspectives reflect the goals and principles fostered by B4U-ACT to [signatorylist@b4uact.org](mailto:signatorylist@b4uact.org) to begin the signatory process.

MAPs seeking a therapist on B4U-ACT’s signatory list can direct their inquiry to [findtherapist@b4uact.org](mailto:findtherapist@b4uact.org). MAPs may also want to review our guidelines for choosing a therapist found here: <http://www.b4uact.org/attracted-to-minors/professional-support/>

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