

# Injustices Facing Minor-Attracted People and Those Who Support Them in the Mental Health Community

## Executive Summary

This document is the first of its kind to provide research-based information about the various kinds of injustice MAPs (Minor-Attracted Persons) face, and the people who support them, including mental health providers and researchers. The document illustrates these injustices with actual stories and lived experiences that have been submitted to B4U-ACT.

MAPs face stigma, discrimination, and oppression on multiple levels: ideological, institutional, interpersonal, and internalized oppression. Stigma manifests in hostile public attitudes, sensationalized rhetoric, and threats of violence, contributing to a myriad of mental health challenges, including depression, anxiety, and suicidality. Internalized stigma intensifies shame, hopelessness, and social isolation. Additionally, conspiracy theories falsely depict MAPs as manipulative and dangerous, fueling further isolation and fear.

Due to stigma, MAPs face profound invisibility and voicelessness, and are often depicted as criminals. Further, public narratives and media representations of MAPs conflate attraction with criminal behavior, thereby creating a false narrative that all MAPs engage in such behavior. Similarly, social justice movements (e.g., for LGBTQ rights) actively exclude MAPs, claiming that they undermine their goals. This marginalization and hate perpetuate harmful narratives, damage MAPs' mental health and well-being, and deny MAPs equal life chances.

Indeed, MAPs experience significant discrimination in employment, education, and housing, often leading to instability and social alienation. Legal harassment includes penalties or investigations for lawful behavior due to stigma. MAPs face barriers to affirming and competent therapy as many mental health providers lack appropriate training and hold biases. MAPs also avoid accessing mental health care due to fear and wrongful application of mandated reporting laws. Relatedly, forensic treatments often involve dehumanizing practices that further harm the mental health of MAPs involved in the criminal punishment system. These systemic barriers worsen stigma, isolation, and mental health outcomes for MAPs.

Like MAPs, mental health providers supporting them face professional and public backlash. They encounter pressure to prioritize shame-reinforcing treatments, public attacks for humanizing MAPs, and retaliation for whistleblowing. Similarly, researchers face systemic barriers to conducting studies, media condemnation, and professional stigma, deterring essential work and suppressing open inquiry into MAP-related issues.

## Contents

<b>Introduction.....</b>	<b>2</b>
<b>Anti-MAP Stigma, Discrimination, and Oppression.....</b>	<b>3</b>
● Social Stigma and Hostility.....	3
● Internalized Stigma.....	4
● Family and Relationships.....	4
● Conspiratorial Hatred.....	4
● Invisibility/Social Powerlessness.....	4
● Employment, Educational, and Housing Discrimination.....	6
● Legal Harassment.....	7
● Lack of Access to Supportive Therapy.....	7
● Mandatory Reporting Laws.....	9
● Harmful or Unjust Forensic Treatments.....	10
<b>Violations of Practitioners’ Rights.....</b>	<b>10</b>
● Hierarchical Pressures.....	10
● Media and Public Attacks.....	10
● Contractual or Institutional Restrictions.....	10
● Retaliation for Whistleblowing.....	11
<b>Violations of Researchers’ Rights.....</b>	<b>11</b>
● Systemic Barriers to Research.....	11
● Media and Public Attacks.....	13
● Severe Courtesy Stigma.....	13
<b>References.....</b>	<b>14</b>

## Introduction

**The Problem:** While minor-attracted people are among our family members, colleagues, and friends, stigma forces them into hiding, rendering them invisible and vulnerable to mental health difficulties. This stigma also contributes to violations of their rights and those of professionals who wish to understand and support them. In spite of continuing research, there still exists a stark lack of understanding within professional communities of how the behavioral and mental health systems and academia are experienced by minor-attracted people and those who support them clinically or who conduct related research.

**Purpose:** This information sheet aims to offer an entryway into a deeper understanding of prevalent injustices and challenges that face these individuals. It will provide readers with an introduction to the ways in which the rights of MAPs and those who work with them are violated. The intended audience consists of practitioners and scholars who already have some understanding about MAPs and are open to learning about such concerns. Those who are new to the topic of MAPs will find it helpful to first [learn about them here](#) and [deepen their understanding here](#).

**Our Mission:** To identify and work towards eliminating structural violations of MAPs' civil/human rights, as well as systemic restrictions and punishments imposed on professionals who advocate for those rights in academia and in both forensic and non-forensic mental/behavioral health settings.

This document outlines various kinds of unjust restrictions, punishments, and violations of rights that MAPs, practitioners, and researchers experience, and illustrates them with stories that have been submitted to us. It can be used as the basis for developing additional documents, such as letters/opinion pieces to be published in professional magazines, white papers, or position papers.

### **Anti-MAP Stigma, Discrimination, and Oppression**

MAPs face extreme, persistent, and unjust stigma, discrimination, and oppression on multiple levels:

- Ideological: values, norms, and widespread belief systems that underlie anti-MAP oppression (e.g., a belief that attraction to minors is “unnatural”; the automatic association of attraction to minors with sexual crimes)
- Institutional: anti-MAP policies, laws, regulations, and community/general public attitudes towards MAPs (e.g., not considering pedo/hebe/ephebophilia a sexual orientation and thus not a protected class, widespread negative attitudes towards MAPs by professionals and the public)
- Interpersonal: Anti-MAP oppression occurring in various relational contexts (social and familial rejection, bullying)
- Internalized: the internalization by MAPs of chronic oppression, manifesting itself in multiple ways (e.g., intense shame, self-hatred, and heightened sensitivity to rejection)

Studies have consistently shown that constant multi-level oppression leads to devastating mental health outcomes for its targets (Hatzenbuehler, 2016; Meyer, 2003). Below are some specific examples of the connections between anti-MAP multilevel oppression and mental health among MAPs:

- **Social Stigma and Hostility:** Public perceptions of MAPs are often based on misconceptions and misinformation, leading to widespread stigma and hostility (Jahnke et al., 2015). MAPs fear or actually face intense social isolation, rejection, and harassment from those in their everyday lives (Elchuk et al., 2022). Hostility toward MAPs whose sexuality is known can rise to the level of intimidation, harassment, and threats of violence by anti-MAP crusaders online or in their local communities (McDonald, 2014; Ireland, 2023; Hussey, 2024, Campbell, 2015; Stroud, 2016). Support for the murder and torture of MAPs is openly expressed on internet forums and comment sections (Nematy et al., 2024; Chamandy, 2020), and many politicians, journalists, and clinicians engage in sensationalized and dehumanizing rhetoric against MAPs without social or professional repercussions (Lynch, 2002; McCartan, 2010; ATSA, 2005). These reactions or feared reactions can contribute to feelings of alienation, hopelessness, depression, anxiety, and suicidality.
  - Frank wrote: The world sees minor attraction as the disorder...I know it's the isolation we're either forced or guilted into that makes us monsters. When you find acceptance, peace, and good coping mechanisms, you don't lash back out and you don't lose your

heart and morality. I will continue to fight for others to have a chance at being heard truly and without stigma.

- **Internalized Stigma:** Internalized stigma occurs when members of a stigmatized group adopt (consciously or unconsciously) society's negative views of themselves. MAPs commonly internalize society's hurtful messaging about them, namely that they are predatory and psychopathic. Higher levels of internalized stigma among MAPs is associated with higher levels of guilt and shame, less hope for the future, and worsened psychological well-being (Lievesley et al., 2020).
- **Family and Relationships:** Stigma can make it difficult for MAPs to disclose their feelings or experiences, or to seek understanding and support from others, including family members and close friends. This can lead to profound negative effects on relationships and emotional well-being.
  - Frank wrote: My mother never gave a real apology for shaming my attractions during a family therapy session and threatening to disown me. Though things between us have improved. Upon returning home I was able to spend time to myself uninterrupted with no shame for it, and eventually realized how to manage the social fatigue I dealt with. Once building better relationships, my attractions were no longer a part of my "erotic escapism" and daydreams coming with such. They took a back seat in life, faded but there. I am still a MAP, I never needed to recover from that. I'm over a year clean from any substances and on medication that genuinely works for me. I know how to manage my irritability, how to tell those around me when I need physical or emotional space, and so much more.
  - See also Clay's story under **Mandatory Reporting Laws**
- **Conspiratorial Hatred:** MAPs have been at the center of many of the most entrenched conspiracy theories of recent times. It is often claimed that MAPs wield immeasurable power over society; that they operate highly organized networks around the world in order to sexually abuse, and sometimes murder, young people with impunity (Hagopian, 2019). Such fantastical beliefs, especially those involving ritualistic activities and Satan worship, are far from universal. Nevertheless, many ordinary people still believe that MAP's efforts for social justice and dignity is a covert ploy to "gain sympathy while they prey on children" (Dillon, 2019; de Graaf, 2016). This image of MAPs, not as marginalized and vulnerable sexual minorities, but as organized and manipulative deviants conspiring for control, contributes to MAPs feelings of fear of societal harassment and violence and forces them further into isolation.
- **Invisibility/Social Powerlessness:** MAPs are forced into invisibility, excluded from both social and academic spaces, and rendered voiceless in broader societal conversations. This invisibility manifests in several profound ways:
  - **Silence and Voicelessness:** MAPs frequently experience a socially enforced silence, where their existence and perspectives are ignored or deliberately suppressed. They often go through life without the opportunity to express their feelings or experiences openly,

leading to a profound sense of isolation. This silence extends to conversations about fundamental aspects of life such as health, love, and fulfillment, where MAPs are systematically excluded and their needs overlooked. The overwhelming silence they experience forces them to continually question their own worth and legitimacy in society.

- Clay wrote: I figured out I was a pedophile when I was in middle school. I lived with it for a while and was mostly comfortable with it. Everything except for the silence, the lying. While my friends were "coming out" and I was presumed to be gay, I felt like I was deceiving everyone around me.
- **Exclusion from Discourse:** In public and private discourse, MAPs are rarely mentioned, and when they are, it is often as sexual predators who need to be captured and quarantined from society. The word “pedophile” is often used as a slur, meant to dehumanize a person and make them feel less worthy than everyone else. On social media, MAP voices are routinely suppressed through the deletion of their accounts; prohibiting them from speaking out about their experiences of injustice (Harper, 2020). This exclusion creates a cycle of silence and misunderstanding, further entrenching the stigma they face.
- **Epistemic Injustice:** One of the most pernicious ways MAPs are marginalized and stigmatized in our society is via epistemic injustice. Epistemic injustice refers to the ways the voices and experiences of certain groups are systematically misrepresented, delegitimized, and denied (Fricker, 2007).
  - Epistemic injustice takes two primary forms. The first is “testimonial injustice.” Testimonial injustice related to the ways certain groups are denied the right to speak on their own behalf. Many argue that the feelings and beliefs of MAPs must be interrogated for “cognitive distortions” (Verrijdt, 2019; Malesky & Ennis, 2004; for a critique of the validity of the “cognitive distortion” construct in research, see Janssen, 2012; Maruna & Mann, 2006; Fog, 1992; Fanetti, 2014). It is very often assumed that MAPs are deceitful and manipulative people who must be distrusted, as opposed to a diverse population with valid ideas which should be engaged with on their own merit.
  - Another form of epistemic injustice is “hermeneutic injustice.” Hermeneutic injustice involves more than simply doubting certain groups, but describes the way socio-political power works to shape concepts in a way that makes the experiences of certain groups unintelligible, to themselves and to others. Many equate the attraction to minors with the desire to harm and manipulate the young (Zurita, n.d.; Itzin, 2001; Bogdanova et al., 2012; Cruz, 2020). The construction of MAP sexuality as a pathological urge to exert power over others makes other concepts such as the well-documented feelings of romantic attraction to minors (Levitan, 2024) incomprehensible and limits the ways MAPs are able to understand and communicate their experiences to others.

- **Visibility as Criminals:** In spite of the fact that most people (perhaps unknowingly) have loved ones, friends, and acquaintances who are attracted to minors, MAPs are only visible within society as part of a criminal subgroup. Although innumerable MAPs abide by the moral and legal standards of their society, many do not dare disclose their sexual orientation, even to close friends and family. This ensures that people's only image of MAPs is through the criminal justice system (Cash, 2016). This limited visibility reinforces negative stereotypes and prevents the recognition of MAPs as multifaceted individuals with diverse experiences and needs. They are seen only in the context of crime and deviance, not as members of the broader, decent society. This distorted visibility exacerbates their marginalization and the challenges they face in seeking acceptance and support.
  
- **Exception to Social Justice Movements:** MAPs often find themselves excluded from broader social justice movements, including those advocating for compassion, LGBT rights, and other marginalized communities (Bailey, 2023; Walker, 2020). This exclusion is very often explicit, with LGBT groups in particular distancing themselves from MAPs and equating it with sex abuse (Gamson, 1997; Levine, 2017; Paternotte, 2014). Despite the similarities in their struggles for recognition and support, MAPs are often seen as exceptions to these movements. Many even claim that MAPs are dishonestly attempting to "infiltrate" sex and gender diversity movements to parasitically enjoy the social benefits justly deserved by others (Aarons, 2020; LaMagdeleine, 2023; Bindel, 2023). This exclusion highlights a double standard in the application of social justice principles, where MAPs are denied the empathy and advocacy extended to other groups.

The invisibility and social powerlessness of MAPs constitute a significant barrier to their mental health and well-being. By not acknowledging their existence and excluding them from essential conversations, society perpetuates their marginalization and the stigma they face. Addressing this invisibility requires a concerted effort to include MAPs in discussions about health, love, and fulfillment, and to challenge the harmful narratives that contribute to their exclusion.

- **Employment, Educational, and Housing Discrimination:** MAPs whose sexuality is known often face severe restrictions on their movement, employment, education, and housing due to their perceived risk to others or to the reputation of employers, institutions, or property owners. Such restrictions can be imposed formally or informally by employers or property owners when no crime has been committed. In cases where they are imposed by legal authorities due to a sexual crime (e.g., public registries), they are much more severe than those imposed (if at all) for any other kind of crime, even one involving serious violence. In all cases, these restrictions lead to economic instability, homelessness, and social alienation, with associated negative effects on mental health.
  - Mark Miner wrote: I was fired from a HS teaching position because the school admin found out I was posting on BoyChat. I was put on a watch-list. I took my credentials to other districts and went right on with my teaching career. But there was only ONE good position teaching Greek/Latin in the county, and I got aced out of that. Since I came out

publicly as a BL in 2010, with the publication of *Defense of Uranian Love*, I haven't been able to book gigs performing poetry, even tho I'd had no problem booking gigs of Homer before, and toured extensively in 2005-8, and even though I'm careful to set the paederastic/boy-love moment in a larger context of male identity formation. So there's clearly an uphill atmosphere of prejudice, even now in 2024. On the other hand, living quietly in a basement means I can get a lot of philology done.

- Joe wrote: I had almost completed my master's degree in mental health counseling when Walden University dismissed me based solely on my sexual orientation. I sued for the loss of the \$40,000 tuition, but the judge dismissed the case with prejudice, stating that the student handbook assurances of non-discrimination and social change did not create a contract and even if it did, the wording of the DSM-5 had been changed from "sexual orientation" to "sexual interest." God brings good things out of a bad situation and I immediately began receiving calls for help from minor attracted persons in various parts of the world, since I was no longer a mandatory reporter.
- **Legal Harassment:** MAPs whose sexuality is known or disclosed can face legal penalties, harassment by police, or involuntary institutionalization simply for disclosing their attraction to minors, even when they have no history of offense and pose no current threat. They can be investigated or prosecuted for behavior that is legal for others, such as interactions with minors or possession of images of them, despite not being sexual in nature. Such practices further isolate MAPs from society and leave them without support, navigating a system that consistently violates their human rights.
- **Lack of Access to Supportive Therapy:** Many MAPs who could benefit from therapy avoid seeking it due to the difficulty of finding knowledgeable and supportive therapists, and/or fear that therapists will judge them negatively or treat them unethically. All of these difficulties stem from public and professional fears and stigma directed toward MAPs. Funding for research, professional education, and therapeutic services in this area are limited, so there are few evidence-based treatment options, support, and resources available. Therapists may refuse to work with MAPs due to their lack of knowledge or comfort, or because they fear MAP clients could pose a risk to their other clients or to their own reputations. Those who are willing to work with MAPs may hold conceptions of them as potential criminals and focus on reducing their attractions or controlling their behavior, sometimes using adversarial forensic methods (see below), rather than addressing their mental health. This can intensify stigma and worsen mental health problems. While there are knowledgeable therapists dedicated to working with MAPs in a supportive way, their numbers are insufficient to meet the demand, and they can be difficult to find as they rarely advertise publicly.
  - Joe wrote: After we moved to a new area, I was looking for a MAP-friendly therapist. I contacted one from the ASAP list. She was not accepting new clients, but referred me to one of her associates. I thought we had a good session and felt she was very understanding, but then she emailed to inform me that I could not be her client since I had not offended. She did not provide me with a referral and I was left feeling helpless and hopeless.

- Frank wrote: While in a rehabilitation center (as a minor) I was treated more poorly by staff after they were made aware of my attractions (both to children and dead bodies). I was consistently disregarded in my own treatment, and made to "treat" these attractions despite them being completely irrelevant to the real issues that made me dysfunctional and unhealthy. At the time I was antisocial, irritable, and dealt with horrible all-or-nothing thinking. At one point in my treatment, a piece of highly personal information was shared with my fellow peers by my individual therapist. I was given nothing more than a forced apology. Threats made against me by my peers, including physical ones, for my weird demeanor and poor filter, were ignored. I remember being told I was "not evil" and could be redeemed in a way, but only if I changed what I was. Not what I did, not learn to control my feelings more.

Eventually there was a breakthrough, it took me lashing out to direct attention to how repressing these feelings was not working and how my therapist should know it. In her voice I could always hear how she thought of me as violent and predatory, and yet everyone in my life knew the most I'd done was clench my fists ("violence"), and manipulate older men for money I'd use on drugs and other forms of escape. My attractions were mentioned in servers [online platforms] with others who were strictly against acting on them, and again, my therapist was aware. After lashing out, things did change. I'm lucky for it. My attraction was brushed aside and I learned how to communicate and eventually found what worked for me socially.

- Moped wrote: I have only seen one therapist three times, about four years ago. I don't remember much from the sessions and I felt they lacked in tangible advice for dealing with my urges, but maybe I was a little impatient. In the third session he advised I stop talking to other MAPs, knowing that I only talked to anti-contact MAPs who were my closest friends at the time. My bigger issue is that it's so difficult to get mental health support in the first place. I have not experienced much strife within the mental health system because I haven't felt comfortable entering it. There are maybe one or two other therapists that I could see in my country, but it would require research to find them and I'd be paying private prices because it feels unsafe to go through the public system or medical insurance.
- Logan wrote: I last saw a therapist in June 2018. The therapist — who I was referred to specifically because he supposedly specialized in MAP clients (by another therapist who was on B4U-ACT's list of MAP-friendly therapists yet said he couldn't deal with my "attractions") — told me that if I wanted to be around kids I'd have to inform the kids' parents that I'm a MAP. When I said that wasn't fair and asked why I should have to, he simply said "because they're kids". When I told him that wasn't a valid reason he tried to diffuse the situation by changing the subject but that just made me even angrier and I blew up at him. He told me he was done seeing me as a client and threatened to call the cops if I wouldn't leave. I stormed out of his office in a fury and to this day I have a deep distrust and disdain for therapists and the mental health industry as a whole. If professional therapy works for other MAPs, all power to them, but I wouldn't recommend

any MAP seek such therapy and instead I'd suggest they get help through peer support groups and forums like B4U-ACT.

- **Mandatory Reporting Laws:** While laws requiring clinicians to report suspected or potential sexual abuse are intended to protect children, they often function as the catalyst for the criminalization of MAPs simply for their thoughts and feelings of attraction, in the absence of any illegal behavior, resulting in the inability to receive mental health support when needed. This occurs in multiple ways. MAPs who enter therapy may encounter clinicians who report their case despite the absence of any illegal behavior or immediate risk, often due to misconceptions about mandatory reporting laws and a cautious approach to protecting their professional license. This phenomenon can also significantly deter MAPs from seeking necessary mental health support due to the threats of legal repercussions, social ostracization, and potential professional or personal consequences (Chronos et al., 2024). MAPs are aware /fear that disclosing their thoughts and feelings in a therapeutic setting, even when no illegal activity has occurred, could lead to involuntary disclosure to law enforcement or child protection services. This fear is compounded by the risk of exposure to family members, employers, and their community, which can result in stigma, loss of employment, social isolation, and emotional trauma. Consequently, the reluctance to seek support is heightened by the understanding that, without anonymity or confidentiality, the therapeutic environment might not be safe or supportive, which is especially problematic for those experiencing severe mental health crises. Furthermore, when MAPs are minors, they are not assured of confidentiality from their parents (Behnke & Warner, 2002). Therapists may report their attractions to parents, leading to trauma for the client.
  - Clay wrote: When I was about 15 or 16, I decided to tell someone I trusted. I chose my school guidance counselor, who I already had a relationship with and had helped me process my parents' divorce. I thought it would be confidential and safe as far as first steps went. I told her and thought it went well. She seemed ok with it.

The next day, I was called out of class into the school psychologist's office. I had never met her before that day. She told me that the guidance counselor had informed her of my disclosure. In response, she called my parents out of work to the school. They were waiting in another room. She told me that I had to tell my parents what I had told my guidance counselor. I begged her not to. My mother would not have been OK with me being gay, let alone a pedophile. The psychologist told me that if I did not disclose to my parents, she would do it for me. I refused. So she brought my parents in and explained to them that I was a pedophile. She requested that I be "evaluated by a specialist" to determine if I was a "risk" to the neighboring elementary schools. They wanted me to do 10 sessions with the specialist, who could then report back to the school. My parents agreed and left. I was sent back to class.

Two days later, my mother kicked me out of the house. Luckily, my father agreed to let me live with him. I moved in with my father an hour away, completed the 10 sessions, went back to school, and never spoke with another professional again. My mother tried to get me into a treatment program for sex offenders despite never having committed any offenses. According to my father, they used shock therapy there. I narrowly avoided

being sent there at 16. All because confidentiality did not count for me and no one bothered to find out what the consequences would be if they told my parents. I could have told them, but no one even thought to ask whether my life could be destroyed by it. I was suicidal for years after. When I turned 18, I left home and never turned back. To this day, despite wanting and needing therapy several times, I have chosen not to return.

- **Harmful or Unjust Forensic Treatments:** Within the criminal legal system, MAPs suspected or convicted of violating the law are subjected to adversarial and anti-therapeutic methods that focus on behavior control to the detriment of mental health, such as polygraphy, extreme confession, and castigation for acts, thoughts, and feelings (Spencer, 2009). Forensic treatment requires MAPs to express guilt and shame for having the thoughts and feelings that result from their age orientation. If they don't repudiate these feelings, they are considered to be a continuing "risk" (Levine, 2002; Worrell, 2000). MAPs also face behavioral risk assessments based on their immutable sexual feelings, degrading and arguably sexually abusive practices to measure and control those feelings (plethysmography and aversive conditioning), and unconstitutional indefinite confinement through "civil commitment." Such confinement is at least partly conditioned on elimination of their attraction to minors, which usually results in life-time confinement, irrespective of their actual behavior or intent.

### Violations of Practitioners' Rights

It is not only MAPs whose rights are violated. Clinicians who work with them or speak publicly about them in humanizing ways can also experience injustice or be pressured to perpetrate injustice.

- **Hierarchical Pressures:** Clinicians face hierarchical pressure from employers to center psychotherapy on "behavioral management" and "behavioral corrections" for prevention of offending upon a client's disclosure of attraction to minors even when the client has no history or current concern of offense. Such pressures encourage therapists to reinforce stigma and impede their ability to meet clients' mental health needs, in contradiction to fundamental professional and ethical principles.
- **Media and Public Attacks:** Mental health providers can face harsh backlash from the public, the media, and politicians for naming MAPs as a client population, speaking about them in humanizing ways, and focusing on their needs rather than portraying them solely as societal risks (Miller, 2022). They can be inaccurately attacked as condoning child sexual abuse and pressured to leave their positions.
  - [Click here for one mental health professional's story](#)
- **Contractual or Institutional Restrictions:** Practitioners contracting with the criminal punishment system can face restrictions and requirements due to their contracts or institutional culture that force them to ignore clients' mental health needs, or to provide treatments that (as described earlier) could be harmful to their mental health or violate their human rights.
  - MAPSS wrote: I worked with an individual (60s) with a history of incest and sexual crimes against minors, he had been in [civil] commitment for over a decade when I

interacted with him. Over the course, I watched as this individual was constantly told he could not interact with younger male peers in their 20's/30's due to it being perceived as 'grooming.' He would discuss his attraction towards minors and his worries/safety plans, however, any contact with peers younger than 50 was deemed inappropriate and counted against treatment progress. But isn't it better if he can get his needs met with consenting adults as opposed to minors? How can we tell someone their interactions with consenting adults are inappropriate?

- When my patients would experience some severe suicidal ideation, I would consult with the treatment team about giving them some extra care/attention/day off from mandatory activities. However, no one would believe the patients when they expressed such feelings as workers were worried about being 'conned and lied to.' Moreover, when therapists discussed such concerns for patients, we would occasionally hear others expressing with concern their worry about us being manipulated despite patients occasionally making sporadic suicide attempts, or suicide attempts immediately after release.
- **Retaliation for Whistleblowing:** Practitioners who wish to report unethical or improper practices by colleagues toward MAPs can face retaliation or threats of retaliation from supervisors.
  - MAPS1 wrote: When I was training as a doctoral student to administer recidivism risk assessments, I worked with an individual whose only convicted crime was a non-contact offense (child pornography related/not manufacturing). When I was looking through his commitment papers, I noticed that a big part of his commitment was due to him being deemed a 'dangerous sex offender'. However, upon further review, I noticed this individual was deemed so using actuarial assessments not normed for non-contact offenses, in other words, he was committed using assessments normed for individuals who had at least one contact offense (which this individual did not). As this individual was lower functioning, he would get into occasional fights and was perceived as 'non-forthcoming about his deviant desires' which impacted his ability to move to the second phase of commitment. He was at the facility >6 years when I worked with him. My supervisor was supportive and asked me not to use the wrong assessments like the previous assessor, but we couldn't reveal this information to anyone as it would likely bring up charges or look poorly on the assessing psychologist who deemed him a 'dangerous offender.'

### **Violations of Researchers' Rights**

- **Systemic Barriers to Research:** Research on attraction to minors faces substantial barriers, including difficulties obtaining Institutional Review Board (IRB) approval, due to the sensitive and stigmatized nature of the topic. Researchers often encounter higher standards and demands that can be nearly impossible to meet, further hindering progress in understanding and supporting MAPs.
  - Artemis wrote: I will provide just one example, as reflecting on my experience would require writing a chapter, if not a book. Let me suffice it to say the process of obtaining institutional approval for the research on MAPs. It spanned two years. I aimed to conduct

interviews with both non-offending and convicted MAPs on a topic unrelated to sexuality or sexual life.

For each sample, a standalone approval process was required, involving two distinct stages. The first stage was managed by the Data Protection Office (DPO), where researchers must submit applications for studies categorized as high-risk before proceeding with the institutional ethics review (IRC). The main purpose of the data protection review is to safeguard participants' rights over their data and ensure personal data security. This stage typically involves two administrative personnel. In my case, eight individuals reviewed the application, including the research advertisement, interview schedule, information leaflet, and informed consent form. All reviewers were unfamiliar with the subject matter, and the process resembled a comedy-drama, with tens of comments that can be textbook examples of moral panic.

When attempting to interview offending MAPs, I sought to recruit from an organization that provides treatment programs to individuals involved in the criminal justice system due to CSA-related offenses, including convicted MAPs. Clients were already fully involved with law enforcement, with the treatment provider primarily responsible for child safeguarding and gatekeeping. However, the reviews by the DPO transformed the research information leaflet into an intimidating legal text, with four warnings about potential repercussions, including legislative references, for any mention of child victims or individuals related to the victim or the incident of abuse.

I resisted the inclusion of repeated legislative references in the participant information leaflet, but I faced the institution's lawyer intervention. I had to accept their revisions. Even the director of the therapeutic organization expressed concern that nobody would agree to participate in the research after reading the leaflet, stating that they had never seen such an information leaflet, which was completely discouraging and threatening. The advertisement for the research yielded no participants despite the fact that there were MAP clients in the organization. One of the comments that I received during the review process from two reviewers was that "compensating such participants would be inappropriate." I finally convinced the IRC and DPO that all participants should be compensated for participation in the research. Nonetheless, no one dared to come forward given the tone of the leaflet, and the project was halted.

Regarding study on non-offending MAPs, I was prohibited from mentioning any organizations related to pedophilia for data collection, as it was considered as potentially damaging to the reputation of the academic institution by DPO. The IRC obsessively focused on the potential disclosure of a crime during the interview process. Participants were discouraged from self-incrimination and discussing illegal activities, and were informed about local mandatory reporting laws, as is customary in most information leaflets and informed consent forms. I aimed to conduct interviews anonymously and online, without knowledge of participants' identities, off-camera, and without knowing their locations. However, I was then questioned about how potential abuse would be

reported if interviews were fully anonymous, and why there wasn't a safeguarding plan for children.

I explained to the IRC that I would report any potential crimes if I could recognize the victim and the perpetrator, but this would be impossible due to an inevitable requirement of anonymity and a lack of information regarding the potential victim's name, the perpetrator's identity, and location. Therefore, I bore no legal, ethical, or professional responsibility in this regard when I had no information. However, the IRC believed there was an insufficient action plan in place to report any potential crimes. They expected me to devise a flawless strategy to report such cases to law enforcement while guaranteeing full anonymity for all participants. It's evident that these two expectations are mutually exclusive and present a logical paradox. In summary, they not only failed to provide any practical solution but also responded with a hostile tone and did not grant approval for conducting interview-based research.

While it may be idealistic to expect them to educate themselves about MAPs, I wish those in positions on the IRC or in data protection roles were at least trained in some basic principles of logic. All comments were driven by ideology and prejudice towards MAPs. Scarcely did I encounter any that reflected concerns about genuine research issues such as anonymity or confidentiality. Two halted projects and two years waste of time and energy. What else could it be called if not sabotage?

- **Media and Public Attacks:** Like clinicians, researchers who study MAPs in ways that humanize them can face public, media, and political attacks, potentially resulting in pressure to leave or official suspension or removal from academic positions. Awareness of this possibility also deters researchers from pursuing or continuing work in this critical area.
  - A notable example is Dr Allyn Walker, who was placed on administrative leave and pressured to resign, following public outcry over their research and use of the term “minor-attracted persons,” which was misinterpreted as condoning sexual abuse.
- **Severe Courtesy Stigma:** Researchers experience a Catch-22 dilemma wherein conducting studies on MAPs that challenge their stigmatization results in repercussions (demotion, denial of tenure, termination, condemnation, or ostracization) that decrease their own credibility and influence in academia (Asbury, 2021; Farmer, Salter, & Woodlock 2024). The fear of such retaliation, both professionally and personally, looms large, inhibiting open inquiry and discussion essential for advancing knowledge and support for this marginalized population.
  - See the example of Allyn Walker.

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