ABSTRACT
This document presents a summary of research on key topics concerning MAPs.
B4U-ACT Research Team
# B4U-ACT’S RESEARCH SUMMARY

*December 2020*

Table of Contents

1. Overview ......................................................................................................................... 2
2. Prevalence .......................................................................................................................... 5
3. Nature of Minor Attraction ............................................................................................... 6
4. Causes and Development ................................................................................................. 6
5. Behavior ............................................................................................................................. 7
6. Personality Characteristics ............................................................................................... 8
7. Immutability ..................................................................................................................... 8
8. Mental Health Issues ....................................................................................................... 9
9. Therapy ............................................................................................................................ 10
10. MAP Youth ................................................................................................................... 10
11. Coming Out ................................................................................................................... 11
12. MAP Identity .................................................................................................................. 12
13. Public Attitudes ............................................................................................................. 13
14. Stigma in Research ........................................................................................................ 13
15. MAPs Who Have Broken the Law .................................................................................. 15
16. References ..................................................................................................................... 17
1. Overview

It is unknown how many people in the general population are emotionally and sexually attracted to children or pubescent adolescents. Evidence suggests that many, perhaps most, adults may have a limited level of such feelings, but they are subordinate to their feelings for adults.¹

However, some adults are preferentially attracted to underage youth. We refer to these individuals as minor-attracted persons, or “MAPs.” Most of those who have been identified are males, and current theories about age-related sexual preference posit that males are more likely to be attracted to younger persons than females². Experts estimate that 0.5% to 5% of all males are preferentially attracted to younger children or adolescents³, although there is no solid data to support these figures. If these experts are correct, then between 600,000 and 6 million men in the U.S. are preferentially attracted to children or younger adolescents, and between 60,000 and 600,000 adolescent boys are themselves preferentially attracted to children or adolescents younger than themselves. (For more details, see the Prevalence section.)

Attraction to underage youth typically involves feelings of both romantic affection and desire for friendship⁴. Minor-attracted persons often show a desire to protect children and make them happy⁵. Preferential attraction to infants and toddlers has been termed nepiophilia; to prepubescent children, pedophilia; and to pubertal adolescents, hebephilia⁶. Together, these constitute the umbrella term of minor attraction. Pedophilia is listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, but is only considered a disorder if acted upon illegally or if it causes distress⁷. While nepiophilia may be considered under the umbrella term of pedophilia, hebephilia is not mentioned at all. (For more details, see the Nature section.)

No one chooses to be emotionally and sexually attracted to children or adolescents. The cause is unknown; in fact, the development of attraction to adults is not understood. A large number of theories involving hormonal

³ Abel & Harlow, 2001; Farella, 2002; Feierman, 1990; West, 1998; Blanchard, 2012.
⁶ Ames & Houston, 1990; Feierman, 1990; Okami & Goldberg, 1992; Seto, 2016.
⁷ APA, 2013.
influences, genetics, evolutionary processes, negative socialization, poor parental relationships, and childhood sexual experiences have been proposed, but most have not been tested scientifically. Studies also normally use a sample of offenders, making it difficult to generalize results to non-forensic samples, and measure correlational, rather than causal, relationships. Evidence for heritability seems scant at best. Current research has largely been done in the field of neuropsychology: Several studies implicate structural and functional differences in parts of the brain that may lead to a preferential attraction to children, while others suggest childhood head traumas, but causation in the general population has not been established. There is no evidence to support the common belief that attraction to children or adolescents in adulthood is due to childhood sexual abuse. (For more details, see the Causes and Development section.)

Anecdotal evidence suggests that many MAPs do not act sexually with children or adolescents, but it is not known how many do not. It is consistently demonstrated, however, that impulsivity and aggression commonly observed in offenders are not intrinsic to minor-attracted persons. Additionally, a large number of studies show that a majority of people who have sexually offended with children or adolescents are not preferentially attracted to them, and therefore are not nepiophiles, pedophiles, or hebephiles. (For more details, see the Behavior section and the MAPs Who Have Broken the Law section.)

Studies of personality characteristics on average find low levels of aggression among pedophiles. Other than the attraction itself, studies fail to find any abnormal or pathological characteristics. In particular, people attracted to children or pubertal adolescents have not been found to exhibit narcissism, psychosexual immaturity, low intelligence, aversion to adults, psychopathology, neurosis, or any personality disorder any more than people attracted to adults. The presence of these characteristics has been assumed, rather than being tested scientifically. (For more details, see the Personality Characteristics section.)

8 Alanko et al., 2013.
9 Tenbergen et al., 2015.
10 Blanchard et al., 2003.
11 Freund & Kuban, 1993; Garland & Dougher, 1990; Hall, 1996; Li, 1990a; Bailey, Bernhard, & Hsu, 2016.
12 Hall et al., 1995; Okami & Goldberg, 1992; Bailey, Bernhard, & Hsu, 2016.
13 Mitchell & Galupo, 2015; Kärgel et al., 2016; Massau et al., 2017; Schiffer et al., 2017; Gerwinn et al., 2018.
15 Sandfort, 1987; Okami & Goldberg, 1992; Goudreault, 2017.
Enduring feelings of attraction to prepubescent children first become apparent at puberty\textsuperscript{17}. Attraction to adolescents becomes noticeable later. Due to its age of onset, presence of sexual and romantic components, and stability over time, minor attraction, particularly pedophilia, has been proposed as a sexual age orientation\textsuperscript{18}. (For more details, see the Causes and Development section and the MAP Youth section.)

Reducing or eliminating attraction to children or adolescents is often attempted through reconditioning methods such as aversion therapy and masturbatory satiation\textsuperscript{19}, developed in the 1930s to eliminate homosexuality. The goal is to associate sexual attraction with boredom, revulsion, fear, shame, or physical pain. Sex-drive reducing drugs may also be administered\textsuperscript{20}.

Studies of the effectiveness of reconditioning methods to change feelings of attraction suffer from serious methodological flaws, and have led to inconsistent results. The few well-constructed studies have found that they are no more effective with pedophilia or hebephilia than with homosexuality\textsuperscript{21}, and though some methods have affected arousal patterns, they do not alter underlying sexual desires\textsuperscript{22}. While they have been discredited and are now considered unethical and inhumane by mainstream mental health practitioners when used on homosexuals, many still consider them acceptable when used on adults and adolescents who are attracted to children or pubescent adolescents. (For more details, see the Immutability section.)

Like people with same-sex attractions, most minor-attracted persons first discover their attraction during puberty. For many, this attraction can become a central part of their identity, whether sexual or general\textsuperscript{23}. MAPs with a same-sex attraction additionally experience a “second coming out” of sorts: they may first identify as gay, then realize they are gay and have an attraction to minors\textsuperscript{24}. Due to the potential consequences of revealing their identities in real life, MAPs often

\textsuperscript{17} Abel & Harlow, 2001; AACAP, 1999; Farella, 2002; Freund & Kuban, 1993; Johnson, 2002; Houtepen, Sijtsema, & Bogaerts, 2015; B4U-ACT, 2011b; Tozdan & Briken, 2015; Seto, 2012; Bailey, Hsu, & Bernhard, 2016.

\textsuperscript{18} Seto, 2012; Grundmann et al., 2016.

\textsuperscript{19} Beech & Harkins, 2012.


\textsuperscript{21} AMA, 1987; Freund, 1981; Hall, 1996; Langevin, 1983; McConaghy, 1999; Grundmann et al., 2016; Seto, 2009.


\textsuperscript{23} Pedersen, 2017; Cash, 2016.

\textsuperscript{24} Freimond, 2009; Wiggin, 2015; Goode, 2010, pp. 6-8.
join online communities of like-minded individuals instead of coming out to people they know.\textsuperscript{25} (For more details, see the MAP Identity section.)

Of those who choose to come out to their friends and family, MAPs find that reactions are typically mixed. However, it can also be a source of great relief for them; after all, they may no longer feel like they are under the burden of a terrible secret\textsuperscript{26}. As with disclosing any minority identity, it remains a highly personal decision. (For more details, see the Coming Out section.)

Because of the stigma they face from society, minor-attracted persons often feel negatively about themselves. Loneliness, distress, suicidal ideation, and low self-esteem are common themes, particularly for young MAPs coming to terms with their attraction for the first time\textsuperscript{27}. Many MAPs avoid therapy out of fear that they will be considered a threat to children, or that their mental health providers will not work with them effectively or ethically\textsuperscript{28}. This is indeed true, as therapy for MAPs is often focused on the prevention of child sexual abuse rather than the mental health or well-being of the individual\textsuperscript{29}. This is especially detrimental for MAP youth, who are likely to be referred to psychiatric care only if they have committed an offense. They are thus being increasingly considered as a crucial group to reach\textsuperscript{30}. However, it is necessary to note that some MAPs do not feel negatively about their attraction apart from the consequences of being at odds with society\textsuperscript{31}. (For more details, see the Mental Health Issues section, the Therapy section, the Public Attitudes section, and the Stigma in Research section.)

2. Prevalence

It is estimated that from one in five to most men exhibit some attraction to children or pubescent adolescents\textsuperscript{32}, and that for 0.5% to 5% of all males, this attraction is preferential\textsuperscript{33}. Minor attraction in females is not well-researched, but

\begin{itemize}
\item \textsuperscript{25} Goode, 2010, p. 117; Freimond, 2009; Cash, 2016; Pedersen, 2017.
\item \textsuperscript{26} Freimond, 2009; Goode, 2010, pp. 125-129; Cash, 2016.
\item \textsuperscript{27} Cacciatori, 2017; Cash, 2016; B4U-ACT, 2011b; Vogt, 2006.
\item \textsuperscript{28} B4U-ACT, 2011b; B4U-ACT, 2011a; Levenson, Willis, & Vicencio, 2017; Lehmiller, 2018.
\item \textsuperscript{29} “Pessimism about pedophilia,” 2010.
\item \textsuperscript{30} Goode, 2010, p. 189; Beier et al., 2016; B4U-ACT, 2011b; Nobrega, 2016.
\item \textsuperscript{31} Malón, 2012.
\item \textsuperscript{32} Goode, 2010, pp. 19-20; Blanchard, 2012.
\item \textsuperscript{33} Abel & Harlow, 2001; Farella, 2002; Feierman, 1990; West, 1998.
\end{itemize}
what few studies have been done generally conclude a lower prevalence. This lower prevalence has been attributed to a number of factors — for instance, the general tendency of women to prefer older partners\textsuperscript{34}.

The mechanisms by which minor attraction develops are unknown, but it is currently speculated that the further the attraction is from the teleiophilic (adult-attracted) standard, the rarer it is. Thus, an attraction to pubescent adolescents (hebephilia) may be more common than an attraction to prepubescent children (pedophilia), and an attraction to infants and toddlers (nepiophilia) is assumed to be rarer than an attraction to prepubescent children\textsuperscript{35}.

3. Nature of Minor Attraction

Pedophilia has long been recognized as a sexual attraction to children. To define it as such and leave it at that, however, paints an overly simplistic portrait of minor attraction. For many MAPs, the desire to befriend or be in a romantic relationship with children can be as important as their sexual attraction\textsuperscript{36}. Preliminary evidence shows that the brains of pedophilic men activate no differently from non-pedophilic men given their preferred sexual stimulus\textsuperscript{37}. Anecdotal evidence also corroborates the existence of MAPs who, like people attracted to adults, experience split attraction: they may have romantic feelings toward children without the sexual component, sexual feelings without the romantic component, or feel different forms of attraction depending on the gender of the child. Overall, research in this area is still in its infancy.

4. Causes and Development

Though researchers have sought to determine psychodynamic, neurobiological, environmental, and genetic bases for pedophilia, results are usually weak and correlational rather than causal. Childhood sexual abuse, though a common

\textsuperscript{34} Pedersen, 2017; Joyal, Cossette, & Lapierre, 2015; Smiljanich & Briere, 1996.
\textsuperscript{35} Seto, 2016.
\textsuperscript{36} Goode, 2010, p. 112; Houtepen, Sijtsema, & Bogaerts, 2015; Li, 1990a; Wilson & Cox, 1983.
\textsuperscript{37} Poliosois-Keating & Joyal, 2013.
proposed explanation for pedophilia, doesn’t hold up to scientific scrutiny. Twin studies of incidental pedophilic attraction show low levels of coincidence. Childhood head traumas have also been suggested, as well as various theories about different functional areas of the brain. However, most of these samples were taken from forensic and/or clinical populations and are therefore more likely to deviate from average brain structure or function. Large-scale studies of neuroanatomical differences between non-offending pedophiles and non-pedophilic men do not yet exist.

What is certain is that minor attraction follows a developmental arc similar to the more common sexual orientations: It is stable, often realized before or during puberty, and encompasses a clear preference in sexual and/or romantic partners for each individual. Many MAPs become aware of their attraction before they are fifteen years of age.

5. Behavior

Separating behavior from attraction is essential. It is generally assumed that those who commit child sexual abuse (CSA) are MAPs by extension; contrary to this belief, they often are not. In most samples, they make up the sizable minority, not majority, of offenders. Estimates of preferential attraction for children among those who offend are often in the ballpark of 25% to 50%. Of the 1,102 MAPs surveyed in a study, 85% had never been arrested for or convicted of sexual offenses, though

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38 Freund & Kuban, 1993; Garland & Dougher, 1990; Hall, 1996; Li, 1999; Bailey, Bernhard, & Hsu, 2016; Cohen et al., 2002.
39 Alanko, Salo, Mokros, & Santtila, 2013; Santtila et al., 2015.
40 Blanchard et al., 2003.
41 Tenbergen et al., 2015; Schiffer et al., 2017; Cantor et al., 2008; Mohnke et al., 2014; Schiffer et al., 2007; Cantor et al., 2015.
42 Goudreault, 2017.
45 Bailey, Bernhard, & Hsu, 2016.
46 Beech & Harkins, 2012.
47 Beier, 2015; Seto, Cantor, & Blanchard, 2006; Schaefer et al., 2010; Maetzky & Steinhauser, 2002; Seto & Lalumière, 2001.
48 Bailey, Bernhard, & Hsu, 2016.
they also noted the figure may have been elevated due to potential unknown offenses. Evidence suggests that non-offending MAPs actually have better inhibitory control abilities than offending MAPs on both a neurobiological and behavioral basis. Studies also report pathological symptoms or personality disorders as important correlations with sexual offending. Overall, these point to other concrete factors as predictors of sexual offenses against children than minor attraction itself.

6. Personality Characteristics

There is no scientific proof that MAPs share common characteristics other than an attraction to children. The common stereotypes that pedophiles are either aggressive, deceptive, and manipulative, or meek and socially inept are assumptions rather than scientific observation.

If MAPs do indeed appear to be socially unusual, current researchers often link it to the stigma surrounding minor attraction rather than something intrinsic. Given the evidence, it seems safe to conclude that MAPs are as varied and diverse as non-MAP individuals are.

7. Immutability

Some researchers advocate curing pedophilia through reconditioning methods that alter sexual attraction or drugs that reduce sex drive. These methods resemble conversion therapy for homosexuality, however, and are just as ineffective and potentially harmful. While there is some evidence that these

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49 Kärgel et al., 2016; Jorden et al., 2018.
50 Cohen et al., 2002; Gerwinn et al., 2018; Neutze, Seto, Schaefer, Mundt, & Beier, 2010.
51 Massau et al., 2017; Mitchell & Galupo, 2015.
52 Sandfort, 1987; Okami & Goldberg, 1992; Goudreault, 2017.
methods have been able to alter arousal patterns, they have shown to be ineffective in altering underlying sexual desires\textsuperscript{56}. The legitimacy of these studies is further cast into doubt by lack of long-term follow-ups, inclusion of control groups for comparison, valid constructs for what constitutes success\textsuperscript{57}, or adequate consideration of harmful effects on the mental health of the client.

8. Mental Health Issues

As a widely marginalized group, minor-attracted people suffer from a number of mental health issues. MAPs variously report feelings of loneliness, isolation, and fear of discovery due to the secrecy their attraction necessitates\textsuperscript{58}. They hesitate to approach medical professionals due to fears of being outed, misunderstood, or mistreated\textsuperscript{59}. In fact, offending MAPs are more likely to enter therapy than non-offending MAPs\textsuperscript{60}, possibly because treatment for these individuals is often court-mandated.

The consequences of this are grave. Many MAPs experience suicidal ideation or attempt to commit suicide, especially at lower ages\textsuperscript{61}. In one study, one in four pedophiles had experienced some form of suicidal ideation.\textsuperscript{62} Suicide rates of publicly outed pedophilic sex offenders are 183 times higher than for members of the general population\textsuperscript{63}.

Stigma-related stress can lead to mood and anxiety disorders, substance abuse, or emotional problems such as poor emotional regulation; social withdrawal and avoidance; lower self-efficacy related to controlling one’s urges; and a refusal to attend therapy even when needed\textsuperscript{64}. Evidence suggests that MAPs experience greater stress from their symptoms than the average person with the same issues would\textsuperscript{65}, making them an extremely vulnerable population.

\textsuperscript{57} Cantor, 2014.
\textsuperscript{58} Cacciatori, 2017; Goode, 2010; Freimond, 2009; Cash, 2016; Vogt, 2006.
\textsuperscript{59} B4U-ACT, 2011a; B4U-ACT, 2011b.
\textsuperscript{60} Cohen, Ndukwe, Yaseen, & Galyenker, 2018.
\textsuperscript{61} B4U-ACT, 2011b; Cacciatori, 2017; Vogt, 2006.
\textsuperscript{62} Vogt, 2006.
\textsuperscript{63} Walter & Pridmore, 2012.
\textsuperscript{64} Jahnke, Smith, Geradt, & Hoyer, 2015; Cacciatori, 2017.
\textsuperscript{65} Vogt, 2006.
9. Therapy

Despite the fact that MAPs suffer from numerous mental health issues, they seldom seek therapy. They feel that they will be misunderstood, judged as dangerous, and treated unethically. A survey from B4U-ACT seems to confirm the basis for these fears, particularly for those in mandated therapy. Thus, lack of compassion in mental health services contributes to the stigma-related stress that keeps MAPs out of therapy even when they need or desire it.

Though professionals are increasingly employing methods like mindfulness and cognitive behavioral therapy, some still consider conversion therapies a legitimate way of “curing” pedophiles of their attraction. Current therapy for MAPs has also largely emphasized prevention as the primary goal instead of the individual’s mental health and well-being. This approach often makes it possible for professionals to distort therapeutic methods (e.g., the aforementioned CBT) in the name of preventing sexual offending, which contributes to the lack of faith MAPs have about being treated with the dignity they deserve and serves as an additional deterrent to their seeking help.

10. MAP Youth

Likely due to strict rules in ethics committees regarding minors in research, MAPs who are themselves minors are an understudied and underrepresented population in research. Nonetheless, they are a discrete category, as most MAPs discover their attraction well before they are legal adults. This makes them a

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66 Cohen, Ndukwe, Yaseen, & Galynker, 2018.
68 B4U-ACT, 2011a.
70 Walton & Duff, 2017; Bailey, Bernhard, & Hsu, 2016.
71 Cohen & Galynker, 2009.
72 Houtepen, Sijtsma, & Bogaerts, 2015; Jahnke, Philipp, & Hoyer, 2014; Beier et al., 2007; “Pessimism about pedophilia,” 2010.
73 Beier et al., 2016.
74 AACAP, 1999; Abel & Harlow, 2001; Farella, 2002; Freund & Kuban, 1993; Johnson, 2002; Houtepen, Sijtsma, & Bogaerts, 2015; B4U-ACT, 2011b; Tozdan & Briken, 2015; Seto, 2012; Bailey, Hsu, & Bernhard, 2016.
critical population not only for research, but as potential recipients of mental health services.

Self-discovery of one’s MAP identity is often (though not always) accompanied by negative emotions\textsuperscript{75}. For many, these negative emotions are strong enough to prompt suicidal ideation or suicide attempts\textsuperscript{76}. Despite this, few programs provide services for minor MAPs, and those that do often stigmatize them and endanger their mental health by treating them as risks to be managed rather than as valuable young people to be helped\textsuperscript{77}, an approach which various researchers reinforce\textsuperscript{78}. Some researchers have begun advocating for treatment that focuses on the minor MAP individual’s needs as a primary goal instead of prevention, however\textsuperscript{79}.

11. Coming Out

MAPs sometimes choose to “come out,” or disclose their sexual identity to a specific audience. They may choose to do so with friends, family members, romantic partners, mental health professionals, or a broader population. One example of a publicly-out non-offending pedophile is Todd Nickerson, who, though outed in an act of vigilantism, fully embraces his public profile.\textsuperscript{80}

For those who make the decision, the primary reason for their disclosure is a common one: Individuals with a minor attraction want friendships based on “truth and acceptance” as much as any other person\textsuperscript{81}. Indeed, MAPs are more likely to come out to friends than they are to family members, therapists, or romantic partners\textsuperscript{82}. They feel that friendships in which they are forced to censor themselves are not real friendships at all, and that by coming out, they will know who stands with or against them even in the face of stigma. Other reasons noted

\textsuperscript{75} Cash, 2016.
\textsuperscript{76} B4U-ACT, 2011a.
\textsuperscript{77} Beier et al., 2016.
\textsuperscript{78} Houtepen, Sijsma, & Bogaerts, 2015; Goode, 2010, pp. 189-190; Shields, Benelmouffok, & Letourneau, 2015.
\textsuperscript{79} Nobrega, 2016; Freimond, 2009.
\textsuperscript{80} Krishnan, 2017.
\textsuperscript{81} Freimond, 2009; Goode, 2010, pp. 6-8.
\textsuperscript{82} Cash, 2016.
in a study were: a) to help lessen the conflation between “child molester” and “pedophile,” and b) to connect with other MAPs.  

The process and experience of coming out are complex, depending not only on the MAP’s reasons for or feelings around doing so, but on the reactions of the people to whom they come out. Despite the potential stress of negative reactions, MAPs in the previously cited study also reported relief once they had actually come out. Additionally, the MAPs in another study actually received more positive reactions than negative. Not all MAPs, however, received the support they felt they needed. In another survey, those who were disproportionately affected by negative responses tended to withdraw into internet MAP communities, feeling as though their identities were tolerated, but not fully accepted.

Overall, as with LGBT individuals who come out, the decision for MAPs to come out appears to bring mental health benefits, provided they have support from their loved ones. On the other hand, it is unknown how the outcome of being outed unwillingly differs from the voluntary choice to do so.

12. MAP Identity

One’s attraction to minors is often an important part of an MAP’s identity, in some cases being the most important aspect of their sexual identity. For some, it is divorced from any traditional understanding of sexual orientation or attraction, and suppressing or being unable to divulge it can lead to feelings of loneliness or social isolation. With no guarantee that coming out in real life will be anything but disastrous, many MAPs take to the internet instead, where they can connect with like-minded others. Pedophiles use various platforms, be they social media or dedicated forums, in order to provide support and reassurance to one another, creating a sense of solidarity and a refuge from mainstream society.

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83 Freimond (2009).
84 Cash’s (2016).
88 Cacciatori, 2017; Goode, 2010; Freimond, 2009; Cash, 2016.
89 Durkin, 1997; Goode, 2010.
where they feel reviled, as well as to receive and provide support where they may otherwise never get it. These communities and subcultures may become part of a person’s MAP identity, too.

13. Public Attitudes

It should be no surprise that minor-attracted people are regarded extremely negatively by most non-MAPs. In a survey of both German- and English-speaking non-MAPs, feelings of fear, pity, and anger were prominent, even when MAPs were described as non-offending. Respondents expressing anger and fear in particular seemed to have harsh reactions against non-offending MAPs. In the fields of psychiatry and psychology, where normally stigma is thought to be undesirable, the focus on offense prevention may increase stigma by appearing to imply that pedophiles are not as capable of self-regulation as other client populations. In many places, the terms “pedophile” and “child molester” are still synonymous despite mounting evidence that MAPs and offenders are separate categories, though they may overlap. Researchers have seen success, however, in altering perceptions of MAPs; some methods include narrative humanization and online interventions that combat stigma.

14. Stigma in Research

Unfortunately, most research about MAPs and mental health services for them start from the assumption that they constitute a serious risk to children. This assumption is the root of stigma. MAPs who participate in research studies or

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91 Freimond, 2009.
93 Jahnke, 2018.
94 Houtepen, Sijtsema, & Bogaerts, 2015; Jahnke, Philipp, & Hoyer, 2014; Beier et al., 2007; “Pessimism about pedophilia,” 2010.
96 Houtepen, Sijtsema, & Bogaerts, 2015; Jahnke, Philipp, & Hoyer, 2014; Beier et al., 2007; “Pessimism about pedophilia,” 2010.
seek mental health services want to be treated like any other person, and want to participate in studies or treatment focused on their mental health needs, rather than on protecting other people from them. Many, perhaps most, MAPs do not have difficulty controlling their behavior, but must deal with results of stigma and marginalization, such as self-hatred, depression, anxiety, suicidal feelings, lack of intimacy or sexual outlet, perceiving a need to live a double life, and feelings of alienation from society, friends, and family97.

Researchers and therapists who treat them differently from other people, by instead focusing on preventing them from offending, not only ignore their psychological needs, but also send the message that these needs are not important as they would be for “normal” people. MAPs sense they are being seen as objects to be controlled rather than as humans. This feels dehumanizing and adversarial, as if the researcher or therapist is an agent of law enforcement and social control rather than a member of a helping profession. It also feels discriminatory, since other people are not treated this way. All of this, of course, intensifies rather than ameliorates their symptoms and alienates MAPs from the mental health system98.

Many MAPs are also aware of the harmful treatment methods that historically have been used on sexual minorities as a result of social-control rationales. These include being forced to self-identify as dangerous and incurably deviant99, to submit to phallometry (a procedure often described as degrading and humiliating, whereby a device is connected to the penis to measure erection while the person is required to be stimulated by sexual images or audio recordings)100, and to repeatedly undergo some kind of arousal reconditioning method such as aversion therapy or covert sensitization101. None of these methods has seen wide success in altering underlying desires for any sexual minority102. MAPs are aware that similar methods have been used in modern times coercively on MAPs, including young adolescents, and have reportedly led to severe psychiatric problems. MAPs may fear that researchers and therapists may approve of or advocate the use of such methods on them103.

103 B4U-ACT, 2011a.
15. MAPs Who Have Broken the Law

Though many MAPs live within the law\textsuperscript{104}, it is critical not to overlook those who have not always done so, particularly because the latter have been the primary population from which researchers draw their samples.

Compared to law-abiding MAPs, some studies suggest that those who have committed sex crimes may have trouble with executive functioning\textsuperscript{105}, may have more pathological symptoms\textsuperscript{106}, may have more positive views about the effects of sexual contact with children, or have been sexually active children themselves\textsuperscript{107}, and are older on average\textsuperscript{108}. Some researchers have also found various physiological or neurological differences in those who have broken the law such as less white matter\textsuperscript{109}, lower IQ\textsuperscript{110}, non-right-handedness\textsuperscript{111}, history of head injury\textsuperscript{112}, and shorter stature\textsuperscript{113}. In one article, authors hypothesize that those who have broken the law “are distinguished by stable traits, such that [law-abiding MAPs] are unlikely to [break the law].”\textsuperscript{114}

It is important not to overlook the various studies that cast doubt on these findings. To focus on the issue of IQ, for instance, some studies find no difference at all when comparing MAPs and non-MAPs in a forensic sample\textsuperscript{115}, and in at least one study\textsuperscript{116}, MAPs were shown to have a higher IQ than non-MAPs in the criminal population. One should therefore be extremely careful with such studies and avoid drawing hasty conclusions about MAPs who have broken the law.

\textsuperscript{104} Hall et al., 1995; Okami & Goldberg, 1992; Bailey, Bernard, & Hsu, 2016. 
\textsuperscript{105} Massau et al., 2017. 
\textsuperscript{106} Bailey, Bernhard, & Hsu, 2016. 
\textsuperscript{107} Fagan, Wise, Schmidt, & Berlin, 2002; Spriggs, Cohen, Valencia, Zimri, & Galynker, 2018; Cohen, Ndukwe, Yaseen, & Galynker, 2018. 
\textsuperscript{108} Bailey, Bernhard, & Hsu, 2016. 
\textsuperscript{109} Cantor et al., 2008. 
\textsuperscript{110} Blanchard et al., 2007; Cantor et al., 2004. 
\textsuperscript{111} Blanchard et al., 2007; Cantor et al., 2004. 
\textsuperscript{112} Blanchard et al., 2003. 
\textsuperscript{113} Taylor, Myers, Robbins, and Barnard, 1993; Cantor et al., 2007. 
\textsuperscript{114} Cohen, Ndukwe, Yaseen & Gainyker (2018). 
\textsuperscript{115} Schiffer & Vonlaufen, 2011; Suchy et al., 2009; Strassberg et al., 2012, Azizian et al., 2015. 
\textsuperscript{116} Eastvold et al., 2011.
While a distinction between MAPs who obey the law and those who have not is indeed crucial to an understanding of minor attraction, it is important not to dehumanize the latter in a population already heavily entrenched in stigma. MAPs who have been publicly outed due to a crime are 183 times more likely to commit suicide than the general population\(^{117}\). Many attend mandatory treatment sessions in which they feel even more misunderstood and judged by their treatment providers than MAPs who voluntarily seek therapy\(^{118}\). This is reflected on the other side of the equation: One survey indicated that, while the number of therapists who work with clients on the sex crime registry is generally on the rise, the vast majority are unwilling to work with pedophiles or those who have engaged sexually with minors\(^{119}\). Furthermore, there is a persistent stereotype that those who have broken a sex law are prone to do it again, despite evidence suggesting that they are as or less likely to do so than those who commit other crimes\(^{120}\).

Though traditional models of sex offender treatment have focused on prevention, some models of rehabilitation have begun to offer the same considerations of well-being and happiness to the client\(^{121}\). B4U-ACT strongly believes that treatment programs must never sacrifice the mental health, well-being and dignity of MAPs – whether or not the MAPs in question have broken the law.

\(^{117}\) Walter & Pridmore, 2012.
\(^{118}\) B4U-ACT, 2011a.
\(^{119}\) Bach & Demuth, 2018.
\(^{120}\) Moulden, Firestone, Kingston, & Bradford, 2009; Lave, 2011.
\(^{121}\) Willis & Ward, 2011; Leaming & Willis, 2016.
16. References


https://doi.org/10.1891/0886-6708.11.1.39

https://doi.org/10.1080/0092623x.2018.1474406

https://doi.org/10.1016/j.chiabu.2011.09.018

https://doi.org/10.1177/1079063208326930

https://doi.org/10.1520/jfs13471j

https://doi.org/10.3389/fnhum.2015.00344

https://doi.org/10.1111/jsm.12927


