



MAP RESEARCH SUMMARY

December 2020

ABSTRACT

This document presents a summary of research on key topics concerning MAPs.

B4U-ACT Research Team

B4U-ACT'S RESEARCH SUMMARY

December 2020

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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](#).)

¹ [Fedora et al, 1992](#); [Freund, 1981](#); [Freund & Costell, 1970](#); [Hall et al., 1995](#); [Quinsey et al, 1975](#); [Briere & Runtz, 1989](#); [Smiljanich & Briere, 1996](#); [Becker-Blease et al., 2006](#).

² [Seto, 2016](#); [Pedersen, 2017](#).

³ [Abel & Harlow, 2001](#); [Farella, 2002](#); [Feierman, 1990](#); [West, 1998](#); [Blanchard, 2012](#).

⁴ [Howells, 1981](#); [Ingram, 1981](#); [Li, 1990b](#); [Sandfort, 1987](#); [Wilson & Cox, 1983](#).

⁵ [Goode, 2010, p. 112](#); [Houtepen, Sijtsema, & Bogaerts, 2015](#).

⁶ [Ames & Houston, 1990](#); [Feierman, 1990](#); [Okami & Goldberg, 1992](#); [Seto, 2016](#).

⁷ [APA, 2013](#).

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 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 best⁸. 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 children⁹, while others suggest childhood head traumas¹⁰, 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.¹¹ (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 not¹². It is consistently demonstrated, however, that impulsivity and aggression commonly observed in offenders are not intrinsic to minor-attracted persons¹³. 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.¹⁴ (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 characteristics¹⁵. 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.

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](#).

¹⁴ [Ames & Houston, 1990](#); [Freund, 1981](#); [Okami & Goldberg, 1992](#).

¹⁵ [Sandfort, 1987](#); [Okami & Goldberg, 1992](#); [Goudreault, 2017](#).

The presence of these characteristics has been assumed, rather than being tested scientifically.¹⁶ (For more details, see the [Personality Characteristics section.](#))

Enduring feelings of attraction to prepubescent children first become apparent at puberty¹⁷. 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 orientation¹⁸. (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 satiation¹⁹, 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 administered²⁰.

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 homosexuality²¹, and though some methods have affected arousal patterns, they do not alter underlying sexual desires²². 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 general²³. MAPs with a same-sex attraction additionally experience a “second coming out” of sorts: they may first

¹⁶ [Bradford et al., 1988](#); [Langevin, 1983](#); [Okami & Goldberg, 1992](#); [Wilson & Cox, 1983](#).

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](#).

¹⁸ [Seto, 2012](#); [Grundmann et al., 2016](#).

¹⁹ [Beech & Harkins, 2012](#).

²⁰ [AACAP, 1999](#); [Abel & Harlow, 2001](#); [Crawford, 1981](#); [Hall, 1996](#); [Langevin, 1983](#); [Maletzky, 1991](#).

²¹ [AMA, 1987](#); [Freund, 1981](#); [Hall, 1996](#); [Langevin, 1983](#); [McConaghy, 1999](#); [Grundmann et al., 2016](#); [Seto, 2009](#).

²² [Laws & Marshall, 2003](#); [Marshall & Laws, 2003](#); [Seto, 2009](#).

²³ [Pedersen, 2017](#); [Cash, 2016](#).

identify as gay, then realize they are gay and have an attraction to minors²⁴. Due to the potential consequences of revealing their identities in real life, MAPs often join online communities of like-minded individuals instead of coming out to people they know.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 secret²⁶. 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 time²⁷. 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 ethically²⁸. 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 individual²⁹. 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 reach³⁰. 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 society³¹. (For more details, see the [Mental Health Issues section](#), the [Therapy section](#), the [Public Attitudes section](#), and the [Stigma in Research section](#).)

2. Prevalence

²⁴ [Freimond, 2009](#); [Wiggin, 2015](#); [Goode, 2010, pp. 6-8](#).

²⁵ [Goode, 2010, p. 117](#); [Freimond, 2009](#); [Cash, 2016](#); [Pedersen, 2017](#).

²⁶ [Freimond, 2009](#); [Goode, 2010, pp. 125-129](#); [Cash, 2016](#).

²⁷ [Cacciatori, 2017](#); [Cash, 2016](#); [B4U-ACT, 2011b](#); [Vogt, 2006](#).

²⁸ [B4U-ACT, 2011b](#); [B4U-ACT, 2011a](#); [Levenson, Willis, & Vicencio, 2017](#); [Lehmiller, 2018](#).

²⁹ ["Pessimism about pedophilia," 2010](#).

³⁰ [Goode, 2010, p. 189](#); [Beier et al., 2016](#); [B4U-ACT, 2011b](#); [Nobrega, 2016](#).

³¹ [Malón, 2012](#).

It is estimated that from one in five to most men exhibit some attraction to children or pubescent adolescents³², and that for 0.5% to 5% of all males, this attraction is preferential³³. Minor attraction in females is not well-researched, but 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 partners³⁴.

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 children³⁵.

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 attraction³⁶. Preliminary evidence shows that the brains of pedophilic men activate no differently from non-pedophilic men given their preferred sexual stimulus³⁷. 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.

³² [Goode, 2010, pp. 19-20](#); [Blanchard, 2012](#).

³³ [Abel & Harlow, 2001](#); [Farella, 2002](#); [Feierman, 1990](#); [West, 1998](#).

³⁴ [Pedersen, 2017](#); [Joyal, Cossette, & Lapierre, 2015](#); [Smiljanich & Briere, 1996](#).

³⁵ [Seto, 2016](#).

³⁶ [Goode, 2010, p. 112](#); [Houtepen, Sijtsema, & Bogaerts, 2015](#); [Li, 1990a](#); [Wilson & Cox, 1983](#).

³⁷ [Polisois-Keating & Joyal, 2013](#).

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 proposed explanation for pedophilia, doesn't hold up to scientific scrutiny³⁸. Twin studies of incidental pedophilic attraction show low levels of coincidence³⁹. Childhood head traumas have also been suggested⁴⁰, as well as various theories about different functional areas of the brain⁴¹. 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 function⁴². 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 individual⁴³. Many MAPs become aware of their attraction before they are fifteen years of age⁴⁴.

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

³⁸ [Freund & Kuban, 1993](#); [Garland & Dougher, 1990](#); [Hall, 1996](#); [Li, 1990a](#); [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](#).

⁴³ [Seto, 2012](#).

⁴⁴ [Seto, 2012](#); [Tozdan & Briken, 2015](#); [Houtepen, Sijtsema, & Bogaerts, 2015](#); [B4U-ACT-Act, 2011a](#).

belief, they often are not⁴⁵. In most samples, they make up the sizable minority, not majority, of offenders⁴⁶.

Estimates of preferential attraction for children among those who offend are often in the ballpark of 25% to 50%⁴⁷. Of the 1,102 MAPs surveyed in a study⁴⁸, 85% had never been arrested for or convicted of sexual offenses, though 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 basis⁴⁹. Studies also report pathological symptoms or personality disorders as important correlations with sexual offending⁵⁰. Overall, these point to other concrete factors as predictors of sexual offenses against children than minor attraction itself⁵¹.

6. Personality Characteristics

There is no scientific proof that MAPs share common characteristics other than an attraction to children⁵². The common stereotypes that pedophiles are either aggressive, deceptive, and manipulative, or meek and socially inept are assumptions rather than scientific observation⁵³.

If MAPs do indeed appear to be socially unusual, current researchers often link it to the stigma surrounding minor attraction rather than something intrinsic⁵⁴. Given the evidence, it seems safe to conclude that MAPs are as varied and diverse as non-MAP individuals are.

⁴⁵ [Bailey, Bernhard, & Hsu, 2016](#).

⁴⁶ [Beech & Harkins, 2012](#).

⁴⁷ [Beier, 2015](#); [Seto, Cantor, & Blanchard, 2006](#); [Schaefer et al., 2010](#); [Maletzky & Steinhauser, 2002](#); [Seto & Lalumière, 2001](#).

⁴⁸ [Bailey, Bernhard, & Hsu, 2016](#).

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](#).

⁵³ [Bradford et al., 1988](#); [Langevin, 1983](#); [Okami & Goldberg, 1992](#); [Wilson & Cox, 1983](#).

⁵⁴ [Cash, 2016](#); [Jahnke, Schmidt, Geradt, & Hoyer, 2015](#).

7. Immutability

Some researchers advocate curing pedophilia through reconditioning methods that alter sexual attraction or drugs that reduce sex drive⁵⁵. These methods resemble conversion therapy for homosexuality, however, and are just as ineffective and potentially harmful. While there is some evidence that these methods have been able to alter arousal patterns, they have shown to be ineffective in altering underlying sexual desires⁵⁶. 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 success⁵⁷, 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 necessitates⁵⁸. They hesitate to approach medical professionals due to fears of being outed, misunderstood, or mistreated⁵⁹. In fact, offending MAPs are more likely to enter therapy than non-offending MAPs⁶⁰, 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 ages⁶¹. In one study, one in four pedophiles had experienced some form of suicidal ideation.⁶² Suicide rates of publicly outed pedophilic sex offenders are 183 times higher than for members of the general population⁶³.

⁵⁵ [AACAP, 1999](#); [Abel & Harlow, 2001](#); [Crawford, 1981](#); [Hall, 1996](#); [Langevin, 1983](#); [Maletzky, 1991](#); [Cohen & Galynker, 2009](#); [Briken, Fedoroff, & Bradford, 2014](#).

⁵⁶ [Laws & Marshall, 2003](#); [Marshall & Laws, 2003](#); [Seto, 2009](#).

⁵⁷ [Cantor, 2014](#).

⁵⁸ [Cacciatori, 2017](#); [Goode, 2010](#); [Freimond, 2009](#); [Cash, 2016](#); [Vogt, 2006](#).

⁵⁹ [B4U-ACT, 2011a](#); [B4U-ACT, 2011b](#).

⁶⁰ [Cohen, Ndukwe, Yaseen, & Galynker, 2018](#).

⁶¹ [B4U-ACT, 2011b](#); [Cacciatori, 2017](#); [Vogt, 2006](#).

⁶² [Vogt, 2006](#).

⁶³ [Walter & Pridmore, 2012](#).

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 needed⁶⁴. Evidence suggests that MAPs experience greater stress from their symptoms than the average person with the same issues would⁶⁵, making them an extremely vulnerable population.

9. Therapy

Despite the fact that MAPs suffer from numerous mental health issues, they seldom seek therapy⁶⁶. They feel that they will be misunderstood, judged as dangerous, and treated unethically⁶⁷. A survey from B4U-ACT⁶⁸ 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 it⁶⁹.

Though professionals are increasingly employing methods like mindfulness and cognitive behavioral therapy⁷⁰, some still consider conversion therapies a legitimate way of "curing" pedophiles of their attraction⁷¹. Current therapy for MAPs has also largely emphasized prevention as the primary goal instead of the individual's mental health and well-being⁷². 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.

⁶⁴ [Jahnke, Smith, Geradt, & Hoyer, 2015; Cacciatori, 2017.](#)

⁶⁵ [Vogt, 2006.](#)

⁶⁶ [Cohen, Ndukwe, Yaseen, & Galynker, 2018.](#)

⁶⁷ [B4U-ACT, 2011b; Cacciatori, 2017; Levenson, Willis, & Vicencio, 2017.](#)

⁶⁸ [B4U-ACT, 2011a.](#)

⁶⁹ [Jahnke, Smith, Geradt, & Hoyer, 2015.](#)

⁷⁰ [Walton & Duff, 2017; Bailey, Bernhard, & Hsu, 2016.](#)

⁷¹ [Cohen & Galynker, 2009.](#)

⁷² [Houtepen, Sijtsema, & Bogaerts, 2015; Jahnke, Philipp, & Hoyer, 2014; Beier et al., 2007; "Pessimism about pedophilia," 2010.](#)

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 category⁷³, as most MAPs discover their attraction well before they are legal adults⁷⁴. This makes them a 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 emotions⁷⁵. For many, these negative emotions are strong enough to prompt suicidal ideation or suicide attempts⁷⁶. 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 helped⁷⁷, an approach which various researchers reinforce⁷⁸. Some researchers have begun advocating for treatment that focuses on the minor MAP individual's needs as a primary goal instead of prevention, however⁷⁹.

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.⁸⁰

⁷³ [Beier et al., 2016.](#)

⁷⁴ [AACAP, 1999](#); [Abel & Harlow, 2001](#); [Farella, 2002](#); [Freund & Kuban, 1993](#); [Johnson, 2002](#); [Houtepen, Sijtsema, & Bogaerts, 2015](#); [B4U-ACT, 2011b](#); [Tozdan & Briken, 2015](#); [Seto, 2012](#); [Bailey, Hsu, & Bernhard, 2016.](#)

⁷⁵ [Cash, 2016.](#)

⁷⁶ [B4U-ACT, 2011a.](#)

⁷⁷ [Beier et al., 2016.](#)

⁷⁸ [Houtepen, Sijtsema, & Bogaerts, 2015](#); [Goode, 2010, pp. 189-190](#); [Shields, Benelmouffok, & Letourneau, 2015.](#)

⁷⁹ [Nobrega, 2016](#); [Freimond, 2009.](#)

⁸⁰ [Krishnan, 2017.](#)

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 person⁸¹. Indeed, MAPs are more likely to come out to friends than they are to family members, therapists, or romantic partners⁸². 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 in a study were: a) to help lessen the conflation between “child molester” and “pedophile,” and b) to connect with other MAPs.⁸³

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.⁸⁴ 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 accepted⁸⁵

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.⁸⁶ For some, it is divorced from any traditional understanding of sexual orientation or

⁸¹ [Freimond, 2009](#); [Goode, 2010, pp. 6-8](#).

⁸² [Cash, 2016](#).

⁸³ [Freimond \(2009\)](#).

⁸⁴ [Cash’s \(2016\)](#).

⁸⁵ [Goode, 2010](#).

⁸⁶ [Cash, 2016](#); [Pedersen, 2017](#).

attraction⁸⁷, and suppressing or being unable to divulge it can lead to feelings of loneliness or social isolation⁸⁸. 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 others⁸⁹. 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 where they feel reviled,⁹⁰ as well as to receive and provide support where they may otherwise never get it.⁹¹ 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-offending⁹². Respondents expressing anger and fear in particular seemed to have harsh reactions against non-offending MAPs.⁹³ 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 populations⁹⁴. 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 stigma⁹⁵.

⁸⁷ [Walton & Duff, 2017.](#)

⁸⁸ [Cacciatori, 2017; Goode, 2010; Freimond, 2009; Cash, 2016.](#)

⁸⁹ [Durkin, 1997; Goode, 2010.](#)

⁹⁰ [Goode, 2010; O'Halloran & Quayle, 2010; Holt, Blevins, & Burkert, 2010.](#)

⁹¹ [Freimond, 2009.](#)

⁹² [Jahnke, Imhoff, & Hoyer, 2014.](#)

⁹³ [Jahnke, 2018.](#)

⁹⁴ [Houtepen, Sijtsema, & Bogaerts, 2015; Jahnke, Philipp, & Hoyer, 2014; Beier et al., 2007; "Pessimism about pedophilia," 2010.](#)

⁹⁵ [Harper, Bartels, & Hogue, 2016; Jahnke, Philipp, & Hoyer, 2014.](#)

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 children⁹⁶. This assumption is the root of stigma. MAPs who participate in research studies or 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

⁹⁶ [Houtepen, Sijtsema, & Bogaerts, 2015](#); [Jahnke, Philipp, & Hoyer, 2014](#); [Beier et al., 2007](#); [“Pessimism about pedophilia,” 2010.](#)

⁹⁷ [Cacciatori, 2017](#); [Cash, 2016](#); [B4U-ACT, 2011b](#); [Vogt, 2006.](#)

⁹⁸ [B4U-ACT, 2011b](#); [B4U-ACT, 2011a](#); [Levenson, Willis, & Vicencio, 2017](#); [Houtepen, Sijtsema, & Bogaerts, 2015.](#)

⁹⁹ [Haywood & Grossman, 1994.](#)

¹⁰⁰ [Freund & Watson, 1991](#); [Seto, Lalumière, & Blanchard, 2000](#); [Seto, 2008](#); [Krueger & Kaplan, 2002.](#)

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.

15. MAPs Who Have Broken the Law

Though many MAPs live within the law¹⁰⁴, 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 functioning¹⁰⁵, may have more pathological symptoms¹⁰⁶, may have more positive views about the effects of sexual contact with children, or have been sexually active children themselves¹⁰⁷, and are older on average¹⁰⁸. Some researchers have also found various physiological or neurological differences in those who have broken the law such as less white matter¹⁰⁹, lower IQ¹¹⁰, non-right-handedness¹¹¹, history of head injury¹¹², and shorter stature¹¹³. 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].”¹¹⁴

¹⁰¹ [Maccio, 2011](#); [Flentje, Heck, & Cochran, 2013](#); [Cohen & Galynker, 2009](#); [Krueger & Kaplan, 2002](#).

¹⁰² [Haldeman, 1991](#); [Haldeman, 1999](#); [Laws & Marshall, 2003](#); [Marshall & Laws, 2003](#); [Seto, 2009](#).

¹⁰³ [B4U-ACT, 2011a](#).

¹⁰⁴ [Hall et al., 1995](#); [Okami & Goldberg, 1992](#); [Bailey, Bernhard, & Hsu, 2016](#).

¹⁰⁵ [Massau et al., 2017](#).

¹⁰⁶ [Bailey, Bernhard, & Hsu, 2016](#).

¹⁰⁷ [Fagan, Wise, Schmidt, & Berlin, 2002](#); [Spriggs, Cohen, Valencia, Zimri, & Galynker, 2018](#); [Cohen, Ndukwe, Yaseen, & Galynker, 2018](#).

¹⁰⁸ [Bailey, Bernhard, & Hsu, 2016](#).

¹⁰⁹ [Cantor et al., 2008](#).

¹¹⁰ [Blanchard et al., 2007](#); [Cantor et al., 2004](#).

¹¹¹ [Blanchard et al., 2007](#); [Cantor et al., 2004](#).

¹¹² [Blanchard et al., 2003](#).

¹¹³ [Taylor, Myers, Robbins, and Barnard, 1993](#); [Cantor et al., 2007](#).

¹¹⁴ [Cohen, Ndukwe, Yaseen & Galnyker \(2018\)](#).

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 sample¹¹⁵, and in at least one study¹¹⁶, 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.

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 population¹¹⁷. Many attend mandatory treatment sessions in which they feel even more misunderstood and judged by their treatment providers than MAPs who voluntarily seek therapy¹¹⁸. 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 minors¹¹⁹. 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.

¹¹⁵ [Schiffer & Vonlaufen, 2011](#); [Suchy et al., 2009](#); [Strassberg et al., 2012](#), [Azizian et al., 2015](#).

¹¹⁶ [Eastvold et al., 2011](#).

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](#).

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17. B4U-ACT Resources

B4U-ACT is a 501(c)3 organization established to publicly promote professional services and resources for self-identified individuals who are sexually attracted to children and desire such assistance, and to educate mental health providers regarding approaches needed in understanding and responding to such individuals. We provide several services to support therapists, researchers, students, MAPs, and their family members:

- Advocacy/education (<https://www.b4uact.org/know-the-facts/>)
- Advice for MAPs seeking mental health services, including referral to approved professionals
(<https://www.b4uact.org/attracted-to-minors/professional-support/>)
- Guidelines for therapists (<https://www.b4uact.org/psychotherapy-for-the-map/>)
- Workshops for professionals, researchers, and minor-attracted individuals
(<https://www.b4uact.org/get-involved/attend-a-workshop/>)
- Online discussion group for professionals, researchers, and minor-attracted individuals
(<https://www.b4uact.org/?event=dialog-on-therapy>)
- Assistance for researchers (<https://www.b4uact.org/research/research-collaboration/>)
- A quarterly review journal for publications concerning minor attraction
(<https://www.b4uact.org/research/b4qr>)
- Peer support groups for MAPs (<https://www.b4uact.org/attracted-to-minors/peer-support/>) and their families (<https://www.b4uact.org/attracted-to-minors/support-for-family-friends-2/>)